On Influenza.

Jas. A. Gibb.
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with special reference to the use of Arsenic as a tonic in convalescence.

Influenza, as described in text-books, is a specific infectious disease characterised by severe frontal headache, pains at the back of the eyes, and muscular pains in the loins, thighs, calves, and outer part of the body; by rise of temperature, and other accompaniments of fever, such as quick pulse, flushed tongue, thirst, and green, high-colored urine.

One finds in practice, however, that this description applies to only a small proportion of the cases of influenza seen. The way in which the disease manifests itself is so variable, that one is quite at a loss for any one symptom which is invariably present. It is, however, possible to make a classification of cases of influenza and to arrange them under certain types, according to the presence or absence of certain symptoms and their relative severity.

A good practical classification is that which would place the majority of cases under one of three types, which may be called the rheumatic or nervous, the gastro-intestinal, and the catarrhal, according as the...
muscular, the digestive, or the respiratory system is principally affected. But these three types do not include by any means all cases of influenza; nor even if a fourth type were added, which one might call a 'simple' type—corresponding to the text-book description—would all cases be covered. There would still be left a great number of anomalous and obscure cases which could not be referred to any type I have mentioned.

Such are the cases, by no means uncommon, where there is no acute fever nor rise of temperature, but simply a feeling of malaise and prostration, so slight perhaps, that one hesitates to diagnose influenza definitely, until some complication or sequel stamps the trouble as such. Other patients again, complain of very little else, but feelings of coldness in the back and legs; while others have no symptoms beyond a slight gastric, abdominal or nasal catarrh, slight spasm persistent headache, nausea or loss of appetite.

When one sees such cases with symptoms so slight and apparently trivial, it is a matter of great difficulty to diagnose the actual presence of influenza.

Are there any unmistakable manifestations of its presence, according to the presence or absence of which one may say that this case is, and that is not, one of influenza? There is one sign, which
which is so invariably present in cases of influenza, as to be, in my opinion, characteristic; and that is a marked sense and appearance of debility and prostration. Of course, prostration and weakness are present in many other diseases, but in these, there are severe symptoms such as pain or continued high temperature, which would sufficiently account for it. While, in influenza, it is present, it may be, as the only symptom or along with them, so slight as not to account for its presence. One must, of course, always be careful to exclude other diseases which cause prostration, such as Diabetes, Albuminuria, Tuberculosis, Malignant Disease &c.

Then, slight symptoms such as gastric or other catarrh are often much more persistent when following influenza, than a simple catarrh would be, and the sense of prostration usually lingers for a considerable time.

Influenza varies so much, however, in its symptoms & their severity, that I fear many cases of illness diagnosed as such are not really influenza, and on the other hand many cases of influenza are not recognised. Thus in many cases presenting obscure and vague symptoms, which may perhaps be put down as "neurotic or hysterical in character," it is
it is quite possible that there may be an underlying element of influenza unrecognized. But I think that most mistakes in diagnosis will be made in the other direction, and that the name influenza will be given more or less loosely to cases that do not deserve it. This will be true in many instances to the wish to give the illness a definite name of some sort, in order to meet the desire of the patient and his friends to know what his trouble is. The public have a rather remarkable tendency to give the name influenza to any slight cough, or illusory attack or perhaps a few rheumatic pains in legs, arms, or back; and I am afraid that the medical profession is quite willing to countenance this error and does not seek, as a rule, to enlighten the laity. But even where great care is taken to make a true diagnosis, it is possible to make mistakes. I will go further and say that in some cases, it is impossible to say with absolute certainty whether influenza is present or not.

Nevertheless, I am inclined in some cases, to lay great stress on the presence or absence of fever, and of prostration, and of the rate of temperature, and not to be accounted for, and on the persistence of this symptom and of slightest symptoms for an unexpectedly long period.
There is another sign which I have come to regard as of great importance in diagnosing influenza in these anomalous and obscure cases. This is a peculiar opalescent appearance over the whole dorsum of the tongue, but especially marked towards the back. One cannot really say that the tongue is friened, but only that it appears to be covered by this thin opalescent film. I have not noticed the appearance in any other disease, but have seen it in practically every such case of influenza which I have looked for it, and have thus come to regard it as a very characteristic sign, if not pathognomonic of these cases. In cases of influenza, where there is distinct fever, this appearance is overlaid by a thicker film of the tongue, which may also be present in those cases where gastric symptoms are prominent. I have seen it, however, in cases which have passed the acute febrile stage and are slow in convalescence.

