

Thesis

14

1890

Notes on the recent
Epidemic of Influenza.

Robert Wilson

M.B. C.M.

38 Montrose Row.
Glasgow.

June 1890.

ProQuest Number: 13906513

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent upon the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



ProQuest 13906513

Published by ProQuest LLC (2019). Copyright of the Dissertation is held by the Author.

All rights reserved.

This work is protected against unauthorized copying under Title 17, United States Code
Microform Edition © ProQuest LLC.

ProQuest LLC.
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106 – 1346

Influenza is defined
by Dr. Bristowe as a
contagious catarrhal affection
of the respiratory tract,
of short duration, but
attended with much pros-
-tration and occurring for
the most part in widespread
epidemics ^(a)

The last epidemic
we had of this disease
occurred a few months ago.

It first appeared
at St. Petersburg about
October 15th 1889, and
by the middle of November
had spread over nearly
the whole of European Russia.

(a) Theory & Practice of Medicine
Page 147.

About the same time
however, that it first
appeared at St. Petersburg,
it was also noticed at
Tomsk, a commercial
town of Central Siberia.

Whether it really originated
at St. Petersburg, or at
Tomsk, or whether it
appeared simultaneously at
both it is needless to
speculate, suffice it to
say that before many

Weeks had elapsed, it
had extended over the
whole Continent of Europe.

At what date it first
made its appearance in
this country it is difficult
to say, for during the

whole of last winter
catarrhal affections were
exceptionally prevalent.

Towards the end of
December however it was
first noticed that these
affections were beginning
to assume a slightly
different character and
by the beginning of January
we were undoubtedly in
the midst of an epidemic,
which, to say the least,
bore strong resemblance
to the so-called "Russian
Influenza" or the "Grippe"
of the French. It

is about this epidemic
that I wish to write
briefly, and I propose

to discuss it under three
heads - Etiology, Symptom-
-tology & Treatment.

Etiology. There have
been many speculations as
to its cause, but so far
no definite conclusion
has been arrived at. It
is indeed a peculiar affection.
It arises very suddenly
without any apparent
cause. It is even said
to break out at different
places, widely apart from
one another, on exactly
corresponding dates.
It may prevail at
any season of the year,

in any climate, and in
any kind of weather.
Its origin & its propagation
seem to have no connection
with defective sanitary or
hygienic arrangements.

It flourishes in the
country as well as in
the town, in healthy as
well as in unhealthy
districts. It spreads
with alarming rapidity,
involving whole continents,
and in the course of a
few weeks - very often
about six, it is said -
disappears about as
suddenly as it originated.
Many hold that
it is due to some

obscure atmospheric or electrical condition, whilst others, and perhaps with more show of reason, maintain that it is essentially contagious, that it spreads directly from person to person, and that, in all probability, it is due to some particular microbe. Indeed it is said (B) that Dr. Maximilian Solles has discovered the germ, but so far nothing very definite has been made of this fact. It was noticed that during the

B. British Medical Journal.
1st Feby. 1890. Page 249.

Epidemic in this country,
the atmosphere was
unusually still and that
as soon as this stillness
was replaced by motion,
the disease very rapidly
subsided. This fact
was noted by many
competent observers, and
may to a certain extent,
lend support to the
view of its being due
to some atmospheric
disturbance.

Symptomatology

The symptoms of this affection resemble to a great extent those of a common febrile cold. So much so is this the case that many are inclined to argue that the late epidemic of Influenza is all a myth, and that what we experienced was simply an exceptional prevalence of an exaggerated type of "febrile cold." This may be to a certain extent correct, for I have no doubt that many of the cases called Influenza, were in reality

nothing more or less than
simple colds: but still
I maintain that during
the late epidemic, we
had an affection
characterised by symptoms
so different from what
we are accustomed
seeing, as to stamp it
clearly & unequivocally
as a new disease.

Influenza then
is a catarrhal affection
attacking generally the
mucous membrane of
the nose & chest, but
not always so. In
many cases the poison
seems to select specially
the mucous membrane

of the Stomach and
digestive tract, leading
to vomiting & diarrhoea.
In other cases, the
nervous symptoms which
to a certain extent
are always present, seem
to predominate.

