POST-INFLUENZAL COMPLICATIONS

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It has been suggested that I should give you a paper on the treatment of some of the commoner complications met with as a consequence of an attack of the influenza. On thinking over this question it seemed to me that the most helpful approach would be to take the common sequelæ of influenza and then to consider the most frequently indicated remedies for each group. Working in this way, when one thinks of the catarrhal nature of influenza it is only to be expected that the commonest difficulties with which one has to deal are of a catarrhal nature, either simple or purulent. Probably the most common is a persisting infection of one or other of the accessory nasal sinuses, antrum, ethmoidal cells, or frontal sinus. Next in frequency, I think, is persistent catarrh of the Eustachian tube and middle ear, these two complications not infrequently occurring at one and the same time.

Another very common, and very trying result of an influenzal attack is persistent trouble in the respiratory tract, in these cases usually showing itself as obstinate, distressing and often intractable cough. Less commonly, but still quite frequently, one comes across cases in which the digestive system seems to have been mainly upset, with symptoms suggestive of a sub-acute gastritis, gastro-duodenitis, or even cholecystitis or hepatitis. The most common general sequelæ are persistent weakness and nervous depression. As a rule where one's prescribing for the acute attack has been accurate such trials are not met with, but even with one's best endeavours still they do occur. Incidentally, they are exceedingly common in cases treated by one or other of the latest orthodox drugs.

Nowadays, no matter what the immediate complication, it has become my practice to enquire whether the case has been treated by sulphonamides or penicillin, and if this

has been so, then I make a practice of prescribing the corresponding antidote and not infrequently this is all that is required in order to produce a perfectly satisfactory response. If the response is not all that is required it will be found that the ground has been cleared and the way prepared for the action of the indicated homœopathic remedy.

There is one other practice which experience has led me to adopt more or less as a routine. In any case which appears to fail to respond to what one is confident is the appropriate remedy I have got into the habit of administering an intercurrent dose of *Influenzinum* or *Influenzinum-Bacillinum*, and I find that then the remedy which previously had failed takes hold again.

There is yet another general point I should like to mention here, namely, that I have found not infrequently that one has tended to overlook the remedies which have been prescribed during the acute attack and this has been a mistake. Now, I always consider whether one of the already prescribed remedies which did a little but not enough may not again be indicated. Frequently this has been the case and readministration later has been followed by excellent results.

Let us look at the sequelæ in a little more detail. Take first the accessory sinuses. For the persisting infections of the accessory sinuses and naso-pharynx the remedies which I have found most frequently indicated are *Kali bichromicum* and *Silica*.

In those cases calling for *Kali bic.* there has been a persistence of glairy discharge, associated with pain or a sense of fullness or pressure over the frontal sinuses or antra, and usually a sense of obstruction at the root of the nose. These post-influenzal *Kali bic.* patients are always very much below par, classical examples of post-flu debility, and their symptoms are acutely aggravated in cold damp weather, and better in a warm bed. If by any chance, as they not

infrequently do, they complain of sharp pressing pain over the affected sinus that is always a confirmatory symptom of great value.

Contrast that picture for a moment with the one presented by *Silica*. At first sight the two appear to be almost identical. Both show signs of general debility, both show aggravation in cold damp weather and in both there is a complaint of fullness or pressure in the affected sinus. In *Kali bic.* this involvement is accompanied by more or less profuse discharge, while in Silica there is a damming up of the discharge and a steadily increasing tension in the affected sinus.

There is a different type of case in which the symptoms of the patient are aggravated by heat, close rooms or a stuffy atmosphere. When dealing with such a case my first thought would be, is it *Pulsatilla*? I have not found that there is so much active involvement of the sinuses in *Puls.* and I have found that there is more sense of blockage of the nose, often very marked on waking in the morning and getting worse again towards evening and especially in a warm room and better in the open air. This is not infrequently associated with a very unpleasant odour of which the patient is acutely conscious. *Pulsatilla*, though seldom indicated for involvement of the sinuses, is quite often indicated in catarrhal involvement of the ear in cases which may go on to acute otitis with sharp stabbing pains.

