

At the Medical Society of the Hospitals on the 18th M. Le-greux introduced the topic of the epidemic, and pointed out how it differed from classical influenza, catarrhal manifestations being exceptional, headache, ocular pain, nausea, colic, and fever chiefly marking it, and recovery following after two or three days in bed. He had seen some grave cases, and cited one of a lady in whom the pains in the head were so severe, with nausea, delirium, rapid pulse, and temperature of 102.2° F., that meningitis was feared. The symptoms disappeared in forty-eight hours under treatment by antipyrin. In children he had observed coryza or bronchitis, or more often gastro intestinal catarrh. In every case the duration was shorter than ordinary influenza. M. Sevestre had noticed two types. In some, the minority, there were the features of ordinary influenza. Others were marked by the absence of catarrh of the respiratory passages, by intense pains in the head, eyes, and loins, and by fever. In one-third of his cases there was an eruption on the face resembling either scarlatina or measles, and recalling dengue. In terming such cases *la grippe* the usual meaning of the term was altered. The speakers concurred as to the value of antipyrin. A writer in *Le Progres Medical* (Dec. 21st), under the heading "Grippe ou Dengue," in which the outbreak among the *employes* at the Louvre at the end of November is stated to be the starting point of the epidemic that rapidly spread through many large establishments in Paris, refers to the descriptions given by Dr. Le Brun of the Beyrout epidemic of dengue, and suggests that both influenza and dengue are now prevailing in Paris. In particular the characters of an outbreak observed in a large scholastic institution in Paris are noted as closely approximating to the latter affection—sudden onset with frontal headache or orbital pain, difficulty in walking, pain in the limbs, &c; rarely cough, but slight tickling in the throat; many having constipation, nausea, or even vomiting. The throat was congested, tongue dry, pyrexia high (102.2° to 104°), and by the end of the first day a scarlatiniform rash, which became more like that of measles on the second day, when

the fever slightly abated. The rash faded on the third or fourth day, when the patients were nearly recovered. In some cases, where the patients got up too soon, there were relapses of fever, with rigors and headache, but no fresh eruption. Desquamation was not observed in any case. In the *Gazette Medicale* (Dec. 21st), Dr. de Ranse points to the discussions at the above-named Paris societies as justifying the hesitation at first expressed by the Russian physicians before concluding that the epidemic at St. Petersburg was influenza. He propounds three questions, which, shortly put, are: 1. Are influenza and dengue distinct diseases or only the same disease modified by climate? 2. May they develop simultaneously in epidemic state in the same region and combine to form a hybrid affection? 3. If entirely distinct, is the present epidemic influenza or dengue? In answering these questions, and concluding in favor of influenza, he rightly says that the exceptional occurrence of some cases showing a rash is not enough to ally it with dengue, and believes that some of the earlier recorded epidemics of influenza would show as marked an absence of pulmonary catarrh as is now presented.—*London Lancet*.

A CASE OF DYSENTERY TREATED BY INJECTIONS OF SULPHATE OF COPPER.

BY W. EASBY, M.D.

The case narrated in THE LANCET of Aug. 31st by Mr. Hepburn reminds me of a case where injections of sulphate of copper were most successful. The patient, J. O. —, aged fifty, was a thin, spare man. He lived in the Cambridgeshire Fens, and in his young days had suffered from ague. The water-supply to his house was very bad; the usual drinking water was rain water kept in a wooden tub, and when this ran short that from the dykes was used. I first saw him on Dec. 31st, 1876; he had all the symptoms of a smart attack of dysentery; these continued for a week, when he was much better. On Jan. 14th, 1887, he had a relapse, but improved by the 20th. On the 21st I