A Brief Account of an Epidemic of "Influenza,"
re-called, occurring in Orange, New South Wales, as
seen in my practice.

Thesis for the M.D. Ed.

Introduction

In the spring of 1891, the Epidemic which
had been prevalent in Victoria & many of the
Coast towns of New South Wales, made its ap-
pearance in Orange, a town of the latter colony.

Typical Town. This place is situated 192 miles from Sydney by;
incharacteristics being about due West of it, across the Blue Mountains,
situated at a height of 2843 feet above sea-level.

The town itself consists of over 5000 inhabitants,
being divided into two parts, one of which lies
much lower than the other. It is known as East Orange.
It is the centre of a large agricultural farming
district, many in the district also being engaged
in pastoral pursuits. The soil is for the most
part clayey, there is also a great amount of black
soil and gravel. The principal part of the town
lies on rising ground, the inhabitants are
somewhat compactly situated as regards their
dwelling-houses, the town not being so scattered
as is often the case in colonial towns. There is a
good water-supply for Orange proper, but one
which has only been available for the last fif-
ten months. East Orange does not partake of
the benefits of this, its supply being from wells,
Drainage. The water-supply is not universal in Orange. Even now, though the municipality has ordered it to be laid-on to the houses of all the streets along which the piped water is removed weekly, all other refuse has to be thrown into the gardens or back-yards, or else allowed to run into the open gutters of the streets, which are flushed during the day, but this in such a haphazard fashion that it is unreliable.

Climate. The climate is a very variable one. The winters being very cool and cold, as also the spring, while the summer is on the whole dry, the winter by heavy thunderstorms. Then all the beginning. Hail storms occur in the spring. The summer temperature is variable, ranging from 55°F to about 70°F. By day, in winter there are snow flurries. Such then are the physical rather characteristics of Orange.

The first indications of the arrival of the epidemic seem to have occurred in the last week of September, the first two cases had been in a low lying and marshy area, the second one being a boy and girl. Soon after they recovered, the mother, who was pregnant, miscarried, being the first miscarriage she had had, having previously had four children, all healthy, normal confinements. This was the only instance of a miscarriage in a pregnant woman not eating.
in the course of this epidemic, the cause seemed to be due quite as much to the anxiety experienced of nursing her children, as to the symptoms of influenza in her case were very slight indeed. She was soon about again. The father was not affected till many weeks after, his being one of the last cases of the epidemic which occurred in my practice. This family was named Reed. The epidemic seemed to have quite died away by the third week in November, as regards the appearance of any fresh cases. In the surrounding districts, where the first cases appeared, three weeks or so later, bringing the dates of greatest extension to the first day or two of December, since when no cases have come under notice.

As regards symptoms, I have thought that a brief account of my own experience might be a good basis on which to found all there is to say on this head. On Monday, October 12, I had a slight headache, felt somewhat weak, fancied it was influenza, but disregarded this danger signal. On the 13th I fell worse, but no fresh symptoms whatever. I took large doses of Quinine Hydrocromic Acid, went on with my work, it was better the next day, the 14th. On Friday, however, I was worse, headache growing bad, a dry hacking cough. Had to go out into the country, it was detained there by two or three patients, returning in the midst of a strong wind. Went to bed, taking my temperature.
found it was 104°. This was Friday evening, about 5:30 P.M. The cough became worse, headache more severe, & great weakness; throbbing, no cough, no suffusion of eyes, no frontal pain, the headache being all parietal or occipital. There was now no doubt that I had Pneumonia in the left base. On Sunday morning feeling much better my temperature being normal, my wife being ill, got up, for Monday was out again seeing my patients. On Tuesday however I had a severe headache, which was uninterrupted & lasted for three weeks, gradually wearing off, but as it wore off I got a sharp lumbar pain in the left side, which lasted for a fortnight. Very heavy right sneezes had occurred every night from the second night I had gone to bed till about a fortnight after I got up, there was a rise of temperature up to 99° or 99.5°. for about a week every night. But it was not till quite a month after I got up that I really began to feel well. No doubt, this slow convalescence was in no small degree the result of getting up too soon, being at work from morning till night.

