

INFLUENZIN

DR. FRED B. MORGAN, M.D., IOWA

The two letters herewith were rescued from an old letter file. They seem too valuable to be lost because of the intrinsic value of the material contained therein, and because of the ability of the writer. Both letters were written by the late Guy Beckley Stearns, M.D., president of the Foundation for Homœopathic Research.

March 7, 1940

Dear Dr. Morgan:

Influenzin Nebel came through Dr. S. Alexander Klein's suggestion. It came from France. Probably it came from Dr. Nebel of Lausanne. The *influenzin polyvalent* is from Lederle and it contains bacillus influenzae (Pfeiffer), pneumococcus, types 1, 2 and 3 and streptococcus hemolyticus. The potencies were run up for me by Ehrhart and Karl, Chicago. *Influenzin meningitis* is a potency made from a spinal puncture by Dr. Griggs of Philadelphia in a case of influenzal meningitis. He finds it specific in that type of case (I have had no experience with this *influenzin*. I carry it in my armamentarium.—F.B.M.). The old Spanish *influenzin*, which probably goes back to the epidemic of 1918, comes through occasionally in the chronic type of influenza. The ones that come through most frequently are *Influenzin serum* and *Influenzin antitoxin*. These came from Ehrhart and Karl and they, I suppose, obtained them from one of the biological laboratories in the Middle West. At any rate, they come oftener in our tests than any other *Influenzins*. The *Influenzin antitoxin* comes most frequently (my experiences coincide.—F.B.M.).

Patients with chronic conditions have, as one of the main factors, a chronic type of influenza more frequently than any other infection; and often times *Influenzin* will clear up the whole complex. There is nothing typical about the chronic influenzal cases, although they may have respiratory symptoms. Unaccountable weakness is a quite common indication, but one should suspect influenza as a major factor in any chronic trouble.

For instance, a patient, who had been a major in the Engineering Corps of the war of 1914, had for years what he called a chronic "rheumatic" condition that for several months had made it difficult for him to get about. He had had diathermic treatments and had been on strict dietetic regime without benefit. A single dose of *Influenzin serum* brought a reaction that brought lyric praise, as he could go about more comfortably than he had been able to for two or three years.

Two cases of Raynaud's disease have responded permanently to *Influenzin antitoxin*. One was cured. In the second case the response was prompt, although gangrene of the hand had already commenced. In the latter case other remedies have had to follow *Influenzin*, but the first effect was gratifying. Although a patient may become immune for a period of a year or two, mild attacks are often not recognised.

I am enclosing a recent paper on "Chronic Miasms."

Fraternally yours,

Guy Beckley Stearns

Under date of August 6, 1940, Dr. Guy Beckley Stearns wrote me :

I am always pleased to have a report on the action of any of the *Influenzins*. *Influenzin meningitis* came from a basal puncture made for diagnostic purposes by Dr. Griggs of Philadelphia. He first potentised it and the child's life was saved by it. I had Ehrhart and Karl run the potentices up to the CM. It really ought to be named *Infuuenzin meningitis, Griggs*.

Encephalitis lethargica, I believe, is always an influenza infection and probably many other meningeal cases are the same. Frequently we have intestinal influenzas. Some epidemics of diarrheas are intestinal influenza. . . .

We have had three cases of Raynaud's disease—one in which gangrene had already been established. The tips of the fingers and thumb of the left hand were shrivelled and black, and there were gangrenous areas in the palm of the hand. She was in the hospital at the time and the consultants had decided she must have her arm amputated. She refused and, being an old patient of mine, wanted me in consultation. I could not go,

but my associate, DeFerrara, saw her and diagnosed her trouble as Raynaud's. She made a remarkable response to *Influenzin antitoxin*. However, she had to have other remedies, *Carbo oxigenisatum* being the one that appeared to be constitutional. However, intercurrently she had to have *Influenzin antitoxin* three times, and *Streptococcus phage* three times. All the gangrenous areas have cleared up and the gangrenous fingers are quite amazingly improved. The bones of the first phalanx apparently alive and the tips of the fingers seem to be proceeding with restoration underneath.

One of the other cases was acute and responded promptly to *Influenzin antitoxin*. The third case was chronic; for several years the woman had not been able to touch anything cold or put her hands in cold water. Her husband, because he had heard of our cases of Raynaud's, gave her a dose of *Influenzin* without result. I gave him the *Influenzin serum* and the *Influenzin antitoxin* and told him to test them on her pupils. *Influenzin antitoxin* caused the pupils to dilate, and one dose of the 1M cured her.

There has been a great deal of streptococcic infection in the last three years, with an occasional case of septic endocarditis. Of the streptococcic phages, 701 is the one most often indicated. When the phages are needed, they work quickly and thoroughly. You can take this as a valuable tip.

I have found so much in these letters of Dr. Stearns that is thought-provoking and has proved of positive benefit in treating ill persons that I am assuming that other physicians will value these letters as I have.

—*The Homœopathic Recorder, April, 1950*