Where there is involvement of the sinuses in patients who are sensitive to heat I tend to examine them for indications suggesting either *Mercury* or *Kali iod.* Both have acute involvement of the sinuses with acute pain. In *Mercury* there is a marked aggravation from radiant heat, associated with a sense of fullness in the affected sinus a tendency to sweat and violent pains. The *Mercury* patient is very sensitive to draughts, and will exhibit the typical pale flabby indented tongue of *Mercury*. Incidentally, when dealing with a case showing such acute sensitiveness

to draughts it is always worth while to remember that a case of that kind responding to point to *Mercury* may be later helped by *Hepar,* and then by *Hepar's* natural follow-up, *Silica.*

In *Kali iod.* there may be trouble in any of the sinuses with acute sense of tightness, often accompanied by stabbing pains. There is marked aggravation in a warm room, with a sense of general weariness and seediness, and the patient is much better walking about in the open air. In my experience it is more frequently indicated in infections of the frontals, sphenoids or ethmoids than in the antra.

Incidentally, when the deeper sinuses are involved it is always worth while considering whether *Pyrogen* is indicated. There is usually a more marked toxæmia, which not infrequently runs to the *Pyrogen* type with general aching, slight shivery attacks intermingling with a feeling of heat, and a pulse temperature discrepancy. There it is astonishing how quickly *Pyrogen* will clear up the whole trouble.

Let us look now at those cases presenting the troublesome post-influenzal coughs, which seem to have been particularly in evidence this year. I find the most helpful way is to try to group them under types. There are the cases in which the patient complains of rawness and irritation of the naso-pharynx, with a troublesome cough which is aggravated by talking or smoking, and if often worrying at night. For this condition I have found *Hydrastis* of the greatest help, especially in those cases in which with a reddened, congested pharynx there are streaks of yellow muco-pus trickling down from the posterior nares. Another remedy which I am finding increasingly indicated in such cases of persistent pharyngitis these days is *Alumina.* Here there is not nearly so much secretion, in fact the pharynx often has a somewhat dry appearance. The patients complain of the pharynx being very sensitive and feeling sore, with sticking pains. Periodically there seems to be an accumulation of ropy mucus which must be expec-

torated, and this is accompanied by a feeling of soreness in the larynx and trachea with a hacking cough.

There are two other medicines which I should like to touch on in this connection, namely, *Nux vomica* and *Conium*. The indications I have found helpful in the *Nux* cases have been acute irritation in one or other tonsillar region, setting up a violent cough which continues until there is the expectoration of some mucus or muco-purulent sputum, after which there is peace for a time. This, when associated with a tendency to get stuffed up in a hot room and accompanied by some gastric acidity, is a strong indication for *Nux*.

In *Conium* there is at first sight a close similarity in that the patient has a violent paroxysmal cough which is due to irritation in the throat. The irritation, however, is in the pharynx or larynx, rather than in the tonsillar region. It is liable to come on, on lying down in bed, or on taking a deep breath. It is unaccompanied by the heartburn met with in *Nux*. Though the patient may say he has to sit up and cough it out this does not mean, as in *Nux*, that there is relief immediately on the expectoration of some sputum.

Passing a little further down the respiratory tract, one has to consider next the cases with persistent irritation in the larynx and trachea. I think all of us tend, when meeting a case of this kind, promptly to ask, are they the indications for *Phosphorus* or *Rumex*? These remedies, with their clear cut indications of irritation in the supra-sternal notch and their aggravation from change of temperature, immediately jump to one's mind and fortunately they do cover a large number of cases. Recently, however, one has been seeing a number of patients who for one reason or another are not so accommodating and one has had to search a good deal further. In my experience the next most frequently indicated remedy these days has been *Carbo veg*. One sees too many people at present who are below par generally. They do not throw off their colds, which tend to "go down on their chest as they say. They

become husky, particularly in the evening. They get attacks of most exhausting cough, almost like whooping cough, in which they become red in the face, are damp with sweat, gasping for air, and after which they are limp. The larynx feels raw, and is often tender to touch. That is usually calling for *Carbo veg.*

One never thinks of whooping cough without considering *Drosera* and *Drosera* is occasionally called for in these post-influenzal coughs which come on after eating or drinking, or are liable to be very troublesome on lying down at night, or round 3 a.m., and are of this violent spasmodic nature with a most distressing irritation in the larynx.

