

Epilogue

Lessons that failed to be learned from the 1918-1919 Spanish flu pandemic.

Let's imagine for a moment that the following meeting took place, which dramatically changed the practice of medicine and the health of the people, first in two very small localities in the world, but which did eventually spread to other countries.

Even though this meeting never took place, all the people, and their status, circumstances and cited quotations, who are mentioned to have attended it, are all real with the exceptions of a few citations, which I have indicated in footnotes as being fictitious.

On December 30, 1919, the Rockefeller Institute for Medical Research convened a meeting to reflect on the lessons learned from the recent Spanish flu pandemic that had devastated populations throughout the globe in the previous twenty-two months with estimations being anywhere from 50 to 100 millions fatalities for a world population of 1.8 billion,¹ which would be a mortality of 2.8 to 5.6% of the total world population making it the worst known calamity in the history of humanity.

Epidemiologists and infectious diseases and public health specialists joined medical critics and educators and the best and most experienced clinicians in America for this historic meeting.

Dr. Simon Flexner, the director of the Rockefeller Institute, opened the meeting by first asking everyone to stand up and hold a minute of silence to pay their respect for none other than the father of modern medicine, Sir William Osler, who had passed away the day before in Oxford, England, from the complications of the Spanish flu.

Dr. Flexner related some quaint anecdotes about Osler, who he called his friend, as he had known him quite well after he had joined the faculty of the Johns Hopkins School of Medicine in 1895 as an assistant professor of pathology and where Osler was the holding the chair medicine. Finally, Flexner pointed out that the Rockefeller Institute grew directly out of Osler's book, *The Principles and Practice of Medicine*.^{*2}

* Earlier in his life, John D. Rockefeller financially supported Baptist churches, colleges and universities in the United States and missionary work abroad. However, as his wealth grew, his first hand man, Reverend Frederick Gates, who was a Baptist minister, persuaded Rockefeller to focus his giving on medicine. "Out of Gates's reading of Osler's textbook came not only the Rockefeller Institute for Medical Research, but also

Without further delay and with an air of distraught, Dr. Flexner painfully reviewed the great mortality associated with the Spanish flu, not only in the most susceptible population of the very sick or aged populations, but also in the most fitted segments of the population, such as the young and fitted soldiers and pregnant women, “the cream of the American manhood and womanhood.” He said that the Rockefeller Institute was committed to develop excellence in medical education and practice and today’s meeting was convened to find answers to what was wrong with American medicine and how to fix it.

He said, “Medical education lags far behind medical science. Advances scored by medical investigators are, however, far from being incorporated into medical education and medical practice. This fact, well known to critical students of medical education in America, has been brought home to everybody by the experience afforded by the war. Emphatic testimony to this effect is given by those who carried heavy medical and surgical responsibility for the new army. Consider, for example, the evidence of Dr. Nellis B. Foster, formerly professor of medicine in the University of Michigan, who was successively chief of medical service in three military hospitals.

“In a recent paper on the subject, Dr. Foster said: ‘The impression gained from this experience was a painful shock to me, and, as I later found, to many others who had given the best years of their lives to the teaching of medicine. The too numerous examples of inefficiency and ignorance of physicians afford a subject for deep study. There can be very little question that medical inefficiency is much more widespread than we have been willing to admit. ... The natural explanation is that these deplorable conditions are a consequence of our prolonged experience with poor medical schools and that our medical schools are now as a rule turning out a much superior product. *This is not the case.*’ ”³

This last sentence drove a point home that created a chilling effect throughout the audience, as if Dr. Foster had stuck a needle into the large of balloon of disillusion regarding medical education and practice.

support for research-minded medical schools, new and old, in the United States. In 1902, a year after the institute was founded Rockefeller gave a million dollars to the Harvard medical school. Gates wrote to Osler that ‘Both of these gifts grew directly out of your book.’ ” Despite the fact that Rockefeller who firmly relied on homeopathy throughout his life for his personal care and the one of his family, he paid little personal attention to how his money was being used. Years after the Rockefeller Institute had been opened he had not even visited it. (Spaulding, William B. "Why Rockefeller Supported Medical Education in Canada: The William Lyon Mackenzie King Connection." *Canadian Bulletin of Medical History* 10.1 (1993): 67-76.)

With a tight and almost extinguished voice, Dr. Flexner introduced the first speaker to address this memorable meeting, Dr. W. H. Frost, who had compiled statistics during the current pandemic for the United States Public Health Service. He reported astonishing numbers of fatalities from the Spanish flu in the U.S., “The deaths in the civil population of this country directly attributable to the epidemic are estimated at not less than 675,000* or more than 7 per thousand and the case fatality of pneumonia tended to be fairly constant, around 30 percent.”⁴

Most in the attendance looked down after hearing when Dr. Frost pointed out that medicine had made no significant progress in the treatment of the pneumonia patient in the last seventy years, when it supposed to have cut its ties with heroic medicine.[†] He then quoted the last edition (1918) of Osler’s *The Principles and Practice of Medicine*, “The statistics of my clinic at the Johns Hopkins Hospital from 1889 to 1905 have been analyzed by Chatard. There were 658 cases with 200 deaths, a mortality of 30.4 per cent. ... Greenwood and Candy in a study of the pneumonia statistics at the London Hospital from 1854-1903, a total of 5,097 cases, conclude that the fatality of the disease has not appreciably changed in this period. In comparing the collected figures of these authors with those from other institutions, there is an extraordinary uniformity in the mortality rate.”⁵

Further, Dr. Frost pointed out that many populations and especially native ones around the globe lost a great proportion of their people from the Spanish flu, such as 2.6% for Portugal, 2.8% for the Philippines, 3% for Indonesia, 3.7% for Japan, 4% for Guatemala, 4.5% for Ghana, the Maori population of New Zealand and India (or 13.9 million people), 5.5% for Fiji, 6% for Kenya, 24% for Western Samoa, and 45% for Cameroon.^{6,7,8} Among the Inuit, the death toll was terrible, as some villages lost their entire adult population.⁹

Dr. Frost ended his presentation by raising a question no one wanted to hear, “The question of most practical and immediate interest is the probability of recurrence in the near future,”¹⁰ which sent another chill into the audience, as everyone was so aware of the utter helplessness of American medicine do deal with influenza.

* The numbers were adjusted to the latest estimates. (<http://virus.stanford.edu/uda/>)

† The subject of heroic medicine is discussed in the third section of this book entitled, *A very brief overview of the evolution of the different paradigms in medicine*.

The next speaker was Dr. Warren T. Vaughan of the Department of Preventive Medicine and Hygiene from the Harvard Medical School, who compiled mortality data from influenza for the U.S. Armed Forces. His presentation can be summarized in one sentence, “In the United States Army there was a total of 688,869 admissions for influenza. The total deaths ascribed to the disease are 39,731,”¹¹ a mortality rate of 5.8%, which is nearly as large as the number of American soldiers who died from combat (50,385) during WWI.¹²

The next speaker was Dr. Edwin O. Jordan, the prominent American bacteriologist and public health scientist from the University of Chicago, who confirmed the great mortality rate from the Spanish flu among the allied armed forces, as the case fatality had been 6.06% for the American Expeditionary Forces, 6.75% for the British Expeditionary Forces and 7.21% for the French army.¹³

Flexner then introduced the next speaker with a tone of hopefulness in his voice, “It is my estimation there is not a man in the medical profession today whose services had been of greater worth than those of Dr. Simon Baruch,”* a civil war surgeon who was professor at the Columbia College of Physicians and Surgeons in New York City and at 79 was the distinguished senior member invited at this conference and “one of the leaders of the medical profession in America.”¹⁴

Baruch was known to be a prolific medical writer and educator, a clever clinician, a skilled surgeon and an astute diagnostician, but above all he was known for his methodical use of physiological therapeutics and his numerous pleas that he made to the medical profession to incorporate these approaches into mainstream medicine, in which he had been trained by Dr. Wilhelm Winternitz, who was professor of medicine at the University of Vienna and a champion of the scientific and rational application of physiological therapeutics that also included hydrotherapy.*

Like a statesman, he spoke slowly to make each of his points clear. One could palpate a silence in the room after each of his sentences.

He began by stating that today’s therapeutics was not only helpless, but had often become as dangerous as it was during the age of heroic medicine by relying on the use

* This sentence comes from a tribute Dr. John Harvey Kellogg wrote about Dr. Baruch in an article entitled *A Remarkable Useful Life* (*Modern Medicine* 1903; 12: 97-99).

* Hydrotherapy is the use of warm and cold applications to enhance the physiological functions of the body, including circulation, the immune system and the capacity of the body to restore normal function.

of multiple new and unproven drugs.

“What is the status of therapeutics today? What are the assets with which the physician may meet his daily obligations to cure the sick? Let us confess that the materia medica consists chiefly of medicinal agents whose action on the human body, with the exception of very few, is uncertain, and whose effect upon disease is either neutral or unreliable. How often can we conscientiously say that we have accomplished, by means of any medicinal agent or combination of such agents, the cure or removal of any disease?”¹⁵

“The treatment of influenza has been unsatisfactory *in the extreme*. ... We stand today at the threshold of another disillusion.