This variation in the
symptoms can, I think,
be accounted for by
the peculiar idiosyncrasies
of the patients. Many
persons are peculiarly
susceptible to Pulmonary
affections, and should
they become attacked
by Influenza, it is
very natural to
suppose that the

Catarrhal symptoms originally confined to the nasal tract, should extend to the chest & cause the pulmonary symptoms to predominate.

The same might be said of the Gastric & Nervous forms.

But let us now briefly discuss the symptoms of a typical attack.

The onset is almost invariably sudden, the disease generally beginning with shivering, and pains about the limbs. In the majority of cases there

is headache, and in
a few vomiting. When
seen at this stage
the patient is very
miserable. His temper-
-ature will probably be
about 102° rarely higher.
The pulse is rapid
rising sometimes to
120 per minute. His
skin is hot & dry,
his bowels constipated
and his urine of a
febrile type. After
a short interval he
begins to sneeze, and
a thin acrid watery
discharge runs from
the nostrils. The
eyes become red &

Watery, and are very intolerant of light.

He feels very depressed, and complains of vague pains throughout the body.

Accompanying these there is loss of appetite, and sometimes - particularly in children - sickness & vomiting. These

symptoms generally last for from 4 - 7 days, and then pass off gradually.

The convalescence is protracted.

Such are briefly the symptoms of a typical attack.

The earlier symptoms
are those of Fever,
Whilst the later are
essentially Catarrhal.

The two most
constant symptoms are
Fever, and a feeling
of lassitude & languor,
sometimes actually
amounting to depression.

The Fever is most
intense at the beginning,
and as the Catarrhal
symptoms appear it
generally falls somewhat,
though it persists to
a certain extent all
through. It is
generally about 102° or
 103° only rising above

This in very severe cases. Newton's symptoms are always to a certain extent present, the most marked of them being a feeling of weakness & depression. This is often one of the first symptoms of the disease, and is very much complained of by the patients.

Whilst they are in bed, they are very prostrate, and complain of vague pains throughout the limbs. Even after they are convalescent, after the fever has

completely subsided,
and they are advised
to get out of bed,
they complain of
dizziness & faintness.

Occasionally instead
of this heatness or
associated with it,
there is a feeling of
nervous prostration.

Sometimes we have
Delirium present, due
probably to the
high temperature, at
least as far as my
experience went, it
occurred only in very
severe cases where
the temperature was
abnormally high, and

then it was of the
muttering type.

The incubation
period is short,

probably not more
than 4 or 5 days,

though sometimes it
appears to be
much less than this.

The onset too
varies somewhat.

As a rule it is
sudden beginning with
shivering, headache
& pains about the limbs.

These symptoms may
develop very rapidly,
and perhaps in 24 hrs.
from their onset, the
patient is in bed

with all the symptoms
of the disease.

The patient told me
that in 5 or 6 hours
after the onset of
the first symptoms, he
was in bed, quite
frustrate and highly
fevered. Rarely
however, is it so sudden
as this. It is gen-
-erally more gradual,
and sometimes quite a
number of days elapse
before the disease is
well established.

During this period
the patient complains
of Headaches and
indisposition. He is

languid and listless,
and though sensible
of something being
wrong with him, yet, as
a rule perseveres at
work, thinking that
he has probably just
caught a cold.

In a few days however
other symptoms supervene,
and leave no doubt
as to what he is
suffering from.

In whatever way
however the disease
may develop, the
result is the same.
The patient has, in
the course of a
few days at the most,

to betake himself to bed. It is only in very mild cases, that he can attend to business.

Sneezing and running from the eyes and nostrils are generally present, though not by any means invariably so. Indeed in quite a large percentage of cases, they are entirely absent, and in others occur to a very slight extent.

Many hold that they are in no way essential to the disease,

their view being that
Influenza is essentially
a fever not a
Catarrh. This may
have been the case
with the previous epidemics
but with the recent
one they were cer-
tainly present in the
majority of cases.

The Convalescence
is very protracted, the
sufferer being left
weak & debilitated
for a considerable
time afterwards.

The complications
are mainly Pulmonary.

Bronchitis is very
common; Pneumonia,

Cholera etc. much
rarer.

