

THE BOSTON Medical and Surgical Journal

Established in 1818

An independently owned Journal of Medicine and Surgery published weekly under the direction of the Editors and an Advisory Committee, by the BOSTON MEDICAL AND SURGICAL JOURNAL SOCIETY, INC.

THURSDAY, SEPTEMBER 26, 1918

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An editor will be in the editorial office daily, except Sunday, from twelve to one p.m.

Papers for publication, and all other communications for the Editorial Department, should be addressed to the Editor, 126 Massachusetts Ave., Boston. Notices and other material for the editorial pages must be received not later than noon on the Saturday preceding the date of publication. Orders for reprints must be returned in writing to the printer with the galley proof of papers. The Journal will furnish free to the author, upon his written request, one hundred eight-page reprints without covers, or the equivalent in pages in the case of articles of greater length.

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THE EPIDEMIC OF INFLUENZA.

THE regrettable appearance of so-called "Spanish influenza" in Boston and its vicinity was noted in the last issue of the *Journal*. Unfortunately, the number of cases has increased, and the epidemic has now reached important proportions. Although every possible precaution has been taken, the disease has been spreading, especially in Navy cantonments. Furthermore, it has reached the civilian population and has invaded the schools, although not yet to any serious extent.

The most serious aspect of the situation is being confronted by the Navy officials. Up to the present writing, there have been 34 deaths and 1705 cases among naval men. The wards of the various local hospitals have become filled, and the authorities have found it necessary to utilize Galloup's Island, in Boston Harbor, as a station for sailors quarantined because of this disease.

Dr. William C. Woodward, Boston Health

Commissioner, has issued a statement saying that the first thing now, as always, is to take every precaution to keep in good physical condition. At the first signs of approach of a common cold, or the grippe, isolation should be resorted to and remedies that have been found effective in previous cases applied. Avoidance of crowded cars, elevators, or buildings, and of common drinking cups and towels, is recommended.

There have been many cases and several deaths among nurses at both the Boston City and Massachusetts General Hospitals.

Since August 28, there have been sixty cases of pneumonia following grippe among sailors at Commonwealth Pier. There are comparatively few cases of the disease at the Harvard Radio School, which accommodates approximately 5000 men. Captain John M. Edgar, medical director for this Naval District, has announced that there have been 1109 cases reported in the district since August 28.

Thirty sailors from the merchant marine at East Boston have been taken to the William A. Brooks Camp, at Corey Hill, Brookline. This makes a total of more than one hundred cases of influenza in the hospitals. Several of the patients have developed pneumonia. Twelve men from the Sanitary Corps of the Tenth Regiment, State Guard, were called out and are assisting the nurses and physicians. The Red Cross has given valuable assistance.

A report from Newport, R. I., states that on account of the epidemic of Spanish influenza the naval torpedo station has been placed under quarantine. A number of men have been removed to the naval hospital, including Commander Hamilton Glover, U.S.N., executive officer of the station. The quarantine order reads as follows:

"Men will be seated not less than three feet apart. Where folding benches are used, only every other seat will be occupied.

"Coughing in all enclosed places will not be tolerated. At Barracks B drill hall, Y.M.C.A. hut, K. of C. hut, and any other places where lectures and entertainments may be held, the provost marshal will detail sentries to curb the 'coughing habit,' which has become very noticeable at all gatherings.

"It must be remembered that coughing is the means whereby contagious diseases are most effectually spread and men are enjoined to bear this fact in mind whenever they are in enclosed places in company with other men.

Coöperation on the part of every individual at this training station in the simple rule of 'Stop That Coughing' will prevent the inception and spread of disease.

"When you want to cough, go out into the open air and do it, and then see the doctor."

Navy officials have expressed the hope that relatives of sailors will not become unduly alarmed, since the Navy has adequate medical forces and hospital room to give the best attention to every case.

Officers of the First Naval District have decided to take over the muster field at Framingham as a temporary camp, technically to be an annex to the receiving ship, where 2700 naval reservists from the Commonwealth Pier may be quarantined until all danger from the malady has been removed. It will not be a camp for the reception of sick soldiers.

The naval officers, medical department, state quartermaster's department and the engineers have agreed that the site is most desirable for the purpose, and have stated that all that is now needed to complete the enterprise is the formal agreement of the Navy Department officers at Washington. Equipment is being sent to Framingham, and it is expected that the grounds will be ready for occupancy in about a week.