“When the coal tar preparations offered a key to reduction of elevated temperature we regarded this discovery as an epoch in medicine, but it was a painful disillusion to learn later that these powerful remedial agents only enabled the patient to die with a lower temperature, while the mortality continued and even increased under their excessive routine use. When it was discovered that the coal tar preparations handicapped the heart and in this way hastened the fatal issue, they were discarded most vigorously by the German clinicians who had most earnestly espoused them as life-saving, but not by American physicians. ... The average doctor in the treatment of influenza is today handicapping the heart with new coal tars and other faulty therapy.

“The author's object in dwelling upon these well-ascertained data is to point out that the conventional treatment tends to *further* rather than relieve the lethal factors in this disease.”

You could hear another moment of sobering silence before Baruch recalled what Sydenham had said more than two hundred and fifty years before, “Disease is an effort of nature to preserve the patient, and a regular system of management frequently cures many diseases better than the powders of the apothecary.”¹⁶

Baruch agreed with Sydenham's and Osler's therapeutic nihilism when it came to the prescribing of drugs by quoting the father of modern medicine, “One of the first duties of the physician is to educate the masses not to take medicine,”¹⁷ but Baruch disagreed strongly with Osler who maintained that “pneumonia was a self-limited disease, which can neither be aborted nor cut short by any known means at our command.”¹⁸

He reminded the audience that he had been in correspondence with Osler for the last twenty years and this until recently before his death and said that Osler had slowly been moving in the right direction in recent years. He said even though Osler was still recommending palliative treatment for the pneumonia patient, which still included bleeding, purging, mercury, morphine, strychnine and whiskey,¹⁹ Osler had incorporated hydrotherapy between the sixth (1906) and seventh edition (1909) of his *Principles and Practice of Medicine* for the treatment of the febrile patient, including the one sick with pneumonia.²⁰

Baruch reminded the noble assembly that hydrotherapy has been used since time immemorial with remarkable success, which have been reported by some of the greatest known physicians in the history of medicine, including Hippocrates, Asclepiades, Musa (who cured the emperor Augustus by the vigorous use of cold baths), Celsus, Sydenham and Boerhaave.

He then quoted an article from the *Canada Lancet* that reviewed the history of hydrotherapy, “Of the many centuries during which water has been made use of as a most valuable remedial agent, though in but a limited measure, it appears remarkable that it is not now of much more general application. The profession, it is to be feared, has been too backward—too conservative in this respect.

“Niemeyer, in his work on practice, says: ‘A series of cases are on record in which complete and perfect cures have been obtained by it after all other methods of treatment had been applied in vain.’

“Professor Peter, in his preface to Duval's great clinical work on this practice, writes: ‘Hydrotherapy suffices in most cases of disease; added to other treatment it is a most powerful auxiliary.’

“And Professor Erb, in Ziemssen's *Cyclopedia*, writes: ‘To the most important and most active agents in the therapeutics of our field (nervous diseases) belong cool and cold baths—the application of cold water in the most varied forms; that which is usually termed cold water treatment. Having been in recent times practiced more rationally and studied more exactly, it has attained remarkable prominence. With all this, and much more, does not hydrotherapy seem worthy of a special chair in our medical schools?’ ”²¹

Baruch focused now his attention on febrile diseases, “In influenza as in typhoid fever, a judicious application of hydrotherapy *prevents lethal complication*; and this is its chief

value in *all* acute diseases.”²²

“Conservative writers and speakers have insisted that the prognosis of pneumonia remains unaffected by any method of treatment. The great fatality of influenza-pneumonia has recently appeared to confirm this view. That this pessimistic view is *incorrect* has been demonstrated to my satisfaction by personal experience which extends over a period of half a century, during which my methods have passed from the antiphlogistic attack on the disease through all modern ‘improvements,’ until I have reached the present very satisfactory plan.”²³

He said that in one of the largest hospitals in Philadelphia, in which medical students are taught, there had been 596 cases of pneumonia from 1911 to 1913 with 364 deaths, a mortality of 61.3%. “These statistics present the *second highest mortality* I have encountered in the literature of the subject.”²⁴

“After all, the clinical proof is the crucial test. The results in private practice are usually not recorded except in the mortuary statistics of the registrar. I may say, however, that the latter will show but two death certificates from pneumonia written by myself in the twenty active years before I relinquished general practice. Of the number of cases I have treated while in general practice there is no record, but I may safely claim an average of several hundred.”²⁵

“Confirmation of my claim is found in reports by two military surgeons who used practically the same method. Staff Surgeon Schichhold of Dresden records in the Medizinische Klinik for 1906 a series of 200 cases of pneumonia among young soldiers, with a mortality of 3. Dr. Nepor, an Austrian army surgeon, reports 90 cases, with a mortality of 1.”²⁶

Schichhold reported that those two hundred cases were treated by the wet vest and improvement of the patients' general condition was seen in nearly all the cases: “Respiration became more free and deeper, stitching pains were relieved, the patients became less apathetic. They almost invariably liked the compress, because they experienced decided relief. Expectoration was furthered. Cardiac activity was enhanced, the pulse became more regular and stronger. Five minutes after the application of the cold compress, blood pressure rose up 15-20 mm. Hg; it diminished after withdrawal and increased on renewal of the compress. Mostly the pressure did not after a few compresses return to its previous low level. *He avoided medication*, except in very serious conditions the use of oxygen inhalations.”²⁷

“Over a half a century ago the greatest living German clinician, Professor Niemeyer, said, ‘I have made extensive employment of cold in the treatment of pneumonia, and, relying upon a large number of very favorable results, can recommend the procedure. In all cases, I cover the chest of the patient, and the affected side in particular, with cloths, which have been dipped in cold water, and well wrung out. In the hospital at Prague, every pneumonia is treated with cold compresses and, according to the statement of Smoler, it is *exceptional* for a patient not to feel material relief from the treatment.’

“Why has a treatment which has received high commendation by so eminent a teacher not become an established practice in a disease which so often baffles the physician under other management?”²⁸

“More than a quarter century ago, Thayer and Billings of Johns Hopkins University reported that the leucocyte count rise up to three times in the blood of a patient with a febrile disease after a simple hydrotherapy application.”²⁹

“On the other hand, the destructive effect of medicinal antipyretics on the leucocytes, their inhibition of excretion of products of tissue change, and their effect on the heart have been again and again demonstrated. Here we have an obvious illustration of the [opposite] action of medicinal remedies and physiological remedies in a very common acute disease. The same observation may be made in *all* acute diseases.”³⁰

“History repeats itself in the application of the coal tar antipyretics recently so much in vogue. The temperature may be readily reduced from 105° to 100°, and we may even have the questionable satisfaction of seeing the patient die with a normal temperature.”

“In the large preponderance of acute diseases, among which may be numbered all infectious diseases, the administration of these medicinal agents is not only entirely symptomatic, but in many instances *absolute harmful!*”

“The physician becomes thus an ally of the disease.”³¹

“It is really unfortunate for the pneumonia patient that the medical profession has not yet quite emancipated itself from the antipyretic era.”³²

“Let’s now look for a moment at typhoid fever.

“The U.S. Public Health Services reported in 1917 that out of 55,417 cases of typhoid fever there had been 10,780 deaths, a mortality of 19.47%.³³

“These numbers clearly shows the medical inertia and the helplessness of therapeutics today, as it had been reported more than a quarter of century ago that the mortality from typhoid fever in over 125,000 hospital patients who had been treated with the expectant approach* the mortality was 21%, but dropped to 2.7% when hydrotherapy was administered and to 0% in the 2,150 patients who were treated before the fifth day of the illness.”³⁴

Baruch then quoted Dr. Ernst Brand who was the originator of the hydrotherapy treatment that bears his name and that had been found over half a century ago to be so universally successful in the treatment of typhoid patients, “Who reads what we write? Who acts upon it? No one. My typhoid treatment has proved this sufficiently; now, after thirty years' labor, debate, discussion, and polemics, only a few know, the multitude knows not, what the aim of the Brand hydrotherapy is; they still confound it with the symptomatic method.”³⁵

Baruch added, “These words from the man who has revolutionized typhoid treatment are indeed a sad commentary. They truthfully depict the present state of knowledge of this subject.”³⁶

Baruch recalled that Dr. Charles Munde had published over sixty years ago that “patients die of scarlet fever in the same proportion as they did two hundred and fifty years ago,”[†] and that he had reported after more than twenty-one years of practice an almost infallible approach with hydrotherapy in patients with eruptive fevers.³⁷

* By the expectant method, it is meant that patients would receive good nursing care, food and drinks in a favorable environment for recovery, but no “active” treatment would be given. This method was often used in the nineteenth century to compare the outcome of a group of patients who were receiving an active treatment with a control one or the expectation group.

