

**Observations on influenza : its nature and consequences, as it appeared in the author's practice, during its recent prevalence in Newcastle upon Tyne, and at former periods in Edinburgh / by George Fife.**

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**Publication/Creation**

London : C. Empson, 1833.

**Persistent URL**

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*from his Publisher  
The Author*

OBSERVATIONS

ON

INFLUENZA,

ITS NATURE AND CONSEQUENCES,

AS IT APPEARED IN THE AUTHOR'S PRACTICE, DURING ITS  
RECENT PREVALENCE IN NEWCASTLE UPON TYNE,  
AND AT FORMER PERIODS IN EDINBURGH.

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BY

GEORGE FIFE, M. D.

FORMERLY SURGEON TO THE NORTHERN PUBLIC DISPENSARY,  
EXTRAORDINARY MEMBER OF THE ROYAL MEDICAL SOCIETY, &c. &c. &c.  
EDINBURGH.

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NEWCASTLE ON TYNE:

PUBLISHED BY CHARLES EMPSON; W. EDWARDS, LONDON;  
AND G. ANDREWS, DURHAM.

1833.

ORIGINATIONS

BY

J. F. L. E. N. A.

THE NATURE AND CONSEQUENCES

AS IT APPEARS IN THE ACTION - PARTIAL IN THE

RECENT DISTURBANCE IN NEWCASTLE (1809-1810)

AND AT OTHER PLACES IN ENGLAND

BY

GEORGE F. L. E. N. A.

THE NATURE AND CONSEQUENCES

AS IT APPEARS IN THE ACTION - PARTIAL IN THE

RECENT DISTURBANCE

NEWCASTLE ON TYNE

PRINTED AT THE PRESS OF J. F. L. E. N. A.

AND A. F. L. E. N. A.

NEWCASTLE: PRINTED BY JOHN CLARKE, THEATRE-SQUARE.

R35524

TO  
JOHN BRANDLING, ESQUIRE,  
MAYOR.

SIR,

THE almost universal prevalence of the present epidemic renders it legitimate to conclude that the following pages may not be without interest even to general readers.

From the solicitude you have evinced in the welfare of every class of the community under your jurisdiction, and the liberality with which you have aided every object connected with the advancement of the real interests of the town over which you preside, I feel that there is no one to whom I can more conscientiously, or with more pleasure, inscribe this treatise.

I have the honour to remain,

Sir,

Your very obedient servant,

GEORGE FIFE.



JOHN BRANFORD, Esquire,

MAYOR.

SIR,

The almost universal movement of the present century  
towards it is legitimate to conclude that the following pages may  
not be without interest even to general readers.

From the willingness you have shown in the matter of every  
class of the community under your jurisdiction, and the liberality  
with which you have aided every effort connected with the ad-  
vancement of the real interests of the town over which you pre-  
side, I feel that there is no one to whom I can more safely  
entrust, or with more pleasure, these few lines.

I have the honor to remain,

SIR,

Your very obedient servant,

GEORGE WILK

## OBSERVATIONS

ON

## I N F L U E N Z A, &c.

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THE term Influenza is applied to Catarrhal Fever, when it exists, as it has lately done, in the form of an Epidemic Disease. A more vague or indefinite appellation could scarcely have been fixed on; we shall not, however, occupy our time in quibbling about a name, but rather endeavour to give such an outline of the disease, as will in future render its pathology more intelligible, and at present lead to a correct estimation of the real importance to be attached to the affection. In treating this subject it shall be our object to attach to the disease such a degree of consideration as will prevent it from being regarded as a trifle; and, at the same time, to divest it of those imaginary dangers, which have in many cases (more especially in nervous temperaments) been productive of the worst effects. This object, we think, will be most speedily attained by a few preliminary observations on the nature of the disease, an account of its symptoms, the course which



it runs, and a short abstract of the treatment which has been most successful ; lastly, we shall consider the effects produced by it on the constitution, or the sequelæ of the disease, which are in this, as in some other diseases, more to be dreaded than the complaint itself.