At the same time my wife was affected. Her symptoms seem to have all centred in a severe Pharyngitis & slight Laryngitis, slow fever ran high. There was almost no affection...
of the lungs, the headache was by no means severe. But the weakness was great: no affection whatever of the mucous surfaces of nose, eyes, or throat discerned. Two other inmates of the house were ill, but not severely. Another inmate of the house, M. H., my wife's father, was not affected, but soon after we recovered he went into the country; about a fortnight after he became a victim, Bronchitis being his chief development. His age was 64. His attack was slight.

Generally speaking, typically, the attack was ushered in by headache, shiverings, which were mostly restricted to a feeling of cold down the back, which often did not exist at all. Large pains in the limbs, in the lumbar, the latter very severe—when it existed, almost from the very beginning, a feeling of tightness or constriction of the chest. The fever ranged from 100° F. to over 103° F., even apart from any indication of Pneumonia. Expectoration almost invariably existed, a great cause of complaint to the patients. These were very severe often. It existed sometimes far into convalescence. About the third day, the fever would diminish, the cough would become louder. A sticky yellow or frothy phlegm would be expectorated, sometimes tinged with blood. The headache would improve at this period, when the Bronchitis's grip is alleviated were the most prominent symptoms. About the fifth day
all symptoms would abate in severity, in a week the patient be out of bed, for the road to recovery normal health. Intermittent seemed as a rule to go on normally, the bowels were almost always regular. Aids were rare. Diaconia more seldom still was there. Constipation.

In this complaint more than any other did there seem to be some sequela or other. The persistence of Bronchitis, if that could be spoken of as a sequela: the occurrence of dizziness, the occurrence of Epistaxis, following apparently in cases where the attack was any slight, even scarcely recognizable. Heading.

For one case Peritonitis - but above all severe intractable headache - all resolved. In addition, the night sweats of great debility, perhaps the former dependent upon the latter. In one case, a sequela took the form of the extensive deposition of Uric Acid crystals. It seems in the China but this was a case of advanced pregnancy, which went on to full term; however. There were a number of cases in which pregnancy was indicated, but no miscarriage occurred, save the few mentioned above, including the Mrs. Professor - the latter due solely to the culpable carelessness of the patient, occurring quite a fortnight after the influenza passed off.

In two cases of parturition at full term, occurring after influenza, the location of the head was
abnormal, e.g., D.C.P., one being nearly a true preeclampsia. One was a multifurca, success completed without the aid of instruments; the other, a primipara, was delivered by forceps. That relation, if any, of course will fail; there was here, it is common, difficult if not impossible to say. Still, I cannot think it a mere coincidence.

I have spoken of pneumonemia as a sequela, but in no cases, it seemed to arise from the very commencement of the disease itself; yet there existed headache, vesiculae in the limbs, a day before symptoms pointing to pneumonemia appeared. Indeed the whole course of the epidemic seemed to be characterized more by affections of the chest than anything else. The total absence of Corneal infiltration of the eyes, ophthalmic ulceration, was marked. While inflammation of the fauces existed, being developed in the course of the complaint, it also occurred as a sequela.

At last regards its incidence with respect to sex and age. At first it seemed as if only the very old and very young were affected, but later on it occurred indiscriminately among all ages and sexes. Then again, women seemed to be able to resist it more successfully than men. That not a really serious case, save one, that a pregnant woman, among females, while the man, male heartily as well as sickly, seemed to be quite collapsed, unable to stand.
up treated, the attack with success. —

The mortality was very great, almost exclusively among the old and the young. The number of deaths that occurred in my practice consisted of ten.

Of these, three were over 55, two women, two men; three were children, one 3 months old, another 13 months, another five weeks, the last seven weeks.

Two of the children were moribund, otherwise.

None of the women aged 56, of the men aged 67, both over 15 miles in the country, were also moribund, dying within 24 hours of my seeing them. The child of weeks old died of convulsions, without my seeing it, a fortnight after the disturbance had been apparently recovered from. One death occurred in a woman, 56 years of age, who had suffered from Asthma, bronchitis in its origin, for eight years, that bore a numerous family, had a life of hard work and much trial.

