

Mustard packs in treatment of capillary bronchitis in children / A.A. Herzfeld.

Contributors

Herzfeld, Alfred Abraham.
Royal College of Surgeons of England

Publication/Creation

Chicago : American Medical Association, 1909.

Persistent URL

<https://wellcomecollection.org/works/vvn6vn2f>

Provider

Royal College of Surgeons

License and attribution

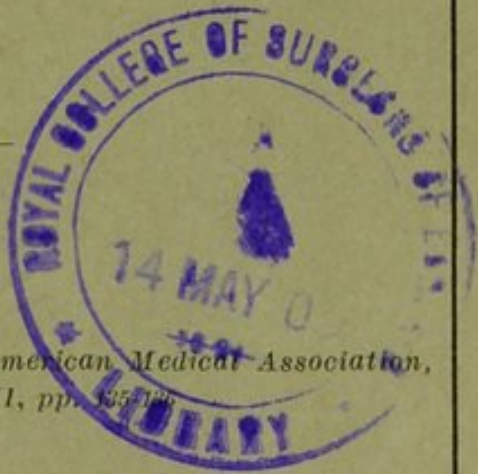
This material has been provided by This material has been provided by The Royal College of Surgeons of England. The original may be consulted at The Royal College of Surgeons of England. where the originals may be consulted. Conditions of use: it is possible this item is protected by copyright and/or related rights. You are free to use this item in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s).

19

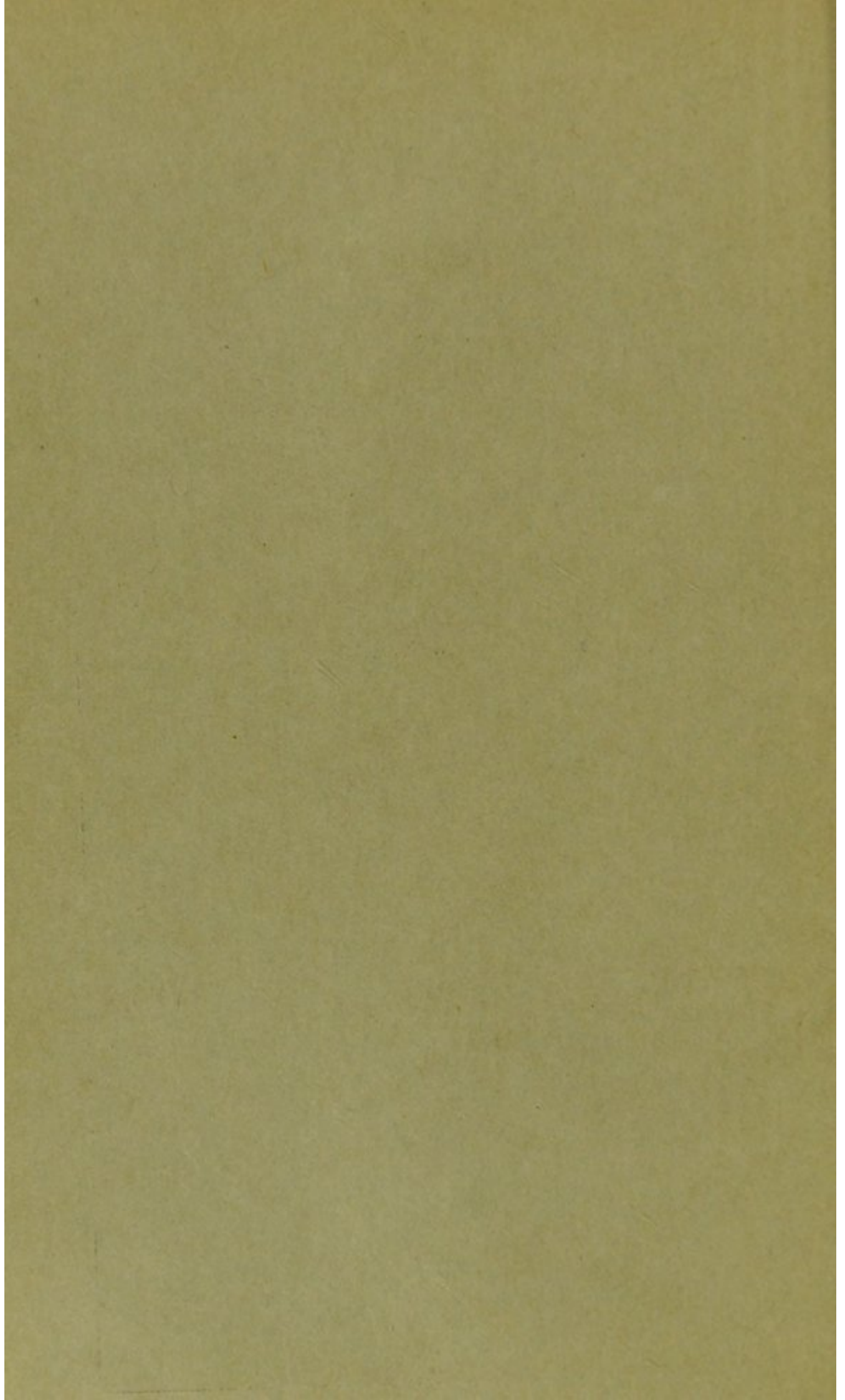
Mustard Packs in Treatment of Capillary Bronchitis in Children

