John Smith, on September 18, 1802, reported on the condition of the hemp fields. However, the fields were sown in poor weather, which affected the yield. Despite this, the accounts of the hemp fields on the company's conveyors were recorded.
Thesis

on

Influenza

or

Epidemic Catarhal Fever
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1.---History. Influenza or Epidemic Altembullosis has been known and noticed by many medical writers from remote antiquity, and although presenting at all times the same general features, yet it has assumed somewhat varied characters with the several circumstances connected with its appearance, such as the season, climate, weather preceding or during its visitations, also the locality slightly modified some of its phenomena, yet it has generally presented nearly similar features in different seasons and situations. Indeed whatever variety of character may have existed with several visitations, has been responsible rather to the epidemic itself than to other causes.

It has received various names, Cullen calls it Catarres and contagious, and under that head in his nosology and
The courts of law were closed in Paris on account of the deaths from influenza of 1403.

It was called Cacaludia because the sicks would 

goop over the head, the symptoms with these occurred. 

Brooke resembled which it has assumed in late visitations. 

No Conrad seems to breed a Westerly direction 

big from Malta to Sicily, Spain, Italy, the Germany, 

France and Russia. Although it visited most towns in 

Europe, very few died of it, and those were everywhere 

Ancestral.

No course was westerly, coming in Asia, then 

appearing in Constantinople, and after spreading all 

over Europe, attacked America. Mireau 

asserts that it attacked all parts of Spain 

at once. Unless this preceding it spared Jutie 

to many.
a referred to recorded accounts of epidemic contagions as it has been observed to spread over great portions of the word. In France it has been called, La Grippue, Follette, Baraguito, etc. etc. The Italians call it Influenza, the influence, which last term has been naturalized in our language.

The earliest recorded occurrences of this epidemic were in the years 1239, 1311, 1329, 1348, 1351 + 1403.*

Valence of Tarentum witnessed that of 1348, and states regarding it, that nearly a tenth of the population escaped without taking the disease, the infirm and aged mostly dying first, and those who escaped with their lives, were often the victims or subjects of Rheumatism afterwards. It appeared again several times during the 16th Century when it committed equally ravages with the former, cutting off the aged and very young children.

In 1576, and 1590, it visited Spain once Italy (a)

In 1576, it visited Europe, spreading much about and the same symptoms as those which afterwards prevailed in Europe - America and others give a good description of the epidemic. (b)

Moretius remarks that the Spanish physicians were very much perplexed as to the treatment of this disease for they found that purging and bleedling, was not only useless but injurious, often proving fatal.
In 1590, 6000 persons died in Rome alone from this epidemic.
In 1580 a similar epidemic prevailed throughout Europe but did not prove as deadly as the former. Few dying of it except those who were previously suffering from chronic affections as bronchitis, pneumonia, and pleurisy, and those who were improperly bled. Several epidemics occurred during the 16th century much of the same nature as that last noticed.

In 1658 an epidemic prevailed in London, Wells describes it as having cut off many of its able, informed delates but from his description of it, bronchitis and pneumonia had evidently complicated with it. His manner of treatment was by moderate bleeding in the arms and chest, and by the inhalation and expectoration. The illness came recovering after a long period.

It visited the continent in 1657 and 1659. It presents nearly the same features as those set already noticed and was treated chiefly by diaphoretics and expectoration.

In 1675 an epidemic occurred prevailed throughout Europe. He did not visit England until the following year. Sydenham gives a good description of it. He says it commenced with headache, cough, pains in the sides and extremities of the legs, and occasionally bloody expectorations. He speaks of the disease as resulting from the action of a cold or hazy atmosphere on the skin, by preventing free inspiration, and the blood...
More people died of it in London in one week than in any equal period of time during the great Plague of 1665. And at Vienna 10,000 persons were ill of the malady at once.
which ought to have been flown off, being blown up on the system and thence exciting pulmonary affections, cough, and fever; he directed his treatment chiefly to the groin, by

moderate bleeding, purgation, diaphoretics, diuretics and

enemias.

Several other epidemics prevailed during the 17th century.

During the summer and autumn of 1722 and 1730 (a)

an epidemic called "fever," prevailed throughout the

whole of Europe; it commenced after severe and

changeable weather. It varied in its general character

and complications in different countries, and at different

seasons; the most severe cases occurred in Malarious

localities, and was often complicated with chest affections,

viz. pneumonia, pleuro-pneumonia, or with bronchitis in the

fever in third malarious districts, presented somewhat

of a malignant character. The symptoms were,

generally, headache, depression, languor, anxiety,

difficult breathing or dyspnoea, pains in head and limbs,

congestion, low temperature, sweat copious, hot in the, irregular quay

pulses and enlarged glands (in lower and partcles) were

common. In other cases, vertigo and rigor preceded the

first symptoms; the disease in such cases always ensuing

more severe; delirium often supervening. When simple

tics oftener generally terminated from the 1st to 7th day, by

epistaxis, or by slight coagulation of blood, or
(a) Read "Pithisis" instead of "Pithisius," throughout the essay.

