Remarks on the treatment of some varieties of inflammation / by William Whitelaw, M.D.

REMARKS

ON THE TREATMENT OF

SOME VARIETIES OF INFLAMMATION.

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"In medicine, as in ordinary life, it is the great test of common sense that a man seeks: and it is the great reward of observant experience that he learns, to make his means proportionate to his ends."—JOHN SIMON, F.R.S.

THE important differences of opinion among authors of reputation regarding the therapeutics of some easily diagnosed diseases are perplexing. "Surely," it has been remarked by Mr Erichsen, "the scoffers at medical science have some ground for doubting at least the wisdom of its professors, when they see one set of practitioners treating every inflammatory disease with depletion, antimony, and calomel, whilst others teach that the panacea for all inflammation consists in brandy, ammonia, and bark." *

Apart from the main consideration, the welfare of the patient, these important differences of opinion regarding treatment are, for other obvious reasons, to be regretted. To illustrate what is meant, let any one read Dr Aitken's account of the treatment of peritonitis, and then Dr Tanner's therapeutic view of the same disease, in the well-known volumes of each author on the *Practice of Medicine*, and he will find an example of the essential differences referred to. Dr Aitken (3rd Edition, 1864) advises opium internally, and local blood-letting by means of leeches. On the other hand,

* *Science and Art of Surgery.* 1869. Chap. IV. Local Hyperæmia.

Dr Tanner (6th Edition, 1869) mildly but confidently craves a trial of opium and hot fomentations only. Dr Tanner is in excellent company. Mr Simon, in his monograph on inflammation, remarkable no less for its convincing hints on pathology and moderate treatment than for its elegant language, has laboured to disabuse the medical mind of some haziness regarding the real nature of inflammation; and Dr Hughes Bennett, in his *Principles and Practice of Medicine* and other writings, has long been the enthusiastic champion of what his opponents have nick-named the "expectant" treatment of inflammation.

To the therapeutics of the Protean maladies, comprised under the vague term, inflammation, which, alone, or in combination with other diseases, is the physician's almost daily care, the following remarks will principally refer:—

In January, 1864, it was incumbent on me to treat a case of enteritis in a married woman, 32 years of age. Believing then, as my training in Glasgow University led me to believe, that inflammation was a kind of pathological fortress requiring to be invested, assaulted, and a breach made, and perhaps starved into surrender—blood-letting, mercury, antimony, and low diet being the successive besieging parallels —I bled the patient from the arm, placed six leeches over the abdomen, and with the concurrence of a Glasgow physician, gave that potent combination, calomel and opium. The bleeding afforded some relief; but its good effect seemed to be temporary, for with the refilling of the vessels with water drained from the other tissues, the pain returned, and was controlled only by opium and hot poultices. This case lingered on for five weeks before the patient was well, cantharides plaster and iodine ointment being applied for pain localising in the right iliac region. It then naturally occurred to me that the expectant or restorative plan of treatment, if only equally successful, was so much in favour of less torture to patient, less trouble to physician, and less expense to the poor; that despite old prejudices in favour of blood-letting, I resolved to try in future the more agreeable system. Moreover, as respects the local abstraction of

blood by leeches—a tedious, troublesome, and cold-inducing procedure—anatomists state that between the blood vessels of the three great cavities of the body and the external surface, there are, with trifling exceptions, no immediate vascular connection; and that local blood-letting is useful only in so far as it affects the general circulation. In this strain it has been argued that apparent benefit may have resulted in many instances of local blood-letting from 1, the general influence of the bleeding; 2, the disease being in the parietal wall itself;* and 3, reflex action through the vaso-motor nerves stimulating the capillaries of inflamed internal parts, and so tending to reduce the supply of blood through them to its natural amount.†

Some of my further remarks do not harmonise with the public teaching of the late Dr Andrew Anderson, of Glasgow, who, for the congestions of relapsing fever, advised leeches to be placed over the organs affected; and whose opinions regarding bleeding and mercury in inflammation generally were decidedly favourable, one of his sentences being that "the notion that they are *never* beneficial took its origin with those who are more disposed to theory than conversant with practice."‡ That awe-inspiring entity "experience," of which everybody has a stock for the benefit of his neighbour, had confirmed Dr Anderson in writing thus, and may influence others in the same track. But what of the experience on the opposite side, an experience not limited to hydropaths and homœopaths, but ever accumulating, and detailed and vindicated by eminent men in the allopathic ranks? The effect of these opposite conclusions from practice, is to make every physician observe, think, and judge for himself, and if he has anything useful to say, he is bound to communicate it.