Turning now to more typical forms of influenza, one may say of all the four types I have mentioned, that fever is present in them all. Of course one sees very many cases of influenza which appear to be agyneic, although corresponding in all other particulars to one or other
other type. But this apparent absence of fever is possibly due in many cases to the fact that the rise of temperature has come and gone before the patient is visited. This may easily occur and very often does so, because the fever in influenza is essentially of short duration, seldom lasting more than 36 or 48 hours, while it may be past and over in less than 24. It may, of course, conceivably be the case that there is really no case of influenza at all. Even in those cases classed as anomalous, there may have been a slight unobserved rise of temperature lasting a few hours only, so that a great many of them might be classed as very slight cases separable to one of the main types. But there will always remain a few, which, apart from the question of fever altogether, could not be classified thus, owing to the very few and very slight symptoms they present.

I have called those cases of influenza which conform more or less completely to the text-book description 'simple' cases. Their characteristics therefore are, sudden onset, with rigor, headache, muscular pains, quick pulse, loss of appetite, thirst, general pain, fever.
furred tongue, and rise of temperature, even as high as 105°F, but usually falling within 48 hours or less to normal or nearly so. The muscular pains and headache usually persist a little longer. A penetration is always masked.

The three types usually present most of the symptoms of the Simple type, but have in addition those symptoms which mask them out as distinct types.

Thus, in the Gastro-intestinal type, the digestive tract is more or less involved, and one may have severe sickness and vomiting, diarrhea, and pain in the abdomen, separately or all together. Should these be severe, and the temperature keep high for more than two or three days, there may be great doubt at first as to whether the case is not one of typhoid fever. In these cases, there is often a certain amount of dyspepsia and sickness for a considerable time during convalescence. The bowels may show signs of catarrh for long afterwards, and jaundice may occur in one or two cases of this type.

In the Catarhal type, the respiratory system is more particularly affected. There is catarrh of nose, eyes, throat, larger bronchi, and even...
even of the smaller bronchitis. This catarrh is often very severe and persistent, and lung affections, such as bronchitis, pneumonia or pleurisy are especially prone to intervene.

The last type, the nervous or Rheumatic, is characterized, as the name indicates, by a more pronounced involvement of the nervous and muscular systems. The pains in the limbs are unusually severe, and may be as acute as those of Acute Rheumatism. Headache also is very pronounced, and facial or other neuralgia may be present. While later, Sciatica, Lumbago, peripheral neuritis, Cephalalgia, and other affections of the nervous and muscular systems are more common as sequelae of this type than of any other.

There are also cases which seem to partake of the characters of two or even all of these types, but I need not refer more particularly to them.

Ever since the epidemic of 1889-90, Influenza has been with us constantly to a greater or less extent. In summer it may entirely disappear for a time in some districts; in others there may be only a few sporadic cases. During the winter and
and spring months, however, its frequency usually increases annually, and in certain places and in certain years, it assumes the proportions of an epidemic. During this last winter, for instance, (1899-1900) there has been a most alarming and widespread epidemic, from which no part of the country has escaped. This district - the Kendal district of South Westmorland - suffered very severely during the months of January and February, scarcely a house escaping the visitation. In the two preceding winters, although cases of influenza were common enough, there was no approach to the dimensions of an epidemic here.

The most remarkable feature of an epidemic of influenza is the rapidity of its spread. It really seems as if it attacked nearly everybody in a community almost simultaneously, and no sooner has the epidemic started, than it appears to reach its height and then decline almost as quickly as it began. The rapidity of spread of this last epidemic here was very remarkable. Before the 8th or 9th of January there had been very few cases of influenza in the district. But on these days and the three or four days following, it seemed as if every house in the town had been...
been invaded by the scourge. Then the daily
number of fresh cases at once began to decline,
and by the end of the month, the epidemic, so
far as the town was concerned, was practically
at an end: that is to say, there were very
few fresh cases occurring.

This rapidity of spread would seem to
indicate that influenza is not necessarily carried
from place to place, or from house to house, by
individuals; but that it spreads in the air and is
carried about by the winds. It is difficult to believe
that contagion alone is concerned in its spread.
Certainly there were a few cases of influenza in
Kendal, before the epidemic proper broke out. But
one is at a loss to account satisfactorily for the
sudden and simultaneous outbreak of so many cases.
That the atmospheric conditions had anything to do
with the sudden outbreak is a theory that I think
will scarcely hold good. For, although influenza
certainly seems to flourish better in moist mild
weather, and the weather during the epidemic
under notice was of this description, still it had
been of this character for a full fortnight before
the epidemic broke out.

