

TUNBRIDGE WELLS HOMOEOPATHIC HOSPITAL AND DISPENSARY.

The Annual Meeting of the Tunbridge Wells Homeopathic Hospital and Dispensary was held at the Hospital on March 8, 1918, under the presidency of Mr. Wm. Meyburn, J.P. The report stated that there were 117 in-patients treated during the year with four deaths, and there were 3,663 out-patient attendances showing an average of seventy per week. Sixty-two home visits were paid. Twenty-nine major operations were performed during the year, and among in- and out-patients eighty-five minor operations. The financial statement showed an income of \$1,443 and an expenditure of \$1,436, thus showing a balance of \$4 on the right side. Our congratulations to Dr. Ersoe on returning to the hospital work at home, and also to Dr. Pincock that he was able to be present at the meeting after his severe illness.

BOOK RECEIVED.—"Hemmatologists' Aid to Memory," by Henry Harold Scott, M.D., M.R.C.P.Lond., F.R.S.Edin., D.Y.H., late Captain R.A.M.C., Government Bacteriologist, Jamaica; Pathologist to the Kingstown General Hospital. London: John Bale, Sons and Danielsson. Price 6s. net; cloth, 7s. 6d.

NOTICE TO CONTRIBUTORS AND CORRESPONDENTS.

In reply to inquiries the Editors will be happy to insert notices of medical vacancies and appointments to hospitals, dispensaries, or other public institutions.

All literary matters, correspondence, books for review, and exchanges, should be sent to either of the Editors, Dr. Goldstrough, 52, Whitpole Street, London, W. 1, or Dr. Stoddman, 129, Broadhurst Gardens, West Hampstead, N. W. 6. The Editors cannot undertake responsibility for the return of unaccepted manuscripts, but will endeavour to return those for which the postage is prepaid.

All advertisements orders should be addressed to Mr. E. A. Atwood, London Homoeopathic Hospital, W. O. 1, and other business communications, including the payment of subscriptions, should be made to the publishers, Messrs. John Bale, Sons and Danielsson, Ltd., 88-91, Great Marlborough Street, London, W. 1.

The following Journals have been received: *The Ontario Journal of Medicine*, *The Homeopathic Recorder*, *Indian Homeopathic News*, *Journal of the American Institute of Homeopathy*, *Long Island Medical Journal*, *New England Medical Gazette*, *L'Union Médicaire de l'Inde*, *Patologia*, *Revista Homeopática Brasileira*, *Revista de Homeopatia Pratica* (Baton Rouge) (January to August inclusive), *Univ. Vn. Homeopatia* (Observer), *Zytschitsky*.

Communications for publication in the succeeding number of the *British Homeopathic Journal* should reach the Editors not later than the 15th of the month.

Authors desiring copying of their papers should notify the same when returning the proof to the Editors.

The British Homeopathic Journal

A Monthly Record of Scientific Therapeutics, General Medicine and Surgery.

No. 12. DECEMBER, 1918. VOL. VIII.

ORIGINAL ARTICLE.

A DISCUSSION ON "THE TREATMENT OF INFLUENZA AND ITS COMPLICATIONS AS SEEN IN THE PRESENT EPIDEMIC."¹

DR. O. E. WHELER, of London, introduced the discussion. He said he could not help feeling that the members of that Society must feel with regard to him a little like Sindbad in his dealings with the Old Man of the Sea, but he could assure them they would not have the same difficulty in getting rid of him that night that Sindbad had. He did not think there was much doubt that this present epidemic had been a more severe one, especially in its sequelae, than those they had had in recent years; it certainly had been so in his personal experience, and he did not suppose his experiences had been at all unique in that respect. He thought the severity of it had been due, to some extent at any rate, to the tension they had been undergoing for a good many years. The greatest powers of resistance of the peoples of the world must be to some extent lowered by the terrible experiences they had been going through. If no actual harm from a shortage of food, there had been undoubtedly a certain amount of discomfort, and though many of them perhaps used to

¹ At a meeting of the British Homeopathic Society, November 7, 1918, Dr. Dyras Moir, President, in the chair.

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eat too much in the old days, yet he thought a good many had improper food in those times, which probably had no very good effect upon actual powers of resistance. Among such large numbers of young and healthy people gathered, as in the Army, pathogenic germs had a chance of becoming more virulent. The early cases that he saw certainly inspired him with the belief that they were not dealing only with influenza.