The medical officers of the First Naval District have been considering a number of possible sites for such a camp—a place not too far from the pier, receiving ship, Hingham, Bumpkin Island, Technology and the radio schools might be afforded fresh air, seclusion and training until the cold weather comes, by which time the naval physicians expect to have ended the influenza cases. The fact that everything necessary to sanitation is already installed at Framingham influenced the officers to that choice.

Plans already have been made for the installing and boarding up of the tents, the provision of stoves and other equipment to make comfortable the 2700 or 3000 men who will camp there until perhaps the middle of November.

There have been 118 patients at the William A. Brooks camp on Corey Hill, Brookline. This camp is now well organized. The rapidity with which it was put together was due to the fact that Governor McCall and the Council had the foresight to make arrangements for portable houses, beds and bedding, and such

other material as would be necessary for the establishment of an emergency hospital. The hospital equipment which this camp is now using was originally purchased for an emergency hospital in Commonwealth Armory, which the Governor and Council thought might be needed, but which the Government failed to accept.

Captain John M. Edgar, medical officer in charge of the First Naval District, is satisfied that the doctors at the various local stations have checked the malady. He says that by segregation both he and the other doctors hope to stamp out the illness entirely in a few weeks.

Of the 13 naval stations nearby, the training camp at Hingham is the only one so far not to be reached by the disease. No explanation for this is given. The receiving ship at Commonwealth pier still holds the lead, with 569 cases. The largest increase has been at the radio school in Cambridge, where there has been a total of 428 cases.

The following list has been published by Captain Edgar:

STATIONS	SEPT. 13		TOTAL TO DATE	
	Influenza	Deaths	Influenza	Deaths
Naval Training Camp, Hingham ..	..	..	..	..
Naval Training Camp, Bumpkin Island	14	..	235	..
Rifle Range, Wakefield	13	..	105	..
Radio School	102	..	530	..
Boston Section	3	..	25	..
Cadet School	2	..	9	..
Receiving Ship at Boston	30	..	599	..
Naval Detention Training Camp,				
Deer Island	5	..	21	..
Little Building	8	..	21	..
Boston Navy Yard	1	..	16	..
Ammunition Depot, Hingham,				
Mass. ....	..	..	13	..
Fore River	6	..	28	..
Aviation Detachment, Cambridge	28	..	104	..
Chelsea Hospital .....	..	2	..	34
TOTALS	212	2	1706	34

The prevalence of Spanish influenza, so called, has not reached alarming proportions among the civilian population, but the situation is serious enough to demand every possible precaution. Several deaths have occurred, chiefly from pneumonia resulting from influenza. It is to be regretted that schools have been invaded by the disease, for it will probably spread, although everything is being done to check its progress. A number of children have been sent to their homes and ordered to

remain in bed for three or four days until a proper diagnosis has been made. Most of these cases are from the Mather School in the Meeting House Hill section of Dorchester.

There are six incipient cases of influenza at Charles Street Jail.

All precautions are being taken to prevent the spread of the disease among the prisoners. In order to keep the prisoners healthy, Sheriff Keliher has introduced recreation periods outdoors forenoon and afternoon. For an hour at a time the prisoners play handball, baseball, quoits, and other games in the yard.

There have been 52 cases of influenza in Holbrook and one hundred cases in Quincy, Mass.

Surgeon-General Blue of the Public Health Service has made a telegraphic survey to determine the extent of so-called Spanish influenza in the United States. He has found that there was an outbreak at Fort Morgan, near Mobile, Alabama, in August, and at about the same time a tramp steamer arrived at Newport News with almost the entire crew prostrated. Cases have also been reported from Philadelphia and New York. The Boston outbreak was reported September 11; since then the epidemic has appeared at New London. New Orleans has not wholly escaped.

In New York, a rigid quarantine has been established. Dr. Copeland, City Health Commissioner, believes that the symptoms include jointaches, backaches, gastritis and nasal discharges, and that the germ is carried in the nasal and mouth secretions. He has issued the following advice:

"Avoid crowded places and poorly ventilated places.

"Keep as far as possible from sneezers and persons with coughs.

"Avoid use of public and all unsanitary drinking cups.

"Persons with colds should sneeze or cough only into handkerchiefs, to protect their neighbors.

"Persons who actually contract Spanish influenza should immediately go to bed and remain quiet. Disease will normally run its course in three days. So far, there is no known cure for it."

