

CLINICAL MEDICINE

By David B. Jewett, M. D., Department Editor

INFLUENZA IN CHILDREN*

By H. O. Skinner, M. D., St. Paul, Minn.

When this subject was assigned to me, my first reaction was one of disappointment, for it was so well presented in this bureau a year ago. And yet influenza is but a partially solved problem. One swallow does not make a summer and its clinical status can be established only by repeated observation and verification. Therefore, is it fitting that someone from the northwest add his experience to that reported from the east.

My observation corroborates that of others that the children fared much better in the recent epidemics than did the adults. In the first place they were not so generally infected. I believe this to be merely a statement of fact and not a proof of some inherent immunity, for in families of children where one of them contracted the disease, the rest were almost sure to come down soon after. Also, I saw a larger proportion of children affected in the second epidemic than in the first.

In the second place, my children ran an easy, that is to say not dangerous, course. Complications were very few and not severe. I did not have a fatal case.

Fever was, of course, the predominating symptom. It was usually high (103° – 105°) and lasted from three days to a week. Often it was the only symptom, particularly in the younger children and infants, being unaccompanied by even the ordinary symptoms of drowsiness or fretfulness, the diagnosis being made by the presence of one or more typical cases among the older members of the household.

Of the other symptoms, I found the cough to be the most universal, as well as the most prominent. It was an incessant, irritative cough with scanty expectoration, that was most difficult to relieve.

Next came the sore throat. The fauces were red and inflamed though the tonsils were not often enlarged.

The older children complained somewhat of headache, but seldom of the body pains which were so annoying to the

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adults, and I have often wondered whether this aching was absent or whether the children did not know how to explain it.

Perhaps half of my cases presented a rhinitis in which the discharge was often bloody, although epistaxis and the other hemorrhagic tendencies were not so manifest as in adults.

The redness of the eyes with photobia and even conjunctivitis was quite common, but I missed that ghastly cyanosis that was so typical in adults and I saw no skin manifestations other than an occasional dusky flush over the face.

Beyond a loss of appetite and a pasty tongue, I saw no gastro-intestinal disturbance in the children, and I deemed the vomiting that occasionally occurred as incidental rather than essential.

As I said in the beginning, complications were not common. The Drs. Reagan of Brooklyn reported a number of cases of influential croup. This complication came on in from two to ten days after the onset of the ordinary "flu" symptoms and resembled diphtheritic croup, although the Klebs-Loeffler bacillus was not found and antitoxin gave no relief. Intubation seemed indicated but was of little benefit. Steam inhalations, poultices, morphine and atropine gave the best results. I did not see a case.

How much of the cough, which was so common, was influenza and how much was a complication bronchitis is not easy to tell. I certainly saw no severe bronchitis and because of its universal appearance, I have been inclined to consider the mild bronchitis as one of the symptoms of the disease rather than one of its complications.

In several hundred cases I saw only one complication of pneumonia, a case of broncho-pneumonia which recovered. I saw no empyema.

Otitis media occurred very occasionally. Towards the end of the second epidemic I saw many cases of rhinitis and adenitis (cervical) with otitis that could not be diagnosed as flu from the onset or known exposure which were so unusually severe and persistent that I believe them to be not unlikely of influenzal origin, though I was unable to check up anything definite by the laboratory

And this brings to mind the *bête noir* of the pediatricist, the simple continued fever, or, as the British call it, P. U. O., pyrexia of unknown origin. The laity demand a more positive diagnosis than this, especially since our newspaper ven-

ders of medical knowledge deny the existence of everything that cannot be indexed and classified, so a name must be given it. Some call it catarrhal fever, some gastric fever. One prominent pedologist here made quite a hit, till the fad wore out, by calling it "bacteriuria." Now they are all calling it influenza, but it is in fact nothing more than our old friend P. U. O.

I recognized no sinus involvement.

Unlike the adult type, convalescence was uneventful and not unduly prolonged. That prostration that "keeps you sick for six months after you get well" was quite unexceptional in children.

Will one attack confer immunity? I believe it will. We must remember that we are dealing with an entity that is very indefinite in its manifestations, and we have no laboratory tests with which to confirm our diagnosis. Also we have been treating for years an aching and prostrating fever which we call the grip, and it has been difficult at times to distinguish between this influenza nostras and the influenza vera. I certainly have not seen two clean, clear cut typical attacks in the same individual, and I have observed with interest the fact that, in numerous families, those who escaped in the winter of 1918-19 contracted it in 1919-20, and those who had it the first year were free from it the next.