The mortality
is small. Death
from simple Incom-
-plicated Influenza of
this type is practically
unknown, although
many persons die from
the effects of the
disease.

Treatment.

Many different remedies have been tried, most of them with about equal success.

At first my own practice was to give a mixture of Potass. Nitrat. Spt. Aet. Tit. and Liq. ammon. acet. and this I found to answer very well. Latterly I used such medicines as Quinine, Antipyrin, Salicin & Salicylate of Soda. It is often wise to give a dose of aperient medicine at the beginning.

Lime & Antipyrim
relieve the headache,
and to a certain
extent reduce the fever.

There is often consider-
able thirst, and this
is best relieved by
Potash, Lemon, Barley
or Acid drinks.

Strict rest in bed
must be enjoined
for a few days, but
this has rarely to be
insisted upon, as the
patients generally do
it of their own accord.
In the convalescent
stage, tonics are
required.

Such then is

a brief account of
this disease, at least
so far as it appeared
in this city. It
was certainly a new
disease, and to all
appearances was the
true "Russian Influenza"
modified perhaps by
the peculiarities of
our climate.

In Bridgeton,
where my experience
of it was chiefly
gained, it originated
very suddenly, and
could be traced to
a large work, employ-
ing a few thousand
men, situated a

— few miles down the
Clyde. Many of
the men employed
there, resided in Bridgeton
and the origin of the
disease in that district,
could be distinctly
traced to them.

This occurred about
the end of December
1889. The first cases
I specially noted, as
at all characteristic,
being on the 23rd of
that month. From
about this date it
spread very rapidly,
till the beginning of
January, when it
disappeared about

as suddenly as it
originated. This

sudden disappearance
was coincident with
a change in the
weather, the calmness
& stillness which we
experienced during the
Epidemic, being replaced
by violent storms of
wind & rain.

The earlier cases
of the disease here
not at all characteristic,
bearing resemblances on
the one hand, to a
feverish cold, and on
the other to the true
disease.

I might here

Give very brief notes
of a few of these
cases.

Case I. A. M. aet. 22 yrs.
Was first seen on 23rd Dec.
His illness started about
a week before with
slight shiverings, a feeling
of lassitude and
languor, and frontal
headache. When
seen he complained of
cough, fever, loss of
appetite and depression.
His temperature was
100.4° F. A few
snoring râles could
be detected about the

Chest: nothing more.

I gave him an ex-
pectorant mixture, and
advised rest for a
few days. By the
27th the cough &
fever were completely
gone, but he still

complained very much
of loss of appetite &
indisposition. A

tonic consisting of
Zinniae Sulph. Tract.
ferri perchlor. and
Sfrus. Quassiae were
given, and in the
course of a few days
more he was able
to resume work.

Case II. W. M. L. act 247.

Was first seen on Dec.
23rd

His illness
started 5 days before
somewhat suddenly, with
shivering, headache and
cough.

He persisted
at his work for
two days, but was
then forced to take
to bed.

When
first seen his chief
complaints were

headache, and a feeling
of heatness.

His
temperature was 102° .

His eyes were watery and
inflamed. He was

sneezing a good deal,
and a thin, acid

discharge was running
from the nostrils.

An examination of the
chest revealed a
considerable amount
of Bronchitis. An
expectorant mixture was
ordered to be taken during
the day, and a powder
of Quinine & Antipyrin
at night.

His temperature
remained high for a
few days, and then
gradually subsided.

By the 29th he was
practically well, with the
exception of the Bronchitis
which persisted for
some time.

Case III J. F. aet. 40 yrs.

Was first seen on Dec.
24th. Illness started
suddenly two days before
with shivering, headache,
and pain in the limbs.

So severe were these,
that he was compelled
at once to leave work,
and take to bed.

When seen he complained
of headache, great
thirst, and a feeling of
languor. His temper-
-ature was 101.4°.

His eyes were slightly inflamed
& there was a catarrh
of the nasal pharyngeal
mucous membrane.

In the course of a

few days these symptoms disappeared, and the case merged into one of sub-acute rheumatism. With this he was confined to bed for a few weeks. It is to be noted that previously to this he had been frequently troubled with rheumatism.