Then one never thinks of spasmodic coughs without recalling *Hepar* and *Spongia. Hepar* with its hypersensitiveness to any cold air or getting cold, with rattling in the chest. And *Spongia* with its cough coming on just after midnight, its dry cough, anxiety, cardiac oppression, and aggravation in a warm room but amelioration from warm drinks.

One of the commoner laryngeal troubles left behind is hoarseness, and then one is faced with the consideration of a fresh group of drugs in addition to those we have already glanced at. Of course *Carbo veg.* and *Phosphorus* will immediately suggest themselves, but even more frequently one gets indications for *Causticum.* There the the patient complains of hoarseness in the morning which usually improves during the day. There is violent coughing in an endeavour to clear the mucus from the respiratory tract, and one often gets the statement that they can't get down to it and if they can get rid of it the voice clears. The attacks of coughing may be relieved by a drink of cold water, and the violent paroxysm is liable to be attended by loss or urinary control. This, accompanied by the general aching tiredness of the post-flu period, especially if matters are worse in cold dry weather, is almost certain to respond to *Causticum.*

Personally, I never think of *Causticum* but it reminds me of *Arum triphyllum*, which has all the symptoms of an ordinary influenza, especially the aching in the bones. As a rule the patient will say that there has been a very excoriating nasal discharge, accompanied by intense irritation in the nose, which has been most marked on the left side. There has been extension downwards, with a raw feeling in the chest, and then the voice has started to go. The outstanding peculiarity is the ability to speak on either a higher or lower note than usual, and the tendency for the voice to give out entirely with use.

Then, when faced with a case in which the voice gives out with use, one naturally looks at the contrasting case in which the voice improves after a time, and immediately *Rhus tox* comes to mind. Here there is the dry tormenting cough coming in paroxysms with aching pains all round the ribs, and the general mental and physical restlessness of *Rhus*.

I find that one is seeing an increasing number of cases, usually those which have been treated with one or other of the newer antibiotic drugs, in which there is a resistant patch in the chest. In many instances in such cases it is a wise practice to antidote what has been given. Not infrequently that is all that is necessary, and should further treatment be required the response to it is much enhanced thereby.

It is not practicable in a paper of this kind to discuss all the possible remedies which may be required in cases showing persisting chest trouble, but I would merely say that in my experience, apart from the use of a nosode, I have found these cases running very much to such drugs as *Silica, Phosphorus, Carbo veg., Calcarea, Lycopodium, Sulphur* and *Pulsatilla* in the chronic; and to *Kreosote, Sanguinaria, Senega, Kali carb.*, and *Antimonium tart.* in the more acute stages. To discuss all these in detail would require a paper to itself, and I have already discussed this

fairly exhaustively in previous communications to the Society.

I should like to consider for a little the common digestive sequelæ of influenzal attacks. These are usually catarrhal in nature and, in my experience, the drug which is by far the most commonly indicated in these cases is *Kali bichromicum.* The symptoms are usually somewhat nondescript, such as weakness of digestion and being upset by even the simplest foods. The disturbances are of two kinds, either distension and obstructed flatus in stomach and bowel with repletion after the smallest meal, or sharp pains cutting or burning in character with soreness and tenderness in the epigastrium, usually towards the left, in a small spot—rather suggestive of a gastric ulcer—coming on usually after 1 a.m., between 1 and 3 a.m. There is often a sense of emptiness with aversion to food, and a marked aggravation from starchy food, especially potatoes. On occasion I have had such a case X-rayed from suspicion of a gastric or duodenal ulcer, to find a marked excess of mucus, increased gastric mobility and very marked exaggeration or the normal rugæ of the mucous membrane. In one instance this was so marked as to raise the question as to the possibility of the presence of a diffuse carcinomatosis. When meeting such a case I always explore the question of *Kali bic.*

One has merely to recount the symptomatology to suggest the possibility of several other drugs being required. *Lycopodium,* for instance, with its flatulence, empty feeling, and repletion after a small meal. Here, however, one expects to find the typical *Lycopodium* make-up of the tired, thin, wrinkled chronic dyspeptic, aggravated by cold drinks and relieved by warm ones, and sensitive to beer, coffee and fruit.

