

Pneumonia and typhoid fever : a study.

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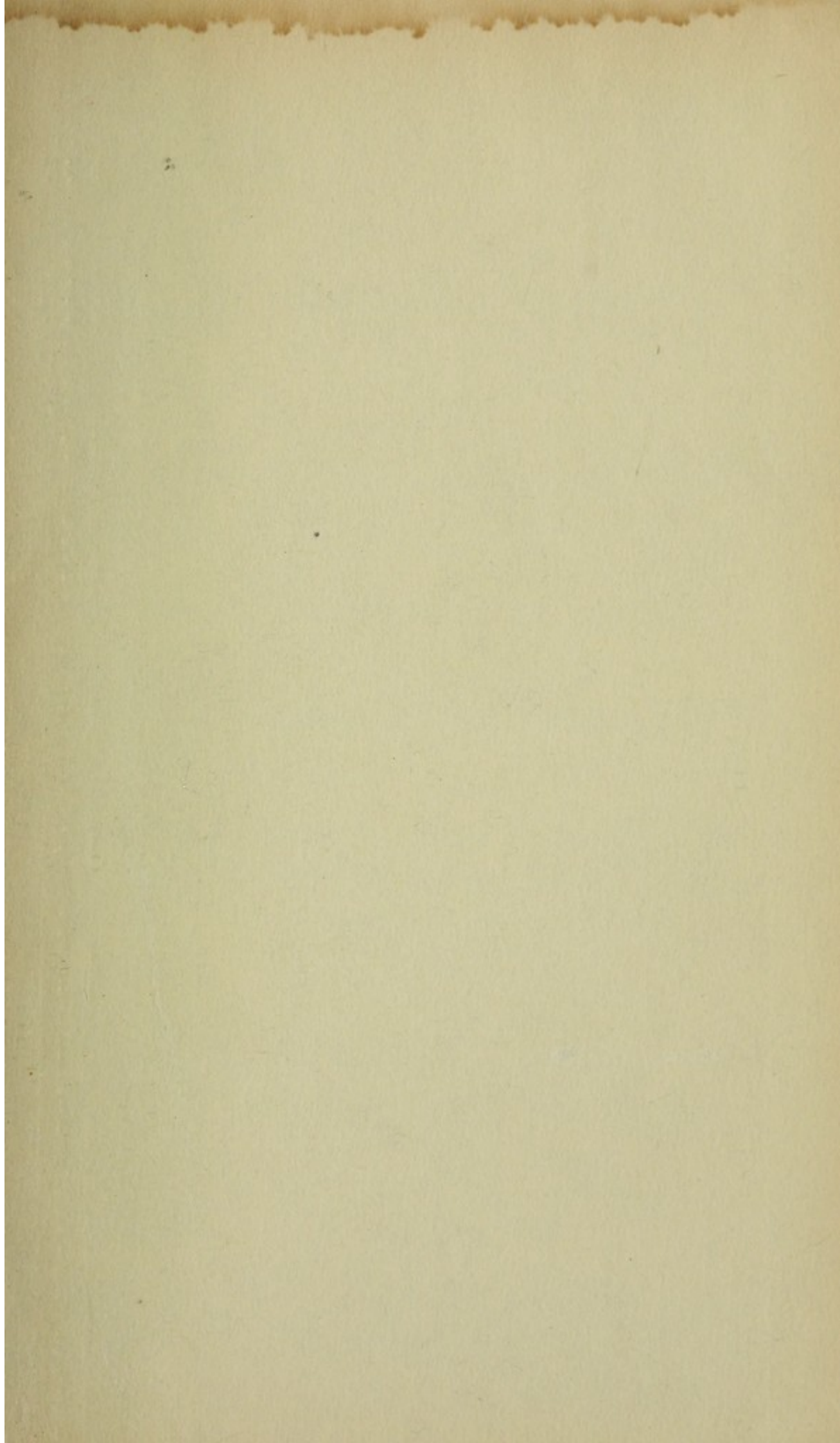
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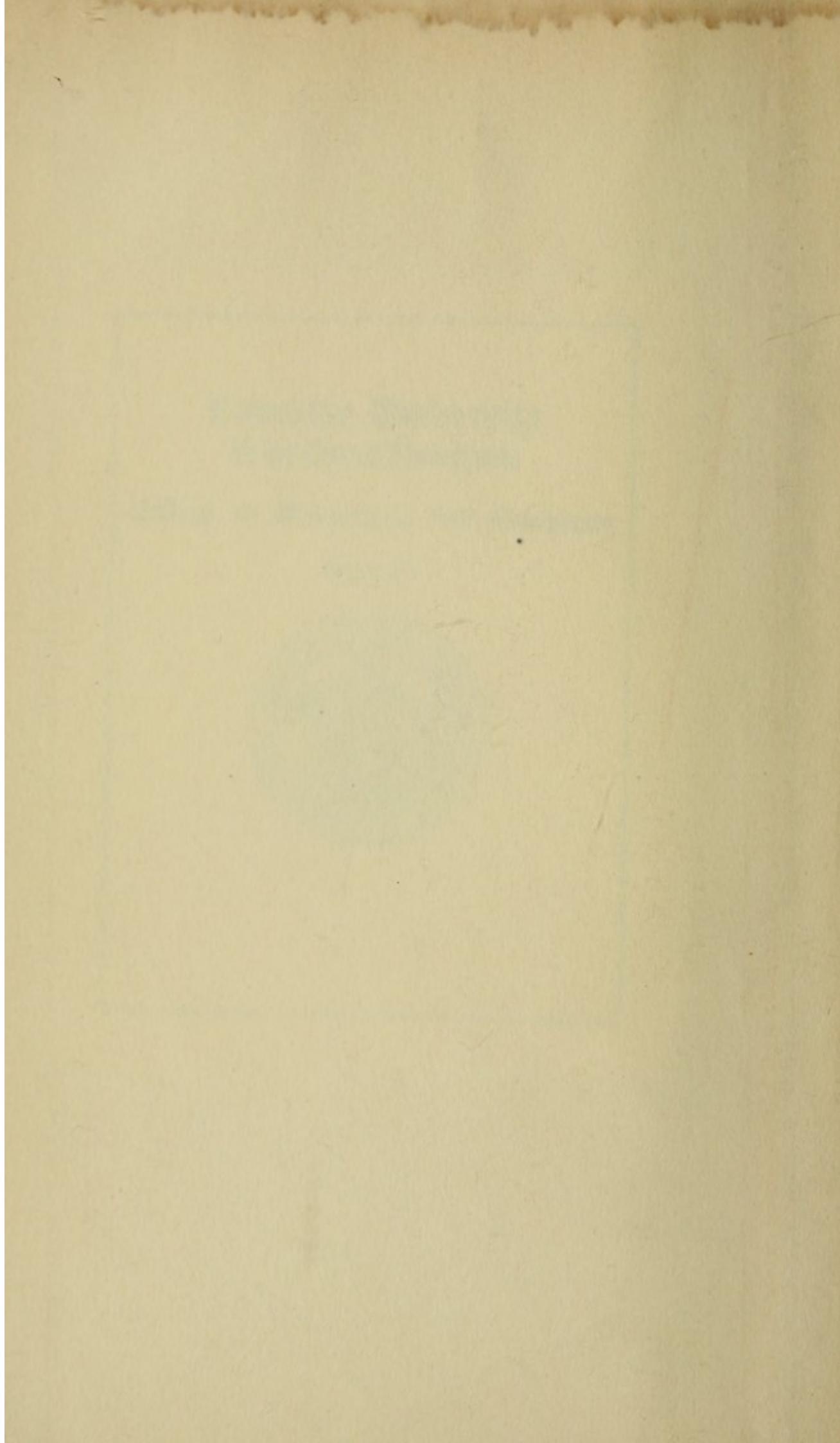
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Prof. J. McK. ...