Reports from Europe during the past few months cite extensive epidemic prevalence of a disease resembling influenza. Many thousands of cases are said to have occurred in Spain attacking nearly one-third of the population, and in Germany and England. On this side of the water, Cuba was visited during June last

by a similar epidemic, which affected one-quarter of the population of Havana, but not a single death resulted. In Spain, however, about 700 deaths are said to have been caused by the outbreak.

In a recent issue of the *Lancet*, the following item, by Professor R. Staehelin of Basle, Switzerland, has been published. Professor Staehelin points out that little is really known of the actual death-rate from the present epidemic of influenza in Switzerland in spite of the alarmist returns in the press, inasmuch as the total number of cases is merely a matter of conjecture. Professor Staehelin is reported to have said:

"We saw no effect from salvarsan, and only fleeting fall of temperature from optochin. Electrargol occasionally gave rise to rigor with resulting fall of temperature and definite improvement of general condition, but for the most part of transient nature. Subjectively, anti-pyretics worked best (of these quinine showed no specially favorable effect), and in particular salicyl preparations, sweating being succeeded by a fall in the fever and increased comfort for several hours. In pneumonia camphor in large doses was the only effective remedy, with, of course, venesection where indicated. We should welcome any suggestions from colleagues of a more effective remedy."

Surgeon-General Blue of the Public Health Service has recently published the following information, which is helpful both in determining and in treating cases of so-called Spanish influenza:

"People are taken ill on the streets, or while at work. First there is a chill, then fever with temperature from 101 to 103, headache, backache, reddening and running of the eyes, pains and aches all over the body and general prostration. Persons so attacked should go to their homes at once, get into bed without delay, and immediately call a physician.

"Treatment under direction of the physician is simple, but important, consisting principally of rest in bed, fresh air, abundant food, with Dover's powder for the relief of pain. Every case with fever should be regarded as serious and kept in bed at least until temperature becomes normal. Convalescence requires careful management to avoid serious complications, such as bronchial pneumonia, which not infrequently may have fatal termination. During the present outbreak in foreign countries the salts of quinine and aspirin have been most generally used during the acute attack, the aspirin apparently with much success in the relief of symptoms."

Dr. Blue is issuing a special bulletin on the disease for all medical men who send for it. In

order to reach physicians of the country without delay, however, Dr. Blue has provided for transmission through the Associated Press the following summary of methods for control of the disease:

"Infectious Agent—The bacillus influenzae 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 use of wells, 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.

"Methods of Control—(a) The infected individual and his environment.

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

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

"Immunization—Vaccines are used with only partial success.

"Quarantine—None; impracticable.

"Concurrent Disinfection—The discharges from the mouth, throat, nose and other respiratory passages.

"Terminal Disinfection—Thorough cleansing, airing and sunning. The causative organism is short lived outside of the host.

"(b) 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.

"The present outbreak of influenza may be controlled to more or less extent only by intelligent action on the part of the public."

The latest reports on September 17 present a situation on the whole not encouraging. Greater Boston hospital authorities and physicians generally are of the opinion that nothing can be gained by denying that the grippe epidemic, which has already caused 47 deaths out of 2273 cases in the 1st Naval District alone, is making great headway, and that the public should be warned of the need of more intelligent coöperation to prevent its spread before conditions become alarming.

With nearly 200 cases to handle, all City

Hospital physicians, nurses, attendants, and employees have been ordered to wear masks to minimize the danger of infection. Since early last week a number of physicians are reported to have suffered more or less from the contagion.

Since September 15, there have been 10 deaths at the Chelsea Naval Hospital, and at the aviation school in Cambridge 81 cases were reported on September 16, thus bringing the total up to 221. Commonwealth Pier reported 28 cases on September 16, as compared with 23 on September 15 and 27 on September 14, and 11 cases developed at the Highland Training School, which was free from it up to September 16.

At the Radio School in Cambridge conditions seem to have improved, and it is expected that the school will be reopened within a few days. Fewer cases have been reported recently and it is expected that the number of cases will become gradually lower.

Hospital authorities say that the rapid recoveries are due to unusual sanitary precautions and preventive measures. No deaths have occurred at the Winthrop Hall Hospital. Owing to the need for more spacious quarters, the Radio School authorities have taken over Lawrence Hall, adjoining Winthrop Hall, in order more adequately to care for the patients.