† Mortality from scarlet fever can vary greatly depending of the era and the epidemic. Overall, in the first half of the nineteenth century, to which Dr. Munde is referring to, the mortality tended to be the highest. Some epidemics could carry away 30-50% of its victims. In 1916, Dr. H. H. Donnally of Washington, D.C., tabulated the mortality rates from scarlet fever from around the world based on notifications, which had become generalized in the *second* half of the nineteenth century, a period of less frequent great malignancy, and, based on an analysis of several millions of reported cases of scarlet fever, he reported an average mortality rate of 14% that was. (H. H. Donnally. Scarlet fever, morbidity and fatality based on several millions cases. American Journal of Diseases of Children 1916; 12: 205-232.)

He then quoted Dr. Munde, “I have treated scarlet-fever patients with hydrotherapy for twenty-one years, and out of several hundred cases never lost a patient, except one who died of typhus during an epidemic of scarlatina; and my observations, during twenty-five years, of the practice of other physicians of the same school, present a result about as favorable as my own.

“For medicine to change it would need to come out of the state it has imbedded itself, that is ignorance, self-conceit, self-interest and laziness.”³⁸

Baruch continued his own thought, “Though the modern physician claims to have emancipated himself from dogma and the schools, he is enslaved by the drug-prescribing habit.”³⁹

To emphasize this medical inertia that he had already made reference to, Baruch recalled that more than twenty-five years ago he had presented his own reflections on same subject, which was entitled, “*What is Wrong With Today’s Therapeutics?*”⁴⁰

“Medical history demonstrates, as clear as day, that the rise and fall of hydrotherapy was always contemporaneous with the rise and fall of intelligence among medical men. Hippocrates was without doubt a brilliant medical mind, for his axiom that Nature cures is today the foundation of the best therapy. Of all the remedial agents in vogue in his day, water appears to be the only one that has survived the vicissitudes of changing doctrines. ... And I say to you that the constant remembrance of this absolutely true dictum of the Father of Medicine will prevent your falling into the pitfalls that have misled and are today misleading the ablest men of all countries.

“Far be it from me to cite these sad historical facts in a spirit of criticism. My aim is to learn from the faults of yesterday the wisdom of today. *The fault lies with those who have not learned the lessons of the history of medicine.*”⁴¹

Baruch then made a comparison between water and drug treatments in the current Spanish flu pandemic, “In this disease, which has brought more sorrow and death into households than any other visitation of modern times, may serve to save lives. The fatality of this scourge has perhaps been larger than it should have been in view of our knowledge. Let us see whether or not the treatment in vogue is justified. I quote

* Baruch had actually asked that question 26 years before in 1893 in a paper that he read before the New York Academy of Medicine entitled *Therapeutic Reflections: A Plea for the Physiological Remedies*.

verbatim from a report with the caption ‘*Therapeutics of Influenza*,’ in one of the most reliable medical journals: ‘Influenza was treated largely symptomatically. Acetylsalicylic acid 15 grains every three hours until symptomatic relief is secured.’ Another journal reports: ‘In severe cases the fever and other evidences of profound intoxication call for the salicylates, one of the synthetic antipyretics, or quinine!’ From an able article in the latter journal I quote, ‘Sudden death in the epidemic of influenza has resembled in some respects an overwhelming toxemia affecting the vasomotor system.’ These ideas are reiterated in all the literature at my command and in communications with army and navy surgeons and other colleagues. Do they not reecho the slogan of other days, when typhoid fever was also treated ‘symptomatically,’ to the detriment of the patient?

“The unanimity of this therapeutics* in typhoid fever and the fatality which led to its abandonment emboldens me to sound this note of warning: *May not history be repeating itself?* I trust that the error, of the present coal tar drugging of influenza may be revealed more quickly than was that of typhoid fever and lead to its abandonment. Now let us see how the judicious application of water in this toxemia would operate, so that you may in future pandemics of this infectious disease bear it in mind and thus save life and relieve suffering.”

Baruch presented two cases with severe influenza that he treated earlier this year during a visit at the Walter Reed General Hospital in Washington, D.C., where he had been invited to make a presentation and at which time he said: “In these two cases the compress alone sufficed.”⁴²

“It was a painful disillusion to learn that these powerful agents (coal tar derivatives) only enabled the patient to die with a lower temperature while the mortality continued and even increased under their excessive use. ... They especially handicapped the heart just as the influenza poison does.”⁴³

“You now have the comparison in technic and effects between the drug and the water treatment. I grant that the former demands less care, but it is depreciating and handicaps the patient, while the wet compress begun early enhances his resisting capacity. This should be the main object of therapy in infectious diseases. Water fulfills all these conditions— at least as well as most drugs. Why, then, is it not in common use after its exploitation by the most brilliant men for twenty-three centuries?”⁴⁴

* The branch of medicine concerned with the treatment of disease.

After Dr. Baruch had demonstrated the wet pack, which had been filmed earlier that year at the Water Reed Hospital by the Surgeon General's Instruction Laboratory, he received a letter from one of the officer of the hospital. "A few days ago Dr. Old wrote me as follows: 'During the recent epidemic of influenza a number of the pneumonia cases were delirious and very restless, having to be restrained, these symptoms being beyond control by the use of drugs. Some of the men would remain awake day and night, the whole time in marked delirium, and the condition was one such as at times tries the nerves of physicians and attendants. Remembering the film which you showed us and your discourse on the benefit of the wet pack in controlling insomnia, we tried the treatment so strongly advocated by you, on the above class of cases, and I know that you will be pleased to hear that in nearly every case it was found most successful and of marked benefit to the patient. Since the lecture was delivered, one of the staff of the Hospital had Lieutenant Danzer apply it in a case of pneumonia with good effect.'"

Baruch then concluded his presentation: "If I have succeeded in impressing upon you the importance and simplicity of hydrotherapy by the comparison of the proven effects of drugs and water in disease and if I have induced you thereby to study and practice the application of water in disease, I shall regard the hours I am spending in this great medical center as profitable."⁴⁵

He pointed out, "In chronic diseases the difference in effect of medicinal and physiological remedies are no less striking. If such diseases are attacked ere serious organic degeneration has ensued, the most threatening and subsequently incurable diseases become amenable to treatment. Even when these are advanced, good results may be expected."⁴⁶

Dr. Baruch ended his presentation that had kept the keen attention of everyone present by essentially saying that no one should die of pneumonia under judiciously applied hydrotherapy, "I would like to sum up that a somewhat active professional life of nearly sixty years, spent in country, village, city, army, family and hospital practice has brought me to the conviction that the judicious application of hydrotherapy in pneumonia fulfills all the therapeutic indications in this disease by meeting *all* the depreciating conditions which lead to a fatal termination."⁴⁷

Before leaving the podium, he said with a sobering air, "*The day will surely come when physicians will return to the saner practice.*"⁴⁸

A more hopeful Dr. Simon Flexner introduced the next speaker, Dr. R. Lincoln Graham, Physician-in-Chief of the Graham Sanitarium in New York City. After graduating from the Long Island College Hospital in 1893 and shortly after receiving his state medical license, Dr. Graham left for post-graduate study in Europe. He matriculated from the University of Berlin, where he joined the hydrotherapy practice of Dr. Adolph Guenther, who was another student of Dr. Winternitz.

Flexner read a note that had been written about Dr. Graham, “The results that Dr. Graham secures, and has secured consistently for upwards of thirty years of busy medical practice, are nothing short of *astounding*.”

“When one is told that in all these years Dr. Graham has never lost a case of pneumonia or typhoid—two of the most implacable among the captains in the Army of Death—that he has never written a death certificate for any of the thousands of influenza victims he has treated.”⁴⁹

Dr. Graham rose up and walked to the podium and spoke in a very humbly tone, “During the epidemic of the Spanish Influenza in New York, I treated over four hundred cases of pneumonia and probably that number of cases without pneumonic manifestations. By the simple procedure of beginning the treatment with a high colon irrigation, and advising a glass of water drunk every hour, the application of the local cold pack in the pneumonia cases, and abstinence from food until the patient requested the same, I had the pleasure of having *one hundred percent* recoveries. During this time fatalities of this disease reached as high as twenty percent.

“In other words, like other physicians, I knew practically nothing of this disease or knew of no antidote for it, but I merely helped Nature to meet the emergency and I was successful in every case.

“It is my honest conviction that were the curriculum of medical schools more confined to hydrotherapy, the study of a physician would be lessened tenfold. In fact, the watchword of the hydropath should be: “*Understandable simplicity.*”

“It is a well recognized fact that in former years it required nine days before the crisis of pneumonia passed, that is, before the fever attempted to reduce to normal, yet after treating many hundreds of pneumonia cases by the use of water, I have yet to meet one that will not respond to normal temperature within one-half hour after the proper use of the water; in that, I afford Nature opportunity to react, and do not interfere with

Nature by using drugs. My treatments of pneumonia vary little from the treatment of any acute fever accompanied with inflammatory changes of any internal organ.

“The action of water is almost immediate. The good effects are often perceived in less than five minutes. I have seen the high fever of pneumonia reduced to normal, and delirium disappear in a few minutes under proper water ‘packs’.

“Within twenty-four hours, in practically every case, normal functional conditions were restored.”