Can influenza be prevented? Again, I believe it can. Among my patients (adults as well as children) I inoculated some two hundred with the influenza vaccine prepared according to the method of Rosenow, which has the following formula:

Pneumococci: Type I (10%), II (14%), III (6%), 1,500 million.

Pneumococci: Type IV and allied green producing diplo-streptococci, 1,500 million.

Hemolytic streptococci: 1,000 million.

Staphylococci Aurei: 500 million.

Influenza bacilli: 500 million.

Only three so inoculated were infected, a mother and her two children and they ran so light a course that it might have been the ordinary grip. The various circumstances were such that I am sure it has a positive prophylactic value, while many a mother has commented upon the freedom from ordinary colds on the part of her children since the inoculation.

The vaccine, however, required two weeks for the immunity to develop and I did not bother with it for the well members of a stricken household. To these I gave full doses of urotropin and those who did not come down within twenty-four to forty-eight hours very rarely came down as long as they kept up the drug. I gave urotropin also to nurses while waiting for the vaccine to get in its effect, and to those who would not submit to the vaccine; also to soldiers in the midst of the infection in their camps, and I believe it, also, has a positive prophylactic value. I wish I had not been so fearfully driven by the enormous amount of sickness, so that I could have checked more accurately this particular matter.

The first principle of treatment is absolute rest in bed from the very onset until the temperature has been normal for three or four days. Patients who do not submit to this regulation are very prone to a long run of fever or to a recrudescence after it has reached normal.

The patient should be kept warm. Not only does it make him more comfortable, but it improves his condition. Free ventilation is important, but it should not be permitted to chill the patient, for the respiratory symptoms are distinctly aggravated by the inhalation of cold air.

The diet should be liquid and my patients cared for little else. I permitted free ingestion of water, fruit juices, milk and ice cream; such solids as the cereals and toast, when the patient was hungry enough to ask for them.

Palliatives are seldom called for in children and I have given no coal tar derivatives at all. The headache was generally relieved by the cold water bottle. The cough, however, was often racking enough to require small doses of codeine, which certainly gave relief and apparently was harmless. I gave no temperature sponges, though the patients were bathed as needed for cleanliness. Constipation was best relieved by milk of magnesia. The only case in which I gave any stimulation was the one of broncho-pneumonia and the drugs were aromatic ammonia and brandy.

Among the homeopathic remedies I found no "Sheet anchor." Gelsemium, generally considered the "Genus Epidemicum," was not often indicated in children.

Belladonna: Indicated by the red and inflamed eyes, flushed face, congested throat, dry and husky cough, etc., was the remedy I used most.

Bryonia was of service, particularly where there was much headache and painful cough.

Phosphorus also where the laryngeal and bronchial symptoms predominated with hoarseness of voice and tightness across the chest.

Creosote, both internally and in steam inhalations, seemed to help the cough when other measures did not. I gave it without particular indications.

Chininum Ars. served me well when the coryzal symptoms, chilliness or prostration predominated.

Ferrum Phos. covered not only the fever but all the other symptoms usually seen in children and was the remedy I gave when no other was particularly indicated. I also gave it in conjunction with others. It is particularly useful in the bronchial complications and the pneumonias, and it is not unlikely that my general use of it held these complications down.

Aconite was not often indicated by its well known symptomatology in uncomplicated cases, but nevertheless was beneficial like ferrum phos. in the cases without specific indications.

Arsenicum iod. was most useful in the stage of convalescence.

The treatment of the complications is that of the condition regardless of its influenzal origin.

The remarkable thing about the homeopathic record in this epidemic is not so much its low mortality, as the fact that it was made by physicians widely separated, even to different countries and without inter-communication, with the same line of treatment and the same drugs. When it is considered that this epidemic was unlike anything which had ever preceded it, that it came on so suddenly as to forbid any study (to say nothing of the fact that subsequent study has not yet revealed much) and that it had, therefore, to be met, not specifically, but on general principles, the uniformity of the homeopathic treatment the world over and the uniformly good results therefrom, demonstrating Homeopathy's ability to cope with this protean emergency, when the other schools of medicine failed utterly, behooves us no more by apathy than by design to permit it to perish from the face of the earth.

