ART. XI.—*Observations on the recent Epidemic Influenza among Children*. By FLEETWOOD CHURCHILL, M.D., M. R. I. A.,
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TO THE EDITOR OF THE DUBLIN MEDICAL JOURNAL.

MY DEAR SIR,—I take the earliest opportunity of complying with your request, that I would give you a short sketch of the prevailing influenza among children, as it has come under my observation; premising two remarks,—first, that all the cases I have seen have been in private practice, and, consequently, among those in more or less comfortable circumstances, so that they cannot be taken as evidence of the character of the disease amongst the poor; and secondly, that the large number is to be accounted for by this being the disease most frequently met with lately, but especially by the fact of the greater part, or the whole, of a family of children being simultaneously or successively affected. Thus I saw this morning a family of six children, the whole of whom have been confined to bed with the influenza within the last week.

The number of cases, then, that I have seen within the last two months, and from which my remarks will be drawn, exceeds sixty; and they embrace children of all ages, from two months old to twelve or fourteen years. I may add, that, in addition to the children, in many cases, the parents or servants were similarly affected.

I think that, without exception, the younger the child the more severe the attack.

The mode of invasion varied a good deal. In some instances the whole family seemed to submit to the epidemic influence at once, and all were laid up; in others, one or two would present the epidemic character well marked, and the others complain merely of a slight cough, accompanied in a

day or two by feverish symptoms ; whilst occasionally each child took sick successively, allowing the one first attacked to recover previously.

The characteristic features of the complaint, as in previous epidemics of influenza, have been affections of the chest, invariably accompanied by smart fever. Coughs and colds, without fever, are common enough, but I exclude them, as not true cases of influenza.

The fever sometimes precedes the cough, but more frequently comes on about the second, third, or fourth day. The child is heavy, dull, cross, and cold, creeping to the fire, and unwilling to exert itself, or to share in its usual amusements. The skin becomes hot, florid, and the pulse very quick, ranging from 120 to 160. There is, perhaps, rather less thirst than one would expect from the degree of fever, and the secretion from the kidneys is scanty, and sometimes high-coloured. The tongue is always foul, and loaded with white fur ; sometimes, though but rarely, dry ; the appetite is lost ; and occasionally I have seen vomiting or diarrhœa, but generally both stomach and bowels are steady. In almost all cases the child has been restless and uneasy at night, sleeping little, and, in a few instances, slightly delirious.

As regards the local affection, I have observed three varieties, often quite distinct, but occasionally two occurring in the same child.

1. In the milder form of the disease, the primary bronchial tubes were the portion of the respiratory system affected, and this was most common among the elder children. The attack began by a frequent cough and a degree of hoarseness, indicating that the larynx and trachæa were somewhat affected. The hoarseness often subsided, but the cough continued very troublesome, with free expectoration after the first day or two. In two cases of young children (i. e. under four years of age) the larynx was more seriously affected, and the disease began

by an attack of well-marked croup, which subsided in one case in ten or twelve hours, and in the other in two days, leaving behind it the form of influenza I am describing.

The cough gives a good deal of pain, and elder children describe it as scraping the chest. After a day or two the fever becomes marked and the cough not less troublesome, and for some days the child suffers great distress, until the fever subsides, the cough is less frequent, and the expectoration more abundant.

If the lungs be examined with the stethoscope, they will be found generally free from abnormal sounds, and the respiration vesicular and natural; but the respiration through the large bronchial tubes gives a rough and slightly sonorous sound. Percussion yields a clear and perfectly natural sound.

2. The second form of the disease affected children of all ages, and consisted of more or less intense bronchitis of one or both lungs, with great congestion of those organs. In these cases respiration was much more rapid, and performed with some difficulty, a wheezing being audible at some distance. The imperfect aeration of the blood shewed itself in the dusky red colour of the cheeks, which, in some severe cases, were nearly livid. The cough was incessant, the mucus abundant; but as little children do not expectorate, this rather added to the distress. The fever set in nearly as soon as the bronchitis, and, in some cases, ran very high. In some instances the attack was so severe that suffocation was imminent; but these, with some difficulty and delay, recovered.

When the chest was examined, its movements indicated considerable difficulty of respiration, and the respiratory murmur was lost in a variety of bronchitic rales, mucous, sibilous, and sonorous, varying according to the extent and intensity of the attack. Mixed with these is frequently heard a crepitus,—not the small, distinct crepitus of pneumonia, but larger, and more moist. Percussion yielded a pretty clear sound generally, with

a diminution of tone occasionally in different parts; mainly, I think, in those where the crepitus occurred.