In November, 1866, I attended a farmer's son, 17 years of age, seriously ill with peritonitis. There were the usual

* Dr John Struthers' *Anatomical Inquiry into the Mode of Action of Loca Blood-letting in Affections of the Internal Viscera.* 1854.

† Dr Markham's *Gulstonian Lectures for 1864 on Bleeding, and Change i Type of Diseases.*

‡ *Ten Lectures Introductory to the Study of Fever.* 1861. Lecture VIII.

bad symptoms—rigors, fever, radiating abdominal pain, constipation, tympanites, vomiting of green matter, and much anxiety. I resolved in this case to dispense with blood-letting and mercury, and employ milder measures. The bedroom, the innermost apartment in the house, was kept at a temperature of 62°, and duly ventilated, and the utmost tranquillity was preserved. A pailful of hot water covered with a lid was placed at the bedside, which was of iron, and low set; and out of the pail a triple ply of flannel was wrung, laid on abdomen, and entirely covered with a piece of glazed table-cover, a four-legged stool keeping off the bed-clothes. When this fomentation became too cool to be agreeable to patient (the best test for temperature, unless in the cases of young children), it was replaced with another piece of moist warm flannel, and so on alternately. A teaspoonful of the following mixture was given every fifth hour, if in pain :—

℞ Tinct. Belladonnæ.
Sol. Mur. Morphiæ,.....aā ʒii.
Aquæ, ...*ad* ʒii. M.

An injection of warm water at blood-heat, containing thirty drops of the oil of rue, was administered thrice during the course of the disease, the second and third enemata being required only for the characteristic meteorism of the disorder, no harm being causable by a little pasty fæces in the bowel. Absolute rest on the back was insisted upon, so that muscular movements, with the aid of the anodyne, might be reduced to a minimum.* The diet was chiefly sweet milk and lime water, thin arrow-root, cold water in spoonfuls, and grapes; neither wine nor beef-tea being allowed in the acute stage. On the ninth day the pulse fell, the convalescence going on uninterruptedly. As an illustration that inflammation, unlike typhus, affords

* The physician, as well as the surgeon, may draw many valuable practical hints on the value of rest as a great fosterer of repair, from Mr Hilton's *Lectures on the Influence of Mechanical and Physiological Rest in the Treatment of Accidents and Surgical Diseases, and the Diagnostic Value of Pain.*

no defence against a succeeding attack, but rather predisposes to it by lowering the local tone, the same patient had a second attack of peritonitis in June, 1868, and a third mild attack in March, 1869. In the second instance, Dover's powder was used as a sedative, but it undoubtedly increased the tendency to vomit, the patient, to borrow his father's description of him, "appearing quite insensible for a time after the powder." Laudanum in water was at once substituted. A hot foot-bath was used twice a day, the patient experiencing additional relief thereby. The general character of the treatment was alike in the three attacks. Since this, to me, crucial instance of recovery from serious inflammation, nearly all the examples of abdominal inflammation in my practice have been treated with little variance from the treatment outlined above. It is only fair to say that I have used, with apparent advantage, leeches and wet cupping in three cases—ovaritis, hepatitis, and renal congestion respectively. For the last affection, and cases of metritis also, nothing supersedes the hot hip bath, mustard being added for the kidneys. When not employed to the extent of soddening the abdominal parts, hot fomentations, as well expressed by Sir Thomas Watson, "seem to do good by determining to the surface; they promote perspiration; they mitigate pain, and persuade to sleep." Opium, their faithful ally in the treatment, controls muscular spasm, abates the feeling of pain from tensity of textures, and "allays the increased susceptibility of the nervous system to morbid impressions."* When the tendency to death is by debility, opium becomes "an analeptic and tissue tonic."†

In the muco-enteritis of children, an obscure insidious disease at the outset, best described, so far as my reading extends, by Dr Tanner, warm fomentations or poultices over the belly, and a drop of laudanum by the mouth when the child cries much, with milk, lime water, and mucilaginous diet, will usually promote the return to health.