“To help contrast the efficiency of treating disease without medicine and with medicine, remember that the official records show the mortality of this epidemic at height close percent, while my treatment did not lose single case. Further more remember that the duration of the disease treated by my natural method and without medicine was rarely more than twenty-four hours, against three weeks under medicinal treatment. The amount “health time” thus saved the patients averaged twenty days each. By his simple methods, without medicine and with out equipment, he demonstrated before the staff of the Charité Hospital perfect recovery in twenty eight cases of a malignant form of diphtheria—with no trace of untoward after-effects.

“By his simple methods, without medicine and without equipment, he demonstrated before the staff of the Charité Hospital perfect recovery in twenty-eight cases of a malignant form of diphtheria—with no trace of untoward after-effects. Never will I forget the grieved expression that came over his countenance when, notwithstanding these unprecedented results, his method of treatment was refused by the Medical Staff of the Hospital, and by the Medical Faculty as a body.

“Like all pioneers and missionaries, Professor Guenther was an enthusiast. He lived solely for science and for the service of mankind. This work is but an extension of his teachings, with additional discoveries of my own.

“When we enter *the* field of the use of water as a curative agent, we take a long step toward securing an exact science. With the use of drugs and the knife we remain in the field of probabilities.

“The general principles of hydrotherapy are simple and few. With a complete understanding of them they can be applied to any condition of disease without recourse to expensive apparatus or instruments.

“No one can become of successful user of water in the treatment of disease unless one learns to observe the efforts of nature to correct the results of disease.

“Progress in medical science rule, achieved only after overcoming the manifestations fixed mental status, ranging all the way from violent and vitriolic opposition down apathy and deadly inertia.”^{50,51}

Dr. Graham emphasized the value of fasting in patients with severe cases of influenza, by recalling that Major Reginald Francis Edmund Austin, a surgeon in the British Army Medical Corps, who had reported his experience during the Spanish flu epidemic while he was stationed in Calcutta: “During the virulent influenza epidemic in Calcutta in the cold weather of 1918. Twenty of my bad cases with high temperature, headache, general ache, and profound prostration volunteered to try the ‘water cure’ [fasting].”

“The fasts in these cases lasted four to six days. No drugs were administered during the treatment other than a saline purge, which was taken daily during the fasting period. Within *eight to ten days* these cases were all fit and strong enough to return to their work, and they had excellent appetites for even the plainest of meals. As for his other cases with influenza they did not fare so well. They ate the textbook diet—milk, beef-tea, egg flip, etc.—from the beginning of the disease. Few of them escaped the textbook complications—gastritis, bronchitis, pleurisy, or pneumonia—while one got double pneumonia and died. Most of them were unfit for duty for two or three weeks, and some very much longer.”^{52,53}

Dr. Flexner introduced with renewed enthusiasm, Dr. John Harvey Kellogg, who had been for close to fifty years the director of the Battle Creek Sanitarium in Battle Creek, Michigan, and who had been like Dr. Baruch a student of Dr. Wilhelm Winternitz.

Kellogg pointed out that the great mortality associated with the Spanish flu was greatly mismanagement of the febrile patient in general and the use of antipyretic drugs in particular that is known to promote bleeding, “Modern observations have demonstrated that the danger from elevation of temperature is not so great as was formerly supposed, that in fact the rise in the body temperature accompanying febrile activity is really a part of the remedial effort put forth by the system in combating the morbid process to which the rise of temperature is due; and it has been clearly shown by Winternitz, and by many others, that the mere lowering of the body temperature by means of antipyretic drugs is not only not in any way beneficial to the patient, but, on

the contrary, is decidedly detrimental, since the system is thus compelled to struggle not only with the toxins which are produced in connection with the special morbid processes present, but with the toxic drug introduced with therapeutic intent.* In visiting the fever ward of a large city hospital some years ago, the author was particularly struck by the fact that patients whose temperature was normal as the result of the administration of large doses of antipyrin, had the expression of persons in a state of collapse or extreme shock, the evident result of the combined influence of the bacterial toxins and the toxic effect of the antipyretic drug.”

“In the reduction of temperature by means of hydrotherapy measures, not only is no toxic substance introduced into the body, but the cold applications, which lessen to some degree the pathological thermogenic processes which are in operation, at the same time act as a true tonic to the reparative forces of the body, and stimulate the elimination of the toxic substances to which the special symptoms characteristic of the disease are due.”⁵⁴

Kellogg reported having confirmed in his sanitarium what Winternitz had already reported more than twenty-five years before, which was the remarkable effect of simple hydrotherapy applications to increase up to three times the number of white blood cells in the blood, as well as an increase, but less pronounced, of the amount of red blood cells and hemoglobin.⁵⁵

He said that the successful use of hydrotherapy specifically in patients with pneumonia had already been pointed out by Hippocrates who had written in the book *Regimen in Acute Diseases*, “In acute diseases, the bath will be beneficial to many patients. ... On the whole, bathing suits pneumonia rather than ardent fevers, for it soothes pain in the sides, chest and back; besides, it concocts and brings up sputum, eases respiration, and removes fatigue. ... Such are the benefits from bathing, and they are all needed.”⁵⁶

Kellogg then quoted the historian and scholar William Jones, who was the last great scholar to have translated the works of Hippocrates, “A fundamental principle of Hippocratic medicine is that ‘nature’ alone can effect a cure, and that the only thing the

* Since the time of Kellogg, it has been scientifically demonstrated that fever is a beneficial process for survival and to lower it diminishes the body’s defense and increases morbidity and mortality (see Matthew J. Kluger, et al. The adaptive value of fever. *Infectious Disease Clinics* 1996; 10 (1): 1-20). The goal of the judicious hydrotherapeutic application in the febrile patient is to activate the circulation, which in turn decreases congestion and improves all the physiologic functions of the body, including detoxification, increased immunity and a normalization of the body’s temperature.

physician can do is to allow nature a chance to work.”⁵⁷

Kellogg now quoted another well known physician who relied on hydrotherapy instead of venesection and drugging in the febrile patient, “When the famous Sydenham, the English Hippocrates, wrote his treatise on fevers, he apologized for departing so far from the current practice of his day as to recommend the employment of hydriatic measures as being preferable to bleeding in the treatment of febrile disorders.”⁵⁸

Kellogg emphasized a few points which he believed could explain the success of his own approach, “The physiologic method concerns itself first all with causes. *Disease, then, is not the chief object of attack in the physiologic method, but the causes of disease. The physiologic method does not undertake to cure disease, but patients.* It recognizes the disease process as an effort on the part of the body to recover normal conditions—a struggle on the part of the vital forces to maintain life under abnormal conditions and to restore vital equilibrium. ... Great pains are taken to render the patient intelligent in relation to these facts and principles. He is taught that it is ‘the blood that heals’; that most chronic disorders are the result of deteriorative changes in the blood. ... The ‘simple life’ and ‘return to nature’ are the ideals constantly held up before him.”⁵⁹

Dr. Edward Thomas Secor from La Grange, Illinois, followed Dr. Kellogg on the podium. He reported having treated in the previous year more than 500 cases of influenza-pneumonia of which ten were in the later stage of pneumonia. “Out of this group of more than five hundred patients, in only 2 percent there occurred any *extensive* degree of pneumonia. In these cases, the condition had attained a good headway before treatment was instituted, but, even so, only one terminated in death. This patient came under observation with a well-advanced and rapidly developing lung condition and the patient was *extremely* cyanotic and comatose before hydrotherapy could be brought to bear, and, although we were gaining air capacity and the patient's general condition showed improvement, there was, besides the influenza-pneumonia, also a status epilepticus; and death ensued under an overwhelmingly seizure.”

Dr. Secor deplored the therapeutic helplessness of general medicine for patients with influenza-pneumonia, “There have been published so many articles on influenza-pneumonia, including the careful study of the disease, its pathology, symptomatology, and so forth, that it would seem supererogatory to attempt to add to this information; yet, as the high mortality rate presumably indicates, there is something lacking in the prevailing therapy. At present, the medical fraternity is quite prone to await phenomenal results from untried vaccines, serums, and the like, and *to neglect the*

thorough use of the tried and efficient although more laborious methods.”

Dr. Secor pointed out the dangers of over-drugging patients as it was common to the practice of medicine, “Statistics of cases in which drug-therapy alone has been relied upon seem to bear out this idea; however, I find that, when rational hydrotherapy is added to not too much drug-therapy, the results have been *extremely* gratifying. It is only the demonstrated powerful effects of hydrotherapy, which are recognized as the most effective of all measures known for combating diseases, in addition to my desire to bring this measure into more general use for the control of this so often rapidly fatal condition, that cause me to ask a hearing.

“I find that hydrotherapy has been employed elsewhere during this epidemic, and with similarly gratifying results. At the Battle Creek Sanitarium and other similar institutions where hydrotherapy is the chief standby and where the nurses are skilled in its proper application, the low percentage of well-developed pneumonias and the low mortality compare favorably with my results.

“Ordinarily, patients recover in two or three days after one or two treatments daily, varying with severity or degree of involvement. Those patients that were in a more advanced state were removed to the hospital where treatments could be given, even three or four times daily when urgency demanded.