Case IV. M. G. act. 45 yrs.
was first seen on Dec.
24th. Illness started a few days before with headache, slight shivering, and feeling of heaviness: Onset very

gradual. When seen
temperature 100.2°. His
only complaints were
severe frontal headache,
and languor. The
physical signs were
nil. There was no
catarrh. Powder of
Quinine & Antipyrin
were prescribed. In
a few days the fever
subsided, but the con-
-valescence was somewhat
slow.

Case V. J. H. aet. 31 yrs.
Was first seen on Dec.
24th. Illness started
very gradually about

a week ago, with Head-
ache, Catarrh of nose
& throat and a
slight cough. When
seen temperature 100.6° .

Was very restless, and
complained greatly of
headache. There

was some sneezing &
runny from the nose.

Physical signs showed
a Bronchitis. I

gave an expectorant
mixture with powder of
Lumina & Antipyrin.

Dec. 26th Very much
improved. Temperature
 99.2° Catarrh of
nasal tract improving.

Dec. 29th Patent not
Hill, with the exception
of a slight Bronchitis.

These cases
speak for themselves.

Whilst they resemble a
common feverish cold
in some respects, still
in others, they differ
very much from that
affection. Their
onset is more sudden:
the fever is higher:
and they are accompan-
ied by a feeling of
languor and depression,
greater than the severity
of the symptoms should

indicate here they
nothing more than
simple colds.

Then again, the
headache & pains about
the limbs are more
pronounced than we
find in that affection,
and the convalescence
is more protracted.

Were they to occur
apart from an epidemic,
it is possible that
they might be considered
as simple colds, but
in the light of the
recent epidemic, one
can see in them, the
first indications of
the approach of the

true Influenza.

I will now give
brief notes of a few
cases, of what I consider
the true Influenza.

Case VI. S. I. aet. 23 yrs.

Was first seen on Dec.
25th. Illness started
two days before with
shivering, indisposition,
and feeling of weariness.
He continued at work
for two days, thinking
that he had probably
caught a cold, but at
the end of that time,
the symptoms became
so bad, as to compel

him to take to bed.

When seen, he had a troubled anxious look.

His skin was hot and dry: temperature 102.4°

He complained of Headache, and a feeling as if some serious disease was coming on. There was no catarrh, nor had there been any, at any time. I gave him a mixture of Nitrate of Potash, Rpt. Aeth. Nit. and Lignol. ammon. acet. and enjoined strict rest, and light diet.

26th Dec. Temperature 102° Was very languid,

but the feeling of nervous
apprehension was passing
off.

Dec. 27th Temp. 101.6°
Feels much better.

Dec. 29th Temp. normal.
Feels very weak, otherwise
quite well.

From this date
the convalescence was
steady, though somewhat
slow.

Case VII S. A. aet. 8 yrs.
Was first seen on Dec
26th. His Mother states
that "for the past two

or three days, he has been very listless and peevish, has been vomiting everything he took, and has been highly fevered at nights." When seen his temperature was 103° . There was a slight amount of conjunctivitis, in addition to a Catarrh of the naso-pharyngeal tonsils membrane.

Gave a mixture of Quinine & Antipyrin.

Dec. 27th Temp. 101.6°
otherwise same as
yesterday.

Dec. 28th Temp. 101.2.

Dec. 29th Temp. Normal.
Very much improved.
Comalacence was lost
but steady.

Case VIII - J. B. aet. 40^{yo}.
Was first seen on Dec.
26th. Illness started
very suddenly on day
before, with rigors &
severe headache.
When seen, temperature
102.8°. No catarrhal
symptoms. Complained
of severe headache,
pains in his limbs,
mucous heatness &

prostration. Treated
with Quinine & Antipyri.

Dec. 27th Temp. 102.2°
Symptoms same as yesterday

Dec. 28th Temp. 101.6°
Headache & pains subsiding.

Dec. 29th Temp. 100.2°
Feels very much better:
still complains of
Weakness & prostration.

Dec. 31st Temp. normal.
Greatly improved
His convalescence was
slow.

Case IX G. H. aet. $6\frac{1}{2}$ yrs.

was first seen on Dec. 26th.

