

towns, combined with the heat of the sun and telluric influences."

The largest number of cases of remittent fever is returned by the *Cocatrice* while employed in the river Danube. With a complement of about 65 officers and men, this vessel shows 45 cases of this fever. The medical officer, Surgeon Richard Miller, M.B., speaks highly of the prompt beneficial effect of antipyrin in relieving the headache which accompanies this fever.

With regard to the great increase in the number of cases of malarial fever on the West Coast of Africa, principally attributable to the operations on shore in the expeditions in the Gambia, the report contains some interesting observations. The special service vessel *Alecto* heads the list with 133 cases: 8 of ague, 121 of remittent fever, and 4 of malarial cachexia. There were two distinct outbreaks of these fevers. The first occurred as a consequence of the stay of the ship in the Vintang Creek, between Jan. 18th and Feb. 5th, during the last three days of which period she had on board an expeditionary force nearly 500 strong. The second outbreak was the result of a sojourn in the Great Scarcies river from April 4th to the 14th. Surgeon D'Arcy Harvey, M.B., states that his experience is not favourable to the prophylactic use of quinine. The blue-jackets of the expeditionary force, although receiving daily doses of quinine, were attacked by fever in the same proportion as the men on board his ship who had no quinine, and when attacked the former seemed to be less susceptible to the influence of the drug than the latter. In this he is corroborated by the experience of the medical officer of the *Mosquito*, whose remarks on malarial poisoning and the development of its manifestations are interesting. The medical officer of the *Racer*, after a large number of observations, gives the period of incubation at from one to twenty days, and believes, on the other hand, that benefit seems to accrue from the use of quinine as a prophylactic in a highly malarious region, and he speaks highly of antipyrin "in reducing temperature, lessening headache, causing perspiration, and in soothing the patient generally." The efficacy of quinine as a curative agent in malarial disease is not doubted.

We think it is to be regretted that the scope of these naval reports is not enlarged. A statistical report of the health of the navy is a very useful and necessary document, of course, for the information of the House of Commons, which has mainly to deal with the efficiency and financial relations of the navy, but statistics are confessedly not a vivacious and inspiring form of literature. Naval medical officers see so much of the world and of different races, and of the diseases of our sailors in different climates, as well as of the natural history, topographical features, and products of the countries they visit, that their opportunities for recording new, interesting, or instructive observations are such as fall to the lot of few of us. Why should not their observations in these respects find a permanent record in the volume before us?

## INFLUENZA IN 1775.

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WHILE looking over some very old documents connected with Quaker families of the last century I found the following paper. It is dated Dec. 6th, 1775, and is apparently a copy written in the even round hand which was peculiar to the Quakers, and signed by John Fothergill, London, himself a staunch Quaker and a very successful and most charitable physician, who began practice before 1750. No disease is named in the paper, but it seems to be so complete and graphic an account of influenza, as we now know it, that I have made a copy of it, *verbatim et literatim*, thinking it worthy of a place in THE LANCET. On searching for some account of the earlier days of the College of Physicians I found in a book called "Physic and Physicians" a notice of John Fothergill, in which it says: "During the prevalence of the influenza in the year 1775-6 (Old Style), he is said to have attended sixty patients a day, and his profits were estimated at £8000 a year"; and this sentence identifies the disease thus described.

"A SKETCH OF THE LATE EPIDEMICK DISEASE AS IT  
APPEARED IN LONDON.

"About ye beginning of the last month it was mention'd to me in many families that most of the servants were sick ;

that they had colds, coughs, sorethroats and various other complaints. In the space of a week these complaints became more general, few servants escaped them, especially the men, who were most abroad; many of the other sex, likewise, and people of higher condition were attacked; nor were children wholly exempted. The disease, which had hitherto been either left entirely to itself, or had been treated with the usual domestick medicines appropriated to colds, now claimed the attention of the faculty, and for the space of near three weeks kept them for the most part universally employed. Most of those whom I saw were seized (and often so suddenly as to be sensible of the attack) with a swimming or slight pain in the head, a soreness of the throat and all over the body, with a sense of coldness, particularly in the extremities. A cough soon followed, a running of the nose, watery eyes, slight nausea, frequent calls to make water, and some were seized with a diarrhoea. More or less of feverish heat, inquietude, pain about the breast, præcordia, and in the limbs soon succeeded, but in various degrees. Many were capable of continuing in their usual occupations under these symptoms; others were obliged to submit to confinement, and not a few to their beds. The tongue was always moist; the skin seldom remarkably hot or dry; the pulse often full, quick, and harder than one would have expected from such a temperature of the skin. Several were seized with diarrhoea; the stools were always black or of a deep yellow colour; and so were those for the most part which were procured by purgative medicines.

