

not reach the secretary's office until Wednesday morning, October 9. However, two thousand letters and many telegrams were rushed out to members, speakers, and others before the office force left that night. A notice concerning the cancellation was sent out over the wires of the Associated Press and the United Press from Chicago and Boston. In short, the president at Toronto, the chairman of the Central Committee at Chicago, and the secretary at Boston, did all in their power to spread news of the postponement of the meeting as widely and rapidly as possible; and it is hoped that all delegates were reached in one way or another.

The postponed meeting will be held December 9-12. Headquarters will be at Hotel Morrison, Chicago, as previously announced. In general, the arrangement of the section meetings will be relatively the same as in the original program which was published in the September issue. The more important changes will be published in the JOURNAL for November, which will appear about November 25.

Speakers are being requested to send their manuscripts to the office of the JOURNAL for possible publication where advisable, in advance of the annual meeting. Unless already forwarded, two hundred word press abstracts are also desired.

The postponement has worked a real hardship upon the section officers and the committee members at Chicago, who gave generously of their time and energy in order that the October meeting might be successful. In some instances this work will have to be repeated, especially in the case of the Chicago committees. The latter, however, have with boundless goodwill, again set themselves to their tasks; and for this, the Association owes them a great debt of gratitude.

While in one sense the postponement was a disappointment, it is believed that the December meeting will be more successful than that of October could have been, and we shall have the additional satisfaction of knowing that the best interests of the Association, of the profession, and of the Nation, will have been served by the postponement.

Decide now to come in December. In the meantime tell of the Association and the annual meeting to your public health acquaintances, plan to enrol them as members, and bring them to the meeting.

WEAPONS AGAINST INFLUENZA.

Early in October a representative of a midwestern health department went East in order to secure information as to the best-known methods of combating influenza. A number of prominent sanitarians began with this advice: "When you get back home, hunt up your wood-workers and cabinet-makers and set them to making coffins. Then take your street laborers and set them to digging graves. If you do this you will not have your dead accumulating faster than you can dispose of them." They then went on to discuss the measures which had been tried with varying success for fighting the disease itself.

The object of the foregoing suggestion was not to appear sensational or to cause undue alarm; it was a sincere effort to point out a practical condition which would probably have to be met. Very few health officers, and no communities, appreciate the terrific devastation of the epidemic until it strikes them. It has been utterly unlike any plague which has yet visited this country.

Exact statistics concerning the prevalence of influenza among the general population are not available. It seems, however, that no less than 25 per cent of the population are taken ill in communities where the disease strikes. Very roughly, the fatality seems to range within 3 and 5 per cent of the cases.

Boston, with a total population of less than 800,000, has had about 4,000 deaths from the beginning of the disease early in September to October 19. In other words, .5 of 1 per cent of the population has succumbed. If the rest of the country is afflicted in the same proportion, it is not unlikely that there will be a half-million deaths from the disease; that is, about half as many as died from all causes last year; or far more than fifty times as many as have been killed in the American army in the present war.

Among the prophylactic measures have been employed in the East: the conventional precautions against contact infection, the face mask, and anti-influenza vaccine.

Among the curative measures have been advocated: the open-air treatment, the use of serum from convalescent patients, and again, anti-influenza vaccine.

In the reduction of contact infection, the face mask, the stagger-hour system of transportation, the education of the public in personal hygiene, and the closing of schools, assemblies, etc., have probably helped somewhat. There seems to be little hope for controlling the epidemic along these lines, however, for the scourge is more communicable than measles.

As for the vaccine, the Massachusetts scientific and statistical commissions have concluded that it has no therapeutic effect,* that the prophylactic effect merits further investigation, and that no ill effects follow the use of the vaccine. The South Department of the Boston City Hospital reports 46 vaccinations, none of which were followed by influenza; on the other hand, of the remaining 88 attendants and patients, 28 contracted the disease—about a third.

Another analysis from the same figures shows that of 32 vaccinated nurses none contracted influenza; 8, who had been incompletely vaccinated, contracted mild cases. The remaining 4 nurses refused to be vaccinated: of these, two developed influenza and died.

At Wrentham (Mass.) State School, 66 vaccinations are said to have been followed by 6 mild cases, and no fatal cases. One incompletely vaccinated individual developed a fatal case. Of the remaining 58, who were not vaccinated, 33 sickened, and one died.

The results which are available are interesting and suggestive, but not conclusive; for they all have the weakness that vaccination was not begun until influenza had developed in the institution, and had taken down a number, possibly the most susceptible, who might have taken the disease even if vaccinated. But while we wait for more conclusive statistics, the epidemic rages; any community is, therefore, justified in employing the vaccine, for it is safer to gamble with the cost of preparing and administering the vaccine than with the lives endangered. It will be well to emphasize to the public that the vaccination is experimental, and is not compulsory; otherwise, in the event of its ultimate failure, the whole system of vaccination may be discredited by the public, including that against smallpox, typhoid, etc.

Turning to therapeutic efforts, the serum described in this issue by McGuire and Redden seems promising and should by all means be tried. As with vaccine, however, it is too early to make definite statements.

The **open-air treatment** of Brooks was found by the Massachusetts State Health Department to be the most valuable factor in reducing mortality. Apparently the fatality of hospital cases was reduced from **40 per cent to about 13 per cent** by the treatment. An invaluable incident to this treatment is the fact that in the open air, the immunity of the nurses and physicians is enormously increased, leaving them to carry out the great amount of work confronting them.

What should health officers do in those communities where the disease has not yet struck? Shall they build fences to try to keep people from falling off the cliff or shall they invest in ambulances to take care of those who will have fallen?

It must be confessed that to date the preventive measures have not averted the epidemic. It would seem advisable for the health officer first to organize his open-air hospitals and relief agencies as far in advance as possible; let him organize for efficiency the doctors, nurses, social workers, teachers, and volunteers. Money and assistance will be easy to get, for the public has been aroused. With one in two hundred persons of the stricken populations dying, no community will criticize the health officer who may have prepared too thoroughly.

The health officer should also put into effect with great vigor all of the preventive measures at his disposal. Let him not neglect, however, to plan for those who are sure to become sick—and as pointed out to the investigator in the first paragraph—for those who will die.

Regrettable and discouraging as it is, we must nevertheless admit that in this specific catastrophe, the ambulance possibly will help more than the fence.

*See the notes section of this issue, p. 832.