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A SKETCH OF THE LATE INFLUENZA AS IT APPEARED IN THE AGRICULTURAL DIS- TRICTS OF CHESHIRE.

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The diseases of an agricultural population are usually more acute in their character, more regular in their progress, and less frequently obscured by other concomitant ailments than those of the inhabitants of large towns. Their observation, accordingly, is well calculated to enable us to distinguish what is essential to the existence of any given disease from its mere accidental complications.

In the district of which I write, about Christmas, scarlatina was epidemic, and, as usual, presented itself with every degree of severity. The influenza made its first appearance in January, but in no instance was it known to attack one who had suffered from a severe form of the scarlet fever which preceded it.

After feelings of general debility and mental depression, without any assignable cause, for a variable period, the attack was generally ushered in by shivering, more or less marked. Chilliness, aching of the back and loins, and wandering pains of the limbs, were soon followed by a sense of weight, fullness and tension of the forehead and nostrils, slight soreness of the throat, dyspnoea and cough. Skin rather harsh, and occasionally hot and dry, but not uniformly so, and always perspiring during some part of the day. Tongue flattish, usually tremulous, covered, but not loaded, with thin greyish secretion, and indented by the teeth. Pulse small, irritable, or full and leaping, but without strength, (*i. e.* very easily compressed,) ranging from 80 to 100. Urine limpid and of ordinary quantity, not at first depositing any sediment, but after the lapse of a week or more, throwing down the lithates. The bowels usually acted regularly, but the evacuations were of diminished consistence. Eyes red and watery, but sneezing was less frequent than in a common cold, nor was there usually so much discharge from the nostrils. As the uneasiness in the forehead abated, the cough often increased in violence and frequency, especially during the night, and was attended with considerable oppression and tightness, but not actual pain, of the chest. The cough was spasmodic, sudden, hard, and shaking, sometimes to the extent of producing vertigo. At first there was no expectoration; about the second or third day, transparent mucus in small quantity, becoming more abundant and thicker as the disease subsided, was secreted. On examining the throat, the back of the pharynx, uvula, and tonsils,

were suffused with a pale, red, glassy blush, with purple streaks (small veins) here and there; the uvula elongated, rather tumid and relaxed.

The chest, at the commencement, presented nothing abnormal, sounding clear on percussion, and the respiratory murmur being distinct. When expectoration was established, the mucous ronchus was heard principally over the bronchi and their larger ramifications. The sweats occurred chiefly in the night. The slight uneasiness at the chest seldom disappeared under a fortnight, and the patient usually remained debilitated and very susceptible to catarrhal affections for at least a month subsequently; elderly people for a much longer period.

Such were the ordinary symptoms of influenza in its simple form. But complications were frequent, and arose either from some existing irritation being fanned into more acute action by undue exposure, &c.; or, otherwise, from the habitual morbid liability of the patient. Thus, a bilious person had congestion of the liver; one subject to cynanche, greater affection of the throat; whilst one with previously delicate chest always suffered more from bronchial irritation. In none of these local exacerbations of the disease, was there set up acute sthenic inflammation.

In some, in whom there was strong reason to suspect the previous existence of tubercles, the symptoms of influenza merged in those of active pulmonary consumption, and in a few instances led speedily to a fatal result. But there were many cases in which no such suspicion could be entertained, occurring, amongst others, in robust, large chested farmers beyond middle age, who had never been subject to pectoral affections before, in which the symptoms considerably resembled those of phthisis. Thus there existed considerable dyspnoea; respiration high and frequent; expectoration profuse, and muco-purulent, the pus being distinct and in large quantities, and occasionally streaked with blood; mucous and sibilant ronchi, and sometimes, when the patient coughed, a sound very like the splashing and gurgling sounds. Pulse rapid, up to 120 or 130; small and feeble; night sweats; considerable emaciation. Urine turbid, diminished in quantity, and throwing down a clay-coloured sediment.