#### PRELIMINARY REMARKS.

Catarrhal Fever, as is well known even to general readers, prevails at all seasons of the year, and attacks indiscriminately the young and the old. It is most common, however, in the spring and autumn, when the weather is unsettled, and subject to frequent and sudden vicissitudes, whether these changes be from heat to cold, or the reverse, or from a humid to a dry state of the atmosphere. In other words, it prevails most generally when the atmosphere is subject to the greatest and most sudden variations, either as to temperature or gravity. Catarrhal Fever very rarely proves directly fatal ; although where it attacks persons previously subject to organic disease, it almost invariably aggravates such affections, and calls into action the germs of diseases which had heretofore existed in a latent form. The cases in which bad effects are to be apprehended, are those where any tendency or predisposition exists to disease of the lungs, heart, liver, or any other important organ ; as, although the mucous membrane lining the air-passages is the chief seat of Catarrhal



Fever or Influenza, the excitement of the system to which it gives rise, converts this tendency to morbid action into the disease itself; and the result of course depends on the constitution of the patient, and the promptitude and judgment with which our remedial measures are employed. Another circumstance, which exerts a very decided influence over the complaint, is the age of the individual who is the subject of it; as, in persons at an advanced period of life its approach is insidious, its progress obscure, and the result in very many cases speedily fatal; the disease, in such cases, having arrived at its termination almost before its existence (or, at least, in such a degree as to attract the attention even of the individual himself) was recognised. In these instances the termination in death is generally found to depend on the excessive and rapid secretion of mucus into the air tubes, and inability to discharge it by expectoration, the patient consequently dying suffocated. The epidemic Catarrh, or Influenza, prevailed in Europe and America in the years 1732 and 1733, and in this country in the years 1785 and 1803. In many situations it prevails almost annually to such an extent as to deserve its title of Influenza, and in no place that we are aware of is this more usual than in Edinburgh; which may perhaps, in a great measure, be ascribed to the geographical situation of that city, more especially its vicinity to the Firth. By many practitioners Influenza is



considered as a highly contagious disorder. This is a question on which it is very difficult to form a decided opinion; but from experience we are rather disposed to ascribe it to epidemic influence, or to a peculiar state of the atmosphere acting on the mucous membrane lining the cavities which communicate immediately with the external air, and which are consequently liable to be affected by any unusual condition or sudden change in the constitution of the atmosphere.

That the Influenza prevails as an epidemic is established beyond all doubt; and it is more than probable that, like most epidemics, it may assume an infectious character, although we should be inclined to deny, in the most unequivocal manner, that the disease is capable of propagation by contact. The terms *infectious* and *contagious* have been used, even in medical writings, as synonymes; than which, in our opinion, nothing can be more perfectly paradoxical; and we may add, that this misapplication of these terms has led to more unprofitable discussion than any with which we are acquainted. We have only to consider the derivation of the words *infection* and *contagion*, to be instantly enabled to appreciate the foregoing remark. The difference will at once be as apparent as that which exists between midnight and noon. Catarrh, then, by the oldest writers, has been classed under two heads, viz. "Common, or that which arises from cold," and "Contagious



Catarrh, or Influenza.” On this subject Dr. Uwins very properly makes the following observation: “The difference, I believe, between the Influenza, or Contagious Catarrh of Cullen, and common cold, is rather referable to the state of the air; and the division should be into infectious and common, not into contagious and ordinary.” Dr. Uwins then proceeds to observe, that Catarrh, only then becomes dangerous, when it happens to meet with disordered predisposition; thus, that inflammation of the mucous membrane of the nostrils, &c. by which it is constituted, may become protracted and extended down into the bronchial cells, and thus form bronchitis; or it may excite the tubercular latency into action from contiguity and sympathy, and thus come to be productive of true consumption; or it may prove an excitant of asthmatic disposition, or fall into common pulmonary inflammation; but in all these cases the disorder, before it is dangerous, becomes, nosologically, a new affection.” In these statements of Dr. Uwins, we, from a very extensive field of observation and experience, are induced to concur; as, in the whole of our experience, we have in no case witnessed a direct fatal termination of Common or Infectious Catarrh, without the primary disease degenerating into some more serious affection of some important organ or viscus. In other words, we admit that the Epidemic Catarrh, or Influenza, is in some circumstances an infectious



