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A Clinical Lecture

ON

TEDIOUS RECOVERY FROM ILLNESSES

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BY

SIR DYCE DUCKWORTH, BART., M.D., LL.D.,
F.R.C.P.,

CONSULTING PHYSICIAN TO ST. BARTHOLOMEW'S HOSPITAL; SENIOR
PHYSICIAN TO THE SEAMEN'S HOSPITAL, GREENWICH.

GENTLEMEN,—You must all have witnessed cases of disease which have proved unusually rebellious to what has been regarded as appropriate and careful treatment. When we meet with them they always enlist our interest, and give rise to much thought and repeated scrutiny. They tend to sharpen our clinical acumen and heighten our assiduity and endeavours to promote recovery. We shall do well to consider some of them to-day. My subject is large, and I must not be discursive.

I will take first rheumatic fever, and start with the view that a correct diagnosis of this condition has been made. We are accustomed to find that the prevalent method of treatment by salicylate of sodium in appropriate doses is satisfactory for the relief of pyrexia and the pains in a majority of the cases. Occasionally, however, we meet with cases which yield imperfectly to this treatment. It may be that the dosage has been inadequate, or that it has enfeebled the circulation. In the first case, larger doses may succeed, or in the latter we may substitute alkalis and quinine with better success. Our failure may be entirely due to an improper dietary in the meantime. It is certainly found that animal food in the form of any preparations of meat is hurtful, and that milk diluted with soda water and simple farinaceous food are best. Again and again I have seen benefit derived from withholding simple beef-tea, and in languid cases, with profuse sweating, great benefit from the employment of an ounce or two of brandy.

Lingering cases of this kind compel us to reconsider the diagnosis. We may be dealing with an acute form of osteo-arthritis, or of gonorrhoeal or other variety of septic arthritis which is unaffected by salicylate treatment. Again, we have in such cases to regard the particular habit of body of the patient, and may discover that there is a strumous element in the case which well explains the lingering quality of the ailment and its prolonged hold on the particular patient. The strumous habit is a bad soil for all specific infections. Some cases regarded as acute rheumatism, especially in elderly patients, with poly-arthritis, are sometimes found to be examples of generalized gout of a very obstinate character, and these occur in persons who have never had overt gout previously. They yield to treatment for gout after long resisting the ordinary treatment for true rheumatism. In some of these rebellious cases there is a taint of syphilis, and we meet with them in this hospital, where so many patients come to us with imperfectly treated syphilis. We have to be careful that we remember the patient as well as his ailment, and do not allow his general nutrition to fall to too low an ebb.

Let me take next the case of enteric fever, obviously recognized as such by manifest symptoms. Sometimes

these cases linger long in a febrile condition, it may be by one or more distinct relapses, or after these have passed off. Convalescence is at a standstill. There may be local abscesses, or venous thrombosis and other conditions regarded as sequels, but which are verily the dregs of the original infection. The retarded improvement may be due to inadequate feeding, to a too prolonged slop diet, which prevents sound healing of the intestinal lesions. Better nourishment often avails to help recovery in such instances. A diligent search for some terminal infection may explain the continued illness, it may be in the abdomen or the thorax. Again, we meet with continued fever much simulating varieties of enteric which owns other causes. Amongst these are cases of infective endocarditis and tuberculosis not suspected. Malta, or undulating, fever, for example, is sometimes mistaken for obscure cases of enteric fever. If we remember these facts we may be put on our way to a correct diagnosis.

I have just mentioned infective endocarditis; and as to this we may be off our guard if we fail to suspect this insidious malady because we find no clear evidence of any cardiac mischief. Some of these cases present no indications of valvular disease for a long time in their course. A careful examination of the blood may, or may not, reveal microbic elements in the system. We are certainly in the presence of a lingering disease here, for it may run on with pyrexia for twelve months.

