EDITORIAL
THE TREATMENT OF INFLUENZA

The present epidemic seems to be the grippe, with which the older practitioners are clinically familiar. It is particularly severe in many instances, and there is greater likelihood than heretofore of complications. No doubt the vast majority of our practitioners are having, or will have, considerable experience with the present epidemic.

Probably many of the present "colds" are comparatively simple infections, or at the worst mild attacks of influenza. There is a tendency during a time like the present to hastily diagnose nearly every respiratory infection as grippe. Still it may be well to be over-cautious and over-zealous in attention. But when a well developed case of grippe is present there is very little likelihood of mistaken diagnosis. The onset is comparatively sudden, and the prostration and aching due to the toxemia is rarely to be mistaken.

In my experience much depends upon the promptness and thoroughness of the treatment prosecuted within the first twenty-four hours. The principal early symptoms are head cold, perhaps a little rawness of the throat and irritation of the bronchi, headache, backache, pains in the extremities, chilliness and malaise. The onset may be gradual or sudden. Two or three thorough early treatments will certainly prove very effective. Also, if possible, have the patient take an eight-minute hot bath, a hot lemonade and wrap himself in a blanket for twenty or twenty-five minutes until he perspires freely. Clean out the bowels with an enema; there is usually moderate constipation. Keep patient in bed until temperature returns to normal and has been normal for a day or two. Insist on this, for it will prevent many serious relapses and complications. It is not rare to have the temperature drop to subnormal and the staying in bed should be imperative. Avoid chilling. Complications are especially dangerous. Pneumonia may set in at the start or it may occur later.

A warm room freely ventilated is best in my opinion. Sponge baths are beneficial and soothing. Give a reasonable amount of fluids, and do not restrict the food unduly. Hot fomentations over the aching parts, such as neck, dorsal and sacral regions will give considerable relief.

The osteopathic manipulative therapy is of great value, but care has to be taken that it is correctly and carefully performed. Rough and prolonged treatment is strictly contraindicated. Prostration is one of the outstanding clinical features, and if great care is not taken over-zealous treatment will add to the exhaustion.

A certain amount of the usual muscular relaxation, if carefully given, is indicated. But I find what really counts therapeutically, so far as soft tissue work is concerned, is relaxation of the deep and extensive contractions of the spinal musculature. This has an undoubtedly excellent effect toward normalizing and stimulating the systemic organism. The best method that I
have been able to improvise is as follows: Patient should be near edge of bed upon his side, then with your thighs against his knees, in order to flex lower spine, place one arm under patient’s neck; with patient supported in this manner your hands will be free to place over the different regions of spinous and transverse processes. This last point in conjunction with the spinal flexion is the important preliminary feature. One is now in a position of leverage advantage to obtain the desired results, namely, relaxation of the deep spinal musculature, which is probably due to toxemia and acts as an inhibitory influence to the vasomotor nerves.

Maintain flexion of the whole spine, varying the force exerted as the several areas are worked upon. The work of the fingers and hands is to assist in stretching the spinal tissues longitudinally. The really delicate point as well as the therapeutically effective feature is the relaxation secured and noted by the fingers over the spinous and transverse processes. If one’s tactile sense is properly educated he will quickly note the relaxation of the deep-seated contractions. This is the significant factor of the technique. It can usually be easily accomplished. Results will generally be satisfactory. And there will be no exhaustion of patient if carefully and expeditiously performed. This method should be given twice daily.

Then the ribs should be released. With fingers over the angles and a straight pull parallel with the shaft until the musculature relaxes will suffice. No strong-arm work here, either, for it will not only dull tactile sense perception, but will needlessly exhaust patient. Fine tactile perception is always essential to the best osteopathic results.

The liver is commonly congested, particularly the middle lobe. In about three-fourths of the cases there is an albuminuria. Spinal work as above, plenty of drinking water and very careful abdominal work will take care of this. Place your hands below the kidneys, not over them, and carefully elevate organs upward and outward. This not only influences kidney functioning but renders ureters more patent.

The nasal, pharyngeal, cervical, clavicular and axillary structures should receive attention. The primary point of infection is probably postnasal, though there are indications in a few cases that it is in the upper pharyngeal. I find the cervical lymphatics involved, though at first only slightly. Clavicular, first rib, scaleni and axillary normalization is always important.

Ten or fifteen minutes is commonly ample time for treatment, but of course there are exceptions. Too long a time and too great an effort will certainly defeat the obtaining of maximum results. I believe consideration of these factors is of great importance. This has been an experience that has come to me forcibly during the present epidemic. One must make every effort count in a most expeditious manner that is compatible with desired physiologic reaction. One should be able to tell through experience when he has secured results. Then I have seen the temperature rise after too much attention to the cervical lymphatics, probably due to excessive freeing of the toxins to the system. However, it seemed to work out advantageously in the end. But I would prefer to go a little slower.

Ordinary cases of influenza, as a rule, are not difficult to handle. Two or three days will clear up most of them. Others will run a course of five or six days or a week. Temperature around 102° is a common maximum, though as high as 104° or 106° is not rare. Continued high temperature calls for special attention. Cross-infection, hemolytic streptococci and pneumococci, is always a serious matter. Owing to such possible complications every case of grippe should receive particular attention—isolation, rest in bed, careful nursing and the best of treatment until full convalescence.

In influenza there is leucopenia or normal leucocyte count. A leucocytosis indicates other infective processes, complications, in addition to the influenza bacillus. Pulse rate seems to be a fair index of severity,
Our New Enemy

One single disease, in spite of the best in modern science and medical research, appears to be more lethal to our army than forty years of the most hellish preparation for wholesale destruction of human life made by the Hun. On October 18th the War Department reported 42,653 cases of pneumonitis among the soldiers of our camps and restcamps with 13,461 deaths from this epidemic. The army in the field reported the same date, 9,705; and deaths from wounds, 3,354; total, 13,059.

Think of that! America has been in the war eighteen months. At present there are over 2,000,000 men in Europe while there are in the training camps here perhaps a million men. Yet one disease has claimed more victims in two weeks from this smaller number than the Huns have gotten on the other side since the war began.

The mortality among the pneumonitis cases seems to be about one in three affected. As we recall it, this is about the same death rate, perhaps not quite so high, as followed the epidemic in the mild winter of 1917-18, when the cause was given as poor housing, due to overcrowding the men in uncompleted and ill-heated camps. This year, it is due to the influenza epidemic. It is safe to say with the experience of last winter and with the horror of the country excited by the great loss of our best manhood before it had lifted its arm in our country's defense, that the year has been spent in making the camps as sanitary and safe as it is practical to make them. Yet we are likely to lose more men this year than last, through this, the dread of old and young alike, pneumonia.

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