

The first person attacked in each house was invariably a male, and he in most cases went to London daily for his business, and in a few cases to establishments in the neighbourhood where large numbers of men are employed. Five females were seen suffering from the complaint, and in each house where they lived a male had developed the illness a few days before the females were attacked. The number of days intervening between the attacks was three to five.

The inference to be drawn seems obviously that the disease is contagious. Taken by the men in their places of business in London or elsewhere, it is conveyed to their homes in the suburbs, and the average period of incubation is four days—presuming that the disease only becomes communicable after the initial symptoms. Sudden chills, sometimes rigors, severe headache (mostly frontal and ocular), pains in the back and limbs, thirst and loss of appetite, much depression, and sometimes weakness were the symptoms. Slight sore-throat, coryza, and some cough were occasionally observed. Temperatures 100° to 103°; pulse frequent and generally weak; tongue coated and dryish. There seems to be a difference of opinion as to whether the disease is air-borne or contagious, and I submit these observations as they seem to point almost conclusively to the latter as being the correct inference. What I can hear corroborates my experience, and if observation is directed to the matter you may receive sufficient evidence to settle the point from other medical men who have the opportunity of wider experience. The fact of the joints not being involved and there being no rash preclude dengue. The early attack of the Diplomatic Corps and those places in closest communication with the countries abroad where the epidemic prevails is strong argument for the contagiousness of the disease.

I am, Sirs, yours obediently,

East Twickenham, Jan. 5th, 1890. H. HOWARD MURPHY.

*To the Editors of THE LANCET.*

SIRS,—Since Nov. 26th I have been daily treating cases of influenza. Varied as have been the symptoms, according to the idiosyncrasies of those attacked, yet there are certain symptoms common to all—viz., high temperature, 102° to 104°, muscular soreness, and subnormality of temperature on the fourth day usually. Influenza as seen by me here is then—fever, suddenly invading, quickly ending, without local lesion. It is not infectious, as yet, and seems to attack the well-to-do rather than the poor. Possibly influenza may present other symptoms in different parts of England. Rest in bed, free imbibition of effervescent waters, moderate doses of liquid food, have proved useful; and if the temperature kept high, small doses of acetanilide lowered it and produced perspiration, which relieved muscular soreness. One patient presented the peculiarity of having her temperatures higher in the morning than at night; this was also the case when she had typhoid fever and German measles.

I am, Sirs, your obedient servant,

Melksham, Wilts, Jan. 6th, 1890. S. GROSE.

*To the Editors of THE LANCET.*

SIRS,—Among the many conflicting opinions respecting the epidemic called "Russian influenza," allow me to add my mite of a suggestion as to its origin. This disease is evidently strange to the present generation; it is not, they say, the old-fashioned influenza, nor again the dengue. It must not be forgotten that many unusual earthquakes have occurred during the past year in Eastern Europe. Why should not this troublesome complaint have been produced by injurious emanations from the earth? Mild at first (contrary to the progress of most diseases), it gets worse as it goes on, apparently gathering up other morbid elements on its way. It reminds me of the results of certain earthquakes in New Zealand some thirty years ago, after which much sickness of a new and depressing nature broke out, especially in the Valley of the Hutt in the Province of Wellington. There is no more difficulty in admitting an atmospheric pollution travelling across the Atlantic to New York than that the red sunsets all round the world were lately caused by the dust of a Java volcano.

I am, Sirs, yours truly,

HENRY WEEKES, F.R.C.S.

Newport, Barnstable, Jan. 2nd, 1890.

*To the Editors of THE LANCET.*

SIRS,—In your impression of the 21st ult., Dr. Bernard O'Connor stated that the periodate crystals (Weaver's) were very useful in ordinary influenza. During the prevailing epidemic I have used this drug in upwards of sixty cases, both locally, as recommended by Dr. O'Connor, and internally, with full doses of antipyrin. Its effects in cutting short the headache and burning pain behind the eyes is, in the majority of cases, simply marvellous. It appears to act in some of the cases out of the sixty that have been under my care at once or within an hour, and I have not had one under this treatment where the fever and aching pains in the limbs &c. failed to yield within thirty-six hours, while in most cases relief takes place in six or eight. Under the ordinary treatment with antipyrin alone the disease gives way more slowly.

I am, Sirs, yours faithfully,

B. G. GODFREY, M.R.C.S., L.R.C.P.

Devonshire Cottage, Balham, S.W.