Was remarkable in having affected the mucous membranes of the alimentary canal as well as that of the organs of respiration. Edinburghs appeared more keen the first place attacked in Britain viz on the 19th December 1732. Vide Anathan's Works also Edinburghs Medical Essays Vol. 2.
Monstrous flux, in the most severe cases conjunctive of the brain and lungs frequently occurred, also drying of the bowels. Chronic bronchitis, phthisis re appearing as its sequelae. The treatment consisted chiefly of moderate bleeding, in the aegus and robust, in most cases whether simples or complications also diaphoretics, diuretics, mild laxatives, followed by aconytines, demulcets and emollients. It was not fatal to the aged, and those who were previously affected with chest affections.

In 1733, another epidemic made its appearance which assumed more of the inflammatory character in some instances than in others. Children and young people being more frequently affected than in the former epidemics, but, the aged and those previously worn down by aseptic complaints, suffering most severely, those who had led an intemperate life suffered greatly from gastric disorders, blood letting was injurious, except in those cases which were complicated with, pneumonia or pleurisy, and even in those not always found safe - Emetics, mild laxatives, diaphoretics, diuretics with demulcets, followed by tonics and anti-scorbutics proved most generally beneficial.
In 1544, another epidemic prevailed vide. Halle's War, Sir George Baker gives a very good description of this visitation.

In 1743 (April) Hutchinson says it was general in England, and in the Spring spread over all Europe—under the name of Influenza or Grippe. It was more fatal in the Southern parts of Europe than in England—although it increased the number of deaths in London in one week to a thousand.

Sir George Baker gives a very excellent description of this visitation. It appeared in London about the 4th of April, but did not show itself in Oxford and Dublin till May. It was immediately followed in London by an epidemic dysentery which raged till November.
Huxham has described the influenza of 1737 to have commenced with chills, headache, coma, sneezing, and pains in the head, loins, and limbs. The symptoms and treatment were much of the same nature as of these epidemics previously noticed.

In 1742, another epidemic caught half a year before, which followed a most severe winter, presented the same character as those already mentioned. Huxham gives a good description of this epidemic also.

In 1752, an epidemic prevailed throughout the whole of Europe, it raged from February to July, cutting off many of the aged, and those worn down by previous diseases. The nature and treatment were nearly the same as of those which preceded and followed it.

In 1765, another epidemic prevailed throughout Europe, attacking not only men but the lower animals, and frequently commencing with them. This was the first epidemic that received the name of influenza, the Italians imputing it to some atmospheric influence, or some influence of the stars. It was accompanied by rigor, headache, lassitude, coma, sneezing, pains in the chest, loins, and limbs, followed by fever with frequent cough, sore throat, hot skin, lypemic defluxion, rapid soft pulse, pale turbid

(6)
Vomiting or slight delirium. The mode of treatment was similar to that adopted in other epidemics of the same nature. Frequently on the 2nd or 4th day from the commencement of the disease, copious perspiration, hyperstatic urine and free bilious evacuations took place, proving critical. When neglected it often passed into ataxia, phthisis or chronic bronchitis.

In 1792 an epidemic appeared in Britain. It raged between the end of April and middle of June. It first appeared at Newcastle upon Tyne about the end of April. In London between the 12th and 18th of May also at Portsmouth about the same date. It appeared at Edinburgh on the 20th of May. At Glasgow about the first week of June, but did not break out in Musselburgh until the 9th or 10th of June, although within a few miles of Edinburgh. As soon as it manifested itself in any large town, it spread very rapidly, attacking nearly all the inhabitants, the sick as well as the poor, quite no distinction as to age, sex or temperament, but attacking a much smaller proportion of children in all places, and in this it was generally of mild nature. About 7/8ths of the population suffered from the epidemic in some form or other. Few people died of it. It was most severe in the aged, asthmatic or those
We have several instances of crews of ships and pilots being attacked by this malady while cruising out in the Channel, and not having had communications with any shore. I shall refer to this in a future part of my essay.
delirium by previous disease, frequently armed пара
\[(a)\]
\[1\]
by fits to them. Like other epidemics of its kind, it
\[1\]
seldom continued in one place about six weeks.
\[2\]
Its duration with each person varied in proportion to
\[3\]the violence of the attack; seldom continuing aboul a
\[4\]fortnight, it usually lasted about a week, but in some,
\[5\]only for a day or two. Relapses were common in
\[6\]some places and to the 3rd or 4th time in severe
\[7\]instances. Whenever one person in a family was
\[8\]struck by the distemper, all or nearly all the members
\[9\]of that family were likely to become affected very soon
\[10\]after, and in other instances quite the reverse took place
\[11\]perhaps and only in the whole family becoming
\[12\]affected by it. It was observed that those who
\[13\]were exposed to the disease were not more liable
to contract the malady than those who were confined
\[14\]at home, the disease appeared earlier in towns than
\[15\]in villages, and in villages than in surrounding neighborhoods.
\[16\]The house showed instances of cases of children and adults
\[17\]being attacked by the malady, but this generally
\[18\]took place only when the distemper was raging at the time. A number
\[19\]of the crew had also been attacked, and
\[20\]commenced the disease to the rest of the crew.
\[21\]It generally commenced with fits of chilliness
and heat, alternating succeed each other, sometimes with rigor, followed by slight fever, pain in chest, back, and limbs, stitches and cramps in the muscles of respiration, Comma, a sensation in the eyes as if they were about to start out of their sockets. Aegy, dearness, incessant cough with expectoration of mucous, appetite increased of taste, frequently either lost or diminished with nausea and vomiting incontinently, tongue coated with white membrane. Many of the sufferers labouring under great loss of blood and restlessness, with frequent, soft, quiet, languid, delirious and dejection of spirits, were found, and general damp was much broken in most cases. The symptoms which universally prevailed and which appeared to be almost a pathognomonic of the disease, was pain around and of constriction in the forehead, temples, and face, accompanied with soreness about the clenched lips beneath the muscles.

