

THE TREATMENT OF INFLUENZA IN CHILDREN*

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A symposium of influenza was held at the March meeting of the Section on Pediatrics of the New York Academy of Medicine, at which one of the participants, a well known New York pediatricist, after discussing at length various types and symptoms of the disease, made the following statement: "I do not like to say much about treatment, as there is very little to be said, the treatment being entirely symptomatic. So far as I can see, we have nothing specific at the present time."

At that very moment hundreds of lives were being saved because the treatment was entirely symptomatic, because the homeopathic physicians throughout the country were not following some empty fad or fancy that so frequently leads even homeopaths astray, but by the nature of things, were constrained to fall back upon the faith of their fathers, *similia similibus curentur*, and it served them well. When the storm was over and we were able to pause long enough to make an accounting of our achievements, it is safe to say that every homeopathic physician would have liked to say much about treatment, as there *was* so much to be said, because *the treatment was entirely symptomatic*.

Before we consider homeopathic therapeutics, however, it is desirable to say a few words concerning general care, which in influenza is certainly of very great importance. In the bitter school of experience we have learned much of real value. We have found out that the sooner the patient is put to bed and the more strictly he is kept there, the better chance he has of recovery. We have found out that patients need warmth rather than cold, that they need plenty of fresh air, to be sure; but that they need warm, fresh air, and not the vigorous treatment that some of us have adopted in the routine treatment of our ordinary pneumonias. In connection with warmth, we have found that if we use the pneumonia jacket early, before there is any indication whatever of pneumonia, we might feel that we are doing at least something in the way of preventive measures against pneumonia. Ordinarily I do not approve of filling the pores of the skin with grease, but frequent inunctions of hot camphorated oil seem to have some definite value in influenza.

The dietetic treatment of influenza is of great importance. I know of no disease, not even typhoid, in which a strictly liquid

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diet is of more importance. I have repeatedly seen the temperature elevated from one to three degrees from no other cause than that the patient had been given an egg or milk toast, or some other solid food. Milk, broth, gruel, ice cream and fruit juice, is a safe and sane diet for all these cases until the evening temperature has reached normal.

The mental attitude of influenza patients, particularly during the height of the epidemic, is a matter deserving the most serious consideration, and yet one that I have known to receive scant attention. Upon an understanding of the patient's mental operations frequently depended the difference between life and death. The whole population was literally terrified. We saw many sad cases of influenza-phobia among adults, but the fear reached the children, too. In many cases when they were stricken with the disease, they were literally almost scared to death. To dispel gloom, to allay fear, to replace despair with hope, is not always the easiest task, but it is one that is possible and worthy of accomplishment. Lives can be saved by pure psychotherapeutics—by what sometimes amounts to sheer insistence upon the patient's recovery. I have repeatedly instructed nurses to allow no one near the patient who would not be cheerful, however badly the battle against death seemed to be going. I have dispelled gloom from more than one household by an unqualified insistence upon cheerfulness for the patient's sake. And it is not beside the mark to make an unreasonable member of the family leave home if by so doing an atmosphere can be established that will contribute toward saving the patient's life.

We come now to the matter of homeopathic therapeutics, which, if it had never done anything extraordinary before, should achieve undying glory for what it has done for mankind in combating the plague of influenza. From every corner of our great country, wherever homeopathy is practiced and wherever there is opportunity for the exact study of comparative statistics, there comes indisputable testimony of the wonderful efficacy of homeopathy. Parallel groups of cases everywhere show a homeopathic mortality almost negligible when compared with any other system of therapy.

Unfortunately, I am unable to present accurate statistics from my own practice. I do not know how many hundreds of cases of influenza passed through my hands. Like many of my colleagues I never had time to count my cases. From September 20, 1918, to May 12, 1919, there was not a single day that I did not have influenza under my care. I have had as many

as 17 cases of influenza pneumonia at one time, but I do not know how many I treated altogether. In fact, I have not even separated my cases among children from my cases among adults.

But among them all, there were two deaths in children. One, at eight months, was undernourished and had been a bad feeding case. It survived six days. The other, at twenty-two months, died after a very brief pneumonia. I saw this child only twice. The surroundings were bad and the child had no nursing care.

