

PATHOLOGY AND BACTERIOLOGY

IN CHARGE OF

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INFLUENZA.

The sequels of this disorder have only been studied with care in the course of the epidemics which have prevailed in the last seven years. They escaped the attention of the older observers. They are very numerous. It may be fairly affirmed that many of the gravest characters of the malady occur after the acute stage has passed away, and when convalescence is apparently assured. I think there has possibly been exaggeration in respect of some of the alleged sequels of influenza, still they are, as I have said, numerous. The general asthenic type of the disease is well recognized. The enfeebled mental and bodily states left behind it have been forcibly and sadly brought home to most of us late, both in our own persons and in our patients and friends. Recognizing the fact that each epidemic is signalized by a dominant form for the most part, we may discuss the particular sequels attending, first, the thoracic; secondly, the gastro-intestinal; and thirdly, the nervous varieties of influenza. The personal factor comes in here strongly in respect of each individual affected, and as has been said, "each patient convalesces according to his temperament," and, no less, I would say, his diathesis. Nearly sixty years ago, Sir Henry Holland noted the long persisting influence of this disease upon the constitution as a remarkable feature; also the variation of parts affected in different individuals, or at different periods in its progress. In respect of sequels ensuing on the thoracic forms, we may note the prolonged course of the peculiar broncho-pneumonia, so often fatal to the weakly and the aged in its earlier stage. Next the onset of tuberculosis. Abscess of the lung has been several times met with supervening on pneumonia, and Pfeiffer's bacillus has been found in the yellowish-brown sputa expectorated from it, together with elastic fibres from the lung.

Pleurisy is common and empyema may result. The heart is often severely infected. Great weakness of the organ is common; arrhythmia, bradycardia, tachycardia, and pseudoanginal attacks may occur long after the illness. Vertigo is a very frequent symptom, a tendency to it persisting for some months after the attack. The gastro-

intestinal variety of influenza may lead subsequently to vomiting, simple catarrhal jaundice, chronic gastro-intestinal catarrh, diarrhoea, or constipation, with marked nervous depression. The nervous variety is apt to lead up to many subsequent troubles. A rapid denutrition of nerve centres is more or less common in all cases presenting any severity in the early stages. Neurasthenia may prevail for one or two years subsequently. Polyneuritis is a common sequel. The arms may be paralyzed with both motory and sensory disturbance, and wrist-drop may occur; moreover, the same process may occur over large areas. Neuritis may involve cranial and other nerves locally. Encephalitis, myelitis, sclerosis of various tracts of the spinal cord, neuralgia, especially the intercostal variety, conjunctivitis, iritis, otitis media, mastoid abscess, malignant endocarditis, parotitis, orchitis, and lymphadenoma, with other affections, have been noted among sequels in various recent epidemics in parts of the world. Somnolence, or extraordinary drowsiness with hebetude, is a note-worthy feature. Headache, vomiting, and various mental disorders may occur. Melancholia leading to suicide is by no means uncommon. Mental incapacity long remains, and many patients affected in middle life tell of inability for efforts, mental and bodily, that were easy to them previously. They feel many years older in all respects. The natural level of health may never be regained, or not fully re-established for two or three years after a severe attack. Abscess of the brain has been several times noted as a sequel, also simple lepto-meningitis. Mental affections may also sometimes subside after an attack. The sequels of this disease are doubtless often very varied, and often extraordinary. A medical friend of mine has been unable to take coffee since he suffered from a severe attack in February, 1895, without feeling considerable cardiac discomfort, although there was no arrhythmia, and the heart sounds remained normal. In his case, too, and in another there remained for months subsequently a liability to paroxysms of low temperature, with extreme chilliness and distressing sensations; observations made in the mouth, axillæ, and rectum recording a temperature of only 96°. Such attacks continued to occur once in every eight or ten days,