A LECTURE

ON

THE TREATMENT OF CATARRH AND BRONCHITIS.

By GEORGE JOHNSON, M.D., F.R.C.P.,

Professor of Medicine in King's College; Physician to King's College Hospital.

AN ordinary catarrh, although not a dangerous or a very serious disease, is yet, with many persons, an oft recurring malady, which occasions a great amount of discomfort and annoyance both to the patient and to his associates; and, as treatment has considerable influence upon the progress of the disorder, it is worth while to give the subject careful consideration.

The exciting cause of a catarrh, in the great majority of cases, is a chill, or some unknown atmospheric influence, which tends to suppress the action of the skin; and the most successful plan of treatment consists in the employment of means for restoring the free action of the skin. The popular domestic treatment consists in the use of a hot foot-bath at bed-time, a fire in the bed-room, a warm bed, and some hot drink taken after getting into bed, the diaphoretic action being assisted by an extra amount of bed-clothes. Complete immersion in a warm bath is more efficacious than a foot-bath; but the free action of the skin is much more certainly obtained by the influence of hot air—most surely and profusely, perhaps, by the Turkish bath. The Turkish bath, however, is not always to be had, and, even when available, its use in the treatment of catarrh is attended with some inconvenience. In particular, there is the risk of a too speedy check to the perspiration after the patient leaves the bath. On the whole, the plan which combines in the greatest degree efficiency with universal applicability consists in the use of a simple hot-air bath, which the patient can have in his own bed-room. All that is required is a spirit-lamp with a sufficiently large wick. Such lamps are made of tin, and sold by most surgical instrument makers.

The lamp should hold sufficient spirit to burn for half-an-hour. The patient sits undressed in a chair with the lamp between his feet, rather than under the chair. An attendant then takes two or three blankets and folds them round the patient from his neck to the floor, so as to enclose him and the lamp, the hot air from which passes freely round his body. In from a quarter to half-an-hour there is usually a free perspiration, which may be kept up for a time by getting into bed between hot blankets. I have myself gone into a hot-air bath suffering from headache, pain in the limbs, and other indications of a severe incipient catarrh, and in the course of half-an-hour I have been entirely and permanently freed from these symptoms by the action of the bath.

Another simple and efficient mode of exciting the action of the skin consists in wrapping the undressed patient in a sheet wrung out of warm water, then, over this, folding two or three blankets. The patient may remain thus "packed" for an hour or two, until free perspiration has been excited.

I may mention, in passing, that the hot-air bath and the wet packing are very useful in the treatment of many forms of disease. I constantly employ both in the treatment of renal disease; and not long since I believe that by the wet packing I saved the life of a lady, in whom very alarming symptoms were associated with the imperfect outcome of the rash of scarlatina.

Now, to return to the treatment of catarrh, let me impress upon you that the sweating plan of treatment, to be successful in cutting short the disease, must be adopted early—I mean within a few hours from the commencement of the symptoms.

Another mode of treating catarrh, which is very successful with patients who are tolerant of opium, consists in giving a dose of opium, or morphia, at bed-time. Within half-an-hour after the opiate is taken, it frequently happens that the unpleasant coryza, and every other symptom of catarrh, have passed away. If the patient can avoid exposure on the following day, the cure may be complete, and there is no need to repeat the dose.

It is probable that the good effect of the opiate is partly due to its diaphoretic action, which may be increased by combining it with ipecacuanha; but, besides its action upon the skin, there must be some direct influence on the nerves and vessels of the inflamed mucous membrane to explain the speedy relief from discomfort which follows the opiate dose. The opiate treatment of catarrh is not so generally applicable as the sweating plan, for the reason that many persons are intolerant of opium, or they cannot take it without suffering from headache, nausea, and other distressing symptoms, which render it an un-

desirable remedy for them. In any case the opiate treatment, like the diaphoretic method, is more successful in proportion as it is resorted to early in the attack.