The theory of wind-borne infection would
seem to be borne out by the steady spread of the epidemic northwards from London where it first started; but on the other hand it spread in any given district first in the large centres of population and afterwards in the surrounding country and villages. This was excellently illustrated in this district. While the epidemic was raging fiercely in the town of Kendal, the surrounding country districts were comparatively free from it. Whereas, when it was prevalent in the country, the town had already passed through its time of trouble. Now, were the infectious principle, why should it pass over the surrounding districts in its flight and alight at Kendal? And it would be absurd to suppose that the town people were more susceptible than their neighbours in the country, whereas the facts fit in with the contagious theory admirably. Kendal being in direct railway communication with other large centres of population, while the country people would come in contact with infection only through the medium of Kendal. And, as they come into Kendal in any number only once a week on market day, it might easily happen that two or three weeks might elapse before the disease became prevalent in the country.

On the whole
In the whole, one is inclined to favour a combination of the two methods of infection, and to suppose that both are in action in spreading the disease. That it is contagious is indubitable. For in many instances, an isolated farm-house or cottage has remained free, until one of the inmates has become exposed to infection and has been laid up with the disease, which has then attacked others, in some cases all, of the inmates. And one sometimes hears very circumstantial and reliable accounts of whose and when the disease was contracted by contagion.

As is the case with some other diseases which occur in epidemics, the relative prevalence of the different types of influenza varies considerably in different epidemics, as does also its severity generally. Thus, although my former experience of influenza in this district had led me to believe that the Catarhal and Gastro-intestinal types were comparatively rare, these two types, especially the latter, were not only not uncommon but included fully one half of the cases I attended in this last epidemic. Severe sickness and diarrhea were noticeable symptoms in very many cases, as also was another symptom.
I do not remember to have formerly noticed, namely complete loss of taste persisting for days even during convalescence. This I repeatedly heard complained of, not only in cases of the gastric type, but in those of other types also. Very many cases also had severe bronchial and nasal catarrh which were oftentimes very persistent.

Anomalous cases also were fairly common, but cases of the Rheumatic and Simple types were very much rarer than my former experience would have led me to expect; seeing that, formerly nearly all the cases that I seen here were referable to one of these two types.

Why this change in character should have occurred, I am quite unable to say; nor do I know whether practitioners in other districts have noticed the same change.

In speaking of the treatment of Influenza, I shall not go into details of any special form of treatment which may be required for special symptoms. As a matter of fact, indeed, I find that, in the acute stage of the disease at least, it is usually of very little use to confine one's attention to treating symptoms, or indeed to pay.
to pay any particular attention to them. I have, latterly at all events, adopted a routine treatment by Salicylate of Soda, paying little attention as a rule to particular symptoms, as I usually find that they disappear under this treatment within two or three days, or become very much less severe. It is of course sometimes necessary or advisable to relieve certain very severe symptoms more promptly and rapidly than could be done by Salicylate alone. Thus, these may be abdominal or muscular pain so severe as to require the administration of a dose of morphia hypodermically to begin with. Nausea or diarrhoea may require special treatment, but only in a very few cases. Or very agonising headache may require a preliminary dose of antipyrine, which I generally find relieves headache more rapidly and effectively than Salicylate does. But, except in special cases such as these, I generally find that Salicylate is quite sufficient to relieve or ameliorate all symptoms with a fair degree of promptitude. This would tend to show, I think, that these various symptoms of sickness, abdominal pain, catarrh &c. are not mere complications, but are an integral
an integral part of the disease where they occur.

I cannot make the general statement that salicylate always relieves these various symptoms pari passu with the fever, for sometimes they persist for days after the fever has gone, and attention has then to be directed to combating them. But at present I am concerned only with the acute stage of the disease.

As I have said, I have adopted a routine treatment by salicylate of soda for all acute cases of influenza, and even, I may here mention, for many of those anomalous cases I have described, where I find that a preliminary course of salicylate combined with rest in bed for a day or two is often of very great value.

The plan of treatment I adopt is to prescribe salicylate of soda in doses of 10 to 15 grains every three or four hours for twenty-four or forty-eight hours, according to the effect the drug has on the temperature and symptoms, the dose being regulated according to the age and physique of the patient. I am in the habit of combining with the salicylate some acetate of ammonia.
Of Ammonia, and as a rule small doses of Morphine. In the case of old people or those whose hearts are feeble, I occasionally add, when thought necessary, some Liniment of Digitalis.

Along with this drug treatment, I am very emphatic in ordering the patients to keep their beds all the time they are taking the Salicylate mixture: and they seem to improve more rapidly afterwards, and to have less fear of any relapse or complication, if they remain in bed for about twelve hours after they have taken the last dose of Salicylate. Thus it will be seen, unless for some special reason, I seldom keep my patients in bed for more than three or four days. But it is at times a matter of great difficulty to persuade them to remain so long, as, the majority belonging to the artisan and small farmer classes, they want to be about and at work again as soon as their symptoms are ameliorated in the slightest degree. It is only when they have got up, that they realize their own weakness and prostration, and are in many cases very glad to get back into bed again.

The ordinary run of cases of Influenza
do not require heliophate for more than 24 or 48 hours: and, in fact, in some cases it seems to depress and do harm, adding to the intrinsic prostration of the disease, and prolonging convalescence, if persisted in too long. Still there are cases, more especially those of Rheumatic type—in some of which the pain is for a time as severe as that of Rheumatic fever—in which I have thought it necessary or advisable to persever with heliophate of soda for as much as a week or ten days, gradually, however, lessening the dose or the frequency of dosage, and adding some Cinchona or a daily dose of Quinine as a Tonic. Some such cases I have had great difficulty in distinguishing from Rheumatic Fever, and it has only been by careful observation that I have become certain, mainly by noticing that the pains complained of were principally muscular and not articular, and that there was no synovitis nor swelling of the joints.

It is seldom that Influenza proves fatal in the acute stage of the disease. It is certainly peculiarly fatal to old people, but not generally until that stage has passed. Death in these cases commonly occurs either from
Either from heart failure without any complication, or from some accompanying disease trouble such as pneumonia, bronchitis, or severe congestion. I have certainly happened on some cases in which old and expected persons have succumbed to the disease very suddenly within the first two or three days, the already expected heart being unable to bear the strain of an acute fever. People in the prime of life, however, very seldom succumb to influenza per se, its peculiar fatality being due to the many serious complications and sequelae which are prone to accompany and follow it. One of the first cases I attended in the last epidemic here, however, was that of a man, 37 years of age, a labourer, strong and healthy-looking, who had a very severe attack indeed. His temperature remained at 104°-105° for a couple of days in spite of all efforts to bring it down: he very rapidly became collapsed, and in spite of all treatment and attention in hospital, he died on the third day. Two other medical men in the neighbourhood saw him, besides myself, and we all agreed upon the diagnosis, although the possibility
the possibility of typhoid fever was entertained. I was fortunate in being allowed by the relatives to make a post-mortem examination, when typhoid fever was found not to be present. All the organs were perfectly healthy, with the exception of a certain degree of congestion of the bases of both lungs and of the liver, and a very slight congestion of the kidneys and spleen. In view of the epidemic razing at the time, and this examination, I cannot think that the diagnosis was mistaken, but must look upon the case as a peculiarly virulent one of influenza.

If we except a few cases such as these, and those with severe complications, we may, I think, agree that it is not the acute stage of influenza which gives the greatest trouble in treatment. That stage is usually of short duration, and in fact, speaking generally, were it not for the very marked, debilitating effect of the disease, and the numerous severe complications and sequelae which tend to ensue, influenza would in itself be worthy of very little notice from the point of view of the general practitioner.

Very many
Very many cases of undoubted influenza, indeed, do not come under medical case until the acute stage has been past for several days. A patient will consult his doctor, because, after an attack of influenza more or less severe, to which he paid little attention at the time, he finds that he does not recover his strength so quickly as he would like, or he complains of some symptoms which persistently remains; or because he has been attacked by some severe sequel, which makes him feel very ill or keeps him up altogether.

Such cases, that have undergone no treatment and have been neglected in the early stage, as a rule give more trouble afterwards, than those which have been carefully attended to and treated from the first. But this is by no means always the case, some of the most troublesome and prolonged cases have bad, having been under my care from the beginning.

Convalescence after an attack of influenza is a much more prolonged affair than one would be inclined to expect, looking to the
to the unusually short duration of the acute stage, and to the comparative mildness of the symptoms in many cases. But, as I have said, if there is one thing characteristic of influenza, it is the marked degree of prostration and nervous debility and depression which it causes. Many patients, after the first few days and even from the very start, complain of no particular symptoms. All they can tell you is that they feel a general depression and lassitude and are very easily tired. As our country people here express it, they feel "wappy" which seems to me a particularly expressive word to use, to describe the condition. On strictly questioning such patients, one may elicit the fact that they have one or more of the following symptoms: loss of appetite, a certain amount of nausea or indigestion, some consolidation, persistent but slight headache or dizziness, a few vague aches or pains, shortness of breath, slight tickling cough etc., all symptoms which show a certain loss of tone of the nervous and circulatory systems. On physical examination one often finds that circulation is defective: hands and feet are cold. These may be slight
Anaemia in the ankles: the pulse is feeble and irregular; palpitation, breathlessness and faintness are easily induced on very slight exertion; or a slight trace of albumen may be found in the urine.

