

INFLUENZA: GRAVE SEQUELAE

By J. A. Wm. Johnson, M. D., Baroda, Michigan

A few comments on the epidemic by a general practitioner.

The "flu" epidemic in our locality is apparently over,—probably because there are only a very few who have not had influenza. However, the footprints are here to show that the monster has gone by, devastating human life, in the fashion of a Hun invading peaceful France, breaking home ties and behaving as if death paid premiums on new graves. Homes have been entered where the children, 10 in number, both parents and a 75-year-old grandmother all had influenza and recovered. Some households have been entered where every one but one, two, or three members have taken sick with the malady and recovered. There are homes which have buried eleven children in years gone by and now had to surrender their remaining two to lobar pneumonia following influenza; homes where a young father and mother have died leaving a four-day-old babe to die three or four weeks later,—the whole family literally wiped out.

There is scarcely a remedy that has not been tried with more or less disappointment. The laity has tried anything from divine surcease to consulting a physician. The physician has tried everything from vaccines, drug combinations put out as sure cures by drug firms, and the similia similibus curenter with varying and not altogether satisfactory results.

The writer feels certain that there is a host of practitioners besides himself who envy Dr. T. A. McCann of Dayton, Ohio, who boasts of 1,000 cases of influenza with a 100 per cent cure, and would appreciate a writeup of his severest cases with the symptoms guiding him in his selection of the similia. The writer feels that the article written by Dr. T. A. McCann in the February number of the A. I. H. is altogether too short as his results warrant a more elaborate discussion of the epidemic, with treatment.

Not counting several cases that came to me from other physicians or those who discharged me and called someone else the writer has treated 427 cases of genuine influenza that came down with chills, followed with aching, fever and prostration. Ordinary colds were not included. In spite of all available efforts nine cases succumbed to lobar pneumonia.

Three cases of severe lobar pneumonia, two milder cases of lobar pneumonia and four cases of bronchopneumonia did not die. Outside the above cases, the remainder were uncomplicated cases of influenza.

My main treatment has been initial catharsis, aconite, veratrum album, gelsemium, belladonna, bryonia, causticum, kali muriaticum, ferrum phosphoricum, or antimonium tartaricum, with strict liquid diet, and the patient in bed and not allowed to sit up until about two days after the fever was gone. Pneumonia cases were tended by nurses when the latter were available and regular pneumonia care administered. I tried mixed vaccines for some patients. One man was immunized according to directions of the vaccine producer and succumbed in less than two weeks to lobar pneumonia, so overwhelmingly toxic that death ended the scene in about forty-eight hours.

Two cases of milder lobar pneumonia showed, upon microscopic examination, a streptococcus infection, one of them having a contemporary streptococcus diarrhea with a dark watery foul-smelling bowel movement as often as every ten or fifteen minutes. This same individual suffered from a toxic psychosis a week or so after he was up and around.

All the cases of pneumonia I had a chance to watch develop would first run the ordinary 3, 4, 5 day course of fever, according to severity of attack of influenza, and then after the temperature had run around 99 for a day or two would shoot up to 104 or 104½ by mouth and stay for two or three days, when the patient would begin to show increased respiration, but as yet no auscultation or percussion signs of pneumonia. In the more malignant type of pneumonia the latter signs generally appeared a day or two before death, being first noticed in the right axilla and below the scapulae, but after this spread rapidly and became manifest first on one or on both sides, or first on one and later on both sides. The entire lung substance became one solid mass. This happened to be so in the majority of my cases.

It was also interesting to note that all cases that developed pneumonia showed premonitory symptoms of great anxiety, restlessness, worry and great fear. There was often a temporary delirium with initial rise of temperature. In my experience the healthiest individuals were the ones generally to come down with pneumonia and die.

In the early part of the epidemic the disease seemed to at-

tack the intestinal tract in children, giving rise to a profuse watery diarrhea filled with slime, curd and occasional blood. These cases would come down with initial chills, aching and temperature as high as 102-103 in families where other members had the genuine influenza at the same time. One grown person had the intestinal complication.

A few children would have gall-bladder complications coming on anywhere from 3 or 4 days to a month after the initial onset of the disease, manifested by tired feeling, headache, vertigo, bad taste in mouth, coated tongue, yellow sclera with nausea and vomiting of bile. These liver complications I have seen in two adults.

So far I have seen about ten children who have developed infected kidneys in from three week to two months after they have had influenza. The parent would complain that these boys and girls were not doing well after the "flu," as they were cross, fretful, peevish, had no appetite, frequent urination, and a pale face, frequent chills and fever. Urinalysis revealed albumin, isolated blood cells and pus. A short course of belladonna and formin cleared them up promptly. This kidney complication I have seen in one adult.

One case is of interest in that he had scarlet fever as a boy followed with an occasional dry cough ever since. On New Year's Day this same man had influenza and was cared for by his sister nurse, who did the diagnosing and treating. Two weeks later I was called to see the case. The symptoms as related confirmed the diagnosis of influenza, but he was now suffering from elevated temperature, higher in the afternoon, rapid pulse, night sweats, rapid loss of weight, with a great deal of expectoration. Physical examination showed large area of cogwheel breathing in the right lung. The heart beat was transmitted abnormally loud throughout the entire chest. I made a diagnosis of acute pulmonary tuberculosis.

Another physician was called a week later and informed the family that he could see nothing wrong with the patient's lungs. I am still watching this patient through reports of my friends and am predicting for him an early tubercular's grave, as he is still in bed running the temperature he had when I saw him last.

In conclusion it appears as if those who have had influenza may yet look forward to sequelae. To one prophetic in nature it appears as if the near future will have in store many kidney

complications, temporary gall-bladder troubles, pulmonary tuberculosis, and possible heart lesions, the latter probably due mostly to coal tar products used in treatment. To the conscientious practitioner who regards the future welfare of his patients, the treatment of influenza becomes a serious matter.

INFLUENZA: A CLINICAL REPORT FROM KANSAS

By W. J. Gier, M. D., Independence, Kas.

In the terrible epidemic of influenza, Kansas has not escaped her share. I have been from the east end of the state to the west, either on direct calls or in consultation, and have visited cases in company with regulars and certainly have decided opinions on the treatment of this disease.

I have been about as busy as any and lost one case, a woman of 30, pale, slim, thin chested, apparently tubercular. She was dangerously sick from the beginning. The chest rattled, the mucus was tenacious and I gave senega 1m. The patient did not improve, so gave apis 30x as sputum had to be wiped out of mouth when coughed up. Patient improved under apis. Family asked for consultation. One dose of sulphur was decided on, followed by kali bichromium. The doctor was probably thinking of sulph. 30x. I gave the 200x. The patient died in 24 hours. This was the only patient lost of the many I have treated.

Another case that attracted much attention was a woman of 35, seventh pregnancy at eight months. Influenza ran into pneumonia. She had had a regular, an eclectic, a chiropractor in this order. When I first saw her she had a pulse of 165, respiration 38, temperature 96.6; both lungs full. She was able to ask for ice water. I could get no fetal movements nor heart tones. Phos. 30x was given. In 15 minutes labor pains were felt, and in four hours the dead fetus was delivered. The patient began expectorating. Next day the sputum stuck to roof of mouth, had to be wiped out. Consulted Kent's Repertory. Gave apis 30x. In a few more days gave lycopodium 1m. Patient is alive and doing her housework today.

Have had only two cases of pregnancy, one at eight months, the other at five. These were my sickest patients. The one at five months had pain in the back, running around front and down legs, with terrible pressing pain on top of