The absence of dulness on percussion, and of other pathognomonic physical signs, of confirmed hectic; the more universal affection of the bronchial membrane than is usual in phthisis; and, more especially, the simultaneous occurrence of so many cases at once, and the effects of remedies, were to be considered against this simulation of phthisis.

Death occurred only where acute phthisis had unequivocally manifested itself; the oldest patient lost

being aged 42. To these remarks there is perhaps one exception; a respectable farmer, aged 75, who had been a free liver, had a severe attack of influenza, for which he was confined to his room a month. From this he recovered, and followed his usual avocations. Six weeks afterwards, after being overheated, he drank freely of porter, and died of apoplexy. The general debility under which he laboured in consequence of the influenza probably predisposed to the attack.

Many cases, however, undoubtedly phthisical, have recovered for a time. Mrs. W., aged 36, suckling her fourth child, had an attack of influenza. After the second week, her sputa became puriform, marked with blood, and contained tuberculous granules; left sub-clavicular space flattened, dull on percussion, and conveying pectoriloquy. Occasionally, acute pain under the top of the sternum. "Snow falling" pulse, 140. Her mother and two sisters died of consumption. In about seven weeks, the expectoration gradually diminished, and assumed a mucous character; the pulse fell in frequency and acquired strength; the cough disappeared, and for a time the patient was well. From such a result having occurred with more frequency than is usual with phthisis when developed spontaneously, I believe that these cases may be considered rather more amenable to treatment, and permitting of a less decidedly unfavourable prognosis, than those of consumption generally.

The treatment of the disease was generally directed to relieve the chest, and was that of sub-acute bronchitis. Venesection was very rarely necessary, and leeches over the sternum were applied only when the existence of actual pain pointed out the propriety of local depletion. The feeling of weight and constriction at the chest, as well as the dyspnoea, were much more benefitted by a large blister, or in the aged, at a later stage of the affection, by the repeated use of sinapisms, or of turpentine and camphor under a hot poultice.

Notwithstanding the perspiring state of the skin and the compressible pulse, conditions considered by some to indicate that antimony will be of no service, tartar-emetic was found the best sedative that could be given. In combination with an alkali, and small doses of morphine or tincture of henbane, without being given to the extent of exciting nausea, it allayed the cough and thoracic uneasiness, and promoted expectoration. This, with mucilaginous drinks, farinaceous food, and confinement to one room of well-regulated temperature, constituted the ordinary treatment until the uneasiness of the chest was removed, and the sputa were brought up with perfect ease. The pulse was not a correct guide, remaining frequent, or increasing in frequency, when it was no longer desirable to continue the antimonial treatment. Calumba, with bi-carbonate of potash, squills and henbane; then quinine and more generous diet, were substituted.

Notwithstanding the prostration of strength which is so strikingly present throughout the entire progress of influenza, it was found injurious to give tonics early, and even dangerous to check expectoration suddenly, as by port wine or mineral tonics.

In elderly persons where profuse puriform expectoration was set up, with great dyspnoea and general mucous roushus, and with scanty secretion of muddy urine, it

was considered that the danger to be apprehended was from effusion into the lung.

In these cases, diuretics, repeated blisters to the chest, and avoidance of all strong purgatives, were the means found most useful. The old fashioned and unchemical, but efficacious compound, of calomel, squills, digitalis, and soap, and small doses of wine of the colchicum seeds, with spirit of nitre and acetate of ammonia, and weak gin imperial as a drink, proved of service.

Diaphoretics, unless the antimony be considered such, were not exhibited, as the sweats which accompanied the disease, like those of acute rheumatism, appeared to add to the debility without affording any relief.

When the pain of the forehead was distressing, a few leeches to the temples were of more service than blisters in allaying it.

In cases of real phthisis with influenza, the gentle antimonial treatment, together with counter-irritation by means of tartar-emetic, on the surface of the chest, so long as any thoracic uneasiness remained, was found the most efficacious. Rigid abstinence from all stimulants was an essential adjuvant. In these phthisical cases the temperature of the surface was an important guide in forming a prognosis. So long as the skin remained cool, notwithstanding the pulse might be 130 or 140, and the sputa unequivocally characteristic, the prognosis was moderately favourable. In every instance such cases have, for the time, got well. Where permanent heat (a *pungent* heat) of the skin, tremulousness, and great frequency of pulse co-existed, though the cough and expectoration were not extreme, death always ensued in a short time, and no remedy appeared even to check the progress of the disease.