Presenting a very similar picture there is *China,* with its hungry feeling and aversion to food, its acute flatulent distension, and its general broken down state. But at once there is the general contrast or the extremely sensitive,

nervous patient with their nerves all in a fret, liable to attacks of diarrhœa after a meal, upset by fruit, fish, and particularly wine, and likely to have violent attacks of colic coming on at midnight.

Then, of course, one never thinks of the flatulent medicines without recalling *Carbo veg.* with its extreme distension after any food. I am always grateful that in *Carbo veg.* there is such an outstanding relief from belching; without this I feel it is not *Carbo veg.* no matter how suggestive may be the other symptoms.

In the acute digestive complications of influenza, as opposed to the sequelæ, the drug which I have found most frequently indicated is *Bryonia.* Here we have a classical picture of acute gastritis, with extreme abdominal sensitiveness, intense nausea, aggravated by any movement, better eructations, and relief from hot drinks. This is not infrequently a complication which yields very readily to *Bryonia.*

Finally, I would like to call your attention to the cases in which *Antimonium crudum* is indicated. These are the cases in which the catarrhal symptoms have persisted, with tendency for the head to stuff up in the evening in a warm room, and in which the digestion gives out. There is, of course, the thickly coated white tongue, a constant feeling of a lump in the stomach as if the patient had overeaten and was completely loaded up with food. There is a feeling of acute distension, though the abdomen is quite flat. With this there is aversion to thought or smell of all food. All their digestive symptoms are greatly aggravated by getting chilled or by drinking anything sour.

Lastly I would like for a few moments to look at the post-influenzal nervous sequelæ. These commonly fall into two classes. There are the cases in which depression is the outstanding feature, and those in which the main symptoms are those of mental lethargy.

In the first group the remedy which immediately comes to mind is *Aurum,* with its acute depression and feel-

ing that everything is wrong, looking on the black side of everything, expecting trouble, looking for it. They are obstinate and irritable, and very easily annoyed. They have flushes of heat and are better in the open air. Frequently they suffer from palpitation and often show signs of commencing exophthalmos with a tendency to œdema of the legs. Not infrequently *Aurum* is indicated in cases of post-influenzal arthritis with pains which are worse at night and compel the patient to get out of bed and move about.

There is another type of depression which usually responds to *Pulsatilla.* Here there is the same sensitiveness to heat, and a somewhat similar depressed state where the patient tends to be miserable and sit about saying nothing, but the picture is in essence very different. In *Pulsatilla* the patient is sensitive. There are liable to be tears and irritation. They feel that they are being misunderstood or slighted in some way, and hate to be interrupted in what they are doing. Often they think that no one realizes how seedy they feel, and are miserable about it. They are restless and better when moving about and occupied. They are hot blooded and hate lots of clothing, and difficult to feed and complain of feeling full up hours after a meal.

One never comes across *Pulsatilla* without thinking at once of *Silica.* Again there is a different picture, though at first sight somewhat similar. There is depression, but it is a different depression in which the patient feels incompetent—they feel they cannot cope with life, and especially with the problems of the moment, though as a matter of fact they manage perfectly well. They are shy and retiring, and liable to be irritable when aroused. Very often after an attack of influenza one finds persistent enlargement of the cervical glands. They feel tired and usually suffer from headaches spreading over from the back of the head, and accompanied by dampness of the forehead and extreme sensitiveness of the head to cold air. These patients are

chilly, aggravated by cold and getting cold, but cannot stand extremes of either heat or cold.

Examination of *Silica* leads one on to the consideration of the second group—the tired-outs. For these post-influenzal nervous asthenias there are three remedies which I have found of the greatest value, namely, *Picric acid, Phosphoric acid,* and *Cocculus indicus.* In all three there is the same feeling of weariness and inability to sustain any mental effort.

In *Picric acid* the main complaint in addition is that any attempt at mental application produces a violent headache, accompanied by trembling faintness, numbness and extreme lassitude. They feel they simply must lie down. The patient becomes indifferent and does not want to do anything. Typically these patients are useless during the day and are much better for rest at night. They are sensitive to heat and are often relieved by bathing the head with cold water. Any physical exertion is followed by a feeling of complete exhaustion.