It is my purpose to give a brief résumé of my personal experience with a few remedies in the hope that it may suffice to evoke a profitable discussion.

Aconite, despite its wide applicability to febrile conditions, seemed infrequently indicated. At times, very early in the disease, it was the perfect simillimum, at other times it did splendid work in cases that suddenly developed an excessively high temperature after the disease had been progressing moderately for a number of days. Influenza patients do not commonly have the thirst and restlessness that are uniformly present in the aconite case.

Antimonium arsenicosum, a truly wonderful remedy in broncho-pneumonia, was used very frequently with excellent results.

Antimonium tartaricum was also used frequently in the cases which had pneumonia or bronchitis. The rattling of mucus, drowsiness, debility and sweat—all constant characteristics of antimonium tartaricum—were among the commonest of influenzal symptoms.

Arsenicum album came in but seldom, and then only in advanced, severe cases.

Arsenicum iodid, third decimal, seemed so often applicable at the beginning of convalescence that its use became empirical and routine.

Belladonna was often indicated for nervous symptoms, the rather common neuralgic pains, and particularly for the typical pharyngitis so many influenza patients presented early in the disease.

Byronia proved of great value, especially in pneumonias in which the lobar type was simulated and the characteristic pleuritic pain was in evidence.

Ferrum phosphoricum, in the author's experience, was the most important remedy of all. Besides its indications in uncomplicated influenza, its provings give a perfect picture of the unusual type of broncho-pneumonia which was so commonly seen

in the height of the influenza epidemic. Case after case that seemed almost hopeless responded to its beneficent influence. It was of very great value also in controlling the severe epistaxis so often encountered. Indeed, if I were confined to one remedy in the treatment of influenza as I saw it during the past year, I should choose ferrum phosphoricum.

Gelsemium is another remedy entitled to our highest consideration. With its aching pains, its drowsiness, its fever without thirst, its coryza, its weak, slow pulse, its muscular weakness, it presents a perfect picture of what we commonly meet in influenza. And yet—and in this I particularly wish to hear the experiences of others—I could not obtain the results with gelsemium in children that I could with adults. There may be some personal prejudice about this, for I have long been of the opinion that for some reason children do not ordinarily respond to gelsemium as readily as do adults.

Ipecacuanha, while its respiratory symptoms were often present, frequently had to be introduced empirically to control nausea and vomiting.

Phosphorus, upon its so common tracheolaryngeal symptoms, was prescribed very often. In some cases the rapidity with which it cleared up persistent, dry, irritating coughs seemed almost miraculous.

Rumex is another with a special affinity for the trachea and larynx which occasionally gave excellent results.

Sanguinaria, as ever, proved of great service in pneumonia when there was great dyspnea and evident need of an expectorant.

Spongia was used to good advantage in several cases in which the children developed croup as a complication.

For sedatives, *chamomilla* or *magnesium phosphate* were occasionally given in addition to other homeopathic remedies, but in no case coal tar derivatives or opiates.

Very little stimulation was used. Whiskey, brandy, crategus were used in a few cases, and occasionally camphor in oil. I used no strychnin with any of the children. I have no use for digitalis in influenzal pneumonia in either adult or child, for I believe it kills more than it cures.

Iron tonics were prescribed as soon as the need of symptomatic treatment ceased to exist.

In conclusion, I would say that the successful treatment of influenza depends upon five factors, and that homeopathic physicians need to seek no further armament successfully to cope with this disease:

(1) Absolute rest in bed from the very onset until at least four days after the evening temperature is normal.

(2) Warmth.

(3) A strictly liquid diet.

(4) A cheerful environment.

(5) The homeopathic remedy.