Discussion

Dr. Jos. P. Cobb, Chicago, Ill.: I think Dr. Skinner's paper was an exceedingly good discussion, and he covered the subject very thor-

oughly. There is just one point I want to suggest in view of the question or point he made "that in children the attacks were comparatively lighter in the last epidemic, that they got along better, that there was not the prostration or extreme toxemia which was present among the older people." This is according to my observation. The majority of adults who came down with the influenza had been coming down with it one, three, five days before we saw them. A large part of them had drugged themselves with some of the different "sure cures." They would lower their own vitality with these drugs, but in the case of children, we were usually called within the first twenty-four hours after the child was taken sick. They were not filled up with aspirin, and we did not allow them to stay on their feet; we put them to bed. They were given the properly selected remedy and had a fair chance. That is why the babies fared better. Dr. Skinner said he had never discovered or explained the phenomena, but this is my explanation. Now, I did not have the same experience as Dr. Skinner, in that I did not find gelsemium as often indicated in children as in adults. I think I used gelsemium comparatively as often as in adults. I recognized belladonna symptoms in many cases. There is no remedy like belladonna to combat the cerebral congestions that accompany the toxemias of children. I regret that I do not recall other points, that Dr. Skinner discussed.

Dr. C. B. Olds, Attica, Ohio: How about convalescence? I kept my children in bed one, two and three days after the fever was gone.

Dr. Cobb: But you couldn't do that with the adults.

Dr. Malcolm Royal, Des Moines, Iowa: That point was just the point I wanted to emphasize: keeping the children in bed, until the temperature had subsided and the appetite was better. The temperature often ran up as high as 101° and 102°, lasting for about two days.

Dr. Cobb: That was customary with some of my cases.

Dr. Royal: Several years ago we had typhoid fever which did the same thing. After the temperature reached normal for days, then it would rise with practically no other disturbance. It was probably due to some toxic condition. So with the influenza we made it a rule to keep the patients in bed more than two or three days, and tried to make it a week at least. Following the flu of last winter, I had more contagious diseases than I have had for several springs. I had quite a large number of cases of whooping cough and measles which commenced early in February. These diseases, measles, mumps, whooping cough, seemed to have followed the 'flu, so that we have had more sickness in Des Moines than we had during the last four or five years in the spring months.

Dr. F. L. Bates, Lima, O.: I want to speak especially in reference to otitis media because so many have had to go to nose, throat and ear specialists for treatment. In fact, they continue to have discharging ears. I would like to be enlightened as to the homeopathic method of treatment for this condition, found to be most successful.

Dr. Cobb: I am glad the question of otitis media came up, as well as the question asked by Dr. Royal. It is true that we have had in our large cities very many more cases of these diseases,—whooping cough, measles, chicken pox, etc. Whether this had any relationship

to the flu, I do not know. I have never seen so many cases as this year. It is probably due to a lowering of the bodily resistance and to greater susceptibility to infection. However, we have observed many of these cases in which the children did not have the 'flu. What connection you can charge up, I do not know. Dr. Skinner said he had not observed any large number of cases of otitis media. My experience has been just the reverse. I have seen more cases of otitis media this season than I have seen in any one season. I have never seen as great a number go on to the suppurative stage. Never in my experience have they been so serious. I believe in puncturing the membrane as soon as there are definite signs, and not to wait for it to break. I believe that the well qualified pediatrician of the homeopathic persuasion is better qualified to relieve the conditions upon which otitis media depends than the average specialist. The specialist usually confines himself to the usual treatment, the puncture of the membrane and the depletion of the tissue. For the depletion of the tissues, carbolyzed glycerine is the best thing to use. I believe the best treatment for any suppurative condition is to have as free drainage as possible. The homeopathic remedies which help are those which we always find in the vanguard,—mercurius, hepar sulph., ars. iodid, silicea, etc.

Dr. Charles A. Reinbolt, Detroit, Mich.: I am glad to have these discussions on the questions of otitis media, abscesses, and adenoids. I observed in my practice in Detroit that those who have had their adenoids removed seldom have the mastoid abscesses and, if they do, they always clear up after removal. This is easily shown by the fact that the adenoids will block up infection and this if retained will cause ear trouble. I have found it true that those who have had their adenoids removed have a very low percentage of otitis media and ear complications.