complaint, although we deny its capability of propagation by actual contact or contagion. We also affirm that, except in the earliest years of childhood or in extreme old age, the disease rarely, unless improperly treated, proves fatal; and even in those instances where it does so, we are inclined to ascribe the unfortunate result to some constitutional tendency in the individual to disease of one or other of the vital organs, or to actual disease existing at the time of the attack. In such case we shall invariably find that, if local symptoms be present, they are confined almost exclusively to the viscera, previously in a morbid condition. We shall now conclude our preliminary remarks by stating that, in accordance with most other epidemic diseases, it has commenced in the east and extended westward. In this respect it bears a very strong resemblance to Cholera, which, as is well known, originated in our oriental possessions, and from thence progressed over the continents of Asia and Europe to Great Britain, and ultimately reached America, where its devastating influence was felt even more fearfully than in any other part of the world. Whether the mode in which Influenza or Epidemic Catarrh, is propagated be essentially contagious or not, is not of very great importance. We shall not, therefore, dedicate more of our space to the consideration of this subject of interminable discussion; suffice it to say, that we do not, from all we have read,



and what we have ourselves observed, believe it to be an essentially contagious or infectious disorder. It appears, on indubitable authority, that this disease, in its epidemic form, has prevailed at different periods in Europe and Great Britain; and also that several of these have been preceded by similar epidemics in Asia. This was very remarkably exemplified in the epidemic of the year 1580. It is known to have prevailed so early as the fourteenth century; since which time it has existed in that form, of which authentic records are preserved, in the years 1510, 1575, 1580, and 1591; also in 1658 and 1675; and in 1732-3, 1743-8, 1762-7, 1775, 1782, and 1803. Independent of these dates, it has generally prevailed in different parts of Great Britain, more particularly in North Britain, to such an extent as to justify the application of the term Epidemic, at various seasons of almost every year. Of this we have, during our residence in Edinburgh, had ample proof, from the number of cases that have occurred in our own practice. The Epidemic Catarrh, or Influenza, is defined by Cullen, who divides Catarrh into two species, the first of which is "Common Catarrh," or that which arises from cold; the second, that which arises from contagion, and to which the above term has been applied. We must now take our leave of this part of the subject, and proceed to the consideration of the causes, &c. &c.



OF THE CAUSES OF INFLUENZA, OR EPIDEMIC CATARRH. From what we have already stated, it will be very properly anticipated as our opinion, that the cause, exciting and predisposing, is some peculiarity in the constitution of the atmosphere by which we are surrounded; which peculiarity, however imperceptible to our senses, we believe to exist, and which has commonly received the appellation of "Epidemic Influence." We are, at the same time, ready to admit that the disease, although prevailing epidemically, may be (in some cases) propagated by infection, in consequence of the approximation of a healthy person to one labouring under the disease.

THE PROXIMATE CAUSE, OR PATHOLOGICAL CONDITION OF INFLUENZA, appears to be a congestion of the vessels of the mucous membrane, lining the cavities of the nose, fauces, larynx, and trachea or windpipe; in consequence of which condition, we have the increased secretion of mucus from these parts, which increased secretion may be regarded as one of nature's efforts to remove such condition, or, in other words, to effect a cure.