The complaint did not present the same identical appearance in every individual, nor yet was it so various but that the resemblance could be easily discovered. The habits and constitution of the individual modifying its in some, and aggravating its in others.
complete recovery was sometimes very slow, sometimes
failing into delirium and termination.

The treatment adopted in this epidemic was
chiefly antiphlogistic. Nay, bleeding in the
complication (but there was a diversity of opinions
as to the propriety of this) until hemorrhages and
gentle stimulants were found useful when resorted to
early in the disease, the latter when expectoration
was difficult, when too prompt remedies were given,
when cough was severe, aperients were found to relieve it greatly.

In concluding what I have to say
regarding this epidemic, it may not be out of
place to give a table of the number of deaths from the
which occurred in London during the visitation.

<table>
<thead>
<tr>
<th>Date</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday</td>
<td>299</td>
</tr>
<tr>
<td>14th</td>
<td>300</td>
</tr>
<tr>
<td>15th</td>
<td>336</td>
</tr>
<tr>
<td>28th</td>
<td>390</td>
</tr>
<tr>
<td>June</td>
<td>385</td>
</tr>
<tr>
<td>5th</td>
<td>560</td>
</tr>
<tr>
<td>11th</td>
<td>473</td>
</tr>
<tr>
<td>18th</td>
<td>134</td>
</tr>
<tr>
<td>July</td>
<td>296</td>
</tr>
<tr>
<td>Total</td>
<td>3480</td>
</tr>
</tbody>
</table>
The symptoms, nature and treatment were nearly similar to those observed and adopted in the epidemics which preceded it.
In the spring of 1803, influenza again made its appearance in Great Britain. It first shewed itself in London about the end of February, and spreading rapidly through nearly every part of the kingdom, it was observed at Paris and other parts of France and in Holland a few weeks previous to its appearance in London, and a few weeks later in Manchester. It was observed to be from South to North. It visited the United States the same spring. In the sixth vol. of "Memoirs" of London Medical Society, we find reports from many skilled medical practitioners in England, Scotland, and Ireland as to the date of its appearance, its symptoms, nature, and treatment, in their respective neighbourhoods. We have also a mass of very useful information in the London Medical Gazette, as given by no less than one hundred and twenty-four observers in France it was followed by an epidemic of phthisis, and in some parts of the United States by a severe erysipelas such as had not been known for thirty years before. The character of the disease was generally fatal in all places. Very few having the gift and those who did live to second children, the treatment adopted was nearly identical to that of previous epidemics of the same nature.
The influenza of 1830 was general throughout both
hemispheres, having prevailed in Europe, Asia and Africa.
It spread through Great Britain in the Spring and
Autumn, and proceeded the visitations of epidemic Cholera.
While many parts of G. Britain and other places
experienced the same year, towards the end of Autumn
its appearance in Paris, Spain, Gibraltar and Italy
with more severity than it did in Britain.
It was generally of a milder character, very few
dying of it.

In the middle of April of 1830, influenza again made
its appearance in Europe, and spread extensively in
Great Britain, on the 5th of April the whole of
London was permitted by it.

It is described by Dr. Thomas Davies as having
occurred in two forms, first, in the form of common
Catastals of various degrees of intensity, the second form
was evidently a combination of Cataracts and Pneu-
nemonia, and declares that he did not see a single
case of the latter form in which there was not
an insufflation of the inferior lobes of the lungs, and says
that it was in fact the pneumoniarumoria of the
Writers. The treatment which was adopted was
nearly similar to that employed in previous epidemics
with the exception of one point, which almost not
forget to mention, 

The above author states that he 
found a Mercurial treatment answer well in the 
second form of Measles, by clothing the inflammation 
and promoting absorption of the fluid effused into its 
air-cells.

