Clinical Notes

QUININ IN PNEUMONIA.*

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NOGALES, ARIZ.

Following the cases of pneumonia reported in Dr. Galbraith's article in *THE JOURNAL* Feb. 10, 1906, I have had many other cases, in all of which I have treated the patients according to Dr. Galbraith's method, but with a very much better result.

Pneumonia is a very prevalent disease in Nogales and vicinity. My mortality in pneumonia cases was formerly nearly 80 per cent. So fatal had the disease become that all persons possessing enough of this world's goods to carry them to the sea level refused to remain here after becoming aware of the nature of their affliction. The results reported in the following cases, I am pleased to state, are the rule and not the exception. Thus far I have not had a death from pneumonia since I began the quinin treatment according to Dr. Galbraith's method.

CASE 1.—A male, aged 24, helper on railroad.

History.—On January 31 he was suddenly seized with severe pain on the right side of chest, violent and painful coughing and inability to take a full breath without seriously increasing the pain over the right chest.

Examination.—I saw him for the first time February 1, when I encountered the following conditions: At 3:30 p. m. his temperature was 102.6, pulse 100, respirations 32. Breath sounds over the upper lobe of the right lung were greatly exaggerated; over the middle and lower lobes they were very faintly heard; on deep inspiration broncho-vesicular breathing was heard.

Diagnosis.—Lobar pneumonia, involving the middle and lower lobes.

Treatment.—I gave 50 grains of quinin and one hour later (4:30 p. m.) I gave him 25 grains more. I then ordered 15 drops of the tincture of iron chlorid to be given every three hours, beginning at 5 p. m. At 6 p. m. his temperature was 102.8, pulse 108, respirations 30. At 7:45 p. m. his temperature was 100.6, pulse 112, respirations 26.

Course of Disease.—February 2, at 7:45 a. m., his temperature was 98.6, pulse 80, respirations 24. He made no complaints of ringing in the ears and felt well enough to sit up in bed. The pain in side had entirely disappeared. Expectoration during the night was blood-tinged. When I visited him in the evening his temperature, pulse and respirations were normal. As no symptoms remained the patient was discharged.

CASE 2.—F. H., male, aged 14, schoolboy.

History.—On February 4 the patient was taken with a severe chill, pain in the right side, coughing and distressed breathing. I was called to see him the following morning.

Examination.—At 9 a. m. his temperature was 103.4, pulse 120, respirations 32. I suspected pneumonia, but the physical signs were not positive. At 4:20 p. m. his temperature was 104, pulse 140, respirations 36. Breath sounds over lower and middle lobes of right lung were suppressed; subcrepitant râles were present.

Diagnosis.—Lobar pneumonia, involving the middle and lower lobes of right lung.

Treatment.—At this time (4:20 p. m.) I gave him 50 grains of quinin, followed by 25 grains one hour later. The nurse was then instructed to give him 15 drops of the tincture of iron chlorid every two hours.

Course of Disease.—At 7:55 p. m. his temperature was 104.4, pulse 132, respirations 40. At 9:15 p. m. his temperature was 103.6, pulse 136, respirations 38.

February 6, at 9 a. m., his temperature was 101.4, pulse 126, respirations 30. Tubular breathing was heard over anterior and posterior surfaces of lower and middle lobes of right lung, and

percussion elicited dullness of consolidation over the same area. He expectorated great quantities of bloody mucus. Pain in the right side had disappeared. I ordered 20 grains of quinin to be given at 10 a. m. and at 12 noon, to be followed by 12 grains every two hours. The iron was continued every three hours. At 12 a. m. his temperature was 101.8, pulse 120, respirations 28; at 6 p. m. his temperature was 102, pulse 114, respirations 28; at 8 p. m. his temperature was 101.2, pulse 110.

February 7, at 8:40 a. m., his temperature was 103.2, pulse 106, respirations 30. I gave him two pills of quinin, containing 20 grains each, at 9:30 and 11:30 a. m. He was then given one pill every two hours until he had taken six pills, or 120 grains of quinin, during the entire day. The quinin was given in pill form because of the nausea that was produced when he took it in solution. My experience with this and with another patient has decided me never to use quinin in any other manner than in solution. The pulse being of good quality, the 15 drops of iron were given every three hours. At 2:30 p. m. the boy's temperature was 103, pulse 108, respirations 30; at 6:30 p. m. his temperature was 101.6, pulse 104, respirations 28.

February 8, at 9:30 a. m., his temperature was 102.4, pulse 104, respirations 26. He was very comfortable. Expectoration was bloody and physical signs of pneumonic consolidation were well marked on auscultation and percussion. Twelve grains of quinin were ordered given every two hours. At 12 noon his temperature was 102.2, pulse 102, respirations 28; at 5 p. m. the temperature was 101.2, pulse 86.

