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THERAPEUTIC EFFICIENCY IN THE TREATMENT OF EPIDEMIC INFLUENZA

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EFFICIENCY is "the power that accomplishes a desired or designed work." Therapeutic efficiency, therefore, is the restoration of the patient to health by the application of some means designed for that purpose.

Efficiency is also a matter of degree. One method may be more efficacious than another, and while several methods may be more or less effective, yet only that power which comes nearest to the full accomplishment of that designed may be regarded as approximating most closely complete efficiency.

The effort to discover the method or detailed means by which more lives were saved in the epidemic influenza of last year, than by any other method or means, should be welcomed by all schools of medicine no less than by the public at large: simply because such research will put it into the power of the general medical profession to reduce the mortality of future similar epidemics to the lowest possible percentage. Should the results of such an investigation contradict our preconceived theories and practices we should not resent such discovery, but welcome the improved resources placed at our command.

It is difficult to decide, however, upon the efficiency of any method of treatment of any condition, unless we know the proportion of spontaneous recoveries to the number of cures resulting from the given method. As there is no means of de-

termining the number of spontaneous cures having occurred during the epidemic under consideration, and as there has not been made up to date a complete tabulation of mortality statistics, it is impossible to do more than approximate the efficiency of any method or means of treatment.

For those who have impartially studied the various methods of therapeutics, it has not only been impossible to avoid adopting definite conclusions, but it has been logical and right to accept as a guide in the conduct of epidemic cases the facts of observation and experience of the past; and for this class of philosophers the inevitable conclusion has been that to homœopathy the medical profession must look for the lowest possible influenza mortality. The endeavor of this paper, therefore, is to discover, if possible, whether or not such an *a priori* conclusion is sustained by *a posteriori* facts. Let us see.

Scattered through medical literature here and there may be found occasional statements of percentages of deaths out of the total number of civilians treated in a circumscribed territory (and the diagnoses have not always been made by physicians), but so far as my research has revealed there is no general tabulation of mortality throughout the world, or throughout any given country; and the estimates made make no distinction between the applied methods. Neither is it yet possible to make any definite statements concerning epidemic influenza ravages in the army.

An inquiry addressed to Lieut. Col. Albert G. Love, of the Surgeon General's Office, elicited the fact that "the data relative to the influenza epidemic of last year" will not be ready for distribution until "about the first of the year." It is, therefore, obviously impossible to make a definite statement as to the total results of any particular therapeutic method in use during the epidemic. The best that can yet be done is to utilize the comparatively few official tables of limited areas that have been compiled, together with records compiled by individual effort of physicians. This is not satisfactory, but it is the best that can be done under the circumstances. From such statistics it is impossible either to prove a theory or to come to a definite, reliable conclusion concerning therapeutic efficiency. Strong probabilities, however, may be discovered which may be accepted not only as significant, but as prophetic of the solution of the problem were all the factors obtainable.

From the United States Public Health Reports may be

extracted some facts of general interest concerning the prevalence and some detailed percentages of the population stricken, together with a few mortality rates. It is recorded that in South Africa over 40 per cent. of the population was affected by influenza, that there were "2,616,805, and of these 139,471 were fatal—a case mortality rate of 5.32 per cent." and that "The case mortality rate among the European stocks was less than half that among the non-Europeans, the respective rates being 2.57 and 5.90 per cent." The total death rate from influenza, from August 1st to November 30th, 1918, per thousand of population, for the Union of South Africa, was 22.80 per thousand.

Relative to the United States, the following is stated: "Based on incomplete statistics which represent, however, all the main geographic divisions of the country, including both urban and rural populations, the deaths in the civil population of this entire country directly attributable to the epidemic, are estimated at not less than 450,000, or more than 4 per thousand." This is, of course, in proportion to the total population.

Localizing cases to small districts, it is stated that the "percentage of population attacked varied from 15 per cent. in Louisville to 53.3 per cent. in San Antonio, Texas, the aggregate from the whole group being about 28 per cent." And again, "The case fatality of pneumonia tended to be fairly constant, around 30 per cent., except in San Antonio, where it was only 18.5 per cent."

In the Chicago Telephone Company there were 1448 cases of influenza, and of these "there were 22 deaths attributed to influenza and influenza pneumonia, a mortality of 1.5 per cent." The methods of treatment, however, are not stated, and as Chicago has a large number of homœopathic practitioners it is not unreasonable to suppose that this small percentage was at least in part due to homœopathy.