“In my opinion the high mortality in this epidemic was, to an unusual extent, a consequence of too much and poorly advised drug-therapy, most especially the too free use of opiates, coal tar derivatives and expectorants. It is only by comparing several hundred cases, treated in this manner, with a similar number treated by other methods that one can fully realize the actual benefits derived therefrom.”⁶⁰

Dr. Solomon Solis-Cohen, Professor of Clinical Medicine at Jefferson Medical College and editor of the eleven volume series, *A System of Physiologic Therapeutics—A Practical Exposition of the Methods, other than Drug Giving, Useful in the Treatment of the Sick*, was invited to follow Drs. Baruch, Graham, Kellogg and Secor to describe the natural, physiologic or drugless approach already addresses by his four predecessors at the podium, “Not only must we recognize that disease and recovery are alike vital processes in which the organism itself is the most active agent, and that neither morbidic nor therapeutic influences endow the organism with new attributes or introduce into its operations new powers, but we must also keep in mind that disease and recovery are often, if not always, one continuous process. ... I will merely

emphasize the facts that a health-preserving and health-restoring tendency exists; that it is a natural endowment, and not the gift of art; and that it is dependent upon the inherent properties of cells, tissues, organs, and the organism. ... By natural or physiologic therapeutics, then, is meant the utilization in the management of the sick of agencies similar to those constantly acting upon the human body in health.”⁶¹

Dr. Royal Copeland,* the Health Commissioner of New York City, was the next speaker and reported the results from the compilation of five different surveys conducted among American homeopathic physicians, which showed that there were 445 deaths among 66,092 cases of combined influenza and pneumonia (CIP) (a mortality of 0.7 percent) from a mixed population of private and hospitalized of both civilian and non-civilian patients who had been treated homeopathically during the fall-winter of 1918-1919.

He compared side by side the results reported in these five surveys by homeopathic physicians with the one of three large statistical reports that had the lowest mortality rate (5.8%) from CIP for the entire US armed forces during the fall of 1918.

Treatment	Number of Patients with CIP	Number of Recoveries	Survival Rate in %	Number of Deaths	Case Mortality Rate in %
Homeopathy Fall and Winter 1918-1919	66,092	65,677	99.3	445	0.7
Entire US Army, Fall of 1918	688,869	649,138	94.2	39,731	5.8

Statistics from these outcomes show that at the very least:

- a) The odds of surviving CIP were 148 to 1 with homeopathy versus 16 to 1 with PAA.

* Dr. Royal Copeland was a homeopathic physician who was the acting dean of the New York Homeopathic Medical College and Flower Hospital before becoming President of the New York City Board of Health in 1918, a position he held until he became a US Senator from New York in 1923. Franklin D. Roosevelt served as his honorary campaign manager for this election as a US Senator, a position that he held until 1938. Copeland served as primary author and sponsor of the Federal Food, Drug, and Cosmetic Act of 1938 which entrenched special protections for the regulation of homeopathic preparations.

b) The relative risk of dying of CIP was 8.3 (95% CI 7.6 to 9.1) or 8 times greater with PAA than with homeopathy ($P < 0.0001$).

c) The odds ratios of surviving CIP with homeopathy were 9.0 (95% CI 8.2 to 9.9) as compared to PAA ($P < 0.0001$).

Next, Copeland presented outcomes of the treatment of pregnant woman during the passing pandemic.

It was widely recognized that during the Spanish flu pandemic the mortality rate was highest in pregnant women. Since that population wasn't present in the army, it serves as a completely different demographic group for evaluating and comparing the outcomes of the two schools of medicine.

A survey conducted among (allopathic) physicians in Maryland and members of the American Gynecological Society, the American Association of Gynecologists and Obstetricians and local obstetric societies in four of the larger cities in Maryland found that the case mortality was 27% in 1,350 pregnant women with influenza. About 50% of the pregnant women with influenza eventually developed pneumonia, and of those, 54% died. Miscarriages occurred in 26% of the ones without pneumonia and in 62% in the ones with pneumonia. The morbidity and mortality were highest in the later months of pregnancy. In the ninth month of pregnancy 67% of the women developed pneumonia. Of the ones who developed pneumonia in the last three months of pregnancy, 60% died.⁶²

During the fall of 1918, 101 pregnant women with pneumonia were admitted to the Cook County Hospital; 52 of them died, a mortality of 51.4%. The mortality among all other admitted patients with pneumonia during the same period was 33.3% (719 deaths among 2,154 patients). Of the 49 women discharged, 21, or 43%, had miscarried.⁶³

During the pandemic, 950 patients with influenza were admitted to the Western Pennsylvania Hospital at the University of Pittsburgh. The mortality among those patients was 22.3%. Drs. Paul Titus and J. M. Jamison reported that an analysis of 50 pregnant women from this group found that 32 died, a 64% mortality rate: "With the outbreak of the recent epidemic we were quite unprepared for the appalling loss of life among pregnant women affected by this disease. ... Considerable doubt as to just what course should be pursued in the care and treatment of any given patient or number of patients."⁶⁴

When the San Francisco Board of Health tried to determine the effect of treatment in the different wards of the San Francisco Hospital, it found out that there were 60 pregnant women admitted with influenza. “Forty-two of these had pneumonia, and eighteen were simple uncomplicated influenzas. Of the forty-two with pneumonia, nineteen died and twenty-three recovered. Of the simple influenza cases none died, the mortality in the pneumonia group was 45.6%. The mortality in the whole group was 31.2%.”⁶⁵

Dr. Copeland then compared the outcomes of the four allopathic reports with the five homeopathic ones:

Treatment	Number of pregnant women with CIP	Number of pregnant women recovered from CIP	Percentage of pregnant women who developed pneumonia	Number of deaths	Mortality rate from CIP
Allopathic	1,561	1,093	51% (717 out of 1,410)	468	30%
Homeopathic	2,848	2,827	5.7% (161 out of 2,832)	21	0.7%

Those statistics show that at the very least:

- a) The odds for pregnant women of *surviving* CIP during the Spanish flu pandemic were 135 to 1 under homeopathy versus 2 to 1 under allopathy.
- b) The odds for pregnant women of developing pneumonia during the Spanish flu pandemic were 1 to 17 under homeopathy, and even odds or 1 to 1 under allopathy.
- c) The relative risk for pregnant women of *dying* from CIP during the Spanish flu pandemic was 41 (95% CI 26 to 63) or 41 times greater under allopathy than under homeopathy ($P < 0.0001$).
- d) The odds ratios for pregnant women of *surviving* CIP during the Spanish flu pandemic were 58 (95% CI 37 to 90) under homeopathy as compared to allopathy ($P < 0.0001$).

During the pandemic homeopaths also treated especially difficult cases of pregnant women with uniformly good results even though pregnancy was associated with a higher incidence of other complications, such as puerperal fever.

Dr. Copeland reported that Dr. Martha I. Boger had been assigned to the Portsmouth Hospital, New Hampshire, during the pandemic. The population of Portsmouth had more than doubled during the pandemic, growing from 16,000 to 35,000 due to the influx of military personnel. “Conditions were rather crowded. We had 25 doctors there [at the Portsmouth Hospital], and the Government was forced to send four doctors to help out during the epidemic.”

Dr. Boger said that morbidity often increased several days after deliveries, “When the temperature would shoot up to 103 or 104 °F; scarcely no leucocytosis; urine normal, and yet these cases were dying.” She said that while in Boston for a medical meeting, she visited the new Robinson Memorial attached to the Boston School of Medicine (homeopathic), which was then “the latest word in obstetrical hospitals. Dr. Earl told me that they had had an experience similar to ours; that the patients were delivered, and were apparently all right until the 12th or 13th day, when they had this terrific temperature. Although they did everything possible, some died, while others got well.”

Despite the burden of an overcrowded hospital, she reported a perfect record in these puerperal cases, “One of the old school doctors paid me a compliment. After his patient had been delivered eight days he came to me and asked me to take the woman off his hands. I treated her and got her out of bed. As soon as the temperature went down to 101 °F we let them get up. The longer you kept the patient in bed the more temperature she had. Let the patient get up and around the room, but keep her in the hospital. We do not know what these patients had. We had 25 or 30 cases of that same nature. I would like to know if any others had similar experiences. I lost no patients.”*

Dr. Copeland then quoted Dr. Susan J. Fenton of Oakland who had reported several difficult cases in the late stage of pneumonia, as in this pregnant woman with double bronchopneumonia: “Mrs. H., mother of three, had been under another [allopathic] physician’s care for one week when I was called. I found a complication of seven-month pregnancy with double bronchial pneumonia, temperature, 102-103 °F, pulse 110-120, respiration 50-60. The patient was unable to breathe except by having

* Martha I. Boger. Comments. In discussion: Influenza and pregnancy. *Journal of the American Institute of Homeopathy* 1919-1920; 12: 932.

the head rose [sic] on three pillows, mild delirium was present, and great restlessness. She has no nurse except a sister who attended her by day while the husband was at work, and he took care of her at night. On the eighth day, her baby was delivered, weighing four pounds. A wet nurse was secured and the child is well and thriving. Fortunately the lungs began to clear after delivery, and while she made a slow recovery, she is now well.” She concluded, “I had thought my record pretty good with only one death in 100 cases during the first epidemic, and none in the same number of cases for the second, until I read in some journal of one homeopath who reported 2,000 cases without a single death.”⁶⁶

Dr. Flexner then introduced the next speaker, Dr. W. H. Hinsdale, Dean of the Homeopathic Department of the University of Michigan Medical School, who pointed out that of all the crude drugs used during the pandemic, aspirin was blamed most often for hastening and increasing morbidity and mortality and said of the cult of aspirin, “If we wished to make an apology for the last epidemic for its mortality, we would call attention to one complication that was artificially enforced upon it and for which it should not be blamed. The general use of aspirin increased its complications and hence its mischief. Aspirin poisoning is a handicap that the cult of modern medicine feels obliged to enforce upon the *Vis medicatrix naturae* in case of nearly all diseases, nowadays. Influenza’s natural statistical record was tampered with to her embarrassment in the making. Why, may I ask, is not preventive medicine made to include the prevention of dangerous medicines being used to the detriment of mankind as well as to the stamping out of the breeding places of diseases and the restraint of distributors?”