It is in such cases as these mainly and not in those presenting some special symptom or sequela so marked as to require special treatment, that I have been led to try the effect of Arsenic, with a view to combating the cardiac and nervous debility and the Anaemia which is present in many cases.

I may say, however, that even in some cases where some particular symptom predominates and is complained of, I have often found Arsenic of value as a remedy for it: as in those cases also there is usually some debility and depression present. The Arsenic would appear to benefit the special symptom not directly in most cases, but indirectly, by improving the tone and condition of the body generally.

Occasionally, also, after some troublesome or serious sequela has received appropriate treatment and has been remedied, there still remains that same weakness and lassitude requiring
requiring attention. Here again I have found arsenic of value.

I shall now run over some of the more important sequelae of influenza which I have met with, indicating, in passing, those in which I have found some benefit from the use of arsenic. I am inclined to think, however, that where arsenic has seemed to benefit special symptoms, it has in reality done so not by any direct action on those symptoms in the majority of cases, but simply by strengthening and giving tone to the whole system.

The complications and sequelae of influenza which I have met with, will be best classified according to the system affected.

thus, I have found

1. Affecting the Respiratory System.

Catastall, nasal, pharyngeal, laryngeal or bronchial, in some cases separately, but in many more conjointly in various combinations. Thus, where the nose is affected, commonly the catastrophe is not confined to that organ, but affects the pharynx also, and occasionally the larynx.

The eyes also very often partake of the catastrophic condition.
condition. The lungs and bronchi are often affected together.

Of these forms of catarrh, the bronchial is the most common, and, especially in our last epidemic, has been of frequent occurrence, and often very severe and intractable. I have generally found that a course of ordinary expectorant treatment has sufficed to overcome the trouble, and may only mention the good results I have had from the use of chloral hydrate in small doses, combined with expectorants.

Besides these elier forms of catarrhal disease of the respiratory tract, there have been a few cases of more severe pulmonary inflammations such as Bronchitis, Bronchae Pneumonia, Lobar Pneumonia and Pleurisy, but not at all commonly.

2. Affecting the Digestive System.

The entire loss of taste I have already mentioned, has been very common in this last epidemic. Loss of appetite, persisting for a considerable time, sickness and various forms of dyspepsia, usually Atomic in character, have also been common. Obstructive constipation, also, I have found to be fairly common. These symptoms are invariably associated with a marked degree of debility.
of debility and prostration. I have treated cases of each of these ailments by small doses of arsenic either alone or along with any other treatment which appeared appropriate in each individual case, and with very satisfactory results on the whole. As the general condition of the patient improved, so did these symptoms disappear. I am inclined to think that in such cases, arsenic, besides acting as a general tonic, also acts as a direct stimulant and intestinal tonic.

I have also seen two or three cases in which the prevailing symptoms during convalescence were abdominal pain and diarrhea, more or less severe, and usually occurring together. I have no record of any such case being treated by arsenic. Fornication also throve in three cases, evidently due to some irrevocable catastrophe, as it was never of long duration and yielded rapidly to treatment.

3. Affecting the Muscular Nervous System.
Very commonly one meets with Lumbago, Sciatica, Neuralgia, and other forms of neuralgia Persistent Headache as Sequela of Influenza.

In a few...
In a few such cases, where there was manifest
delirium, I have used arsenic with varying
results, but never without improving the
general condition of the patient slightly, even
if the special symptom itself did not benefit
by the treatment. I could in fact refer to
cases in which these ailments, which are
still recurring, even after some months of
persistent treatment by many remedies.

More rarely I have found sleeplessness
as a persistent symptom, and one marked
case of hypochondriasis almost amounting
to melancholia, and one case of Peripheral
neuritis. I have no record of any case where
sleeplessness was a marked symptom, being
under treated by arsenic; but might mention
incidentally the good effect in one case of
thirty grains of Leptomend given at night
twice a week for three weeks.

To the patient with Peripheral
neuritis, which was associated with a very
weak flabby heart and poor general health,
I gave arsenic for a short time without
any good effect whatever.

Lastly I may mention arsenic
as a remedy.
as a malady which is often aggravated or brought on by influenza, especially in young girls. In this trouble I have sometimes found that arsenic in combination with iron gave much better results than iron alone.