A. A. HERZFELD, M.D.
NEW YORK

*Reprinted from The Journal of the American Medical Association,
January 9, 1909. Vol. LII, pp. 135-136*



COPYRIGHT, 1909
AMERICAN MEDICAL ASSOCIATION
ONE HUNDRED AND THREE DEARBORN AVENUE
CHICAGO



MUSTARD PACKS IN TREATMENT OF CAPIL-
LARY BRONCHITIS IN CHILDREN

A. A. HERZFELD, M.D.
NEW YORK

Mustard has been in use as a counter-irritant for many centuries, but it is astonishing how few physicians are acquainted with its excellent properties as a counter-irritant in the treatment of capillary bronchitis and bronchopneumonia in infants and children.

Most doctors content themselves with the use of some patented, odoriferous kaolin or clay paste. These patented pastes have many disadvantages. In the first place, they hinder by their weight free respiratory movement; second, their action is entirely insufficient; third, they may cause a severe dermatitis by blocking up the openings of the sebaceous glands. I am acquainted with one case in which an erysipelas was directly traced to the application of one of these patented pastes.

The value of counter-irritants in the treatment of capillary bronchitis in children has been amply demonstrated. Mustard is one of the simplest and most active of counter-irritants and one to whose efficacy in this condition there is ample testimony. It is especially indicated when such dangerous symptoms as severe dyspnea, asphyxia, cyanosis and great general prostration arise. Up to the present time, when used for this purpose, it has been mostly applied in the form of a paste or a mustard water (Heubner). For the past thirteen years I have been using a method of my own device. Both my colleagues and myself are so convinced of its undoubted efficacy, and the method possesses so many advantages over other methods of counter-irritation, that I feel constrained to publish this method here.

Two hundred and fifty c.c. (half a pint) of water and 250 c.c. of alcohol are mixed in a large bowl; to this

is added from 25 to 50 c.c. (1 to 2 fluidounces), depending on the severity of the case, of freshly-prepared spirit of mustard. The spirit of mustard is prepared according to the German Pharmacopeia (the volatile oil is the active principle of mustard) :

Oil of mustard.....	1 part
Pure alcohol	49 parts

A large piece of flannel is well moistened with the mixture and the body of the child wrapped up from the neck to the knees. This moistened flannel is then enveloped in a dry sheet and the child is left in this pack until the skin is bright red, which point is usually reached at the end of fifteen to thirty minutes. The child is then taken out and wrapped and left for another half-hour in a pack moistened with a mixture containing one part of alcohol and two parts of water. At the end of this time the child is wrapped up in a dry sheet. In most cases one well-applied mustard pack will suffice to bring about a permanent improvement. Relapses, however, are of frequent occurrence, whereupon packs are renewed. It is not advisable to apply the pack more than once in twenty-four hours unless the indication is unavoidable. It is advisable that the physician apply the first pack himself, not only to determine the strength to be applied, but also for purposes of instruction to the parents or nurses. The effects of this mustard pack on the child are truly striking. The cyanosis disappears promptly, the dyspnea is relieved, the pulse improves considerably and the mental condition of the patient is notably brighter. The transition from a state bordering on collapse and one which in some instances may even be termed moribund, to a condition in which the clinical picture becomes immediately more roseate, is not, I venture to say, effected so rapidly and satisfactorily by any other therapeutic weapon at our command. Heubner of Berlin explained the beneficial effect of the application of mustard in these severe cases of capillary bronchitis as follows:

The lungs of children who have capillary bronchitis and bronchopneumonia show a very pronounced hyperemia and a dilatation of the blood vessels in the walls of the bronchi. The bronchial tubes themselves are entirely stopped up with secretion. The skin of these pa-

tients presents an extreme pallor. The hyperemia of the respiratory tract may be termed an inflammatory stasis of the blood in the lungs. The hyperemia caused by the counter-irritation of the mustard on the skin, therefore, opens up a new territory for the circulation of the blood. Hence, the quantity of circulating blood in the lungs is diminished in a given space of time, the work of the heart is reduced and the rapidity of the circulation of the blood in the lungs increased.

SUMMARY

The advantages of my method of applying the mustard pack in capillary bronchitis and bronchopneumonia of children are as follows:

1. It is surprisingly rapid in effect.
2. Its light weight does not materially hinder respiratory movement.
3. It can be applied without removing the enfeebled patient from the bed.
4. It is inexpensive.
5. It is clean.

224 West Twenty-Fourth Street.