In the months of January, February and March of 1837, 
influenza or epidemic catarrh again made its appearance 
in Europe, after great humidity and considerable atmospheric 
changes, and prevailed extensively in England, 
attacking a large proportion of the population, irrespective 
of age, sex or temperament; but on the whole we 
have reason to believe that very young children manifest 
less liability to the disease, for attacks of the epidemic 
malady than adults or those more advanced in years. 
Horses and Cattle were also affected with the distemper. 
It was most severe in the aged and those debilitated 
by previous disease as chronic pulmonary affections, 
of the proving fatal to them, as a whole the 
impatility is said to have been about one in fifty 
of those attacked. The deaths in London were 
quadrupled during the prevalence of the disease. 
In Berlin, during the month of January the deaths 
exceeded the births. The practitioners of the latter 
place found Lemon-pieces a useful medicine, the 
epidemic of the year very much resembled that of 1831.
The ordinary duration in each individual was from 4 to 7 days, but sometimes lasted for a fortnight or even longer in the aged. It seemed that those persons whose occupation exposed them to the vicissitudes of the weather in the open air were not more liable to the distemper, than those who were confined to the house, nor was the latter frequently milder. Slightly from the casual symptoms of this epidemic, after quoting Dr. Grotius's words, were: first, oppressive pains of the head, especially over the region of the frontal sinuses; diffused muscular pains of the shoulders, arms and legs; constant, annoying, partly followed by a very copious flow of thin, acrid discharge, chiefly from the membrane of the nose; (the membranes of the eyes were not so greatly affected as in the influenza of 1831 and 1833.) Secondly, those symptoms were quickly followed by an overwhelming fulness of lassitude and prostration of strength, with, in many cases, a loss of all muscular power, together with great anxiety of the visceræ, and agony of pain of death; a sensation of painful rawness of the jaws and tongue, a voice hoarse and hollow, frequent, short, cough, for the most part dry, stricture and acute lancinating pains of the chest. By the stethoscope, there were heard rales, resonant and bubilous, and almost always in some part
of the thorax, generally the lower portion, a well-marked crepitation. Tongue covered with copious white mucus, with inflamed elevated papillae showing themselves at the tip and edges. Bowels not constipated, and fairly active upon; in fact, there was rather a tendency to diarrhoea than otherwise;

affluence gone; occasional thirst; pulse small, quick, but soft. Paroxysms generally severe during the night. In this stage of the disease I was sensible of a peculiar and very characteristic odour proceeding from these affluents; though not able properly to describe it, I may state its general character to have been that of a musty smell. Thirdly, about the fifth or sixth day a mucous discharge from the nose came on, together with a mucous, purulent, expectoration in coughing. The various symptoms now gradually declined, leaving the patients in a state of great weakness (general), together with a peculiar aching, pain, and loss of power in the muscles of the legs. The above description will be understood at a fly, where exceptions are not stated, to cases of the ordinary severity.

Treatment. "D, Dige, Feg. Usual bloodletting, in the abstract, I am decidedly of opinion is seldom required and very frequently most injurious in its effects."
Mr. Rice wrote, that cold used the lantern, in not more than live cases, and in only two of them and I satisfied that it did not do mischief.

Dr. Davis observes, "Veneration was always mischievous, and even local bleeding, by leeches and caressing, was not well borne in cases did occur, however, which required bleeding, and when the disease passed into pneumonia, as sometimes happened, as active treatment was necessary as if no epidemic existed. Cauterization, by means of blisters or applied to throat chestx rays of cervix, cures, cathartics, antimonials, with saltnephs or medicines, were found useful, also antimonials or quin hydrargyrum were employed, stimulants, guava, Mercury, were used with advantage in some cases; light nutritious diet, regulated temperature, rest, and confinement. As bed in the mind regard cases are also improved.

In 1844, Influenza visited London, and prevailed in London, Edinburgh, and Paris, also in Sweden, about the same time. It commenced in February. The symptoms were nearly similar to those of some epidemics of the same nature.
In 1847-48 Influenza spread extensively throughout Europe. It assumed the character of an epidemic between the 10th and 22nd of November, but appeared at very different periods in different places. It broke out in London about the 14th of November. The Registrar General says it evidently pervaded the whole of England, and that it appeared in many places later than in London, in some so slightly as hardly to attract attention. It broke out in Edinburgh twice violently on the 18th and 29th of November, in both cases it was preceded or accompanied by a dense thick fog and a severe frost, which came on after a few days of very mild weather. It appeared in Paris at the latter end of November and December, at Madrid in Spain, on the coast of Portugal and South of Spain in Spain and Libya. On the coast of Syria in April, on the west coast of Africa in July and August, at Hong Kong in August, in New Holland and New Zealand in July, Libya and Marsch. Thus we see that the epidemic of this year traversed the Globe. Its duration in one place was from three to eight weeks, about one-fourth of the inhabitants of London were affected by it, and was more fatal to...
adults and the aged than to children. Males and females were affected alike. Symptoms were
usually mild, but occasionally severe. The disease was generally preceded by a few days or weeks of
chilliness and shivering, followed by a rapid increase in temperature. The most common
manifestations were: fever, chills, headache, myalgia, rash, and pleuritic chest pain. The
mouth, nose, throat, and bronchial tubes were affected to a greater or lesser extent, usually
accompanied by a dry cough. Neurological headaches, aching of
the limbs, listlessness, great mental depression, complete anorexia and great weakness
were common. The ordinary duration was from 3 to 5 days in the
milder cases, and from 7 to 10 days in the severe form.

Towards the termination of the disease,
the patient may experience a sense of
coldness or numbness, often occurring in
the extremities, and occasionally in the
head or face. The pulse may become
irregular, and the patient may become
anxious and restless. The patient may
experience a sense of chilliness or
shivering, often accompanied by a
feverish sensation. The breath may
become labored, and the patient may
experience a sense of weakness.