"The Medical Clinics of North America," for November, 1918, gives a much less cheerful record of cases treated in the University Hospital of Philadelphia, Pa., viz.: Total cases of influenza, also including pneumonia, 263, of which 52 died, making a 20 per cent. mortality; cases admitted with pneumonia, 84, of which 48 died, making a mortality of 54 per cent.; and of 29 cases developing pneumonia after admission to hospital, 6 died, or 20 per cent.

In Dr. W. A. Pearson's most interesting article in the

Journal of the American Institute of Homœopathy, for July, 1919, he says the average mortality of the influenza victims who were under old school treatment, was "about 30 per cent." It is to be presumed that Dr. Pearson has based his mortality conclusion upon a compilation of all civilian statistics obtainable at the time, believing these statistics to be fairly representative. We will, therefore, assume this 30 per cent. as the mortality rate with which to compare the obtainable results of homœopathic treatment which from Dr. Pearson's tabulation is less than 2 per cent.

Dr. Pearson has been at some pains to collect reports upon which to base an average for mortality and of success, and from the table submitted some interesting details may be extracted; for example: One physician reported having treated 1350 cases with but 5 deaths, one reports treating 1200 cases with but 4 deaths, one treated 100 cases with 3 deaths, one treated 1000 with 1 death, one treated 420 with no deaths, 3 treated 300 with no deaths, one treated 200 with no deaths, 3 treated 100 with no deaths, and many others treated smaller numbers without fatal termination. Out of the 88 physicians reporting, the greatest number of deaths noted was 35 in 180 cases treated by one practitioner, another lost 14 out of 700, another 15 out of 500, another 10 out of 240; on the other hand in the practice of 24 physicians 3519 cases were treated without a death.

One of the most remarkable and satisfactory supplementary reports, which may be added to Dr. Pearson's tabulation, is from Dr. McCann, of Dayton, Ohio, published in the February, 1919, issue of the Journal of the A. I. H. He says: "I have treated one thousand cases of influenza. I have the records to show my work. I have no losses. * * * Please give all credit to homœopathy, and none to the Scotch-Irish American.—T. A. McCann." Dr. W. R. Andrews, formerly of Rockville, Md., and once a member of this society, writes in the Institute Journal for January, 1919: "In the month of October I treated, in round numbers, two hundred cases without a death." Add to the foregoing the experience of Dr. Martha A. Boger, of Portsmouth, N. H., with 531 cases and 2 deaths; Dr. G. G. Bascom, of Lake Wilson, Minn., with over 300 cases and no deaths, and Dr. Cora King Smith, of Washington, D. C., with 350 cases and one death, and our record swells to 31,495 cases treated by homœopathic physicians, with

276 deaths. This means a mortality of 8.76 per thousand treated, or a fatality of less than one per cent. Such records as here noted are not exceptional, but are quite common. As Dr. Pearson says: "All reports received have been tabulated and no attempt made to report only the more favorable results." Such records may reasonably be regarded as justifying the claim of superlative therapeutic efficiency for the principle of similars in epidemic influenza.

Compare the 30 per cent. mortality of the orthodox method with the less than 1 per cent. of homœopathic fatalities, and which does common sense elect has having the higher degree of therapeutic efficiency, which should the conscientious physician practice, and which should the scientist endorse?

But, it may be claimed, the hypodermic results of the anti-influenza bacterins are even now threatening to abort all epidemics of influenza, and to cure all who have not been immunized. Possibly, we fervently hope this may be true. It can not, however, be claimed to be superior to homœopathy, simply because it illustrates this very principle of similars. All reports of immunization and of cures by the use of anti-influenza vaccines may, therefore, be credited among the good results of homœopathic treatment. Of course, this includes Dr. Duncan's auto-therapeutic method also, whether used in the hospitals or private practice of individual physicians of the older school of medicine, or by the homœopathic practitioner. It all means homœopathy.