PNEUMONIA

AND

TYPHOID FEVER: A STUDY.

BY

DR. CHARLES E. PAGE,

AUTHOR OF

"NATURAL CURE OF CONSUMPTION," "HOW TO TREAT THE
BABY," ETC. (See fourth page of cover.)

Fourth Edition, Revised.

Columbia University
College of Physicians and Surgeons
Library

BOSTON:

DAMRELL & UPHAM, 283 WASHINGTON STREET.

1891.

*Former publisher of the
Boston Med & Surgical
Journal.*

The first edition of this pamphlet was noticed by the Boston *Sunday Globe*, as follows:

[*From the Boston Sunday Globe, May 10, 1891.*]

“Pneumonia and Typhoid Fever; a Study.”

If the author of this little pamphlet had used the term “an expose” instead of “a study,” it would have been quite as appropriate. He has quoted freely from the private utterances of physicians of the highest repute facts that were never designed for the ears of the public,—which does not take much interest in medical literature in general,—and in giving us the cream of the best thought of the foremost medical men in this country and Europe, backed up by his own most emphatic indorsement, he has certainly earned the gratitude of all who employ or ever expect to employ a family physician, if not that of the doctors themselves.

These, however, cannot afford to miss reading this caustic little monogram.

If typhoid fever is really a readily curable disease, and a certain method of treatment will cure nearly every case (that has not been made incurable by neglect or bad treatment), while the usual treatment is fatal to the extent of at least one fourth of all cases, it is high time that the public be made aware of the fact, for it means simply this: That in every 1,000 deaths from this disease over 900 are due to ignorance on the part of the medical attendants.

The system recommended is, we are told, practised by the most famous physicians of Germany, and here and there one in this country, including, of course, the author, who, while reading old-school, routine practitioners a somewhat humiliating lesson, makes no claim to exclusive knowledge, but simply the desire to speed a much-needed reform.

[“Pneumonia and Typhoid Fever; a Study.” Dr. Charles E. Page. Boston: Damrell & Upham. Pp. 28. Paper, 25c.

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PHIUMONIA

TYPHOID FEVER STUDY

RC 771

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1891

DR. C. E. PAGE

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PREFACE.

“A man is a fool or his own physician at thirty,” said Tacitus. But this is putting it altogether too strong. Although most persons may learn to do certain things that seem useful, and to avoid other certain things that “disagree,” it is practically impossible for busy men and women, in this driving age, either to learn enough of the laws of health, or to practise sufficient self-denial, to prevent disease. Hence, old and young are subject to all manner of attacks. They may be deemed sufficiently fortunate, then, if the family physician is one well skilled in the most approved methods of treatment.

CHARLES E. PAGE.

47 RUTLAND ST., Feb. 23, 1891.

AUTHORITIES QUOTED.

SIMON BARUCH, M. D., *New York Juvenile Asylum and Manhattan General Hospital, New York,*

GEORGE L. PEABODY, M. D., *Prof. of Materia Medica and Therapeutics in the College of Physicians and Surgeons, and attending physician to the New York and the Bellevue Hospitals,*

J. C. WILSON, M. D., *of the German Hospital, Philadelphia,*

and the following eminent German physicians :

DR. BRAND, of Stettin,

DR. JUERGENSEN, of Tubingen,

DR. LIEBERMEISTER,

DR. ZIEMSEN, and

DR. VOGL, *chéf of the Garrison Hospital, Munich.*

NOTE. — It may not be amiss to state for the benefit of the lay reader, what all well-informed medical men will recognize at a glance, that the authorities named above are all of them front-rank men of the regular, or allopathic school. And it is only fair to say of the homœopaths, that there is an increasing number from amongst their foremost practitioners, also, who fully subscribe to the principles set forth in this little pamphlet.

TYPHOID FEVER: A STUDY.