In *Phosphoric acid* the picture is somewhat different. Here there is a state of torpor associated with the mental weariness. They do not want to talk; they feel so tired. They suffer from headaches with a sense of pressure on the top of the head, brought on by any exertion. As a rule they complain of cold extremities and are liable to have cold, sweaty hands. They are sensitive to cold, though they cannot stand a stuff room. Frequently one gets the complaint of acute skin irritation in any part of the body. Often they say that since the 'flu their hair has been falling out. There is liable to be a complaint of giddiness, or a sensation of floating which is very suggestive. Usually the *Phosphoric acid* patient suffers from indigestion, with a sense of the food taking hours to digest, and he is liable to attacks of diarrhœa which seem to brighten him up. These dyspeptics quite often complain of bone pains, described as if the bones were being scraped.

Lastly there is *Cocculus indicus*. The typical picture is that of mental and physical prostration. All the reactions are slowed down and convalescence is correspondingly slow. The patients cannot be hurried, they want a long time to do everything, all the movements are slow. There is a tendency to inco-ordination and they are liable to drop things and complain of sudden jerks. They are liable to suffer from sick headaches and cannot stand any passive motion—car riding for instance—which brings on a violent headache with nausea and vomiting. They suffer from great weakness in the knees and back, often with a sense of stiffness in the joints and a feeling of being almost paralysed, frequently coupled with a feeling of numbness. They are very sensitive to noise and to jar or any sudden movement. The appetite is usually all but completely lost and there may be an acute aversion to even the thought of food. One of their bitterest complaints is sleeplessness, and they are prostrated by any loss of sleep.

It will be evident from the brief review of the subject which I have attempted that all that can be done in a paper of this kind is to indicate a few outstanding examples of the type of remedy which may be required for the treatment of any individual case. To attempt more would be to undertake a treatise on the art and science of Homœopathy, as any drug in the Materia Medica may be required in a particular case. What I have attempted to do is to indicate the manner in which each case must be individualized, and how the drug selection must in the main depend on the symptomatology of the patient at the moment and on nothing else.

DISCUSSION

THE CHAIRMAN, opening the discussion, said that he had not been seeing anything like the number of influenza cases this year as in previous years, and he would like to say that he felt we should be very critical of our diagnoses

of 'flu if for nothing else than the future. We stressed etiology and if a patient, some years later said, e.g., that so and so condition had persisted since 'flu and it wasn't 'flu we, as prescribers, would be misled. He only accepted 'flu if there was shivering headache (particularly with pain in the eye and on moving the eyes) and, above all, if there was generalized aching and backache. Indeed, if there was aching with a tonsillitis, he would not count that as 'flu. The question of 'flu viruses was still unsettled and, in addition to the original two, another third one was now postulated; indeed he, Dr. Templeton, had the impression that perhaps the third one was the only real one. The symptoms of those due to the other two were quite different in his opinion. It was interesting to note that the antibiotics did not seem to have much influence on virus infections and were given chiefly to combat secondary infection.

Dr. John Paterson said that he was very pleased that Dr. Borland had presented this paper but he was very sorry that he was not present to read it and to answer the discussion. He had looked up a textbook on modern medicine to see what was said about influenza and the first point made was that it depended on what was meant by influenza. If he told a patient that he had influenza the reply was, "Oh! I thought I just had 'flu". How did the layman differentiate between "influenza" and "'flu"? He thought 'flu was used to indicate many catarrhal infections, but those whose memories went back to 1918 would remember the pandemic of influenza and he could say that he had not seen since much of that type of influenza. What was called "influenza" now was not the influenza of 1918.

Dr. Borland's opening remarks suggested that influenza was a catarrhal infection of the sinuses and he mentioned the nosode *Influenzinum* as of value in the sequelæ but the speaker had found it was sometimes advisable if the remedy was not immediately working to give a dose of *Tuberculinum* during the acute phase. If the catarrhal

infection did not clear one was also justified in giving *Tuberculinum* later.

There was one remedy which he had found useful in his own personal experience of influenza, if *Gelsemium* did not completely meet the case, a dose of *Nux vomica* would meet it. McDonagh said that all true influenza was due to some intestinal infection. *Nux vomica* was a very good intestinal remedy and often covered the post-influenzal effects in so-called "gastric 'flu".

