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ACUTE PULMONARY EMPHYSEMA OBSERVED DURING THE EPIDEMIC OF INFLUENZAL PNEUMONIA AT CAMP HANCOCK, GEORGIA.

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PRIOR to the epidemic of influenza at Camp Hancock there occurred in one company an outbreak of hemolytic streptococcus infection of peculiar virulence and uniform course. There was reason for thinking that the spread of disease in these cases was by food or milk infection. One man primarily developed this trouble and in a few days six other men were affected simultaneously, all showing

aphonia, paresis of the soft palate, inability to swallow on account of choking, substernal pain, but otherwise no other subjective symptoms except cough. The expectoration became more profuse, bronchitis developed and three of the seven patients died. The temperature and pulse in all of these patients was practically normal throughout the course of their illness. Dyspnea developed as bronchitis increased, and it seemed to us that these patients really were drowned by the thick pus which they were unable to expel from the bronchi and trachea. Autopsy in these cases showed a streptococcus infection, with a remarkable affinity for the trachea, and gradually extending down through the bronchi. There was visible peribronchitis and peritracheitis. The larynx and the lungs escaped invasion. This series of cases is mentioned because there were many points of similarity with the bronchitis which accompanied influenzal infection later, and which showed uniformly a bronchitis and peribronchitis very similar to these cases but accompanied by pulmonary emphysema and so-called bronchopneumonia.

During the latter part of September there appeared at the camp an outbreak of disease which did not resemble influenza clinically, but which increased rapidly in frequency until during the last week of that month there were admitted to the hospital about 450 patients with this acute infection of the upper respiratory tract. These showed a mild coryza and conjunctivitis, some pharyngitis, very little bronchitis, frequently mild acute sinus symptoms and some slight cough, mild fever, brief course, and no severe pains. A number of cases of pneumonia developed among the patients. We had, during the epidemic, three wards of these so-called "Camp Hancock" pneumonias which were typical lobar pneumonia clinically. They all showed prune-juice or rusty sputum, high temperature, as a rule, with rapid course and termination by crisis. They all showed typical signs of consolidation in some portions of the lung. In many cases the course was brief after admission to the hospital, and, in fact, some of them seemed to be admitted just prior to crisis. We were able to keep those patients isolated from the bronchitis cases during the epidemic, and while the epidemic bronchitis wards were showing a mortality of nearly 40 per cent., there were only a few deaths among these pneumonia patients (under 5 per cent.) These acute upper respiratory infections, while not considered influenza at that time, appeared to exert a protecting influence when the real influenza appeared, and we were forced to the conclusion that an attenuated influenzal infection must have been responsible for the mild epidemic.

About October 1 there arrived at the camp over 2000 men who had become infected at another camp and had then been subjected to a prolonged railroad journey. The crossing of infections during this long journey produced a profound infection similar in all the patients and presented a very clear-cut clinical picture in this large group of