At this juncture it is quite in point to call attention to the means used by Orthodox medicine in the endeavor to cure influenza patients. The treatment suggested by Osler in 1894 has been continued with little modification up to the present day. This treatment consists in the use of purgatives, somnifacients, diaphoretics, antipyretics, and finally stimulants. These are the agencies advised *ex cathedra* and used *secundum artem*, and the agents are citrate of magnesia, castor oil, and compound cathartic pills; Dover's powder—which combines the effect of an anodyne and also a diaphoretic—acetanilid, aspirin, quinine and codeia, in large amounts; and finally, should there be suggestion of cardiac weakness following this treatment stimulants are used, and in the convalescent stage "strychnia in full doses." So far as may be judged, this is the *ne plus ultra* in treating epidemic influenza, and fairly demonstrates the degree of therapeutic efficiency of orthodox medicine in this field,

from which the 30 per cent. mortality record was obtained in the epidemic of 1918.

Of course, we are all familiar with the treatment used in our own school, the drugs of greatest service, according to general experience being, gels., bry., eupat. perf., cimicif., bellad., acon., ver vir., cuprum, kali phos., etc., etc., according to individual indication. The complications, such as pneumonia, meningitis, etc., as Osler says, "should receive their appropriate treatment."

In his "Organon of the Healing Art," Hahnemann phrases one of the most benign of altruistic epigrams, when he submits to the medical profession this initial sentence in his great work: "The first and *sole* duty of the physician is to restore health to the sick."

This is obviously so true that when the conscientious searcher for the means of fulfilling the duty of the physician, is confronted by the therapeutic facts and fatalities of the last great epidemic of influenza, honesty of purpose must of necessity compel a consideration of the meaning of the marked disparity between the mortality of the two great medical schools: and this same honesty of purpose will impel the investigator to give serious attention to the agents and the principles of their action by which this most remarkable success of the homœopathic school was secured.

Of course, these remarks are intended to appeal to physicians of honesty of purpose only; others are unworthy of consideration.

There are strange conditions and situations in this world of mankind, and it is conceivably possible that even some men of apparent honesty of purpose, will turn a deaf ear to a suggestion the execution of which would place them in a new environment in the medical profession, for honesty of purpose is not always easy to fathom; and as an alternative it may be suggested that, if an endeavor to master the art of homœopathy be considered too arduous a task, all cases of influenza that may appear in the future be referred to the school that has established its superlative therapeutic efficiency through its ability "to restore health to the sick," at least in this particular nosological field.

It is not to be expected that the great majority who may have the facts brought to their attention will be influenced by them to any material extent, but it is to be hoped that the small

minority who may be independent thinkers will accept the obvious, and having accepted the obvious they must recognize as reasonable the assumption that if the application of the great homœopathic principle is productive of such curative effects in influenza, it cannot be without virtue in the general field of curable pathological conditions.

Honesty of purpose, therefore, as suggested, should compel those who recognize that "the sole duty of the physician is to restore health to the sick," either to properly qualify for the performance of this imperative duty, or furthermore, to restrict their art to one or more of the various effective modes of mechano-therapy, which of necessity includes all the surgical subdivisions, electricity, etc., etc., and refer the great work of healing the sick by means of drugs to those who are properly qualified for such duty.

The proof of the method of greatest therapeutic efficiency in the treatment of epidemic influenza, stands as a challenge to the medical world to arm itself with this efficiency for future therapeutic victories.

The Literary Digest for October 18, 1919, contains the following which may be regarded as in point just at this time: "John D. Rockefeller * * * has done much for medical research. But his recent gift through the General Educational Board of \$20,000,000 to be spent, both principal and interest, 'within fifty years for the improvement of medical education in the United States,' seems to the *Springfield Union*, among other papers, 'particularly timely and important in its bearings on the public welfare.' * * * 'The conditions are especially suited just now to a campaign to increase the practical efficiency of these schools,' medical schools; by "utilizing the material that has been collected in recent researches'."

May not the school that has proven itself so good an exponent of therapeutic efficiency, justly ask for the favorable attention of the Rockefeller General Educational Board?

Great causes not rarely start from small beginnings, and even in our midst in our conservative State of Maryland, practical investigation into homœopathic efficiency is in progress. Forty-six of our older school brothers are at present testing the efficacy of the relationship of similars, twenty-seven of whom are residents of the city of Baltimore. Not only have they experimented in the field of influenza, but having been encouraged by results they have extended their investigations into

other pathological conditions, and we find one of these investigations using large quantities of calc. phos. in rachitis, and also in the treatment of enlarged tonsils, with alleged good results, the triturations used being the 3rd, the 12th and the 30th decimal; another has been successful in relieving the effects of poison ivy with rhus, and in dropsical conditions he is using apis; another has been using cham. 3x and calc. carb. 6x in grippe; while gels., bry., and bellad. have found favor with the discriminating forty-six in the epidemic of last year. Is homœopathy dying?