BY DR. C. E. PAGE.

"If the right theory should ever be discovered, we shall know it by this token: that it will solve many riddles." — EMERSON.

While this treatise will deal chiefly with the question of typhoid fever, I wish, at the outset, to say that the *principle* involved is practically the same in all the zymotic diseases, comprising those which are *epidemic, endemic, and contagious*, as, for example, measles, scarlet fever, influenza ("la grippe"), rheumatic fever, pneumonia, diphtheria, tonsilitis, puerperal fever, peritonitis (inflammation of the peritoneum, popularly called "inflammation of the bowels"), etc., in fact, all acute disorders attended with high temperature.

Dr. Simon Baruch,* a prominent New York physician, of the regular school, recently delivered an address before a body of New York physicians, in which he reviewed "the present status of water as a therapeutic measure." With a vast array of statistics, which, as he truly declared, "could not be controverted," he showed conclusively that the usual treatment for typhoid fever

* S. Baruch, M. D., attending physician to the New York Juvenile Asylum and Manhattan General Hospital.

was a piece of wretched blundering that must be thrown aside; while, on the other hand, the new treatment, which he described at length, was shown to be worthy of all acceptation, and, in fact, that it was what we must adopt or be driven to the wall.

Dr. Baruch reminded his hearers that the records of the Board of Health, New York (1876 to 1885), show 7,712 cases of typhoid fever, with 3,184 deaths; according to which, 41 die out of every 100 patients treated.

In hospital practice, the results are less disastrous, but still even these are sickening. Dr. Delafield, in an instructive paper on typhoid fever, read before the New York Academy of Medicine, states that the mortality in our city hospitals from 1878 to 1885 averaged 24.66 per cent., or a trifle less than 25 deaths out of every 100 cases, which is still an appalling and outrageous death-rate, in view of the results achieved by the new method of treatment.

"I am convinced," says Dr. Baruch (and the italics are his own), *"by personal observation and inquiry, that this mortality is equalled also in private practice in this city. Shall we, then,"* he asks his brother physicians, *"stand idle, and continue the expectant plan of treatment now in vogue, when these appalling figures stare us in the*

face, or shall we be admonished by these to search for the reasons, and, if possible, secure some method of diminishing this fearful loss of life?"

Those of my brother physicians who are at all familiar with the subject will agree with me that we, in Boston, have little to boast of in comparing the records of our own Board of Health with those of New York, Philadelphia, and the other great cities of the Union.

Under the prevailing treatment about one fourth of all the cases succumb to an attack of typhoid fever or pneumonia. The survivors usually have a long, painful, and expensive sickness, and quite a proportion of these are seriously disordered for months after leaving their beds; all of which is in quite marked contrast to the results following hydrotherapeutic methods, in which the rule is, "Short sickness and complete recovery."

Now, I would ask every one who may chance to read this little book, — and it has not been published exclusively for the medical profession, for I hold that in proportion to the people's knowledge of these important matters will they be prepared to discriminate wisely as to the qualifications of competent physicians, — Have you ever had typhoid fever, pneumonia, scarlet fever, "la grippe," or any other serious acute disorder?

Have you ever lost a beloved friend, or a member of your own family, by any one of these diseases? Has any one dear to you had a long and painful sickness? Do you realize that a repetition of such experiences is likely to occur at any time? If so, you may readily conceive that it is worth your while to examine this matter with some degree of care.

If one of the results of this study is to make the people more exacting in their demands upon their medical attendants, it will prove a most wholesome stimulus to the profession.

Have we indeed discovered a method of diminishing this fearful loss of life?

"*There is, happily, such a method,*" says Dr. Baruch; "and I desire to ask your serious consideration of it."

"It has been clearly shown," he continues, "by the statistics of Liebermeister, Brand, Ziemsen, and others, that the cold-water treatment, even in its half-hearted, modified form, as now practised in many hospitals in Germany, has *reduced the mortality from 21 per cent to 7 per cent, the basis of these statistics being 19,017 carefully gathered cases of typhoid fever.*

"But this is not all. Brand has two years ago obtained from twenty-three German and French sources, aggregating 5,573 cases, statistics which

have not and cannot be controverted, by which it is clearly demonstrated that this treatment, as originally recommended by him [that is, *not* in the 'half-hearted' form] in 1861, has reduced the mortality in typhoid fever to less than 4 per cent. The latter, however, still contains many imperfectly managed cases. Eliminating these, the number treated by Juergensen, Vogl, and Brand, up to 1887, amounted to 1,223 cases, of which *twelve only died, or 1 per cent.*

“And yet this is not all, for the most significant fact deducible from these statistics remains to be told. *Not a single one of these twelve deaths occurred in any case that came under treatment before the fifth day.*

“It would seem a bold assertion to claim that all cases of typhoid fever may, by early treatment, be rendered so mild as to tend almost invariably to recovery. But the assertion is boldly made by Brand, on the strength of these 1,223 cases, of which he treated one fourth himself, the remainder coming from Juergensen's hospital at Tubingen, Vogl's at Munich, and the military hospitals at Stralsund and Stettin.*

“The exactness of these figures,” continues Dr. Baruch, “cannot be doubted, coming as they do

* Deutsch Med. Wochenschrift, 3 Mch. 1887, p. 179.

from university clinics and military hospitals, in which the cases were admitted early, and observed by well-trained medical men; and they are the better adapted to the elucidation of this question of treatment because of the variety of sources from civil and military life."

After supplying a still greater array of statistics, and reviewing the whole field, he says: "Brand's claim, sustained by such incontrovertible proofs, certainly challenges attention; and I ask you to-night to consider if we can with justice to suffering humanity, and with justice to ourselves, continue to treat it with indifference or scepticism?"