*To the Editors of THE LANCET.*

SIRS,—Will you permit me, on behalf of the committee appointed by the Clinical Society of London to draw up a report on the duration of the periods of incubation and of infectivity in infectious diseases, to ask for notes of cases observed during the present epidemic which may throw light on the length of these periods in epidemic influenza? The transmission of this disease by infection has been denied, but it is probable that in a certain proportion of cases this is the effective means of propagation. Cases in which an attack has followed at a definite time after short contact with a previous case would be specially valuable, and it is possible that the earliest cases in a locality may afford evidence of this kind. Notes of such cases will be gratefully received by either of the hon. secretaries of the committee—Mr. Shirley Murphy, 41, Queen Anne-street, Cavendish-square, W., or

Your obedient servant,

DAWSON WILLIAMS.

25, Old Burlington-street, W., Jan. 8th, 1890.

*To the Editors of THE LANCET.*

SIRS,—Will you allow me to confirm the statement which I made in a previous letter as to the value of sulphurous acid in influenza? The cases which I have met with have been characterised by sudden invasion, severe headache, pains in the limbs, and a temperature of 103°. A few have had gastric disturbance. Very rarely have the symptoms begun with sneezing or coryza. The spray of sulphurous acid has invariably cut the disease short, and has prevented it from spreading in a house. Last week, after examining the chests of several patients in one house, in whom there was a very strong odour not unlike that given off in measles, I was in a short time attacked with violent sneezing and coryza. No patient would have liked to see me in that condition. By the free use of the spray in my rooms I was practically well in a few hours, and only had some conjunctival congestion, with swelling of the lids of one eye, the next morning. Two or three doses of salicylate of soda and the spray have made three patients practically well to-day in twenty-four hours.

I am, Sirs, yours faithfully,

Finchley-road, Jan. 7th, 1890.

R. H. MILSON.

ANTIPYRIN AND THE PREVAILING EPIDEMIC.

*To the Editors of THE LANCET.*

SIRS,—Two years ago I made a communication to the Academy of Medicine, based upon a case which had occurred in my practice, where the most disagreeable effects had followed the administration of antipyrin. I quoted two other unpublished cases that had been related to me, and three published cases taken from English and American medical periodicals.

In the six cases the chief symptoms noted were: Three times swelling of the eyelids to such an extent that the eyes were almost closed; and swelling of the face, so that the features were scarcely recognisable. Once the swelling was chiefly located in the throat, and threatened asphyxia. Five

times there was a rash of some kind, generally erythema or urticaria, with troublesome itching. In one case where there was urticaria there was loss of consciousness; and, taking into consideration that it was immediately restored by the hypodermic injection of atropine, it seems to me quite possible that there may have been urticaria of the hemispheres, a rare but recognised condition. In two cases buzzing of the ears was noticed. In two also there was violent gastric pain, followed by gastro-enteritis, lasting six weeks, it being several months before the patient entirely recovered. Once there was profound mental disturbance, the patient being afraid of becoming insane, and the mental equilibrium did not return entirely for some months. Hypersecretion in the shape of running from the nose and eyes and excessive perspiration were noted several times, and once the patient felt as if she were stuffed with ice.

Although I had not been in the least alarmed by my patient, who had never been in the slightest danger, and only made known the case in the interests of truth, a somewhat sharp discussion followed, and a very eminent professor decided that his inexperienced *confrère* had been frightened at symptoms with which everyone was acquainted, referring to his *brochure* upon the subject where they were said to have been described. As a matter of fact, it was only mentioned that in some cases a rash appeared like that sometimes following the administration of quinine, but without gravity, and requiring no treatment—a very different picture to that which I had drawn. The same professor rallied me pleasantly upon what he was pleased to term my homœopathic tendencies in prescribing belladonna, supposing that I had done so on account of the “scarlatiniform” rash he had seen, whereas I was in reality guided in my choice by the fact that two of the commonest symptoms of an overdose of antipyrin being hypersecretion and urticaria, the drug that best counteracts these might reasonably be hoped to neutralise the effects of a medicine that gives rise to them. The upshot of the discussion was that a medicine having such high official approbation could on no account be allowed to have any kind of drawbacks.

Since then numerous cases have been related to me from time to time by people thinking that I was “against antipyrin,” of which I have taken no account, using it neither more nor less than before. The only difference I have made since publishing my paper, which, I think, shows that the drug in question is not invariably harmless, has been to begin always by small doses of the drug. I generally prescribe the first full dose to be taken in four instalments, and when I have tested the idiosyncrasy of the individual, I continue henceforth with ordinary doses, always keeping a look out for possible accidents. I have several times had reason to congratulate myself that, instead of a tablespoonful containing ten or fifteen grains of the drug, I had begun with a teaspoonful every half-hour until the tablespoonful had been taken.