Rear Admiral Spencer S. Wood's tabulated report says the cases in the 1st Naval District thus far are distributed as follows: Hingham training camp, 11; Bumkin Island training camp, 258; Wakefield rifle range, 171; Radio School, 692; Boston section, 58; Cadet School, 17; receiving ship in Boston, 677; Deer Island training camp, 40; Little Building, 36; Boston Navy Yard, 36; Hingham ammunition depot, 16; Fore River, 39; Cambridge aviation detachment, 221; Naval Prison, Portsmouth, 59.

Other new cases reported on September 16 include 10 at both the Navy Yard and the headquarters in the Little Building, 11 at Fore River, 36 at Wakefield rifle range, 59 at the Naval Prison in Portsmouth, 33 at Commonwealth Armory, and 2 at Army headquarters on Chauncey street. 22 deaths of pneumonia and 10 of influenza were reported among the civilians of Boston between September 14 and 16, but Health Commissioner W. C. Woodward believes that the situation has not become serious enough to close the public schools.

Three deaths were reported in Quincy and 1 each in Marlboro, Reading and Concord. In Newport, R. I., there were fewer cases of so-called Spanish influenza at the Naval Station on September 17 than on any day for a week past; this condition is attributed to the strict quarantine and to the effective manner in which the Naval surgeons are caring for the trouble. Quarantine of the enlisted men at the Naval Torpedo Station has been lifted and the 2d Naval Reserve Training Barracks, camped at Oakland Farm, in Portsmouth, reports excellent health.

Dr. C. Clarke Towle, city physician of Somerville, stated on September 16 that the gripe had reached the proportions of an epidemic there. The malady has spread very rapidly, but there is nothing to show how many cases there are in the city, as they are not reported to the Board of Health.

Two deaths from influenza have been reported from Needham, and the public schools have been closed indefinitely. In Brockton, so-called Spanish influenza and resultant pneumonia have caused the deaths of four persons in the last two days. In Lynn, although no exact figures could be obtained, it was estimated that there were between 600 and 700 cases in the city. An unusually large number of pneumonia cases are being treated at the Lynn Hospital. No deaths have as yet been reported.

Three more deaths were reported on September 17 at William A. Brooks Hospital grounds on Corey Hill in Brookline, where men of the Merchant Marine who are stricken with Spanish influenza are being sent by the United States Shipping Board for treatment.

There have been 7 deaths since the camp was established about a week ago, and 31 new cases were admitted to the hospital camp on September 16, bringing the total number of cases under treatment up to 148. 30 of the 148 patients have pneumonia.

More than 1000 cases are being treated by Gloucester physicians. The epidemic started among the mail clerks in the postoffice. Two of these men have died and several others are in serious condition. In all seven deaths have been recorded.

All schools in Gloucester have been ordered closed by the Board of Health as a precautionary measure to prevent further spread of the

influenza. Of the 1000 pupils in the Gloucester High School more than half were absent on September 16.

Schools have been closed, also, in Sharon, because of the proportions of the epidemic there. In Milford, so serious have conditions become that the superintendent of schools closed the Claffin Grade School, with its six teachers and about 200 pupils. There are no serious cases, but temporary cessation of school contact was deemed wise. There are numerous cases in the other schools.

The Health Commissioner of New York reported on September 17 that 13 cases of so-called Spanish influenza had been found on a United States Naval training ship at the Crane shipyards, Erie Basin. The men were taken to Kingston Avenue Hospital, Brooklyn. 184 cases have been reported in New York. Camp Upton, New York, has been closed indefinitely because of Spanish influenza, so-called, and 170 cases in the base hospital of the camp have been reported under treatment.

PROGRESS OF CAMPAIGN AGAINST VENEREAL DISEASES IN MASSACHUSETTS.

THE following figures will give an idea of the progress to date of the campaign against venereal diseases in Massachusetts. While these figures are encouraging and bespeak a fine spirit of coöperation on the part of the medical profession as a whole, there is, nevertheless, much yet to be accomplished before figures can be presented which will actually indicate the prevalence of these diseases in the communities of our State.

A peculiar responsibility was thrown upon the shoulders of the physician when the decision was reached that syphilis and gonorrhoea should be made reportable by number only, unless lapsing treatment. It is the physician alone who holds the secret of the comings and goings of these carriers of disease, consequently it is to him that we must look for the close follow-up work which alone can make this system a success—for success it is proving to be; and the physician can make it a bigger success and a greater boon to humanity by following up every case which comes to his attention until he is satisfied that it is no longer a source of danger to the community.

Physicians are urged to keep in close touch