Another point I would like to bring out is that I believe the epidemic of influenza differed in different parts of the country. Also, I do not believe that one attack immunizes. I had this experience in my own family. I have three children who had it last year, and this year they all had influenza again. I find this true in many families. Our Health Officer made the statement that those who had had influenza the year before would not have it this coming year. Family after family had influenza a year ago, and had it again this year. As I said before, I do not believe that one attack immunizes.

I never use urotropin, codein and the like. I believe if we will stick closely to our homeopathic remedies and take out the adenoids the children will come out all right. I never use vaccines except an autogenous vaccine, but I do not believe this helps much as the effects were the same where used as in cases where it was not used.

Dr. James B. Brown, Denver, Colo.: I just want to emphasize what Dr. Reinbolt has said, and it has been practically the same with me. In cases where the tonsils and adenoids were removed I did not have a case of otitis media. In cases where it occurred, I found it was usually due to a tubercular diathesis, a neglected throat, or psora, and I gave the remedy to cover that condition. I never resort to anything but the homeopathic remedy in treating children with influenza,

as it covers everything necessary. I very seldom lose a case, and rarely have a case of otitis. I should like to compare my results with those of you who use serums and vaccines. The regular homeopathic remedies, such as aconite, belladonna, gelsemium, fer. phos., hepar. puls., mercurius, lycopodium, sulphur, etc., will give best results and abort otitis, in practically 99% of our cases. It is those cases where the throat is full of tonsils and adenoids that develop otitis.

Dr. William Honn, Champaign Ill.: I didn't hear the paper, but heard something said about the use of serums in otitis. I think there is no question but what those attacks were caused largely by influenza and complications. This is true also when the child takes cold, then you always have trouble. The point I want to make is this. I have tried the serums at different times. The only serum that gave me any results was in sub-acute and chronic cases with the strep. staph. coli serum, where the ear had been discharging for some time. I have charge of the Methodist Orphanage in my town. There were four girls, from eleven to sixteen years, the sixteen-year-old girl having a double otitis media which has discharged for seven years. One of the girls had had a discharging ear for one year. I gave this serum to these four girls, and I saw the sixteen-year-old girl with the double otitis media just before I left for the Institute, also the other three, and their ears had absolutely stopped discharging, they had gained in flesh and in general appearance. That is the only serum I have ever used, and that to advantage, in these sub-acute and chronic cases. I gave eleven injections of the staph. strep. coli serum to the sixteen-year-old girl, and the condition has absolutely cured up. I gave from five to seven to the others.

Dr. E. H. Baxter, Columbus, Ohio.: I enjoyed the paper. I should like to say a few things about immunity. It has been my observation that one attack immunizes against a second experience in such cases. From that fact I have made a couple of deductions. That is, that every generation practically must go through an epidemic of influenza. It has been so during the last three generations: the one of 1918, 1889-1890, and the generation preceding that, along about 1868. So far we cannot depend upon vaccines and sera for influenza immunity. Consequently, unless something is brought forward in the near future we can expect in the next generation another attack of the influenza. This is merely a deduction made that one attack of influenza apparently immunizes against a second. I was interested in the treatment and remedies. I had very good success, as everyone had who used the homeopathic remedies. Inasmuch as our materia medica is not written especially for children I should like to make the suggestion—not as a criticism of the medicines used but mindful of the fact that the drug provings have been made only on adults—that we should have some provings made on children alone.

Dr. Anna Johnston, Pittsburgh, Pa.: I also treated a good many cases of influenza two years ago, and we had our share again last year, but it lasted only about six weeks in our section. I was going to say something about giving serums as a prophylactic. Even our allopathic friends said they were of no use. I think we had more cases of pneumonia the first year of the flu epidemic. We treated a great many