In all sincerity these experimenters are to be congratulated and encouraged to continue their good work, for not only will they derive individual benefit from this work, but they will prove to be of the "little leaven" of intelligent honesty that will ultimately leaven the whole lump.

The facts at hand have been submitted to your consideration, and you are at liberty to draw your own conclusion as to the approximately relative therapeutic efficiency of the methods used in the great influenza epidemic of 1918; always remembering that efficiency is "the power that *accomplishes* a desired or designed work."

THE MEDICINAL MANAGEMENT OF UNCOMPLICATED INFLUENZA BY
THE METHODS OF HOMŒOPATHY.

BY

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You see I use the word "homœopathy" because I like it. It stands for so much that is good and true and useful in the medicinal therapy of the year of our Lord, 1919.

If modern therapeutic advance should offer to the profession any new method that would really increase efficiency, that would lower existing mortality statistics, that would make the chances of recovery better than they now are, we homœopaths would naturally be among the first to avail ourselves of such a method, because we ever hold the interests of the patient paramount to everything else. That is one of the first principles of homœopathy.

But if modern therapeutic advance can offer us nothing better than the methods of treatment which it offered the medical profession during the epidemic of 1918, then I think we should show that we are wise men by sticking very close to those therapeutic methods which a century of experience has taught us are true and reliable and successful. The physician is preeminently the man who must strive always to keep his mind wide open; broad, tolerant, receptive. He must have the courage to meet the new order of things which is ever confronting him; and he must also have the wisdom to hold fast to that which is good and true and dependable in the old.

The phenomenal success attained by homœopathic practitioners during the epidemics of influenza that have swept over this country, and, especially during the epidemic of 1918, is deserving of more than passing notice. The reason that our practitioners have been enabled to show a very low mortality rate is because, in the great majority of instances, they relied upon the homœopathic method in the treatment of this disease. They looked askance at such palliatives as aspirin—at such very doubtful measures as the serums and vaccines; and they stuck to the law of similars as the safest and surest guide.

- This simple law of drug selection made us sure when otherwise we might have been doubtful. It enabled the homœopathic physicians to start their treatment of the initial stages of the disease, promptly. They lost no time. This was important because an influenza checked or mitigated in its incipiency, becomes less dangerous in its later manifestations. The remedies used were simple ones, that did not depress nor deplete the vitality of the patient; but rather tended to strengthen the vital resistance of the influenza victim.

Our practitioners did not seem to be so much concerned and confused by the various opinions expressed regarding the nature and pathological eccentricities of the disease in its fatal stages. They were only concerned in preventing it from reaching that stage. Probably not more than a half-dozen simple remedies were found necessary, but these were almost invariably used by all our practitioners, because the indications for their employment were so apparent.

Three things must surely have impressed those of you who relied upon the law of similars in your treatment of uncomplicated influenza:

First.—That convalescence started easily and early.

Second.—That complications were not apt to supervene during the convalescent period, in those cases that called you early.

Third.—That the final recovery was really quite complete and clear cut; and sequelae were not common.

It is a great thing to be able to select remedies for the sick that will not only assuage immediate suffering; but, that will at the same time favorably influence a progressive pathology, in its infancy. We should all recognize the prophylactic power of homoeopathic therapy, for it is real. And yet it is not uncommon for patients to conclude the recital of their complaints with the statement that these complaints have existed ever since an attack of influenza a year or so ago. I will venture to say, without investigation, that not many of your own patients have thus spoken to you. We were interested to observe that our practitioners, as a rule, recognized the dangers of the convalescent period and insisted upon bed until health had been completely restored. Many cases of influenza discharged themselves from medical care when only half-well; and suffered the dire consequences of such indiscretions. Good brandy was difficult to obtain for those exceptional cases of pneumonia that seemed to require that good remedy.

And this leads me to remark that it is a pity that human beings elect, as beverages, those things which have either a toxic or a medicinal effect. A beverage for rational beings should first of all possess neither toxic nor medicinal effects; or it cannot help but injure them in one way or another; generally lowering very distinctly their resistance to disease.

