Remarks

ON

EXTREMES IN PRACTICE.

BY

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ONE of the most active and thoughtful Fellows of our College, Dr. Lionel Beale, has published in the number of this JOURNAL for July 4th two interesting cases, well calculated to elicit from me a few more remarks on the subject of "Extremes in Practice". This expression, which I used in my last contribution, certainly was then used as implying a something in excess and overdone. But it must be remembered that, unless this view be cautiously adopted in any given case, the imputation which it thus conveys, may be extremely uncandid. The so-called extremes of practice of one age may be the normal and moderate practice of another; and the physician, who is blamed for extreme practice in the first, may be justly held up to praise in the second age for philosophical boldness.

The extreme in practice questionable in these two cases may be considered twofold—an excessive avoidance of depletory measures; and an excessive amount of stimulation by brandy, etc. The question, whether the first of these excesses be imputable here, is suggested by the author. In my opinion, this question is applicable only to the second; that is to say, to the use made of alcoholic stimulants. That a commissioner, who had been much exposed to wet and cold, his urine with a trace of albumen, his heart's action feeble after a loss of only five ounces of blood, labouring under symptoms of pulmonary infarction in a very high degree, should not require further sanguineous depletion, and should require by the seventh day after admission to the hospital, which may have been a more advanced day of the disease, a very plentiful supply of stimulants,—all these suppositions may be conceded, certainly without the concession implying deficient abstraction of blood. But the amount of brandy given (twelve ounces in twenty-four hours), and the prosperous termination of the case under this kind and amount of treatment, is certainly an extreme in practice, which we ought to regard with a very cool judgment. Large statistics are wanted on this subject, and I have no doubt may be found. The different amount of susceptibility of irritation from stimulants in different persons is very remarkable. Whether the annals of King's College can confirm the value and harmlessness of intense alcoholic stimulation or not, in one respect the public is greatly indebted to that school; namely, the making good its claims to be considered a far *safer* remedy than had ever been before laid down and proved. This point is certainly made good; but it does not settle the whole question, whether the amount of stimulation was expedient. In the above case, which is much too briefly given, "some might consider", Dr. Beale observes, "that this man ought to have been bled freely, in consequence of the low delirium, the motions and urine being passed under him, the great oppression of breathing, which was 70 in the minute,

with congestion of the superficial vessels and profuse sweating." I do not think we have so far oscillated back into the depletory excesses of former days as to consider the abstraction of blood requisite under these circumstances.

With respect to the second case of Dr. Beale, in which also he discovers some pneumonia, there is no evidence in his account of its treatment of inadequate depletion. The small loss of blood, only four ounces, to which it was subjected, seems as much as it would require on any theory of the present day; but certainly there is greater evidence of "excessive stimulation", to use Dr. Beale's words. Under this treatment (24 oz. of brandy in twenty-four hours), according to him—1. The pneumonia does not extend. 2. The embarrassment of respiration is not increased; nor is the breathing increased in frequency. 3. The inflammatory products are absorbed, and free excretion goes on, etc. I refer my reader to Dr. Beale's description of this case. But was it pneumonia? The case began with rheumatic pains; then came rubbing sound and cardiac dulness; then "dulness and bronchial breathing from the spine of the scapula downwards to the base of the left lung"; "breathing in front of both lungs good; pulse 132, feeble, but regular; respiration 43, very short; no delirium." Whether these and the other symptoms given by Dr. Beale justified his treatment—besides large nutrition, twenty-four ounces of brandy every twenty-four hours for seven days—is a question certainly not settled by the facts adduced by Dr. Beale. Still the treatment was borne, and the progress of the case under it was successful.

Some of my cotemporaries may remember a most interesting case of an eminent physician, not absolutely irrelevant to the subject which I am considering. It commenced with very intense pain in the thorax. This was relieved by a large dose of hydrochlorate of morphia and five grains of calomel. Then came dulness of a portion of the thorax, lasting many days, and attended by occasional spasms of intense dyspnoea, threatening suffocation; and, during the latter part of the case, copious sputa of *jus de pruneau* expectoration. The case was, in fact, pulmonary apoplexy. The patient's strength was well maintained by some stimulants and by nutrition. The treatment was hydrargyrum cum creta continued to salivation; and I can well remember the immediate abatement of the formidable spasms and general improvement as soon as the gums became affected. There was want of power in this case. Would excessive stimulation by brandy have diminished danger and hastened recovery? The annals of King's College would probably contribute to settle this all-important question in a large group of cases, allowance being made for the varying conditions of air in different hospitals and localities. Certainly we are indebted to Dr. Lionel Beale and others for raising the important question here involved, and, at all events, for proving an apparent amount of safety and value in this practice, hitherto, I believe, unsuspected by experienced practitioners. One thing appears to me very probable, that, in many acute cases, bolder stimulation than has hitherto been thought safe may be applicable; and that in many cases it would be advantageous to precede such treatment by some abstraction of blood, which in the same cases might otherwise be mischievous.