Dr. Hinsdale pointed out that homeopaths had major advantages over the allopaths at the onset of the pandemic: “Homeopaths started in the campaign with two advantages, and it could have been foretold they would come out with better statistical showing. First, they did not have the aspirin and other coal tar complications in their cases to increase the life risk, and second, they had a few remedies upon which they could place reasonable reliance and were not obliged altogether to experiment their way from day to day and from patient to patient. ... To non-homeopathic physicians we say, for God's sake, throw aspirin where Macbeth threw the laxative.”⁶⁷

The next speaker was Dr. Benjamin Woodbury of Boston University who presented some of the then better known mischief caused by aspirin: “Numerous cases were encountered during the influenza epidemic of *severe stomach disturbances* with *hematemesis*, *melena* sometimes being the first indication of the gastric hemorrhage.

Some of the cases were very severe with syncope, the symptoms returning in one case after but three or four tablets had been taken.”⁶⁸

Next was Dr. W. A. Dewey of the University of Michigan who went further in indicting aspirin: “Much of the mortality in the recent epidemic of influenza was due to its indiscriminate use.” He said that in overdose it causes “violent palpitation of the heart, deficient respiration, and weakness approaching unconsciousness, and disturbances in the sensory centers, vision and hearing—in fact, the sensitive nerve tissue is paralyzed.”

He went on to quote contemporary authors about the use of aspirin and other antipyretics during the pandemic. “Dr. Albert Doerschuk, a noted Kansas City pharmacologist and historian, wrote as follows, ‘These drugs in remedies, preventives and cures for the grippe were swallowed by tons last winter by hysterical people who went beyond all advice in self-medication. Women numb in every limb, with barely enough intelligence to find the way home, from the effects of the preventive medicine, were suffering from the flu. Men with intense pains on top of their heads and eyes bulging out from the salicylates (aspirin) had the flu. Many persons were in bed from the prostration of the drugs taken instead of from the flu.’ We can corroborate the above remarks from personal observation.”⁶⁹

The next speaker was R. Kendrick Smith, MD and DO, representative of the osteopathic profession, who read a report entitled *One Hundred Thousand cases of Influenza with a Death Rate of One-fortieth of that Officially Reported under Conventional Medical Treatment*, which is a survey conducted by the American Osteopathic Association among 2,445 of its members.

In summary, he reported that the osteopathic physicians had treated over 100,000 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 percent to six percent fatalities in influenza cases under medicinal care. In Boston the influenza fatalities amounted to twenty-seven percent, as reported by the health commissioner of that city.

“These reports also show a conservative estimate of thirty-three percent 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 percent.

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

“All told, 2,445 osteopathic physicians [out of 6,000 practicing 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 percent. They also reported having cared for 6,258 cases of epidemic pneumonia with only 635 deaths, or a pneumonia mortality of only ten percent.

“This makes the osteopathic mortality of one-quarter of one percent in influenza as compared with five percent 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 percent, although previously it had only been three percent, while the medical death rate was more than thirty percent. In other words, three times as large a percentage died from pneumonia under medical treatment than under osteopathic treatment.”⁷⁰

“Taken by themselves, these figures show that in every 1,000 cases of influenza treated by osteopathy, only 2 1/2 died. ... In other words, if you had influenza, there were 400 chances to 1 in favor of your recovery if you were treated by osteopathy, but only 19 to 1 in favor of your recovery if treated by medicine.”⁷¹

“Two conspicuous effects of osteopathic treatment of acute diseases which were startlingly evident in this epidemic, although well recognized by the practitioners 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. ...

“What will be the effect of the disclosure of these statistics upon the conduct of the campaign against another epidemic if it occurs this winter as predicted? Will the public health authorities and medical corps of the army continue to justify the high death rate by the application of the official red-tape, or will they unbend, renounce their slavish allegiance to medical politics and save thousands of lives by permitting other than the dominant school of practice to administer to the stricken? What is to be the attitude of the medical profession itself? Is it to continue to close its eyes and ears to facts? Will it still defy a growing public demand or will it frankly, honestly, and in a manly face-to-face way 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 medical 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 applied to physicians as well as to men in other walks of life.”⁷²

Finally, Simon Flexner introduced the last speaker for this long and emotionally exhausting day, who was no other than his older brother, Abraham Flexner, the author of the 1910 Flexner report,^{*} *Medical Education in the United States and Canada: A Report To the Carnegie Foundation For the Advancement of Teaching.*⁷³

^{*} The main goal of the 1910 Flexner Report that was produced by the Carnegie Foundation was to improve medical education in the US and Canada. To help the implementation of the recommendations of the Flexner Report, John D. Rockefeller founded a philanthropic front group called General Education Board, which gave many millions to only colleges and hospitals of the conventional school of medicine, despite the fact that he was personally treated by Dr. Royal Copeland, who was a homeopathic physician. The effects of the Flexner Report were very detrimental to the homeopathic, osteopathic, eclectic and naturopathic medical professions, as there had been qualified as of not being scientific.

Abraham Flexner said he had heard enough about the helplessness of modern medicine and the dangers associated with its practice in view of the catastrophic hecatomb that the Spanish flu spread throughout the world, but also in America where it took to the grave the “cream of American manhood and womanhood,” and that the lessons were clearly written on the wall: medicine was going in the wrong direction, not only it was helpless to save people from the simple flu, but that it was in fact detrimental. He said that in view of what was said today he would begin a revision of medical school curriculum and medical training and would report in about one year.

Simon Flexner closed the meeting saying that the Rockefeller Institute would support a novel evaluation of medical education to aim for excellence in medical practice.

One year later and ten years after his first report on medical education, Abraham Flexner presented a revised report on medical education before many of the main representatives of American medicine.

He said, “After a meticulous and rigorous examination of the data, I came to the conclusion that if medicine had kept up with the science and had not been steered astray by opinions of authorities and outside vested interests, it would have been hard to conceive that someone, even the most vulnerable one, could die of pneumonia or any other acute infection while under the care of a scientifically trained physician. Further, the burden of chronic diseases would be greatly lessened by the same token.”*

Here were the main recommendations of his report regarding medical education:

- 1- The prevention of disease would be emphasized in every aspect of medical education and practice.
- 2- Physicians would be trained to examine and treat each patient as an individual whole.
- 3- Approaches that deals with the primary causes of diseases would be emphasized, which include diet and lifestyle, structural evaluation and correction, and evaluation and correction of any abnormality of the susceptibility to fall sick.
- 4- Approaches that support the capacity of the body to heal would be the primary line of treatment once the causes of diseases have been addressed, and this would

* Abraham Flexner never wrote a revised report and the main elements of this quote is taken from Simon Baruch's writings.

include homeopathy, hydrotherapy, manual therapy, mindfulness and medically-supervised therapeutic fasting.

Abraham Flexner concluded his report for this hopeful and far reaching note, “Physicians will not only be active educator on how to live a life that is conducive to good health, but will have effective and powerful but gentle tools to help patients to optimally recover their health regardless of the seriousness of the acute and chronic conditions.”*

Most were surprised, as not a single word on the use of drugs or their development was mentioned.

Unfortunately, but not surprisingly, the medical establishment of the United States and Canada opposed the new report, as it was too revolutionary, and it even attempted to suppress its diffusion, even though it was based on the best of medical science.

However, Dr. Simon Baruch who was present at the meeting in which Dr. Abraham Flexner presented his report was able to sent copies of it to physicians around the world who were known to practice physiological therapeutics. Dr. Maximilian Bircher-Benner, a pioneer physician in nutrition and physiological methods of healing and director of the Vital Force Sanatorium in Zürichberg, was one of the physicians who received a copy Baruch of Flexner’s revised report. He passed it on to friendly physicians of his area.

Soon thereafter, the citizens of the two nearby Swiss cantons, Glarus and Innerrhoden, which are rare places in the world where a system of direct democracy[†] exists, like it was in Athens over twenty-five centuries ago, voted that medical education and practice would abide entirely to the revised Flexner report.