We meet with cases of influenza which are tardy in proceeding to sound recovery. Sometimes an attack of enteric fever sets in, and attacks a patient already enfeebled by the original infection. Other terminal infections may also supervene. More commonly, as in the recent epidemic, pneumonia and myocardial failure reduce the patient to a very low ebb, and may prove fatal, especially in elderly people. Over-treatment by salicylates may sometimes account for the cardiac depression. Influenza may long prove a source of low health and of bodily and mental incapacity, and full vigour may not be restored in robust persons for a year or two. It appears to attack any part of the body without discrimination, and, not seldom, without any febrile symptoms.

Latent tuberculosis is a malady which sometimes masks the course of what appears for long to be a simple febrile illness. There may be slight pleuritis, not seldom right-sided, which yields slowly, with little cough, no expectoration, but continued pyrexia with evening exacerbations. When a little sputum can be procured, no tubercle bacilli may be found. Wasting proceeds slowly, and some clubbing of the fingers may occur. The pulmonary physical signs are quite insignificant. At last some bacilli are detected in the scanty sputa, and the nature of the case is cleared up.

As I have told you before, a persistent febrility in persons under 30 years of age, without obvious signs of mischief, is always most suspicious of tuberculosis, even in the absence of obvious delicacy and any family history of the disease. Pneumonia of an apex which is slow to resolve, should surely lead to suspicion of tuberculosis, as the enduring element in the case. Non-tuberculous pneumonia is sometimes very slow to resolve, or the associated pyrexia to subside. An interlobar empyema may be the cause of this.

Gout in some of its forms may sometimes prove very rebellious to careful treatment. We notice this occasionally in young men the sons of very-gouty parentage. The condition is one of gouty cachexia, with an enfeebled constitution. In older patients the continuance of painful

joints is sometimes found to be grievously persistent, even with every care in diet and treatment. Occasionally we find such patients have been over-careful in their diet, and placed upon an inadequate quantity and inappropriate quality of food. There are too many strange and *doctrinaire* methods of diet enjoined in these days, and some of these, mostly imported from Germany on purely theoretical grounds, are found positively harmful. A better and more natural diet, with some good wine, is materially helpful in some of these cases, and brings relief and renewed health. Some of these polyarticular cases are sometimes regarded as rheumatic, and treated as such without any benefit. A recognition of the true nature of the ailment leads promptly to relief if appropriate treatment is prescribed.

Amongst cases in which recovery is apt to be retarded, and very tedious, are those of neuritis, a disorder which is apparently more frequently met with now than it was wont to be. It is a recognized sequel of influenza, and is one of the ailments that is apt to depend on gouty disturbance. In elderly people it is especially apt to linger, wearing out the powers of the body, and leading to intense suffering, muscular and other trophic (wasting) changes in the part affected. Post-zonal neuritis well illustrates what I refer to, and is a sore calamity sometimes in elderly patients. Many months may elapse before relief comes. Sciatica is another example. Treatment of every kind appears in some of these instances to be quite unavailing, and one hardly knows how these ailments cease at last to vex the patient.

You will have observed that I have not been discussing the course of maladies essentially chronic. These are indeed tedious. I have referred to a continuous and protracted course of acute ailments, so that the point of recovery is not yet reached. An acute disease may sometimes subside, but the patient is left with feeble recuperative power, so that he cannot readily be restored to sound health. He may never subsequently reach the measure of full vigour he once enjoyed.

I have already indicated the importance of occasional recasting of the diagnosis in any protracted case of disease, a point carefully urged by Sir James Paget in his teaching. This procedure will sometimes set us on the right track for successful treatment. There are cases of retarded recovery which can promptly be benefited only by securing a fresh and thorough change of environment. You move such a patient from a sick room in a crowded city and place him in fresh country air, and immediate progress is witnessed. There are many houses everywhere where there are some unwholesome and insanitary influences at work which suffice to retard recovery; influences, perhaps, not readily detectable, but you do well to urge removal of the patient, if possible. In the course of many ailments of children who continue to be languid and feverish when no obvious signs of disease can be found—for example, after an attack of measles—such a change is found to be most valuable, and to act favourably when tonics and good diet have made but little impression. Similar benefit is to be gained in many ailments of a surgical nature, but it is not my business to refer to them. I think, too, that gynaecologists could tell of like advantages to be gained in this way.