Bacteriological investigation isolated pneumococcus and streptococcus besides influenza. As this was a discussion on influenza, he thought its purpose would best be served if each of them spoke mainly of what he had seen. There were quite a large number of what he might call straightforward cases of influenza with rise of temperature and the usual symptoms, sore throat, pains, &c., that they had seen for many years past. These cases had done as well as they as homoeopaths considered that they ought to do. There had been quite a few pretty cases in the hospital of that kind. There was one he had seen with marked abdominal symptoms. The patient came in passing frequent stools, many of them involuntary, suggestive of typhoid, and with a definite characteristic rash, but the Widal test was negative to typhoid and paratyphoid. This patient had also pneumonia, and had done very well under treatment.

The cases which came early under treatment had yielded quite satisfactorily. Baptesia and gelsemium had proved very useful. At the present time it was difficult to get medical attention, and so many people were hard at work and did not give up early, and thereby they rendered themselves liable to complications.

Among complications in quite a large number of cases there had been hæmorrhage of the nose. He had seen some cases where the nasal hæmorrhage was so great that plugging of the nostrils had been necessary. This symptom suggested phosphorus. Among other severe cases there were some where the temperature was 104° and 105° F., and where the pulse-rate had been out of all proportion to the fever. These high temperature cases had proved very obstinate. One of them was not actually delirious during the temperature, but as the temperature began to fall. It seemed that there was a tendency for the higher brain centres to be more obstinately affected. In one severe case he tried pyrogen, influenza and other

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drugs, but he could not persuade himself that he had really effected much. The most important of all sequelæ was pneumonia. It was frequent after influenza in former epidemics, but in this epidemic, as in others, when influenza cases were treated early, he did not think that in any large proportion pneumonia followed, and thought that it should not follow if the case were treated reasonably soon. He thought that in every case he had seen the lower lobe of the left lung had been affected. Lobar pneumonia was quite common, and there had also been a kind of broncho-pneumonia. Patients were often very seriously ill for ten or twelve days. There did not seem power in the body to get a good reaction to the disease. Several were rather cases of toxæmia than of definite pneumonia. Cases which came in late had proved in his experience very difficult to handle. He did not think he had ever seen a worse run of severe cases. Some were hopeless from the first, because they had been ill ten or so long as the patient lived that something might be found, but he had not succeeded in helping them. No one could have worked harder or more devotedly than Dr. Kyle, the House Physician, but they had too often been unable to find a remedy to increase the power of resistance sufficiently to make the difference between living and dying. Of the remedies he had used, he thought phosphorus, on the whole, had come out the best. He had had two or three successful cases with phosphorus, though they thought of phosphorus as specially suitable for right-sided cases. He spoke of the development of herpes in pneumonia, which he regarded as a favourable sign. It had rarely been present in this epidemic. He hoped his colleagues had had a happier experience than he had. In thinking it over, he believed that these septic cases should have more profoundly acting drugs. Drugs like carbon and sulphur should be thought of, and arsenic and mercury. It was possible, of course, if they could get a nose-bleed from the actual eruption of the patient that might succeed, and he had heard that that plan had been followed with success by one physician. He did not happen to have thought of it, so his patients did not get the benefit of it.

DISCUSSION.

Dr. GORDON said that during the last few weeks there had been about ten cases of influenza altogether among the nurses of their hospital, and with one exception none of them had given any anxiety, showing the advantage of treating cases from the very outset. The one exception was just at the very beginning. The patient was profoundly prostrated and looked as though she was going for typhoid. Baphtistix 1x. was used with the best result. Only one of the others had any symptoms that was troublesome, and that was a persistent throat cough which yielded easily to lachesis 30 when once this was selected. Dr. Goldsborough had not been attending patients in the wards during the last few months and therefore had not seen any cases such as were referred to by Dr. Wheeler. Outside he had had one that proved fatal. A girl of 28 had influenza; she laid up for two days, then nursed her mother with the same, then she went back to business, and in ten days from the beginning came back with pneumonia. Her temperature was 105° F. continuously for three days with blocking of the left lung. No medicine affected her in the least.

Dr. BROOKMAN said he supposed they were all up to give their own individual experience and not theory at all. With regard to the proportion of gastric cases, most of his cases were respiratory, but he had several cases of gastric type and they had all done well under baptistix. He had noticed that it ran a course of about a week; there was sometimes profuse perspiration. Dr. Wheeler had mentioned another point which he (Dr. Stouhartz) had also noticed, that was, that the pulse rate had been low out of all proportion to the fever. He had had one case of pneumonia with a temperature of 102½° to 103° F., and pulse 64 to 68. That case did well ultimately and as the patient got better the pulse rose to about 80 again. He had not seen very many cases with pneumonia, and they had all done very well indeed except one in an advanced stage before he was called in, and that one died. He had used veratrum viride and was well satisfied. With regard to influenza he had used it during the attack. He did not think it wise to give it at the commencement, but if the case lingered, going on for ten days, then he thought a dose of influenza would clear it up rapidly. That was all the personal experience he had to relate.