There are four other medical men practicing here, the deaths occurring were such that, on the average, there were three or four funerals a day, for a week or so.

The prevalence of this epidemic was widespread. One point that struck me was that it seemed to have a predilection for one family, avoided another.

For the larger number of cases occurred in East Orange, but some of the severest cases in Orange proper. The population in East Orange, as generally speaking, much poorer, to more widespread
surroundings.

As regards treatment, I found that to go to bed at
once, stay there for two or three days, getting up
at last to the house for two or three days more, was
insufficient itself to insure for the recovery of the
patient, apart from the exhibition of medicinal
remedies. This in the mildest cases. On the other
hand, there were cases where this simple line
of treatment was not sufficient. In regard to this
point, I am convinced that we can by drugs
control the course of things. At first disposed to
be sceptical of the value of treatment by drugs,
I soon came to see that this was unreasonable.
I made a point of comparing the two plans; finally
decided to forsake the "laying-on" principle
of action. Many cases, apparently mild, if left
to themselves under the most favourable circum-
stances, seemed to go all wrong, gave no sign
of trouble before one could feel safely out of
the wood. Ultimately then, my treatment mainly
took the following line being varied or departed
from, of course, according to the stage in which
the case was found, or the constitution tidiness
usually of such individual cases. If called to a case
at the beginning, in which the fever was high &
chills present, I found quinine with hydrobrom.
if I found any tendency to early severe delirium
or constipation, I gave only this, but latter on,
implicated with the prominent part played by the pulmonary organs in the complaint. Sometimes if there were no cough, at the same time, prescribed the following:

\[ \text{Pyrene}: \quad 3\text{g} \]
\[ \text{Sr.: tella}: \quad 3\text{fr} \]
\[ \text{Ammoniac. Carb.:} \quad 3\text{z} \]
\[ \text{Aqua add.:} \quad 3\text{fr} \]
\[ \text{Sr.:} \quad 3\text{z} \text{ every four hours.} \]

This alternated with the sulph. zincti +
\[ \text{Ac.: Hydrobrom.: dil. mixture. Sometimes added to above. Pot.: iodid.: in 2\frac{1}{2} gr. doses but of course was particularly cautious in its use on account of its decidedly depressant effects.} \]

\[ \text{Aqua.: Chloroform.: Sometimes added in small doses at the beginning, but found it more useful during convalescence. As soon as the fever went down, stopped the luminae, but again here I found that it was all the better not to be too early in stopping it. At the same time that I was giving these two mixtures, a liniment consisting of Jason, Pud., or Balsam, boiled with Acetic Acid (to which liniment: Belladonna was sometimes added where the pain in the chest was great) was prescribed, ordered to be rubbed into chest, back. Poultice was also ordered, but not to be long continued, in addition to chest.
the value, though such a homely simple remedy. When pontiuring was stopped, which was early, I also ordered a piece of flannel soaked in oil to be kept applied to the back & chest. Now I am confident this was necessary, that on the ground that more than once when omitted, there was such an unsatisfactory progress as was only remedied by a recourse to the introduction purposely omitted by my orders, or by care less taken on the part of the attendant.

In regard to diet, my invariable custom from the very beginning was to give the freshest fruit, treat, as to what was to be eaten, oysters, eggs, cream clothed or fresh, strong soups, plenty of fresh milk boiled, rich milk jelly, barley water, wine water, whole food as soon as the patient could be induced to take it. The least for food was in many cases instrumental but always found, that where there was most difficulty in overcoming this, I had the quickest and most satisfactory recoveries.

If a purgative was required, I found a Pol. Cola, or injection of 3% of Glycerine amply sufficient to set matters right again. The latter measuring-hound especially beneficial as it seemed to do more to start the bowels upon the normal perform. of their functions than any of the usual purgatives, mild or severe, with which our Pharmacopoeias are filled. The medical man's
memory in bewildered.