SYMPTOMS. Previous to the occurrence of any decided febrile attack, we not unfrequently observe a degree of languor and debility, with a feeling of weight at the forehead and root of the nose, and a creeping sensation over the body generally; the disease itself is, however, most frequently ushered in by a distinct febrile paroxysm,



as shivering succeeded by heat, thirst, a quick pulse, hurried respiration, diminished secretion, and great anxiety. The patient remains for a while in this state, and is then temporarily relieved by sweating. We shall also, in Epidemic Catarrh, generally observe that the eyes are suffused and watery; sneezing, cough, discharge from the nostrils; pains, similar to those of rheumatism, in almost every part, especially about the shoulders and back; a sensation of constriction or tightness of the chest; the urine scanty, clear, and high coloured, and the bowels most commonly rather confined; the tongue is white and furred; the pulse, though quick, does not present the degree of incompressibility by which decided inflammation is characterised, and the local symptoms do not, for the most part, bear any ratio with this acceleration of pulse. Even in those cases where the respiration or breathing is quick, we rarely find that the stethoscope affords those signs which are justly regarded as pathognomonic of inflammation, either of the pulmonary tissue, as in pneumonia, or of the mucous membrane in decided bronchitis, or inflammation of the air tubes. The discharge from the eyes and nostrils, in most cases, immediately succeeds the pain in the forehead, and feeling of debility or listlessness, and precedes the feverish attack. In this, as in most other diseases, we meet with varieties in the symptoms; which varie-



ties are to be ascribed to the age of the individual, or to idiosyncrasy, or peculiarity of constitution, also to predisposition to, or the presence of other diseases. That this variation of the symptoms exists, every one, who has had even moderate opportunities of observing the present Epidemic, must admit ; as, in some cases where the Catarrhal affection has scarcely attracted notice, the head has been violently affected ; in others the function of the stomach has been deranged ; and in others again the liver and kidneys have been the principal seats of diseased action ; and in some few instances the function of the heart has been very seriously deranged, although we have not, in any such cases, been led to apprehend the existence of organic disease of that important viscus. One remarkable symptom in the Influenza is the spasmodic nature of the cough, which resembles that of Hooping Cough, as it occurs in paroxysms, and is evidently spasmodic in its nature. We must, in conclusion of our remarks on the symptoms of this disease, state that it very often assumes the type of intermittent Fever or Ague, in so far as the patient has a febrile exacerbation, ushered in by cold shivering, which is followed by a hot stage, the latter being succeeded by sweating, after which the patient, until a similar exacerbation takes place on the following day, enjoys an interval of comparative health. In many cases the throat



has been principally affected, and in one instance, the parotid gland. The attack has in several instances been preceded by syncope or fainting.

PROGRESS OF THE DISEASE. The course which Influenza runs is modified by a variety of circumstances; the principle of which are, the constitution of the person attacked, the age, and the means employed. We find, in many cases, that a person gets over a slight attack of this disease, without finding it necessary either to relinquish his ordinary pursuits, or to call in medical advice. In others, we find that low diet, or, at least, abstinence from heating or stimulant aliments, with confinement to the house for a day or two, effect the same object. In other cases, however, every hour adds to the severity of even apparently slight attacks; and the most energetic treatment is demanded, in consequence of the presence of local symptoms. Where the disease runs its course, and arrives at a favourable termination without the aid of medicine, we shall generally find that this desirable end has been effected by spontaneous and profuse perspiration, which appears to be critical; and the only vestige of the complaint, in such cases, is a degree of debility, which frequently continues for several days, and in some instances for weeks, if not months. In the most violent and sudden attacks, we not unfrequently witness this rapid and spontaneous termination of the disease, where every means employed has appeared



rather to aggravate than to produce any amelioration of the symptoms. The disease seldom persists, in a severe degree, above forty-eight or sixty hours, except where local symptoms exist in a marked and aggravated form, or where it assumes the character of intermittent or continued Fever. In both of the latter cases, we conceive that the disease has completely changed its character, and, consequently, has no longer any claim to the appellation by which it had previously been designated. It also, in many cases, where diseased action exists in the heart, liver, lungs, spleen, or kidneys, calls such affections into an active form; when we should be inclined, in like manner, to banish the term Influenza, and not only designate, but treat, the disease in the manner best calculated for the removal of the affection, when arising from general causes. For example—if a person be affected with Influenza, in whom tubercles of the lungs had previously existed in a latent form, and these tubercles inflame, suppurate, and destroy life, we would say that the person had died of phthisis, certainly not of Influenza.