If there was much dyspnea and tightness across the
chest, an internist followed by Davis powers
instructed the patient to rest. Colchicum
and quinine were given in the rheumatic form.
The pulmonary complications were divided into four
forms: 1. Acute bronchitis, 2. Bronchitis following
endocarditis of the lungs, 3. Bronchitis with lesion of the
artery or aorta, 4. Pneumonia.
In the foregoing pages I have endeavored to give a brief summary of the most remarkable epidemic contagious fevers experienced. It would be out of place for me to give a lengthy description or accounts of each visitation of the malady as it occurred throughout the globe, in fact it would be impossible to do so in such a concise as this, and would require a great deal more time than I could afford to devote to the subject altogether.

II. Symptoms. (a) I shall first speak of the Simple form, and secondly of the Complicated.

1. Simple form of influenza, chiefly affects the young and middle-aged, and those who were previously healthy. It usually commences with chilliness, rigor, headache and a sense of tightness across the forehead, in the region of the frontal sinuses, general depression or anxiety, listlessness, soon followed by hot skin, dry skin, cough, a troublesome cough, sore throat, hoarseness, loss of voice, pains in the back and limbs, and considerable fever. The cough was generally accompanied by some or less soreness of the chest, brawny redness, and oppression of the breathing, the patient complained of much coughing or a languid and bruised sensation along the edges of the ribs, and wandering (a) from the account given of the last two or three visitations by Bell's Better, and Blanchard.
pain in various parts of the body, especially about the sides. White tongue slightly coated with mucus, loss of taste, appetite fails. Vomiting occasionally occurs, constipation; now and then diarrhoea occurs. These sympotms continue for one, two or three or four days, the cough being dry, and aggravating the laryngeal soreness and pain in the chest; after which the expectoration becomes more abundant and easy, the skin becomes moistened and soft. The headache and grindle as well as the pains in back, limbs, and chest become less severe. The pulse is soft and generally weak, sometimes sharp, long, and very changable.

As these symptoms became mitigated, mitigated about the third, fourth, or fifth day, few expectoration takes place with expectoration, still the cough is often continuous severe and obstinate, in consequence of which debility is of much greater and more prolonged than the severity and duration of this malady would seem to indicate. The debility which comes on at the very commencement of the disorder is one of its most singular or phenomenon, taking place, in some cases, almost instantly, in fact, the rapid and remarkable diminution of strength is more essentially a part of the disorder than the cutaneous affections. In the more severe cases there
Symptoms were more marked, high fever, and even transient delirium occurring, but in the milder forms some of these phenomena were scarcely noticeable, on percussion the chest sounded normal, on auscultation no muffled note being heard, respiration clear and vascular, in the most severe forms sometimes a slight mucous rale could be detected.

Secondly the complications:

The complications of influenza were (a) a peculiar inflammantory state of the throat and pharynx,
(b) severe gastric disorders, (2) Bronchitis, (3) Pneumonia or pleuro-pneumonia, (4) Tubercular lesions, (5) Rheumatism, (6) Disease of the heart and pericardium, (7) Low remote fever. I shall now represent each of these in detail.

(2). A peculiar inflammatory state of the throat and pharynx was very frequent but occasionally very slight. It was of an acute kind attended by more or less of a fluid discharge which was thrown up at each fit of coughing with the ordinary expirations. In the more severe cases this inflammatory condition was accompanied with slight swelling. It extended in many cases from the throat and pharynx down to the bronchial and upper portion of the digestive mucous
This affection of the throat, generally subsided in from two to six days, after a copious discharge from the affected surface or after the bronchial disorder had become more manifest.

(3) Some gastric disorder was frequently associated with the preceding, and in fact arising nearly at the same time, and so rendering the disease more distressing but was never dangerous to life. It was indicated by nausea and vomiting, with pain or tenderness at the epigastrium.

(7) Bronchitis was one of the most frequent and distressing complications observed in the latter epidemics, but was different from the ordinary acute purulent bronchitis occurring as a primary disease. It was attended in many cases with more violent depression and a more copious expectoration, of a grayish viscid mucus, passing more rapidly into a thin mucopuriform matter than in ordinary bronchitis. In many cases both lungs became more or less affected the disease rapidly extending along the bronchi even to the air-cells themselves in the dumber forms. At first, the cough was hard, dry, and severe, but the expectoration soon became profuse with sound wheezing. The cough and the quantity of the expectorations generally increased.
at night, the former being often so severe as to prevent the patient from lying down from in consequence of the dyspnoea which accompanied it, when both lungs were affected (seriously), the patient was obliged to be propped up by pillows. When the spate were emphysea with difficult expectoration, the dyspnoea was great, the disease extended very rapidly throughout the lungs in the aged and those subject to bronchial disorder, sometimes giving rise to more or less emphysea of the lung, and in a few instances giving rise to a murrain form of pneumonia. The pulse was generally rapid and irregular. The several forms of the complications very frequently terminated fatally, the patient dying of asphyxia, from the large quantity of mucus filling up the bronchial ramifications and infiltrating the air cells of the lungs.

