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ASIAN INFLUENZA IN A SYDNEY SUBURBAN PRACTICE

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The following comments represent the retrospective impressions of a general practitioner on the new variant of the old influenza known as the " Asian 'Flu " or Singapore A 1/57.

Having become used over the last decade to the wearisome challenge of the recurring influenza visitations we heard of the new strain arising in the countries far to our north with apprehension. Was this to be the tragic, devastating pandemic which we had been taught in student days to expect sooner or later? Early reports, mainly through lay channels, failed to support the most pessimistic expectations. Here and there, it was specifically stated that the illness seemed to be mild, even by a Press whose pursuit of sensationalism was later to be so flagrantly revealed. It was a relief to discover at last an authoritative appraisal of the situation in the annotation of Gordon Smith, Turner and Hellewell (1957).

None of us in general practice could tell when the new illness really did begin. We became aware that there was a lot of influenza about, but we expected that anyway. A few people seemed to get recurrent attacks at very short intervals but that, too, was not so unusual. Perhaps the first really striking manifestation was the spread among school children, particularly teenagers. The classes were decimated. This *was* unusual, and from the laboratories soon came confirmation that virus A 1/57 was among us. The lay press saw to it that the dreaded scourge should find no cold welcome. The words " Asian 'Flu " could be accommodated in two-inch type, and were.

Clinically there was just a little anticlimax. Symptoms and signs differed little from the perennial nuisance. Pharyngitis, rhinitis, bronchitis, fever and " feeling dreadful, doctor,"—they were all there with trying regularity. Now and then the pneumonia—primary or secondary—presented a more severe case. A handful of cases in the whole community developed dreaded staphylococcal pneumonia. While their connection with the influenza was questionable these cases provided the Press with a fragment of basis for coining their new solecism " golden death," an impropriety which even the public recognized as ridiculous. On the whole, the uncomplicated case recovered in a few days, and, while the sequelae of physical weakness and mental depression were as prevalent as

usual, they did not seem quite so persistent as in former epidemics.

Treatment recommended by the profession ranged from immediate antibiotics to the simplest measures of bed rest and conservative medication. One feels strongly that if the results of the former scheme were significantly better we would all by now be aware of it. Even for the complications—pneumonia, purulent bronchitis or otitis media—antibiotics had a much less certain effect than they had a few years ago.

A special problem was presented by those patients who dutifully retired to bed for a day or two, then—forgetting that feeling fine while lying in bed is a very different thing from feeling fine while doing a day's work—went back to the job when only half recovered, and called in the doctor for the relapse.

In general retrospect a few facts emerge as worthy of special note.

First, the speed of spread on both an international and a national scale is such that as with bush fires, preventive measures must be designed, rehearsed, and established before the epidemic, to be of any value. More of this below.

Secondly, conventional quarantine methods are not only absolutely useless against influenza, but divert energy from other channels where some benefit might accrue.

Thirdly, we are virtually at the mercy of the virus. Had the effective virulence of the invader been comparable with that of forty years ago, it is doubtful if our modern medicine and all that goes with it could have mitigated the disaster significantly. On the contrary, the overcrowding in our houses, streets, shops, and public transport would favour explosive spread.

Fourthly, at a time when instruction and direction of the public may be of critical importance, the lay press can be relied on only to blow the spark of anxiety into the flame of panic. By corollary the profession in Australia needs an organ of public relations—perhaps something like Britain's *Family Doctor*—through which the public's desire for real enlightenment may be met in extreme, as well as normal occasions.

Fifthly, the difference in clinical presentation between this and other minor epidemics was not enough to indicate to the practitioner that a variation of the virus had occurred. Had it not been for the virus laboratories this special strain would not have been recognized.

Finally, it is embarrassingly true that, as with the proverbial common cold, medicine has not a great deal to offer in the uncomplicated case. Ninety per cent of influenza cases could be treated as effectively by mass advice as by individual attention. To remain

in bed and take adequate doses of aspirin and codeine until all trace of fever and malaise have disappeared, then to avoid exertion till weakness has passed, is advice that could quite effectively be amplified and interpreted to the public through some reliable medium if such existed.

On this point, I believe, pivots any plan for meeting an epidemic of the future. Influenza spreads so rapidly that it becomes a personal problem with most individual members of the populace, early and relentlessly. It is agreed that mass immunization is impossible both in practice and in theory. There is a need for an established means by which the public may be advised and enlightened on a big scale in much the same way as the physician advises and enlightens his individual patients. As tradition stands now, the general practitioner is expected to see all who ask for his services on the day of application. In an epidemic this first becomes an overwhelming burden, and later an unattainable ideal; then for the patient it is first come first served and the frivolous case may take priority over the serious case. With a system of public enlightenment such as is envisaged there would be a hope that the simple case could manage without the doctor's attendance and the more severe would thus benefit. The mere fact of authoritative and dispassionate pronouncements from a trusted source would alter the whole aspect of the situation by opposing the surge of agitation and anxiety which has been the outstanding feature of this, the latest of our post-war influenza epidemics. Had the rumours of devastation received any support from the facts, the disruption to our society would have rivalled that of warfare.

Summary

This first visitation of the " Asian " virus has been little different, as an illness, from the other epidemics of influenza that we have had in the post-war years.

For the first time a new strain of the virus has been identified before the illness reached us.

The most disturbing and inconvenient aspect of the epidemic has been the florid wave of mob anxiety activated by a daily press which either knew not or cared not what alarm it bred.

The lessons to remember for next time are that nothing now known can prevent the spread of the epidemic, but that if the profession prepares its lines of communication now the public can receive competent advice which will enable the ordinary case to get better just as quickly, and the complicated case to receive the extra attention that it needs.

REFERENCE

Gordon Smith, C. E.; Turner, L. A.; Hellewell, C. J. V. (1957). *Brit. med. J.*, 1, 1412.