I often think that perhaps the thing that is breaking down the hearts of so many of our busy American men of affairs is the lethal triad: coffee, tobacco and alcohol. We physicians can point out many men who rise in the morning with a regular, natural heart action; but who, after they have taken two cups of coffee at breakfast, have smoked two cigars afterwards, and had their 11 o'clock highball, exhibit a very irregular heart action and palpitation. Then it becomes impossible for them to walk up a flight of stairs without some degree of shortness of breath. Functional, we will grant; but how long may such functional derangements continue, before organic changes ensue? This is no dream of mine, but an actuality. For since prohibition has made the drinking of whisky a nearly

universal American habit, the great American sport is chasing the elusive but desirable quart to its lair; then catching it, then domesticating it. Whisky has been so thoroughly domesticated, that it might almost be termed—the great American household pet.

If you should care to read "The Lesser Writings," you will find an interesting account of an epidemic that occurred in 1798 in which our Samuel Hahnemann, then a distinguished member of the old school, discovered that the most potent medicine was camphor which he gave in doses from 15 to 40 grains daily, with splendid results. I have often wondered why this drug has not been rediscovered in modern times as the specific for epidemic influenza as it surely would have a pronounced beneficial action and might easily be a drug that would reduce mortality statistics. But in the accounts of the epidemics that have followed this one and since the announcement of the law of similars, which you will find related in the old files of the journals of our school; you will note an agreement upon remedial measures among the members of our school that is truly remarkable; and which could only be due to a general and uniform success in their use.

Now the consensus of opinion in our school is that *gelsemium* will usually answer the requirements of the initial stage and should be given either in the tincture or in a low dilution. It would be foolish for anyone to deny the great efficacy of gelsemium. Indeed we might go as far as to say that it would have been fortunate if all medical men had relied upon this drug to the exclusion of quinine, aspirin, acetanilid and the salicylates during the early stage of the disease. The results would doubtless have been better.

Nevertheless we would contend that the initial phenomena are not always best met by this remedy. They do not always respond so quickly to it as to other remedies. If the attack has been rather slow in gathering, if the patient has had a day or two of weariness; and, finally goes to bed with intense muscular prostration; if he is found lying quietly and unresponsive, with a decided disinclination for movement, and a pulse that while full is not hard; if he trembles when we ask him to move; if he is still chilly and drowsy and complains of a full congested feeling in the occipital region, with stiffness in the muscles of the neck and shoulders; we may trust gelsemium. We may disregard for the moment slight catarrhal

manifestations in the nose and throat, feeling sure that they will decline with the general improvement that follows its administration. You recognize such indications as our usual ones, and theoretically they would not call for the tincture but for the dilutions. While we shall have to admit that a solution of the tincture in water generally brought the answer, still there are some data in existence that would suggest that those who used the dilutions get quicker and more clear-cut results. I am old fashioned enough to yet believe in the value of a hot foot bath in this stage and to insist that such a patient needs nothing in the way of food. An orange juice beverage quenches thirst and that is sufficient. It is striking how sick such a patient may be in a few days, if not treated correctly. It is equally astonishing to note how much better he will be if he is kept in bed, has a hot foot bath, receives no food and is given gelsemium. The improvement begins at once and may be followed by recovery in a day or two. I am inclined to believe with Hale that we must not think that gelsemium is adapted to the acute inflammations involving the parenchyma of organs; but that it easily controls the congestive stages of catarrhal inflammation, mitigating the coincident constitutional phenomena at once. It is, therefore, prophylactic against further extensions.

But the case of influenza may begin much more abruptly and indeed with a distinct chill lasting for some time. If we should reach the patient during this chill, and find him pale and cold and with a small pulse and some evidences of shock, we should give him a rather higher dilution of *aconite* than usually used. But if, when we reach him, we find a high temperature and a quick, hard wiry pulse, we should still trust the *aconite*, only now it may be given in the usual lower dilutions. We must admit that even a drop or two of the tincture dissolved in a glass of water, makes an admirable solution that may be administered in teaspoon doses at frequent intervals with benefit. A larger dose of *aconite* will be a possible disadvantage to the patient. Our confidence in the *aconite* will be strong if the patient is restless. If he is disturbed by anxiety and agitation and unable to rest quietly; and if he should not show or exhibit these features, we may doubt the relationship of *aconite* to the case. There is no doubt that the cases beginning with a distinct chill do better on *aconite* than any other remedy, providing there is present that state

