

SUGGESTED METHOD FOR THE EARLY DETECTIONOF EPIDEMIC INFLUENZA SUSPECTS

In a disease so markedly contagious that some authorities regard quarantine as practically useless it becomes imperative to isolate not only the diagnosed cases, but if any degree of success in the control of spread of the disease is to be accomplished, the suspects as well. These latter are really the more important of the two, for unrecognized and unacknowledged as an incipient influenza case they become correspondingly more dangerous in the propagation of the disease.

To control the spread of the disease to the highest degree means isolation before symptoms recognizable to the Medical Officer, as constituting a malady, appear and at that stage where the "patient to be" is so slightly effected as not to complain to or seek aid from Medical attendants. This is the very period in which it is so important to detect, if possible, any likelihood of the disease developing later on.

Though the prodromal period is extremely short it is long enough to allow men to leave stations in drafts for other details. Men suffering from slight malaise, headache, etc. alone will conceal these facts in their anxiety to travel to new fields of duty. Again, the spirit of our men often makes many of them reticent about mentioning what they consider as minor ailments and causes them to continue their duties until frankly ill.

Though in epidemic influenza the period between malaise and frank outburst is extremely short, it is the very period that, if possible, we wish to detect and isolate our suspects. Just how infectious this stage is may not have been determined. However, by apprehension at this time we at least cut down the hours of exposure to surrounding men or even some of the probabilities of spread of infection from that particular individual.

How important detection in this stage is can be seen at a glance when we realize that the greatest trouble experienced is where the greatest number of people are congregated, and in the service of the Navy this means our large bases, training stations and Receiving ships and it is here that not only are greater numbers effected, because of greater numbers present, but we have the even greater danger of distribution of the disease with distribution of the men to widely scattered points. The efficiency of the complements at such points, especially if it be the fleet, is greatly impaired; statistics showing that about 40% of a community is effected within a remarkably short period of time.

*Dr. J. H. ...*

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It is evident that as each unit has its own complement of Medical Officers and hospital corpsmen the time consumed as above would not vary whether one or a dozen units were involved.

Even though the procedure of intensive physical examination does not appeal in this case to be as practical as the plan outlined above its careful carrying out with the time at hand would seem a practical impossibility, and a hurried and necessarily incomplete examination is worse than useless because of the false sense of security it may give.

Under present conditions hospital corpsmen while selected for their adaptability for this specialized work and given splendid courses of instruction are through lack of experience and time of service not as adept in the recognition of symptoms and conditions as the hospital corpsmen of previous days. Physical examination would necessarily have to fall upon the two Medical Officers to the unit. This would mean 600 men to be scrutinized by each Officer. If 30 seconds were allowed each man, five hours would be utilized, or in two inspections a day, the entire day. Fifteen seconds to a man would mean 2-1/2 hours night and morning. It is not thought that any man could do conscientious work under that time and that there remains a great element of doubt, if individual inspection could be properly accomplished in so short a period as fifteen seconds.

Lt., F. S. Saurman, M.C., U.S.N. ~~1918~~

*Approved  
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