VIII.—THE LIVERPOOL MEDICAL AND SURGICAL REPORTS. October, 1870.
Edited by P. M. BRAIDWOOD, M.D., and REGINALD HARRISON, F.R.C.S.
pp. 200. London: Churchill. 1870.

THE first paper, "Observations on the Treatment of Pneumonia, with an Analysis of Cases treated by the Author," is by Dr Waters, who is already so favourably known by his work "On Diseases of the Chest." The cases on which the paper is based number fifty-nine. They are not selected, but are "all the cases of acute idiopathic pneumonia,—pneumonia unconnected with advanced organic disease—which have occurred in my practice in the Liverpool Northern Hospital." It is of the utmost importance when a question of treatment is involved, to have the distinct assurance that *every case* is published. Yet how seldom do authors and advocates of new methods of practice make a positive statement that they have fulfilled this essential condition of experimental proof—that every result is recorded. How often, we may add, is there good reason to fear that the condition is not acknowledged because not observed, and so the philosopher has degenerated into the partisan.

Dr Waters has avoided this mistake. The majority of the *cases* were between 20 and 30 years of age, but some were so young as 6 and others so old as 60. All were males save two, and most had enjoyed previous good health. Both lungs were affected in only nine instances. The *results* were that only two died out of the fifty-nine, one of these being almost hopeless when admitted. The average duration of the cases up to the establishment of convalescence was over eleven days.

Such being the cases, and the results being so favourable, under what *treatment* were they obtained? Dr Waters is careful to tell us first what the treatment was not. He never had recourse to venesection; only three times to cupping and twice to leeching; and "mercury—calomel with opium—was not given in any case." With regard to antimony we are told:—

"I occasionally prescribe it, although of late I have done so very rarely. In some instances it has appeared to me to be valuable. Some cases are tabulated, in which I fairly tried the effects of stimulants on the one hand, and of small doses of antimony on the other, and in which the former (stimulants) proved decidedly injurious, whilst the latter (antimony) gave marked relief to the symptoms. I believe, however, that the cases are few in which antimony will be found useful, and that a prolonged administration of it, in any case, is not only unnecessary but injurious—whenever the drug produces a depressing effect, whenever it gives rise to sickness or purging I believe it does harm, and ought not to be persevered with."

The treatment adopted may be characterised as stimulant and nourishing. Indeed, Dr Waters seems to be almost a modern disciple of Todd. He insists upon the frequent and steady supply of fluid food,—beef-tea and milk; but when we state that only 11 out of the 59 cases did *not* at any time receive alcoholic stimulants, that “in 33 cases alcoholic stimulants formed the main therapeutic agent; and in some of the most severe of these cases, no other medicine was given;” when, further, we find that of eight patients below 20 years of age, all save one received stimulants, we are justified in suspecting that Dr Waters is in danger of lapsing into an old heresy. Pneumonia must be very much the same in Glasgow as it is in Liverpool, and nothing but an entire change in the principles which guide the practice of the medical staff of the Glasgow Royal Infirmary could ever bring it to pass that out of 59 consecutive cases of “acute idiopathic pneumonia” admitted to their wards, 48 should in their opinion require stimulation; or that out of 8 cases below 20 in only one should alcohol be dispensed with. One of these cases was a boy of 6, with pneumonia involving two-thirds of one lung, and he received a tea-spoonful of brandy every three hours, with carb. of ammonia and vin. ipecac. Another was a boy of 16, who was stimulated as follows:—

“June 14th,—8 oz. wine daily; 15th,—12 oz.; 16th—16 oz.; 18th,—12 oz. brandy, continued to 26th; then 10 oz.; 28th,—8 oz.; 29th,—wine, 10 oz., instead of brandy. During acute stage he took no medicine except opium.”

In this case, however, the inflammation of the lungs followed rheumatic fever, and we are told that there was “extreme exhaustion.” Consequently, we do not attach much importance to it in our argument, nor indeed to any individual case, for we admit that the stimulation seems to have always been tolerably moderate. We look rather to the proportion stimulated than to the amount of the stimulation as a proof that Dr Waters leans in the use of alcohol to the school of Todd, as modified by Anstie and represented in the pages of the *Practitioner*. Instead of modified we might say beatified, for the *Practitioner* is not content with the good, sound brandy which satisfied Dr Todd, but has introduced sundry refinements, “throwing aside brandy, unless we can procure the most *recherché* kinds, which are rich in ethers, and betaking ourselves to the use of the finest old port or sherry, or to some of the more excellent qualities of Rhenish or Hungarian wines.” If

"Jeames de la Pluche" had abandoned his exalted calling and taken to medicine, he would certainly have written on the use of alcohol as the "Editor and his staff" have done. We hear of nothing but "a moderate quantity of sparkling wine," "a fine old Rhenish wine, highly charged with ether, and of magnificent odour," "ten or twelve ounces of champagne daily," to which "some good turtle-soup is an excellent addition;" and so *usque ad nauseam*. The climax is attained in the lofty statement—"it is useless to think about cost; the very finest wine that can be procured for money is just that which will produce the effect we desire with the least possible delay." The "Editor and his staff" must be among the most fortunate of men; for not only have they their private practice in the exalted regions of "champagne" and "turtle-soup," but they are attached to an hospital to which "the late Duke of Northumberland presented a large quantity of very splendid old sherry."

