

grams) my method of enterectomy for disease and injury in all parts of the intestinal canal. Dr. Sydney Coupland, the local editor, informed me that the very large number of diagrams had delayed its production, but that in all probability it will appear in the next number of the journal. In that paper will be found the following description of my operation in cases of irreducible invagination. "In all cases of obstruction from irreducible invagination where rectal hydrogen inflation in the inverted position under chloroform has failed to reduce the intussusception, perform laparotomy. Having found the intussusception, first try uniform compression of the invaginated portion and gentle traction of the bowel in the usual way above the neck of the intussusciens. If this fails, *instead of completely* excising the intussusciens with the intussusceptum, as is generally advocated, or diverting the invaginated block from the physiological functions of digestion and assimilation so ingeniously devised by Maisonneuve, proceed to reset the intussusception in the following manner. [A diagram is here introduced showing the intussusceptum dragged out through a longitudinal slit made in that portion of the intussusciens most distant from the mesentery, and one inch below the neck of the intussusciens.] Gently withdraw the intussusceptum until its neck appears outside the slit in the intussusciens; transfix the base with two fine, long, straight needles, armed with strong horsehair or chromicised gut. Now amputate the intussusceptum a quarter of an inch clear of the needles, so as to leave a fair stump beyond them. Transfixing the neck of the intussusceptum previous to its amputation prevents it from flying back inside, and ensures the proper relative position of the different layers of the bowel previous to sewing them up. Having amputated the intussusceptum, pass the needles through and pick up the suture in the middle of the invaginated bowel; divide it and suture the bowel on both sides; leave the ends of the four sutures long, so as to hold the cut ends of the bowel in position until it is completely sutured up circumferentially. Now cut off the long ends of the sutures. Apply Woelfer's mixture of iodoform and compound tincture of benzoin, the same that he applies to the surface of the raw stump after removal of the tongue, and withdraw the bowel. It now only remains to sew up the longitudinal slit with a continuous suture."

I arrived in England last May. Since then I have explained the principles of my operation for enterectomy in injury and disease, and its application to all parts of the intestinal canal, to several prominent British and continental surgeons (including Mr. Jessett, whom I assisted to perform my operation on dogs), all well up in the literature of enterectomy. Not one of these gentlemen hinted that the principles laid down in my operation had ever been tried or suggested before.

I am, Sirs, yours truly,

H. WIDENHAM MAUNSELL, M.D.,
Late Lecturer on Surgery, Otago University, N.Z.
Stanhope-gardens, Queen's-gate, Jan. 28th, 1892.

INFLUENZA.

To the Editors of THE LANCET.

SIRS,—At the discussion which took place some time ago on the above subject before the Medical Society of London, Dr. Theodore Williams asked me whether I could, in confirmation of my views on the pathology of influenza, point to any necropsies showing an unusual degree of hyperæmia at the base of the brain in such cases. I could not then answer his question in the affirmative, but have since seen a report of an epidemic in the Danish asylum of Aarhus, published by Helweg in the *Hospitals Tidende*, in which the results of eleven carefully performed post-mortem examinations are given. In all cases, without exception, there was found a most intense hyperæmia of the pia mater and brain such as is never seen in any other cases; and this was more particularly marked in the arteries at the base of the brain, which were filled with blood to bursting, and stood out as cylindrical cords, as if they had been injected with wax. The consistence of the brain and spinal cord was increased; in four cases there was also a fresh pachymeningitis, and in one case a fresh lepto-meningitis. It appears from this that the hyperæmia of grip is not simply an ordinary vaso-motor hyperæmia, but a process tending to produce inflammation, the latter, however, becoming only fully developed in par-

ticularly suitable cases. A relationship between influenza and epidemic cerebro-spinal meningitis is therefore clearly shown to exist. Although Hellweg has not specified the condition of the medulla oblongata in his cases, it is quite clear, from the description he has given of the arteries at the base of the brain, that intense congestion of that organ must have existed; and the suggestion thrown out by Dr. Sisley at the meeting of the Medical Society just referred to—viz., that the process might be one of anæmia, rather than of hyperæmia—is therefore disproved. In any future post-mortem examinations of cases of influenza I would urge pathologists to give particular attention to the condition of the bulb and its vascular supply.

I am, Sirs, yours faithfully,

Harley-street, Feb., 1892.

JULIUS ALTHAUS, M.D.

To the Editors of THE LANCET.

SIRS,—In referring to my article in the *Nineteenth Century* you say "it is to be regretted that Dr. MacLagan's conclusions were not submitted for discussion in the medical journals rather than in a lay publication, and without being encumbered with so much hasty and debateable material." May I point out to you that there is nothing in that article which has not, and mainly through the pages of THE LANCET, been submitted for discussion in the medical journals.