He would not deal with coughs, but would go on to true influenza. He rather thought that Dr. Borland's last section, which referred to the nerve depression, was the typical sequelæ of true influenza. He could remember very well the intense nerve depression following the 1918 influenza, and the sense of asthenia which followed the attacks. He was not a homœopath then, but would suggest that the remedy which probably came into these cases was certainly *Aurum*, and the other remedy was *Kali carb.* because of the intense asthenia. One saw a good deal of myocardiac affection. Many cases were diagnosed as D.A.H. (disordered action of the heart) after influenza and this was one of the more common sequels to influenza.

One other remedy, because of the very slow pulse, was *Digitalis*. Taking the whole term "influenza", that is, the catarrhal infection and the virus infection, the Faculty was very much indebted to Dr. Borland for putting at its disposal his wide experience of these remedies.

Dr. LEDERMANN asked if the bowel nosodes came into Dr. Paterson's experience.

Dr. PATERSON replied that one did not often find much in the bowel flora in influenza, but organisms were found in the nasal mucus. During his work on the provings in the last few years it was occasionally found that instead of finding *coli* in the stool, one found 100 per cent. cocci and he had observed that this often coincided with acute catarrhal infection and possibly 'flu. There was an actual nosode called "Coccal-co" as distinct from "Sycotic-co". It

had very much the same action as *Tuberculinum* and was often useful in clearing up catarrhal infection of the sinuses after influenza.

Dr. W. R. McCRAE said that he hoped Dr. Borland would be able to answer the question: What was the antidote to the sulpha drugs and what was the antidote to penicillin? Possibly it was the potentized ingredient itself.

THE CHAIRMAN: Dr. Quinton said that it was a potentized form of the drug itself.

Dr. McCRAE said that Dr. Paterson had talked about the 1918 pandemic, he hoped that would never return but he thought that there was a recurring epidemic of influenza which altered in its virulence from year to year. There was one now which had been modified by the very good summer of 1949.

When Dr. Borland was giving his description of *Picric acid* it brought to mind a very close resemblance to *Kali carb.* with the exception that it did not have the sweating at the least exercise, the backache, the feeling of discomfort in the stomach when anything happened, and the swelling of the upper eyelids. At this stage of the present influenza, *Kali carb.* was frequently called for.

Dr. HAMILTON said that instead of saying they had a "cold" now it was called influenza, but there were cases of acute respiratory infection where the patient was seemingly on the right road to recovery when there was a recurrence of feverish symptoms with vomiting headache, dizziness, which usually responded to *Bryonia.*

Dr. LAWRENCE said that from the point of view of industry he was having singularly few certificates for influenza. He could remember when the pandemic came that there was an astonishing number of suicides following it.

The CHAIRMAN said that as confirmation of the suggestion that this year's infection was perhaps not a true influenza he had a relation who always kept a huge bottle of *Baptisia* in his office and any employee of the firm could go and help himself to a dose. In previous years he

claimed it had cut absenteeism by 50 per cent., but this year he had been in bed for a week himself in spite of *Baptisia*. His workpeople used to ask for it and they did not usually ask for something which did not do them any good. He thought they had to be careful before making any claims that the diagnosis was justified.

Dr. SUNDELL said that he had only one point to contribute. He was with the Chairman in taking all the symptoms which had been mentioned, he was getting rid of them gradually. One used to talk about *Vis Medicatrix Naturae*, why not give it a chance with regard to the awful depression which followed 'flu? One got very depressed and might or might not take drugs, but one might go to bed on Monday night feeling that the world was a horrible place and wake up on Tuesday feeling on top of the world without any drugs at all. What had done that and how?

Dr. PATERSON said that when he was in general practice and started with homœopathic treatment, particularly with *Gelsemium*, he had saved himself a good deal of trouble in visiting patients, and saved the patients from the sequelæ of influenza. A good deal of the depression which followed so-called 'flu was not due to the 'flu but to the drugs which are usually given. Watching a series of cases in an epidemic, some treated allopathically and other homœopathically, there was no doubt that if the patients were asked to express their degree of well-being the homœopathic patient would be far ahead compared with the others.

Dr. LEDERMANN said that broncho-pneumonia has been quite a frequent complication of influenza lately and some patients had gastric symptoms as well. He had seen several cases of pleurisy, and broncho-pneumonia, especially in children. A colleague had had three or four such cases in one week. They had had to be notified as influenzal pneumonia.