In the progress towards convalescence the crepitus first disappeared; then the movements of the chest became less laboured, and the respirations less frequent; the distress diminished, and the fever subsided gradually. The bronchitic rales continued in a minor degree for a considerable time; and, what was very remarkable, in a great number of cases, as the general bronchitis diminished, I found the primary tubes, and even the larynx, became affected.

3. The third form which I observed the affection of the chest to assume was either simple pneumonia, or mixed with a moderate amount of bronchitis, and, I believe, this form occurred only in young children; I do not remember any case of it in children above five years old. Its commencement, in most cases, was very obscure. The child laboured under high fever, with very rapid breathing, but very little cough. It looked very like a case of remittent fever, and in one or two cases I believed at the first moment it was so, and examined the chest as a matter of duty, to make sure, rather than with any expectation of detecting serious disease. In these cases double pneumonia existed. The respiration in all was, as I have said, extremely rapid, with great action of the *alæ nasi*, but without the laboured movements of the chest which occurred in the last variety; the face was flushed, with the centre of the cheek of a florid red colour; the pulse very frequent; the thirst considerable, with great restlessness. The usual crepitous rale of pneumonia, clear, small, and distinct, was present, mixed, in a few cases, with mucous or sibilous rales. The part of the chest affected was dull on percussion. Under the treatment adopted the signs of pneumonia gradually disappeared, and, in proportion, the fever subsided, the cough generally increasing for a time, the chest became clear, and the little patient slowly recovered.

Of course, this form of disease involved the greater danger; and of some of the patients I had but slender hopes, as they were children of weak constitution.

As to the treatment, it has been simple and successful. On the accession of fever in all the varieties of local affection, I have found it most advantageous to give an emetic of ipecacuanha in the two first, and of tartar emetic in the last, and to prolong the nausea for an hour or two. In the second and third varieties I have found leeches necessary when the attack was severe, the respiration hurried and difficult, the pulse quick and strong, and the child able to bear them.

In most cases, after these preliminaries, I have ordered a mixture of ipecacuanha wine, paregoric elixir, and almond milk, to be given at short intervals; but when pneumonia exists, the tartar emetic mixture is better, and if it should produce great depression, this may be corrected by ammonia. A small quantity of ammonia, in the former mixture, was advised by Dr. Stokes in some of the cases, and with immediate benefit; it seems to relieve the congested state of the bronchial mucous membrane as much as any thing I have tried; or, if it do not answer, from two to five drops of spirits of turpentine, in mucilage and water, every three or four hours, may be given; in several cases it was very beneficial. If these mixtures disagree with the stomach, or after they have produced their effect, or at the same time that they are exhibited, small doses of calomel, ipecacuanha, and James's Powder, may be given with advantage.

As to external applications, I have found it necessary, in some cases, to have recourse to blisters, but not very frequently, partly on account of the annoyance they are to young children, but principally because I found a very good substitute in poultices, which I think worthy of a more extensive use than they obtain. They are best made of linseed meal, and should be applied directly to the surface, warm, and very moist, changing them every two hours, or oftener. If irritation be

desired, a dessert-spoonful of the flower of mustard may be mixed with the meal.

Warm baths are exceedingly useful, and may be used every night, provided the child do not cry much; if it do, it will be better to bathe or foment the feet.

I have thus, very briefly, complied with your wish. The sketch I have given is slight, and necessarily incomplete, but it may elicit further communications of greater value in themselves, or which, when combined, may be more complete, and my object will thus be attained more effectually. Let me add, in conclusion, that as yet none of my cases have proved fatal, though some were very serious and threatening; so that we must conclude that, among children, although the epidemic is very general and severe, yet that the danger is not very great when properly attended to.

Faithfully your's,

FLEETWOOD CHURCHILL.

February, 1847.

ART. XII.—*Medical Problems*. By WILLIAM GRIFFIN, M. D.,
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(Continued from vol. xi. p. 401, of former Series.)

WHEN miscarriage or premature labour takes place at fixed periods, from the influence of acquired habit, may not the periodical movements be prevented by such remedies as prevent the recurrence of an epileptic fit or a paroxysm of ague?

I was called on some years since to attend Mrs. C., a lady who was ill with the usual symptoms of miscarriage at the third month. She informed me, that she had had a miscarriage at the end of the third month of her first pregnancy. She reached nearly to her full time on the second occasion, fell into puerperal convulsions in her labour, and was delivered of a dead child. In her next pregnancy she had a miscarriage at three months; in her fourth at three months; and now in her fifth she