Dr. BARNES said that he had had at Tunbridge Wells two cases which were hopeless from the beginning, marked by extreme cyanosis, where neither opotho. veg. nor ant. tart. had any effect. In other cases of influenza complicated with pneumonia he had found sulphur in a high attenuation of the greatest value.

Captain GEORGE LOWE next spoke. After thanking Dr. Wheeler for the very interesting and lucid details he had given, said that the cases of hæmorrhage, epistaxis, and purpuric rashes which had been observed occasionally during the present epidemic were interestingly borne out in the pathological conditions noted at several *post-mortem* examinations. In many instances a marked hæmorrhagic infiltration and effusion, localized, and in older cases somewhat demarked, were easily observed in a few cases of the more septicaemic type. Hæmorrhagic effusions, also infarcts occurred in kidneys, spleen and liver. He suggested that the pathological sequence appeared to be a primarily intense bacillus influenzae toxinæ, causing an actual solution of the intima of the pulmonary vessels, thus allowing of the hæmorrhagic effusion, and in this suitable medium the other hæmolytic organisms streptococci and pneumococci, already present in the general inflammatory lung cells and bronchioles, had immediate opportunity for rapid growth and the establishment of that intense, sudden and fatal septicaemia, which has been so noticeable a feature of the more serious cases. He had personally been more directly engaged upon attempts at establishing a prophylactic artificial immunity among the Colonial troops to which he was attached. Details of this work had already been published in the *Lancet*, October 12, 1918. The results of these preliminary investigations which had covered the experience of some 18,000 troops and had followed in greater detail the results in 1,000 men, had led the authorities to undertake these prophylactic sanitary vaccine measures even more widely during October of this year. Unfortunately the influenza epidemic had come on before a sufficient immunity could be expected to have been developed, but in spite of this the results to have up to date pointed to a considerably smaller incidence of infection among the inoculated people in the same areas and a decidedly less severe and fatal condition of the disease among those who had contracted it. He considered that there was a great deal more to be done along the lines of definite prophylaxis against influenza and catarrhal epidemics, also against the general incidence of the more severe pneumonic complications which frequently prove the sequela of simple respiratory infections in general practice, and suggested that bacteriological investigations should be more widely undertaken in all cases of catarrhal infections, both as a guide to the most suitable prophylactic measures required, and the best vaccinal combination to be adopted in treatment, and finally to recognize and if possible eliminate by adequate treatment the catarrhal "carrier" to whose existence there appeared to be increasing evidence of

ascertaining the constant refraction of households and larger communities.

Dr. BOSSNOMON DAY said attention had been called to the slowness of the pulse in influenza. He considered it a constant occurrence and was a point of great diagnostic value—the slow pulse out of proportion to the temperature. In the same way we constantly note a rapid pulse out of proportion to the temperature in scarlatina. This slowness of the pulse in influenza may be so extreme that the rate is reduced to 40—60 beats per minute. Hence the frequency of fainting attacks where work is resumed too soon after, and a weak and dilated heart may persist. Profuse night sweats are also very characteristic, necessitating in some cases a change of night apparel two or three times in the night. During convalescence a subnormal temperature is always met with, which in certain cases will persist for weeks or even months. The influenza bacillus is particularly liable to attack the pharynx and from there extend—in the present epidemic pharyngeal complications were common. He remembered some years ago seeing, in consultation with the late Dr. Lambert, a baby who had had influenza and the temperature had fallen in the normal way but subsequently had risen to 104° F. due to otitis media, which was followed by a discharge through the external auditory meatus.

There were three principal types of the disease: (1) The gastric, (2) nervous, (3) respiratory, and the treatment varied accordingly. Bagniais was the best for the first, Geism. for the second and third which would also require Bryonia. Geism. was the most valuable for reducing the temperature and relieving the head and eye pains which were so constantly met with. Prophylaxis could also be grouped under the three headings: Eat well, sleep well, avoid overwork and fatigue, maxims which are perhaps difficult to follow at the present time. Incidentally he had noticed that patients who were having isotonic sea-water treatment proved singularly immune to influenza. Either they escaped entirely or had a very slight attack. This is what one would expect, as this treatment acts by raising the resisting powers of the body to overcome disease.

Dr. Edith Neild, of Tunbridge Wells, wrote as follows to Dr. Weir (Hon. Secretary): "I see you are asking for notes on the present epidemic. I venture therefore to send you very rough notes of a few cases in which I have tried a dilution of their own sputum, diluted to three with normal saline. The idea is of course old, and probably others have applied it in this way. My excuse for sending you the notes is that the

improvement has been quite marked and immediate in all cases. I give three doses the first night, and if the temperature rises again the second night also. I have sometimes had to give it a third time. The indicated homoeopathic remedies have been continued during the day, although there had been no previous improvement traceable to their use. The improvements noted in practically all cases were as follows: (1) Immediate fall of about two degrees of temperature, usually with perspiration. (2) Increase of cough, which however became looser: the sputum changing from a sticky, bloody character to mucopurulent in about two days. (3) Cleansing of tongue. (4) General falling of bitterness. (5) The pneumonic signs clear up quickly; any bronchitis present takes much longer. (6) Diarrhoea, if present, stops. The pulse-rate, which is often abnormally slow in these cases, does not seem to be much affected.

