

INFLUENZA, ITS COMPLICATIONS AND SEQUELÆ.*

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My object in bringing this subject up for discussion, is, to get the views of the various members, (1) as to the mode of propagation; (2) its various forms; (3) its complications and after effects.

1. As to the mode of propagation, I think the history of the affection, its mode of onset, attacking different individuals in different ways, the rapidity of its dissemination, the wide area over which it extends, all induce me to believe that it must be due to some specific atmospheric influence, probably some form of living miasm.

Now, one of the main starting points of miasmatic epidemics is a good breeding ground, and such a breeding ground is said to be particularly well supplied by inundations, floods, etc., such as the overflowing of its banks by some great river; and it has been asserted, that the late epidemic was due to the great floods in China, about a year ago, when millions of animal lives were destroyed. These bodies, along with decaying vegetable matter, mixed with the slimy detritus and moisture, consequent upon such catastrophies, would make a capital breeding ground for such a nuisance.

The theory of the origin of the late epidemic in China, is well borne out, when we consider that it came from the east, working its way towards the west and south—through Russia, Germany, France, Great Britain, America and Australia, completely girdling the globe, in the space of a few months.

The first authentic account given of this disease was in the year 827, when we are told, "that even the dogs and birds suffered with it, as well as man." About the year 1658, this disease began to be known as influenza, which is derived from the Italian for "influence." Willis writes: "About the end of April, 1658, suddenly a distemper arose, as if sent by some blast of the stars, which laid hold on very many together, that, in some towns in the space of a week, above a thousand people fell sick together."

During the past three hundred years we have had a great many visitations of influenza; some writers say that we have had as high as one hundred and fifty such epidemics.

Etiology.—As I have stated, the disease is, no doubt, due to some form of living miasm, which is rapidly diffused from point to point through the atmosphere, effecting its entrance into the body through the respiratory passages, more particularly the air cells. At the same time authentic cases are on record, where the presence of the disease was due to personal intercourse and contact with those already suffering from it. Bodies of persons who died from influenza, when removed from one hemisphere to another, upon exposure, have been known to give rise to a local outbreak of this disease.

It may appear at all seasons of the year, and in all climates. It attacks both the weak and the robust alike, but the mortality is greater among the weak and delicate, as in also those having bad sanitary surroundings.

Clinical History.—This disease presents great variations in intensity, from being very mild and trifling to that of the gravest character, terminating in death. The milder forms come on with a feeling of malaise, lassitude, weariness, inability to concentrate the mind upon business matters; weakness, with shortness of breath upon exertion. To this may be added, some catarrhal trouble, such as laryngitis, bronchitis, coryza. Such cases may or may not be ill enough to keep their rooms.

Other more severe forms may be ushered in with a slight chill, or chilliness, alternating with flashes of heat; afterwards a fever of more or less severity comes on, ranging from 99.5° to 105°. One peculiarity in some of these cases is, the very rapid rise and decline of the fever, followed by very annoying sweats. At the same time there may be intense frontal headache, with pain in the orbits and root of the nose, so that movement of the eyeballs causes distress; sometimes the pain is limited to one side of the temple or brow, or it may be bilateral. There is usually a dry cough, with slight soreness of the throat. The cough is apt to be paroxysmal, very irritating and annoying to the patient. Loss of the sense of taste and smell is of quite common occurrence.

We will now consider some of the leading features of this affection.

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