CLINICAL LECTURES ON CERTAIN DISEASES OF THE CHEST.

DELIVERED AT THE
LIVERPOOL NORTHERN HOSPITAL.

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LECTURE III.—PNEUMONIA (*continued*).

GENTLEMEN,—I propose, in this and some following lectures, to speak to you of the treatment of pneumonia; and, in doing so, I shall refer you to cases which you have seen in the wards lately, and to others which have occurred in previous sessions, and of which notes have been taken. A careful record has been kept of all the cases of pneumonia which I have had under my treatment in this hospital. The symptoms and physical signs which have existed in each case have been observed at the bedside from day to day, and then and there recorded, together with the treatment which has been adopted. It is only by a plan of this kind that you can arrive at anything like scientific accuracy in reference to your cases, or that they can become valuable as standards of reference, or as illustrations of any method of treatment. In hospital practice alone is it possible to follow out such a system—to take down the details of a case of acute disease, so as to render it of real value in regard to any scientific inquiry.

I may at once remark, that no single line of practice will, in my opinion, ever be found applicable to all cases of pneumonia. In the treatment of each case, you must have regard, not simply to the amount of lung involved, or the stage which the disease has reached, but also, and more especially, to the constitutional condition of the patient, the frequency and character of the pulse, and the antecedent circumstances, as far as you are able to ascertain them. Bear in mind that it is the patient himself, and not simply his diseased lung, which is the subject of your treatment.

You will have observed that the treatment which I adopt is not characterised by the exhibition of large doses of any of the so-called antiphlogistic remedies; that I never withhold nourishment from the patients when they can take it; and that I do not resort to powerful purgatives. On the other hand, you must have noticed that in many cases I prescribe stimulants at an early period of the disease.

Let me say a few words with reference to blood-letting. In the series of cases which I have tabulated, I have never resorted to venesection, and only occasionally, and that in the earlier numbers of the series, to cupping or leeching. I believe there are few cases now met with which are benefited by general bleeding; and that the abstraction of blood by the cupping-glasses or leeches is not often necessary. No doubt this local bleeding often gives great relief; but I think we can generally afford equal relief by the use of other measures which I shall allude to hereafter.

The natural history of pneumonia has been better studied of late years than it was formerly; and its tendency, when uncomplicated, to terminate favourably, has been brought out into strong relief. But, although it is highly probable that a large number of cases of the disease would end in recovery if left to themselves—that is, if the patients were merely confined to bed and properly dieted—yet there cannot be the slightest doubt that even in such cases the duration of the disease may be shortened, and the convalescence from it hastened, by the judicious use of therapeutic measures. We frequently meet with cases in which, in consequence of neglect, the lung has remained consolidated for a considerable time—a condition which might have been rapidly got rid of by appropriate treatment. I fear I must tell you that I do not believe we possess any single remedy which is specially and specifically curative of pneumonia; but at the same time I believe we do possess certain agents which, by their general effects on the system, exert a decided influence in the disease. An agent which has been much vaunted, and very largely used in pneumonia, is tartar emetic. It is a remedy which you will see me prescribe occasionally; and of its value in some cases I do not entertain any doubt. I shall refer to cases in which I fairly tried the effects of stimulants on the one hand, and of small doses of tartar emetic on the other, and in which the former proved decidedly injurious, whilst the latter speedily gave relief to the symptoms. There are many cases, however, in which antimony must not be given at all—cases

