

Influenza and the after Effects

ADVICE FROM BRITISH COLLEGE OF PHYSICIANS

The British Royal College of Physicians have drawn up the following memorandum, "In view of the alarming and contradictory reports of the present epidemic of influenza that have appeared in the public Press"—

The past few weeks have now afforded sufficient experience to permit some statements to be made. Though the epidemic shows signs of abatement in London, it is still severe elsewhere; moreover, its after effects call for intelligent anticipation. The present epidemic is virtually world-wide, irrespective of race, community, or calling. Similar world-wide epidemics occurred in 1803, 1833, 1837, 1847, 1890. The long intermission since the last widespread epidemic had already made an early reappearance probable, but the conditions of epidemic prevalence of influenza are to obscure to allow of precise prediction. This outbreak is essentially identical, both in itself and its complications, including pneumonia, with that of 1890. The disproportionate occurrence of a special symptom, a well-recognized phenomenon in the case of epidemics, as for example, nose-bleeding in the present epidemic, does not invalidate this statement. The present epidemic has no relation to plague, as some has suggested.

Although there can be no question that the virus of influenza is a living organism, and capable of transference from man to man, yet the nature of the virus is still uncertain. It is possibly beyond the present range of microscopic vision. The bacillus discovered by Pfeiffer, commonly known as the influenza bacillus, has in the past been regarded as the probable cause, though on insufficient evidence. There is no doubt as to the primary part it plays in the disease, important though it probably is as a secondary infecting agent. Pfeiffer's bacillus, the Pneumococcus, and above all, in this epidemic the streptococcus, seem to be responsible for most of the fatal complications of influenza. Infection is conveyed from the sick to the healthy by the secretions of the respiratory surfaces. In coughing, sneezing and even in loud talking, these are transmitted through the air for considerable distances in the form of fine spray. The channels of reception are normally the nose and throat. It is manifest that, the closer the contact, the more readily will this transmission occur; hence the paramount importance of avoiding overcrowding and thronging of every sort, whether in places of public resort, public conveyances, factories, camps, dwelling-rooms, or dormitories. The sum of available evidence favors the belief that the period of incubation is about 48 hours, or even somewhat less.

The dangers of influenza are gravely increased by the complications, and much can be done to avoid or to mitigate these. Such conditions may develop insidiously, and without any previous signs of severe illness. Carefulness does undoubtedly decrease, and carelessness increase, both morbidity and mortality; it is important, therefore, that the public should have a clear idea of such measures of personal prophylaxis as are available against infection; larger measures of Public Health, administered by Government or local authorities, stand outside the scope of the present memorandum. The individual must be taught to realize and acquiesce in his duty to the community. Well-ventilated, airy rooms promote well-being, and to that extent, at any rate, are inimical to infection; draughts are due to unskillful ventilation and are harmful; chilling of the body surface should be prevented by wearing warm clothing out of doors. Good nourishing food, and enough of it, is desirable; there is no virtue in more than this. War rations are fully adequate to the maintenance of good health though they may not afford just the particular articles that each fancy demands. Alcoholic excess invites disaster; within the limits of moderation each person will be wise to maintain unaltered whatever habit experience has proved to be the most agreeable to his own health. The throat should be gargled every four to six hours, if possible, or at least, morning and evening, with a disinfectant gargle, of which one of the most impotent is a solution of 20 drops of liquor sodae chlorinatae in a tumbler of warm water. A solution of common table salt, one teaspoonful to the pint of warm water, is suitable for the nasal passage; a little may be poured into the hollowed palm of the hand and snuffed up the nostrils two or three times a day.

No Specific Yet Discovered

Since we are uncertain of the primary cause of influenza, no form of inoculation can be guaranteed to protect against the disease itself. From what we know as to the lack of enduring protection after an attack, it might in any case be assumed that no vaccine could protect for more than a short period. But the chief dangers of influenza lies in its complications, and it is probable that much may be done to mitigate the severity of the infection and to diminish its mortality by raising the resistance of the body against the chief secondary infecting agents. No vaccines should be administered except under competent medical advice. No drug has as yet been proved to have any specific influence as a preventative of influenza. At the first feeling of illness or rise of temperature the patient should go to bed at once, and summon his medical attendant. The early stages of an attack are the most infective, but infection may persist throughout the illness, and segregation should be maintained at least till the temperature is normal. Relapses and complications are much less likely to occur if the patient goes to bed at once and remains there until all fever has gone for two or three days; much harm may be done by getting about too early. Chill and over-exertion during convalescence are fruitful of evil consequences. The virus of influenza is easily destroyed, and extensive measures of disinfection are not called for. Expectoration should be received, when possible, in a glazed receptacle in which is a solution of chloride of lime. Discarded handkerchiefs should be immediately placed in disinfectant, or, if of paper, burnt.

The liability of the immediate attendants to infection may be materially diminished by avoiding inhalation of the patient's breath, and particularly, when he is coughing, sneezing or talking. A handkerchief should be laid before the mouth, and the head turned aside during coughing or sneezing. The risk of conveyance of infection by the fingers must be constantly remembered, and the hands should be washed at once after contact with the patient or with mucus from the nose or throat. Each case must be treated, as occasion demands, under the direction of the medical attendant. No drug has as yet been proved to have any specific curative effect on influenza, though many are useful in guiding its course and mitigating its symptoms. In the uncertainty of our present knowledge considerable hesitation must be felt in advising vaccine treatment as a curative measure.

A period of enfeeblement following an attack of influenza should never be disregarded, as it is apt to mask the presence of other morbid conditions.

Siam has a war bill against Germany of \$597,550. The expenditures were made in training and equipping a considerable air force, sending Siamese labor troops to France, and in shipbuilding.

In the leper lazaretto at Tracadie, N. B., there are thirteen lepers, and in the Darcy Island lazaretto, B. C., there are five lepers, as shown by the report of the Minister of Agriculture for the fiscal year 1917-18. These are the only cases of leprosy in the Dominion as far as is known.

The total amount of precise leveling of the Canadian Geodetic Survey is now 9,700 miles, and about 2,500 bench marks have been established, according to the annual report of the Department of the Interior.

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