(b) Pneumonia or pleuro-pneumonia of a low murrain form was often associated with influenza. It sometimes appeared very early, and not unfrequently consequent upon the bronchitic affection. It was indicated by a sense of oppression, weight and anxiety in the chest, difficulty of breathing, by a Croupous or Croupo-mucous rattle in the
Neighbourhood of parts where either the respirating
murmurs nor any abnormal sound could be heard
and where slight dullness existed on percussion.
The sputa were copious and of a mucous-purulent
character, but very seldom rusty, when associated with
bronchitis it was the more to be dreaded.

(3) Tubercular Pneumia was generally aggravated by the
malady when it existed previously, and was not
unfrequently called into existence by it, in those
who were predisposed to the disorder, very few
cases terminated fatally during the epidemic season,
unless they were in the very last stage of symptoms,
still there are some instances of persons in far advanced
symptoms suffering very little from the attacks of
influenza, undoubtedly much of this must have been
due to the treatment adopted in these cases —

(4) Rheumatic affections were seldom observed except
as sequelae, when rheumatism did appear, it was
generally of an obstinate character, and required
active treatment. Dr. Coglan says he found Colchic
cas much of service in such cases.

(5) Disease of the heart or periardium was rarely
observed, except in those who were previously the
subjects of such disease.
(1) Sometimes influenza assumed so severe a character as nearly to approach low nervous or adynamie fever, owing to the great nervous depression, but differed from its chiefly as regarded the cutaneous or bronchial symptoms, the fulnessness of the attacks at the commencement, the few and general perspiration early in its course, the tongue less loaded and more moist, thinner sputum thicker, the less complete loss of muscular power, and the short duration of the febrile phenomena when properly treated with former malady.

(2) Pleurisy was frequently associated with pneumonia, but rarely occurring otherwise as a complication. It was often not detected until effusion had taken place, the effused fluid being turbid and abundant, adhesion of the opposite surfaces never occurring. Relapses of the disease were sometimes observed after premature exposure to cold or errors in diet, but were generally of a mild nature, being in fact a prolongation of the disease or the production of a fresh cold. Those truly convalescent rarely or never suffered from relapses.
Sequela, the sequelae of influenza, are sometimes more dangerous than even the primary malady. Chronic bronchitis often appears as a sequelae, also tubercular affections in the sputum, asthmatic affections, and asthma. Common, also dyspnea. Sometimes dissections of the heart occur as sequelae. Acute effusions in the thoracic cavities were very frequent, also dyspnea and...
much greater happiness attending influenza. The pains complained of in the head, limbs, spine, and edge of the ribs, the epidemic prevalence of the disorder, and the different actions of medicines in it, and in those other complaints further serve to distinguish between them.

Influenza may also be distinguished from the common catarrhal fevers of spring and autumn by the epidemic prevalence of the disorder, by the debility attending it, by the dyspnoeic pains and general distress of the sensorium, by the disposition to sweating, the nausea and vomiting, the physiognomical expression, and by the danger to the aged.

IV. Causes. As to the cause or causes of influenza, a great many theories have been put forward. Some maintain that it proceeds from Contagion, others from Cellular inflammation, and some, the theory of Communication by Contagion admits of a tolerably easy solution. This proposition is a great deal too sudden and too widely spread to be capable of explanation in that way. That the disease neither originates in, nor was diffused by Contagion, direct or indirect, seems satisfactorily proved.
by the nature of the malady, and by the phenomena and circumstances connected with its appearance and spread. It has been observed to occur at the same time on land and on board different ships, which have had no communication with the shore nor with each other, as for instance we find stated in the Transactions of the College of Physicians that on the 2nd of May 1812, Admiral Nelson's fleet sailed from Spithead, with a squadron of which the "Victory" was one. The crew of that vessel were attacked with influenza on the 29th of May, and the first pair at different periods affected, and a number of the men were rendered incapable of duty by the malady, that the whole squadron was obliged to return into port about the second week of June, not having had communication with any shore, but having cruised solely between Spithead and the Leeward Islands. Similar events occurred in the fleet under the command of Lord Howe at the same time with the above, during the epidemic of 1833. Similar events were noticed. At the close of the year 1836, influenza appeared simultaneously at Cape Town and in London; the season being mid-winter in the former and mid-summer in the latter.
Dr. Watson records one or two instances of considerable bodies of men being seized by the malady in different places, and simultaneously, which illustrates the impossibility of accounting for its prevalence upon the principles of mere contagion—the suddenness of its invasion and the early and extreme prodromes of symptoms with which it is attended.