which are marked from the onset by a weak and rapid pulse, and in which it is plainly manifest that there is a want of constitutional power. Again, with regard to this remedy, there are few cases, I believe, which require, or are benefited by, a prolonged administration of it: nay, I think I may say that there are few cases that are not injured by such a practice; and wherever the drug produces a decidedly depressing effect, wherever it gives rise to sickness or purging, I believe it does harm, and should not be persevered with. In promoting perspiration, it seems often to give great relief; and further, it appears to have a beneficial influence on the pulmonary membrane, in rendering the secretion less viscid, and in facilitating expectoration. It is rarely, if ever, necessary to give it in large doses. From one-sixteenth to one-fourth of a grain I have usually found quite enough. At the same time, there can be no doubt that larger doses—one to two grains—may be safely given in some cases, and continued even for days, without producing any of the so-called physiological effects of the drug—purging, vomiting, etc.; and in such cases the antimony appears to do good; the symptoms of the pneumonia yield during its administration, and convalescence becomes established. But, whilst these full doses of tartar emetic are well borne by some patients, I doubt much whether it is ever desirable to exhibit them; for I believe we can get all the good effects which the drug is capable of affording by using it in smaller quantities. Of late I have treated the cases which I thought would be benefited by antimony with small doses of the remedy; but, in some of the earlier cases referred to in the table, half-grain and grain doses were given.

The propriety or impropriety of administering alcohol in pneumonia is one of the most important questions in connexion with the treatment of the disease. Here, again, we find that no fixed or definite rule can be laid down. Whether stimulants shall be given in large quantities or in small quantities, or be withheld altogether, must be decided by the general features of each case, and not simply by the fact that pneumonia exists. There can be no doubt that many cases of pneumonia may be conducted to a satisfactory issue without the administration of a single drop of alcoholic stimulants; further, that there are cases in which alcohol aggravates the symptoms, increases the distress, and retards convalescence. At the same time, there exist other cases which are as decidedly benefited by stimulants, and in which they should form the main therapeutic agent to be relied on. I shall endeavour hereafter to point out the symptoms which, in my opinion, indicate the necessity for the free administration of alcohol. I may here remark, however, that in a large proportion of the cases which have come under my care, both in hospital and private practice, I have given, apparently with decided advantage, a larger or smaller quantity of some form of alcohol, either wine or brandy, in the earlier stages of the disease.

The administration of calomel and opium, which used to form so important a feature in the treatment of pneumonia, and which received the sanction of some of the most eminent practitioners of medicine, has of late years fallen into disuse. There can, I think, be little doubt that too high a value was placed on mercury as a remedy in the stage of hepatisation, for which it was considered peculiarly applicable; and that it possesses no special properties for promoting absorption of the effused matters. As a purgative, where such is required, mercury is very useful, as it tends to relieve the portal system, often overloaded in pneumonic inflammation; but, if given in frequent doses, or with the view of producing salivation, I believe that its effects, except in a few exceptional cases, will generally be more or less prejudicial. I have seen it given, and have had opportunities of watching its effects; but, in my own practice, I think I have not given it more than three or four times. In the series of cases referred to in the table, it was given once only; and I have little doubt that the progress of recovery was in no wise hastened by its administration.

The exhibition of opium is, I think, very desirable in many cases. It often relieves the pain, allays the distressing cough which sometimes exists, and procures sleep. I have found that the pain in the side which so frequently accompanies pneumonia, and for which I used formerly to prescribe cupping or leeches, may be generally relieved by the administration of a dose of opium.

There are some other remedies which are frequently given in inflammatory affections of the lungs, about which I should like to say a few words. Among these is ipecacuanha, which may, I think, be advantageously administered in some cases of pneumonia. It sometimes nauseates, and prevents the patient from taking nourishment, and in this respect may become prejudicial. In such cases it ought to be omitted. It is not a remedy you must trust to in any severe case of the disease; but, as an expectorant and diaphoretic, it may be occasionally of some service.

Carbonate of ammonia and chloric ether—spirits of chloroform of the *Pharmacopœia*—are substances which I often prescribe in combination in pneumonia. They are both stimulants, and, when given together, seem often to have a beneficial effect. When I think a case will not be

improved by small doses of antimony, I generally prescribe ammonia and chloric ether, either with or without alcoholic stimulants.