The CHAIRMAN: Why do you call these cases influenza?

Dr. LEDERMANN replied that the cases started as influenza cases, pain, cough, sneezing, temperature, then a

patch on one lung developed. None of them had developed empyema or abscesses on the lung but they had long drawn-out slight temperatures, especially the children.

Dr. PRATT said that he would be glad to hear some opinions on the giving of *Influenzinum*. Assuming that the infection had been caused by Virus A or B, or both, and one had a nosode from a recent strain, what was the best time-interval after which to administer the nosode?

Dr. PATERSON said that from his experience he would suggest that *Influenzinum* was only of value as a prophylactic. He had not found it of much value during the attack, but it could be of value when the remedies were not working, before or after the selected remedy had been given. *Influenzinum* given during an attack was not of very much avail.

Mr. PRATT said that he expected to receive that reply. Would it be indicated after two weeks or longer, four weeks perhaps; he wondered what the actual time-interval might be after the infection?

The CHAIRMAN said that his practice would be not to give it unless the indicated remedy or the following remedy would not work.

Dr. TWENTYMAN said that when he was training the idea was current that if one did not like putting PUO on the case notes one put influenza. A few years ago the Government were getting a bit alarmed at the rate of sickness and thought it was worth while to investigate the effect of shortwave radiation of the nasal sinuses. Some of these machines were produced and put round to the hospitals to undertake research. Everyone was asked to volunteer when they had a cold and it was arranged that alternate cases should be treated with the machine working and with the machine not working. At the end of three months the statistics were reviewed, the people who had had the electricity were getting their colds better in half the time they usually took; these figures were so surpris-

ing that H.M. Government was nearly persuaded to start manufacturing the machines.

However, they went into it a little deeper and physicians watched the operation. They noticed that the masseuse who was giving the treatment on the second day of treatment would say, "I am glad to see you looking so much better", to the patients who did not have treatment she would say, "It is a miserable day, you are not getting much good out of the machine"; so they got another masseuse and had another three months' trial, the masseuse was closely supervised and not allowed to make comments, and at the end no significant statistical difference could be found between the two. The scientific conclusion was that short-wave therapy had no effect on the cold. But the equally scientific conclusion that a little wholesome encouragement made all the difference was not drawn.

Dr. QUINTON said that he found *Influenzinum* 30 was of great use (with *Bacillinum* added) for people who were susceptible to colds, given once a fortnight and gradually spacing it out to three weeks or a month. He was convinced that one could minimize the frequency and the severity of colds if patients had this treatment throughout the winter months, beginning in the autumn and going through to April. He knew people who had had inoculations, they did not respond, but they did respond to this potentized nosode.

The CHAIRMAN asked if anyone had had the experience of *Kali bichromicum* in ears where there was stringy mucopus in otitis media? He had never seen it do any good there; whether it worked with one mucous membrane and not another he did not know. The symptoms were apparently *Kali bic.* but it never seemed to work. Indeed he found difficulty in getting a quick result at all, so that his prognosis with such cases as far as time was concerned was always guarded. The otologist might be able to help here in defining the type of infection and the pathology.

Dr. PRIESTMAN said that she had found it work in some cases. A child in the hospital had double mastoid, this stringy discharge was pouring from her ear and *Kali bic.* cleared it up.

Dr. PATERSON said that he found *Kali bic.* was only successful when the stringy discharge came from the nose but when it came from the ear, *Silica* or *Calc. silica* was more efficacious.

The CHAIRMAN said that another recent case, which was one of the very quick ones, "stuffy nose" in the open air which was very rare, showed *Hepar.*

Dr. PATERSON said that the only thing that ever troubled him was influenza. He could attend people with catarrhal cold and have no cold whatever, but if a patient had influenza he felt the effects within a matter of minutes and would develop nasal symptoms and backache. The one symptom associated with real influenza was the aching in the back.

Dr. TWENTYMAN said that in the Middle East, what was called influenza here, was called sandfly fever.

Dr. SUNDELL said that when he was in the army in the 1914-18 war there were a very large number of cases of trench fever. The powers that be put their heads together to see how they could stop it. Not much good was achieved by research and then an order was made that all cases of trench fever were to be notified on Form XYZ in triplicate; within a month "trench fever was dead and "influenza" was soaring.