The almost simultaneous occurrence of the epidemic in distant countries—the rapidity with which it traverses immense spaces, the fact of its often pursuing in its spread a different course from that of human intercourse, the great numbers attacked at the same time when it appeared in a town or district, and the suddenness of its reappear, shows that it is mainly produced by some influence which resides in the atmosphere. But there are facts in its history which furnish a strong presumption that the exciting cause of the disorder is material, and not a rare quality of the atmosphere, and that it is at least portable, for there are many instances on record, in which the complaint has first broken out in those particular houses of a town at which travellers have recently arrived from infected places.
The occurrence of influenza like most other epidemics is undoubtedly connected with some particular state or contamination of the atmosphere, what that state is, or what may be the kind of contamination we are to know, it is very evident that the season and the state of the weather, both before and after at the time of its outbreak, have had no share in its production, for it has presented the same general features in all seasons, in very different localities, and different states of the weather, therefore we cannot place much dependence upon season, climate, and weather in modifying its severity or complications, irregularities and great vicissitudes of weather have however gone before the complaint in many instances, but sometimes one condition of the atmosphere, and sometimes another has led its forerunners. These offensive signs were particularly noticed in 1817, 1833, 1842, 1852, and 1874 - comets repeatedly attracted attention about the time of pestilential epidemics, especially those of 1810, 1817, 1830, 1832, 1837, 1843, and 1862. We have recorded instances of violent volcanic eruptions nearly coincident with epidemics.
For the sake of illustration, let us suppose that the disease broke out in Edinburg; we find as a general rule, that it does not attack Glasgow while the disease is raging in the former; then although there is communication between them several times a day, but as soon as the disease begins to decline in Edinburg, i.e. in the course of six weeks or so, Glasgow is attacked by it. And in the course of other six weeks or two months, it shows itself on the E. Coast of North America.
Cattaro. Very three of Etna in 1536, 1675 and 1762; of Vesuvius in 1737; of Lipari in 1775, and of Heloa in 1783. Remarkable meteors were also observed in 1810, 1788, 1783, and 1805.

Such then are the most remarkable meteorological phenomena observed during the various visitations of this epidemic malady, and which naturally creates a suspicion that some indirect relation does exist. It is a very curious circumstance in the history of epidemics that they travel from one place to another, following generally a westerly course, or from the coast towards the North-West, bound against the wind. This last statement is in favour of those who hold the influenza to have an animal origin, and is really a very plausible conjecture. Others maintain that the traveling is due to Magnus's currents, third and so many Conjectures respecting the exciting cause of this malady that I shall only notice a few of them. And has sometimes assigned the complaint to change in the electrical condition of the atmosphere, to its becoming negatively electric or to its being such as to cause an excessive accumulation of electricity.
in the animal economy. The facts adduced in support of these views are the following. Meat
sent up by means of a kite, high into the atmosphere, during the prevalence of the disease
has returned retraced, large heavy, separated clouds,
in a state of negative electricity, have been observed
just before the setting in of an epidemic. Storms
and tempests of the atmosphere
have occurred at the same period. During the
raging of one epidemic, 300 women engaged in
coal-drudging at Newcastle, and working all day
in the sea, escaped the complaint.
It has been supposed that this exemption might
be accounted for by supposing that the almost
constant immersion of the body in a conducting
medium prevented any invasion. Collection of
electricity.
Another hypothesis, attributes it to the presence of
immortal minute substances endowed with
vegetable or with animal life, and developed in
unusual abundance under specific states of the
atmosphere in which they float, and by which
they are carried hither and thither, Myriads
of these vegetable germs coming in contact with


the mucous membrane of the air passages, irritates these surfaces and exercises a poisonous influence upon the system.

Another hypothesis is, that epidemics are produced by swarms of insects.

One of the most recent theories respecting the exciting cause of influenza is that which attributes it to the production in the atmosphere of an excessive quantity of ozone.

Attention was first directed to this substance by Dr. Schenck of Basel. It has long been known that dry oxygen or atmosphere air when exposed to the passage of a series of electric sparks is transformed into an poisonous matter, and which has received the name of ozone from Özo Smidt. The same odour pervades the atmosphere in thunderstorms, the ozone has remarkable purifying properties, and has also the effect of being breathed in large quantities of irritating the mucous membrane of the air passages.

It is said to have abounded in the atmosphere of Basel when Cataracts was prevalent in the city. Such then are some of the theories respecting the exciting Cause of this epidemic Malady.
and I certainly think the last mentioned to be the most probable.

The precise nature of the cause or causes of epidemic catarrh is as yet involved in obscurity, which we hope some future day may divulge, if ever the disease reasserts its appearance again, which it likely will for long.

Progress and Duration,

The disease generally presents an acute stage, in the milder cases lasting from two to four or five days, the patient being usually convalescent before the termination of 1 week, but more frequently in the severer cases continuing in a less acute form for a period varying from six to fifteen days.

The course and duration of the complicated cases being very indefinite, recovery taking place very slowly and attended with great debility, although no regular fever manifested. Persisting chronic, and peculiar constitutional habits and tendencies, modify considerably the character of the malady as it affects different individuals.