With regard to the administration of salines, such as citrate of potash or acetate of ammonia, I do not, as a rule, prescribe them either in this or in any other inflammatory affection. I think it doubtful whether the routine practice of constantly administering these substances in inflammations is a desirable one. At the same time, there can be no doubt that they are sometimes agreeable to the patient, and afford relief to the distressing thirst which is at times present. Further, by supplying water and certain constituents to the blood, they may promote the action of the skin, as well as of other excreting organs, and thus have a curative effect. At the same time, I would remark, in referring to the action of the skin, that it by no means follows that the existence of the hot, burning, dry skin, so frequently met with in pneumonia, necessarily indicates the use of salines, or antimony, or any other of the so-called diaphoretic medicines. This condition is sometimes rapidly relieved by the sole administration of some form of alcohol; and, in fact, wine or brandy will occasionally be found the best diaphoretic we can use.

The administration of nourishment forms an important element in the treatment of this, as of all other acute affections. In the early stages of a severe attack, there is but little desire for food; and there is a risk, if the mere feelings of the patient are alone consulted, that nourishment may be withheld too long. It is not desirable to starve a patient even during the acute stage of the disease; but small quantities of such nourishment as can be taken, excluding solid food, may be safely allowed. There is necessarily a great waste going on during the attack; and, unless this is to a certain extent supplied by food, there will follow great prostration, which will seriously endanger the patient's safety when the acute symptoms have subsided. For the most part, in the early stages, the quantity of food given may be safely left to the desire of the patient. As the case progresses and the appetite begins to improve, the diet should be more liberal; and you will find that, as soon as convalescence is established, solid food will be borne. In such cases as require a very early and free administration of alcohol, nourishment should be given liberally from the first. Beef-tea and milk are usually well borne; and, if the former be properly made, a good deal of nourishment may be got in by means of it.

Let me say a few words with regard to the practice of counterirritation in the treatment of this disease. At the commencement of the attack, and in its early stages, turpentine fomentations, or mustard-poultices followed by linseed-meal poultices, seem to act beneficially; but later in the disease, when consolidation has taken place, blisters are, I think, of more value. I believe they produce a really curative effect on the diseased blood-vessels; that, in fact, they cause contraction of the capillaries by reflex action of the vaso-motor nerves. They appear also to be useful in promoting absorption of the effused matters. Large linseed-meal poultices may be applied to the chest; but I do not think they are as valuable in this disease as in bronchitis, in which they often afford great relief.

HEALTH OF THE KING OF SWEDEN.—The journey made by the King of Sweden to Vichy and Paris in the summer appears to have had an unexpectedly prejudicial effect on his health. He has suffered from fistula, a painful complaint, which necessitated an operation. This was performed with success at Stockholm a week ago, and his Majesty is progressing favourably.

PICKLES.—If Englishmen have had exaggerated ideas about the tendency towards rotundity exhibited by all Dutchmen, they have by no means overrated the national habit of smoking. The Dutchman of to-day is as great a smoker as was his great-great-grandfather. The pipe has, however, given way to the cigar; and the meanest labourer indulges himself, often when at work, with the "weed" which costs him less than a farthing. Passengers on railways smoke as a matter of course; and the guard, as he passes from carriage to carriage to examine the tickets, does not hesitate to rest now and again in one of the carriages to smoke a cigar with any neighbour or acquaintance. The teeth of a Dutchman are nearly as characteristic as the skin of an Englishman who has lived for a long time in India; they are much discoloured, and many of the incisors are carious. The Odontological Society will find the best specimens of discoloured teeth from smoking among modern Dutchmen. The Dutchman's partiality for pickles is peculiar, yet easily explained. In Rotterdam, but more largely in Amsterdam, pickle-stalls are not much less frequent than apple-stalls in London. The pickle-stall seems to be, with many workmen, the half-way house between the workshop and the dining-room. This nation of confirmed smokers abounds in dyspeptics; and the poorer classes give their clammy palates a fillip occasionally with the sour and acid substances sold in the streets.

ON A NEW METHOD OF CLOSING BLEEDING BLOOD-VESSELS BY MOVEABLE FORCEPS.