Before proceeding to relate a few cases of influenza, taken more or less at random, in which I have tried the effect of arsenic, I shall mention the forms in which I have usually prescribed the drug and then give a resume of the conclusions I have been led to as to its worth.

In the large majority of cases, I have employed the liquor arseniealis of the British Pharmacopoeia—Houle's Solution—either by itself or in combination with an alkali and a bitter infusion such as gentian or calumba. This was in those cases where I did not resort to any special treatment in addition for the relief of symptoms. In such cases the arsenic has been variously combined with stomachics such as rhubarb or bismuth, with iron, with tinctura bismuti, with bromide of potash or with other drugs, as thought appropriate.

In a few cases
In a few cases - those principally in which was present Lumbago or Petehita - I made use of the Liqueur Amarini et Hydrogyno Jodidi, combining the effects of Arsenic + Jodide of Mercury. I also used Arsenic in this form for a short time in the case of Periperal neuritis I mentioned, after having got no beneficial result from the Liqueur Amarinalis, but likewise without any benefit.

In one or two cases of Anaemia I made use of Palafoxoids containing Arsenic and Iron.

The dose usually administered varied from three to seven or eight minims of Liqueur Amarina and from five to ten minims of the Brunner's solution three to four times daily after food.

It was only after trying many of the usual tonics prescribed after influenza, such as licorice and Cinchona, Iron, Hyp, Tonic, Cod liver oil and various proprietary syrups and other articles, with varying and in the whole scarcely satisfactory results, that I began to administer Arsenic in the first place in one or two cases which in spite of all other treatment
Although reporting is a certain

In terms of the fine tuning, in which I have

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pulse, palpitation and breathlessness on very slight exertion, dizziness and faintness and
other symptoms. In others again, the cardiac debility is not so strikingly apparent, but there
seems to be a general loss of nerve tone affecting many organs and interfering
with their functions.

In such cases Arsenie is of very
great value, and acts as a very powerful
cardiac and nervous tonic. This, in fact,
seems to be its main action in all cases,
and I am inclined to think that in cases
of Sciatica, Lumbago or Neuralgia, where it
has been of benefit, it has acted mainly
if not entirely, by increasing the tone of
the body generally and stimulating circulation.
In cases of atonic Dyspepsia and of obstructive
Constipation, it may perhaps act as a
direct gastric and intestinal tonic and stimulant
but part of its action at least would
seem to be general.

I have met with many cases
of persons recovering from influenzia in whom
Anaemia has been a marked symptom.
Many of these have benefited very greatly
by the use
by the use of iron alone, but in a few, this treatment has apparently failed; but when a small dose of arsenic has been added, the arsenic condition has rapidly improved, the arsenic either acting as a blood tonic or in some way or other enabling the iron to act as such, when it seemed incapable of doing so alone.

I propose to relate only a few of these cases of post-influenzal convalescence which I have treated with arsenic, but may first state that the general results worked out as follows.

Of fifty-seven cases in which I have employed arsenic, nineteen received marked benefit from its use; in twenty-three improvement was quite appreciable though less marked; while in fifteen I could not see that any benefit accrued from the use of the drug.

The first case in which I was struck with the immediate good effect of arsenic was the following—

Mr. H., aged 43, had a moderately severe attack
attack of Influenza which kept her in such a debilitated state that she could not lift herself in bed and of even painted occasionally on the most trivial question. She had no appetite whatever, was frequently sick and slept very badly. The heart sounds were barely perceptible, but quite clear, and the pulse was very feeble and irregular. She required to take a considerable quantity of stimulants daily for a long time, and as medicine, a mixture containing Digitalis Ethor and Ammonia. Afterwards I put her in a combination of Eacton's Syrup and Tincture of Digitalis, and then on a Tincture mixture under which treatment she was scarcely improved after a prolonged trial of nearly a month. I then gave her a mixture of Arsenical Solution and Tincture of Digitalis and a little Ammonia, and almost immediately an improvement was noticeable in her condition. Her sickness left her, her appetite improved, the bowels which had been obstinately confined began to be moved more regularly and her heart began to regain vigour and tone. She was kept on this treatment for nearly two months.
Two months and progressively improved
without a check to complete recovery.

