

and not infrequently in the night. (Nothing afforded so much relief as an ounce of whisky taken as hot toddy.)

Influenza, in common with other infectious diseases, distinctly appears to predispose to the onset of other diseases. The lowered vitality induced by the primary malady leaves the patient a more ready prey to the attack of any other he may be exposed to. Or a distant interval may elapse between the one disorder and the other. Translated into the language of to-day, we may substitute for the term "lowered vitality" a condition of the solids and fluids of the body in respect of their powers of resistance to invasion by specific toxins which is unequal to the struggle between them and the infection. It is also conceived by Broadbent and others that germs of disease may lie latent in the body and remain inoperative till the resistance of the host is impaired by some circumstance such as infectious or other illness, or traumatism, which forthwith liberates the latent germ with the consecutive onset of a fresh ailment. The occurrence, so frequently, of tuberculosis after injuries and infectious fevers, may possibly be explained in this way, also the development of tertiary syphilitic disorders.

Relapses of influenza are commonly met with, and may occur several times at fairly long intervals after the primary infection and long after the original epidemic has passed away. We may doubt the occurrence of fresh infection from without, as by sporadic influence, in many such instances, and I think we may consider as probable a view of this matter, for which I am indebted to our Registrar, Dr. Edward Liveing. He conceives it to be not unlikely that the toxins of influenza may act very much as does that of malaria, leaving behind it residues of specific infective matter, which wake up into activity from time to time, and induce fresh outbursts of the disease in response to any conditions which temporarily lower the general vitality of the body. We may thus regard such relapses as evidences of sequels of the direct residual class. I have experience of cases in which four or five attacks have occurred within two or three years, and at varying intervals. The conditions in respect of symptoms, type of pyrexia, and general character leave no doubt as to the true nature of the disorder, and intelligent patients, in three cases in the persons of well-known members of our profession, have recognized only too well the specific qualities of it.

Acute bronchocele has been several times observed to follow influenza. One lobe may become enlarged and give rise to dyspnoea, or orthopnoea with a fluctuating tumor. Incisions give exit to viscid fluid, with relief to the symptoms, but the discharge may continue to flow for months. One of the most remarkable cases I have seen occurred in a gentleman, aged 68, in whom great wasting had

occurred in the pectoral muscles. This followed an attack of influenza nine months previously. Twenty-eight pounds weight had been lost during that time. The ribs were plainly visible. There was marked difficulty of inspiration, and the upper portion of the chest hardly moved. There was no myxœdema. The brachial muscles were soft, but those of the lower limbs were firm. There was general weakness and early fatigue on walking. Improvement slowly followed treatment by massage, warm douching, and dosage with strychnine, phosphorus, and arsenic. This man was at one time apparently in peril from respiratory difficulties. There was evidently some focal myelitis in the cervical portion of the cord. Recovery ensued after treatment. Bladder troubles may set in and persist after an attack. Diabetes has been several times observed as a sequel. Arthritis and multiple synovitis sometimes follow influenza. At the outset of many cases it is sometimes difficult to be sure that rheumatic fever is not in progress. There may be pains in joints and pyrexia. The two disorders may even occur together and lead to a very grave condition, owing to carditis. Cases have been carefully observed in which symptoms of myelitis, involving several tracts in the cord as well as the cornua, have led to arthritis or true spinal arthropathy.—*Brit. Med. Jour.*

ANTI-TYPHOID SERUM.—In the course of a communication to the Paris Société de Biologie on February 22nd on the Early Diagnosis of Typhoid Fever by a Bacteriological Examination of the Stools, M. Chantemesse said that last June he had succeeded in immunising several horses against the virus of typhoid fever. He had obtained the serum of such strength, that one-fifth of a drop inoculated into a guinea-pig twenty-four hours before infection protected it against a dose of typhoid virus fatal to animals not previously injected with the protective serum. It was ascertained, also, that injections of the serum produced no injurious effects upon a healthy man. M. Chantemesse stated that he had since employed injections of serum in three cases of typhoid fever. The temperature showed a regular fall from the time the first injection was made, and seven days after the commencement of the injections all three patients were quite free from fever, and had commenced to convalesce. M. Chantemesse added that the cases were not yet sufficiently numerous to permit any trustworthy conclusion to be drawn.—*Brit. Med. Jour.*

Tomatoes are a powerful aperient for the liver, a sovereign remedy for dyspepsia and indigestion. Tomatoes are invaluable in all conditions of the system in which the use of calomel is indicated.