

ences," and the stricken country pacifies itself with such platitudes, and resigns itself to a species of fatalism and careless conduct in consequence. Sir Thomas Watson, in his Classical Lectures, with rare and prophetic insight, concluded forty years ago that the contagion of influenza, whatever it was, was "particulate."

Viewing influenza in the light of recent researches upon acute specific fevers, there is everything to warrant us in the induction that it is a germ disease; the analogy is complete. My object in this fragmentary contribution is to draw attention to an experiment which to my mind proves that it is not "in the air," in the commonly accepted sense of the term, but passes from the sick to the healthy in much the same manner as do ordinary infectious fevers. Twickenham has been ravaged by the disease. The Metropolitan and City Police Orphanage here, containing nearly 300 souls, is under my medical care. When the disease appeared in our neighbourhood, I was particularly desirous that the Orphanage should not be attacked. My time being very fully occupied in coping with the disease amongst the inhabitants of the district, I was especially anxious not to have a sick orphanage under treatment at such a time; added to which, the known tendency of many of the orphans to suffer from pulmonary complaints (many of the fathers having died from phthisis) induced me to take especial care for their safety. I therefore prevailed upon the authorities to institute a most rigid system of isolation. The children were not allowed to go to church, the officers were entreated to keep within the walls and grounds of the building, all visiting was stopped both of parents and friends, and the "old boys' day" on Whit Monday (when former pupils come from all parts to visit their old home) was suspended. Now although the disease has prevailed all round the institution, even in the head master's house, which is situated near the school, I am pleased to be able to state that no case has occurred amongst the inmates. I consider this is a conclusive proof that the disease is not "in the air," otherwise the children must have shared the fate of the surrounding families; but that it passes from the patients to their friends and neighbours, and those who come into immediate contact with them, in the same way as do measles and scarlet fever. In previous years, when epidemics of scarlet fever and measles have prevailed in this neighbourhood, we have always endeavoured to preserve the children from infection by adopting the same means as are now in force against influenza, and our success has been nearly as complete. My object in publishing this is to show that influenza can be dealt with as successfully.

Let us adopt as a working hypothesis the germ theory for this disease; let all sufferers be treated with the same precaution as if they were suffering from scarlet fever or even small-pox (the germ for which, I believe, has not yet been discovered), and I think if on the appearance of the disease rigid isolation were practised, the epidemic might be averted, and thus many lives and much suffering spared. In places where the disease is widespread it is too late to do much in this direction, but in unaffected districts medical men and the public should be fully alive to the necessity for, and wisdom of, such a course. "Nothing succeeds like success," and I point to this method and experiment as showing that a colony of 300 people have been preserved from the ravages of a disease which has raged all around by adopting this simple and common sense plan of procedure.

I should like to add, in conclusion, that my partner, Dr. Bolton, has had several very clear cases which seem to place the period of incubation at about five days; he has also drawn my attention to the influenza tongue, which he says is an "anæmic tongue," *the edges being usually indented*, in addition to its dorsum carrying a thin white fur, and, as far as I know, he is the first to recognise its anæmic character. My impression is that the disease is most infectious in its early stages, and I believe a week of isolation will be sufficient for most cases. Antipyrin in twenty-grain doses every four hours has a magical effect upon the pains; the treatment for the subsequent debility during convalescence is unsatisfactory; time, rest, and nourishment are the chief factors.

Twickenham.

SUPERANNUATION ALLOWANCE.—Mr. W. R. Brunton, M.R.C.S., lately medical officer and public vaccinator of the Sydenham district, Lewisham Union, has been granted a superannuation allowance of £35 9s. 4d. per annum.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

CACTUS GRANDIFLORUS IN FUNCTIONAL AFFECTIONS OF THE HEART.

By J. FLETCHER HORNE, M.D. ST. AND.

FOR the last twelve months I have been using this remedy with great satisfaction. I was led to its use by reading an article in the *Therapeutic Gazette* of September, 1890, by Dr. Engstad. The preparation I have employed is the fluid extract of cactus grandiflorus prepared by Parke, Davis, and Co. I have usually given it in doses of from ten to twenty minims. Like many other useful remedies, the virtues of night-blooming cereus seems to have been long known to homœopaths and eclectics, but has not been much used in this country by regular practitioners. My observations have led me to consider that it does not in any way supersede digitalis, or its more powerful ally strophanthus, in the treatment of organic valvular disease, but rather that its use will be found in those nervous or functional disorders where the exhibition of these drugs is not so satisfactory—as palpitation, irregularity, fluttering, intermission, slow or rapid action, arising from debility, worry, dyspepsia, or the excessive use of tea and tobacco—comprehensively classed as cardiac erethism; also where pain, distress, and weight are referred to the præcordium, in a case of angina or pseudo-angina pectoris, it afforded great relief. Its action would appear to be on the cardiac centre of the medulla, and thus through the vagus and sympathetic to the heart, exerting its influence as a cardiac stimulant- tonic to the terminations of the vagus in the heart, and its sedative action lowering arterial tension without the dangerous depressing and paralysing effects of opium or chloral, or even belladonna. That it invigorates the cardiac plexus, and improves the nutrition of the heart, is shown by the increased tone of the pulse. My experience of the drug certainly warrants a more extended trial by other observers of what I hope is a useful addition to our armamentarium.

Barnsley.

URTICARIA PAPULOSA.

By MORGAN DOCKRELL, M.A., M.D. DUB.

URTICARIA PAPULOSA, or, as Willan called it, Lichen urticatus, is a disease generally associated in one's experience with childhood, and till recently I considered it one practically incurable, the little patient apparently growing out of it, ultimately being free at the age of ten years.

Two months ago, however, a strong healthy lad aged seventeen years presented himself at my clinic, with the following history:—The disease had existed as long as he could remember; the mother stated it to be fourteen years. Up to the age of nine years he had suffered from a rough "pimply" condition of skin over the trunk and limbs, which used to itch and swell up on going to bed as if stung by a nettle. This was always present, more or less, according to summer or winter. This condition gradually subsided up to the age of twelve years, when the only parts which remained affected were the forearms and thighs. The father and mother are both alive and healthy; no history in the grandparents of a questionable nature.

When the patient came under observation he complained of intense burning and tingling. Having to wait for three hours for his turn, and the day being close, he presented the following clinical characters. Lesions: Papules and wheals. The papules were mostly pale, but some were red; they were very hard, and their size was from that of a pin's head to that of a millet seed. They were situated on the forearms and thighs, occurring entirely on the extensor surfaces of the former and the outer surfaces of the latter. The wheals as seen were smaller than ordinary urticarial wheals, but larger than those in the child. All were of a red colour. The patient seemed to think each year there