Correspondence.

"Audi alteram partem."

THE SPREAD OF INFLUENZA.

To the Editor of THE LANCET.

SIR,—Influenza being again with us, much attention naturally is being directed to prophylaxis of the nasopharyngeal tract in respect to "droplet infection" as exemplified in sneezing and coughing. Experiments on humans in America, in which abortive efforts to infect the tract by accepted natural methods and by direct application of discharges from influenza patients were employed,¹ indicated the possibility of finger contamination playing an important part in spread. Doubtless research workers during the opportunity now afforded in this country will not neglect this aspect of the question; but I suggest that, in the meantime, practitioners could greatly aid the direction in which investigation could usefully proceed by compiling notes of the histories of suspected modes of invasions of their patients. In areas where persons do not hesitate to hand to their fellow-beings letters adorned with freshly-licked stamps or shake hands immediately after using a defiled handkerchief, and where in cheap restaurants vague ideas prevail as to cleanliness of forks, spoons, and cups, the opportunities of estimating the chances of infection should be abundant.—I am, Sir, yours faithfully,

W. G. KING,
Colonel, I.M.S. (ret.)
Hendon, N.W., Jan. 17th, 1922.

TREATMENT OF INFLUENZA:

800 CONSECUTIVE CASES WITH TWO DEATHS.

To the Editor of THE LANCET.

SIR,—In the early part of 1919 I sent you the enclosed letter, upon which you briefly commented. The article by Dr. J. G. Willmore and Dr. F. M. Gardner-Medwin in your issue of Jan. 21st confirms the opinions I expressed three years ago, and I think that the publication of the notes will be of interest to them and to others. It only remains to state that after I sent you the notes I had a further 300 consecutive cases with no fatalities, so that the correct title can now be as above. A record of which I am proud.

During the present mild epidemic I have had about 80 cases, which treated on the lines laid down have caused me no anxiety.—I am, Sir, yours faithfully,

H. O. BUTLER, M.B.
Sutton Court-road, W., Jan. 23rd, 1922.

[ENCLOSURES.]

500 Consecutive Cases of "Influenza" with One Death. By H. O. BUTLER, M.B.

A chance conversation with the local acting M.O.H., in which he expressed himself surprised at this result, and a further chat in which he stated the great improvement he had noticed since starting the method of treatment advocated, has induced me to send you this note on the method of treatment I have used.

Every case had an initial purge of castor oil or calomel, which was repeated if abdominal symptoms required (and here I may state that however serious the condition of toxæmia, I have never seen anything but good follow their use), and then was put on to 20–30 gr. bicarbonate of soda four-hourly and kept on it, and that, with tepid sponging if temperature rose above 103° F., was all.

The only disadvantage of the treatment I have so far discovered is that its simplicity prevents its general use, so that patients think that not enough is done for them. Of its value I have no doubt whatever. The change after 24 hours of this treatment in the condition of the patient, who has too often been soaked with every conceivable drug and is in a profoundly toxic state, is remarkable. The colour alters at once, the abdominal pain lessens, the cough loosens, and the tongue begins to clear. Most patients had taken one of the salicylic preparations and this was stopped at once. If I saw one in the very early stage of the disease, I allowed four aspirin tablets altogether, which one knows usually makes them more comfortable until the system has accus-

tomed itself to the raised temperature. During the first 24 hours food was withheld as much as possible and even for the first 48 hours was not encouraged, though water ad lib was urged, with bicarbonate of soda in it, unless, of course, aspirin had been ordered. For the pain in the throat, hot fomentations are the only things which have in my hands helped.

How bicarbonate of soda acts I do not know, but considering the relief it gives to the abdominal pain and distension, it probably inhibits the growth of the streptococcus, which, I believe, is the chief causal organism of the complications of the disease, and neutralises its toxin. On two occasions I have given in markedly toxic cases bicarbonate of soda by intravenous infusions, but I could not satisfy myself that it was of value, which confirms my own opinion that the organism responsible for the complications has its habitat in the bowel. In two cases in women with a tendency to cystitis the drug had to be stopped for a time, and hexamine and acid sodium phosphate was given in alternate doses until the urine became acid again.

I should like other practitioners to give the method a trial. The drug is in every household as is castor oil, and in these times of stress that is something.

It must be clearly understood that a case was not, for the purpose of this series, considered to be influenza unless it showed catarrhal signs in the lungs. Only about 20 showed signs indicating consolidation of the lung, though many by the presence of blood-stained sputum proved it was present. The occurrence of nose bleeding, and of what is often associated with it—melæna—did not prevent me continuing the treatment.

Of course, I know that 500 cases is a small number to dogmatise upon, and, in fact, since this was written I have had another death. The case, however, was so acute, and the vomiting of blood and mucus so persistent, that it was impossible to get soda bicarb. to be retained. Intravenous infusion was again tried but with no result.

I have asked my friend Dr. Leaning, the local M.O.H., to add a note of his observations on the method of treatment suggested above.

March, 1919.

A Further Note on the Treatment of "Influenza" by the Above Method. By R. CRASKE LEANING,

M.O.H., Chiswick Urban District.

When making the necessary inquiries and observations respecting the epidemic, I was much impressed by the remarkably successful results following Dr. Butler's mode of treatment. He kindly gave me details of this method which I have since carried out in my private practice. The results I have so far obtained have shown such a marked superiority over any other method I have tried, and the improvement of even serious cases has been so rapid, that I urged him to make the matter public, as I am convinced of the soundness of his treatment, which, in my opinion, is founded on clinical requirements.

Excluding the fulminating meningeal type, which now appears to be much more rare than in the early days of the epidemic, I suggest that the present fatal type which is now so prevalent is due primarily to an attack of influenza, caused by the *B. influenzae*, and that the serious complications (excepting true lobar pneumonia) are due to a bowel streptococcus.

The most fatal sex and age group appears to be females between 20 and 35 years; another fatal group is girls between 15 and 20 years, the sex and ages in which chronic constipation and the accompanying intestinal disorders are most common, and consequently in which one would consider the streptococcus would most readily flourish.

Clinically, the torpid aspect and peculiar colour of the face, the distended abdomen and pain over the liver (suggesting some portal infection or congestion), the presence of malæna and epistaxis, and the frequent absence of an abdominal reflex, all point to an intestinal toxæmia. Also, in my opinion, the lung complications in the septic cases are nearly always preceded by distant coarse crepitation at the right base, which, together with the pain over the liver, suggest some perihepatitis or diaphragmatic pleurisy. This is rapidly followed by the spreading indefinite pneumonia signs we have now learned to dread.

I conclude that too much attention has been given to the lung condition at the expense of the causative factor—viz., the intestinal infection.

Dr. Butler's method of treatment appears to aim directly at the cause of the complications, partly by neutralising the toxins, as evidenced by the rapid improvement, and partly by loosening the germ-laden mucus and facilitating its removal. Also—a matter of great importance—he avoids agents which may increase gastric or intestinal catarrh. Other practitioners in this district who also devote their main treatment to intestinal eliminations and have avoided drugs aimed only at the lung condition and the pyrexia have been rewarded with good results.

¹ U.S. Public Health Service Reports, Dec. 20th, 1918, and Jan. 10th, 1919.