cases in our department at the hospital. There was one case, especially, where it seemed to take a long time before the child's temperature went down. We were not sure exactly whether there was some infiltration, and we found the trouble in the lung. He didn't get any serum. He got the indicated remedy as nearly as we could prescribe. The temperature was 107°, pulse 180, respiration 80. He got well on the indicated remedy. I remember the remedy was kali mur., and after that his chest cleared up beautifully and he got entirely well. This winter we had a child sent to us suffering from ear complications, otitis media. It was a few days before I was called. The little fellow was complaining. He had a temperature, and his ear was discharging. He ran a temperature for about a week or ten days. It finally cleared up under the indicated remedy and recovered entirely. Later I took him to the hospital and had his adenoids removed and the tonsils. Since that he has been entirely well. Before that time he had always been sickly, and was brought to us by his grandmother. I had another case of otitis media, of a little girl of eight. She had been under the care of an old school physician, and was sent to stay with her uncle whose family were my patients. She had 105° temperature, ear complications. Under the indicated remedy she was better in three days and the ear trouble had almost cleared up. I have found many cases of ear trouble among my children, and I don't know whether it was due to the flu or not because many didn't get it. The epidemic lasted only six weeks, and was of a much lighter character than the preceding year.

Dr. Phillips: How prone we are to run to fads. Last fall we had an epidemic in our city and the children's specialists of the dominant school called it acidosis. *Acute acidosis.* One of them, to prove the fatality of it, claimed the loss of six or seven babies in one week. To my mind these cases were nothing under God's Heavens but a gastrointestinal form of influenza, yet for a time acute acidosis was all the rage and these cases were literally swamped externally, internally, eternally and infernally with soda and alkalies in sufficient quantities to make a robust healthy child seriously sick in a short time. I found the homeopathic remedies sufficient.

Dr. Cobb: I wonder how many could tell what acute acidosis really is.

Dr. Skinner (closing discussion): I wish to repeat what I said about otitis. You will notice that I made two references to it. As a complication of the typical influenza I saw very little. Following the epidemic, however, there was a subepidemic of nose and throat infection with cervical adenitis which was commonly called flu although it had none of the characteristics of that disease other than its persistence. In this nondescript sub-epidemic otitis was most frequent and obstinate.

Regarding my use of urotropin, that was not a measure of treatment at all but a means of prevention and in my opinion a good one. Incidentally it is not a coal tar derivative and bears no relation to that class of drugs which I distinctly deem harmful and do not use, as I said in my paper.

Also regarding vaccines: I stated very clearly that my use of them was prophylactic. I did not use them in treatment and I do not like to be criticised for doing things I have not done. There have been many vaccines on the market of questionable value. My observations which were rather favorable were on the use of the one prepared according to the method of Rosenow which is different from all the others.

In closing I should like to emphasize that the best results in treatment follow the careful use of our well known polychrests.

The Influence of Smallpox and Vaccination on Pulmonary Tuberculosis. There is a popular idea that smallpox and vaccination on the one hand, and tuberculosis on the other, involve important modifications in the clinical course of each and there are many who believe that vaccination of the tuberculous subject is a dangerous matter. Who originated this conception it is hard to say. Literature does not give us positive data as to actual facts. The idea is rather traditional than scientific. Howk and Lawson have been afforded the opportunity of making real observations covering the question. In the autumn of 1914, an epidemic of smallpox broke out at the Tuberculosis Sanitorium of the Metropolitan Life Insurance Company. At the time there were 178 tuberculous inmates in various stages of the disease. All were vaccinated. There were seven cases of smallpox. An official report of the experiences has been delayed in order to give ample time to determine the end results of Howk and Lawson's experience. After six years then, they present the following conclusions:

1. Smallpox, occurring in patients with pulmonary tuberculosis, runs a course not noticeably different from that encountered in well people. The symptomatology, appearances of exanthem, and duration of the smallpox, are not influenced by the presence of tuberculosis.
2. In early, inactive cases of tuberculosis with favorable prognosis there is no apparent interruption of recovery when complicated by smallpox.
3. In one active advanced case there was a disappearance of sputum and bacilli after smallpox, lasting for four months.
4. In one very active advanced case there was a permanent disappearance of sputum and bacilli immediately after the smallpox. The disease was progressive up to the time of smallpox and retrogressive thereafter.
5. The seven recovered from smallpox and six are alive and well at present.
6. The presence of tuberculosis does not effect the normal course of vaccinia. Tuberculosis in any stage or any degree of activity was not affected by vaccination, either favorably or unfavorably.—*The American Review of Tuberculosis*, Sept., 1920.