"Case 1.—Mrs. E. A., aged 30. Illness began October 22. Severe from the first. Much bronchitis. A patch of pneumonia was evident by the 25th. Temperature, 102° to 103° F. On the 26th temperature rose to 105° F., and patient seemed very ill. Diluted sputum given that night. It was remarked, 'Each dose of medicine seemed to bring down the temperature,' it fell to 101° F. The 'special' was given next night and temperature fell almost to normal. The sputum became easier to expectorate and mucopurulent. Improvement has been steady, though chest slow to clearing.

"Case 2.—Ethel H., aged 26. Illness began October 19 with vomiting and diarrhoea, which continued several days. Pneumonic appeared in the right lower lobe on the 25th, the sputum being very bloody. Vomiting and diarrhoea continued. Patient very ill indeed. Diluted sputum given on the 27th. Decidedly better next morning; diarrhoea stopped, haemoptysis stopped, tongue moist and cleaner. Sweating profuse. Temperature dropped from 103° to 101° F. Dose repeated next night. Further improvement in all ways, which has steadily continued.

"Case 3.—Day baby, aged 16 months. Illness began about the 25th. Broncho-pneumonia on the 28th, with profuse acid nasal discharge and ulcerated mouth, also diarrhoea. Temperature, 103° F. There being no exsorption, the nasal discharge was diluted and was given first on November 1. The nasal condition began to clear at once, and the child from being comatose has become much brighter. There has, however, been a discharging ear which has given trouble. The temperature is below 100° F.

"Case 4.—J. O., aged 3. October 26, temperature 103° F. with large swelling in right submaxillary region, apparently abscess. October 30, pneumonia present. November 1, very

ill, almost unconscious and with meningeal cry. As there was no sputum or discharge of any kind, I gave some from another case. Next day he was quite conscious, cough easier and looser, less cyanotic. Temperature about 100° F. Cry continued. Dose repeated last night. Cry ceased at 1 a.m., and there were some hours' good sleep. Taking nourishment well. It is too soon to say whether he will get better. Another similar case died before I thought about using the sputum.

"Case 5.—Mrs. B., aged 34. Ill some days, but first seen October 30, when double pneumonia was present. Did not seem so ill as the physical signs would suggest, but became worse. November 1, temperature rose to 103° F. There had been difficulty in getting any sputum, but I then prepared the dilution. Next day her whole aspect had changed. She had another dose on the 2nd, and to-day (3rd) temperature is normal, cough easy, sputum mucopurulent.

"Case 6.—A. P. (male), aged 24, dock labourer. Came home from London on October 30, scarcely able to stagger. Seen October 31: Pneumonia present, temperature 104° F., sputum very bloody. Dilution prepared and given that night. Next day haemoptysis stopped, pettinging profusely; temperature, 101° F. Dose repeated November 1 and 2. Temperature now normal, sputum mucopurulent, lung clearing, feels much better.

"Case 7.—L. J., aged 34. Illness began November 1. Pneumonia present. Temperature, 103° F., sputum sticky and rusty. Dilution prepared and given that night. Next day felt much better, sputum easier to get up; temperature, 101° F. Dose repeated. Paroxysm profusely during the night, slept a good deal, sputum changing; temperature, 99.8° F.

"The difficulty in some cases is that there is very little cough and no sputum; but as these are not the worst cases it matters less."

(To be concluded.)

MEETINGS AND INSTITUTIONS.

BRITISH HOMOEOPATHIC SOCIETY.

The First Meeting of the Seventy-sixth Session (1918-19), was held at the London Homoeopathic Hospital on Thursday, November 7, 1918, at 5 o'clock, Dr. Byres Moir, President, in the Chair.

Section of *Materia Medica and Therapeutics.*

Hon. Secretary of Section, Dr. John Weir.

Under the auspices of this Section Dr. C. E. Wheeler, of London, introduced a discussion under the following title "The Treatment of Influenza and its Complications as seen in the Present Epidemic."

Members unable to be present had been invited to send contributions to the Secretary, relating their recent experience.

The following Fellows and Members took part in the discussion: Dr. Goldsbrough, Dr. Shonham, Dr. Barlee, Dr. James Jones, Captain Cronin Lowe, Dr. Robertson Day, Dr. Byres Moir, Mr. Granville Hey, Dr. Weir, Dr. Kyle, and Dr. Wheeler replied.