"In a few days every complaint abated except the cough; this continued the longest of all the symptoms and in the forepart of the night was exceedingly troublesome and vexatious; towards morning generally came on a sweat and easy expectoration. Those who were seized at first with very copious defluents from the nose and the fauces or had a plentiful and spontaneous discharge of black billious stools, or made large quantities of a high-coloured urine, or sweated profusely of their own accord a night or two after the seizure, soonest grew well.

"In many cases it was necessary to take away some blood, the condition of the pulse and the vehemence of the cough making it necessary. The blood was almost uniformly sisy, representing a flat cake of yellowish tallow floating in a deep yellow serum: very few instances occurred where the size formed that cup like appearance which occurs in most of the genuine inflammatory disorders. By warmth, diluting cooling liquids, mild diaphoreticks, gentle and repeated purgatives the disease for the most part soon gave way, in subjects otherwise healthy. Sometimes it was necessary to repeat the bleeding; sometimes blisters became necessary, and were serviceable in abating the cough which was the last of all the symptoms that gave way: after the necessary evacuations, anodynes for the most part had very salutary effects. In many instances the disease assumed the type of an intermittent towards its decline; the bark however did not generally succeed in curing it. The symptoms, as often happens in billious disorders, were sometimes aggravated by this medicine. A few doses of some mild cathartick most commonly removed it effectually.

"Many who neglected themselves and went abroad with the distemper upon them frequently got additional colds and brought on a fever of a most dangerous kind; a few died phrenetick. Ancient, asthmatick persons were likewise great sufferers, for the most part a peripneumonick fever came gradually on which often terminated fatally, and of those who did recover their amendment was slow and medication difficult. And indeed it appeared that very few persons wholly escaped the influence of this morbid constitution; for it seemed to aggravate every present malady. It proved fatal likewise to several very young children, disposing them to violent coughs or diarrhoeas. Perhaps however there is scarcely an instance to be met of any epidemick disease in this city, where so many persons were seized in so short a time and with so little comparative mortality.

"Though attempts to ascertain the causes of epidemicks are for the most part more specious than substantial, it may not be improper to mention a few facts that gained my attention; to others many more may have occurred and worthy to be recorded. During the greatest part of the summer in that part of the country where I then was (Cheshire) the air was of the most equal temperature I ever knew. In the space of two months the quicksilver in the thermometer once rose to 68, once fell to 56; but for 6 weeks together it kept between 60 and 66, day and night. The barometer did not vary much more. The weather was during this time very changeable, much inclined to wet; and though it rained more or less

almost every other day for six weeks, yet upon the whole no unusual quantity of rain fell: it sunk into the ground as it fell and made the earth very soft and miry; but seldom swelled the brooks or occasioned floods. During this time horses and dogs were much affected; especially those that were well kept. The horses had severe coughs, were hot, forebore eating and were long in recovering. Not many of them died, that I heard of, but several dogs.

"To the consideration of the faculty in this city is this sketch of the late epidemick submitted with all due deference and with a request that if the observations they have made do not correspond with this recital they will be pleased to communicate their remarks while the remembrance of the facts are recent; in order that as exact an account of this disease as possible may be transmitted to our successors. If those physicians in the country into whose hands this essay may come will be so obliging as to mention the time when this epidemick made its appearance in their neighbourhood and wherein it differed from the preceding sketch either in the symptoms or method of cure they will likewise contribute to the same good purpose. The united observations of the faculty at large must greatly exceed the utmost efforts of any individual, however warmly he may be disposed to promote the utility of his profession.

London, Dec. 6th, 1775.

"JOHN FOTHERGILL."

## REPORTS OF LUNATIC ASYLUMS FOR 1892.

*Parkside Asylum, Macclesfield.*—The number of patients at this asylum rose in the twelve months from 632 to 661, the latter number consisting of 291 men and 370 women. As many as 50 per cent. of the males admitted could be pronounced incurable on admission, and there results the low recovery-rate of 30.9 per cent. and the high death-rate of 12.2 per cent. Much more encouraging are the high recovery-rate and the low death-rate among the women, being 45.9 and 6.9 per cent. respectively. Taking both sexes together, the recoveries amounted to 39 per cent. of the admissions, and the deaths to 9.2 per cent. of the daily average number resident. Referring to the large proportion of deaths from pulmonary tuberculosis, the superintendent says: "I cannot myself doubt that under improved sanitary conditions there would be less phthisis in our midst, and I trust that the time is not far distant when the committee will feel able to realise some such scheme of heating and ventilation as that which has been occupying so much of their time and thought recently." A strong appeal like this ought not to be lightly put aside under circumstances which appear to demand serious consideration. Dr. Sheldon favours the principle of early superannuation on various grounds, and he adds: "Certainly I have met with few attendants who, after twenty years' work, were not distinctly inefficient and mentally deteriorated."

