

four years,) with which the disease can spread over the whole habitable globe is remarkable. It sometimes almost simultaneously affects immense numbers of a population. Europe has been traversed in six weeks by one epidemic, in six months by another.

Certain American authorities take care to emphasize the statement that influenza is not infectious or contagious. It is difficult to imagine what scientific confirmation they would offer of their views. Surely they only mean that innumerable cases occur which are not referable to contagion, there having been no exposure to infected persons. This only shows that the poison is widespread in the atmosphere, and attacks persons independently of contact with or proximity to previously infected cases. The diffusion of influenza in fresh localities from infected immigrants has been traced (Bristowe).

An analogy has been suggested in the relation between cold in the head and influenza, and that between summer diarrhoea and cholera. Influenza generally travels from east to west; it occurs in all seasons and climates. It attacks, sometimes, from 25 to 50 per cent. of the population; children are largely exempt. In a single locality the epidemic is rarely of more than two months duration.

PATHOLOGY.

Influenza consists in a specific inflammation of especially the respiratory but sometimes also the gastro-intestinal mucous membrane; the mucous membrane of the nose, pharynx, larynx, trachea and bronchi being intensely hyperæmic as is that of the œsophagus stomach and upper intestine when the latter are implicated. Capillary bronchitis, croupous and catarrhal pneumonia, pleurisy and pulmonary oedema are occasional complications, (the first named not unfrequently,) and these are largely responsible for the mortality which is small, (about 2% in bad epidemics.) "Although the percentage of mortality is small, still from the large proportion of the population affected this small percentage does very largely augment the mortality rate."

The above lesions seem hardly sufficient to explain the very marked constitutional depression and evidences of blood poisoning that characterize even the uncomplicated cases, and which are probably referable to unknown changes in the blood and nervous system.

The onset of influenza is very rapid and is ushered by chills, rigors, fever, marked depression, severe frontal headache, followed by the evidences of acute catarrh. The eyes get suffused and watery, the voice husky, and an abundant watery, (afterwards purulent,) secretion appears which tends to render less distressing the hitherto hard, dry, irritating cough. The catarrh usually reaches its height from the second to the fourth day. The rise in temperature may be sudden or gradual; it shows peculiarities at night. The pulse is usually over 90; though a temperature of 104 has been observed, and a feeble, irregular pulse of 120 per minute. Measles-like spots have often been seen about the palate. The auscultatory signs differ according to the degree of implication of the smaller bronchi, or the super-addition of pneumonia. With the bronchial catarrh alone sibilant and sonorous rales may be heard or the sounds may be dry and harsh. The constitutional nervous prostration is a most marked feature of the disease from the outset. There are commonly dull aching pains in the limbs. Sweating is often a critical phenomenon indicating the turning point of the disease, and is not generally present on the first day or two. With its occurrence sudamina not unfrequently appear. There are loss of appetite and associated gastric disturbance, and if the œsophagus and stomach become involved, as they

appear sometimes to do, the gastric symptoms are aggravated, (nausea, vomiting and pronounced epigastric pains.) Though "it is probable that the accidental concurrence of influenza with other diseases explains a large proportion of the cases in which it is found associated with gastro-intestinal complications." Epistaxis otitis and jaundice are not unfrequent in the course of an attack of influenza, Delirium sometimes ensues. The lung complications will be detected by their physical signs, and the increased distress and depression caused.

The crisis in uncomplicated cases is usually reached on the 2nd to 4th day, after which convalescence is often rapidly, but sometimes slowly established. In some cases convalescence may not commence until as late as the tenth or twelfth day.

PROGNOSIS.

The old and debilitated run considerable risk, the young and healthy very little. Uncomplicated cases rarely result in death in the young and strong. Relapses are not unfrequent. Pregnant women are apt to abort.

TREATMENT.

Medicines are not of much value in Influenza; avoidance of cold, hot drinks, and some stimulants are the chief requisites. At the outset Bartholow recommends a full dose of quinine and morphia, (gr. xv.=gr. $\frac{1}{2}$.) If the secretion is profuse a few drops of belladonna tincture may be given, or atropia combined with the above. Ipecac Wine and Laudanum are often useful. For frontal headache try the bromides; overcome constipation. Mustard plasters to the chest may give relief; continued hot water vapour inhalations undoubtedly do and this should not be forgotten. The food had better be mostly milk and farinaceous substances. Avoid depletory and depressing measures; stimulants rather, will generally be called for.

The present epidemic, after travelling rapidly eastward through Southern Asia, quickly reached Europe, and early in December Berlin had hundreds of its inhabitants affected. New York's first cases were reported about Dec. 12th, and we may expect the epidemic in the Maritime Provinces immediately, if the first cases have not already occurred when this appears in print. It would seem that the North American continent has not suffered as severely from past epidemics as some of the European and Asiatic countries, so we might not be troubled very much by the present one after all.

It has been stated, also denied, that influenza has previously been a fore-runner of cholera. Happily it does not appear that this sequence is at all necessary or constant. It is so far gratifying that influenza entails temporary discomfort and inconvenience rather than death.

ARTHUR MORROW, M. B.

Authorities: Grainger Stewart's Lectures on Practice of Medicine, Bristowe, Parkes, Bartholow, Loomis, *Medical News*, *Medical Press*, *Brit. Med. Journal*, &c.

THE *Sanitary News* warns persons who bite off the ends of silk thread, of the danger of lead poisoning, as the silk is soaked in acetate of lead to increase the weight.

MR. ESTEY, manufacturer of Estey's codliver oil cream, has had occasion to enlarge his premises. Moncton is fortunate in possessing many enterprising men, and in Mr. Estey it possesses an enterprising druggist. We wish him continued success.