In cases of dysentery, poultices of linseed meal, on account

* Dr Headland on the *Action of Medicines*. 1859.

† Dr Laycock. Lecture in *Medical Times and Gazette*, 4th March, 1871.

of their heat and equable weight, are soothing to patient, while opiates inwardly, with warm milk and mucilaginous food, help to allay the rectal tormina and sustain the patient's life. An incident, perhaps worth noticing here, occurred in the case of a hand-loom weaver, aet. 70, whom I attended in 1868, and in whom a repeated opiate injection had the effect, pointed out by the shrewd Elliotson,* of paralyzing the bladder and necessitating the use of the catheter, which the old man, still alive, has not again required.

Three cases of puerperal pelvic cellulitis have come under my care, two of them from the outset of the disease. The first case, in the year 1866, seen also by the late Dr Andrew Anderson, of Glasgow, was neither leeched nor blistered, but was treated throughout with abdominal poultices, and infusion of bark with bicarbonate of potash internally. Good food, beef-tea, and latterly wine were administered, on account of the tendency to suppuration. In this case the uterus was pushed to the right side of pelvis, the phlegmon being on the left side, a pathological circumstance that has been elsewhere alluded to as being usual in pelvic cellulitis, and resulting from the mobility of the uterus.† The abscess escaped externally, and the patient gradually recovered in three months. She has had two confinements since, with excellent recoveries.

The second case was in a farmer's wife, after delivery of a child, in January, 1867, and, to be particular about nosology, was an example of what some gynæcologists term pelvic peritonitis. While the pain was chiefly localised in the uterine region, it now and again spread upwards along the peritoneum like "undulations of ruffled water." In accordance with Mr Simon's suggestion, that the fomentation or poultice should always be larger than the surface of inflammation, the whole abdomen was sedulously fomented with warm damp flannel, covered with india-rubber cloth,

* "I have known paralysis of the bladder occur from an opiate injection." —*Lectures on the Theory and Practice of Medicine.* 1839.

† Dr Laughlan Aitken's Essay on "Pelvic Peritonitis, and Pelvic Cellulitis," in *Edinburgh Medical Journal.* April, 1870.

turpentine stupes being occasionally used.* Opium, as required for pain, was prescribed. The acute disease subsided gradually by resolution, and the patient was thoroughly well after a couple of months. At the outset the baby was "put on the milk bottle," and throve well. In March, 1868, and again in May, 1870, the mother was delivered of a child, and recovered rapidly on both occasions. The third case, in a workman's wife, which occurred last year, and was primarily under the care of a midwife, did not terminate in resolution but as the alternative in cellular inflammation, it went on to suppuration. She recovered under the constant application of poultices, strong iodine liniment being also used to induce the phlegmon to point outwardly. Pus ultimately escaped in large quantities by an opening in the abdominal wall. This patient, who has had a family of seven, was greatly prostrated, and required ammonia and alcoholic stimulants in addition to the usual nourishing diet.

In the treatment of thoracic inflammations, which *quoad* blood-letting and mercury have been the principal battle-field of medical controversialists, I have all but discarded depletory treatment, trusting much to what Dr Chambers felicitously describes as the "linseed meal jacket poultice."† This, with a relaxing, expectorant, and diuretic mixture, equalisation of the circulation by hot foot baths, and in a few cases a small fly blister, when mustard or turpentine is insufficient for the "stitch," I have found compatible with complete recovery. Referring to acute pneumonia, indicated by restlessness, rigors, cough, pain in side, and the "prune-juice" expectoration, the successful cases included two boatmen, two male farm-servants, two hand-loom weavers,

* "The hot turpentine stupe is perhaps the best of all applications to the abdomen, deriving from the congested pelvic viscera, and stimulating the uterus to more perfect involution." Dr Andrew Anderson. *Lecture* IX.

"In less severe cases, or at the commencement of inflammation, I have found a single application of the fomentation (several folds of flannel wrung out of very hot water, and freely sprinkled with spirit of turpentine) instantly arrest the disease, without depletion or any other means beyond a purgative medicine having been employed." Dr Copland's *Dictionary*. 1858. Article, Inflammation.