In reference to the treatment of complications of headache, it should take up, first in order, the destroying ubiquitous headache. This is mainly occipital or parietal, but is very often frontal, while it may be general. The entrances of the patients for the relief of this, are all the more urgent, that one finds himself almost helpless in the presence of the difficulty. The headache, constant, of the commencement, sooner or later yields to a mixture consisting of Pot. Brom. ad. hydrobrom. ad. Tri. Belladonna but this is absolutely useless against this which does not often recover from the complaint itself. Indeed, there is no resort to the back of such cases, serve only as a temporary alleviation, while cold water affections are even less effective. Esthersine also, though much as free as it is safe, answering in a few cases to the extent of bearing the suffering without some degree of bounds, seems perhaps here, have to that limited extent. Antiphos have not cared to try. A powder consisting of Pot. Brom. ad. XV and Antipyrinum gr. X, given every three hours, seems to have answered best of all, but it will be understood that in a complaint where intense headaches of depression prevail, one would be slow to have recourse to such a combination, the cautions in beginning it, most of all in con-119

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Antipyrinum

in this affection, have not the least hesitation in

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contaminating it. It has been largely used, so much so that at one stage in the prevailing epidemic, there was not a grain of it to be obtained in the Colonies, and the result that medical men found that they were just as successful without it, if anything, more so. It is my belief that the use of Antipyrin is answerable for the large mortality that has prevailed here, whereas it is that the two medical men here, who have refrained from its use, have had the most satisfactory results. The fall of the mortality bore a remarkable relation to the absence of Antipyrin in the market.

In the citation of Segaud, I have omitted all references to various symptoms referable to Hepatic Derangement which have often discovered to follow upon an attack of the typhus, the latter at a varying period after its subsiding, ranging from a few days to a fortnight. These consist in a sharp pain over the region of the liver to the right, or between the shoulders or at the point of the right shoulder; a feeling of distaste for food; a bitter or clammy taste in the mouth; restlessness at night; desire for cold by day. A mixture consisting of Chloride of ammonia: 1 and 2 parts of hydrochloric acid, with 1 part of zinc, proved to remove this very satisfactorily. I have observed, however, that after the addition of this Chloroformic to the mixture expedited its action very materially.
For the Bronchitis, I have found that laurel tea, in 1 oz. doses three daily has acted like a charm. I have never seen the same benefit from Terebene in Bronchitis as in that occurring after the Epidemic. The ar

tificial expectорant mixtures have all failed; this has succeeded.

In Phrenonnia, Brandy and sugar mixture. Generous quantities generally have been my mainstay, while medicinally, I have found the addition of Tincture of Saffron and Tincture of orange water, in the concomitance from both Bronchitis and Phrenonnia, where the distress for solid food was ineradicable, have found the liquor Cinnamom (cappu) a great help.

The right secret is to have found it consistent to leave alone; the best treatment apparently being round wholesome food. I am inclined to regard its occurrence as just as much remedial as anything else. Half within bounds, I do not view its occurrence as by any means imminent to the well-being ultimate recovery of the patient—of anything, it was all the other way.

I have had a case of influenza occurring in a patient who was suffering from Rehbinia dyspnea, which a few weeks after his recovery, developed hemoptysis, from which, however, he has recovered under treatment with: End: Ergot: Dil; Ac: Sulph: Dil; V; Lig: Strach:

This another case where the influenza de-

favored upon a patient with symptoms gynecologi-
Locomotion facies, for whom the fever complaint seemed to make rapid strides at first, she was almost confined to her bed when she came under my notice. Rolling her on her sick bed, they said, seemed to have a most beneficial result; and he is now developing more ability to walk about from work. Of course, this is merely a checking of the progress of his complaint; it is not in more fluence.