February 9, at 8:30 a. m., temperature was 101.2, pulse 84, respirations 25. The patient complained of deafness and said that he was blind. He was able to distinguish between light and darkness, but could not distinguish objects. I therefore stopped the quinin during the entire day. The iron was given as usual. At 2 p. m. the temperature was 102, pulse 84; at 5 p. m. the temperature was 102.6, pulse 80, respirations 28. The boy's sight was somewhat better. At 8 p. m. the temperature was 102.6, pulse 82, respirations 28.

February 10, at 9 a. m., the temperature was 103.6, pulse 92, respirations 24. The vision being normal, I gave him 50 grains of quinin at one dose and ordered 12 grains to be given every three hours. At 12 noon the temperature was 102.2, pulse 86, respirations 28. The iron was continued every three hours. At 5:30 p. m. the temperature was 101.6, pulse 84, respirations 20; at 8:30 p. m. the temperature was 102.6, pulse 90, respirations 30.

February 11, at 8:40 a. m., the temperature was 102.4, pulse 86, respirations 22; at 12:20 p. m. the temperature was 102, pulse 86, respirations 22. The boy felt very well; he had no deafness nor disturbance of sight. The administration of 12 grains of quinin was continued every three hours. At 5:30 p. m. the temperature was 100.2, pulse 82, respirations 24.

February 12 (sixth day after the first dose of quinin), at 9:30 a. m. the temperature was 98.4, pulse 72, respirations 20. The patient had slept well during the night. He had neither cough nor expectoration. Fifteen drops of iron were administered every four hours. At 6 p. m. the temperature was 99.2, pulse 74, respirations 20.

February 13, temperature was 97.4, pulse 78, and the patient was discharged.

Remarks.—Out of about thirty cases of pneumonia treated according to Dr. Galbraith's method this was the first case showing any symptoms of quinin poisoning, i. e., the profound deafness and the almost complete blindness. Fortunately, both of these symptoms passed off within ten or twelve hours, and now the boy can see as well as ever.

CASE 3.—Mexican girl, aged 13.

History.—On February 15 the patient had a chill lasting about twenty minutes and later began to feel feverish. At the same time she felt a severe and sharp pain in her right side. Nothing was done for her and I was summoned the next morning, when I found the following conditions:

Examination.—Temperature was 104, pulse 150, respirations 34. The pulse was very weak and almost imperceptible. On auscultation, subcrepitant râles were heard over the lower lobe of the right lung. Breathing was very labored. The patient preferred lying on the affected side and suffered great pain when she was turned on the left side.

* See Editorial on page 304.

Treatment.—I diagnosed this as a case of lobar pneumonia and gave the girl 50 grains of quinin and ordered 25 grains more to be given one hour later, making 75 grains of quinin in one hour. Ten drops of the tincture of iron chlorid were administered every two hours.

Course of the Disease.—At 6 p. m. the temperature was 98.6, pulse 96, respirations 24. The pulse was of very good quality. The pain had left her and the cough was less frequent. This patient never suffered from deafness.

February 17, at 9 a. m., the temperature was 98, pulse 84, respirations 20. The patient was free from cough and pain and was allowed to sit up in bed.

Remarks.—In reporting a case with so prompt and effective a cure, I know that many will think there must have been a mistake in the diagnosis, but I felt just as certain that I was dealing with a genuine case of pneumonia as though I had seen the case go through the whole train of symptoms.

CASE 4.—Mrs. C., aged 23.

History.—February 2, at 2 a. m., I was called to deliver a retained placenta, the woman having one hour previously given birth to a child that had been dead at least a month. I delivered the placenta without any difficulty and, the family having engaged the services of a midwife, I left after instructing them to call me in the event of fever or any other symptom arising.

February 3, at 9 p. m., I was called to see the patient, as she was suffering from a chill and cough. Her temperature was 102, pulse 140. The lochia was very scant, but of purely normal odor. I ordered a capsule containing acetanilid 3 gr. and citrated caffeine $\frac{1}{2}$ gr. to be given every two hours.

February 4, at 9 a. m., her temperature was 102, pulse 150, respirations 26. Cough was more persistent. She complained of severe pain over right lung. Her breasts, which had been tightly bandaged, were also painful. At 5 p. m. her temperature was 104, pulse 150, respirations 30. The pain on the right side was much worse and breathing was labored. Auscultation breath sounds were very harsh. Having satisfied myself by examining the vagina and uterus that there was no possibility of any infectious or poisonous process going on in the uterus, I decided to wait a few hours before giving her the quinin treatment. At 9 p. m. her temperature was 104.8, pulse 165, respirations 36. On listening to the lower lobe of her right lung I now heard the subcrepitant râles very plainly, and the breath sounds over the rest of the lung were greatly exaggerated. The patient had great difficulty in breathing. I decided that it was a case of lobar pneumonia and not puerperal septicemia.

