

INFLUENZA AT THE HAYNES MEMORIAL*

By Samuel Clement, M. D., Boston, Mass.

I have enjoyed hearing during the session these reports of influenza with homeopathic remedies. These, however, were mostly from private practice, where the physician was called early to see the patient, and gave instructions on what to do,—put to bed, given proper diet, liquid diet, etc. I had a low mortality rate; but can speak only from the institutional standpoint. Those of you who were engaged in this work will know that for a long time, along the latter part of September and October, the hospitals were the dumping ground to which all kinds of people were sent who had had all kinds of treatment. I was glad to hear what one physician had to say about the use of aspirin. Many of the patients, especially ladies, had been advised to take aspirin as a prophylactic against influenza or influenza-pneumonia. One lady had taken 240 grains in less than 48 hours. She was sent to the hospital—not as a case of influenza, but as scarlet fever because of the red spots on her body. If the doctor who had examined her had done it more carefully, he never would have made the diagnosis of scarlet fever. So, many of the cases that came to the hospital were neglected cases, patients filled up with aspirin, codein, morphin and digitalis. Therefore, it is a poor thing to try to report to you these cases and have a very low mortality rate in 632 cases. The largest number I admitted to the hospital in one day was 45. Out of these 632 cases, 264 were pneumonia cases. I am glad to say out of the 264 pneumonia cases, only 15 developed pneumonia after admission to the hospital. Many of our cases were drawn from the United States Navy enlisted men, about 109. One of the men at the Naval Hospital, having heard of the wonderful results of homeopathic treatment at the Massachusetts Hospital, said to me, "Our men are dying like flies." I went over there with the commanding officer and reviewed their treatment. The patients were given codein, morphin and aspirin as a routine affair, also digitalis. They didn't like to send the officers to us, thinking they had better care at the Naval Hospital. However, they saw and admitted that our treatment was better than theirs and some of the officers and men were sent to our hospital. After only a short time in our hospital, they were pretty sure they were not going to die. I want to say that out of these

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109 cases there were only 3 deaths, and these were moribund when admitted into the hospital. I want to emphasize this. These men in Government work praised our hospital for homeopathic treatment in influenza. They do not all agree, however, but they have a feeling in Boston that we have a wonderful treatment for influenza.

Out of the 632 cases, 175 were mild cases, temperature not higher than 101°; 158 were average cases, temperature about 102°; 306 were very severe cases, temperature about 103°. Out of 109 cases reported above, the highest temperature was 107°.

Of our pneumonia cases, the diagnosis was made on actual physical findings; 222 were bilateral bronchopneumonia, septic, resembling pulmonary edema and started inside of 24 hours.

You might be interested in some of the symptoms, the low pulse and high temperature. One of the big navy boys had a temperature of 104° and a pulse of 68. That was noticeable. One thing which I have observed as fatal was jaundice in pneumonia. If a patient had pulmonary involvement and jaundice we could tell right off that he would die. I have been called in consultation in a good many of these cases and kept the records; not one lived.

Prophylaxis. Our nurses one by one came down with the infection. Dr. Watters brought out a vaccine which was tried out. This was given to fifteen people as a prophylactic, and out of these fifteen people, eleven developed the infection. I had nothing to do with this except just to give it to those who applied for it. Dr. Watters has some wonderful statistics regarding its use. Three of us at the hospital were constantly exposed from the first day, were not protected by the vaccine, and didn't develop the infection. Everybody else had it.

Prognosis. Some died a few hours after admittance to this hospital, and we did not have time to work out the records. Of the 128 that died, some lived two days, other only two hours. Our mortality rate was 20 per cent. This isn't camouflage. The mortality rate in septic pneumonias was 44 per cent; our mortality rate in pregnant women was about 46 per cent.

Treatment. Besides using the homeopathic remedies very conscientiously, we also tried the human serum. Another treatment carried out quite successfully was beef serum. Dr. Pollock, superintendent of the hospital, tried this out in eight cases. Those who had 102° and 103° temperature recovered. In some of the pneumonia cases we gave this serum, and found it didn't do

any good. In one case we had marked reaction. The patient had bilateral pneumonia, temperature 104°. After giving 100 c.c. beef serum, the temperature went up to 106.2°, rectal temperature as high, pulse and respiration corresponding; later the temperature dropped down and then went up to 104°. He was given another dose, the temperature going up to 106.4°, pulse and respiration corresponding. In a very short time the temperature was brought down. In another forty hours, with temperature of 104°, he was given the third dose, and stopped at 105.2°. You will notice that the temperature dropped, pulse and respiration corresponding. This is one of the most characteristic reactions we had, and was pretty severe. These cases which were getting the serum were also getting homeopathic remedies. Just a word with regard to allopathic prescribing. Of the five cases which had developed pneumonia under allopathic treatment, all died. The teaching of homeopathic materia medica is of great interest to me. I have charts showing various treatments some without medicine in which fresh air and liquid diet were the chief items observed. However I still believe very firmly that our homeopathic prescribing was very good in severe cases of influenza, although in some of the mild cases we did not use it, especially where patients did not want it. Give it to them if they want it.

Hydrotherapy in Acute Pulmonary Conditions. Myer, in *American Medicine*, quotes Aneth's routine hydriatic treatment in bronchopneumonia. The routine is to immerse the patient into a full bath at 41° C. and allow him to remain for a period of 10 minutes, repeating the operation three times daily. By this means the peripheral blood vessels are dilated and temperature recedes within one-half hour after bath. As to inhibiting heat production, the author does not state.

The marked recession of the temperature is at once noted, and is almost specific in children: "Since hot baths have been in use, uniform recovery has been the rule and the course of the disease shortened." *W. F. B.*