

WHAT IS SPANISH INFLUENZA?

Its Like the Old Fashion Grippe—How To Care for a Patient.

New York, Sept. 24.—Early last May dispatches from Madrid told of a mysterious malady which was raging through Spain in the form of the character of the grippe. Not long after, a similar epidemic took hold in Switzerland and penetrated simultaneously in mild and isolated forms into France, England, and Norway. Early in August this disease, carried from Europe in ocean liners and transports, began to make its appearance in this country, and within the past two weeks the occurrences of the malady in the civilian population and among the soldiers in the cantonments have increased so greatly in number that government, state, and municipal health bureaus are now mobilizing all their forces to combat what they recognize to be an approaching epidemic of a so-called "Spanish influenza."

What is Spanish influenza, and what are its symptoms? Although clinical and bacteriological investigations of the disease are still in their early stages, the medical profession believes it has already arrived at certain unshakable conclusions in the matter. In the first place Spanish influenza, if not the grippe itself, is accompanied by all the symptoms of the grippe, and differs from this disease only that it is more severe and is more likely to lead to pneumonia, if not checked in time, than the less virulent form of influenza, which goes by the name of the grippe. As with the grippe, the disease is characterized by excessive sneezing, reddening and running of the eyes, followed by fever from 101 to 103 degrees, aching back and joints, loss of appetite, and a general feeling of debility.

If properly treated, the malady can be overcome without much difficulty. Surgeon General Blue of the public health service, in a report issued several days ago, advises that persons so attacked should go to their homes at once, get to bed without delay, and place themselves under the immediate care of a physician. Treatment under the direction of a physician is simple, but important, consisting principally of rest in bed, fresh air, abundant food, with Dovers powder for the relief of pain. Every case with fever should be regarded as serious, and such a patient should not leave the bed until a normal temperature is restored. Convalescence requires careful treatment to avoid serious complications, such as bronchial pneumonia. During the outbreak, in foreign countries quinine and aspirin have been most generally used during the acute attack.

The history and bacteriological character of Spanish influenza are still uncertain. Few of the cases under observation have revealed the presence of the influenza bacillus which would be required to bear out the contention that Spanish influenza is nothing more than the classified influenza, or grippe, which had its origin in Russia in 1889. The designation of the new malady as "Spanish influenza" is purely arbitrary. The malady has not been definitely tracked to Spain, further than that it was in Spain, early this year, that this particular form first obtained a hold.

The theory that the strange epidemic of influenza attacked only those who were run down because of lack of proper food was exploded in late August when a dispatch from an Irish port told of the occurrence of symptoms of this disease among officers and men stationed at an American destroyer base. Aside from American soldiers, the American sailors are probably the best fed persons in Europe, but the disease attacked several score of them there, and for a week or so disrupted crew assignments completely. All of the cases recovered. It was found in that instance that the disease was not dangerous if taken in hand quickly enough.

Within the last week the so-called Spanish influenza has reaped a harvest in the army cantonments of this country. More than 6,000 cases were reported from Camp Devens alone.

In view of the fact that the disease