Complaint was, Fever, cough,
anorexia, and general
listlessness. His illness

started about three
days ago, and since then
has been getting gradually
worse. On examination

his temperature was 102.8

There was some rales
with the discharge of
a watery fluid, from
the nostrils. The

conjunctivae of both
eyes were slightly inflamed,
and a few wheezing
rales could be heard
over the chest.

An expectorant and

febrifuge mixture was
given.

Dec. 27th Temperature 102°
catarrh symptoms improving.

Dec. 28th Temperature 100.4°
Very much better.
From this time
on his recovery was steady.

A few days later,
I saw a sister of the
abbé act. 2½ yrs. who
was seized with the
same illness. The
symptoms were very similar
to those of her brother,
though milder.

Case X. D. P. aet. 40 yrs.
was first seen on Dec. 27.th
Complaint was, Headache,
general soreness, and
fever. His illness
started about a week
before: onset gradual.
The first symptoms were
a feeling of weariness and
indisposition, and severe
frontal headache. A
few days later, he began
to shiver, and this was
followed by sneezing &
running from the eyes.
On examination his
temperature was 102°.
Skin hot & dry. There
was a slight catarrh
of the nose & throat.

Powders of Quinine and
Salicine were given.

Dec. 28th Temp. 101.8°
Phil feels very ill.

Dec. 29th Temp. 101.4°
Catarrhal symptoms subsiding.

Dec. 30th Temp. 99.2°
Very much improved.
From this time
he rapidly recovered.

Case. XI A. S. aet. 31 yrs.
Was first seen on Dec
29th Illness started
two days before with
shivering, frontal

headache, and depression.
Next day his eyes became
slightly inflamed, and
were very intolerant of
light. At the
same time he began
to sneeze. On examination
his temperature was
103°. Had a very
anxious look, and
complained bitterly of
headache.

Dec. 30th Temp. 102.6°
Catastrophic symptoms
improving, but a pneumonia
of the right lung was
to day detected, and in
a few days, the
characteristic symptoms of

Influenza were replaced
by those of Pneumonia.

Case VII. J. D. J. act.
28 yrs. Was first seen
on Dec. 29th
Illness started two days
before with shivering &
headache: onset very
sudden. On Examination
his temperature was
102.2°. Skin hot &
dry: bowels constipated.
Complained of headache
and "Pains in the bones."
Gave a saline purge.

Dec. 30th Temp. 101.4°
Feels very much better.

Is sneezing a little:
No conjunctivitis

Dec. 31st Temp. 100.2°
Feels very much better

Jan. 2nd Temp. Normal.
Convalescence was slow.

Case XIII. W. M. aet 49 yrs.
was first seen on January
8th. Illness started
two days before with
a rigor, and severe
frontal headache:
Onset very sudden, and
so severe were the
symptoms that he was
compelled at once.

to leave work, and go home. Next day a cough, with some catarrh of the nose and throat developed. On examination his temperature was 102° . Complained of headache, anorexia & languor. There was some sneezing, with running from the eyes & nostrils.

Jan 9th Temp. 102.2°

Jan 10th Temp. 101.6°

Feels very much better. Catarrh improving: feels very weak.

Temp. Lang. 11th Temp. 99°

Very much improved.

Catarrh quite gone.

The Convalescence
was slow.

Case XIV. H. A. Oct. 22nd

Was first seen on Lang.
18th Illness started

day before with shivering
& headache: onset

Very sudden. On
examination, his temperature
was 101.6° Pulse 110

per minute & very full

Chief complaints were
headache, languor &
anorexia. Gave a

saline purge.

July 19th Temp. 100.4°
Somewhat improved: Still
complains of headache.
Gave four days of Quinine
& Salicine.

July 20th Temp. 99.4°

July 21st Almost Well

These cases are
sufficient, I hope, to
show the characteristics of
this strange malady. The greater
part of the paper was
written early in the
present year, whilst
we were in the midst

of the Epidemic. It
is thus more the
impressions implanted on
my mind at that
time, than those arrived
at after mature con-
sideration.

I should
have liked to have
gone more fully into
its Etiology. But to a
Private Practitioner, the
opportunities for original
research in this direction
are necessarily limited.

I hope however
I have said enough
to warrant my obtaining
the much coveted M.D.