MEDICINE TODAY

This department of California and Western Medicine presents editorial comment by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to every member of the California, Nevada and Utah Medical Associations to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

"Atopy," "Allergy" and "Anaphylaxis."—To explain different symptomatologies and laboratory findings, various classifications of human hypersusceptibility have been suggested, implying different etiologies and different logical therapies. One classification, for example, assumes that "true anaphylaxis" differs from certain "hereditary allergies" in that "true anaphylaxis" is always serologically transferable.[1] That this is a purely arbitrary criterion having no relationship to specific etiology or logical therapy is implied in Julianelle's [2] currently reported reproduction at will of either the transferable or non-transferable type of local anaphylaxis by varying the site of injection of the same sensitizin. In his hands intravenous injection of heat-killed pneumococci into normal rabbits, for example, leads to the development of a specific cutaneous hypersusceptibility which is serologically transferable. But the same vaccine injected intracutaneously gives in addition to this generalized allergy a specific ocular hypersensitiveness not transferable. This ocular hypersensitiveness might be classed by certain clinicians as an "hereditary allergy."

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Public Health Aspects—Epidemic Influenza. Influenza represents to the health official just an ordinary loose medical term. In other words, the clinical diagnosis and the subsequent reports when reported may be summed up usually as a senseless definition of a pathologic X. In unusual times, however, or in times of increased mortality from respiratory infections beyond seasonal expectancies or at the time of the prevalence of great pandemics, influenza as a term becomes cloaked with immense importance from a clinical, pathologic and bacteriologic standpoint, and infinitely significant from a public health standpoint. The disease occurs in serious and furious epidemics and in great pandemics as an acute, highly communicable, febrile disease. As such it represents a high mortality rate on the whole. One should be very familiar with the 1918 outbreak in which it is estimated that over 200,000,000 cases and 10,000,000 deaths occurred in a period of twelve months, throughout the world. In the United States alone, there occurred 20,000,000 cases and 450,000 deaths. Influenza pandemics were not unknown in ancient medical history, for Willis and Sydenham described the first outbreak in 1510. In fact, eighty outbreaks have been recorded since 1173. Such pandemics create public health situations that even today rapidly become chaotic as to acceptable control measures or investigative procedures. Furthermore, the rapidity of spread and the rapidity of subsidence and the undoubted occurrence of interepidemic types makes the investigative problem a complicated, necessarily hurried and expensive one. Moreover, what relationship exists between pandemic and interepidemic influenza is most obscure. This obscurity extends likewise to the relationship of type causative strains of bacteria or viruses at both periods. Suffice to say that there is no unanimity of opinion and no light sufficiently clear, no matter how extensive or timely the investigation, or careful the investigator, has been thrown upon the origin of the virus or the possible modification or attenuation. It is an attractive hypothesis to assume, in order of importance, that the virus is widely distributed; that individual, and even racial susceptibility, plays an important rôle; and that the virulence of pandemic strains subside for years or become innocuous. Microbic or viric dissociation from a virulent to a nonvirulent status has been suggested as a possible explanation to certain vagaries in the epidemiology of communicable diseases, particularly that of epidemic cerebrospinal fever, but at present this is not quite susceptible of proof. The facility and frequence of the occurrence of influenza is, however, very manifest, as is its dual epidemiologic rôle of pandemic and interepidemics.

Since 1918 the public health official has only been concerned with interepidemic influenza. Apparently, this type of the disease may be considered a respiratory infection rapidly diffusing through and involving whole communities or occurring in sharply defined outbreaks in schools, colleges, institutions, etc.

Clinical identification of influenza is obviously difficult but not unattainable. Conversely, microbic or viric identification is at present impossible. It is, therefore, on certain epidemiologic characteristics that identification can be based with any degree of certainty. The epidemiologic features en masse may be briefly stated to be its close relation of the curve of influenza to that of pneumonia; its high morbidity; its rapid dissemination over wide areas; its generally characteristic racial and age incidence and its dislocation of ordinary age distribution mortality of respiratory diseases with increase in young adults; its great explosiveness (the peak of the curve being reached in two

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1 Karsner, H. T. Anaphylaxis and Anaphylactoid Reactions. The Newer Knowledge of Bacteriology and Immunology, Chap. 83, p. 967, 1928. University of Chicago Press.

2 Julianelle, L. A. Reaction of Rabbits to Intracutaneous Injections of Pneumococci and Their Products, J. Exper. Med., 51, 643, April 1930.