Selected Papers.

INFLUENZA.*

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MY first and very pleasant duty at this our opening meeting for the present session is to thank you for the honor you have conferred on me by electing me as your president for the coming year. I am deeply sensible of the honor and trust that during my term of office I shall preserve the worthy traditions handed down to me by my predecessors in the Chair.

In my work of the Academy I have taken a great interest since I was elected a Fellow, nearly 25 years ago, and on the Council of this Section I have served without a break for the past 16 years. During that time, but especially of late years, I have noticed a growing decline in the interest taken by the Fellows in the sectional meetings. Our late president, Dr. Drury, discussed this subject very fully in his inaugural address. It is, therefore, unnecessary for me to say more on the matter. I fully endorse all that he said on that occasion.

During the present session it has been decided, on the recommendation of the General Council, to hold fewer sectional meetings. In the medical section there will be only four meetings, instead of six, our usual number. I hope the meetings will be well attended, that our secretary will not find it difficult to obtain sufficient and suitable material for them, and that the discussions will be helpful and illuminating.

We are met to discuss the nature and symptoms of the great pandemic which during the past few weeks has swept over the entire world and exacted a heavy toll of sickness and death. It is, I think, generally held that the causal organism of the disease is the *Bacillus influenzae*, but many consider that some as yet undiscovered virus is responsible for the present epidemic.

When uncomplicated, influenza is not a malady that often causes death. The high mortality of the present epidemic is due almost entirely to the frequency with which cases have become secondarily infected with pneumococci

and streptococci—a striking feature of the present visitation.

The public has been unduly alarmed by the writings in the press, and something akin to a panic has resulted. The death-rate, no doubt, is a high one, but if the case mortality could be estimated it would not be found to be of very formidable dimensions.

The figures for a large hospital with which I am connected, and to which the milder cases are not admitted, are, for the month of October, 497 admissions, with 32 deaths, a percentage of 6.5. In my own private practice the rate is lower—a generous estimate would not amount to a death-rate of 2 per cent.

The symptoms presented by the disease are many and various. In the severe cases, especially those complicated by pulmonary affections, I have noticed the great frequency with which cyanosis occurs—the lividity appearing early, and persisting, often for many days, until, as is usual in these cases, a fatal termination ensues.

Laryngitis is extremely common, giving rise to considerable pain over the larynx, a distressing brassy cough and hoarseness, amounting in many cases to complete loss of voice.

Delirium, either of a low muttering type or more violent in character, is met with in many cases, and often persists for some days after the temperature has become normal. Mania, following the pyrexial period, and lasting for ten days, I have seen in one case.

The temperature chart is in many cases a fallacious guide. Some of the most severe cases I have seen have had only a moderate degree of pyrexia. A sign full of omen is a fall of temperature without any corresponding fall in the pulse and respiratory rates.

The condition of the tongue I regard as a helpful sign in prognosis. When moist, and not more than lightly furred, the case is, as a rule, progressing favorably; when thickly coated, and especially when dry, the chances of recovery are small.

Vomiting has been a distressing and sometimes alarming symptom in many cases.

Albuminuria to a slight degree is common in the acute stage; when abundant, the outlook is not favorable. Symptoms of a definite acute nephritis I have not observed. In one case, which terminated fatally, the urine contained a large amount of blood. Examination showed it was not hematuria, but hemoglobinuria.

* Reprinted from the Medical Press of Jan. 1, 1919, being the author's presidential address before the Medical Section of the Dublin Academy.

The pulmonary signs are extremely varied. Bronchitis or broncho-pneumonia is present in a large proportion of cases. Typical physical signs of a true fibrinous pneumonia are rare, even when, as is frequently the case, the sputum is rusty, and the general symptoms are those associated with the disease.

In the early stages a pulse of 80 with a temperature of 102° to 103° is not uncommon, and in favorable cases this comparatively slow pulse-rate may continue throughout the illness. A daily increasing pulse-rate is a most unfavorable sign.

During convalescence the pulse-rate becomes extremely slow. I have on more than one occasion found the rate to be only 40 per minute.

Jaundice I have seen in a few cases; it has been present in both fatal and non-fatal cases. The tendency to hemorrhages has been noted by all observers as a common complication. Epistaxis is the most frequent form, and occurs in severe and mild cases alike. Of more serious import is bleeding from the mouth and gums. One case of cerebral hemorrhage has occurred in my practice, in a young man, producing complete left-sided hemiplegia. He is now recovering. Otitis media occurs with sufficient frequency to merit recognition. It differs in no way from the affection, as it occurs in many of the infectious fevers.

Tonsillitis is not common—quinsy I have seen in a few cases.

Unilateral parotitis I saw in one man. The condition arose only a few days before death, and was associated with an acutely septic condition of the mouth.

I have not observed any case of influenzal meningitis; possibly in some of the acute cases with marked delirium I have overlooked its presence.

I have not attempted to classify the varying types of this protean disease, but there is one outstanding form which, with the dramatic suddenness that death ensues, deserves special mention. A patient suffering at the time from a typical severe attack, suddenly becomes alarmingly ill. Pain, often acute, is felt in the chest, the respirations become rapid, and breathing greatly embarrassed; a frothy bloody fluid is coughed up; delirium, rapidly passing into coma, ensues, and death may occur in a few hours after the onset of these acute symptoms. I have seen several such cases, but will refer to only one. A young woman, 24 years of age,

otherwise healthy, complained on a Wednesday night of feeling sick. Her temperature was slightly elevated. The next morning she was not so well, and fainted on getting out of bed. During the day her condition grew worse; she was removed to hospital, and when I saw her, at 7 P.M. on Thursday evening, she was dying. Râles were audible all over her chest; she was unconscious; her pulse was imperceptible, and she was coughing up fluid of the kind I have just described. She died at 10 P.M. the same evening.

As regards treatment, I have only to say I know of no specific. Salicylate of quinine is the drug I most employ as a routine. Aspirin appears to relieve the headache.

To keep the bowels free and to promote sleep are, I am sure, objects of great importance. Calomel I prefer as a purgative; trional or some preparation of opium for sleeplessness. Stimulants are required in most cases, and in some should be given freely.

The influenzal vaccine prepared in the laboratory of Trinity College I have used in some cases, but I cannot say I have noticed any particular effect from its use. Its value as a prophylactic is a burning question at the present time.

Society Report.

TREATMENT OF TUMORS OF THE UPPER JAW WITH THE CAUTERY.*

BY JOSEPH COLT BLOODGOOD, BALTIMORE, MD.

THE employment of the cautery in the partial or complete removal of malignant tumors is an old method. My own experience during the past five years has demonstrated that we have much to learn as to the details of its application.

When we compare the results of operations for the removal of tumors of the upper jaw with the knife alone with the results of the removal of identical tumors with the cautery, we find that we have distinctly decreased the mortality, and when we have accomplished cures it has been with less mutilation. Whether the actual number of cures has been increased cannot be demonstrated at the present time.

The reduction in mortality is associated with

* Abstract of paper read before the Southern Surgical Association at its 31st Annual Session, Baltimore, Dec. 18, 1918.