which we might describe as "tension." Tension in the emotional sphere, in the special senses, in the muscular and circulatory apparatus; indeed, everywhere as shown by the anxiety, the restlessness, the disquiet and agitation. In such a case it will be the exception not to find some portion of the respiratory mucous membrane already involved. Coryza, laryngotracheitis, bronchitis with harassing cough, some stitching pains in the pleurae. We need not fear but that our aconite will at least modify such beginning localizations.

Now the cases that begin with chill and that do not present the phenomena mentioned as calling for aconite, generally do better if given *ferrum phosphoricum*. You may recognize its need by the absence of that tension which aconite suits. There is not that restless agitation nor the complaints nor the fears. And the pulse is not wiry and hard; but full, round and soft. Very generally in such a case, we can recognize that real and often intense congestion exists in the respiratory mucosa. The mucous discharges are quite regularly blood streaked and may even be bloody. The picture is quite asthenic, and we shall often note that the ferrum phos. patient does not present the robustness and plethora of the aconite subject. These chill cases of influenza are likely to be cases that will presently develop some local inflammation of gravity, unless indeed we can prevent this. Both aconite and ferrum phos. have decided prophylactic powers against subsequent pulmonary engorgements and landations.

We have been in the habit of administering ferrum phosphoricum in doses of three tablets of the 3x trituration hourly; yet there are considerable data at hand pointing to the wonderful efficiency of the 200x dilution, which we are not inclined to ignore.

Occasionally, following the initial chilliness, there supervenes in influenza, a febrile picture which in every way is materially different from that which we expect and are accustomed to see. There is drowsiness and mental and physical torpor. The tongue, which at first was coated, especially in its centre, becomes far too dry and then brownish in the same location. Rumbling is heard throughout the abdomen, then some distention is noted. Presently a few loose movements of an offensive character occur. The fever curve is quite high and continuous. The pulse, soft and compressible; shows an occasional irregularity. We are momentarily confused in our

diagnostic reasoning, and perhaps send in a Widal. We are forced to conclude that the picture suggests a septic or gravely toxæmic disease. Here the homœopathic physician prefers generally to administer *baptisia tinctoria*, unless the case should show a remarkable physical restlessness and some mild delirium instead of the mental torpidity; in which case we should probably select *rhus toxicodendron*. The point of importance being to give the *baptisia* or the *rhus* at once. If we do not give the *baptisia* until the fourth or fifth day of such a picture it is of doubtful value and we shall probably have a septic pneumonia on our hands and then the outlook will not be good. One may exercise his own judgment regarding the preparation of *baptisia* in such a case. A solution of twenty drops of the tincture to the glass of water is no mean medicine, while on the other hand, we can testify that the 30x dilution has shown great therapeutic properties.

At the beginning of an influenza, it is difficult or impossible to foreknow the visceral involvements that will follow. Therefore, we must keep our eyes open, looking for localizations or new diseases. We must look for these from the very initial chilliness and we must be especially vigilant when the initial phenomena begin to lighten and convalescence seems about beginning. We all know that the commonest localization is an inflammation of some portion of the respiratory tract. This may consist merely of a naso-pharyngitis, a laryngitis, a tracheitis or a bronchitis with dry, non-productive, though painful, cough. A combination of these is common. I am not convinced that a routine prescription of *bryonia* here is always the best that we can do. *Causticum* in the 3x dilution in water, has been a valuable medicine. The localization rather high up in the thorax, the racking, hoarse sounding cough, that hurts the front of the thorax so much, but yet brings nothing up. Even should there be a sound of loosening mucus in the tubes, it will not come up. The rawness of the larynx and trachea. It acts quickly and admirably. I like this remedy also because it suits as well the slight remaining fever, the tired aching in the muscles that may still be complained of. It also seems to cover the weakness and stiffness that is so often a concomitant in such cases. If I cannot seem to get the expected relief from *causticum*, then a day's use of sulphur clears the outlook. What a splendid opportunity we have as an influenza passes away for the exercise of our skill in drug selec-

tion. A little study on our part and we easily get at just the remedy that puts a patient safely upon the road to health without fears of subsequent invalidism from latent lesions or the half-cured residue of inflammation.