Then, following a description of the method referred to, and its successful results in his own practice,—results, I may add, which I have also been so fortunate as to secure in my own practice, — Dr. Baruch concludes with these remarkable words:—

"A review of the history of the treatment of typhoid fever convinces me that we have reached an epoch when we must choose between the *fatal expectant plan* [the italics are mine] and the successful plan to which I have had the honor to call your attention. The history of medicine does not present a parallel to the application of statistics for the elucidation of a question of therapeutics which

Brand has recently presented to us. The evidence is before us, clear and incontrovertible ; upon our conscientious, fearless, and unbiassed judgment rests the weal or woe of those who commit their lives into our keeping."

"THE FATAL EXPECTANT PLAN."

What a name this is for the plan that prevails in Boston, as well as in New York and throughout the country, viz., that of treating the *symptoms* instead of the *disease*, and practically by drugs alone. It *expects*, in every case, at least the traditional "twenty-one days' run" of the fever, with more or less delirium ; and, of course, so long as this is regarded as the regular thing, something that cannot be prevented, the doctor and nurse and friends rest content during the entire siege, amply satisfied and grateful if only the precious life is not lost at last, when, sad to say, it is the treatment, so outspokenly denounced by the unimpeachable authorities herein quoted, which transforms an *easily curable ailment* into a *dangerous* and often *fatal disease*.

On the other hand, the Brand system, if I may so style it, *expects* convalescence in a very few days. By helpful instead of depleting measures we reduce the temperature to near the normal

point,* and there maintain it, and so protect the brain by skilful management as to prevent delirium. In brief, the experienced hydropathist *expects* to prevent danger, and to make a long sickness impossible. In doing this, he lays himself open to the charge that he really has no bad cases, simply because patients are shortly free from most of the ugly symptoms, and make a speedy recovery.

I will venture to relate, in this connection, the history of a case that affords a very good illustration of the merits of the new treatment, under conditions constituting rather a crucial test.

On the twenty-fifth day of August, 1887, while in consultation with a patient in my office, the following telegram was placed in my hands:—

NEW YORK, Aug. 25.

Dr. C. E. PAGE, 47 Rutland Street:—

My boy, Donald, five and half years old, has typhoid fever. Temperature, $104\frac{1}{2}^{\circ}$; some delirium. Wire me important advice as to food and medicine, and reducing fever, and write fully treatment by mail. This is ninth day. Of course, my physician^x is in charge; is giving

* I have in an hour's time reduced the temperature of a typhoid patient (twelfth day, first visit) from 104.5° F. to 100° F., and with an improvement in his condition and feelings so marked as not only to excite his deepest gratitude, but to constitute true convalescence; and during the day, by more moderate measures, the normal point was reached, and the patient made a rapid and complete recovery.

120 Tremont St.,
Boston.

*X The old doctor balked at
treatment and was allowed
to die. In the case.*

all the milk he will take every three hours, and aconite every half-hour.

G. D. MACKAY,*

New York Stock Exchange.

I wired definite instructions, confirming by letter, and from that time had entire charge of the case, exchanging messages every hour or two for the first forty-eight hours, then less frequently for the next few days, which, with my letters, sufficed to put the little patient in the way of a speedy recovery.

A review of the case is given by Mr. Mackay in the following letter, which I commend to all who wish to obtain a clear understanding of this question. It was never intended for publication, but is the candid story of a devout Christian, and level-headed business man, who, in consenting now to its appearance, says that he "would do the same thing again," and expresses the "hope that it may help some one":—

VERMILYE & CO., BANKERS,
NEW YORK, Aug. 31, 1887.

MY DEAR DR. PAGE:—

I take pleasure in giving you an account of our boy's attack and sickness, as viewed at this end of the line.

Donald was taken sick Tuesday, Aug. 16. He com-

* Mr. Mackay is a member of the old and well-known firm of Vermilye & Co., bankers. Through Boston friends, he had learned something about my treatment of fevers.

*Man
Mackay
Mackay
27*

plained of weariness, the day previous. We have reason to believe that he was really upset for two weeks antecedating his attack, as it seemed impossible for him to get to sleep after going to bed at night. He would lie awake for two or three hours after the other children were sleeping, playing, and talking to himself, but apparently unable to quiet down to sleeping.

His appetite failed a little for three days before the attack, and on the Tuesday mentioned he gave up completely, — vomited his breakfast, had slight diarrhœa, and was feverish. We thought it biliousness from wrong or over eating, and for several days nothing was done but to lighten and simplify his food, and let him rest, which he did absolutely, — not willing at any time to stand on his feet. This ran along until Sunday, when Dr. —, a homœopathic physician of Brooklyn, saw him, guessed he had some temporary gastric trouble, and prescribed for him. On Monday, he was no better. Dr. — had gone. Dr. —, an English allopath from —, resident physician at the hotel, came at my request, took his temperature, found it $101\frac{1}{2}^{\circ}$, and after some deliberation said the boy had some kind of malarial fever, possibly typhoid, and prescribed quinine in one-grain doses, three times a day.

His mention of typhoid filled me with horror, and I sent for an old friend of mine, a physician of the regular school, who himself had had typhoid fever last autumn. He took charge of the case Wednesday, Aug. 24, about a week after the attack. He began to feed the boy all the milk he would take, and aconite in solution, one drop to a teaspoonful of water every half-

hour. When I arrived home* on Wednesday night, I found his temperature had opened at 102° F. in the morning, and was then, 6 P. M., 104½°. I slept scarcely any; watched the boy all night. He was excited, and slightly incoherent and wandering in his talk, and evidently very sick.

On Thursday, the 25th, I wired you all I thought necessary, and was cheered by your vigorous and rational advice, especially that part which promised convalescence in four days. The other physicians said it would be a three weeks' battle, which, handicapped by a temperature of 104° at the start, I thought was odds too much against the boy to suit me.