The main effects on the population of these two cantons were soon noticed, which included:

- 1- Cigarette smoking became very rare.
- 2- More people began to exercise regularly in the fresh air and became more fit.
- 3- Obesity, primary hypertension, type II diabetes, heart diseases, stroke and neurodegenerative diseases became also rare.

* Unfortunately Flexner never said that.

[†] Direct democracy or pure democracy is a form of democracy in which the electorate decides on policy initiatives without legislative representatives as proxies. (Wikipedia)

4- Many types of cancers became rarities, including breast, prostate, lung and colon cancers.

Through popular initiatives and referenda,* the citizens of the all the other Swiss cantons, one by one, voted in favor of the application of the revised Flexner report on medical education and practice, which eventually led to a change in the constitution of the country.

Some years later, Sweden, whose government tends to be more proactive and responsible about the health of its citizens, saw the effect of the revised Flexner report on the Swiss population, and followed through by fully adopting it. Norway, Finland, Denmark, Iceland, Luxembourg, Japan, Singapore and Korea were next in this order to adopt the salutary revised Flexner report.

Moving forward one century later. An epidemic with a new virus to the human race begins to spread around the world.

First, there is no panic in these ten countries, where the population is already healthy, fit and vigorous, as obesity, hypertension and diabetes have become rarities.

It is understood in these ten countries that it is a healthy process to develop febrile conditions and that natural immunity is better than the specific immunity that can be offered by vaccines, which have never been demonstrated to be safe.

Measures are quickly adopted to protect the most vulnerable people, which include homeoprophylaxis and, depending of the epidemic, wearing masks around these most vulnerable people may be necessary at times.

The more healthy part of the population, which is the great majority with some rare exceptions, is told to take the homeoprophylactic remedy at the first sign of flu-like illness and to stay in close touch with their physician.

People have easy access to homeopathic remedies even outside of business hours.

People are told that, if their acute problem doesn't revolve at once the acute flu-like

* In Switzerland, a popular initiative allows the people to suggest law on a federal, cantonal and municipal level. On a federal and cantonal level it suggests changing the respective constitution. (Wikipedia)

symptoms, to consult their physician right away. The number of cases that are hospitalized to receive extra care, such as hydrotherapy and manipulative therapy, can be counted on the fingers of the two hands.

Herd immunity is quickly achieved.

Of course there are no lockdowns or shutdown of the economy. Life remained undisturbed and business continued as usual.

Mortality from this new pandemic is so far close to zero in those ten countries,* while in the United States and other industrialized countries that never adopted the revised Flexner report the mortality rose higher than with the Spanish flu, which was 675,000 fatalities in the U.S., and as by early November 2021, not yet two years into this new pandemic the mortality in the U.S. had already exceeded 775,000.

This is without considering the long-term sequelae from COVID-19. Recently, a colleague remarked that people with all degrees of severity of COVID-19, who have been treated naturally, that is without suppressing or toxic means but were instead treated with the use of natural means and homeopathy in particular, have fully recovered as a whole.

Further, many of the ones who have experienced severe COVID-19 and have been treated naturally, that is with means that are respective of their nature, have said in the following weeks that they have been feeling the best in decades.

On the other hand, more than half of the people who had COVID-19 and who were treated with suppressing and toxic means continue to experience long-term sequelae six months after having had COVID-19.^{†74}

* This scenario is not too far away than the one met in Ethiopia in the midst of the COVID-19 pandemic, a country in which only 2.7% of its 119 millions inhabitants had received at least one shot of the Covid-19 vaccine and 0.9% two shots by September 28, 2021. As of November 2, 2021, Ethiopia reported a total 6,672 deaths for the entire pandemic, which would be the equivalence of 18,480 deaths for the US population, rather than of the current 793,549 reported deaths. (See Norman Doidge. Needle Points. Chapter III: A new plague descends. October 27, 2021.

<https://www.tabletmag.com/sections/science/articles/needle-points-vaccinations-chapter-three>)

† 54% of people that had COVID-19, 79% of whom had been hospitalized, still experienced post COVID-19 long-term sequelae, such as anxiety, depression, cognitive impairment, neurologic disorders, respiratory disorders, functional mobility impairments, and general and constitutional symptoms, such as head, chest, muscle and joint pain.

The authors of a recent systematic review on the long-term sequelae of COVID-19 concluded, “These long-term persistent postacute sequelae of COVID-19 effects occur on a scale that could overwhelm existing health care capacity, particularly in low- and middle- income countries.”⁷⁵

Moreover, this is without considering the indirect effects on mortality from the politics of the pandemic, as according to Dr. Harvey Brenner, a public health and epidemiology researcher, who holds professorship at three different universities and who conducted numerous studies focused on the relationship between economic well-being and community health, including a recent large one for the European Union, stated that the figure of 40,000 U.S. deaths for every 1% rise in unemployment is still a “good rule of thumb.”

This would mean that for the approximate 10% unemployment rate increase in July 2020 that was due to the pandemic,^{*} it potentially led to 400,000 deaths that were not directly related to the virus, but to the politics dictated by a helpless and fear-based medical system.⁷⁶

After all, fever is the not humanity’s greatest enemy, as Osler had announced in his keynote address before the annual meeting of the American Medical Association in 1896, but greed, malevolence and ignorance, and by far the most dangerous of these is ignorance.[†]

And to the contrary, fever is actually humanity’s greatest ally!

“Oh, when will they ever learn?

“Oh, when will they ever learn?

“Where have all the young girls gone, long time passing?

“Where have all the husbands gone, long time passing?

“Where have all the soldiers gone, long time passing?

^{*} The unemployment rate rose in July 2020 to 13.0 percent from the 3.6% in 2019. Unemployment rises in 2020, as the country battles the COVID-19 pandemic. Monthly Labor Review. U.S. Bureau of Labor Statistics. July 2021. <https://www.bls.gov/opub/mlr/2021/article/unemployment-rises-in-2020-as-the-country-battles-the-covid-19-pandemic.htm>

[†] In May 1896, Sir William Osler opened his keynote address before the annual meeting of the American Medical Association with the following sentence, “Humanities has but three great enemies: fever, famine and war; of these by far the greatest, by far the most terrible is fever.” And the war on fever had been officially declared. (William Osler. The study of the fevers in the South. Journal of the American Medical Association 1896; 26 (21): 999-1004.)

“Gone to graveyards, everyone

“Oh, when will they ever learn?

“Oh, when will they ever learn?”*

When?

When we learn that medicine should never be influenced by the industry or ruled by politics, but the medical art should be left free to be led by science and wisdom!

¹ Wikipedia. Estimates of historical world population.
https://en.wikipedia.org/wiki/Estimates_of_historical_world_population

² Spaulding, William B. "Why Rockefeller Supported Medical Education in Canada: The William Lyon Mackenzie King Connection." *Canadian Bulletin of Medical History* 10.1 (1993): 67-76.

³ “Medical education in the United States: a program,” *100 Years: The Rockefeller Foundation*, accessed October 29, 2021, https://rockfound.rockarch.org/digital-library-listing/-/asset_publisher/yYxpQfel4W8N/content/medical-education-in-the-united-states-a-program

⁴ Wade Hampton Frost. The epidemiology of influenza. *Public Health Reports* 1919; 34 (33): 1823-1836.

⁵ William Osler. *The Principles and Practice of Medicine*. 8th ed. New York and London: D. Appleton and Company, 1918, 96.

⁶ Siddharth Chandra, Goran Kuljanin, Jennifer Wray. Mortality From the Influenza Pandemic of 1918–1919: The Case of India. *Demography* 2012; 49: 857-864.

⁷ Niall P. A. S. Johnson, Juergen Mueller. Updating the accounts: global mortality of the 1918-1920 “influenza pandemic. *Bulletin of the History of Medicine* 2002; 76 (1): 105-115.

⁸ Christopher J. L. Murray, et al. Estimation of potential global pandemic influenza mortality on the basis of vital registry data from the 1918–20 pandemic: a quantitative analysis. *Lancet* 2006; 368 (9554): 2211-2218.

⁹ Warren T. Vaughan. Influenza: An epidemiologic study. *American Journal of Hygiene*. Monographic Series No. 1. Baltimore, 1921.

¹⁰ Wade Hampton Frost. The epidemiology of influenza. *Public Health Reports* 1919; 34 (33): 1823-1836.

¹¹ Warren T. Vaughan. *Influenza: An epidemiologic study*. *American Journal of Hygiene*. Monographic Series No. 1. Baltimore, 1921.

¹² Carol R. Byerly. *Fever of War. The Influenza Epidemic in the U.S. Army during World War I*. New York: New York University Press, 2005.

¹³ Edwin O Jordan. *Epidemic Influenza. A Survey*. Chicago: American Medical Association, 1927.

¹⁴ Barnett Abraham Elzas. *The Jews of South Carolina From the Earliest Times to the Present Day*. 1905.

¹⁵ Simon Baruch. Therapeutic reflections. *Transactions of the New York Academy of Medicine* 1894; 10: 402-425.

¹⁶ Simon Baruch. Influenza—A therapeutic lesson. *Therapeutic Gazette* 1919; 35 (3rd series): 393-395.

¹⁷ Osler, William. *Sir William Osler aphorisms: from his bedside teachings and writings*. Thomas, 1961.

