...studying practical physiology, and yet one is not considered of course, exceptional men; but, although I have kept notes the air is presumably laden with pathogenic matters, all dictory, and this is why influenza—the "influence"—(though: attack, producing a general neuritis. This is why the no doubt that the nervous system bears the full brunt of the heading obstetricians never see them except, as one told me, certain vague)—is not so bad a name as many others 'that a local farmer had been so much impressed by what he who was ignorant of what occurred in his own neighbourhood. I should like to ask him what amount of knowledge he himself usually acquires when he attends a natural labour. He fears that medical men will lose their knowledge if it is not kept up by attending such cases, but he forgets that our leading obstetricians never see them except, as one told me, when he attends the wife of one of his colleagues. They are, of course, exceptional men; but, although I have kept notes of nearly every confinement I have ever attended, I find that I learn little except when I collate the cases, and even then am pretty sure to find the fact noted in one or other of the text-books on the subject. How can a natural labour assist one in the high field of operative gynaecology? The other branches of the profession one is not always dissecting or studying practical physiology, and yet one is not considered ignorant on this account. Mr. Sers might as well talk of the operation of a patient with a diaphragma as we would "turning ourselves into children's nurses. In asking why certificated midwives have not already superseded "Gamps," Mr. Sers shows he has not grasped either the magnitude of the question or the newly risen demand amongst the either classes for midwives as monthly nurses, nor does he know the extreme poverty, ignorance and conservatism of the class attended by "Gamps," which add so many difficulties to the garden. My point out to Dr. Atthill that the proposal to place all midwives now in practice on a midwives' register has been abandoned for that contained in Clause 3 of the report. I am, Sirs, yours truly,

Fellows-road, South Hampstead, Sept. 11th, 1893.

CHARLES EGERTON FITZGERALD, M.D.

Folkestone, Sept. 11th, 1893.

THE NERVOUS SEQUELÆ OF INFLUENZA OR "APYRETIC INFLUENZA."

To the Editors of THE LANCET.

Sirs,—I have read Dr. Gowers's admirable and most instructive letter of his own able leading article and the admirable letter of Dr. Wilks with the deepest interest. They one and all form valuable additions to the somewhat obscure literature on this subject. Nevertheless, I would ask you to allow me to make a few remarks, from the standpoint of my professional experience, on each of them. I am thoroughly in accord with Dr. Wilks when he says in his letter that "the nervous symptoms of influenza constitute a very essential part of the complaint." That they are, strictly speaking, "primary" is, I venture to think, doubtful, for surely there must be some antecedent cause, some subtle poison to produce so profound an effect on the nervous system. Then as to there ever being any absence of fever, to which you allude in your leading article, I am, I conceive, in exact accord with Dr. Wilks. I have often in cases of influenza failed to detect any present fever, and the temperature has remained throughout persistently subnormal, but I have always been able to obtain some presumptive evidence of a previous short period of high temperature. It is one of the most characteristic features of influenza that the temperature rapidly rises and then comes down "with a run," and remains permanently low. Whatever may eventually be proved to be the antecedent cause of influenza, there can be no doubt that the nervous system bears the full brunt of the attack, producing a general neuritis. This is why the symptoms attributed to it are so protean and often contra-dictory, and this is why influenza is so much more in the anterior and posterior roots. The nervous symptoms, which Dr. Gowers speaks of as the "sequelæ" of influenza, exist from the very beginning of the attack (as Dr. Wilks clearly points out), and are a very essential part of the disease, though they undoubtedly become much intensified later on. The extreme nervous prostration which is so often noted by the only symptom of true influenza which is never absent—I say almost, because I have never yet failed in a typical case to detect some pneumonic dulness, which, however, is often very limited in extent and is generally not accompanied by this cough. In this connexion, the statement often escapes notice. The nervous prostration, the passive pneumonia, and the sweats are almost invariable accompaniments of true influenza. The persistent heart weakness and other nervous symptoms are the chief characteristic, and probably depend on actual microscopic changes in the muscular fibres of the heart and in the nerves, such as are known to occur in anthrax and diphtheria. So persistent are these symptoms that they are often the only evacuation of the patient who has had a typical attack of influenza, and during the prevalence of any epidemic of influenza, when the sus comes to the notice of the public, it is almost the only symptom that is ever mentioned in the newspapers. The term "influenza" was introduced in medicine by one and all form valuable additions to the somewhat obscure literature on this subject. Nevertheless, I would ask you to allow me to make a few remarks, from the standpoint of my professional experience, on each of them. I am thoroughly in accord with Dr. Wilks when he says in his letter that "the nervous symptoms of influenza constitute a very essential part of the complaint." That they are, strictly speaking, "primary" is, I venture to think, doubtful, for surely there must be some antecedent cause, some subtle poison to produce so profound an effect on the nervous system. 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