

On the influenza as it prevailed in Bristol and its vicinity during 1803 / by John Nott.

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To Doctor Bane
(5) from the author

ON THE
INFLUENZA,

AS IT PREVAILED IN

BRISTOL, AND ITS VICINITY,

DURING

Part of February, March, and Part of April, 1803.

BY JOHN NOTT, M.D.

Bristol:

PRINTED AND SOLD BY W. BULGIN, WINE-STREET;

SOLD ALSO BY

CRUTTWELL, AND HAZARD, BATH; AND LONGMAN & REES,
PATERNOSTER-RROW, LONDON.

1803.

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ON THE

INFLUENZA,

&c.

THE history of epidemics is perhaps the most curious, and interesting of all researches in medicine and philosophy; no diseases are involved in more obscurity; none have received less light from investigation; and, could we satisfactorily trace their origin, none would give us greater insight into natural causes. But such discussion does not belong to these pages: the mention is made merely to introduce the subject of the present influenza, and to engage the attention of the reader.

We have accounts of epidemic colds having prevailed in this kingdom, in the years 1510, 1557, 1580, 1587, 1591, 1675, 1709, the latter end of 1732, and beginning of 1733; but I am unacquainted with their exact characters. Medical communications did not, at those periods, diffuse knowledge so widely as in the present day.

Dr. Robert Whytt, and other eminent practitioners, in the Medical Observations and Inquiries, vol. 2, mention an epidemic, very much resembling our present, predominating in the south of Scotland, 1758, during the months of October and November, which were remarkably wet and cold, when the summer months had been as remarkably warm. It came on suddenly, attended with the same lassitude and pain in the limbs and loins as the present: the other symptoms were accompanied with hæmoptysis, nasal or often uterine hæmorrhage, and sometimes
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with diarrhœa; which constituted its peculiarity. It bore bleeding well, though the lancet was not always necessary. Slight cases readily yielded to a kind diaphoresis. Emetics were serviceable; so were wine and light cordials, at the termination of the disease. Persons were subject to relapses, on any trifling indiscretion. Very few died of it.

The years 1767 and 1775 have had their peculiar epidemic colds; but, from accounts of them, they seem to have been of a somewhat different character from the disease, called influenza, we are now treating of. That of 1767 was but of short duration, highly inflammatory, and required bleeding; it came on the latter end of June, and beginning of July, after a series of weather unusually cold: it attacked all ages, and both sexes: infants had it. The epidemic of 1775, appearing towards the end of October, was nearly the same: in this, we are told, diarrhœa was

rather frequent; the dejections were mostly black, or of a deep yellow: some few died phrenetic.

It has been observed, that to a certainty a prevalent catarrh, of rather a distinct nature, has infected this kingdom, at periods of about twenty years distance from each other, for some time back. The years 1743, 1762, 1782, and the beginning of 1803, have produced influenzas all similar, or admitting but of slight variations.

Of the influenza of 1743 I can procure no information, which would lead to a very accurate discrimination of it.

That of 1762, Dr. Heberden informs us (see Medical Transactions, vol. 1) hung on persons for months, nay, for a year or more; and those, so languishing under it, for the most part died. It was preceded by weather uncommonly warm.

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The influenza of 1782 had a very near analogy with the present: I shall therefore say a few words on the subject, principally from the report made of it by a committee of the royal college of physicians in London. It appeared first in April and May; but it did not reach the northern part of our island till June. It was diffused throughout all our navy at home. Its attack was sudden, and general among families. The period of the disease was from two or three days to a fortnight; and, in each place where it prevailed, it lasted about six weeks. Very few died of it; and those were the old and asthmatic. It often terminated in tumours of various kinds; now and then the parotid and axillary glands would suppurate. The more late the attack, it was observed, the more violent and of longer duration was the disease. Those living on low lands had it more severely than those inhabiting upland ground. In some towns about three fourths, in others about four fifths, were affected.

fectcd. It extended to the continent. A singular circumstance we learned at the time, namely, that it had raged at Canton, in China, two years before, 1780, with symptoms exactly similar to what we afterwards remarked here. A ship's crew, on the China sea, was infected with it at the same time. The Coromandel coast felt it, when it attacked the British army besieging Negapatam, in November, 1781. Bengal was not exempt from it.

The present influenza, a disease of the febrile catarrhal kind, began to make its appearance in this city, and its neighbourhood, at the end of February last; after our winter had been remarkably mild, till the middle of January, when cold weather, with frost and some snow, set in; this lasted till the disease appeared, when the weather became again soft and moist.