When I reached home, and showed your telegrams to the two physicians, they at once scouted your views; said you evidently did not understand the disease; that the treatment you prescribed would weaken the body, especially the nervous system; might cause heart failure; † and advised me strongly against it, and said they would wash their hands of the whole case if I intended resorting to any such measures, and did all they could to frighten me away from heeding any of your "so-called treatment." They said the very estimate of the result

* Mizzen Top Hotel, Pawling, N. Y., where the family was summering.

† Such objections, in the face of rational advice strictly in accord with Dr. Brand's practice, only serve to show the bed-rock ignorance that prevails in the profession on this subject, and to justify the strong language employed by the eminent men whose utterances are herein recorded. The very merit of this treatment lies in its *soothing influence* upon the nervous system, and in the *relief* it affords to the *over-taxed heart*, thereby removing the danger of heart failure; and, moreover, as would naturally follow, so far from weakening the body, the effect is quite the reverse.

of your treatment, ending in convalescence in four to six days, proved your ignorance of the disease, which was a germ disease, self-limited, and bound to run about twenty-one days at best. I was also surrounded with well-meaning friends who backed up the physicians, and advised me for their sakes not to risk the life of my child by any rash experiments, especially when professional knowledge (!) was so overwhelmingly against the benefit of that treatment. Luckily, I was deaf to all their arguments, and you may imagine that my position was not a pleasant one to be the only one at the wheel who was bearing the responsibility, following the advice of a physician two hundred miles away, conscious that complications might arise that would require very delicate handling, while my knowledge was only half sufficient to do justice to the situation.

For days I endured this, blessed by improving conditions all the while, using your treatment, modified by my intimate knowledge of the boy's temperament and the easy yielding of the symptoms to the treatment used.

The boy is now practically without fever. He sleeps well, has an eager appetite all the time, and apparently has no disturbance of the stomach or intestines, no swelling or pain. Dr. Page may not know whereof he speaks. I would be glad to hear of his experience of the life of the typhoid germ, and the heart failures that follow his treatment in private practice.* *I say to him, however,*

* I can only say, in this connection, that this case is given illustrative of my usual experience, except, of course, some cases require somewhat longer attendance; while, on the other hand, when the case comes earlier under treatment, a day or two sometimes suffices to set things right.

blessed be his name, and may he live long to give to others the happiness he has given us, by lifting up the sick bodies of little children from beds of suffering to the arms of their rejoicing parents. The danger line has passed, and I believe that your instructions as to diet relieved the stomach and intestines, at a critical juncture, of the work they were incapacitated for doing by disease, and that this prevented the glandular swellings, or deadly Peyer's ulcerations, that are called the necessary adjuncts to the disease, and impossible to avert, and said to be due solely to the presence of the "germ." We shall always hold you in grateful remembrance. With affectionate regards,

Very sincerely yours,

GEORGE D. MACKAY.

Dr. George L. Peabody,* in a paper on typhoid fever, read before the Practitioners' Society, of New York, Dec. 6, 1889, says:—

"The results in the treatment of typhoid fever continue to be so bad in general in this country as to constitute a chronic opprobrium to the art of medicine here. We do not seem to be capable of approaching the low rate of mortality which has rewarded the efforts of the medical profession in many cities of Europe.

.....
 "Those who still adhere to the expectant plan

* George L. Peabody, M. D., Professor of Materia Medica and Therapeutics in the College of Physicians and Surgeons, New York.

of treatment," continues Dr. Peabody, "are still in the large majority here. *The expectant plan seems in a general way to make us quite content with our bad results, and to lead us to expect the patient to die if he becomes gravely ill.*" [The italics are mine.]

But the *people* are by no means "content with our bad results." They are growing more and more restive — indeed, rebellious. Witness the rise of the Mental Scientists and the Faith Curers, whose "practice," though without doubt less fatal than the one to which their theory is a protest, is nevertheless (except, it has to be said, in strict justice, in a class of ailments which require simply the element of mental or moral stimulus), atrocious in that it does not embrace *helps* to Nature in her extremity.

The fact of the matter is that not all who seek entrance to the profession are by natural endowment at all adapted to the calling. The average boy goes to a medical school and takes his hourly cramming on each of the various subjects, like a Strasburg goose under treatment to produce a fat liver; and he must be a "goose," indeed, if he gets "plucked" at last, for, as we all know, the dear old Profs hate mortally to refuse a diploma to even the biggest dunce in the class after he has spent his money and time grinding through the mill for the stipulated term.

The author, while a freshman, wrote the valedictory for the jolly good fellow who graduated that year "with the honors of his class," at a first-class medical school in New York City, the name of which is withheld simply because it would seem to imply a reflection upon, and would therefore be unjust to, this particular college.

He was a handsome man, of fine physique, and a good reader; and the advanced views he expressed, as to the crying need of reform in medical practice, and of the great value of a knowledge of the laws of life in the treatment of disease, were well received by the distinguished audience present, but must have been somewhat staggering to the faculty, as well as the rest of the class, for up to that moment not a soul of us ever suspected him of any knowledge of, or fondness for, hygiene. On the contrary, it was his *bête noire*, and any trace of it in our lectures was tiresome to this orator and most of his *confrères*.

It is a matter of profound regret to those who are at all advanced in this department, that, notwithstanding the direct uses to which a knowledge of the conditions which regulate the healthy action of the bodily organs may be applied in the prevention, detection, and treatment of disease, there is so little attention paid to this most important branch

of study in any of our medical schools. It is largely owing to this glaring defect that there is so little progress in the healing art, from generation to generation, so far as concerns the profession at large; for, among the vast throngs turned out by the schools every year to "practise" upon the people, there is only here and there an individual capable of sifting the wheat from the chaff, and, by independent thinking and out-spoken teaching, of doing much to help elevate "medicine" to something like the high plane upon which surgery is already solidly established.