It very commonly happened that at some period of the course of influenza, the liver became disordered, being pained by gentle pressure, and causing its usual sympathetic derangements; among which, irregularity and intermittance of pulse were not unfrequent. If nausea existed, an emetic was used with advantage, with a mild mercurial every night for the requisite length of time.

In a few instances, where the affection of the throat seriously implicated the larynx, an antimonial emetic, followed by calomel and opium, and a blister over the top of the chest, removed the croupy sound of the inspirations, and the disease afterwards ran its usual course.

Convalescence was usually tedious and prolonged, and often rendered more so by relapses, or rather returns of imperfectly subdued local inflammations, and, very generally, by the patient persisting in the use of restorative measures, overlooking in the mean time some existing hepatic derangement.

After the subsidence of all other disagreeable symptoms, a harassing spasmodic cough often remained, worst at night, and entirely preventing sleep. This was almost always found mainly to depend on a relaxed and congested state of the uvula and fauces, and was remedied by pencilling the throat freely with a strong solution of nitrate of silver. Earlier in the complaint, a gargle of nitrate of silver was also sometimes of service.

In the influenza of 1832, as it appeared at Paris and in America, considerable cerebral affection, gastric

disturbance, and swelling of the eyelids with conjunctival inflammation, were noticed. In the cases I have witnessed of the present epidemic, the brain has not been affected, except secondarily, where phthisis or bronchitis of a severe form had supervened; nor have the stomach and bowels been very seriously implicated. Loss of appetite, thirst, and squeamishness, were indeed generally present, but unless the liver was disordered there was no abdominal tenderness, constipation, or diarrhoea. Inflammation of serous membranes occurred during the existence of influenza, but not more frequently perhaps than is usual at this season (spring), when no epidemic exists. Patients recovering from pleurisy or peritonitis would be attacked with influenza; or, on the other hand, during convalescence from influenza, pleurisy, or peritonitis, would occur. But these attacks were generally attributable to some predisposition, or more frequently, to want of proper care, and evidently formed no essential part of the prevailing epidemic.

The weather did not appear to exert much influence on the epidemic, many of the most severe cases occurring during the mild open weather of December and the beginning of January, southerly winds prevailing. The later cases, occurring in April, May, and June, were certainly the mildest.

PNEUMONIA IN CHILDREN.

About the middle of March, acute inflammation of the lungs in children suddenly became exceedingly common. From not having a single case under treatment, in four days thirteen children were attacked almost simultaneously. Of these, all were under five, most under two years of age. In two instances, three children in one family were ill together; in several others, two at once. The distance at which the little patients resided from each other precluded the idea of the disease having any common local origin; whilst the suddenness of its invasion on all constitutions alike,—attacking indiscriminately the strong and well-fed, and the weak and puny, the weather meanwhile being mild and warm in the day-time, frosty during the night,—seemed to entitle the affection to be considered as an epidemic. The first cases were not seen until the structure of the lungs had become extensively inflamed, but by the disease occurring in a second child, during attendance upon the first, opportunity was given for observing its progress from the very commencement.

Fretfulness, restlessness, eagerness for the breast, and unusual quickness of breathing, commonly first attracted attention. The tongue was coated and hot; palms of the hands hot and dry; pulse frequent; countenance sometimes flushed, more commonly pale. Short dry cough. Respiratory murmur distinct at first, dry, (*whistling*) changing its character as the disease proceeded. The forehead was often damp with perspiration.

