THE TREATMENT OF CHRONIC INFLUENZA

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Early last year I presented a brief monograph on "Chronic Influenza and Its Relation to Neuropathy."

My interest in the subject of influenza as a chronic infection or intoxication has been increased by the study of an epidemic of influenza at Fort McDowell, California, during the winter of 1910 and 1911. The epidemic, probably imported by recruits *en route* to the Philippines from other depots, lasted several months. Involvement of the accessory sinuses was not uncommon. Singularly or perhaps naturally the cases in which sinus infection occurred presented evidences of general infection or intoxication for a period of one year during which they were observed. Two cases were followed closely and gave typical pictures of chronic influenza and one case was undoubtedly the source of endemic or sporadic influenza. Both cases showed a persistence of Pfeiffer's bacillus in the nasal and bronchial excretions during the time they were observed and had irregular acute exacerbations.

It is my purpose to emphasize what has probably been appreciated and practiced for many years by many of us, namely, therapeutic conservatism and caution in the treatment of acute conditions with the purpose of conserving the vitality and resistance as natural agents against chronic infections.

As early as 1900 Huchard² in the discussion of a similar subject said:

Among the mild forms of influenza there are afebrile types without inflammation, yet with such profound influence on the nervous functions as to cause much moral, physical and intellectual depression. As influenza is one of the most powerful factors in lowering the resisting power of the body, these mild types should be recognized. The skin, liver and kidneys must be kept active, the stomach and intestines being treated by alimentation rather than by drugs. The mouth and nose should be cleansed by a solution of formol, menthol or phenol (carbolic acid).

Filatow³ recognized two types of the chronic form of influenza: "(1) a type characterized by permanent fever of a remittent or intermittent character, that is, prolonged for several months, and followed by (2) a return of the disease for brief periods of time."

The most constant and striking influence following epidemics of influenza is the marked impairment of vitality and resistance with great increase in mortality and morbidity statistics from diseases directly attributable to influenza for many months and years after the epidemic. The protean manifestations of influenza as a chronic disease can well be appreciated by reference to the volumes of cases in the medical literature. Chronic influenza is more protean in its manifestations and less frequently recognized than any disease condition. It has become a habit, even a pernicious custom with some of us to treat disease empirically or by symptomatic eclecticism. This has in no one disease been more pernicious than in influenza in which the numerous "algias," widely distributed throughout the body accompanied by great mental depression, seem to demand attention only to the immediate relief of symptoms. It is not remarkable that influenza should become a chronic infection, followed by innumerable complications and sequelæ, lowering the vitality of its victims, produc-

tive of neuralgia, neurasthenia, psychasthenia, insanities, more or less serious, organic, pulmonary, cardiac, abdominal and pelvic disorders, so long as "grip" continues to be a disease entity without a full appreciation of its gloomy prognosis.

Antipyrin, acetphenetidin, salophen, salicin, aspirin and the host of similar antineuralgics have no virtue in the treatment of acute influenza, but rather tend to the production of complications and sequelæ, markedly increasing the tendency toward chronic infection. Hexamethylenamin, another "therapeutic fad" in the treatment of influenza, I have found in this disease as well as in its complications to be without merit. The relief of the neuralgias of influenza by the local stimulation of the circulation by hydrotherapy proves the correctness of Rombert's saying that, "pain is the prayer of the nerve for better blood." Depressant phenetidin and coal-tar derivatives increase the volume of the toxic agent causing the pain, and further impoverish the physiologic effect of good blood. Burney Yeo⁴ justly protests against "the reckless use of such drugs as salicin and antipyrin" on the ground that "tedious convalescence and cardiac debility are encouraged." The German committee which was formed after the epidemic of 1892 concluded that drugs had been abused in the treatment of influenza and that "rest in bed, the shunning of drastic agents, and above all, curbing the desire to leave the sick-room" until the noxious organism and its toxins are entirely eliminated from the system are rational procedures.

During acute influenza it is of first importance that our patients should be given the best possible chance to recover from the acute manifestations of the disease with the minimum amount of prostration and depression and to avoid as far as possible the occurrence of complications. Influenza is in its incipency admittedly an inflammatory infection of the upper air-passages caused by a specific organism.

I am convinced that depressant antineuralgics have no place in the treatment of influenza, that their effects are harmful and tend to the production of great general depression and lowered vitality in a disease which is characterized primarily by great cortical and bulbar depression, and which tends to become chronic in proportion to the degree of immediate resistance.

The first step in the treatment should be the removal of the immediate cause, namely destruction of the organism via the avenues of invasion. At all times the symptomatic treatment of the disease should be made subsidiary to the destruction of the bacillus of Pfeiffer by local treatment of the air-passages and conservation of vitality and resistance by environment and natural agents, i. e., ventilation, alimentation and elimination.

The following procedure has proved satisfactory in the local treatment.

In the morning:

1. Thoroughly cleanse the nose and throat with a spray of Dobell's solution or 1 to 400 phenol solution at a temperature of 85 to 90 F.

2. Swab the nose and throat with

R.		gm. or c.c.	
Balsami peruviani		.6	gr. x
Ichtyolls		.3	gr. v
Glycerini qs.		ad 60.	3ii

In the evening:

1. Repeat the spray of Dobell's or phenol solution.
2. Have the patient inhale for one-half hour creosote, 8 c.c. to a quart of water.