† *Lectures, chiefly Clinical.* 1865.

a collier, an iron-dresser, and a ploughman's wife. All, with the exception of the last two cases, were examples of single and partial pneumonia, and the crisis was reached in about a week; while the ploughman's wife had double pneumonia with considerable delirium, and the "turn" was not till the fourteenth day. The case of the iron-dresser was of a lingering nature, and cerebral effusion was threatened, requiring a blister on the scalp,—but he has now recovered average health.

It must be candidly admitted that I have never seen the alarming pulmonary symptoms which it must be supposed some old authors witnessed with their visual organs, and not with the mental eye merely, such as—"The patient was purple, he gasped for breath, had a struggling pulse, and a frequent cough, interrupted by catching."* In the presence of such an extreme case as this, any practitioner, irrespective of his pathological views and the extent of the pulmonary exudation, would, I think, take out his lancet, and give to the sufferer all the relief which a diminution of the amount of blood circulating through the body might afford. Venesection would most likely be useful at the time, and therefore justifiable in the extremity of the case. This concession is no argument for blood-letting as an exclusive depressing practice; for, as has been remarked by a cautious observer, "The object of blood-letting is not to depress the circulation or to weaken the patient, and so to control the disease; but it is to control the disease, and so to strengthen the patient by giving him the firm hold and right use of his remaining blood for the proper nutrition and support of the system under the disease."† To return to my own cases of pneumonia. Assuming the patient's condition to be represented by a straight line, and placing the sthenic and asthenic cases (to use the old convenient Brunonian terms)

* Dr John Armstrong's *Lectures on Pathology and on the Theory and Practice of Physic.* 1838. Page 173.

† Dr W. T. Gairdner in *Lancet* for January 13, 1866. Quoted in Messrs Churchill's *Half-yearly Abstract of the Medical Sciences*, January–June, 1866. See also his *Clinical Medicine*. 1862.

above and below the line, they have all been below it: certainly not far below the line, and possibly in three cases at a nearness where some of my medical friends would have drawn blood, but where the successful results justified the moderate means employed.

In a sharp attack of pleurisy in a sedentary female, treated by me in 1866, two leeches, followed by hot fomentations, were placed on the painful side, and a diaphoretic anodyne mixture was prescribed, with the effect of early relief from pain. Other cases again did well without leeches, while in an acute case with much pain, in another gentleman's practice, venesection, to the extent of two platefuls, afforded quick relief. For two lingering cases of pleurisy, the main symptoms being partial obstruction to free breathing, pain, and debility, one in a male and the other a female, I advised, with plentiful nourishment, the application of repeated fly-blisters, and the compound iodine ointment. These cases are now well.

Croup, for therapeutic purposes, may be divided into three stages:—1. Fretfulness, abrupt cough, hoarseness, face flushed, and pulse quick. 2. Pulse quicker, greater difficulty of respiration, and hollow, barking cough. 3. Pulse very quick, small and weak; hissing respiration; convulsive gasps; eye prominent; child disposed to lie on back, and in great distress. At first, when the croup does not pass hurriedly into the second stage, an emetic of equal quantities of ipecacuan and antimonial wines, with lukewarm fomentation or poultice around throat; mustard poultice to each foot; and if the thermometer show the bodily temperature to be very high, a general bath or a roll-up in a wet blanket, will likely equalize the circulation, moderate the inflammation, and promote recovery, as I have in some cases seen. In the second stage, however, these comparatively mild measures may fail, and blood-letting often suggests itself to both the medical and the lay mind. In four cases, of which a record has been kept, I used a couple of leeches, in one case on the sternum, and in the others on the dorsum of each foot. Two recovered and two died, and the recoveries

were undoubtedly promoted by the patients being kept in a large bed, and made to perspire freely by warm steam constantly circulating around them when danger was imminent.* In the third stage no doctor would bleed: lymph has been deposited in the narrow throat, and the most that can be done, apart from surgical interference, is to support the patient's failing strength with milk and beef-tea, and possibly get the obstructing membrane vomited by means of stimulating emetics and expectorants. I recollect a female child, four years old, on the eighth day of an attack of croup, just when her life seemed coming to an end, vomiting a cast of the throat nearly an inch in length, after which her recovery took place. Three years afterwards she was seized with fever and bronchitis, and died.

