

and persistent neuralgias in the face or limbs, or the depression which characterises almost every attack of influenza may pass on into various forms of mental disturbance, melancholia, hysteria, and the like. Or we may get a definite inflammation of the membranes covering the brain—meningitis, that is to say. Long persistent deafness from paralysis of the auditory nerve, or loss of smell and taste, are not very uncommon after-effects of influenza.

The treatment of influenza does not only consist in the administration of drugs, though these often have a very beneficial effect. Careful nursing is very essential also, but is not sought, even by the well-to-do, nearly as often as it should be, chiefly because familiarity with the disease has bred a certain amount of contempt in the minds of the general public. One so often hears the expression "Only an attack of influenza." And yet one would think that 1890 and the succeeding three years ought to have taught us a lesson! Most of us who were in and about hospitals in those days remember how the worn-out tramps staggered into the casualty rooms with temperatures of 103 and double pneumonia, and how time after time it was impossible to take them in because the wards were full already. And then the crowds of weakly, depressed people in the out-patient departments taking tonics by the bottle-full, but never seeming to pick up at all!

Generally, the general public doses itself for influenza with tablets from the chemist—usually the wrong ones—and does not think nursing necessary unless the patient has pneumonia.

There are many useful drugs; but, inasmuch as their actions are mostly entirely different from each other, it is necessary to adapt the treatment to the patient and get the right one. This is impossible with the tablet method, it being generally a case of "the tablets that did my aunt so much good," but which may be altogether wrong for the nephew!

In the acute stage, salicylate of soda and quinine are both useful. Quinine is best if the patient can take it, but it is of no use giving it to a patient with a much disordered digestion, for instance. If a patient can take quinine from the first he usually does well, but very many people cannot. The laity usually fly to antipyrin, phenacetin, or aspirin, all of which are very depressing, and usually relieve the headache at the cost of an extra week in bed later on. Probably the most valuable drug after the acute stage has passed—and in severe cases before—is strychnine given hypodermically.

But the great point is to feed the patient, and inasmuch as he strongly objects to being worried with food, it follows that he must be persuaded by careful trained nursing, which often has to include a good deal of invalid cookery and rather more of the capacity to suffer fools gladly!

The essential is never to overload the stomach, and to vary the food, so that we aim at administering very light, easily digestible food at frequent intervals. Some of the numerous varieties of concentrated proteid are useful, as they can often be added to a little milk or beef tea without altering its flavour. Some of them, however, taste nasty and are therefore inadmissible. A nurse often comes in very handy in persuading the patient that he has to stay in bed when he would otherwise get up and attempt to work. The only real remedy for post-influenzal depression of spirits is bed until the patient has an appetite, and then overfeeding, and strychnine, until he becomes cheerful again.

It is not surprising to read that bleeding proved ineffectual in influenza!

HOW TO CONDUCT AN INFANT CONSULTATION.*

By ERIC PRITCHARD, M.D.

I have been asked to address this meeting and describe how, in my opinion, an Infant Consultation should be conducted. In view of the fact that some of the best practical exponents of the work are present, it is painfully borne in on me that this is a very invidious undertaking.

For the last 15 years or more a number of experiments have been made, generally on quite a small scale, with a view to discovering the most practical and most economical method of dealing with the general problems of infant mortality. We have tried the principle of "Gouttes du Lait," or "Milk Depôts," a method which has met with considerable success in France, Belgium, and other Continental countries. But this method has not proved an unqualified boon in England. The reasons are obvious. The method is expensive, it cannot be sufficiently individual, and there is always the eternal problem of delivering or fetching the milk. Further, it is a method which has no stimulating influence on the resourcefulness, intelligence, or self-respect of the mothers, but perhaps its weakest feature is that it lays itself

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