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PART I.

ORIGINAL COMMUNICATIONS.

ART. VII.—*On the Form of Pneumonia prevalent in Dublin.*^a By
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Hospital, Dublin.

DURING last winter and spring in Dublin, pneumonia, or pleuro-pneumonia, has been very frequent and exceptionally fatal. I have arrived at this conclusion not only from my own experience, but from what I have been told by professional friends. Indeed, the announcement one often sees of “death from inflammation of the lungs” shows that pneumonia is extensively prevalent and exceptionally fatal. Having had a very rapidly fatal case just before our last meeting, I asked Dr. Montgomery to put my name down for this communication, in the hope that, from the many members of the Academy who have had extensive opportunities of seeing the disease, we would get valuable information as to the ætiology, clinical history, and, more particularly, the treatment of the disease. I propose to give a brief account of the cases which have fallen under my own notice during this winter and spring. In my hospital beds there have only been two slight cases of pneumonia, and all the cases to which I shall refer occurred in private practice.

CASE I.—On November 9, 1884, I saw, with Dr. Samuel Mason, a lady, aged about thirty. The disease affected both lobes of the left lung. The physical signs were dulness on percussion, and tubular breathing. There was also extensive general catarrh. Dr. Mason had treated her with quinine, and she recovered.

* Read in the Medical Section of the Academy of Medicine in Ireland, May 1, 1885.

CASE II.—On Nov. 29 I was asked to see a very delicate boy, aged eleven years. Three weeks before coming under my care he arrived from the country with his father, occupying apartments in Great Brunswick-street. After a few days of ordinary catarrh, the boy was attacked with severe pain of the left side. I found dulness on percussion posteriorly; tubular respiration; typical pneumonic sputum; and a temperature of 104°. There was a very extensive crop of herpes of a virulent kind. The crop on the face was on the opposite side to that on which the pneumonia existed. There was a crop of herpes on the shoulder, and violent conjunctivitis. He was treated with a hypodermic injection of morphia, and moderate doses of quinine in effervescence. The case terminated favourably about the tenth day.

CASE III.—On Dec. 23rd I saw, with Dr. John W. Moore (to whom I am indebted for the notes of the case) and Dr. Harley, a gentleman, aged about thirty-five. On Dec. 20th he had become chilled while watching a foot-ball match. On Dec. 21st he had a sudden rigor while at dinner. On the 22nd Dr. Harley found the physical signs of pneumonia of the right upper lobe. During the following nine days the patient had great cerebral and respiratory oppression, with the indication of over-filling of the right side of the heart and general bronchial catarrh. On the evening of Dec. 26th the pulse was 140, the respiration 60, and the temperature 104°. On 1st January he was attacked apparently with acute peritonitis on the right side of the abdomen, with great constipation. He was relieved by leeching. One of the striking features of the case was that most of the symptoms seemed to arise from congestion of internal organs independent of the lung. He had stupor from apparent congestion of the brain; and the only treatment conspicuously useful in averting the tendency to death was free leeching. He was a very full man, who lived freely and had led an indolent life. He recovered from the pneumonia, but with damaged kidneys.

CASE IV.—On Thursday, 1st January, 1885, I saw a lady with Dr. Browne. On the previous Sunday she got a chill, and on Tuesday she was found by a friend sitting over the fire, apparently very ill. She was got to bed, and being some months pregnant, she next day had a miscarriage. On Thursday there was evidence of the lower lobe of the right lung being affected, and she was in a state of great prostration. She begged to be let alone, and said she was dying and in great pain. Beyond a hypodermic injection of morphia to relieve the pain, and the use of some stimulants, nothing could be done, and she died that night.

CASE V.—On January 9th I saw a gentleman, aged fifty-five; he was a healthy, temperate man, but had lived for several years in the tropics, and was supposed to have injured his heart by excessive smoking. He

had suffered for some days from ordinary catarrh, and on the 7th, having made a journey fifty miles from Dublin and back, he dined at his Club, but felt so ill he went to bed. Next day he was seen by Dr. Franks. On the following morning I saw him. He had signs of general bronchial catarrh over the whole right lung; dulness on percussion; tubular breathing, and intense pain over the lower part of the left chest. He had abundance of typical pneumonic sputum. There was more pure blood than one ordinarily sees. The striking symptom was the irritability of his stomach—constant vomiting. He was entirely sleepless. On the fourth or fifth day of the illness he was jaundiced, and there was evidence of involvement of the lower lobe of the right lung. He died on the seventh or eighth day, not having had any sleep during the whole of the illness, and being perfectly conscious. The treatment was free dry cupping of the chest, effervescing draughts and digitalis in pill, an effort to obtain sleep being made with the bromides. Dr. Franks and I discussed the use of quinine. We determined not to give it to him—first, because we thought it would not suit in presence of the want of sleep; and secondly, because the gentleman told us that when in China he had been given quinine on account of malarial fever, and it had not agreed with him.