Dr. FOUBISTER said how much he had enjoyed the paper, as he had expected, coming from Dr. Borland. With regard to antidotes to the sulphonamides, he had used the various preparations in potency for some years, and usually found them effective in influencing after effects.

The CHAIRMAN: What are the indications?

Dr. FOUBISTER said that he prescribed them on the history, when ill-health dated from administration of a sulphonamide, he gave the same drug in potency. For

example, a child who had been treated successfully for enuresis, was admitted to another hospital on account of an acute infection. The child developed anuria because of crystallization in the kidneys of the sulpha drug employed. The child recovered after treatment and returned to the out-patients' department as the enuresis had relapsed. There was no response to the former treatment, but the enuresis cleared up after the sulphonamide was given in potency. This might well be a coincidence, but it illustrated the sort of case in which he had found the potentized sulphonamides useful. Another example was that of a patient who developed psoriasis after prolonged administration of one of the earlier sulphonamides. He had given *Arsenicum alb.* to begin with, as it seemed clearly indicated, but there was no response. The sulphonamide was then given in the 30th potency, and the psoriasis cleared up. That was ten years ago and there has been no return of it.

Dr. PATERSON said that at the Homœopathic Hospital, Mt. Vernon, Glasgow, one used to have children admitted who had had bronchial pneumonia treated in other hospitals, from which they had been diemissed as "cured" under the sulpha treatment, as soon as the temperature came back to normal. Later these children developed a more chronic chest condition and came to the homœopathic clinic. A curious feature was the presence of a degree of cyanosis, and the history of sulpha drug treatment. Accordingly, it became a routine to give these children the potentized *Sulpha* drug (30c. potency) and the condition cleared quickly. The original idea was to counteract the action of the crude doses but it was found that it also cleared up the chronic chest condition.

There was a good deal of *Sulphur* action to be noted in the use of the potentized *Sulpha* drug, which was after all a complex sulphur compound.

The CHAIRMAN said that another drug which might be considered in the influenza weakness was *Cadmium.* He had used it quite frequently since the provings, it had all

the symptoms of influenza, aching in the limbs very like *Gelsemium*, and the mental and physical lethargy was covered by it. *Cadmium* was worth remembering as another useful drug in post-influenzal debility. The mental symptoms were particularly striking.

The CHAIRMAN said that any outsider coming to this meeting might judge that homœopaths considered the sulphonamides and penicillin were poisons and never did any good at all. He did not think that this idea should get abroad. State medicine could not carry on without these drugs. They did quite a lot in "mass" medicine but there were cases undoubtedly where an antidote had to be given, the antidote had been mentioned but not stated. What was it?

Dr. NEWELL said that one had had the experience of patients doing so well on homœopathic drugss and insisting on going back to work before they should, with the result that they break down again and were worse than before. She thought the toxin of the influenza organism affected the heart although the homœopathic drug made them feel better. This year she had been more wary and the relapse had not occurred, but the danger she felt was worth stressing.

The CHAIRMAN said that the physical weakness of post-influenzal conditions was probably cardiac in origin, most likely myocardial.

Dr. PATERSON said that it was typical of virus infection that it lay dormant, the patient was apparently well and then the infection flared up again later.

The CHAIRMAN said that the old rules of prognosis still stood, one had to realize that the patient was not fit to go back to work.

Dr. TWENTYMAN asked if any member had any experience of the effect of the antihistamine drugs on the suppression of influenza, were they producing ill effects?

Dr. FRASER KERR said that there was a case in Birmingham last week of a man who had been taken up for being

drunk and incapable and it was found that he had taken a cold cure and had been rendered incapable.

THE CHAIRMAN said that with regard to Dr. Borland's publications his own criticism was that an index was urgently wanted for each book, and he thought they should ask for volunteers to make an index for each of them.

There was a case in the ward just recently of an old lady with a left basal pneumonia who exactly fitted Dr. Borland's description of *Natrum sul.*, they read it out at the bedside, the patient being stone deaf, and the nurse said, "Yes, that is exactly her," and the drug worked. That was where Borland's descriptions were so marvellous, one could see the patient, but the difficulty was to find the descriptions without an index.

I thank Dr. Quinton for reading Dr. Borland's paper.

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