Now the question before my mind was, how far it can claim to be what our fathers denominated "fluence"? We doubt the points of similarity, such as the headache, chill, pains in the limbs, the cough, rapid production, and the small points of convergence; but, on the other hand, the points of difference, such as the absence of any affections of the more visera faces of nose, eyes, frontal sinuses, while the affection of the lungs, either in the way of Bronchitis or Pneumonia from the very commencement; these points of difference, say, seem quite as much to fit the complaint on a distinct basis from that held up by "fluence". Of course a great deal depends upon the degree of variability permissible in the same complaint, before you can separate any variety from the category it has habitually been ranged under. One must draw the line somewhere. If the fever of origin shall be an organism of unknown nature, then the difference may be one merely of its seat of development: whether the nervous
spheres of the upper air passages versus, or those of the lungs. And then the Pneumia is often diagnosed, therapeutic occasional intestinal disorders would be merely secondary - as headache we would have to speak of the headache, occurring after the subsidence of fever.

It has become fashionable to treat the universal universal attribution of many complaints to the vague causative agent denominated "Cold" or "Chill", but it is not the term "organism" in danger of being equally vague. Unscientific, though it has come to have such effects as did that baffled word Mesopotamia, occurring in a sermon by no means lucid qualities. While so doubt many complaints have been wrongly ascribed to cold or chill, still there seems for many others no other causation that we can ascertain. And it is folly to act on general principles to discard an etiological factor, when there is nothing better to replace it than a factor which is not much better one that only exists by grace of the ignorance of mankind which encloses it. Such is the term Organism, as used by many in the present day, who are delighted to clench their ignorance under a term more high-sounding, seeming scientific than the homely words "Cold" or "Chill".

If it be an Organism, however, the question of its being, the nature thereof, are raised. Seeing that persons in the best of health, by the
in Japan.

Your understanding of the family's structure is crucial, so let me clarify further.

In traditional Japanese society, family relations are highly valued and play a central role in daily life. The family is not just a nuclear unit consisting of parents and children, but also includes extended family members such as grandparents, aunts, uncles, and cousins. The concept of "family" is deeply embedded in Japanese culture, influencing everything from education to business practices.

The importance of maintaining strong family ties is often emphasized, with traditional values such as respect, duty, and harmony being highly regarded.

In terms of education, schools in Japan often place a strong emphasis on group work and cooperation, reflecting the importance of the larger family and community. This is in contrast to some Western educational systems, which may prioritize individual achievement.

Despite these differences, there is a growing trend towards more individual-oriented education methods in Japan, reflecting changing societal values.

In conclusion, understanding the complex interplay between traditional and modern influences in Japanese society is crucial for anyone hoping to succeed in the country. By gaining insight into the family's role in shaping social and cultural norms, you'll be better equipped to navigate the unique dynamics of Japanese society.
Pneumonia almost from the first day of its illness.

I have observed that when the Epidemic supervened upon pre-existing Bronchitis or Asthma, it either proved speedily fatal, or else was most difficult to recover from. Any other pre-existing trouble did not seem to affect the Epidemic, or to much affect it by it; so that it was not the result of a weakening of the system generally.

The total number of patients suffering from the Epidemic have had under my care, have amounted to 200 in the course of eight weeks, of these, seven died.

The total number of deaths in the district amount to 27 in all; but probably some attributed to Bronchitis simply, may also be charged with them, these being the mortality up to 30 for the period under review.

The weather during the prevalence of the Epidemic was fine, clear, warm; towards the end of it, became variable, thunderstorms occurred, heavy rains once or twice.

The outbreak here occurred within a fortnight of its outbreak in Melbourne, only a few days later than that at Sydney. While it prevailed extensively here, before any cases occurred in the surrounding district.

For many cases of the Headache here has been noticeable a remarkable periodicity. It may be absent part of the day, regularly come on
about 10 PM, rise off about 4 PM, or comes on at 1 PM and off at 7 PM. This would occur day after day for days or even weeks. Eptr. Quinina in large doses had no control over the occurrence or severity. Sometimes where the night sweats are very severe and long continued, there is no headache at all.

Tagge remarks that in succeeding years the tendency is for the recurrence of the epidemic to be less severe in its manifestation. In this place, the same disease prevailed last year, tho' then in the winter, its severity was nothing like so great as this year, then decreasing the usual order observed in influenza.