Dr. Peabody describes the routine procedure in hospital and private practice, and thus comments upon it:—

"This method of treatment — if it be proper to call that a *method* which seems to lack all true system — is often dignified by its advocates by the appellation *rational*. In fact, however, it would be difficult to devise a more irrational method than the symptomatic method, carried to its logical issue."

Dr. Peabody then gives the history of 50 cases treated by himself, "chiefly in the New York Hospital and the Bellevue Hospital."

In 27 of these cases he tried a somewhat modified plan, which seemed to produce rather more

favorable results, but still death resulted in 5 of these cases — about 20 per cent. Dr. Peabody says of this, “the results are certainly better than those which have followed the expectant plan of treatment in any year in this hospital.” But directly he says of it :—

“It would be a source of great regret to me to give the impression that I consider even this method of treatment as to be at all comparable with *the antipyretic effect of cold water applied to the surface of the body.* [The italics are mine.]

“It seems to me,” he continues, “that any one at all open to conviction by statistics cannot but admit that the recent statistics of Brand make a marvellously good showing for the cold-water treatment. After reading these statistics it would seem as if all other plans were of insignificant value when compared with this one.”

In corroboration of the foregoing, Dr. Peabody says : “In the past few weeks I have subjected eleven cases in Bellevue Hospital to treatment by this method, and with very gratifying results. *These patients all got well.* [The italics are mine.] They were all adults, only one as young as twenty years, and most of them made of the very poor material which seeks admission to the public hos-

pitals in this city. In most of them the temperature was persistently high, and they came under treatment late in the disease, *i. e.*, after it had lasted between one and three weeks."

An article on the treatment of typhoid fever, in the *Medical News*, says that Dr. J. C. Wilson, one of the ablest students of fever in this country, furnishes the results in 64 cases treated at the German Hospital of Philadelphia since Feb. 1, 1890, by himself and Drs. Trau and Wolff, by the cold bath according to Brand, without a death.

He meets the objections against this method as follows:—

First, the statistics are questioned. This can no longer be sustained. A large number of independent observers have fully confirmed the general results obtained by Brand.

Second, it is asserted, *a priori*, that the typhoid of this country is not sufficiently severe to demand such treatment. The statistics which I have presented sufficiently disprove this statement. Furthermore, it is impossible to foresee the severity of any particular case at the outset, but the Brand treatment tends to make every case a curable one.

Third, it is not true that patients in this country do not bear cold-water treatment as well as the

French and the Germans, and it is a matter of surprise that this, even if true, could be seriously urged as an objection to a treatment incontrovertibly shown to be as efficient as the one under discussion.

Fourth, it is inconvenient, and demands an amount of experience and labor on the part of physician and attendants not easily to be had in private practice. Objections of this nature cannot stand against the lowered rate of mortality.

Finally, the opposition of the patients themselves, and of their friends, may be urged as an obstacle to any attempt on the part of medical men to introduce the treatment into private practice. This is no real objection; it is a mere difficulty that will vanish so soon as the profession generally recognizes in the method an efficient means of saving many lives, and lends its weight to the advocacy of the plan among the people.

"These remarks," concludes the editor of the *Medical News*, "are intended to contribute to that desirable end."

The Paris edition of the *New York Herald*, Sept. 21, 1890, contains an article which refers to Brand's method in acute diseases. The writer says: "Although Brand's method had a hard time in gaining the confidence of physicians in France, it is now

giving satisfactory proof of what it can do, and is destined to become the most efficient treatment for the majority of infectious diseases with high temperature and nervous symptoms."

This means, says Dr. Baruch in the *Medical Record*, "that it is on the point of entering into common practice ; for physicians will appreciate it more and more when they try it regularly and resolutely, without being hampered by preconceived ideas."

Yet it is to be feared that the present generation of doctors will furnish only here and there one fully equipped in this regard. It is only the "born physician," the man with a mind naturally constituted for the work of observing nature, and, withal, inclined to scepticism concerning unnatural methods, who is likely to speedily appreciate so radical an advance from the routine treatment.

An eminent Boston preacher, in a recent sermon on "Hero Worship," said that great men were, after all, only the product of high ideals among the people. I think it may with equal truth be said that skilful physicians are the product of the intelligence of their patients. It is, at all events, certain that the former cannot thrive without the latter — that is, it requires unusual intelligence on

the part of patients to accept radical innovations in the mode of treatment.

It has been said, and not without reason, that the myriads of patent medicines that load the druggist's shelves and from whose sales he derives the principal part of his income, and the fabulous fortunes made by the proprietors of these nostrums, furnish a terrible arraignment of the medical profession, since only failure on our part to cure our patients makes this mischievous traffic possible.

In the opening paragraph of this little "study," I intimated that the subject, typhoid, was rather a *text* for a sermon on the treatment of all the zymotic diseases, than merely the one named most prominently.

All that I have said against the treatment in vogue for typhoid fever, and in favor of a radically reformed method, applies with equal force in the matter of scarlet fever, diphtheria, rheumatic fever, influenza fever ("la grippe"), pneumonia, etc., — in brief, *all* acute sicknesses accompanied with high temperature. None of these is, generally speaking, necessarily a dangerous disease, if recognized in the incipient stage, and promptly treated in a way to *help Nature*, instead of *embarrassing* her.

For example, every "cold on the lungs," as it is

erroneously called, is incipient pneumonia. It represents always the *condition* of the person, — what he has *accumulated* — not what he has *caught*. If his condition is sufficiently bad, and the disorder is neglected or badly treated, the result is likely to be full-fledged pneumonia. In this case, there is not only *general* fever, as in typhoid fever, but there is a terrible *local* lesion in the lungs, which are gorged with blood. The tissues of the blood-vessels of the lungs being relaxed, these vessels are stretched to abnormal size, and filled to a degree that not only checks the onward flow of the blood, but partially, sometimes completely, closes the air-vessels; and if this condition is not speedily changed, life is extinguished for lack of the exchange between the used-up gases of the vital system and the atmosphere. It is here that the mustard plaster, or, worse still, the hot poultice, does its deadly work. The latter, if applied to the chest of the most robust man, confined in bed, in a close room, would positively tend to produce, and if continued indefinitely could hardly fail to produce, this “lung fever.” Yet, strangely enough, this is a prominent feature in the treatment of pneumonia by most physicians. Such treatment may seem rational from the stand-point of homœopathy, but its absurdity ought to be evident to the minds of

all who oppose the doctrine of *similia similibus curantur*.