In twenty-four hours, or earlier, secretion took place from the bronchial membrane. The breathing was now audibly wheezing; respiration becoming more frequent and laborious; countenance anxious, *alæ nasi* playing, and mouth slightly open. Cough almost incessant, occasionally giving rise to retching. Different varieties of mucous ronchus, and distinct crepitation below the shoulder blades, were generally easy to be distinguished. As the disease advanced, the blue areolæ beneath the eyes, and about the lips and

alæ nasi, the clammy moisture of the head and brow, and coolness of the legs, evinced the impeded state of the circulation. Wheezing respiration generally commenced on the second day; pneumonia, as marked by distinct crepitation, on the third.

If seen at the outset, the repetition of a few doses of an antimonial emetic mixture, together with warm baths, was sufficient to cut short the affection. The same method, with the addition of leeches and afterwards of blisters, was successful after the mucous râles had become established in the chest. But where there was crepitation, this treatment seemed to allow the disease to proceed unchecked to its fatal termination. Only two fatal cases occurred: of these, the first was treated without mercury; the second was not seen until the patient was dying. In many cases pneumonia was established when the child was first visited. The following was the treatment employed. A leech, or several leeches, according to the age and strength of the child, and afterwards a large blister to cover the sternum for three, four, six, or eight hours, according to circumstances. If the surface generally was cool, which often occurred, though the skin over the chest was hot, the child was first put into a warm bath for a few minutes. Two grains of calomel were then given immediately, and a grain repeated every hour, a little sweetened aniseed-water being put into the mouth after each powder. If the age exceeded two years, two grains of calomel were given every hour. An antimonial mixture was also conjoined, but after some experience discontinued. It was found to produce retching and exhaustion, without appearing to exert any particularly beneficial influence on the disease. The limit to the employment of calomel in this way was the effect upon the breathing. As soon as the respiration became easier, the bronchial secretion looser, the wheezing softer, and the anxiety of countenance less, all medicine was for a time discontinued. Until this commencement of improvement took place, the calomel was persisted in, a period varying from one to three days being required; usually about 36 hours. After ceasing to administer the drug, the mercury already given continued to exert its action on the system, producing an amelioration in the dyspnoea, but at the same time extreme frequency of pulse, paleness of surface, moisture of skin, and a moist mucous tongue. The state of exhaustion required careful management; it was usually suffered to continue for some hours, and then stimulants were given only with the utmost caution, the hot flushed cheek and quickened breathing being excited by the slightest over-stimulation. Diarrhoea was sometimes, though not usually, excessive, but it easily gave way to chalk and opium.

Thin arrowroot gruel, containing a small quantity of sherry, was sometimes given, but it was generally more convenient to administer the stimulant desired, in the shape of medicine. Nurses and mothers are never to be trusted when "nourishment" is allowed. Spirit of nitre, in a weak sweetened solution of carbonate of soda, was the mixture ordinarily employed, and was given at short intervals for two or three days, until the breathing had become free, and the cough disappeared.

In the rare examples in which mercury affects the gums in children to any extent, the effect is usually the disagreeable one of sloughing phagedæna. But there

are certain evidences of its having affected the system in infants, scarcely less useful to be known than the more familiar state of *ptyalism* in the adult. The occurrence of spinach-like stools commences early, and is no criterion. A peculiar pallor of the face, a rise in the frequency of the pulse, and a grey mucous secretion on the tongue, are the usual effects of calomel, on children. A slight vesicular eruption about the corners of the mouth, with or without mother-of-pearl-like patches on the mucous lining of the lips and gums, is an unerring proof, so far as the writer's experience has taught him, that the system is mercurialized. But the only guide in practice is the amendment of the diseases for which the remedy is given. This once ascertained beyond doubt, the improvement, will proceed, and the further employment of mercury, being unnecessary, is an evil.

When the pneumonic inflammation had already existed *too long*, this mercurial treatment did not prevent more or less hepatization from taking place, though all acute inflammatory action was subdued. In these exceptional cases, the small frequent pulse and dyspnoea continued much longer, emaciation ensued, and relapses were more frequent. When increased heat of skin over the chest, greater dryness of the respiratory sound and of the cough, and quickened breathing, threatened a return of inflammatory action, mercury was not given a second time. It was then found sufficient to apply a leech or two, and exhibit small doses of antimonial and ipecacuanha wines, combined with soda, and after the skin had become cooler, and free secretion commenced from the bronchial membrane, decoction of *senega*.