Contributions in writing to the discussion were sent by Dr. Edith Neild (Tunbridge Wells), Dr. Metcalhen (Oxford), and Dr. F. J. Wheeler (Southport).

THE ANNUAL SUPPLEMENT TO THE JOURNAL.

The Council of the Society have decided that the usual annual supplement shall not be issued for 1919, but that a list of corrections of the supplement of 1918 shall be printed instead, in the Journal for February next. Members are requested to inform the Hon. Secretary of any changes of address, &c., which may require insertion, so that the Society's list may be kept complete and correct.

LONDON HOMOEOPATHIC HOSPITAL.

POUND DAY.

The third annual Pound Day was held in the beautiful Board Room of the Hospital on Tuesday, November 19, 1918.

The following telegram from Scotland from Lady Beatty, who had been announced to open the Reception was read: "At the last minute unavoidably prevented from coming to you to-morrow. Regret more than I can say. Ethel Beatty."

The Countess of Donoughmore and Lady Parks, acting for Lady Beatty, were received at the entrance by the President and members of the Council of the Ladies' Guild, and passed through a guard of honour provided by the earlier patients in the Hospital able to be present. As usual "Jack" proved the hardy man of the occasion, and rendered considerable

are tense and cramps common. The value of the drug is particularly in neuralgias associated with chronic bone disease, with syphilis or chronic skin diseases. The drug affects also the joints, chiefly the ligaments and external structures. It can be compared here with guaiacum, another remedy that helps cases overdosed with mercury. The pains are unlike those of rhus, for they are not relieved by movement.

The effects of mezereum on the skin have been already described. They may, however, be recapitulated here. There develops a general sensitiveness to touch, and severe itching, worse in bed. Then vesicles or papules appear which break down and suppurate, leaving ulcers which develop heaped-up scabs, from beneath which oozes a thick creamy pus. There is a considerable degree of irritation and discomfort attending the skin eruptions. Herpes is often helped by this drug.

Mezereum patients are usually sleepy by day, because asleep at night is disturbed and restless. Often they wake about 2 or 3 o'clock in the morning and thereafter hardly sleep at all.

SYMPTOM INDEX.

General Symptoms.—< at night and for warmth of bed; > movement; < touch; > open air though cold and damp aggravate symptoms; > wrapping up warmly (cf. silica); syphilis especially after excessive use of mercury.

Mental Symptoms.—Depression; indifference; irascibility.

Head Symptoms.—Headaches, severe and throbbing; pains seem to be in the bones of the skull; skin eruptions (see skin symptoms); feeling of chilliness or numbness follows pain.

Special Sense Symptoms.—Deafness; sensation of coldness (as of cold air) in external meatus; deafness with headache; lachrymation.

Alimentary Canal Symptoms.—Tongue raw and burning; burning in throat and stomach; desire for fat (especially of ham); nausea and vomiting; abdominal pains, cramping and burning; constipation with lessened flow of bile; excessive and violent diarrhoea.

Genito-urinary Symptoms.—Urethral irritation and inflammation; chronic leucorrhoea.

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Respiratory Symptoms.—Spasmodic violent cough; < when eating or drinking anything hot; cough to vomiting; whooping-cough.

Nerve Muscles and Bone Symptoms.—Neuralgias, burning severe pains, especially in the face and with bone pain; neuralgia with herpes; osteitis, periostitis and caries; all kinds of bone pains; syphilis after over-dosing with mercury; joints swollen and cracking on movement; pains in the nape of the neck.

Skin Symptoms.—Intolerable itching, < night, < touch; ulcers with thick crusts and creamy pus exuding; vesicular eruptions; pustular eczema; general sensitiveness.

A DISCUSSION ON "THE TREATMENT OF INFLUENZA AND ITS COMPLICATIONS AS SEEN IN THE PRESENT EPIDEMIC."

(Continued from p. 312, December, 1918.)

DR. JOAN MOLASHIAN, Oxford, sent the following contribution to the discussion:—

"The 'Influenza' epidemic has been specially bad in Oxford. The death rate, at the height of the epidemic, was 74 per 1,000 of the population, or about 1 in 14. The present epidemic seems to differ in some important respects from previous epidemics: (1) there has been a great tendency to attack the young, especially boys and girls of school age, say from 8 to 16 years; (2) there has been a special liability to a particularly virulent form of pneumonia. Its invasion has in many cases been especially rapid, almost like a lightning-stroke. I am old enough to remember all the epidemics from 1889—1892 to the present time, but none of them has been anything like this epidemic in seriousness. To be sure, in the other epidemics there were some young people affected, and there were a few cases of pneumonia; but all this epidemic we never had and anyhow with our influenza cases, for they all recovered. Pneumonia cases were rare, and even when present caused us no anxiety, for they all recovered, not one ever having been within measurable distance of death. But alas! all this has been altered during the last two or three weeks. Formerly when a patient went to bed straightway, and kept warm he was usually quite well in a few days. Now, a patient may go to bed straightway, and keep warm and be dead in two or three

days, whatever he does or does not do, that is whether he 'calls in' a doctor, or prefers to die a natural death!