Another case which occurred
about the same time was that of—

Mrs. H., aged 50, who had a severe
attack of influenza with high temperature,
specifically reduced by salicylate of soda. For
about a week afterwards she had a very
severe and troublesome expectoration cough,
for which she took an expectorant mixture
which contained also digitalis and morphine.
The cough improved, and she was able to
get out of bed, but was very weak indeed.
She suffered from loss of appetite, sickness,
acute constipation and thickly purged tongue.
The pulse was feeble and rapid, and she
constantly felt tired and chilly. Her ankles
were slightly puffy, but she said they had
been so before her illness. I gave her a
stimulating mixture containing rhubarb, bismuth
and soda with hypromellose. This with an
occasional purgative pill improved her appetite
slightly and stopped the sickness. Finally
she would take for a few days only, as she
complained of it making her sick. I put her on
a mixture
a mixture containing Arsenic, Digitalis, Bicarbonate of Potash and Tincture of Gentian, which she took steadily for six weeks and gradually improved in every way. At the end of that time, she refused to take any more medicine, saying she was quite well.

Mrs. C., aged 28, had an attack of influenza from which she recovered rapidly after taking quinine for a few days. But within three months she had a much severer attack which left her languid and anaemic. Her appetite was poor, but the bowels were rather constipated. Her pulse was fairly good, but she complained bitterly of palpitation and shortness of breath. Quinine this time had not the slightest good effect on her. Iron in the form of Bland's Pill was ineffective after a fortnight's trial. But when I gave her a mixture which contained Arsenic and Iron, she soon began to improve steadily if somewhat slowly. Ultimately this treatment resulted in a cure.

G. H., a carter, aged 54, after a sharp attack of influenza of Rheumatic type, which resisted Calomelate of Soda for three days, was able to return to his work after a fortnight's
a fortnight's treatment with strong and dilute Hydrochloric Acid. He still felt weak, however, and was easily tired and complained of shortness of breath on comparatively slight exertion. His pulse was weak and rather rapid, but quite regular. His appetite was good, his bowels regular, and he slept well. I gave him a mixture of Digitalis and Ammonia, which however did not improve him perceptibly. But when I added a little Arsenic to that mixture, he was not long before he said he felt a good deal better. He took this mixture for some weeks with benefit, but his heart is still rather feeble and he is even now not the man he was before his illness, although he still manages to do his work.

A. M., a cooper, aged 47, had almost exactly the same history and treatment as the last case, with this difference, that he improved more rapidly, and recovered completely.

J. M., also a cooper, aged 38, had an attack of what was presumably influenza, although I did not see him during the acute...
the acute attack. He afterward complained of want of appetite, occasional severe headaches, languor and especially of severe Sciatica in both legs. His tongue was furred, his bowels constipated. The pulse was fair. I gave him Eaton's Syrup for three weeks, which improved his general condition slightly but left the Sciatica as bad as formerly. Meanwhile occasional purgation had cleared his tongue and got rid of the headaches from which he had suffered. A course of saline aperients with occasional doses of Morphia relieved his Sciatica somewhat but not entirely. I then tried him with lodide of Potash which improved him so much that he was able to return to work and I lost sight of him for a while. Six months afterwards, however, he had another attack of contracted influenza which again kept him with Sciatica, which was again relieved by Lodide of Potash and Morphia. His general condition this time was not nearly as bad as formerly. About a year after this, he had another severe feverish attack and very severe Sciatica. I kept him on Salicylate.
of soda and in bed for a week, at the end of which time all feverish symptoms had gone, but the sciatica was still bad. I tried Pottash, foiled utterly, to relieve him this time, as did also alkalies, Salines, Morphine both orally and by hypodermic injection, needleling and blistering of the sciatic nerve. At last I tried Donovan's solution, under which his general condition, which had been very poor, improved very slightly, and the sciatica perhaps a little, so that he was able to get about to a slight extent. But ultimately he went to Brompton for a few weeks and returned cured.

Another case in which I used Donovan's solution with good effect was that of Mrs. O. aged 47, who had a fairly severe attack of influenza which pulled her down very much. Her appetite was gone, tongue puffy, and bowels constipated. She was breathless on the slightest exertion, sleepless and had severe headaches and neuralgia. She complained that, however, about pain and tingling in her hands and forearms, which were practically useless and very tender to touch.
to touch. Antipyrin combined with Digitalis and Ammonia ceased the headaches and improved her cardiac condition somewhat, but was useless for the pains in her hands: nor was her appetite improved in the slightest. Bromide of Potash combined with Tinct. Vomica and afterwards with Lodic of Potash did little better; but Donovan's solution with Tinct. Vomica certainly improved her, though only slowly. She was fully five months in getting rid of the pains in her hands. And even now the condition of her heart remains very poor in spite of various treatment, Arsene included.

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of the pain in her leg—she ate well and her anaemic condition was very greatly improved. But a case of the Senesce was not affected until she had left the district for a few weeks.