On March 29th, 1873, THE LANCET published a paper by me entitled "A New Theory of Fever," in which were embodied the views which, after nineteen years, it now calls "hasty and debateable material." Debateable it may be; hasty it is not. In 1875, in the course of a discussion on the germ theory of disease at the Pathological Society of London, I enunciated the same views in what THE LANCET was good enough to call "a valuable contribution to the debate." In 1876 I published a book on the germ theory of disease, in which "this hasty and debateable material" was fully placed before the profession. In the same year I published, again in the pages of THE LANCET, my original paper on the treatment of acute rheumatism by salicin, in which I gave to the profession the results of my researches on rheumatism. In 1881 appeared my book on rheumatism, in which these researches were more fully laid before the profession.

In 1887 I published, again in the pages of THE LANCET, a paper on pyrexia and hyperpyrexia; and in 1888 a book entitled "Fever: a Clinical Study," which was very favourably reviewed by THE LANCET, and in which will be found "the hasty and debateable material" to which it now objects. In 1890, during the first epidemic of influenza, I published in THE LANCET a paper showing the good results got from the administration of salicin in full and frequent doses in that disease.

When influenza reappeared I sent to THE LANCET a second paper on the same subject; it was not inserted. The expression of regret that my conclusions were not submitted for discussion in the medical journals hardly comes well from the journal which omitted to give me the opportunity of continuing the discussion in its pages.

I am, Sirs, yours faithfully,

Feb. 9th, 1892.

T. J. MACLAGAN.

To the Editors of THE LANCET.

SIRS.—In the present flux of comments on the prevailing epidemic I have found it noticeable that little reference is made to the disease as occurring in young children. It seems certain that previous epidemics have varied much in the liability to attack in children and in the fatality from it in them. Thus in 1438 an Italian historian speaks of the large mortality in children from the disease. An epidemic in 1578 described by Ballonius may have been one of pertussis, as it chiefly affected children, but it was described as influenza. And similarly, in subsequent epidemics the greater or less tendency of children to be affected is described. Thus in 1782 it is noted that the disease was least prevalent and least fatal in children. And, generally speaking, I think the same may be said of our present experiences as was said in 1782. The disease in young children as seen by me has differed notably from the complaint in adults. One might reasonably expect to find a bronchial catarrh taking on the graver conditions of capillary bronchitis and broncho-pneumonia in a large proportion of cases, but such does not appear to be the result. The type seems to be that the onset of the disease may be fairly compared to that seen in scarlet

fever before the occurrence of the rash. But with this an increase in respiration and a dry, hacking, laryngeal cough supervene. No physical signs exist in proportion to the respiratory quickening. The child is torpid rather than in the uneasy condition common in this disease in older persons, and may or may not refuse nourishment. The pulse is somewhat quickened and asthenic in nature; the temperature ranges variably; the skin is dry or may be slightly moist; no profuse perspirations have been observed as a rule. After a few days the fever has gone, but the child is left in a depressed bodily state, and the cough often remains and frequently assumes the paroxysmal type seen in whooping-cough, and is frequently followed, as in pertussis, by vomiting. The temperature runs up occasionally at night, at which time also the cough is most persistent. I may say that this cough is about as amenable to treatment as is that of pertussis, in my experience. One case, in which a faint erythematous blush of skin existed, was in my opinion influenza.—I am, Sirs, yours faithfully,

Feb. 8th, 1892. ARTHUR THOMSON, M.B., D.P.H. Camb.

To the Editors of THE LANCET.

SIRS,—In reference to your annotation in this week's issue of THE LANCET on Influenza in Children, I may mention that in this neighbourhood, though few children have been attacked, this winter the number of cases is greater than it was two years ago. One of the complications this winter, both in children and adults, has been the occurrence of otitis media. Of this I have seen no less than ten cases—seven in children and three in adults. In all the cases in adults and in four of the cases in children there was perforation of the membrana tympani, with serous or sero-purulent discharge. In two children and one adult both ears were affected. I do not know whether my experience has been exceptional, but, judging from the few cases of ear disease recorded, it would appear to be so. In THE LANCET for the last two years the only references I can find to this subject are: (1) A letter from Dr. Bronner of Bradford on March 8th, 1890; and (2) a paper on "Influenza and Ear Disease in Central Africa," by Dr. John Bowie, on July 11th, 1891. The cases I have seen are of the more ordinary kind mentioned by the latter, and not like the atypical cases mentioned by Dr. Bronner. As the complication is a somewhat serious one I venture to ask you to call attention to it. I should like to add that in the three years previously to last October I had seen only one case of otitis media in my practice; that occurred in 1890 during an epidemic of measles.

I am, Sirs, yours faithfully,

Feb. 10th, 1892. R. ACKERLEY, M.B. &c. (Oxon.).

To the Editors of THE LANCET.