"The form of pneumonia seems to be *lobar* rather than *lobular*, and, as I said, of a very rapid and virulent type. Having, sometimes, between fifty and sixty cases a day to visit, one had not a great deal of time for minute and careful investigation; but as far as one could make out, the temperature did not always resemble the usual pneumonia type. Presumably therefore the pneumonia in such cases was not due to *Diplococtis pneumoniae*, but to some other form of organism, e.g., the *Streptococcus pyogenes*. I have often wondered whether some of these so-called 'Influenza' cases did not begin with this virulent form of pneumonia, for the rapidly with which strong men, in many cases, succumbed was amazing. A specially sad feature of the epidemic has been the large number of young mothers who have died, and many of them pregnant. There has also been some cases of what looked like meningitis; but sometimes in pneumonia it is difficult to distinguish between cases of genuine meningitis, and those known as cases of 'meningism'. I ought to add that the headache, when not general, is usually *frontal*, in previous epidemics it was, I think, mostly *occipital*.

"How, then, is the great mortality to be explained? Is it due to a specially virulent micro-organism, other than the influenza bacillus; or is it the old influenza bacillus running riot in a population whose resisting power has been reduced, owing to 'rationing' orders, especially to the absence of the free and unrestricted use of fats and sugars? and the absence of a free supply of fruits, especially those containing citric acid? For one thing is quite certain, that fruits of all kinds is the diet for influenza patients, e.g., grapes, oranges, bananas and apples. Such patients will nearly always eat fruit, when every other kind of food is repugnant to them.

"The disease has been called 'Spanish influenza,' a name indicating its supposed origin. But such titles are common in all influenza epidemics, e.g., in Russia it has been known as 'Chinese orchard'; in Germany and Italy as 'the Russian disease,' in France as 'Italian fever' and so on. The name itself (Influenza) is of Italian derivation. It is said that the disease received this name because it was attributed to the 'influence' of the stars. In 1658 we find Willis writing that—'about the end of April, suddenly a distemper arose, as if sent by some blast of the stars, which laid hold on very many together; that in some towns, in the space of a week, above a thousand people fell sick together.'

"Sydenham gave 'Influenza' the name of peripneumonia nobilis. I am afraid this name is meaningless to us nowadays, though of interest to the medical historian. Why he should

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have called it 'nobilis' is difficult to understand, for the pneumonia, at least, is genuine enough. Huxham gave it the name of peripneumonia catarrhalis.

"I have but little to say on treatment and nothing new. *Galeum*, has played a large, and perhaps the chief part. *Begonia* did not often seem called for. *Phos. lech.*, *Kali bi.* for pneumonia cases, but in the two fatal cases nothing seemed to do any good or make any difference to the course of the disease. One was a little boy, aged 11, who was delicious and unconscious before I saw him; he never regained consciousness. The other was a young mother, aged 31, six months pregnant, who had to look after the other children, and did not go to bed till near the last. She could not cough owing to her abdominal condition, and had no temperature, though both lungs were filled with exudation from base to apex. For the last six months she had a persistent presentiment that she would not get over the birth of this, her third, baby. The prognosis in such cases is always very ominous. Most cases of recovery have been followed by a very irritating throat cough, worse at night, interfering with sleep. We have used various medicines, such as *tyron.*, *cast. oil.*, *coral wch.*, *senz.*, *stictic pul.*, but without any very dramatic results. Still all cases, save the two mentioned, have done well on the whole.

"I had one curious case of pneumonia in an adult that appeared to be of the broncho-pneumonia type, and that had a distinct 'orbis' at the end of a week. I always associate the 'orbis' in pneumonia (lobar) with the growth and life-history of the *Diplococtis pneumoniae*, i.e., as due to the special organism present, and not because it is pneumonia; of course, I may be wrong. On the night of the 'orbis' the patient a wife was sure he was dying and sent for me. When I arrived he was asleep. I sat for a couple of hours in the room, but purposely avoided disturbing him. Since then he has gradually improved. The expectoration was not merely 'rust-coloured,' but rather like 'prune-juice,' as if composed of dark venous blood and little else. Such expectoration I associate with threatened failure of the right ventricle. The chief medicine was of course, *phos.*, both for the lung condition and because it is the 'lighter' of the right side of the heart.

