

MEDICAL MATTERS.

TREATMENT OF INFLUENZA.

Dr. H. O. Butler, Sutton Court Road, W., some three years ago sent some notes to the *Lancet* on the treatment of 500 cases of influenza, since which time he has had 300 more, and in the whole 800 there have only been two deaths. The method of treatment he adopts, as described by him, in a recent issue of our contemporary, is published below:—

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 deg. 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 accustomed 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 my 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.

In a further note on the Treatment of "Influenza" by the above method, Dr. R. Craske Leaning, M.O.H., Chiswick Urban District, writes:—

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 melæna 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 peri-hepatitis 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.

X-RAY TONSIL CURE.

Dr. A. V. Paoini, Chief of the X-ray Section of the United States Public Health Service, has reported to the Radiological Society of America that, in the treatment of enlarged tonsils, radium and the X-ray can save thousands of persons every year from operation for excision. By a process entirely painless, the germs causing the trouble are gradually killed and the tonsils return to their usual size. Dr. Paoini considers the best results are obtained when the violet-ray is used with the X-ray.

[previous page](#)

[next page](#)