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## ORIGINAL ARTICLES

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### CLINICAL VARIETIES OF PNEUMONIA AS SECONDARY TO INFLUENZA

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Read before the Hahnemann Medical Association of Iowa, May, 1918

During the months of October, November and December, as an assistant surgeon in the U. S. Public Health Service, approximately 2000 cases of influenza were thrust into my hands, and as a result, received at least some form of Homeopathic treatment. About one half the time was devoted to the Coal Mining Camps in the vicinity of Albia and Ottumwa, while the other half was spent in towns where the residing physicians were either stricken with the disease themselves, or were in the army. During this time I had visited 15 different localities, so that I undoubtedly must have come in contact with the disease in all forms of its virulence. The death rate under Homeopathic treatment, as we all know, has been exceedingly low, in fact I know of but four deaths out of the list wherein Homeopathic treatment failed.

Acetyl salicylic acid has been used so extensively in the

treatment of this disease that for a time the supply of this drug was completely exhausted. Two or three 5 grain tablets in the beginning, may have benefited the patient, but when given in such doses every 3 hours for four or five days its depressant action was decidedly detrimental. In my mind the excessive use of this drug, was largely responsible for many cases of death resulting from cardiac failure. Whether its temporary substitute, talcum powder, was a boon or not, I am not prepared to state.

In this pandemic, the form of influenza most frequently encountered, was the catarrhal form, or that in which pneumonia was most prone to develop. The other forms in which the disease occurred are the febrile, the gastro intestinal, and the nervous. The febrile type was fairly common and in many cases the febrile and gastro intestinal forms existed together. Of the nervous form, we have heard but little, and these cases were usually mild during the latter part of the year. In the majority of the cases recurring this year in the same patient, the nervous form seems to predominate and it is probable that almost any disease of the nervous system may be associated with it. Encephalitis which has occurred in several instances, has been termed sleeping sickness by the laity and also thought to be a new disease by the medical profession. I have had one such case wherein the comatous condition lasted but 3 days.

Now the forms of pneumonia that may be encountered as secondary to influenza, are as follows:

1. Bronchopneumonia

In about sixty per cent of the cases in the beginning, I have found an inflammation of the smaller bronchi and their related lobules. The seat of election seems to be the posterior

and diaphragmatic portion of either lower lobe. Usually beginning with some slight pleural involvement in this region, it gradually assumes the form of a hypostatic pneumonia. The onset is not sudden, nor is there always a distinct chill. The temperature may range from 101 to 104 degrees, the pulse rate from 80 to 120, and the frequency of respiration from 20 to 30 in the adult. Within the first 24 hours, the percussion resonance is not impaired, but within the following 24 hours scattered areas of dullness may become evident. On auscultation many subcrepitant and whistling rales may be heard. Dyspnoea is not marked, nor is there any tendency toward cyanosis, if the case is running a normal course. Within four to six days the temperature drops by lysis or crisis and the patient falls into a state of comfort, complaining of nothing but the usual weakness.

If all the cases terminated in this manner, there would be little cause for worry. But the respiratory sounds may become more harsh, the scattered areas of dullness become more numerous until both lower lobes are entirely involved, and we have confronting us a case of:

#### Double pneumonia.

In this form, both lower lobes as well as the lower portion of both upper lobes become irregularly hepatized, while the remaining portion of both upper lobes slowly become irregularly hepatized, while the remaining portion of both upper lobes slowly becomes filled with a serous exudate. The temperature may rise to 105 and gradually drop to 100, but the condition of the patient is not improved. The pulse rate may range from 45 to 130. When below 60 the right ventricle begins to weaken due to the marked engorgement. Extreme cyanosis may be present in these cases and yet the patient

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may make a good recovery. Where the cyanosis is extreme, but delirium does not occur, death is due to direct asphyxiation. However, when delirium accompanies the cyanosis, the toxemia becomes profound, and death which usually follows, is due to a progressive lowering of the blood pressure caused by the actions of the toxins on the vaso motor center.

#### Massive pneumonia

Differs from the former by the fact that the air cells and bronchi of an entire lobe or lung become filled with a fibrinous exudate. On auscultation there is neither marked crepitus nor tubular breathing, and on percussion, absolute flatness is present.

#### Apex pneumonia

This is in reality the most severe form. Although but a small portion of either upper lobe may be consolidated, a rapid and fatal toxemia may readily develop. Here again the temperature and pulse rate bear no relation to the severity of the case, but cyanosis is always present in the serious cases. The extent of involvement may be progressive until a typical lobar pneumonia results and the signs of general infection may not become manifest until the ninth day, when the case rapidly tends to become fatal.

#### Pregnancy as a complication

In the A. M. A. Journal, a statement was made the 50 per cent of pneumonias in pregnant women were fatal, and that in 98 per cent of the cases wherein abortion, miscarriage, or premature labor occurred, the results were fatal. Death in these cases occurs most often in the stage of resolution and is again usually due to the progressive lowering of the blood pressure. In my limited experience, I have treated eight of

these cases with one fatality: four within the sixth or seventh month of pregnancy, one in the second, which aborted, and three cases just prior to and following parturition at term. The fatal case was one among the first group. The others made a complete recovery. In addition there were four cases of pneumonia following labor within a period of four days, with good recoveries. However this is too small a number upon which to base any definite conclusions.

Now a word in regard to the treatment.

Veratrum Viride in my mind, has aborted more than one case of pneumonia. To find a patient with an active pulmonary congestion, accompanied by a temperature of 104 one day, and on the day following, find him in a state of comparative ease, temp. 99, and lung symptoms practically negligible, one cannot lay all the credit to the efforts of nature. With Ferrum Phos. 3x, especially applicable with the foregoing symptoms, but in addition the peculiar colored Ferrum mucous membrane the results were not so astounding as with Ver. Vir.

Bryonia 1 to 3x, was indeed the polychrest. One physician who contracted bronchopneumonia, had marked dyspnoea about the fourth day when first seen. He had been examined several times by a neighboring physician who continually prescribed Acetyl Salicylic acid in 5 grain doses every four hours. He was given Bryonia 1x, but on inquiry as to whether it was the tincture, replied in the affirmative. Four days later, he was attending to duties of ordinary concern, and before the week expired, a gallon of 87 per cent alcohol and a pound of Bryonia tincture made from the green leaves was on display in the drug case.



Amm. Carb. 3x, with high temperature, hot dry and cyanotic skin, and Tartar Emetic 3x in the cold, moist and clammy cases, with excessive rattling of mucous, added much vigor to nature's efforts in many a case. An occasional dose of Iodine 3x and Sulfur 1m did no harm in cases of extremely high temperature.

How many of us have noted that the results wherein drugs were administered in alcoholic solution, were just a little more satisfactory, than where the drug was given in tablet or trituate form? We know that whiskey is in reality the best stimulant to be used in pneumonia, but this stimulation is entirely due to its alcoholic content. How much more gratifying the results were, when the patient was kept in the atmosphere of a warm but well ventliated room. In the most desperate cases when all measures seemed useless, continued local applications of heat seemed to have worked wonders. In the end, we all know that it is the excess of blood and as a result the increased number of leukocytes to a part that tend to combat all forms of infection, and the excess of blood serum present. that tends to dilute the strength of the toxnis therein. And further, is not an infection always localized before it becomes systematic.

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### CONTINUED FEVER

By DR. H. O. SKINNER, St. Paul, Minn.

The various diseases that give rise to a continued fever of two or more weeks duration may be grouped etiologically as follows: