One Hundred Thousand Cases of Influenza with a Death Rate of One-Fortieth of that Officially reported under conventional medical treatment

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The leading article in the October 9th number of the Boston Medical and Surgical Journal is by J. Madison Taylor, M.D., professor of physical therapeutics of the medical department of Temple University, Philadelphia. "No one," says Doctor Taylor, "has a right to condemn, deprecate, or deny efficacy to reputable measures until he has honestly and adequately subjected them to fair trial under fair conditions. In the immediate future much revision of bio-kinetic therapeutic measures must come about, and to the vast advantage of medical potential."

While I know it is not necessary to preface the startling statements which will be made in this paper by an appeal to the members of this scientific organization to retain open minds for the consideration of novel procedures, I cannot refrain from the above quotation. I cite it in order to remind you of a precedent of a recognized authority of the "old school" in an official position in a medical school and writing the first article in a most conservative medical journal, therein vouching for the scientific aspect of some of the foundational principles underlying the therapeutics to be discussed in this paper.

Doctor Taylor had personal experience in the comparative treatment of influenza with and without drugs. Before reporting to you the amazing statistics of the 100,000 cases reported in this monograph, I again ask your permission to quote Doctor Taylor's brave words in condemnation of the medicinal treatment of influenza and in championing the physical and mechanical therapeutics of this and other diseases as follows:

"The resources of medication, large as they are, must have limitations. These limitations in grave exigencies impress us with a despairing sense of inadequacy. Moreover, instances are met of vast harm wrought by lack of wisdom in the manner of their use. This harm is occasionally fatal. Fatalities from medication are, however, not confined to misuse, but to fatuous confidence in them which fails to be justified.

"Never did this scientific groping so impress me as during the recent epidemic of influenza. I was guilty myself. The guilt of others, however, struck me often with even greater force. Perhaps the fatal cases were hopeless when met. Perhaps we groped in a slough of ignorance. A larger proportion died than was justified.

"Whereas, sharing equally with most of these colleagues grave doubts as to the efficacy of some standard drugs in fullest dosage, also graver doubts as to the by-effects of these drugs, I am absolutely certain that the remedial procedures, reconstructive or bio-kinetic measures employed, did no harm if perchance did no good. So much for squaring the account with my conscience.

"I postulate that: in striving to accomplish equilibration of the regulative energies in the cardio-vascular cycle, vastly greater safety resides in agencies exerted from outside, by attempts at influencing reflex response, vasocostriction, also eliciting vagogenic and sympathetic helpfulness, readily applied and re-

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As a still more official authority for the condemnation of the conventional treatment of influenza I am constrained to call your attention to the fact that the Journal of the American Medical Association on October 4, published an editorial asserting unequivocally that gargles and sprays were absolutely valueless except as much as they cleansed as water does, and that no physician had any right to inform patients that vaccines would prevent the occurrence of influenza. The editorial gave only negative therapeutics, not a word even suggesting any known remedy or prevention.

Cyriax of London in the “Practitioner” says that as regards the natural exciting cause of the irritative states of the erector spinæ, which he claims is in itself the cause of hypertension and other pathological conditions, there is “one important group, which up to the present seems to have escaped recognition, i. e., anomalies of the vertebrae either as regards articulation or position. * * * Apparent malposition of the bones * * * all treatment must be directed towards removal of the cause of disease especially that described as ‘mobilization of the spinal column.’”

Having thus gradually approached by a recognized medical path, using the words of authorities familiar to you, I now venture to proceed from Cyriax’s specific statement of vertebral malposition as a causative factor and adjustment as the cure, to the subject of this essay, the report of 100,000 and more cases of influenza in the recent epidemic with a death rate of one-fortieth of that reported by the health commissioners of the various states.

Requests for information as to the number of cases of influenza, the number of cases of pneumonia, and the number of deaths from each, were sent to every state health commissioner and every city health commissioner in cities of 40,000 population and over. One hundred and forty-eight replies were received.

Sufficient data has been received in the replies of those 148 health commissioners, together with the estimates of the national census bureau and the several insurance companies, to warrant the ultra conservative estimate of five per cent to six per cent fatalities in influenza cases under medicinal care. In Boston the influenza fatalities amounted to twenty-seven per cent, as reported by the health commissioner of that city.

These reports also show a conservative estimate of thirty-three per cent of fatalities in pneumonia cases under medicinal care, and in some large centers it ran as high as sixty-eight to seventy-three per cent. As officially compiled to date, the fatalities in epidemic pneumonia in our army camps amount to thirty-four and one-half per cent.

The American Osteopathic Association then collected authenticated detailed case reports from its members.

All told, 2,445 osteopathic physicians have reported. Those 2,445 osteopathic physicians, representing every section of the country, report having treated 110,120 cases of influenza with only 257 deaths, or a mortality of only one-quarter of one per cent. They also reported having cared for 6,258 cases of epidemic pneumonia with only 635 deaths, or a pneumonia mortality of only ten per cent.

This makes the osteopathic mortality of one-quarter of one per cent in influenza as compared with five per cent under medical treatment, or in other words, it shows that the medical death rate was forty times as high as the osteopathic. It also shows the osteopathic death rate in pneumonia in this particular epidemic was ten per cent, although previously it had only been three per cent, while the medical death rate was more than thirty per cent. In other words, three times as large a percentage died from pneumonia under medical treatment than under osteopathic treatment.