In some persons, repeated doses of ammonia have the effect of lessening the coryza and other distressing catarrhal symptoms. Five grains of sesquicarbonate of ammonia, or a drachm of the aromatic spirit, may be taken in water every three hours. A single dose of ammonia at bed-time is an efficient and useful diaphoretic, its action being aided by external warmth. Some catarrhal patients experience great relief from an occasional dose of spirit of camphor. The usual dose is from ten to thirty drops in a wineglass of water. In ordinary catarrh, as a rule, no change of diet is required. A catarrh which has gone on unchecked for a few days, is sometimes much mitigated by a generous diet and an extra glass of wine.

Those who are especially liable to catarrh should be careful to keep their feet warm and dry; and they should be warmly clothed, wearing woollen next the skin. They should avoid excessive wrapping up; since this, with even gentle exercise, tends to overheat the body, and so to increase the risk of a subsequent chill. The practice of wearing a hare-skin, wash-leather, or thick folds of flannel over the chest, is to be condemned as at once filthy and unwholesome.

It may be well to remind catarrhal subjects that the nose is a natural respirator, so that, in passing from a hot room into the open air, if the mouth be kept closed, the air, in its passage through the nostrils, has its temperature raised before it enters the chest.

There is reason to believe that the daily use of a cold sponge-bath, or a shower-bath, has a wholesome hardening influence upon those who adopt it, and that it renders them less liable to attacks of catarrh.

Treatment of Acute Bronchitis.—Acute bronchitis is an exaggerated catarrh; the two diseases are essentially the same, and they require the same principle of treatment, only modified according to the character of the symptoms.

In the early stage of acute bronchitis, when the mucous membrane is dry and swollen, the hot-air bath or the wet packing may be employed once or oftener with advantage. Another very useful remedy in this stage is tartar emetic, in doses of one-sixth of a grain, combined with liquor ammoniæ acetatis. This mixture exerts a diaphoretic action both upon the skin and the mucous membrane of the air-passages; thus it brings on the stage of secretion, and with this a mitigation of the vascular engorgement. The patient should remain in bed, and the temperature of the room should be maintained at from 60 deg. to 65 deg., the air being kept moist by steam from the spout of a kettle, or a special boiler on the fire. The inhalation of steam, repeated several times in the course of the day, is often very soothing and beneficial. Hot fomentations may be applied to the front and back of the chest by means of spongio-piline, or flannels covered with mackintosh. A mild mustard-poultice to the front of the chest is a good remedy for a sense of tightness and dyspnoea; but I advise you not to excite painful inflammation of the skin by mustard or turpentine, or by any other means.

When dyspnoea, with a feeling of tightness and oppression at the chest, is urgent and distressing, the application of a few leeches to the chest, or a moderate abstraction of blood by cupping, often affords prompt, decisive, and permanent relief. Venesection is very rarely required; though, in the case of a plethoric subject suddenly seized with general capillary bronchitis, and threatened with death from apnoea, venesection may prove a life-saving remedy. Milk and beef-tea form the most suitable diet during this stage of the disease. Stimulants and opiates are to be avoided, as a rule, on account of their tendency to increase the congestion and dryness of the inflamed mucous membrane. In the second stage, when a free secretion has been established, antimony and acetate of ammonia are to be discontinued. At this period, a combination of sesquicarbonate of ammonia, with spirit of chloroform, is useful as a stimulating expectorant and antispasmodic. Brandy or wine in moderate quantities may now be required to sustain the strength. When, in the advanced stages, there is a profuse purulent secretion, with copious perspirations, the ammonia mixture may be replaced by one, each dose of which contains a grain of sulphate of quinine, two grains of sulphate of zinc, and twenty minims of aromatic sulphuric acid. This combination often checks very rapidly the excessive secretion from the bronchial mucous membrane. The stimulating expectorants are sometimes useful at this stage of the disease—I mean senega, squills, ammoniacum, and the compound tincture of benzoin. If, as sometimes happens, the stimulating expectorants suddenly check secretion, tighten the breath, and increase dyspnoea, their employment must at once be discontinued. When the secretions accumulate and threaten suffocation, the patient being blue, and cold, and drowsy, and the cough nearly or quite ceasing, an emetic of sulphate of zinc is often wonderfully efficacious in clearing the air-passages.