**TREATMENT.** In the Influenza, as in other diseases, we deny that any curative plan can be invariably successful or proper. The means employed must not only be regulated by the age and constitution of the patient, but must also be adapted to the peculiar symptoms of individual cases. The justice of this remark will be obvious



to every one who has been called upon to treat the present epidemic; as in a given number of cases we shall find that no two amongst them have presented the same characters, without at least some modification which called for a deviation from any system that may have been particularly extolled. Our remedial measures, then, must be adapted to the functional derangement which exists, in the most unequivocal and urgent form. Thus, in one case we shall find that our attention is principally demanded to the head and nervous system; in another, to the throat; in a third, to the chest; in a fourth, to the stomach; and so on to the heart, liver, bowels, urinary organs, &c. Hence we find not only that no fixed rule can be laid down which will be generally applicable, but that we have, in almost every case, to modify our treatment according to the peculiarity of symptoms.—We shall now proceed to the consideration of the means that have been generally employed, those that we ourselves have exhibited, and state the circumstances under which each is indicated, or likely to prove injurious.

OF BLOODLETTING. In speaking of the treatment of Influenza, we have placed bloodletting at the head of our remedial measures, not from any faith in its efficiency as a curative means, but from our conviction of the irreparable mischief that has in many cases accrued from its employment, either where it was not imperatively called for, or from



its being carried too far. We, from our own observation and experience, should be inclined to assert that bloodletting, by means of the lancet, was not required in one case in a hundred; and farther, that in every ten cases in which it may have been resorted to, it has, in more than one half of these, not only been unproductive of any benefit, but has had a diametrically opposite effect; in so far as the disease has not been mitigated by its exhibition, and the convalescence has been tedious and protracted. We may also add, that in some cases metastasis has taken place to important organs; or, in other words, where no disease of any internal part has existed previously to the employment of the lancet, we have seen such affections ensue after its use.

This result may be accounted for in the following manner: In every case of Influenza a certain degree of fever exists, and, in many, some degree of congestion of the viscera; the effect, then, of an evacuation of the vital fluid is the diminution of the power of the vessels in such part, without being productive of a corresponding degree of relief of the congestion which already exists: the result necessarily is, that the congestion and consequent obstruction of the part are increased, and inflammation, or equally pernicious effects, are produced. Although this is our opinion of bloodletting generally in cases of Influenza, none can be more perfectly aware than we are of the value



and necessity of this means in certain cases ; all we contend for is, that the lancet is in this, as in other diseases, often most improperly resorted to by practitioners ; and we do not hesitate to affirm, that in such cases it were better to have allowed the disease to run its course, as the effect of the disease would not, in the majority of cases, be more injurious than the injudicious or uncalled-for employment of this agent. We could give numerous illustrations of the accuracy of the foregoing remarks, were it not that the limits of this pamphlet prevent our doing so. We have only farther to observe, that the topical abstraction of blood, by means of cupping or leeches, is preferable to the lancet ; and except in those cases where the most unequivocal signs of inflammation have been present, we have generally found this to be the case.

CATHARTICS, OR PURGATIVES. In this, in common with other diseases, it is of the first importance to maintain a regular evacuation from the bowels, although profuse purging is rather to be avoided. The drastic purgatives are, generally speaking, objectionable, as they very often increase the irritation of the mucous membrane of the bowels where it is affected, and also by sympathy appear to produce the same result on the pulmonary mucous membrane. In the greater proportion of cases, we shall find every object fully attained by merely keeping up a natural and regular discharge from the bowels. And where



there is no decided symptom of biliary derangement, or accumulation in the intestinal canal, we have generally found the saline purgatives well adapted for this purpose, more especially the sulphate of magnesia, or soda, with a small addition of the carbonate of magnesia, or the calcined magnesia. Where any great disorder of the stomach exists, we shall find such combinations peculiarly advantageous. Of the combined effects of the saline purgatives with other medicines, we shall speak under the head "Emetics," to the consideration of which class of medicines we shall now proceed.