Now to the object of my present letter. During the last month or so I have been compelled, like everyone else, to give antipyrin for the treatment of the prevailing epidemic, my practice having consisted of a sharp purge to begin with, antipyrin to relieve the pain, and quinine as the specific remedy for the disease. In many cases there have been eruptions, some of which were pathological, but others were decidedly of drug origin. I have seen discharges from the eyes and nose, and swelling of the eyelids. The only serious complication of the disease of a preventable kind (bronchopneumonia and pleurisy having been generally due to imprudence) has been pulmonary paralysis, and, although I am wandering somewhat from the point, I have often found cough that had been attributed to bronchial irritation due to relaxed palate and uvula.

What I wish to point out, however, is that I find the symptoms put down to the influenza are in many cases those described in my paper as due to overdoses of antipyrin, particularly swelling of the eyes, urticaria, and watery discharges; and, conversing upon the subject recently with a member of the profession, I was told of a case terminating in death, and where, in my opinion, the fatal occurrence was distinctly due to treatment. The patient, an elderly American lady, had been treating herself. The symptoms had consisted of cough, a dusky eruption on the body, which appeared swollen, profuse perspiration, troublesome itching and urticaria, chiefly between the fingers, swelling of the eyelids, which were reduced to a mere slit, and fear of impending insanity. The antipyrin had been taken

for about ten days, and persisted in, because the gravity of the symptoms, which included pains in the limbs and prostration, seemed to point to the necessity of active treatment. Finally, a medical man was called in and the antipyrin stopped, but the patient never rallied, and died two days later.

Antipyrin is one of the most valuable additions to the Pharmacopœia of modern times, and no one can call in question our indebtedness to it during the late epidemic; but I would submit that some of the supposed symptoms put down to the influenza are really due to the action of the remedy; and I feel sure that if the attention of the profession is called to this point, my statements will be endorsed by many others.—I am, Sirs, yours truly,

Rue Marbeuf, Paris, Jan. 1890.

OSCAR JENNINGS, M.D.

## A SENSITIVE AND CONVENIENT TEST FOR ALBUMEN IN URINE.

To the Editors of THE LANCET.

SIRS,—I have been for some years seeking a really trustworthy and, at the same time, convenient test for albumen in urine; and after a long series of experiments I am glad to be able to say that I think all the requirements of the busy clinical practitioner, as well as those of the more leisurely laboratory chemist, will be found to be satisfied by the trichloroacetic acid introduced by M. Boymond in November last. This crystalline body can be carried in a small bottle, and all that is necessary to apply the test is to drop a fragment into a little of the urine in a test tube. There is no doubt about the reaction obtained, because the trichloroacetic acid does not throw out peptones like the potassio-mercuric iodide, or coagulate mucin like so many other “tests.” The white cloud caused by albumen is produced with distinctness when the albumen is present in only very small quantity, and it varies in density with the amount. Meanwhile, peptones are not, as I have said, deposited, and there is no need to counter-check the experiment by heat. It will be a great boon to practitioners to possess so delicate and trustworthy a means of recognising albumen in urine, with a test easily carried in the waistcoat pocket.

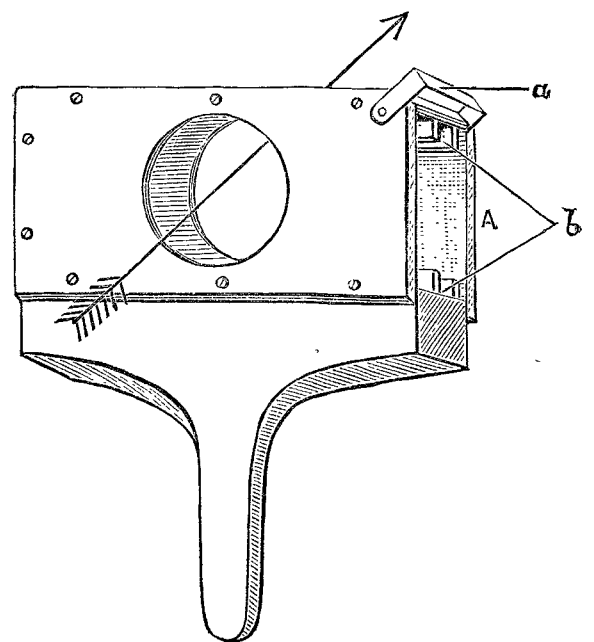
I am, Sirs, yours faithfully,

Hanover-square, W., Jan. 1890. J. MORTIMER GRANVILLE.

## TESTS FOR COLOUR-BLINDNESS.

To the Editors of THE LANCET.

SIRS,—I see mention in a recent issue of THE LANCET of a test for colour-blindness by Mr. St. Clair Buxton, and gather therefrom that it is some test with coloured glasses.



a, Catch for holding glasses. b, Grooves.

For some time I have been testing the sight of my Midland Railway men with coloured glasses after the following plan:—I have a sort of flat box, with a handle below (*vide* diagram), the box being open at A and grooved along the