Dr Waters' principles give us a better impression than his practice:—

"Whether stimulants shall be given in large or small quantities, or be withheld altogether, must be decided from the general features of each case, and not simply from 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, I think, form the main therapeutic agent to be relied on. To distinguish between these cases is, no doubt, sometimes a difficult problem. *Whenever the pulse is very quick, the dyspnoea urgent, and the disease extensive, I never hesitate to prescribe stimulants freely.* 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 italics are ours. It is a bad commentary on the tendency of the principles, when we find that the "*many cases of pneumonia*," which may be treated without "a single drop of alcoholic stimulants," dwindle in practice to eleven out of fifty-nine, of which eleven, the last thirty-seven cases treated furnish only three! The same passage which we have italicised shows more precisely what those principles are. It is curious and instructive to contrast with this passage one from Dr Gairdner's "Clinical Medicine," p. 53. Speaking of his treatment of pneumonia, he says:—"Among single drugs, *antimony has been first on my list; the greater number of the cases (not excluding some of those which appeared most debilitated),*

which were attended by marked fever and oppression, have had it in one shape or another; commonly in the ordinary form of tartar-emetic, in doses varying from one-twentieth of a grain to one grain every hour or two." Dr Gairdner's results seem to have been quite as good as those of Dr Waters. (*Ibid.*—"Five years' hospital experience of pneumonia.") We are therefore warranted in concluding that Dr Waters uses alcohol in this disease, if not injuriously, at any rate without substantial advantage, and therefore unnecessarily,

Having devoted so much space to the first paper in this truly valuable volume, we can only notice one or two of the remaining papers, nearly all of which are worthy of attention. Dr Wallace contributes nine cases of "Thoracentesis" of which only one died. This operation, like tracheotomy, seems to be frequently unsuccessful simply because it is too long delayed. If performed before the patient is fatally injured by the protracted dyspnoea, it is certain to prolong and generally saves life. We have, ourselves, experienced the chagrin of finding by *post mortem* examination that the sole cause of death was an accumulation of fluid which might easily have been removed.

Dr Braidwood contributes a paper on "Cancerous degeneration of the kidney in children," with a plate of the microscopic appearances.

We find in Dr Rogers' contribution "On Fractured Ribs in Insane Patients, with Report and Analysis" by Dr Brown, a new and important contribution to pathology. The chemical report concludes thus:—

"It will be observed that the ratio of Organic constituents to Earthy matter is much greater, while the ratio of lime to phosphoric acid is distinctly less, in the ribs of paralytics than in those of healthy adults. There are the same differences between the composition of healthy ribs and those of paralytics as between the composition of the adult large bones and those of the foetus. And, generally, the composition in cases of paralysis approaches that observed in cases of osteo-malacia. Whether the defects in the ribs of paralytics are due to arrested development, or to degeneration of the fully developed bone, it will require further experiments upon carefully selected cases to prove; but from the evidence already obtained, I am led to conjecture that both causes will be found to operate."

Dr Rogers draws the following cautious conclusion from these results:—

"The result of the analysis is suggestive rather than conclusive, as to the condition of the bones in patients the subjects of General Paralysis, and it would be unsafe to generalize from a few examples. The analysis is, however, a first instalment towards determining by scientific inquiry, whether the statements that have been made, as to the peculiar liability to

fracture of the bones in certain forms of insanity, holds good as a general rule.

"The bones submitted to analysis were limited to those taken from the bodies of patients who had died of General Paralysis, but by a more extended examination it might perhaps be demonstrated that other forms of insanity are accompanied by great degeneration of osseous tissue, more or less closely allied to the disease known as osteo-malacia, and generally associated with tubercular disease of the lungs."

Dr Harrison's paper, "Illustrations in Operative Surgery," is accompanied by two chromo-lithographs of patients who were the subjects of excision of the shoulder-joint and of the upper jaw. They are good, both as works of art and as proofs of extremely successful results. In excision of the shoulder-joint, Dr Harrison prefers the single anterior incision, because it saves the tendon of the biceps and the deltoid muscle, and thus leaves the limb both more natural in form and more useful. His subject in this instance was a labourer in a cotton warehouse, and with the arm which was operated upon "he can lift a 56 lb. weight from the ground, and raise a chair a considerable height to the level of the shoulder."

The Periscopes of Medicine, Surgery, and Midwifery and Diseases of Women, by Dr Davidson, Mr Hamilton, and Dr Steele are executed with great care and judgment. They are not, as such attempts to epitomize the multitudinous literature of medicine often are, mere ill-assorted aggregations. The matter is well-digested and arranged, and presents evident traces of the intelligence and thought of the compilers. The only defect we notice is the paucity of the allusions to foreign literature.

The volume concludes with reports, by the respective secretaries, of the Transactions of the Liverpool Medical Institution, of the Microscopical Section of that Institution, and of the Liverpool Northern Medical Society. It is very evident from these reports that our brethren in Liverpool are not idlers, and that in their ranks there are men possessed of industry as well as ability, who cannot fail not only to raise the reputation of the medical school which forms the centre of their activities, but also notably to advance the science of medicine. There seems to be an amount of co-operation and of vital energy among the medical men of Liverpool which we in Glasgow may well envy, and ought to endeavour to emulate.