*Dorset County Asylum*—The medical superintendent reports an "alarming increase" in the number of admissions, that for the year 1892—viz., 100—being the highest on record. The total number of inmates at the end of 1892 was 496: 243 men and 253 women. It is reckoned that over 70 per cent. of the cases were hopelessly incurable on admission, the male patients being less favourable and generally more hopeless than the women. A large proportion of those admitted were advanced in years, and 77 per cent. of them were in poor bodily health. Fully 50 per cent. of those admitted were suffering from one or other of the forms of mania. Dr. Macdonald calls attention to the larger proportion of readmissions among women as compared with men. "Notwithstanding that the total number of admissions was 50 of each sex, the readmissions were 3 per cent. of the men and 12 per cent. of the women. This is generally so, and in some little way may be taken as a factor in analysing psychological differences with reference to the sexes. The difference here alluded to is not a coincidence or any exception to a fairly general rule, as the following figures will show. Taking the five years ending December, 1891, the total number of male admissions was 186, of which number 22 were readmissions; while during the same quinquennial period the female admissions were 228, of whom 49 were readmissions. In other words, during the five years 11 per cent. of the men were readmissions, as against 21 per cent. of the women. These facts are of material help to those who are yearly endeavouring to throw if but a shadowed light on the causation of mental disease. Though far from

being a profitable, however engrossing, a field of research, such humble truths as regards readmissions are of the utmost value, for do they not tend to show that the female mind is less able to resist disease, and to regain its normal health, than man's; also, does it not follow that the mother is much more likely to be the progenitor of hereditary taint?" With regard to the causation of insanity it is stated that hereditary predisposition is *primâ facie* the most productive source of mental disease in the county of Dorset, as many as 26 per cent. of the admissions in 1892 being directly attributable to this cause, and this would be higher still if the full history could be traced. With regard to intemperance in drink as a cause of insanity Dr. Macdonald speaks very strongly, and says that it is to the credit of the inhabitants of Dorsetshire that alcohol does not rank as one of the main causes; he regards 6 per cent. as the maximum for that county. The recovery-rate among the women was more than double that among the men—the former being 46.80 per cent. as against 20.40 per cent. in the latter. The death-rate was low, being 7.75 per cent. of the average number resident. Lung disease continues to rank high as a cause of death, and in this relation reference is made to the defective arrangements for heating and ventilation.

## VITAL STATISTICS.

### HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns 7117 births and 5726 deaths were registered during the week ending Jan. 13th. The annual rate of mortality in these towns, which had been 22.6 and 22.8 per 1000 in the preceding two weeks, further rose last week to 23.6. In London the rate was 29.5 per 1000, while it averaged 27.9 in the thirty-two provincial towns. The lowest rates in these towns were 19.5 in Gateshead, 20.7 in Newcastle-on-Tyne, 20.8 in Swansea, 21.2 in Leicester, and 21.6 in Blackburn; the highest rates were 33.0 in Burnley, 33.3 in Liverpool, 36.6 in Bristol, 55.7 in Plymouth, and 60.2 in Norwich. The 5726 deaths included 548 which were referred to the principal zymotic diseases, against 487 and 495 in the preceding two weeks; of these, 219 resulted from whooping-cough, 108 from measles, 78 from diphtheria, 52 from scarlet fever, 47 from "fever" (principally enteric), 36 from diarrhoea, and 8 from small-pox. No fatal case of any of these diseases occurred last week in Blackburn; in the other towns they caused the lowest death-rates in Newcastle-on-Tyne, Brighton, Hull, and Derby; and the highest rates in Burnley, West Ham, Sheffield, Salford, and Birkenhead. The greatest mortality from measles occurred in Wolverhampton, Norwich, Birkenhead, Salford, and Birmingham; from scarlet fever in Norwich and Burnley; and from whooping-cough in Liverpool, Swansea, Sheffield, Plymouth, and Bristol. The mortality from "fever" showed no marked excess in any of the large towns. The 78 deaths from diphtheria included 55 in London, 5 in West Ham, 4 in Manchester, and 3 in Cardiff. Three fatal cases of small-pox were registered in Bradford, 2 in Birmingham, and 1 each in London, West Ham, and Nottingham, but not one in any other of the thirty-three large towns. There were 88 cases of small-pox under treatment in the Metropolitan Asylum Hospitals and in the Highgate Small-pox Hospital on Saturday last, the 13th inst., against 100, 93, and 94 at the end of the preceding three weeks; 12 new cases were admitted during the week, against 14 and 15 in the preceding two weeks. The number of scarlet fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital, which had been 2993, 2988, and 2855 at the end of the preceding three weeks, had further declined to 2736 on Saturday last; 224 new cases were admitted during the week, against 262 and 210 in the preceding two weeks. The deaths referred to diseases of the respiratory organs in London, which had been 516 and 566 in the preceding two weeks, further increased to 762 last week, and were 41 above the corrected average. The causes of 115, or 2.0 per cent., of the deaths in the thirty-three towns were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Bristol, Cardiff, Bradford, Newcastle-on-Tyne, and in seven other smaller towns; the largest proportions of uncertified deaths were registered in West Ham, Birmingham, Liverpool, Preston, and Halifax.