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Discussion

Dr. J. G. Wurtz, Pittsburgh: Dr. Raue gives a description of influenza. An English doctor said that this epidemic was the same as all other epidemics, because the medical profession made the same mistakes, and seemed to be as panic-stricken as ever. As to the bacteriology of the epidemic, it seemed that it varied in different localities. In some they found the pneumococcus, in others the streptococcus. Everybody tried hard to isolate the influenza bacillus, but with little success. At another Pittsburgh hospital, I visited the laboratory to verify my findings, which were negative. I thought there was something wrong and went to get their views. I picked the cases, mostly in adults, thinking to recover the organism. The cultures in all cases were negative. I typed the sputum of possibly 35 or 40 cases, but in none did I recover anything but type 4—pneumococcus. I tested out the serum and found it was working all right, and exchanged views with men of another laboratory. I learned that in practically 700 cases of sputum typed these men got type 4. On four instances they recovered type 1. One doctor said that in 500 cases, with the exception of a very few, they were type 4.

From what I learned myself from observation, and what I have read, I believe that the organism which is responsible for the influenza is in what we call type 4, of pneumococcus. Type 4 in this country is the fulminant type in Africa. They have been also typed alphabetically in different countries. Type 4 is a fulminant strain, and may have been brought to Europe by some African or Indian troops. That is an idea of my own.

So far as the symptomatology of the disease is concerned, being a laboratory man, I do not have occasion to see that end of the work. I have seen cases simulating typhoid fever, having a steady temperature, nose bleed, abdominal pain, a little cough, and somewhat restless. These patients had a temperature of 102 to 103 in the morning, then go down to 101. I think last winter I did more Widal's than I did the year before. Of course typhoid is very rare in Pittsburgh. Some cases simulated scarlet fever, tonsillitis, diphtheria. The pathology is mostly a broncho-pneumonia due to streptococcus, some to pneumococcus. I did not make any cultures of the lungs. It was also found by others that there was a degeneration of the muscles which was responsible for the great weakness and prostration. I think that the degeneration going on in the muscles would also go to the heart giving myocarditis. So far as the ear complications were concerned, the essayist mentions pneumococci, and that is what I found in most of the specimens of ear discharges. The smears came from children.

Dr. Anna Johnston, Pittsburgh: I just want to emphasize some of

the points brought out in the different papers. Dr. Raue spoke about the temperature. I noticed that the children ran a much higher temperature in pneumonia following influenza than the adults. It may have been influenza in the beginning, but it was pneumonia when the patients reached the hospital, with temperature running to 105. There were two children that I thought could not get well. One was four years old, and the other seven. They ran a very high temperature.

Dr. Wurtz spoke about Widals, and the many cases simulating typhoid. We had Widals made which were negative.

Speaking of diet, I noticed that in most of the cases the patients could not tolerate milk. If they took milk at all it would generally come up, and the temperature would come up also. We found that orange juice and chicken broth were the most acceptable. Meat broths did not agree with them.

About remedies, I wish to emphasize what the other doctors have said. I found ferrum phos. very beneficial, also belladonna. I did not use so much gelsemium with the children. Tartar emetic was also useful.

Dr. Brown: My experience was entirely outside of the hospital. I was in general practice. Fortunately the Board of Health obliged us to report our cases. Afterwards by looking up the records we were able to differentiate and find what percentage of cases were children. I found that 44 per cent of my cases were in children below the age of 14; many in young infants. The mortality in all cases was 15 per cent. Ten per cent of all the cases developed pneumonia. I did not lose a single child. The children seemed to stand it much better than the adults. I do not know whether it was because they came later in the epidemic, or whether we were better able to handle them. All cases going beyond six or seven days with a rise in temperature sooner or later developed some complication; it might be of the ear and the symptoms were not marked enough to draw attention; it might be of the gastro-intestinal tract. I had no deaths that I could not demonstrate as due to a definite complication.

The post-mortem pathology was impossible in general practice. The post-mortems that were held showed that they were the usual unfavorable complications.

There was one feature that was very interesting. Sometimes a case would have the physical signs of a broncho-pneumonia, and I would make such a diagnosis, but the case would clear up by crisis. I was interested in some of the reports from camps in which areas were found scattered through the lungs in cases of bronchial pneumonia. I wondered whether this might not have something to do with clearing up by crisis. The gastro-intestinal symptoms were sometimes very marked. I do not know that this was more frequent in the children than in the adults. Someone stated that in the gastro-intestinal cases we were more apt to have the meningeal complications. I saw a few of these cases. I had one whole family down with the influenza, and among others one child of 8 years. The temperature was normal in this case for three days and then started to rise. The child complained of pain in one ear. The tympanum was inflamed, but immediately cleared up, and the temperature became normal. Two or three days later he developed a Bell's palsy, which cleared up rather more quickly than such cases usually do.