Here I must give you an especial warning with regard to opium. A patient who has been sitting up in bed, labouring for breath day and night, naturally craves for sleep, and begs for an opiate. Now, a small dose of opium given in such a case, has caused fatal narcotism in numberless instances. The opiate stops the cough, and, of course, the expectoration; the patient sleeps more and more heavily; meanwhile the secretion accumulates, and causes fatal apnoea. Never, therefore, give an opiate to a bronchitic patient who has the slightest blueness of the lips. When the expectoration is quite free, and the lips are florid, you may sometimes venture to give a small opiate with antimony or ipecacuanha, or you may give a drachm of the compound tincture of camphor, or twenty minims of chlorodyne. The good effects of a few hours' sleep thus procured are sometimes very manifest.

When bronchitis is associated with blood-contamination consequent on Bright's disease, diaphoretics, purgatives, and dry cupping over the loins, are amongst the most useful remedies.

The treatment of *chronic bronchitis* is essentially the same as that of the acute form of the disease. They merge into each other by imperceptible degrees. An acute attack may subside into a chronic condition, and exposure to cold will quickly convert chronic into acute bronchitis.

Amongst other remedies in the chronic stage, the inhalation of the vapour of creasote, or oil of turpentine, by means of a Nelson's inhaler, is often beneficial. These vapours facilitate expectoration at the same time that they tend to check the profuse purulent secretion. The abundant secretion may sometimes be checked by inhaling, in the form of spray, a solution of tannic acid.

In treating diseases of the air-passages by the inhalation of vapours, bear in mind that these vapours rapidly pass beyond the lungs: they are quickly absorbed and enter the circulation, causing, in some instances, headache and other discomforts. The necessary contamination of the blood by the inhalation of vapours, renders this mode of medication less generally useful than it otherwise might be in the treatment of bronchial inflammation and catarrh.

Change of air, and, in particular, a residence in a mild, dry, and equable climate, are amongst the most important remedial and preventive measures.

OBSTETRIC MEMORANDA.

[UNDER this head, we shall, from time to time, as materials come to hand from correspondents, publish records of cases remarkable in themselves, or illustrating points of interest in obstetric practice, therapeutic or manipulative. We shall probably in this way preserve from oblivion the notes of very many useful and instructive occurrences in private practice; for the great obstetric experience is that—for the most part hitherto unwritten—of the great body of general practitioners throughout Great Britain. We will only ask those who may forward cases for record, to relate them with the utmost brevity, and equally to condense any appended remarks.]

CASE OF FEMALE TRIPLETS.

By FREDERICK THOMAS COATES, M.R.C.S.

ON December 20th, 1868, I was requested to see Mrs. J., of Compton Mews, aged 25, who was about the end of her third pregnancy. I found that she had anasarca and great dyspnoea; the urine was very high coloured, and scanty in quantity. Considering that the dropsy was due to pressure on the renal vessels, little could be done until after confinement. However, I gave diaphoretics, diuretics, and purgatives.

At five o'clock in the morning of December 22nd, 1868, I was requested to attend, when I found that she had been in labour some hours. The pains were frequent, but with little effect. I applied a binder, and gave ergot and brandy. The pains soon became stronger; but, on account of the abdomen being of an enormous size, the abdominal muscles could be of little use. On my arrival, the membranes were entire, and a breech presented. This child was born at twenty minutes past 6 A.M.; a second child twenty minutes afterwards; and a third at twenty-five minutes past 7, that being a footling. All were born alive. I removed the placenta, on account of the hæmorrhage. The uterus contracted after giving opium and brandy. My patient was very much exhausted. I had her well kept up with beef-tea and brandy. However, she had no milk at all. The three children had to be fed; they all died, one after each other, from want of the mother's milk, and, being very delicate children, within a fortnight of their birth. The dropsy nearly left by the end of the month. My patient quite recovered. I may just add, that I attended her on January 14th, 1868, with a fine boy, making four children in one year.