Its *remote* CAUSES I consider as ascribable to
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some peculiarities in the constitution of the air, which elude all medical research. The French have attributed the complaint to certain winds blowing by day in one direction, and different winds blowing by night in another, without saying why these winds so operate; such reasoning is vague and unsatisfactory. Or the causes may be looked for in that circle of epidemics which, according to some theorists, bring certain disorders in succession to certain parts of our earth, at regular stated periods; but of such capacity, perhaps, is this circle, that even the longest series of the most careful observations would not suffice to give us any idea of its measurement. The remote causes, however, of many diseases, particularly of epidemics, we must confess, are shrouded in a gloom, which the lights of philosophy have never yet been able to penetrate. It is a subject on which the scientific visionary may construct systems without end, yet never approach truth. Whether they may proceed from some terrene emanation, originating

nating in particles previously absorbed from the air; whether arise from any animalcular source, any modification of temperament of the atmosphere, or chemical disproportion of its constituent elements, will yet exercise physical speculation.

The *predisposing* causes must rest with the persons attacked by it: those, who from an irritable state of the Schneiderian membrane, or from extreme tenderness and susceptibility of the lungs, are most liable to the common catarrhal cold, have been most readily affected.

The *proximate* causes, I presume, are those morbidic miasmata, of whatever nature they may be primarily, which float in the air, and, being inhaled by the mouth and nostrils, excite the disease.

How far the halitus, and contact of those infected with it, can be immediate causes, involves the question of contagion, which has been much
controverted;

controverted; it has found, for and against it, many and zealous partisans: I am not competent to decide upon it; but I have strong reasons to entertain doubts of the disorder being contagious.

I have seen two or three persons of a numerous family attacked with this influenza, and after a fortnight, perhaps, they have completely recovered: another fortnight has elapsed, and others, who have sat at meals at the same table, been constantly in the same society, with those first infected, have then fallen ill; the first infected not partaking of the complaint a second time. Surely this is very unlike contagion. If contagious, when any individual of a society had the disease, it is most likely the rest of the same society would have caught the infection one after another; and those first infected would have had it a second time, on the rest falling ill, who might, in the first instance, by accident have escaped: for it does not seem a law of the disease to attack but once: many have
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relapsed,

relapsed, who, to all appearance, were got perfectly well.

Again : I have known whole families, considerable in number, affected with it, masters and servants, on one and the same morning, or evening perhaps : to suppose that each caught it from the other, argues a rapidity of infection, that no poison hitherto known, I fancy, ever yet occasioned. But these persons were living in the same atmosphere, under the same circumstances, most likely on the same diet, and from similar habits acquiring, possibly, similar dispositions towards susceptibility. This may account for such a sudden general attack.

Numerous instances also have happened within every person's knowledge, of married couples, one of whom has contracted the complaint, while the other has continued exempt during the whole period of its prevalence ; without the idea of
separate

separate beds once occurring, or being adopted as a prevention.

Nor does any marked boundary seem to restrain its predominance. Surely the width of the British Channel, and the adjoining extents of land on either coast, were sufficient to prevent contagion passing between London and Paris; at both which places it raged with violence at the same exact period. Indeed, in former influenzas prevailing here, foreign countries have never failed to be affected by them, in some quarter or other, though not so immediately at the same juncture.

The great uncertainty, and sometimes rarity of its propagation in public seminaries (which must be considered as forming a very excellent test) might, from the reports of well-informed and observant practitioners, incline us to an opinion of the malady not being contagious.

Moreover: remote villages, and solitary houses, we learn from good authority, have been infected with it, at the very precise time it has appeared among large cities, where it would naturally make a more seeming rapid progress, from the predisposing causes prevailing more in them, and the general constitution of the animal frame being more weak and susceptible.

My belief then is, till further investigation shall correct my judgment, that this influenza is epidemic only, not contagious. By epidemic I would understand (though the term may justly apply to any disorder prevailing among persons at one and the same time) what is propagated by some general cause; by contagious, what is emitted from one body to another.

The SYMPTOMS come on very suddenly indeed, I have been sent for in the evening to patients, labouring with all those attendant on the disorder

to a most violent degree, whom I have seen perfectly well in the morning of the same day; so that any *antecedent* symptoms can hardly be distinguished from those which are *immediate*. Pains in the back and joints, something similar to rheumatic pains, may perhaps precede all others. The symptoms are; a slight sore throat, which I never found become much worse; a highly-increased secretion of the pituitary membrane; and epiphora, similar to what attends the first stage of the measles; also sneezing; great pain, and perhaps slight confusion of the head; extreme dejection, anxiety, and prostration of strength; frequent pulse, but for the most part small and soft; cough; and nearly the whole train of febrile pneumonic symptoms, which it were unnecessary here to relate. Pains at the stomach, with sickness, have sometimes occurred; and, in a few instances, diarrhœa; though for the most part constipation attended.