With children I used homeopathic remedies almost entirely. At the beginning of the epidemic I became more or less panic-stricken and tried various things, though keeping away from coal tar products. Was much disappointed in gelsemium.

Dr. Stella Q. Root, Stamford: My experience was rather limited. I was away from my practice after the first six weeks of the epidemic. I only had 91 cases of influenza altogether, and 20 per cent of these were among children; 25 per cent of the children had pneumonia. I had no deaths among the children, and but one death in the 91 cases. One child with an absolutely typical case of bronchial pneumonia I expected would die, but when I found him the next morning he was sitting up eating oatmeal, and it did not do him any harm. The October epidemic in Stamford was very largely among the poorer classes. Later on in December it seemed to be among the better classes. Most of my cases were outside of the hospital. I had one in the hospital, and in no other did I have a graduate nurse constantly in attendance. We had a very efficient Visiting Nurses' Association. While the epidemic was handled extremely well in Stamford by the doctors, we had to have some help from the State in the nursing. We used chiefly district nurses. I think we had less hysteria because the doctors the people were used to were handling the situation. We did not have to have government help. We did not have to open any temporary hospital or anything of that sort.

The only thing that has not been spoken of in any of the bureaus in the discussion of influenza is the slow pulse. Four or five days after the temperature went to normal, whether the case was complicated or uncomplicated, they developed this slow pulse with great uniformity. I not only noted this in my own cases, but it has been the experience of my friends generally in Stamford. The pulse would drop to 45 or 40, and would stay there in some cases for two or three weeks. In the early part of the epidemic, after three days of normal temperature we would let the case up, but after I had two or three cases that developed this slow pulse I kept my patients in bed for five days at least, and then if they were all right I would let them up. I had one case in a child, an extremely strong, well-nourished boy. That one case was in the hospital. He had no complications whatever, only a bronchitis, but after five days, when his temperature went to normal, his pulse fell somewhere around 40. I had to keep that child in bed three weeks before the pulse was rapid enough to allow him to get up.

As to the gelsemium, I recall using it in quite a number of cases in children, and a great deal in older people. I think the other remedies were about the same as mentioned in other reports.

Dr. E. B. Hooker, Hartford, Conn.: I have a very small contribution to offer. I went through the epidemic of 1893, and saw many more cases than than in this epidemic. I was struck with this difference between the two: In '93 there was a much larger ear complication than in this epidemic. Children and adults in my experience both had middle ear complications 26 years ago more than at this time. This time they had many complications. That was an interesting observation to me in those two epidemics.

It has been my experience that gelsemium was most always the

first remedy, and served the purpose well in early conditions. It was more often indicated than aconite. The patient was in a restless condition with a soft pulse, and very often headache, but not in the restless, anxious condition of aconite, so that of these two remedies gelsemium was much more frequently used.

I met one case of meningitis. That was the only complication I had. I lost that one case. That was a mortality of 100 per cent. I lost one case of pneumonia. That was all I lost in the epidemic. The case of meningitis was in a very young child.