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WHATEVER opinion may be entertained of the value of acupressure in arresting hæmorrhage from divided blood-vessels, as compared with the use of ligatures, no one, I apprehend, can for a moment doubt that, if some method of safely arresting the flow of blood could be devised, which would not necessitate the retention within the wound of any foreign substance, a great improvement in operative surgery would be effected; or, failing this, any plan which should securely seal the wounded or divided blood-vessel, and allow the wounded parts to be brought together without the presence of a foreign substance, or, if this be necessary, would ensure that its presence should be innocuous, and that it should be capable of removal without the wound being in any way disturbed, or its healing by the first intention prevented—would be an advance of no inconsiderable importance. Without in any degree endorsing the exaggerated statements as to the dangerous—even deadly—effect of fibrous ligatures in wounds, there is no practical surgeon who will not be ready to acknowledge how great would be his satisfaction in being able to do without them, if he could only see his way to do so safely. Hence the alacrity which so many surgeons have shewn in adopting acupressure, which, if we were to accept the statements of some writers, we should believe to offer a means so satisfactory as to be incapable of improvement; while, on the other hand, if we are guided by the opinions of others, it is a practice fraught with great risk, and is only a dangerous snare and a visionary delusion, well enough for the amateur in his study, but unworthy of the surgeon at the operating-table. That the method may be adopted in many cases, with the effect of arresting hæmorrhage from divided blood-vessels, even of large size, is certain, from the cases reported in which it has been practised; and that, in many instances where it has been adopted, the wounds have healed up rapidly and well—appears to be true; but the practical question is, not whether this may be done in some cases, but whether, as a rule, the practice is a safe one, and is followed by better results than where an ordinary ligature has been employed. I confess to feeling great doubts upon this question; and I believe the great majority of operating surgeons will agree with me in this opinion. I have taken every possible means of arriving at an accurate conclusion; and the result is to confirm the doubts I have felt, both on theoretical and practical grounds. I have purposely visited Aberdeen, where certainly acupressure has been practised with more zeal, and probably to a greater extent, than anywhere else. I have inquired at other and larger hospitals where it has been tried and abandoned, and I have seen it used many times at our own Infirmary at Leeds, without being able to say that, on the whole, I have had reported to me, or have witnessed such results, as to convince me of its value and superiority over the old-fashioned ligature, or to induce me to give up the thread for the needle. The difficulties of effectually closing the blood-vessel, temporarily and permanently, are so great as, in my judgment, to counterbalance the undoubtedly great advantage of having the wound free from the long continued presence of a foreign substance. Though Drs. Pirrie and Keith assure me that in their hands no case of hæmorrhage, either primary or secondary, has happened; and that all, even large amputations, have not only recovered, but have healed by the first intention, without sloughing, pyæmia, erysipelas, or other misadventure; the results have been far different in other hospitals and in other hands, where some of the stumps have not only had to be opened out to more effectually secure bleeding vessels (which, it might perhaps be asserted, happened to be so by the want of skill or care on the part of the operator), but where the withdrawal of the pins has been followed by hæmorrhage so copious as to prove that no permanent closure of the vessel had been effected; while union by the first intention, which is the great desideratum, has not only not been obtained, but as much suppuration and delay in healing by granulation has taken place, as in the ordinary method; gangrene of the stump has occurred, and pyæmia and erysipelas have been set up. I must confess to my experience more nearly corresponding with the latter results, than with those of Drs. Pirrie, Fiddes, and Keith. I, therefore, infer that the great success which, I am assured, has been experienced in Aberdeen, is dependent upon some other influence than acupressure alone; indeed, I cannot but feel too much is proved by the reported enormous success, which is too great to arise solely from the employment of acupressure. However advantageous it may be, it alone could not exempt large operations from danger, and ensure uniform recovery. Some other accidental, overlooked, and unknown, but most potent influences, must have been at work. As there are seasons of great want of success, in which, from one cause or