In different places, some variety has taken place respecting the violence of certain symptoms. The dyspnœa, and cephalalgia attending this disease, have not to me appeared, from the information I could collect, nearly so distressing with us, as what the medical gentlemen of the metropolis represent them to have been there; nor have they required such decisive remedies.

The disorder does not seem to admit of a CRISIS within any precise limited period. Though the febrile stage may not have extended beyond three or four days; yet has the malady hung on persons for a week, or nine days, or has been protracted to three weeks, or longer; according as the patient has neglected himself, or has paid regard to curative intentions. With very many it has terminated in deafness; with some in a small abscess of the ear internally, which was the case in the influenza of 1782, as well as in the scarlatina anginosa, predominating in the central parts of this kingdom

dom just thirty years ago; to which disease the influenza has been thought somewhat allied, though distantly: with others it has ended in that common indefinite eruption, vulgarly called a rash; or in such inflammatory, or even chronic diseases, as the constitution has been already predisposed to. Pleurisy and peripneumony have very commonly arisen from it; and sometimes asthmatic attacks, which have proved fatal; these, perhaps, are the most frequent instances in which its fatality has been remarked. A furfuraceous scurf over the hands, face, and neck, as well as other parts of the body, was observable in many at the close of the complaint.

Extreme weakness of the joints first pained, and of the knees more particularly, has always attended the termination of this disease: many young persons have complained of such want of energy in the knees after it, as almost to fancy that a premature old-age had suddenly come upon them,

them. This symptom has remained long after the rest of their frame was invigorated, and they felt otherwise hearty.

In the pain and succeeding weakness of the joints, especially of the knees, as just mentioned; in the suddenness of the attack, and prostration of strength, as well as in the general pyrexia, may possibly be comprised the **DIAGNOSIS** of the disease, I mean as distinguishing it from common catarrh.

I have observed, that in proportion as increased perspiration could be excited by art, or took place spontaneously; as the expectoration became more free, and concocted; and as there was less disposition to irritability in the habit, in the lungs more particularly, so might we form a favourable **PROGNOSIS**.

Its

Its fatality, I believe, has been greatly misrepresented, wherever it has appeared. As a disease, solely and distinctly affecting, I cannot learn it has ever proved mortal; but it has excited other diseases, attacks of which often prove so, excited by any other cause. The communications of some respectable London practitioners will not allow of that ravage, which public prints declare it to have made. Such publications inform us too, that it has been singularly fatal to the young, the old, and the sickly, in the city of Bristol; but this has been by no means the case.

The PREVENTION of a disease so extensively prevalent, for even the neighbouring continental coast has participated of it, the evident sources of which are not to be correctly ascertained, cannot with precision be laid down. The usual precautions against the common catarrhal cold seem the best general directions; as, avoiding all currents of air; moist air; drying winds, like the north-east,

east, which absorb the insensible perspiration on the surface of the body; attention to clothing duly warm; and keeping the habit as free as may be from all causes of general irritation.

How far nitric fumes may destroy those atmospheric miasmata occasioning the disease, or otherwise correct its causes, whatever they really are, I will not venture to decide. I should rather doubt their efficacy. The subject has been much agitated, but must still remain disputable. If the disorder be not actually contagious, there is the less necessity for their trial. How far they may by their stimulus aggravate the cough, for stimulating they certainly are, I have had no experience; but it seems probable they would do so. That nitric fumes are not generally pleasant, I am persuaded, from their use on other occasions; yet who shall decide on what is grateful, or the contrary, to our senses; when musk, to some the most delightful perfume, is to others the most odious of scents; and

and affa-fœtida, disgusting to by far the greater number, is highly pleasing to the smell, and even taste, of a few?

As this complaint is particularly sudden in its attack, so does it seem to admit of very sudden suspension. A full dose of tincture of opium, that is perhaps thirty drops, taken at bed-time, has seemingly cured the patient for the whole of the next day; more especially, I have remarked, if any way suffering from its subsequent effects as a narcotic: but the succeeding day it has returned with redoubled violence, as though determined to have its course. From thirty to forty drops of the following compound tincture, viz. tincture of foxglove, tincture of opium, of each two parts, tincture of squill one part, mixed, taken once in six hours, would alike cause a suspension temporary only.