HOSPITAL VERSUS HOME PRACTICE.

By J. MATTHEWS DUNCAN, M.D., Edinburgh.

THIS important question is now so fully occupying the attention of the profession, that its nature and general bearings do not need to be pointed out. The decision of it is made to depend upon statistical statements and reasonings to a degree which I cannot approve. I think that other considerations bearing upon the question deserve much more attention and respect than they get; but at present I shall not even enter upon them. I propose to consider the statistical statements that are adduced, and to whose sole arbitration the profession is asked to bow.

Now, the first thing to be considered in a statistical statement is the worth or reliability of the data. I do not mean to inquire into, far less dispute, the desire on all hands for truth. I mean to inquire into the value of the data brought forward as the foundation of true conclusions. If the data be true, a great point is made out. If the data be false or not trustworthy, the whole statistical reasoning is false or not trustworthy. If the data be true, it does not follow that the conclusions drawn from them are valid or true. Before that is admitted, the reasoning also must be carefully scrutinised.

Two great sets of data are brought forward for comparison—hospital statistics, and statistics of home practice. They are further subdivided into surgical and obstetrical data.

Hospital statistics, whether surgical or obstetrical, are generally accepted as reliable. I know of no serious challenge of their truth. Nothing further need be said of them. Only, in discussing their farther consideration, it may be added that their very alarming aspect, at least at first sight, is favourable to the idea that they are true; for institutions, like individuals, have a tendency to make things look pleasant—a quality in which hospital statistics are certainly deficient. Quite recently (*Lancet*, Oct. 2nd, 1869, p. 477), an attempt has been made to injure the character of hospital statistics of amputations. While I have no doubt that hospital statistics are imperfect, I have also no doubt that all other statistics are very much more imperfect and unreliable. If hospital records be not trustworthy, what faith can be placed in a collection of private records such as Sir James Simpson offers as the basis of his arguments and conclusions?

The statistics of home practice are in a very different position from those of hospitals; and it is a very serious and indispensable duty at present to inquire into their value. The statistics of home practice are got from individual practitioners or private practice, and from dispensary or home practice of public institutions. In order that any confidence in such data may be expected, the following conditions are necessary.

1. They must not be derived from memory.* It is almost useless to insist on this point. No one, even very slightly acquainted with human nature, will trust the memory in such circumstances. Trusting this frail record, I have repeatedly heard practitioners of large experience in midwifery say that they never had a death in childbed; and this even when they condescended on the number of their cases. Trusting this frail record, I have heard practitioners of large experience say that they never saw any great evil or death result from the use of intra-uterine pessaries; yet, very fortunately for the female sex, this boasted remedy has fallen into almost entire disuse. Trusting to this frail record, let us hope, is part of the explanation of the present delusion of the profession as to the safety and efficacy of the treatment of dysmenorrhœa and sterility by splitting of the cervix uteri. Trusting to this frail record is probably the explanation of the great success at one time attributed to iodine injections in ovarian dropsy. Examples of the evil abound. Had men noted down and numbered their cases, we should never have had the succession of therapeutical delusions, calamitous to the female sex, which have risen and fallen of late years. Any man who does not note down and number his cases should, in the present day, when the value of statistics is admitted, be ashamed of coming forward as recommending new remedies. Certainly he cannot be implicitly trusted. Sir James Simpson believes all statistics of amputations derived from memory to be "horribly fallacious".

2. The second condition necessary is, that the items should be noted down at the time of their occurrence. In the present investigation, two items require to be noted down: first, the operation or the confinement;

* "All conclusions drawn from the memory are, observes Malgaigne, horribly fallacious; and it is, he adds, to their employment that we owe the astonishing delusions almost generally professed regarding the real danger or fatality of amputations."—Simpson's *Obstetric Works*, vol. ii, p. 546.