Treatment.—I gave her 50 grains of quinin and followed this in one hour with 25 grains more. Fifteen drops of tincture of iron chlorid were given every two hours.

Course of Disease.—On February 5 the temperature was 98.6, pulse 80, respirations 20. Pain had entirely disappeared. Several times during the night the patient expectorated bloody sputum; cough was not frequent. At 5 p. m. the temperature, pulse and respirations were normal. The patient felt fine, but remained in bed to complete the ten days following confinement.

Remarks.—This case was of great interest to me from the standpoint of differential diagnosis. Under the circumstances the promptness with which the symptoms were relieved was certainly gratifying to me.

QUININ IN PNEUMONIA.*

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Under the caption, "Quinin in Pneumonia," in THE JOURNAL, March 3, Dr. J. B. Cutter complains that Dr. W. J. Galbraith claims originality in the use of large doses of quinin, when Dr. A. J. Giesy pursued that course in 1894.

Permit me to direct attention to page 165, vol. v, Ziemsen's "Cyclopedia of the Practice of Medicine," published in 1875, a translation of Prof. Theodore Juergensen's classic article on "Croupous Pneumonia," the disease under consideration. There he says:

"When the fever is intense, 77 grains may be given to a strong adult and 15 grains to a child under 1 year, always in one dose. I have repeatedly used both of these amounts. I have acquired my experience by gradually increasing doses, and I have never seen any harm done; in fact, it is my firm belief that even these are not the extreme limits as to quantities."

Personally I have used just this treatment for thirty years within my limited opportunities—and so much for priority. Dr. Galbraith, an old acquaintance of mine, certainly deserves great credit for bringing into prominence this old treatment of Juergensen's, which he uses exactly as I did, namely: with perfectly normal *primæ viæ*, for the reduction of high temperatures and the resulting tone to the weakened heart muscle caused by the former. Incidentally, both used it, the former without and the latter (Galbraith) with a full knowledge of bacterial poisoning removed by the large doses of quinin. Nothing new under the sun, is there?

In this connection it may not be out of place to say that Dr. Galbraith's publication demonstrates that nihilism in the use of individual drugs simply means lack of knowledge of their proper uses, with the consequent reliance on proprietary mixtures, which only too often are void of substance and, consequently, of action. Again, is it not a pity that such masterly treatises as Ziemsen's Cyclopedia seem almost forgotten by the physician of to-day? What a wealth of experience he misses!

AN UNUSUAL CASE OF SPONTANEOUS DISLOCATION OF THE SHOULDER.*

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Patient.—Chas. M., white, aged 16, schoolboy.

Family History.—Entirely negative.

Previous History.—Other than the ordinary diseases of childhood, the patient has never suffered any serious illness. No history of traumatism can be elicited.

Present History.—Since early childhood the patient has at all times been able, by means of a certain series of manipulations, which consisted, for the most part, in raising and externally rotating the shoulder, "to throw both joints out of their sockets," producing, as a careful examination revealed, a complete subcoracoid dislocation. He had also learned easily to replace the bones by a reverse movement, and in neither case was there any pain produced. At times, while engaged in active gymnastic exercises, e.g., club swinging, basketball, etc., the luxation was voluntarily produced.

During the past three months, however, he began to suffer some inconvenience when the left shoulder was either voluntarily or involuntarily dislocated, and at the same time he noticed that there was some difficulty in replacing the bone on that side. This "inconvenience" gradually grew into a dull pain, which at times was quite aggravating, and the difficulty in reposition became proportionately more marked. For these reasons he was referred to me for diagnosis and treatment.

Physical Examination.—The boy was well nourished, of good athletic physique. The appearance of the shoulders is characteristic. They are broad and extremely flat, due largely to the underdeveloped deltoids and the resulting prominence of the acromian processes (Fig. 1). The humeri are rather preternaturally movable, abduction bringing the arms to an almost parallel vertical position. Neither bone nor joint crepitus could be elicited. By the manipulations above detailed there is at once produced all the characteristic objective signs of subcoracoid dislocation of both shoulders, with the exception of abduction of the arms (which is present in slight degree); the outer aspects of the deltoids are flattened; the acromian processes are very prominent (Fig. 2); the normal position of the tuberosities below the latter are now occupied by hollow spaces, into which the tips of the fingers can be easily slipped; the humeral heads can easily be palpated in the axillæ, and in forced extension can even be seen.

I made a very careful fluoroscopic examination, which was

* See Editorial on page 804.

* Read before the York County (Pa.) Medical Society.