The next case I shall relate, resembles somewhat that of Mrs. O, but in its arsenic in any form seemed of not the slightest value. It is the case of Peripheral neuritis I have mentioned as being the only one I have met with, following influenzagen. The condition of Mrs. O's limbs I cannot describe as being anything more than severe neuralgia: but in this case definite neuritis was present.

Mrs. B., aged 52, a very stout lady, had an attack of influenza which, besides leaving her heart very flabby and weak, left her also with severe neuritis in the legs and arms, in which she complained of severe pains, tingling, and feelings of numbness and coldness. She almost completely lost the use of her limbs and the muscles wasted considerably.

Dioxide of Potash did not improve her in the least; but while under this treatment, she rather got worse. The pain required the frequent and large use of Opium. Afterwards Fowler's Solution
Solution and then Bovimani's were tried, but without the slightest good effect. Bromide of Potash, Valerian and Ammonia seemed to benefit her slightly; that is to say, the pains became much less severe and her general condition somewhat improved, but she did not recover the use of her limbs. Afterwards I returned to Bovimani with Digitalis and moderate doses of morphine, which latter I discontinued later, substituting Juxtonica. Under this treatment she very gradually improved, and at the end of six months was able to get about and use both arms and legs fairly well.

J. H., aged 32, after an attack of influenza, had for some time aching pains in his head and limbs which eventually yielded to Quinine and hydrobromic acid. However, he still remained weak and "waffly" as he himself expressed it. But he very rapidly recovered health and strength under the administration of the liquor Arsenicos by itself.

Mrs. W., aged 54, had only a very mild attack of influenza, with practically no feverish
In feverish stage at all: but it left her with a very weak heart and flabby irregular pulse, poor appetite, and for a time complete insomnia. Besides doses of Cuprammon for the insomnia, she was treated first with Digitalis and Quinine, and then with Digitalis and Arsenic, with very slight improvement, if any. Under the Citrate of Iron and Quinine, she seemed rather to go backwards. The combination of drugs which seemed to suit her case best, was that contained in Easton's Elixir. Under it, she showed steady, though slow improvement in every way. This is almost the only case of pure cardiac debility, without other complication, in which I have found Arsenic to be of absolutely no value. I have generally noticed at least a slight improvement in such cases.

Mrs. W., aged 20. Daughter of the above Mr. W., was ill at the same time as her mother. Originally rather anemic, she had a much severer feverish stage, after which she was very weak and anemic, with no appetite, frequent sickness after food, and very severe headaches. The sickness was quickly
Quickly subdued by means of a mixture of Bismuth and Nux Vomica. Her appetite also improved slightly. She still complained of headaches, however, for which, besides occasional doses of Antipyrin, I gave her Quinine and Hydrobromic acid. This treatment rather eased the headaches, but did her little material good.

I then put her on Arsenic and Iron, under which her anaemic condition rapidly improved, as did also her appetite and the headache. Except for a day or two occasionally, when on account of sickness, she did not take the medicine, she kept on with this treatment for six weeks, at the end of which time, she was a great deal better than before her illness. She had a very good colour, and her headaches and sickness entirely ceased to trouble her.

W.H. aged 40, was left by influenza with loss of appetite, jaded tongue, obstinately constipated bowels, and general feeling of weakness. As in another case very like his—that of J.H.—Liquor Arsenicalis itself very speedily restored him to health.

E. aged 18, a dressmaker, had a very severe attack of influenza, with very high...
very high temperature. She had been slightly anaemic before, but the fever made her condition vastly worse. She was colourless, breathless, had no appetite, was often sick and slept very badly. She suffered a great deal from headaches and from prostration. Her bowels were very constipated and her menstrual function was in abeyance.

For two weeks she took fom in the form of Bland's Pill, but with very little benefit. Afterwards I gave her palmitoiod or arsenic and found the effect of which seemed almost miraculous, so quickly did she improve under this treatment. Every symptom improved, she grew fat and plump and even showed a good fresh healthy colour. A month of this treatment quite transformed her.

The last two cases I shall mention are those of two sisters aged 18 and 21, both of whom had influenza at the same time and equally severely. Both were left very anaemic, and by way of experiment, I gave one— the younger—Arsenic and Iron in a mixture, while to the other I simply gave Iron in the form of Bland's Pill. They lived under the
under the same conditions, slept together, had the same food offered them, and were treated in every other respect exactly alike. The result of the experiment was that, although both improved into a fair degree of rapidity, the younger, who was taking arsenic, was able to return to her work as a mill-hand a full fortnight before the older was able to take her place beside her. Which, of course, may be merely coincidence, but certainly seems significant.