1. Am. Jour. Med. Sc., February, 1911.

2. Huchard, H.: Bull. de l'Acad. de méd., March 5, 1900.

3. Filatow: Ann. de méd. et chir. inf., April 1 and 15, 1899.

4. Burney Yeo: Lancet, London, March 2, 1895.

3. Swab the nose and throat with epinephrin.
4. Fifteen minutes later swab with argyrol, 10 per cent.

This procedure will probably be rejected by the busy practitioner or objected to by the patient. In my opinion it is the failure to treat the local infection in acute influenza that has resulted in the frequent complications and sequelae producing chronic infection.

The evidence in favor of chronic invasion in influenza is so conclusive that we must cease to underestimate the malign effect of this disease on the public health and take radical measures to effect complete recoveries in patients suffering from acute "grip."

Hydrotherapy is of inestimable value in all cases of chronic influenza, acting as tonic, stimulant, eliminant and by enhancing phagocytosis. The observation of Winternitz⁵ confirmed by Alois Strasser⁶ in health and disease that, "after all thermic and mechanical procedures acting on the whole surface, as in cold sheet baths, plunges, half baths, all kind of douches, hot-air baths followed by cold procedures, Scotch douches, and cold full baths, there is an increase in the red blood-corpuscle count." "The leukocytes almost without exception also increased, as did the hemoglobin." Strasser⁷ formulates the results of observations to determine the effect of hydiatic procedures on elimination and assimilation as follows:

"Hydiatic procedures constantly increase the assimilation of nitrogen, the increase differing in intensity in different individuals; a diminution of body albumin does not necessarily occur if the nutrition is sufficient, but on the contrary even during the procedure albumin may be added." "Reaction does not seem, in the majority of cases, after a duration of three days' treatment, to exceed the effect of stimulation." "Nevertheless a larger number of clinical observations have established the fact indubitably that *assimilation is decidedly and enduringly enhanced by water treatment provided, the latter is sufficiently prolonged.*"

I believe that we have in hydrotherapeutic measures a valuable agent in the treatment of chronic influenza, provided as much care be taken in prescribing the temperature, pressure and duration of baths of any kind as is taken with the minute instructions to the patient for medicinal agents.

Patients with prolonged indisposition and great depression accompanied by persistent cough, excretion of Pfeiffer's bacillus and irregular recurrence of fever with exacerbation of acute attacks, should be recommended to a climate which shows slight changes in extreme alterations of high and low temperature and barometric pressure and where relatively clear and sunshiny days predominate. Tropical or subtropical climates are bad for influenza by lowering resistance and increasing local congestion.

EXTENSIVE DERMATITIS MEDICAMENTOSA, FOLLOWING THE USE OF MIDOL (PYRAMIDON)

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A note¹ on the entrance of pyramidon in the "patent medicine" field, under the name of Midol, recalled to my mind the following interesting case, on file among my records:

The patient, a man aged 52, with a tabes dorsalis of fifteen years' duration and a marked accentuation of the lightning-like pains, had been taking acetanilid for several years. He

claims to have taken at times as much as 40 grains in the twenty-four hours. He has also occasionally taken morphin, but finds that acetanilid gives him more relief. For some weeks there occurred a considerable amelioration in the pains, during which time all medication was discontinued. Several weeks later and about a week before the case came under observation, the pains recurred with increased severity. After taking one or two doses of acetanilid with little or no relief, he began taking Midol in full doses for four days, at the end of which time he began to have considerable pruritus and irritation back of the ears and on the neck, which within a few hours involved the trunk. The itching was very severe, the patient's sleep being disturbed. This condition progressively increased, until when seen three days after the onset of the trouble, he presented a severe dermatitis medicamentosa. The lower lip was enormously swollen and edematous, rendering speech difficult. There was an extensive erythematopapular eruption on the face, chest and back; the papules were very large. There were also several very itchy wheals, some of which were over an inch in diameter. The patient complained of an intense pruritus of the scalp, but nothing other than scratch-marks could be seen. The skin was markedly hyperesthetic. A large number of purpuric spots were observed on the anterior aspect of the legs and feet. I immediately forbade further use of the Midol, and prescribed an alkaline, laxative mixture. For external use the patient was given a lotion of magnesium and zinc, with some ichthyol. Within three days the eruption cleared up entirely, only the purpuric spots remaining, but these eventually disappeared after a few weeks. This case proves that pyramidon can as easily cause a drug eruption as the other better-known coal-tar derivatives.

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CONGENITAL DEFECT IN AN ARMENIAN

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The subject of the accompanying photograph is a strong young Armenian lad of 19 years. He is one of a family of five, two members of which were twins who died in infancy; the others are alive and well. There is no history of con-

Congenital deformity in an Armenian.

sanguinity or physical defect as far back as the grandparents; the earlier family history is not known. I have known the patient for one year; he is in regular attendance at school, and seems to be in exceptionally good health.

5. Winternitz: Bl. f. klin. Hydrotherapie, February, 1893.

6. Strasser, Alois: Bl. f. klin. Hydrotherapie, November, 1893.

7. Strasser: Hydrotherapie, Baruch.

1. The Journal A. M. A., August 10, p. 461.