"I had another case in a woman, a great beer-drinker, and who, according to all the canons of the profession, ought to have died, but she is doing very well and takes her beer as usual. One of her chief medicines was *kali bi.* All the time she has been ill she has had to attend as well as she could to her sick husband who lies beside her. He suffers from a very severe form of chronic cystitis. Some months ago this good lady had an attack of cerebral hæmorrhage which

offensive (merc.); gastric influenza, too, with diarrhoea; common pyrogen.

Bry.—Dryness everywhere, dry tongue, with generally white coat; thirst for large quantities; everything < for motion (vertigo, cough, nausea, headache), better for pressure, everything; irritable; better alone; stabbing pains, < motion, > pressure (i.e., lies on them); nose bleed; pneumonia, especially of right side; pleuropneumonia and pleurisy (comp. kali o.).

Kali O.—Much pain, stabbing; not necessarily affected by motion and respiration (reverse of bry.); pneumonia, especially of right base (merc., phos.); pleurisy and pleuropneumonia. < 3 a.m.; noise and emotions felt in epigastrium (? excite nausea); cannot bear touch; starts if touched, especially feet.

Eup.-per.—Chills, back (gels., pyrogen); bones ache and feet breaking; eyeballs sore; < motion; < cold; thirst during chill especially; < 7—9 a.m.

Phos.—Right base especially; bloody sputum, bright red; desire cold drinks, vomited when warm; pressure and distribution of chest; < lying on left side; < lying on painful side (patient and cough); burning in chest; sinking sensation chest or stomach; restless; oversensitive to all impressions; apathy; cough, < talking, laughing; nose bleed, bright.

Merc.—Fitzly tongue, large, flabby, tooth-notched; very offensive breath; much saliva; profuse sweat, without amelioration; acts especially on right base (phos., kali o.); cannot lie on right side (reverse of phos.); thirst, with moist tongue; everything < at night; worse heat of bed.

Nat. Sul.—Acts especially on left base; yellow-brown or greenish coat on tongue; bilious symptoms; nausea; < 4 to 5 a.m.; stitches left chest; thirst.

Pyrogen.—Chills, back (Gels., eup.-per.); rapid decubitus (bapt.); pulse abnormally rapid for temperature; bed too hard, aching everywhere (arm, bapt.); in typhoid states, tongue smooth, varnished, very red; everything offensive and fætid (bapt.); consciousness of heart.

Early Cases and Intercurrent Remedies.

Acon.—Anxiety, tossing; fear, fear of death; stitching pains; < at night; heart attacks with anxiety and fear.

Bell.—Congestion, red face, big pupils; dryness and burning heat; twitches and starting; delirium.

Desperate Cases.

Carbo-veg.—Cold; even breath and tongue cold; pallid; rigid, air-hunger, asks for windows open, to be fanned.

Ara.—Hippocratic face; anxiety; fear, fear of death (acon.); restless; extreme prostration, out of proportion to severity of disease, < 1 to 2 a.m.; thirst, little and often; wants to get out of bed, to be moved—intensely restless.

To clear up Unresolved Cases.

Lyo.—Right side, or right to left, < 4 p.m. *Lach.*—Reverse of *Lyo.*; dusky, *Strigil.* *Pneumococc.* *Tuberculin bov.*—Especially where there is a family history of phthisis.

Locality.—*Right side:* Bell, bry., obel, k.o., *Lyo.*, merc., phos., sang; *right upper:* cald., chal.; *right lower:* kali o., merc., phos. *Left side:* Acon, calc., lechl., nat.-s., sang; *left upper:* acon.; *left lower:* etel., nat.-s.

Time Aggravations.—1 to 2 a.m., *ara.*; 3 to 8 a.m., *kali o.*; 4 to 5 a.m., *nat.-s.*; 7 to 9 a.m., *eup.-per.*; 4 p.m., *lyo.*

Dr. Krize read the following particulars of cases which had been admitted to hospital:—

Case 1.—H. J. M., male, aged 45. A patient in Hahnemann Ward. October 26 (evening): began to feel hot and had cold shivering fits at intervals, headache, pains in back and legs; tongue brown-coated, moist; generally he was dull and listless; temperature rose to 102° F. at 8 a.m. October 27. Bapt. 200 three hourly.

October 27: Pains nearly gone from whole body; had three loose stools during the day, no mucus or blood; temperature fell to normal in the evening.

October 28: Pale well, no pains anywhere; tongue clean; had four yellowish watery stools, foul smelling; no mucus or blood. This patient remained quite well.