During the terrible epidemic of the "grippe," as it was called, last year, there were one hundred and eight deaths from pneumonia in one week. The antipyrine and hot-poultice treatment was responsible for the greater part of all this mortality.

Not a single death occurred, so far as I am aware, *in any case treated by hydrotherapy*. I had quite a number of severe cases under treatment, all the way along (besides several scores of cases "nipped in the bud"), and every one recovered. I am certain that among them there were quite a number who would necessarily have succumbed to the treatment that proved fatal in so many hundreds of cases during that terrible epidemic.

I wish most emphatically to remind my brethren in the medical profession of the part played by the new drug, antipyrine,* in last year's carnival of death. As often as the temperature went up, antipyrine went down. It lowered the temperature every time, but, alas, it also lowered the patient's vitality. It was followed, moreover, by a dangerous "reaction," that is, the fever heat (until

* The deadly nature of this drug was so well appreciated in France that the government prohibited its use.

the capacity for reaction was annihilated) arose higher than before, and the patient's chances of life were correspondingly lessened. That any one escaped death under this treatment is the only remarkable thing, except the persistency with which this deadly drug was continued in use, in spite of the fearful death-rate during those terrible weeks.

Again I quote Dr. Baruch, who gives his views as follows : —

“ Antipyrine and its congeners [that is, all drugs prescribed for the purpose of lowering the body temperature] have not only failed as cures of fever, but even when used as symptomatics their effect is, as I have repeatedly argued, detrimental (not so much as heart depressors, but) by interfering with the elimination of excrementitious material from the kidneys, etc., and as Cantani has said (on antipyresis), before the recent International Congress, because they suppress the capacity of a reaction of which the fever process is a manifestation, and which is a potent factor in the elimination of the disease-producing element.”

How different are the results following hydrotherapy, which has to do with the removal of disease-producing conditions, and embraces — a point that cannot be over-emphasized — *every*

measure, medical and hygienic, for assisting the organism in its efforts to regain that just balance which we call health. And this demands that the physician must not only be competent to direct every important detail in the management of the patient, but that he shall so direct, as to the ventilation of the sick-room, food and feeding, bathing, and the use of hot or cold water internally and externally, etc., etc., leaving as little as possible to the discretion of the nurse.

As the free internal use of cold water is delightful to the parched throat and stomach of the fever patient, and aids in eliminating the poisons that are the cause of the disease, so its skilful use, externally, is most grateful to the burning brain and the feverish skin, and while controlling the temperature in the most happy manner, restores the capacity of the skin, in all its great surface, for doing its part normally in the needed work of eliminating the disease-producing matters.

And even in cases, such as will, however rarely, come in the practice of every physician, where the patient's vitality is so nearly exhausted that no human skill will avail to avert a fatal issue, life would still be somewhat prolonged, and a vast deal of suffering prevented, by this method.

It is not so very long since the internal use of

cold water in fever was strictly forbidden by medical men. It was forced upon them of the past generation from outside, to our chagrin be it admitted. Shall we now, I ask my brother physicians, for want of learning how to apply what I may call the hydrotherapeutic method, continue to allow a large percentage of all our patients to die needlessly, until, finally, we lose this class of patients, as we ought, into the hands of physicians who have the wisdom to adopt correct methods? Upon the correct solution of this problem, and prompt action on the part of educated physicians, depends the justice of our claim upon the confidence of those who employ us in times of peril.