EMETICS. The value of this class of remedies is now much more generally appreciated than it was a very few years ago, and we are satisfied that every day's experience of the widely-diffused utility of emetics, will ere long ensure that attention from the profession to which they are so justly entitled. For our present extended views of emetics, and their effects on disease, more especially on inflammatory complaints, we are principally indebted to the physicians of Italy and France, who have, for many years past, employed them very extensively, not only in inflammations of the chest, but also of the serous membranes of the other cavities ; and we have, from very extensive trials, come to the conclusion that their efficiency in removing even purely local affections of external or superficial organs or parts, is scarcely



less than over internal diseases. To derive any benefit from emetics, we must obtain one of three effects, viz. vomiting, nausea, or perspiration; as where none of these effects is produced, we shall invariably find their employment productive of bad effects; as, where irritation already exists, such condition is almost constantly increased by the exhibition of emetics, unless one of these actions is excited, and where no irritation has previously existed, it very frequently ensues. The emetics most generally used in disease, are ipecacuanha and the tartrate of antimony; and the propriety of our selection must altogether depend on the effect we wish to produce. Where our object is vomiting, or the true and extreme action of this class of medicines, ipecacuanha will be found best adapted to the case; where, on the contrary, we wish to excite and keep up nausea, the tartrate of antimony will be found most efficacious; and where it is desirable to produce both effects, a combination of the two will fulfil the intention. As the one excites vomiting without producing nausea, the other cannot produce vomiting without nausea, both preceding and continuing for a time after such action has ceased. Where then, we wish, in the first instance, to produce full vomiting, and subsequently to maintain nausea and perspiration, this object will be effectually attained by administering a full dose of ipecacuanha, with a small proportion of the tartrate of antimony.



The latter may afterwards be continued alone, when circumstances render such a mode of proceeding requisite; or it may be continued in conjunction with the sulphate of magnesia or soda, if the bowels are not sufficiently active. If any means possesses the power of arresting at once the course of Influenza at its commencement, it is the exhibition of an emetic; this is more especially the case when the subject is young. To sum up the foregoing remarks, we would simply observe that no medical treatment, so far as experience enables us to speak, is more certainly efficacious in Influenza than the use of emetics, especially where the tongue is loaded, and stomach derangement is present.

**SUDORIFICS.** We may briefly state, that it is of the greatest consequence, in the treatment of all diseases attended by fever or heat of skin, to maintain a steady and moderate degree of perspiration. Excessive perspiration, when long continued, not only adds very much to the debility which the patient in all cases experiences after an attack of Influenza, but is also productive of other bad effects. This may, perhaps, to some persons appear paradoxical; it is nevertheless true, as, although profuse perspiration, when spontaneous, frequently cures the disease, it very often, when artificially produced, has an opposite effect.

**DIURETICS.** It is of great importance to attend to the function of the kidneys, particularly in



persons where tendency to dropsical affections exists, as, in the majority of such cases, we shall find that the urinary secretion is not only scanty, but also that it is altered in quality. In some cases of this kind the disease has been very much ameliorated by simply attending to this point. It is not necessary to say more on this class of medicines, than that the mildest and least stimulating diuretics are to be selected.

**CALOMEL.** By some writers calomel has been highly extolled in the treatment of Influenza. Our own experience, however, induces us to oppose this plan of treatment, excepting to such an extent as merely to obtain its alterative effect, as, independent of its not speedily curing the complaint, it is very apt to produce such a degree of excitability of the system, as to render the patient exceedingly prone to relapse, and in the majority of cases where we have seen it liberally employed, the convalescence has been protracted and tedious. We would only then recommend calomel in such cases as the biliary secretion is defective, and symptoms of hepatic congestion are well marked, and even in these cases we have followed it by purgatives, or at least aperients.

**BLISTERS AND COUNTER-IRRITANTS** Few cases of Influenza require the aid of this means, and in many the effect produced has not been such as was anticipated. The cases which require the application of blisters are those in which fixed in-



ternal pain exists. When the seat of pain is the chest, blisters in many instances increase rather than diminish it. This may be accounted for by the irritation which they cause in the immediate vicinity of the affected part; in this way the action of the contiguous vessels is increased, and congestion takes place.