Case 2.—E. B., female, aged 45; a patient in Barton Ward. October 23: Began to have severe, dull aching headaches, aching and feeling as if bruised all over the body and limbs. Face red and suffused; restless; became delirious and talked incoherently, but if spoken to would answer properly and then lapse into the delirium; tongue brown centre, white on either side, red margin; dry, very thirsty. During the night began to have severe cramping abdominal pains, followed by yellowish watery diarrhoea. Stools were faecal at first, but towards morning were composed of mucus, blood and shreds of membrane. Altogether, eight stools. Temperature, 103.2° F.; pulse, 120; respiration, 20. Bapt. 200, three hourly.

October 24: Delirium ceased, felt exhausted, but complained little of pains. Temperature fell to 101.9° F. and rose again to 103.0° F.; pulse, 92—110; respiration, 18—20. Had three liquid stools with blood and mucus, less painful.

October 25: Free from pain, felt comfortable. Temperature,

98-4° F.; pulse, 80, and remained so. Had no more loose stools. Convalescent.

Dr. Wessner said the discussion had been a very interesting and profitable one. He had listened with great interest to all that had been read and said, and he felt that all of them ought to be better equipped to deal with these cases in the future.

REVIEW.

Hæmaturias' and to Mænor. By Henry Harold Scott, M.D., M.R.C.P. Lond., F.R.S. Edin., D.P.H., late Captain, Royal Army Medical Corps; Government Bacteriologist, Jamaica, B.W.I. London: John Bale, Sons and Danielsson, Ltd. Price 6s. net.

This is a chart, not a book, printed on paper, but it can be had also on cloth at the price of 7s. 6d. The size is 2 ft. 3 in. by 2 ft. 9 in. The upper half of the chart is occupied by a table of blood cytology, classified in two main divisions giving the characteristics of the cell body and the nucleus, differing cells being sub-classified into four series, namely, the red cell series, lymphoid series, myeloid series and phagocytes. For each cell body is given the name, size, shape, quality of or paramuclear spherule. For each nucleus is given its size, shape, position, the character of its chromatin and nucleolus, if present. In a column at the side of the table are given remarks on special microscopic appearances and physiological features where possible or called for. The lower part of the chart is occupied on the left half first of all by a diagrammatic scheme to show the regenerative changes in a pathological blood picture, adapted from a German author, and on the right half, notes, memoranda and a glossary. Below these two sections, across the chart are given blood pictures of diagnostic significance under the headings of erythrocytes, colour index and leucocytes. We do not attempt a critical appreciation of the contents as given under each heading. The intention of the chart is obviously that it should be hung or pasted up in the hæmatologist's laboratory, but as it exhibits a glossary we can well conceive the being very useful to others than hæmatological specialists.

CONTEMPORARY LITERATURE.

A PROVING OF THYROID GLAND.

In November, 1917, the Matera Medica Laboratory of the New York Medical College and Hospital for Women, of which Dr. Gillingham is the Director, instituted a proving of thyroid gland. Six provers, women, took part in it. None of the provers knew the name of the drug experimented on, which was given in dilutions varying from 1x to 30x, in tablets. The provers were under close observation for thirty-two to thirty-nine days and under a less close observation for six weeks longer. Two hundred and fifty observations of blood pressure were made. In all, the blood pressure before the proving was low, all had more or less cold hands and feet and weak heart sounds. The first and immediate effect of the drug was to raise the blood pressure from 10 to 35 mm. Hg. then after two to four days it dropped 5 to 15 mm., but continued to maintain a better pressure than before.

A large number of symptoms were elicited by the proving of which the following are the chief.

Mind.—Marked irritability of temper, nervous, apprehensive, depressed, inclined to cry, morose and sulky, wanting to be alone. Difficulty of concentration, absent-minded.

Head.—Heavy throbbing headache worse in the frontal region, worse from concentrating the mind, better out of doors, worse using the eyes. Fullness in the head with throbbing of the temporal arteries, worse morning and afternoon, from motion, physical or mental, from heat or indoors, better in cool fresh air, often better from external pressure.

Nose.—Rhinitis; dry mucous membrane indoors, fluent coryza, profuse, watery and bland outdoors. Dryness and shocking pain in posterior nares, worse on swallowing.

Face.—Often flushed.

Mouth.—Bad taste, metallic, bitter and sour. Tongue coated greyish white in centre with red edges or tip. Papillæ enlarged and prominent. Dryness of mouth.

Throat.—Dryness; pharynx congested, red and dry, with rawness and burning.

Stomach.—Usually increased appetite. Thirst for cold water. Nausea was common, worse riding in a car, better in cool air.

Abdomen.—Sharp, cutting, colicky pains with fullness, worse on pressure and walking, better bending forward and after passage of gases. Proliferation for pain midway between umbilicus and either anterior superior iliac spine. Large quantities of flatus passed from bowels often smelling of H₂S.