Two conspicuous effects of osteopathic treatment of acute diseases which were startlingly evident in this epidemic, although well recognized by the prac-
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physicians of this school heretofore, are the upsetting of the classic rules regarding the duration of particular diseases and also the abolition of the classic crisis in lobar pneumonia. These rules hold good on the average under treatment by former methods, but under osteopathic treatment the duration of all acute diseases is materially shortened in almost every case. Crisis is the rare exception rather than the rule in lobar pneumonia under osteopathic treatment.

Physicians of other schools of practice who have had the courtesy and the patience to listen to these radical statements so far will now, either from curiosity or from scientific desire, want to know how osteopathic adjustment can be applied in the case of rapidly progressing acute diseases of as prostrating and critical a type as influenza and pneumonia without the possibility, or what might seem to them the probability of injury to the patient. The answer is first that the treatment not only does not injure the patient, but is completely minus the harmful reaction, or deleterious toxic, depressant or poisonous effect more or less necessary in the administration of drugs.

Mechanical adjustment is always toward the normal when scientifically applied. This law rules just as much in the most critical acute diseases as in chronic office practice. The able and skillful practitioner of this school regulates his dosage of his osteopathic therapeutics as carefully and as scientifically as any medical attendant will graduate the dose of his medicine.

Just as truly as all physiologic body activity is essentially mechanical, so is all pathologic activity as fundamentally mechanical; hence mechanical readjustment is always indicated in mechanical disturbances of body function, which constitutes the condition which we name disease.

The pathologic reaction which is taking place during acute diseases frequently requires only a little assistance in the way of osteopathic adjustment, if fundamental factors can be altered or influenced. The loss of equilibrium, which was known as health or normal resistance and immunity, is the result of some inco-ordination of mechanism within mechanism.

In technical considerations essential in the explanations by one physician to another of his treatment, it is fundamental to the interpretation of this paper that we always consider that the osteopathic physician treats the patient instead of the disease. Bearing this fact always in mind, permit me to quote Carl McConnell, M.D., D.O., the original research worker in the osteopathic school:

"The static and functional are part and parcel of the whole, whether pertaining to vascular supply, or nervous stimuli, or hormone control, or ferment activity, or what not; and commonly nature is making heroic efforts that require but little fundamental assistance. After all, it is our mental concept or attitude that guides our interpretation of facts and skillfully adapts or harmoniously adjusts organism to environment or vice versa.

"In osteopathic diagnosis, aside from the usual clinical and laboratory diagnostic methods, the tension of muscles, the status of glands, the flexibility of the vertebral joints, the mobility of the chest wall, and the vital response of viscera to the tactile feel are of immeasurable value in determining the condition of the organism. To the experienced osteopath a fairly thorough survey of the organism actually will give him etiologic knowledge of the first order. This knowledge contains many of the facts that decide his mental attitude toward the case, and which if intellectually acted upon will usually give him control of the physiologic processes. For he realizes this registration is commonly exact and clearly represents a certain anatomic and physiologic condition of the mechanism.

"Of course, many acute diseases are the result of infection of some area of the upper respiratory tract. It is important, if possible, to locate the point of invasion and fortify the locality with as normal a circulation as can be secured. The basic requirements of artery, vein, lymphatic and nerve not infrequently tell the story if these can be normalized with any degree of precision. In fact, it is in this very definiteness, the principle of which all are agreed upon, that is so essential to attain, and still is often neglected. Right here, if seen in time, is the first opportunity of aborting the disorder, before systemic involvement, or comparatively little has taken place. The obtaining of local tissue resistance is the key. In my opinion, it is not enough in the potentially serious cases to simply relax the musculature. No doubt this
In very beneficial, but if only the first essential stage of the osteopathic treatment. The
operative barrier of the involved lymphatic nodes should be ruptured in order to
both enhance drainage and lymphatic activity.
This should be taken to be this goal. Then case is in a position, that is the skill of
operation is prepared, to perform a certain amount of intercurrent adjusting, which often
goes a long way in alleviating preexisting constipation.

While Doctor McConnell’s words have given you the philosophy of osteopathic
practice, it is just as impossible for me to tell you how the treatment is adminis-
tered as it would be for one of you to teach one who had never performed a
surgical operation how to do a laparotomy.

What will be the effect of the disclose of these statistics upon the con-
duct of the campaign against another epidemic if it occurs this winter as predic-
ted? Will the public health authorities and medical corps of the army con-
tinue to justify the high death rate by the application of the official red-tape, or will
they instead, restore their faithful allegiance to medical politics and save thou-
cousands of lives by permitting other than the formidable school of practice to ad-
mindle to the serious? What is to be the attitude of the medical profession it-
self? Is it to continue to close its eyes and ears to facts? Will it still deny a
powerful public demand or will it frankly, honestly, and in a manly face face to face,
welcome that which saves lives? It is not necessary to ask what the attitude of
the public will be. Time has been when the public had no right to an attitude in
moral matters, but times have changed.
The public pays the bill, and the public
has waked up to the fact that it has a
perfect right to discriminate regarding the
character of results of the service for
which it pays, and this is being ap-
plied to physicians as well as to men in
other walks of life.

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