**OPIUM.** We are, generally speaking, averse to the exhibition of opium, except in combination with other medicines, as it always aggravates the pain of the head, which is so commonly present. In those cases where biliary derangement exists, and calomel is resorted to, it may be given in combination with that medicine, and such combination is often found very useful. In conjunction with ipecacuanha (as in Dover's Powder) it is highly useful, especially where the biliary disorder is accompanied with diarrhœa, as it allays intestinal irritation, and also promotes perspiration. The Dover's Powder is also useful, combined with rhubarb, in cases of mucous irritation.

**TONICS.** Of this important class of medicines we shall treat when speaking of the sequelæ, or consequences of Influenza, and we shall now proceed to this part of our subject.

It will be admitted by all persons who have witnessed many cases of Influenza, that extreme debility generally remains for some time after the subsidence of all the more active symptoms of the disease; which state of debility is also very com-



monly accompanied by a greater or less degree of mental depression. This latter feeling is, in a vast number of cases, dependent on some derangement of the function of the liver, and seldom yields to any means excepting those which are calculated to obviate such disordered action; until this biliary derangement is removed, it is obvious that no amelioration of the condition of the patient can be reasonably expected. This change will be most readily effected by small doses of blue pill, with rhubarb or colocynth, and where irritation of the mucous membrane is present, to these may be added a little of the extract of hyoscyamus. Whenever this end is obtained, we may commence the use of tonics; but when cough continues, with acceleration of pulse, considerable caution is required in their exhibition. The tonics or bitters best adapted to convalescents from Influenza are quinine, calomba and quassia; in cases where tendency to scrofulous or glandular affections shews itself, more benefit may be derived from some of the metallic or earthy salts, as those of iron and lime. To these measures must be added a nutritious light diet, exercise in the open air, and clothing adapted to the season of the year, and habits of the patient. When local symptoms have been entirely subdued, immense advantage accrues from cold sea bathing. Where the patient has previously been accustomed to the use of stimulants, these may be allowed in moderation: of



these port wine is the best ; but porter, where no bilious affection prohibits its employment, is perhaps even better than wine, as it is at once more nutritious and less heating. When debility is accompanied with profuse and frequent sweating, immense advantage will arise from the use of some of the mineral acids, especially the nitric and sulphuric, either of which may be given separately, or in combination with the quinine. Sponging the body with vinegar and cold water, will in these cases not only prove useful by lessening the degree of perspiration, but will also prove highly grateful to the feelings of the patient. We have only now to state, that wherever headach is produced by quinine, it will be proper to substitute some other tonic.

The Sequela of Influenza, to which we shall next direct our attention, is cough, which in many cases persists for a considerable time after the removal of the primary affection, and the importance of which is altogether dependent on its concomitant symptoms. Whenever, however, it continues long, and is accompanied with debility, and a quick or excited pulse, cough is to be regarded with some degree of jealousy, and always claims the attention of the cautious practitioner. The collateral symptoms which should principally interest a medical observer, are the state of the pulse, both as to frequency and the sensation it imparts on compression ; the frequency of respi-



ration, and degree of facility with which breathing is performed; the presence of pain on inspiration; the condition of the thorax and abdomen during respiration; the character of the matter expectorated; the casual nature of the cough, or its occurrence in paroxysms; the state of the skin; and finally, the integrity of all the other important functions of the body. The only examination, however, the result of which is to be relied upon, is that of percussion and auscultation with the stethoscope, as by this means the nicest shades of disease are apparent to a practised ear, which would otherwise lay hidden from our view until hope was passed, and the shock comes like thunder on the relatives, who had probably been lulled into a feeling of security. In no case is the approach of consumption more insidious than after Influenza; and in no language can its stealthy course be better portrayed than in the elegant and expressive lines of Young:

Behind the rosy bloom he loves to lurk,  
Or ambush in a smile; or wanton dive  
In dimples deep; love's eddies, which draw in  
Unwary hearts, and sink them in despair.