It would have been better perhaps to have given this progress and duration before causes.
It is very evident from what we have observed, that influenza partakes largely of the character of an epidemic fever. It is also manifest that the exciting cause of the malady, whatever its nature, that cause may have been, exists in the atmosphere, and that by that medium; the modified cause whatever it be, coming in contact with the mucous membranes of the respiratory passages, irritates the organic nervous influence in the organs of respiration, which organs were first affected and continuing to be prominently disordered that this affection was not only specific but was further characterised by depression; that the organic nervous energy was perceptibly weakened and changed, was proved by the general and great prostration which was present from the very commencement of the disorder, by the affection of the digestive and circulatory organs and state of the blood, and by the dyspeptic and nervous pains in the trunk and limbs, and by the general debility produced by the complaint. The circumstances that the pains were of a wandering and diffused character, and not aggravated by pressure, and also of the dyspeptic nature of the cough, were proofs that the disease was not essentially inflammatory, although it was apt to lead into inflammation and that generally far milder symptoms.
VI. Treatment

The best plan of management, according to the most recent observers, is to keep the patient in bed, and to restore the cutaneous evaporation by diaphoretic, and the evacuation of disordered secretion by mild choloegous purgatives, with a liberal diet, regulated temperature, and abstaining from all active purgatives. Dr. Watson recommends the following: After clearing the bowels by two or three grains of Cantharid, followed by a mild purgative, to give a couple of grains of James powder every six hours, with a saline draught, and sleep till the first burst of the disorder is over, and then if the cough be troublesome and the breathing laboured, and much Rhonchus or rales, or expectoration be audible in the chest. To apply a blister, and to give expectorants and emollients such as the following; half a drachm of the sweet spirit of niter, half a drachm of eagle of esquills, and sometimes another drachm of paregoric in almond emulsion. Full doses of opium are recommended by some, when there is great distress and want of sleep, but great care is requisite in its employment. For whom, or rather many a patient suffering from general bronchitis have been made to slowly fall asleep by a dose of opium on going to bed, that they
and not water again. If there be any lividity of
the skin or of the mucous membranes, it is dangerous
not to give a full dose of Opium. But if there be no
visible indication in the Complainant that Venous blood
is circulating in the arteries, Opium given at the time
will have a very beneficial effect in relieving
distressing symptoms, and also in recruiting that energy.
If there is nausea or retchings seemingly proceeding
from bilious disorder Dr. Halstedt recommends
a mild emetic or warm infusion of Chamomile
flowers, to be given, followed by diaphoretics.
In the more acute attacks, and when much
febrile excitement and heat or degrees of fever were
present, from the commencement he gave a full dose
of Lobomol, with James’s powder, and a grain of
Camphor at bedtime, a purgative draught being
taken in the morning, a diaphoretic consisting of
Camphor mixture, Solution of the Acetate of Ammonia,
and the Spirit of Vitriol Action, with a few drops of
Muriatic Acid, was also taken every three hours, until
a few perspiration was produced, and a warm bath
occasionally prescribed at this time, and generally was
of great service. After a few perspiration had
been produced, a few drops of the Aromatic Liquid
Ammonia.
and substituted for the Antimonial Wine, and as the disease declined, mild restoratives, and tonics, and a light diet, were found most beneficial. When diarrhoea is the most prominent symptom, with lividity of the face and lips, and difficulty of respiration, stimulants are at this stage requisite to such as Ammonia, Wine, and Water or weak Brandy, along with nourishing broths. The subsequent debility will be best subdued by tonics. Maltbottles and Narcissus are recommended by some writers, but the majority seem to be in favour of the Sulphate of Quina or of Iron. Dr. Thomas Davis states that he found a mercurial treatment answer well in bleed cases in the epidemic of 1832.

The abstraction of blood by Venesection is almost always spoken of as a measure of doubtful propriety. It is quite certain that those affected with this disorder do not well bear active depletion. When the symptoms are very acute, and the distress is great, or when the disease is complicated with pneumonia or with cerebral disorder, bleedings is recommended by the most recent writers on the subject.
In 1872 Dr. Short lays, bleeding and pricking did harm. In 1873 bleeding was said to be de fato that in a small town near Milton, two thousand persons died after it in the month of Septembr. Dr. Ash he remarks that in 1775 it was necessary to bleed at Birmingham, and that in a neighboring town, three died who were bled, and all persons who were not bled.

Vide Dr. Hancock on the subject.

In 1836-37, Dr. T. says, British bleeding, in the abstract, I am decided not opinion is seldom requisite, and very frequently most injurious in its effect. Mr. A. writes, I very seldom paid the lands, in not more than three cases, and in only two of them am I satisfied that it did not do mischief. Mr. A. again says, bleeding was always regretted when used. We find a great many others speaking against it. I don't know if influenza has broken out amongst us again that we should bleed in any case.

It is stated that a very small quantity of blood, drawn from the Schleumerean membrane, relieved the distressing headache in a marked manner.
The local application of blood by leeches or cupping is recommended by many. Blood taken from the mucous membrane of the nostrils by means of leeches, applied to a glass tube is advisable.

Compresses, blisters, liniments, stimulating plasters, and counterfeits, also the inhalation of the steam of hot water, were found very useful in the late epidemics. Applied to the throat, chest, or the sterno-clavicular or intervertebral region, for, he notes.

In conclusion I beg to apologize for the many imperfections of this thesis, having composed and written it very hurriedly, owing to the limited time at my disposal. My time being excessively occupied with other studies, and also with dispensary practice. It is far from what I should like it to be, and hope the reader will extend his indulgence and pardon the many faults he may meet with.

Finis.

March 1862.

John Smith
Ross-shire