

move around. Rigors were common and chilly feelings up and down the spine generally complained of. Convalescence was slow and the loss of appetite, amounting in many cases to absolute distaste for any and all kinds of food, was a marked general condition, and lasted from a week to ten or twelve days.

Respiratory Symptoms.—The nasal catarrh was very general, it usually began about 48 hours after the first symptoms and was followed in 24 or 48 hours by cough, at first dry, then moist, with free expectoration.

Rules dry and moist were heard in some cases, but no well marked case of either bronchitis or pneumonia occurred.

Circulatory Symptoms.—The pulse varied from 110 to 130. Perspiration was not common, rather an opposite condition of skin, which gradually became moist without any distinct excess of secretion.

Herpes labialis occurred in some few cases, but in only three was there a general eruption. In one of these it covered the whole body, and resembled Rôtheln, in the other two it was confined to the chest, and came out in irregular patches, remaining only a few hours. There was no subsequent desquamation.

Digestive Tract.—In three cases the attack was announced by severe vomiting of an almost explosive variety. In four diarrhoea was present. Sore throat was complained of frequently, and examination showed the fauces reddened and swollen. Aphonia was present during the end of first week, in a few cases.

Temperature.—The highest temperature taken was 104—the average was 102, and this only for a short period.

Menstrual Functions.—In very many cases, both sane and insane, the menses appeared several days, in some cases a week, before they were expected, and continued nearly twice the usual time.

The Duration, averaged, for the acute symptoms, 48 hours. After that while not complaining of any pain of body, and anxious to be out of bed and attending to their duties, the patient would find herself, physically and mentally, unable to go about her usual work. There was a marked tendency to relapse, and quite frequently on the third or fourth day, there would be complaints of chilly feeling and hot and cold flushes, and a rise of both pulse and temperature. This usually subsided in 24 hours. We had no serious relapses, for we allowed no one out of the house for a week at least, and not then if the pulse and temperature had not returned to their normal condition for 48 hours previously. We had no complications, and but one death, apparently from pneumonia. I say apparently, because the only symptoms were high temperature (102) and moist rales at the base of the lung. This case complained of the first symptoms of la grippe on Tuesday. Was kept in bed for 48 hours, and in her room, which was very warm and comfortable, for another 48 hours. At the end of that time, she was sent to bed again, and died in 36 hours. All the male attendants except three, and all the female

except four were attacked. The disease was so universal that we did not attempt to separate the cases. Indeed it would have been very difficult if not impossible to do so.

Treatment.—It seemed to me very much as if the disease was self-limited. Our routine was to confine the diet to slops and farinaceous food. At the first appearance of the symptoms, we usually gave a mercurial purge, followed by a saline, and sent the patient to bed. Then we gave a mixture containing m. 2 each, of Tr. Aconit and Tr. Bellad, every two hours. We used Antipyrine in gr. v doses, alone and with Quinine S. gr. 2 every three or four hours. It certainly appeared to us as if the cases so treated had more and longer loss of appetite than the Aconite cases, and we did not find either that the pains were lessened, or the temperature lowered earlier by Antipyrine than by Aconite. For the debility during convalescence, we found nothing better than Elix. Calisaya, Quinine S., and Acid phosphates. (Horsford).

I have thought that these notes of the recent epidemic might be of interest from the fact that the whole number of cases was under the personal observation of the writer, and being in hospital were more absolutely under medical control than an equal number of scattered cases seen in the practice of a general family physician.

Halifax, N. S., Feb. 20th, 1890.

OLD MASTOID ABSCESS TREATED BY FREE DRAINAGE AND TINCT IODINE APPLIED TO ABSCESS CAVITY.

By T. C. LOCKWOOD, *Lockeport.*

IN July last we were consulted by Chas. C——, a middle aged laborer, who had been suffering for a number of years with a mastoid abscess, which had always been treated by simple incision and evacuation, after a varying period of poulticing whenever it became troublesome; this treatment being followed by temporary and partial relief.

The man was apparently robust and healthy, with no symptoms or history of disease of ear or syphilis, the abscess being probably, primarily due to lymphatic inflammation of serofulous origin.

On examination, the tissues covering mastoid process were found infiltrated and thickened with a small area of fluctuation, and the whole post cervical region was swollen and brawny, the inflammation extending well around to the occiput, causing considerable difficulty in rotating the head.

As the patient was desirous of having a permanent cure effected if possible, I decided to make an exploratory incision, future course to be determined by condition then discovered.

The patient being fully anaesthetized by aether, a free incision was made over the mastoid process down to the bone. The parts were then carefully explored by finger and blunt probe, the bone showing no sign of disease. Then made a counter opening in upper part of posterior triangular space, and having first swabbed out cavity with a mixture of two parts Tinct. Iodine to one part Glycerine, a large-sized rubber drainage tube was passed through, and parts dressed with carbolized oil and absorbent cotton.

The treatment was followed by considerable inflammation