There is a type of dry cough that followed the influenza. It was a sudden spasmodic burst of violent cough, that seemed to the patient to be occasioned by eating or drinking as if something went down the wrong way, or was brought on by laughing or even talking. It hurt the lower ribs greatly as if jarred and made them sore. You might say it was only superficial and caused by some irritation high up, but it was not. It was a serious prolonged tedious affair that might easily be the forerunner of chronic lung lesions. Now bryonia would not help. It often came on in cases that had been having bryonia. Nobody but a homœopath would be able to differentiate that cough as requiring *mephites*. An old school friend of mine was so pleased with its effects in a case requiring it, that he has since called it "the best remedy for hard dry coughs he ever knew." But we must not classify remedies in that manner. It leads us backwards rather than forwards. *Mephites* is only prophylactic against tubercular infection by clearing up conditions that favor such an occurrence. So likewise is *drosera*.

Just one more type of dry cough that often lingers after influenza and similar attacks that helps to illustrate the subject. A persistent dry cough that the patient thinks comes from a constant tickling within the larynx, accompanied by a hoarseness of the speaking voice. So far the remedy is *not clear*. But upon inquiry we note the following characteristics: There has been a decided loss in bodily weight owing to the preceding illness; and this is not made up as soon as we should like it to occur. But the main point to note is this: When going up stairs or upon exertion there is a peculiar *breathlessness*—the patient cannot understand why she or he is so completely out of breath on reaching the top of the stairs, nor why the heart beats so rapidly and forcibly. We must not explain this by telling the patient that they are still weak from the illness and that it will come right. It is not a cardiac state. It is an irritation of some areas in the respiratory tract. You may hear a few rales in the tubes in certain localities, showing that you have not yet finished the case, and that great congestion still persists. It is also a fact that the subjects of this picture

are usually dark in coloring, thin in figure, weak in appearance. The remedy must be differentiated as *iodine*, rather than phosphorus. Such people are almost always of the scrofulous type of constitution, hence get tuberculosis very easily and hence the necessity of a full appreciation on our part of the possible significance of such a picture. Now iodine is another prophylactic against tuberculosis. Its utter exhaustion from going up a slight ascent or from slight exertion—not from physical weakness, but from breathlessness and palpitation due to a lingering pulmonary abnormality points it out. Just as arterio-sclerotic changes indicate just beginning; and revealing themselves by shortness of breath on going up stairs, without anything else in a man of fifty or more, point to *sumbul* as the thing we need. It makes the sclerotic “puffers” young again. It turns back their clocks.

It is not uncommon for us to have long lasting bronchorrhoeas, with moist coughing and very abundant expectoration after acute attack has passed, but not we think when the treatment of the acute attack has been along homœopathic lines. These cases have taken cough syrups. If you auscultate carefully you may find areas of consolidation. You may find a temperature towards evening. You may note a tendency to sweating easily on effort or during sleep. Pretty bad outlook, don't you think, and one that may scarcely be trusted to any of our palliatives? But we homœopaths can solve such problems, as you know very well. And sometimes the homœopath will cure such a case perfectly with his remedies, without knowing just how great a feat he has accomplished; that is, he cures the case without really realizing how serious were the physical signs present. But he cures it. Now we might mention three excellent remedies, such as *kali bichromicum*, *stannum* or *stannum iodide* and *pulsatilla*. These are unfortunately used sometimes without regard to the vital differentiating features, which after all are simple, and they, therefore, do not act as they will if we regard these differentiating features before we prescribe them.

Now *kali bichromicum*, says such an authority as Hughes, will follow a sub-acute catarrh down into the finer lung structures and cure it best of all, but really it will not do so, unless its differentiating feature is present. Therefore this is the thing we should watch for especially in prescribing it. No matter how loose the chest signs are, the sputum that really

comes up in kali bich. is moderate in amount and very difficult to get up because it is so *tenacious*. This is true no matter what its color. The 2x aids expectoration. Now *stannum* or the *stannum iodide* is quite different in its differentiating features. The chest sounds are very moist and loose and whatever comes up, comes up most easily and in large amounts of real pus. But the great thing to note is its overwhelming sense of real exhaustion which makes it almost impossible to walk even a short distance or stand, when the legs wobble and give way. They are so weak they can't talk.