It is remarkable that, allowing for the greater vigilance of the parents prompting them to seek assistance earlier, still of the cases occurring towards the end of the prevalence of the epidemic, scarcely any presented symptoms of pneumonia, but merely those of mild bronchitis. There was no apparent change of weather sufficient to account for this.

Holmes Chapel, Cheshire, July 25, 1844.

STORY OF A GRAIN OF SAND TO ILLUSTRATE THE STUDY OF PRACTICAL PATHOLOGY.*

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MEDICAL ESSENTIALS—COURSE OF SAND SHUT
UP—HOW MUCH DEPENDS ON THE BODILY
HEALTH—ADDITIONAL ILLUSTRATIONS—USE OF
PREPARATIONS.

The present state and progress of the profession affords occasion and great excuse, if any be necessary, for magnifying a trifle, or offering an exposition of an ordinary process.

I deem the essentials of the profession to be physiological reflection, with bed-side and dead-house knowledge; but do we not find that the tendency of examinations is more and more to sacrifice these things for the sake of a great mixed mass of comparatively inapplicable matter? A lecturer of the usual share of

* The following appeared to me a legitimate mode of extending the views I have advocated on humoralism and irritation. See former papers in this Journal. Also several series on asthma and irritation, in the Medical Gazette, and urinary stricture, in the Lancet.

ability (one of a hundred), aiming to gain credit and practice, does what he may to become a compendium. The author of a huge compendium, or rather the writers of near a dozen compendious compilations, may provide what is required by the London University. The dexterous grinder—a genius in his art—comprises the indispensables of examinations, as it were, in a single speaking *vade-mecum*. And whilst law and deference must say to a young man, attend your lectures and pass your examinations, the consequence is, that the higher he aims the more he crowds his memory, and the more exclusively his time is given to the least needful parts of sound medical knowledge. The ordinary term of medical study is thus, in the main, absolutely wasted.

The most practical examination I know of is that of the college of Surgeons, but against its apparent disposition to set up an abstract, and—for the object intended—an useless comparative anatomy, I venture to express a settled opinion. I hold, indeed, that Hunter himself greatly neglected his profession in seeking a different glory in the bowels of worms and in the habits of insects, or else he might have done still more that was just, and less that was erroneous, in surgery.

Common sense says, shun the physician who seems to dabble in extraneous things; and it is dangerous with the utmost art, to mingle even chemistry or the microscope with strictly professional aims, although one in London may gain much under the sole patron of the stethoscope or bougie.

I would now ask, hoping that brevity may be some apology for dogmatism, whether such a mode of considering things as the subjoined, applied to each organ of the body, be not a more healthful and hopeful course for a young practitioner than learning by heart an encyclopædia of chemistry, botany, or anatomy? The following is a description from the Catalogue of Guy's Museum:—

“A grain of sand from beneath the cutis of the ball of the thumb, where it was partially secluded for near a year, without irritation. After a severe graze, the wounds were left to dry and heal. Some gravel having been first washed away, scanty healthy suppuration brought out two or three large grains. The above seems to have been shut up by adhesion, but there remained a puncture, which gradually filled with a column of dead cuticle, the drawing out of which several times did not expose or render accessible the foreign body. Yet it was supposed that nothing but an incomplete closing in of a deep cell would account for the persistence of the little dry sinus.

“It was determined, therefore, to leave the accumulating scales to enlarge (as a tent) the sinus, with the hope of making an outlet for the sequestrum. This in effect took place. A mass near six times as large as the grain was ultimately formed, and the grain picked out with it.

“The first named columns of dead cuticle took three or four weeks to form; the last mass accumulated in about ten weeks. In the middle of this last period there was a little local tenderness for a day or two, and about the grain was found a little crusty matter, rather resembling dried pus.

“Within a week after the removal of the foreign body, the cutis was quite even and clear.”