SIRS,—As a constant reader and an occasional contributor to your pages for forty years, I may perhaps claim a right to put my *spoke* in this "wheel," or rather "woe," of mankind. In some hundreds treated by me with ten grains of soda salicylate and five grains of antipyrin, as long as pain and fever are present, followed by nux vomica, aromatic spirit of ammonia, and dilute phosphoric acid, as a recuperative tonic, with regular liquid nourishment every two or three hours, I have scarcely lost a case, and there are now five patients under my care whose average age is eighty-four years. I find tepid sponging, and when practicable a warm bath, great adjutants to recovery.

I am, Sirs, yours faithfully,

Cley, Norfolk, Feb. 10th, 1892. W. SUMPTER, M.D.

A SANITARY MODE OF SPREADING DISEASE.

To the Editors of THE LANCET.

SIRS,—Would it be asking too much of our sanitary authorities if we were to request that they would themselves refrain from the systematic neglect of obvious precautions against the dissemination of disease? As matters of health are now dealt with, a very great wrong is being done to the community under cover of rendering it a service. When a complaint of the presence of sewer gas in any house or locality is made, the drains, and not uncommonly the sewers, are opened; but, so far as can be judged by results, no effective means seem to be adopted to prevent the contamination of the atmosphere by this disturbance. Surely, it

ought to be a rule of practice among sanitarians that in the process of applying a remedy to existing evils, greater evils should not be created. A number of cases of typhoid fever have recently occurred in the metropolis and the suburbs in which the victims have distinctly contracted the malady when passing through public thoroughfares in process of disturbance for the purpose of repairing sewer pipes. Might it not be possible to saturate the earth, already probably poisoned, around a leaky sewer with carbolic acid or some other disinfectant before that earth is scattered with shovels on the surface of the roadway at the risk of infecting the neighbourhood? I am, Sirs, yours faithfully,

J. MORTIMER GRANVILLE.

Hanover-square, W., Feb. 8th, 1892.

"CONTAGIOUS SYMPATHETIC FEVER?"

To the Editors of THE LANCET.

SIRS,—There is a good deal of vague speculation at the present time, in both lay and medical journals, as to the *fons et origo* of the disease called influenza. Few are satisfied either with the name or with the treatment, and it goes without saying that if the former be empiric so must the latter be, and the profession and the public must be dissatisfied accordingly. It is therefore necessary to formulate a name which will at once express the disease and indicate the lines of treatment. It is with this object in view that I venture to classify the disease as a "contagious sympathetic fever." That it is contagious there can be no manner of doubt: the evidence is overwhelming, and the degree of contagion is in direct proportion to the cubic space of the dwelling and the number of its inmates. A large experience of the three epidemic periods of 1890, '91, and '92, amongst the ill-housed labourers of Dorset, has proved this to my own mind as clearly as a problem in Euclid. Whatever the nature of the poison, its strength and virulence are intensified by overcrowding, bad ventilation, and defective sanitation. In this respect it reminds one more of typhus fever than anything else; its sudden incidence, accompanied with high fever, frequent delirium, epistaxis, dusky lurid flush of the face, suffused conjunctivæ and bright shining, almost glassy, eyes, a not infrequent dull scarlet eruption, and occasionally bullæ on the feet and herpetic eruptions about the face, nose, and chest, all together point to the baneful action of some noxious poison which appears to gain entrance to the body and thence to the blood through the ordinary channels of respiration, and which at first stimulates and quickly depresses the heat-producing centre of the nervous system. So prompt and powerful is this primary stimulation if the poison be at all concentrated, that the reaction is immediate and profound. The initial headache is succeeded in from twelve to twenty-four hours by intense prostration, with muscular pains, chiefly of the lumbar region, but often general; and with these more crude manifestations of the second stage we have exhaustion of the involuntary muscular system, as seen in the heart-muscle and sometimes in the gastro-intestinal, when the latter is primarily involved. Were the disease out-and-out typhus fever, no doubt the initial fever would be more gradual and persistent, but as regards the resulting depression the similarity is beyond dispute, and the same treatment is required in both. There is nothing so marked in the present, and indeed in the recent, epidemics as the strongly "sympathetic" character of the complaint. From the very outset, the entire sympathetic chain appears to be involved, and this will go far to explain the visceral complications and the primary headache. Undoubtedly there is at first high arterial tension, but this speedily gives way, with or without treatment, and then succeeds the more dangerous period of local congestions and embarrassed circulation. It is towards the end of the first or the beginning of the second stage that fainting takes place, unless indeed the heart be already weak and gives way at the outset; so also is it about this time that cough supervenes, or it may be vomiting and purging. Thus we have a contagious sympathetic fever resembling typhus fever, which may prove abortive or follow the course indicated. The extent and variety of the sequelæ prove that individual proclivity and climatic conditions play an important rôle in the determination of the result. In fact, I believe, one might say with a strong degree of probability that most of the secondary symptoms of the disorder are due to the conditions named, to which might be added the age and habits of the individual. It is just as difficult to save an old and