I would here add: extracts from the letters of a friend practicing in Melbourne, Dr. Ichelmeyer, a graduate of the Edinburgh University. He writes:— "I should say that epidemic commenced about 17th August. It lasted until about 3rd of October. There was more catarrh of lungs in this epidemic than last. In some cases profuse sweating during convalescence. In a few cases某种症候 of catarrhal pneumonias attacking small portions of one or other lung at different times, extending over a week or two. In a still smaller number of cases asthma followed in those who had not been subjected to it before. Began with purging and vomiting in not a few instances affecting children. In same house, where no isolation was practised, only one individual had it.

From the above it will be seen that the
instance of the complaint upon the lungs especially, the
right-lung have been points of observation by others.
Indeed of being a fortnight, as I thought, quite five
weeks elapsed between the first cases in Melbourne those
first occurring here. The last point as affecting the ques-
tion of contagion, is one which I can corroborate, the-
sure to emphasize. Have not myself observed any case
of Asthma following an attack of the Epidemic. That
the Phthisia occurring in every case has been the a-
ternal form. Have not noticed or heard of any of the
Cramps variety.

The conclusions would draw these are:
1st That this has not been an Epidemic of Influence:
2nd That it is not contagious:
3rd That it is amenable
to treatment:
4th That this treatment is one of small
definite details:
5th That the fatality is greater if it
is not begun at once.

Insible of many shortcomings in this pre-
sentation of the subject; feel feel confident that,
in spirit of the difficulties surrounding practice
here in a country town, there is much of interest
of importance; hence my choice of it, attempt to
be justice to it in a Thesis for the M.D. degree of
my Alma Mater, where I spent many happy days
in seeking to acquire that knowledge which she
was so ready to impart to me.

Signed - George Arbuthnot Vansome
M.B. C.M. Ed: 1882.
Appendix to these.

The necessity which has arisen for transcribing the main body of my notes gives me an opportunity for adding a few remarks thereto, of which I avail myself, in the hope that it will not prove too late.

Since writing it there has occurred in Orange and the neighbourhood an epidemic of catarh to which the baby, headed by the medical men, has given the name Influenza. Now the characteristics of this catarh have been such as to closely correspond with the classical descriptions of Influenza as seen in Roberts, Bruntower, Helen Jeffe, &c., viz.: the prostration, fever, opression of chest, frontal oppression, running of the nose. All these exist. My conclusion then is that no two conditions could more differ from one another than the epidemic of last year & that of the last few weeks, viz.: from middle of February to middle of March. I would specially allude to the absence of all lung involvement in the latter while in the former this lung involvement was the rule, its absence exceptional & the cause of remark.
Now which of these two is to receive the designation of Influenza "What's in a name"! What indeed, but as we need to know what we are talking about, I think it is advisable that the nomenclature should be settled once for all as soon as possible. The proposition I have to make is that the term Influenza should be permitted to retain its old connotation, the epidemic of last year, which prevailed in England as with such fatal effects in January of this year should have a new designation, for that it is a distinct complaint no one who has seen the two can for one moment doubt, unless he be blind or prejudiced. Nor for one moment do I suppose it to be a new disease, but it is distinct from what is described as Influenza in the standard works, no doubt with some superficial points of resemblance, but these are such as are more or less common to all general attacks. If we take the sad case of the late Duke of Clarence, who will deny that he was a case of the prevailing epidemic, yet who could confidently regard it as a case of Influenza. If the latter then it might be
reported as one complicated by pneumonia, but what am I to say of a disease where a complication so-called is almost an invariable concomitant. Indeed I feel disposed to further state that it is my conviction that in a thorough ophthalmic examination constituted the routine of each case a patch, more or less intense, of congestion would be discovered.

In fact the more one weights the pro
tions, the more does the necessity become inevitable to establish some 
definition, a distinction, and revise our nomenclature. I would myself 
suggest two terms, those of, puerperal pneumonia, recognizing however, how 
sprightly such a term is in view of its 
establishing a relationship with 
puerperal pneumonia which would 
be too close, because I opine that 
there are points of difference in symp.
toms and physical signs. But certainly
I would discard influenza.

George A. Van Horn
Orange
19th March 1892.