

GOOD HEALTH

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GOOD HEALTH

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Spanish Influenza Treatment

According to the *Journal of the American Medical Association*, the symptoms of the disease are "sudden onset with chills, severe headache, pains in the back and elsewhere, general *malaise*, flushed face, some soreness of the throat, and fever of from 101° to 104° F., with a rather slow pulse.

Usually the crisis has occurred after two or three days, with rapid and complete recovery. In many cases there has been a harsh cough with a scanty sputum; occasionally more severe bronchitis and even broncho-pneumonia have developed; but among the young and healthy there seems to have been no serious consequences, and no definite statements are made as to the death-rate, which in any event thus far has been very low."

As regards the danger from this disease, recent reports differ from the above statement. Whole families have been wiped out by the disease within a day or two, and there is very great liability to death from pneumonia after the other symptoms of the disease have passed away.

There are no drug remedies of any value in this disease, but there are several simple measures which may be used with great advantage.

At the beginning of the disease, a thorough evacuation of the bowels should be secured by an enema consisting of two or three pints of warm water. The enema should be repeated until the bowels are thoroughly emptied, and continued twice a day during the disease.

Water or fruit juice should be taken daily to the amount of three or four quarts, so as to promote elimination through the skin and kidneys. A glassful of water or a little fruit juice every half hour, when the patient is awake, is a good rule to follow. Fruit juices may be used freely to a great advantage, and gruels of oatmeal, rice, and other cereals. Bran should be mixed with the gruel so as to promote bowel activity, and an ounce of paraffin oil should be taken three times a day for the same purpose.

The short hot bath and the hot blanket pack are efficient means of combating the fever and of relieving the pain in the back and the legs. Fomentations should be applied to the chest twice a day, with a chest compress between the applications.

Headache may be combated by a cold compress to the head. Care should be taken to wet the hair thoroughly, and to apply the compress in such a way as to cover the entire back part of the head as well as the front part.

If the fever runs high, the cold pack may be used as a means of lowering the temperature. It should be applied immediately after a very short hot blanket pack.

The hot blanket pack consists in wrapping the patient in a blanket wrung out of water as hot as the patient can bear. A dry woolen blanket should be applied outside the wet blanket. The duration of the pack should be twelve to fifteen minutes. Care should be taken to cool the head and face of the patient, and keep an ice-bag over the heart if the pulse is rapid. When the temperature is high, the duration of the pack should be shorter, say four or five minutes.

The patient must be kept in bed for several days after the fever subsides.

If the foregoing measures are intelligently applied, the deaths from Spanish influenza, or from pneumonia following it, will be a negligible quantity.

Bulletin on Spanish Influenza by Surgeon-General Blue

Surgeon-General Blue, of the Public Health Service, recently issued to physicians the following Bulletin which summarizes to date what is known respecting the nature of Spanish influenza and the best means of combating it:

Infectious Agent—The bacillus influenza of Pfeiffer.

Sources of Infection—The secretions from the nose, throat, and respiratory passages of cases or of carriers.

Incubation Period—One to four days; generally two.

Mode of Transmission—By direct contact or indirect contact through the use of handkerchiefs, common towels, cups, mess gear, or other objects contaminated with fresh secretions. Droplet infection plays an important part.

Period of Communicability—As long as the person harbors the causative organism in the respiratory tract.

Method of Control—Avoid the infected individual and his environment.

Recognition of the Disease—By clinical manifestations and bacteriological findings.

Isolation—Bed isolation of infected individual during the course of the disease. Screens between ward beds are to be recommended.

Immunization—Vaccines are used with only partial success.

Quarantine—None; impracticable.

Concurrent Disinfection—Thorough cleansing, airing, and sunning. The causative organism is short-lived outside the host.

General Measures—The attendant of the case should wear a gauze mask. During epidemics persons should avoid crowded assemblages, street cars and the like. Education as regards the danger of promiscuous coughing and spitting. Patients, because of the tendency to the development of broncho-pneumonia, should be treated in well-ventilated, warm rooms.