And pulsatilla is again distinctly different too. The chest sounds are very loose and moist sounding and what comes up, comes up easily; it is pussy looking or greenish, but it *only comes up freely in the daytime*. One of its best differentiating features in my experience is the hard to describe, fatty or tallow like taste to its sputum when raised. This with depression of spirits and oppressed feelings in a warm room.

I go thus far into details to show that it is an interesting as well as a profitable occupation to strive for such finer differentiations. We have not had as much success from any of the ready to use tablets of terpine hydrate, heroin or chloride of ammonia. They are distinctly inferior to the differentiated single made to order prescription.

I see no reason why we cannot, with our remedies, prevent such a condition as suppuration of the lung. This occurs, as you know, on some previous inflammatory basis, and its symptoms are productive cough with purulent sputum; often foul. Some fever at different parts of the day. Its physical signs are circumscribed dullness on percussion, and the "circumscribed shadow" described by the radiographist. These symptoms and signs often lead to the diagnosis of phthisis or tuberculosis. The modern treatment is drainage, with 34 per cent. mortality. Now we have seen such clinical pictures clear up slowly under medicinal treatment and we are sure that all of you have seen the same thing.

A "FLU" EXPERIENCE.

BY

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(Read before the Homœopathic Medical Society of Pennsylvania, September 16, 1919.)

MR. CHAIRMAN: I now will attempt to make good my promise of some time ago to give you a paper. As you all know about a year ago we had an epidemic, in reality in some places a scourge, *i. e.*, the influenza; so for my title I take "Experience with Influenza."

Early in October, 1918, we were getting a mild form of disease which seemed to be quite contagious, yet not until it became more severe did we realize that we were up against something.

When calls were accumulating at such a rate that there were not hours enough in the day to make them, something had to be done to get a short route to prescribing. For a time I was seeing from 75 to 100 persons a day. We had a scarcity of doctors due to war conditions and sickness of those at home.

I took a survey of my cases attended and tried to group them so as to make it easier to prescribe for them. Three groups would take in the great majority.

GROUP ONE.—When called to see patient, you found the following symptoms: Chilliness, followed by fever, usually 101 degrees to 102 degrees F., pulse 100. Face flushed, so tired they did not care to be disturbed by examination. There was general aching, loss of appetite, some coryza, coated tongue.

GROUP TWO.—In this the symptoms much the same only the pains were greater, complained bitterly of the headache, bone aching, and backache.

GROUP THREE.—Those taken down with severe chill, nausea or vomiting, temperature when you saw them of 103 to 105, pulse 110 to 120, the appearance of one coming down with pneumonia.

To group one I gave gelsemium.

Group two, eupatorium perfoliatum.

Group three, veratum viride.

Do not for one moment think that I got my remedies

down to the three just mentioned, but I did use them exclusively on my first visit.

For the cough that followed in a day or so, phosphorus gave me better results than did any other remedy, so phosphorus was the first choice for that condition.

Those that showed pneumonic symptoms on the second or third days, I gave bryonia. Fortunately I had but few pneumonias.

For those that had persistent night sweats after temperature became normal, calcarea carb. seemed to bring about desired results.

Would state that I did not lose a pregnant case, though several aborted during convalescence. Strange that those pregnant four or more miscarried.

I did not stop with the remedy for all the medicine given unless certain other conditions were carried out, would avail nothing.

Absolute rest in bed, plenty of fresh air, liquid diet (fruit juices, milk, broths); I insisted on lots of water and the fruit juices, preferably orangeade or lemonade.

Sponge bath when there was any one competent to give it.

Bowel movement daily.

No getting up until a return of normal appetite and two days of good eating.

THE INFLUENZA EPIDEMIC AS OBSERVED AT THE HAHNEMANN HOSPITAL OF PHILADELPHIA.

BY

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(Read before the Homœopathic Medical Society of the State of Pennsylvania, September 16, 1919.)

AT about the time my clinical service at Hahnemann Hospital opened for the session of 1918-1919, there were admitted to my wards three patients, all of them young male adults, presenting about the same complex of symptoms of very recent origin. The illnesses had continued but one or two days prior to admission. Temperatures were high, ranging from 103 degrees to 104 degrees, followed a mildly remittent type