Respecting cold water, so useful when applied *at once* for sprains, its outward use in cerebritis is deservedly popular. Yet there may be too much of a good thing, and local inflammatory action may be depressed to a dangerous extent. In a case of encephalitis in an infant of six months, treated by me in 1866, when cold wet cloths had been sedulously applied to the scalp for four hours, the head and face became nearly exsanguineous, and the pulse very small. The abnormal increase of temperature in the head being removed, the cold application had become injurious, and was at once replaced by cloths wrung out of warm water, which restored the balance of the circulation. The child recovered, and is now a strong boy. I realised then the force of Esmarch's suggestion that "if necessity compels one to use cold compresses, their application ought to be carefully superintended."† The "sensations of the patient," when the patient is a child, afford no direction, and the best plan is to instruct the nurse to bathe the scalp at intervals, and keep it cool, not cold. This plan is likely to save the child

* There is nothing new under the sun. Old Buchan (1782), writing about *Peripneumony*, says—"The steam of warm water, taken in by the breath, serves as a kind of internal fomentation, and helps to attenuate the impacted humours."

† *On the Use of Cold in Surgery.* Translation for New Sydenham Society.

from an attack of bronchitis, often induced by a dripping, cold cloth. Dr Edward Johnson,* one of the most unprejudiced writers on the "Water cure," cautions his readers against excessive hydropathic treatment, and demonstrates by cases that evil may result from this as well as from drug medication. He alludes specially to the abuse of the wet sheet pack and the douche bath, which caution parents and amateur doctors would do well to understand and remember. To revert for a moment to blood-letting,—I have seen active determination of blood to the head, in a boy two years old, agreeably arrested by a spontaneous bleeding from the nose; a reasonable argument, it may be inferred, for moderate depletion in selected cases.

Dyscrasial, specific, surgical, and external inflammations, do not come within the scope of this paper; but it would be incomplete without a reference to mercury, that "very potent, two-edged weapon," so often allied with blood-letting in the conflict with common inflammation. With some practitioners mercury is the inevitable corollary of blood-letting. In the Glasgow University days of 1859-60, I was taught that blood-letting favoured the action of mercury; an assertion which I still believe; but in this sense, that any depressing agent will render the body more liable to be influenced by an additional agent, the tendency of which is destructive. The alleged power of mercury has been ably controverted by various observers;† and in the last edition of his book, Dr Aitken omits calomel from his remedies for acute peritonitis, in which disease also Dr Habershon "strongly deprecates its use."‡ I have experimented very little with mercury in acute inflammatory complaints, being convinced that no man need give calomel as an alterative who believes that his patient will recover without it. Regarding its power in producing absorption in chronic cases, mercury, with some medical men, has quite

* *Domestic Practice of Hydropathy.* 1856. *Theory and Principles of Hydropathy.* 1857.

† Enumerated by Dr C. R. Drysdale in a letter to the *Lancet*, Feb. 13th, 1864.

‡ *Diseases of Abdomen.* 1862. Page 564.

the character of a detective in the system—avoiding useful fibrin, but scattering through the circulation all noxious bands of lymph and adhesions. All the while, let it be marked, the patient is to be well fed and cared for during the alterative process. As Mr Simon inquires, "What may not be done by unassisted nature and regular constitutional regimen?" To which the plain reply is—Every recovery depends on the vital power of the patient.

As satisfactory external remedies, well known to Glasgow graduates, I employ Mackenzie's bichloride lotion for conjunctival inflammation, and the red mercurial ointment for inflamed margins of eyelids; but for internal chronic inflammations, my favourite drug, when a drug is employed, is iodide of potassium, the possible abuse of which is free from some of the dangers that usually attend the maladministration of mercury. Even for acute cases, such as croup, Dr Tanner has a word in favour of the hydriodate.

The moral of these remarks, if they have been sufficiently plain, is that practitioners should avoid equally the Scylla of tradition and routine and the Charybdis of expectancy and scepticism, and bear always in mind the maxim of Asclepiades, that patients should be treated swiftly, surely, and agreeably.

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