Dr. H. Lischner, San Diego: I want to emphasize the therapeutic phase of the subject as outlined by Dr. Greene. I also want to impress upon you that there can be no specific treatment for this disease. I am in charge of the Boys' and Girls' Aid Society Home in San Diego, and at one time we had forty-two children and six matrons down with influenza within two or three days. I was too busy to give them individual attention and finding gelsemium most often indicated, both because of the peculiar climatic condition in San Diego at the time and also because gelsemium is a good child's remedy, my routine treatment was gelsemium first, later kali carb., and if epistaxis or local congestions showed up, sanguinaria. While it might not have been good individual prescribing, it carried me through successfully with adults as well as children, so much so that, the directors of the institution wrote a letter to the local newspapers commenting on the excellent results obtained under very unfavorable environment. In addition to the remedies, I particularly want to mention the electric heating pad. As soon as any child showed a tendency to grippe symptoms he was wrapped in an electric blanket and perspiration produced. This was repeated every twelve or twenty-four hours until free perspiration was established and the temperature lowered. Some one here mentioned the fact that milk disagreed with influenza patients. In my opinion milk is contra-indicated in every toxemic condition. Fresh fruit juices, especially that of pineapple, fermented milk, gruels, vegetable and occasionally meat broths, formed the principal dietary of my patients. Laxatives are usually unnecessary, and do mischief. Large colon flushings serve well in stimulating elimination and for reducing fever. I had equally satisfactory results with a number of children at the Children's Sanitorium. I had to devote one building entirely to influenza cases during the greater period of the epidemic.

May I at this time refer to an interesting case of influenza during pregnancy? This woman, a primipara, developed influenza in the early part of the last month of pregnancy. She apparently progressed satisfactorily, and within a few days her temperature was normal, and, as was often the case, she attempted getting up on the fourth or fifth day. Her temperature rose again and she immediately developed symptoms of pneumonia. She had been on gelsemium, and I now changed to sanguinaria. Considering the pathogenesis of sanguinaria, it ought to be a good remedy in influenza pneumonia. She held her own fairly well, but on the third night I was called and found her in labor. I prescribed kali carb. Strange to say, while her general condition was alarming, her labor contractions continued rapidly and regularly with absolutely no pain or consciousness of pain; and within two hours she gave birth to a six-pound baby, followed by the placenta;

immediately after, the patient collapsed completely. Under the administration of carbo. veg. and mild stimulation, her condition gradually improved; she regained consciousness, and within several hours her color and breathing improved. She continued to improve until recovery within several weeks. An hour after birth the baby had a temperature of 104 and showed a marked tendency to catarrhal symptoms and cough; its skin was covered completely with a vesicular eruption. These symptoms continued for about five days, and under the administration of kali carb. and other adjuvant measures, the temperature and cough soon subsided, and the baby became normal in every way.

Dr. J. G. Dillon, Fargo, N. D.: The children cases I saw were those in general practice, as well as the patients at the institution known as the North Dakota Children's Home.

The infection seemed to spend its force on the part or location where the child was naturally weak. For instance, the child that had previously been bothered with a weak gastro-intestinal tract would show lots of vomiting and diarrhea as the leading symptoms, for which arsenicum and ipecac were usually given. Others were predisposed to glandular, throat and ear symptoms, for which ferrum phos. and belladonna were given. The nervous, high strung child frequently suffered with headache and fever running pretty high.

Sixty-seven cases developed at the Children's Home without any complicating pneumonia or death; most of these cases were on bryonia and gelsemium, which seemed to be successful in carrying them through to complete recovery.

Dr. J. T. Simonson, New York. I was surprised at the statement made by Dr. Lischner in regard to sweating patients. Possibly the climatic conditions in California may produce different symptomatology, but it has been my experience that sweating is not necessary. Most patients had profuse sweating, which was evidently because of the prostration.

Another point in regard to meningitis. I saw several in consultation, and had several in my own practice of what was apparently a meningitis. I have heard of cures of meningitis during the past year, but from the history of these cases they were probably a toxic condition of the meninges, and entirely due to the toxemia of influenza. The resemblance was very close, indeed.

In regard to the gastro-intestinal type, I have felt that a great many cases this winter of supposedly acute gastro-enteric cases were cases of influenza affecting the mucosa of the intestinal canal first rather than the respiratory tract. There were a good many of these cases in children.

In regard to the slow pulse, that was very characteristic right through the epidemic. It was not only a slow pulse, but I think it was slow respiration in comparison to the amount of lung tissue involved. I felt that was due almost entirely to toxemia, especially of the thyroid gland.

Dr. Kahrs, New York: Pyelitis, as a complication of influenza, has not been mentioned. In numerous cases after the temperature has returned to normal, a sudden rise will indicate, by urinalysis, the occurrence of acute pyelitis.