In any case of lingering illness we shall do well to try and discover any personal peculiarities in the patient—to bear in mind the personal factor, so often disregarded at the bedside. We shall be wise, too, if we remember the remark of a sagacious physician—to the effect that “each patient convalesces according to the nature of his constitutional diathesis.”

At a meeting of the British Balneological and Climatological Society on June 11th the following were appointed officers for the ensuing session: Dr. Leonard Williams, President; Dr. A. F. Street, Chairman of Council; Dr. R. Fortescue Fox, Hon. Treasurer; Dr. Harry Campbell, Librarian; Drs. Septimus Sunderland and F. A. de T. Mouillot, Hon. Secretaries; twelve Vice-Presidents and thirty Members of Council were also elected. On the same occasion it was resolved that next October the Society shall become a section of the Royal Society of Medicine. The annual dinner was held the same evening at the Piccadilly Restaurant, one of the guests being Sir James Barr, who in the afternoon had delivered an address on the peripheral circulation and its treatment.

An Address

ON THE

SURGICAL TREATMENT OF THE RHEUMATOID GROUP OF JOINT AFFECTIONS.*

BY

ROBERT JONES, F.R.C.S. EDIN.,

HONORARY SURGEON, ROYAL SOUTHERN HOSPITAL, LIVERPOOL.

OF late years our views of the rheumatoid group of diseases have undergone a welcome change. The investigations of Strangeways, Goldthwaite, Painter, Still, Andrews, Hoke, and others, have helped materially our classification, and the terms “rheumatism” and “rheumatoid arthritis” have not their former diagnostic value. The knowledge we now possess enables us to distinguish certain types so different in character as practically to constitute distinct diseases—distinct from the clinical side as well as from that of the pathological.

Although perhaps needing some further revision, the classification of Goldthwaite is distinctly helpful. He recognizes five types:

- (a) Villous arthritis.
- (b) Hypertrophic arthritis.
- (c) Atrophic arthritis.
- (d) Septic arthritis.
- (e) Chronic gout.

The medical treatment of these conditions is an ever-discussed problem, and great strides have quite lately been made in our dealings with the atrophic variety by the recognition of its autotoxaemic origin. On this occasion, however, I will refer only to the surgical treatment of the group, because it has been much overlooked by surgeons and bears but a scanty record in our literature. There is no class of disease in which less attempt is made either to prevent or to correct deformity. Knees and hips flexed, wrists in useless postures, elbows of no service to the hands—these are almost a routine result of either the atrophic or hypertrophic attack. Physicians are content if the patient is comparatively free from pain, and the deformities are looked upon as an essential and permanent phase of the disease. In the early stages the practitioner has great opportunities. It is for him to discover whether an infective or toxaemic focus exists in nose, teeth, pharynx or intestinal tract. I have seen it in connexion with middle-ear disease, with chronic abscess of the antrum, and with ozaena, and the general condition has responded to local treatment. Andrews and Hoke, of Atlanta city, have shown the direct relationship of arthritis deformans to albuminous putrefaction in the intestinal tract, and therefore how necessary it is to decrease the supply of albuminoids or to prevent their putrefaction. These are all encouraging lines of research which may ultimately deprive these diseases of their terrors, but for the present there is ample necessity for direct surgical intervention, mainly of an operative type.

VILLOUS ARTHRITIS OF THE KNEE.

We all know well a type of disease in the knee, very commonly associated with flat-foot; it has been called villous arthritis. The range of movement is usually good. There is no general rigidity, but sometimes considerable pain when an attempt is made to flex the limb completely. There is a creaking on movement which differs from that of osteo-arthritis as much as it does from that of teno-synovitis. It is not so coarse as the one nor so fine as the other. There is usually pain on pressure over the internal lateral ligament.

Accompanying this form of trouble there are no constitutional symptoms. It is due to a congested and relaxed condition of the synovial membrane, which becomes thrown into folds, especially at its reflections at the edges of the cartilage. There is nearly always some little fluid found in the joint, which varies in quantity and at times quite disappears. Prolonged friction invariably intensifies symptoms, and pain is complained of, accompanied by stiffness. In a certain variety a marked thickening is

* Delivered before the Halifax Medical Society.