Let us not be understood, from the foregoing remarks, to attach any undue importance to this symptom. In refutation of such an idea, we may simply state that, except where there is actual predisposition to disease of the lungs, where the



primary complaint has been neglected, or where unwarrantable freedom has been used previous to established convalescence, this symptom will be subdued without much trouble, and by the most ordinary means. Above all things, we must urge the propriety of avoiding the evening or night air, especially during the prevalence of easterly winds, as these are not only cold, but accompanied with dampness, which is most injurious in its effect. Regular exercise without over-exertion, is a very powerful auxiliary to our other means; where debility exists to such a degree as to prevent the invalid being sufficiently in the open air, he should, if possible, ride or drive out. In children, more especially during dentition, we very often find that Influenza terminates in Hooping Cough, when it is to be treated in the manner best adapted to the mitigation of that complaint when arising in its usual manner. In all cases of cough after Influenza change of air and a light nutritious diet, especially milk, will be found beneficial; where pulmonary predisposition exists, removal to the sea is very often injurious, and cold sea-bathing is out of the question, although warm sea-water baths are highly serviceable. In those cases where cough is accompanied by dyspepsia, we shall find tonics of great use, and even where there is slight acceleration of pulse, these may be used with safety by adding small quantities of digitalis to each



dose. In these cases the cough frequently subsides so soon as the function of the stomach begins to improve.

Another very annoying sequela of Influenza is deafness. This affection seldom occurs except in those cases which have been accompanied with severe inflammation of the throat, tonsils, and fauces. Although it sometimes continues for a considerable length of time after convalescence has been established, it is seldom a permanent defect: it arises from inflammation and thickening of the mucous membrane lining the Eustachian tube, and generally subsides as this inflammation abates. When this affection continues long after the other symptoms have disappeared, it becomes necessary to adopt some measures for the relief of the state of parts which gives rise to it. The most effectual treatment, and that which has generally proved sufficient for this purpose, has been counter-irritants applied externally to the contiguous parts, and the employment of moderately astringent gargles, which have the effect of constricting the previously-relaxed membrane, which extends from the fauces and pharynx continuously along the Eustachian tube until it is lost in the mastoid cells, which, as is well known to anatomists, have an important connexion with the organ of hearing. In cases where permanent deafness remains, we are inclined to concur in the observation of an ingenious professional friend, who, in a conversation



with us upon this subject, gave it as his opinion, that the deafness was to be ascribed to thickening of the membrane lining these cells, and their consequent obliteration. This opinion seems to be entitled to farther consideration, when we reflect upon the inutility of the operation of perforating the mastoid process, for the cure of deafness after scarlatina, in which case a similar state of parts exists. In these cases, blisters, applied either behind each ear, or extending from the back part of the head down the neck, will frequently prove of almost magic effect in relieving this troublesome and sometimes serious affection: in the active stage, leeches should be premised. Under this treatment we shall generally find our patient get over this defect, although for some time he may not possess the faculty of hearing in so perfect and acute a degree as previous to the attack.

This essay, having already exceeded the bounds within which it was our intention to have confined it, and the remaining sequelæ being of such a nature as to require separate consideration, we shall content ourselves with simply enumerating the most common amongst them. We may, previously to doing so, state that in all these cases the primary affection has ceased to exist, but not without calling into action the germs of the diseases which had probably been implanted in the system prior to its occurrence.



In the 1st place, we may mention organic diseases, or obstinate functional derangement of the brain and nervous system.

2nd. Organic affections of the heart, lungs, and thoracic viscera.

3rd. Of the various organs situated in the cavity of the abdomen, including the stomach, liver, spleen, kidneys, and mesenteric glands. In this class we may include dropsy, as this disease is generally ascribable to organic disease of some of the abdominal viscera.

4th. Of the lymphatic or absorbent system, consisting in glandular swellings in various parts of the body, more particularly of the lymphatic vessels of the neck, axilla, &c., the enumeration of which, in this place, would not be attended with any advantage, as they are fully treated of in every medical and surgical system.







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