To remedy this disorder, the same intentions of CURE as we observe in the common catarrhal cold were all that, I believe, our medical practitioners adopted. To equalise perspiration throughout the system, and for a time to keep it increased, seeing that all the other natural functions of the body were duly regulated, appeared the main object. In the influenza of 1782, some writers on the subject told us, that the disease passed off in proportion as a tendency to perspiration was observable: this shews how nature would effect a cure of her own accord, and how nearly therefore we ought to imitate her in our intentions.

The plan of treatment, I have pursued in a general way, is as follows. When sent for to patients first attacked, I have kept them in bed during eight and forty hours; giving them at first eight or ten grains of antimonial, or James's powder, in two separate doses, at the distance of three hours

one

one from the other ; and encouraging perspiration by tepid draughts of weak white-wine whey ; paying also due attention to a rather free state of the bowels, according as the antimonial preparation might, or might not, have affected them. A neutral dose, with nitre and camphor mixture, thrice in the day ; likewise a gentle anodyne of the white poppy syrup at night, were afterwards prescribed. The same syrup, in almond milk, or barley water, or given in any other way pleasant and convenient to the patient, I always found sufficient to mitigate, and ultimately to subdue the cough. I seldom had occasion to have recourse to opium ; or, when I have, I thought it rather of disservice by checking the expectoration : it did not, in this instance, seem to produce that benefit, which generally results from its exhibition in other coughs and catarrhs. Light tonic remedies afterwards were useful, and in the end cured ; that I employed principally was : two ounces of the infusion of roses, with a drachm of the columba tincture,

twice

twice or thrice in the day : I have also given steel wine in camphor mixture, a most excellent light tonic ; neither of which have in the slightest degree aggravated the cough. All the tribe of bitters and mineral acids have been used by different practitioners, some preferring one kind, some another ; but the whole of that class of medicine has proved successful. Many have given a decoction of the cinchona, and even joined with it the aromatic confection, paying no attention to cough, which has cured without inconvenience. Small and frequent doses of the aqua ammonia acetata, with a very little syrup of white poppies, in camphor mixture, has proved an excellent medicine in the febrile stage of the disease.

The dietetic plan, in the course of cure, did not to me appear as admitting of that rigorous abstemiousness, which is so generally serviceable in the common catarrhal cold : few could bear to forego animal food entirely ; and those accustomed

to wine were too much lowered by a privation of it; the quantity was diminished only, and, when taken, diluted with water. Keeping in bed, beyond the first eight and forty hours, I also found produced too great debility; leaving bed much earlier, when in a convalescent state, would occasion a severe relapse. I have not remarked in my practice any one instance in which the pulse would warrant bleeding in the influenza, where that disease affected independently; where it excited other diseases, the case became different. The more respectable class even of the French physicians warned the public against blood letting; acknowledging, that on the first appearance of the malady, before they could well ascertain its character, they lost many patients by the lancet.

Blisters, it is generally agreed, have proved of little or doubtful efficacy; I do not believe our practitioners have had much recourse to them. By me they have not once been employed.

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The inhalation of medicated steams, in the present and former influenzas, have had no good effect in mitigating the cough. Nor have emetics, by which some imagined they might, in its early stage, check its progress, been successful; but inasmuch as the medicine employed might promote perspiration. In the epidemic of 1782, they were found, as we are told, of singular benefit; so were blisters.

Pediluvium, in the beginning of the disease, previous to the exhibition of any medicine meant to act on the skin, or on the bowels, was sometimes found serviceable.

This influenza has to me appeared more subject to recurrence, and more uncertain in its duration, than catarrhs, and similar disorders generally are.

I cannot conclude the present hasty sketch of influenza, without expressing a wish, that all practitioners

tioners in phyfic would be folicitous to notice the rife and progreſs of every epidemic as it occurs, and in ſome way make public communication of their remarks; ſo that ſuch a body of information might, in the courſe of time, be collected, as ſhould enable us, in a meaſure, to aſcertain the laws of epidemics. We might then determine how far they follow each other in one circular ſeries, or how far they return indifcriminatedly, and without order, according to hidden qualities in the air, and the unaccountable vicifitudes of ſeaſons. But this is a myſtery which the life and labours of any one phyſician, as Sydenham juſtly obſerves, will never ſuffice to unravel.

THE END.



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