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INTRODUCTION

THE acute respiratory virus diseases continue to provide most of the general practitioner's work in the winter months; as papers in this symposium will show, they fill—and over-fill—the wards of our hospitals every winter, and kill a great many people. We all take this for granted; it is a state of affairs we have learnt to live with and which the general population largely ignores. In early 1962 long queues attended any clinic in Birmingham offering vaccination, because three patients with smallpox were in the isolation hospital. At this time over 100 people a week were dying in Birmingham of infection by less exotic respiratory viruses; but this caused no great public agitation.

The influenza A and B viruses are the most important of the respiratory viruses and certainly the most intensively investigated. Their activities affect all branches of medicine—clinical, laboratory, preventive and administrative. It seemed appropriate to offer a symposium on 'Influenza in Hospital and Elsewhere' as part of the post-graduate training programme of the University of Birmingham and the East Birmingham Hospital. In arranging this symposium we were fortunate in the great assistance in advice, encouragement and organization provided by Dr. A. G. W. Whitfield of the Board of Postgraduate Studies of the University.

We must all at one time or another have seen patients die of influenza whom we thought ought not to have died. The first part of the symposium therefore comprised three papers on the physiology and the biochemistry of respiratory failure, and on the basic principles of its clinical management. The substance of these is to be published elsewhere. Among important points made were (1) that patients with pre-existing renal or cardiac disease are at a severe disadvantage when acute respiratory disease is added; (2) that some few carefully elected patients may benefit from tracheostomy, but only if this is done in good time.

Dr. Parker's paper illustrated the lesions due

solely to the influenza virus, which allow the secondary attack of a variety of bacterial pathogens.

Influenza fills hospital beds; Dr. G. W. Hearn described the clinical and virological findings in his patients, Professor Stuart-Harris surveyed the common and the rare complications, and Dr. Eileen Hill covered the case of the infant and young child suffering from the syndrome inflicted by respiratory viruses in general, where the anatomical dimensions of the air passages rather than the species of virus may most greatly influence the clinical picture and its management.

Dr. Lowbury covered the problems of bacterial epidemiology within hospital wards—as important in wards full of patients with inflamed lungs as in surgical wards—and Dr. Flewett reviewed the virological methods for isolation and identification of the influenza viruses.

Dr. Pinsent showed that influenza is normally a mild infection easily managed at home; the hospitals have the complicated cases, a small fraction of the total population affected.

Influenza brings formidable administrative and planning problems to Ministry and hospital board officers; Dr. Porter's paper showed just how formidable these problems are. Dr. Nicol's paper illustrated the increasing participation of the medical officer of health in influenza management over the years, and Dr. Roden's gave the view of the Ministry epidemiologist, with valuable advice on immunization.

The symposium was held under the chairmanship of Dr. S. R. F. Whittaker, Professor W. Melville Arnott and Dr. F. L. Ker in the Little Bromwich wing of the East Birmingham Hospital—a new general hospital unit of about 1,000 beds resulting from the amalgamation of the Little Bromwich and Yardley Green Hospitals. It includes some specialized units—a unit for respiratory paralysis, a metabolic research unit, and the Regional Virus Laboratory (the first to be established by a regional hospital board).

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