EPIDEMIC INFLUENZA; COMMONLY CALLED "THE GRIP."

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This disease has been commented upon by some of our ablest men, but it has not received the consideration it deserves, for it extends throughout the habitable world and has destroyed more lives than the cholera and yellow fever put together, attacking alike the centenarian and the child within its mother's womb.

Statistics show that railroad employes on freight trains are in more danger than men engaged in battle, yet there is much less dread of enlisting in the railroad service than the military. So also is there less dread of the grip than of cholera or yellow fever, for there are not so many lives lost at one time and in one place.

When the Colorado beetle, (the potato bug) first made its appearance among us it was thought that one year would end its ravages, but twenty years have now passed and still it is as great a pest as ever. At first the farmers undertook to pick the insects from the potato vines and burn them, but when they appeared year after year the task became Herculean and some other means had to be resorted to. Arsenite of copper is now employed so that the young beetles may feed on the plants and the poison at the same time.

After tormenting the human race for four years and four months, the grip is as prevalent as ever. As we can not destroy all the microbes that produce this disease, we must saturate the system with some germicide so that they may feed upon the human organism and the poison at the same time and die. Influenza is not only a disease *per se*, but it has entered into and complicated all the diseases and added to their fatality. When called to the bedside of a patient now I wonder at nothing I find present: Temperature ranging from 95 to 106.2 degrees F.; apoplexy in persons formerly supposed to be too young for it; intermittent pulse in those whose heart action was perfect the day before; inflammation of the mucous membranes everywhere, sometimes confined to that of the external ear accompanied by intense pain which is never relieved except after free suppuration. Sometimes it is confined to the membrane lining the air passages, the alimentary canal, the urinary organs or all of these together. Hemorrhages from any of these surfaces may occur at any time and do occur. An uncomplicated case of typhoid fever may be converted into a hemorrhagic case probably ending in death. A hearty meal or even a small amount of solid food may cause sufficient indigestion to produce heart failure or apoplexy, or both. Whole families of children have been swept off by tubercular consumption whose parents were perfectly healthy.

The phases that this disease assumes are too numerous to mention, and those advanced in life, rarely, if ever, thoroughly recover from it. Until last fall I had not lost a white typhoid patient for six years, when out of thirteen adults, six had profuse hemorrhage from the bowels, with four deaths; three directly from loss of blood. I have within the last two months had four such cases from the grip alone, three of which have recovered by the use of turpentine or blue mass and opium. The fourth is now in progress but is nearly cured after the use of salicylate of sodium, everything else having failed,—lead and opium, ergot, aromatic sulphuric acid and all. This patient had a hemorrhage four years ago and has been more or less demented ever since.

I am firmly convinced that the loss of blood in my typhoid cases was due to the grip and that, had their stomachs been in a condition to receive salicylate of sodium, they would still be alive, for all those to whom I could give it recovered.

Dec. 12, 1890, a young man was found wandering on one of our public roads. He did not know his own name or where he came from. I had him under observation only twenty-four hours before his friends took him away, and during that time was unable to find anything amiss with him. After his departure I discovered that he had passed only one ounce of urine mixed with mucus, showing inflammation of the bladder. Two weeks later when influenza became epidemic I would have had no difficulty in diagnosing this case but at the time was sorely puzzled. Three years ago I had under my care a gentleman between seventy and eighty years of age whose digestion was so much impaired by this disease that a mouthful of solid food would throw him into a high fever and would bring about such feeble heart action that I, three times, had to sit by his bedside for ten hours at a time in order to administer whisky and digitalis when needed. This state of affairs continued from the middle of May until the middle of October. One of the patient's legs was swollen and four degrees warmer than the other, as was also the leg of another patient affected with the same disease. As in typhoid fever, as much calomel should be used as can be employed without danger of salivation or undue purgation. In other words, where it is not contra-indicated calomel acts as a specific. Many authorities affirm that benzoate of soda is a specific in the disease under consideration, but I prefer the salicylate of sodium to any other drug where the stomach will bear it, for there is almost always more or less rheumatism or neuralgia present, calling for its employment. The fact is, that any preparation of soda is beneficial, the carbonate often being all that is required. Rochelle salts has acted better in some cases than anything else on account of its laxative properties, and probably also on account of the soda it contains.

I do not condemn the coal tar preparations altogether, as some do, for if not curative they mitigate the symptoms in this disease, and are perfectly safe in the treatment of the young and the aged too, if stimulants are at hand to counteract their depressing effects.

Nine-tenths of the sudden deaths that occur are due, I believe, directly or indirectly to indigestion, and the timely use of the carbonate or some other preparation of soda would avert most of them; and especially has this been the case since epidemic influenza first made its appearance among us. Hence the importance of confining our patients strictly to a liquid diet. Rest in bed should always be enjoined in the acute form of this disease, and often in the chronic form also, particularly if accompanied by hemorrhage.