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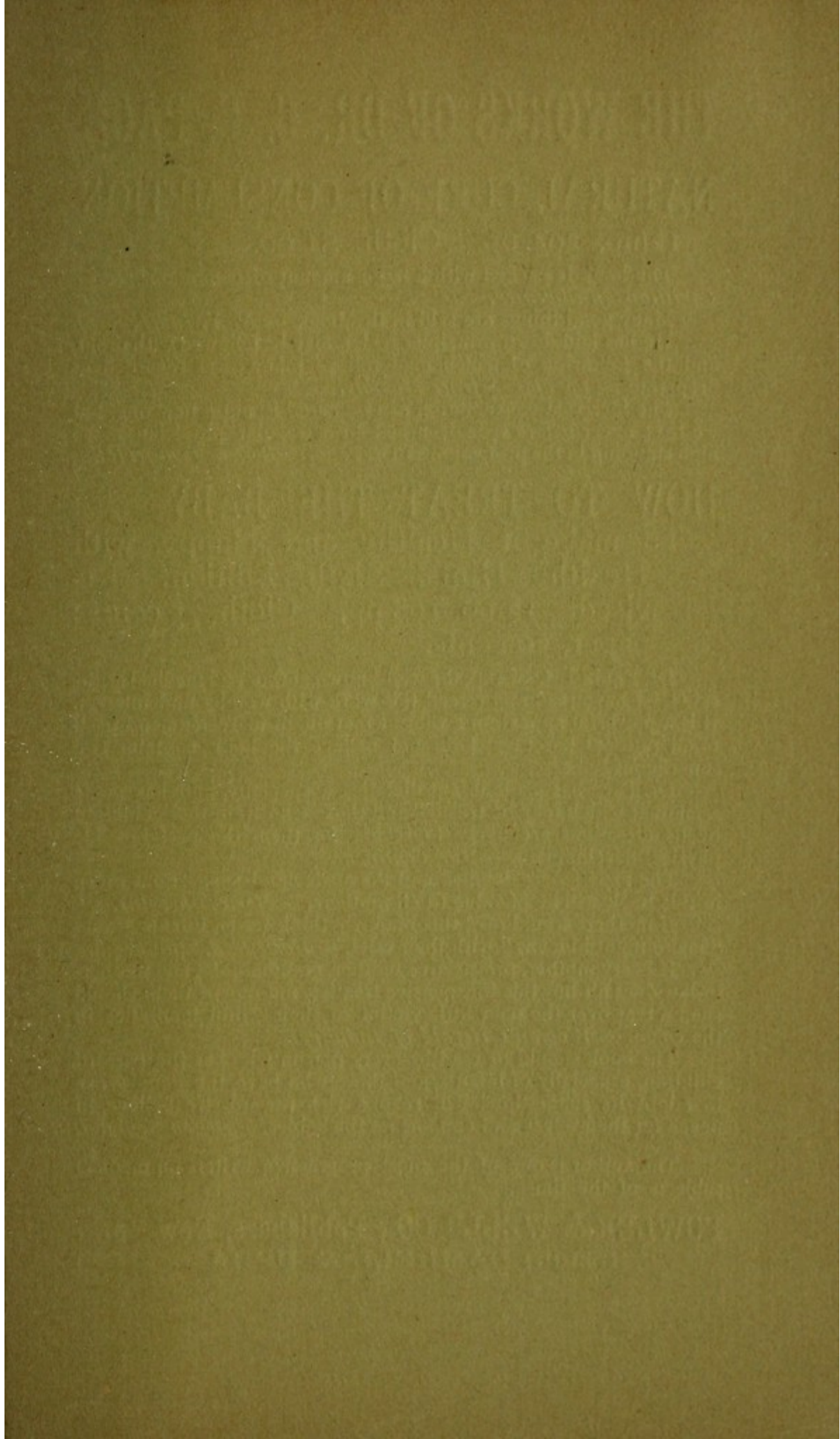
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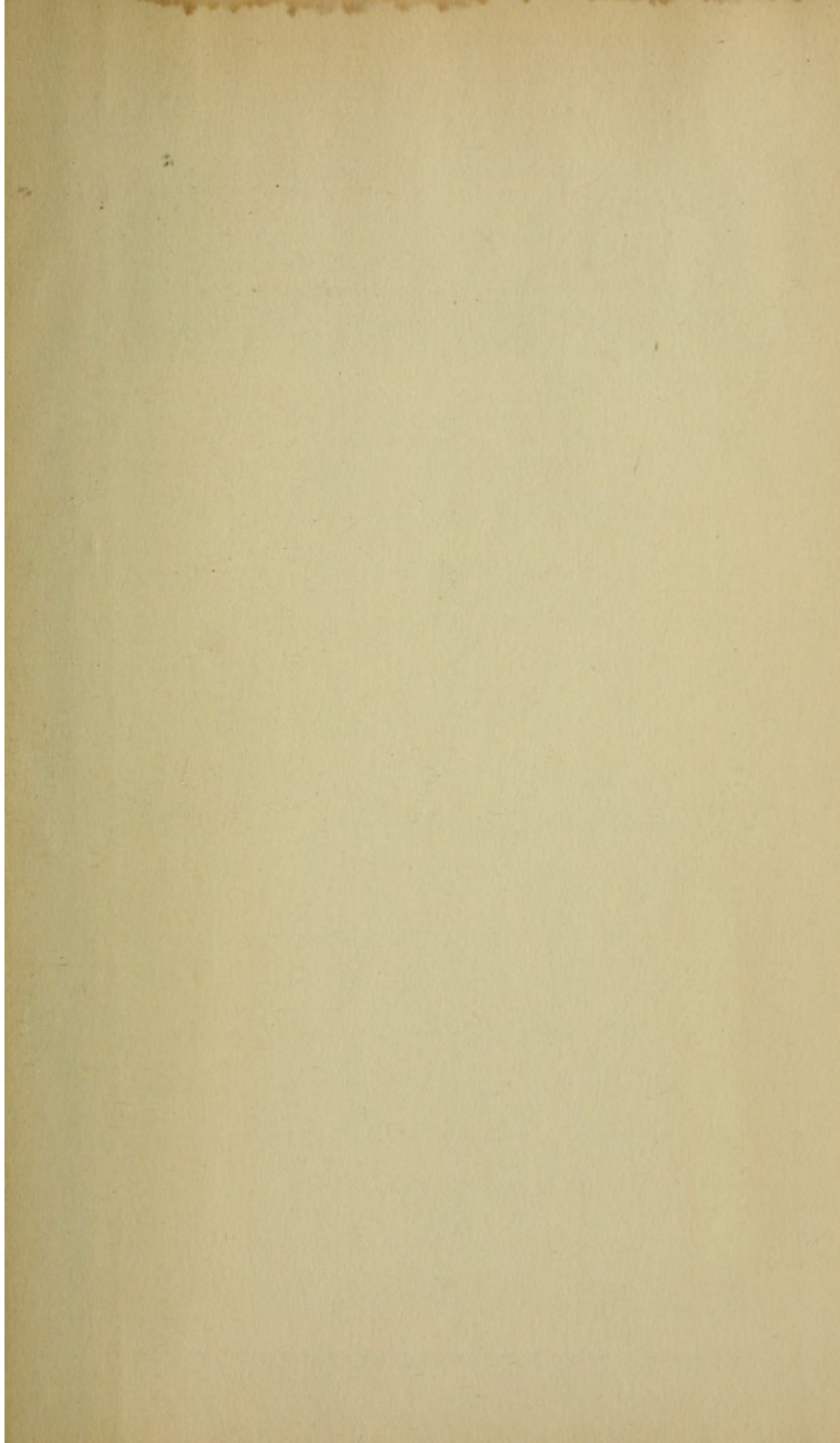
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