

HOMEOPATHIC THERAPEUTICS

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INFLUENZA PECULIARITIES IN NEW ENGLAND*

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I feel in presenting this paper as if I were bringing "coals to Newcastle." For there must of necessity be much in the subject matter which is an old story to all of you. In this past epidemic, though the symptoms were so protean in their nature, still there is hardly one of us who did not at some time see all of the peculiarities I shall mention. I shall therefore crave your indulgence for a few minutes while I corroborate your experience during this past fall and winter with what we experienced in New England.

The epidemic apparently made its appearance in this country at the port of Boston, being brought to this side of the water by some returned sailors of our Navy. It soon spread to the people of the city and thence rapidly to adjoining portions of Massachusetts and New England, so that by mid-September there were epidemic foci in every part of New England, a fact that pretty generally established the idea that affected individuals were the means of transportation of the infectious agents. By the middle of October, the epidemic had assumed gigantic proportions and even the remotest sections off the beaten track of travel were profoundly affected by it.

I shall not attempt to detail the symptomatology, you all know it, but only take up some of the striking or peculiar symptoms as they occurred in New England.

The first thing so many noticed in the early cases was cyanosis. This was generally mild but at times profound, although circulatory weakness and respiratory embarrassment were not present. I do not think this cyanosis has ever been explained but it certainly was not due to circulatory causes. It however seemed to be definitely related to the toxemia in each case, i. e., the more toxic the case, the more cyanotic the patient became. In some cases of complicating pneumonia a cyanosis appeared of another type though not more commonly than we expect with ordinary pneumonias.

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Cough and catarrhal symptoms were conspicuous from the beginning in most cases. Abundance of sputum, sometimes mucous more often mucopurulent was usual. Prune juice expectoration, at times streaked with blood and even of pure blood was seen in some cases.

The lack of respiratory embarrassment in spite of high temperature and even complicating pneumonia was a striking feature.

The uncertainty and indefiniteness of the chest signs was puzzling. The shifting character of the signs and the tendency to diffuse bilateral involvement were much in evidence. There were cases in which you felt sure of a bronchopneumonia though the physical signs were unattainable.

The slow pulse was a pronounced feature, ranging from 60 to 85; even when extensive pneumonia developed, it was no uncommon thing to have a pulse below 100.

Intense headache and signs of meningeal irritation were met with quite frequently as well as profuse nose bleed.

Premature menstruation was so habitual a symptom that we grew to expect it in all women patients. The danger and frequency of abortion or miscarriage was always present and the mortality was very high among pregnant women.

In the early part of the epidemic, severe pneumonias with almost overwhelming pulmonary infection were common. Later the influenza became less virulent in type and the pneumonias less common but when they did occur were of the long drawn out variety with many residual symptoms such as unresolved patches in the lung, chronic bronchial cough, pleural thickening. These pneumonias in a majority of cases had a decline of fever by lysis rather than by crisis and came early in the attack, usually within a week from the time of onset.

One thing we observed in New England was the variation in the clinical picture of the disease at different periods of the fall and winter. In the beginning, short cases recovered quickly and severe ones terminated in rapidly fatal pneumonias without complication. Later the cases were less acute and pleural complications more in evidence. Toward the last of it, we got a lot of residual symptoms such as empyemas, unresolved patches in the lung, pleural thickening.

I might speak with whole-souled enthusiasm of the great satisfaction it has been to all homeopaths in New England to be able to meet this epidemic with the indicated remedy. But that be-