¹⁸ William Osler. *The Principles and Practice of Medicine*. 8th edition. New York and London: D. Appleton and Company, 1918, 96.

¹⁹ William Osler. *The Principles and Practice of Medicine*. 8th edition. New York and London: D. Appleton and Company, 1918, 99-101.

* Lyrics from Peter Seeger’s song, “Where Are All the Flowers Gone?”

-
- ²⁰ Ward, Patricia Spain. *Simon Baruch: Rebel in the Ranks of Medicine, 1840-1921*. University of Alabama Press, 2014 : 246-247, 344-345.
- ²¹ Hydrotherapeutics : A brief history of the subject. *Canada Lancet* 1899; 31: 967-968.
- ²² Simon Baruch. Therapeutic reflections. *Transactions of the New York Academy of Medicine* 1894; 10: 402-425.
- ²³ Simon Baruch. An Epitome of Hydrotherapy. 1920: 165.
- ²⁴ Simon Baruch. An Epitome of Hydrotherapy. 1920: 167.
- ²⁵ Simon Baruch. An Epitome of Hydrotherapy. 1920: 173.
- ²⁶ Simon Baruch. An Epitome of Hydrotherapy. 1920: 174.
- ²⁷ Simon Baruch. *The Principles and Practice of Hydrotherapy*. 1908: 364.
- ²⁸ Simon Baruch. The management of pneumonia patients. *Gaillard's Medical Journal* 1897; 66: 205-224.
- ²⁹ Simon Baruch. *The Principles and Practice of Hydrotherapy*. 1908: 186.
- ³⁰ Simon Baruch. Therapeutic reflections. *Transactions of the New York Academy of Medicine* 1894; 10: 402-425.
- ³¹ Simon Baruch. Therapeutic reflections. *Transactions of the New York Academy of Medicine* 1894; 10: 402-425.
- ³² Simon Baruch. The management of pneumonia patients. *Gaillard's Medical Journal* 1897; 66: 205-224.
- ³³ Simon Baruch. An Epitome of Hydrotherapy. 1920: 154.
- ³⁴ Simon Baruch. An Epitome of Hydrotherapy. 1920: 153.
- ³⁵ Ernst Brand in Simon Baruch. Therapeutic reflections. *Transactions of the New York Academy of Medicine* 1894; 10: 402-425.
- ³⁶ Simon Baruch. Therapeutic reflections. *Transactions of the New York Academy of Medicine* 1894; 10: 402-425.
- ³⁷ Charles Munde. Hyriatic Treatment of Scarlet Fever in Its Different Forms. 1857
- ³⁸ Charles Munde. Hydriatic Treatment of Scarlet Fever in Its Different Forms. 1857
- ³⁹ Simon Baruch. Therapeutic reflections. *Transactions of the New York Academy of Medicine* 1894; 10: 402-425.
- ⁴⁰ Simon Baruch. Therapeutic reflections—a plea for physiological remedies. *The Journal of Balneology* 1893 (Dec.)
- ⁴¹ Simon Baruch. Influenza—A comparison. *Medical record* 1919; 95: 52-54.
- ⁴² Simon Baruch. Influenza—A comparison. *Medical record* 1919; 95: 52-54.
- ⁴³ Simon Baruch. Influenza—A therapeutic lesson. *Therapeutic Gazette* 1919; 35 (3rd series): 393-395.
- ⁴⁴ Simon Baruch. Influenza—A comparison. *Medical record* 1919; 95: 52-54.
- ⁴⁵ Simon Baruch. Influenza—A comparison. *Medical record* 1919; 95: 52-54.
- ⁴⁶ Simon Baruch. Therapeutic reflections. *Transactions of the New York Academy of Medicine* 1894; 10: 402-425.
- ⁴⁷ Simon Baruch. Hydrotherapy in pneumonia. *Boston Medical and Surgical Journal* 1900; 143 (16): 389-391.
- ⁴⁸ Simon Baruch. An Epitome of Hydrotherapy. 1920: 154.
- ⁴⁹ Edwin F. Bowers. In the Introduction of Robert Lincoln Graham. *Hydro-hygiene, the Science of Curing by Water*. 1923.
- ⁵⁰ Robert Lincoln Graham. *Hydro-hygiene, the Science of Curing by Water*. 1923
- ⁵¹ Robert Lincoln Graham. *Water in Disease and in Health*. 1924
- ⁵² Reginald F. E. Austin. *Direct Paths to Health. Clear Thinking, Correct Eating and Backward Breathing*. 1922: 82-83.

-
- ⁵³ Reginald F. E. Austin. Expectant treatment of measles and influenza. *British Medical Journal* 1922; 1 (3205): 901.
- ⁵⁴ John Harvey Kellogg. *Rational Hydrotherapy. A Manual of the Physiological and Therapeutic Effects of Hydratic Procedures, and the Technique of Their Application in the Treatment of Disease.* 1918: 287.
- ⁵⁵ John Harvey Kellogg. *Rational Hydrotherapy. A Manual of the Physiological and Therapeutic Effects of Hydratic Procedures, and the Technique of Their Application in the Treatment of Disease.* 1918: 120.
- ⁵⁶ Hippocrates. Aphorism LXV-LXVII. Regimen in Acute Diseases. Hippocrates volume II. Translated by W.H.S. Jones. The Loeb Classical Library. 1959: 121-128.
- ⁵⁷ W.H.S. Jones. Preface to Hippocrates. volume I. The Loeb Classical Library. 1957: XIX.
- ⁵⁸ John Harvey Kellogg. *Rational Hydrotherapy. A Manual of the Physiological and Therapeutic Effects of Hydratic Procedures, and the Technique of Their Application in the Treatment of Disease.* 1918: v.
- ⁵⁹ John Harvey Kellogg. The Battle Creek Sanitarium; history organization, methods. 1913: 13-17.
- ⁶⁰ Edward Thomas Secor. Influenza, pneumonia and hydrotherapy—Low mortality by use of rational hydrotherapy and practical methods of administration. *The American Journal of Clinical Medicine* 1919; 26 (11): 755-759.
- ⁶¹ Solomon Solis-Cohen. *A System of Physiologic Therapeutics—A Practical Exposition of the Methods, Other than Drug Giving, Useful in the Treatment of the Sick.* Volume I. 1901: vii-viii.
- ⁶² John W. Harris. Influenza occurring in pregnant women. *Journal of the American Medical Association* 1919; 72; 978-980.
- ⁶³ Wesley J. Woolston, D. O. Conley. Epidemic pneumonia (Spanish influenza) in pregnancy. *Journal of the American Medical Association* 1918; 71: 1898-1899.
- ⁶⁴ Paul Titus, J. M. Jamison. Pregnancy complicated by epidemic influenza. *Journal of the American Medical Association* 1919; 72: 1665-1668.
- ⁶⁵ Harold P. Hill, George E. Ebricht. A report of influenza pneumonia. *California State Journal of Medicine* 1919; 18: 224-227.
- ⁶⁶ Susan J. Fenton. Experiences during influenza epidemic. *Pacific Coast Journal of Homoeopathy* 1919; 30: 142-144.
- ⁶⁷ W. B. Hinsdale. The “black death” of 1918-919. *Homoeopathic Recorder* 1920; 35: 314-323.
- ⁶⁸ Benjamin Woodbury. Supplemental data on the pathogenesis of aspirin. *Homoeopathic Recorder* 1921; 36: 156-158.
- ⁶⁹ W. A. Dewey. Aspirin a dangerous quack nostrum. *Homoeopathic Recorder* 1920; 35: 157-163.
- ⁷⁰ R. Kendrick Smith. One hundred thousand cases of influenza with a death rate of one-fortieth of that officially reported under conventional medical treatment. Read at the Annual Convention of the American Association of Clinical Research, New York City, Oct. 18, 1919. *Journal of the American Osteopathic Association* 1920; 19: 172-175.
- ⁷¹ Editors. Influenza death unnecessary. *Journal of the American Osteopathic Association* 1920; 19: 115.
- ⁷² R. Kendrick Smith. One hundred thousand cases of influenza with a death rate of one-fortieth of that officially reported under conventional medical treatment. Read at the Annual Convention of the American Association of Clinical Research, New York City, Oct. 18, 1919. *Journal of the American Osteopathic Association* 1920; 19: 172-175.
- ⁷³ A. Flexner. *Medical Education in the United States and Canada: A Report To the Carnegie Foundation For the Advancement of Teaching, The Carnegie Foundation for the Advancement of Teaching, New York, NY, USA, 1910.*
- ⁷⁴ Groff, Destin, et al. "Short-term and long-term rates of postacute sequelae of SARS-CoV-2 infection: a systematic review." *JAMA network open* 4.10 (2021): e2128568-e2128568.
- ⁷⁵ Groff, Destin, et al. "Short-term and long-term rates of postacute sequelae of SARS-CoV-2 infection: a systematic review." *JAMA network open* 4.10 (2021): e2128568-e2128568.

⁷⁶ M. Harvey Brenner. The Impact of Unemployment on Heart Disease and Stroke Mortality in European Union Countries. European Commission. May 2016.