CASE VI.—On January 14th I saw, with Dr. More Madden, a precisely similar case, that of a gentleman, thirty-five years of age. He had catarrh, then pneumonia of the lower lobe of the left lung. The temperature, which had been higher, had, when I saw him, fallen to 102°. There was intense typical tubular breathing over the affected lung, dulness on percussion, and pneumonic sputum. The treatment which Dr. More Madden had adopted consisted of free blistering of the chest, with the use of blue pill, squill and quinine in tolerably large doses. He had begun to improve when I saw him. There was no alteration in the treatment, and he ultimately recovered.

CASE VII.—On Feb. 7th I saw a case, with Dr. Corley, which differed from the others—that of a delicate lady, thirty years of age, who had on previous occasions been under my own care, for irritative dyspepsia. She had been ailing for some days, but her friends did not attach much importance to her illness as she was often indisposed. She had purged herself violently. When Dr. Corley saw her he found the physical signs of pneumonia of the lower lobe of the left lung. There was an extensive pericardial friction audible on the day of our first consultation. Even then, though she was ill only four or five days, there was evidence of nervous disturbance. Though so seriously ill, and naturally of a sober temperament, she spoke of her condition almost jocularly. Then she became difficult to manage, would not take food, and became sleepless. She died in consequence of the disturbance of the nervous

system. There was typical pneumonia of the lower lobe of the left lung, with pericarditis. In that case the treatment was directed mainly to the support of the patient and the relief of pain by hypodermic injections and the application of leeches.

CASE VIII.—On Feb. 4th I saw, with Dr. Kidd, Dr. Henry Hadden, and Dr. David Hadden (to whose kindness I am indebted for the notes of the case), a lady, aged twenty-five. This lady, who was seven months pregnant, had been suffering during the last week of January from general bronchial catarrh. On the 30th she had a rigor and severe vomiting, and during the next few hours the temperature rose to 104.6° . On the morning of Feb. 1st the temperature was normal, and, with the exception of a few bronchial râles, there were no signs of illness; but in the evening she was suddenly attacked with severe stitch in the right side, and the temperature rose to 104° . On the 2nd there was dulness and tubular breathing over the lower right lobe, the face was dusky, and she was delivered prematurely. The treatment had been dry cupping and quinine in effervescence. On Feb. 4th, when I first saw the lady, she had urgent fits of coughing, which caused intense pain, and during these she became violently excited and alarmingly short of breath. The sputum was scanty and viscid, and the soft palate covered by a thin membranous film. On Feb. 6th she complained of pain in the lower part of the left side of the chest, and a pleural friction was audible in this situation. On the seventh day of the illness resolution appeared to have commenced in the right lung, dulness decreased, tubular breathing gradually disappeared, and a few bubbling râles were audible. The temperature, however, remained constant at about 101° , the pulse varied from 96 to 110, and the respirations at about 28 per minute. The cough was kept fairly under control by the hypodermic injection of $\frac{1}{2}$ gr. of morphia each morning, and $\frac{1}{6}$ th gr. at night, but occasionally it produced great distress, especially late in the afternoon, when it was accompanied with intense nervous excitement, during which the patient would fling herself about, force her way out of the bed, and become completely unmanageable. These paroxysms were always ushered in by the severe fits of coughing, and were attributed by herself to “want of breath.” They invariably ceased on getting the hypodermic injection. Except that the lochia were scanty, there appeared to be no uterine complication. There was some diarrhœa. On the evening of February the 15th the excitement became more severe than on any previous occasion, after which she became completely exhausted. She talked incoherently; her pulse became so feeble and rapid that it could not be counted, and death appeared imminent. Under the influence of stimulating enemata reaction set in, during which the temperature rose to 106° , and, except when asleep, there was constant low muttering delirium. She died on the evening of

Feb. 17th, the eighteenth day of her illness. It should be noted that this lady's husband lay at the same time, and in the same house, seriously ill with pneumonia of the right lung, from which, however, he recovered.

CASE IX.—On Monday, March 2nd, I saw in Harcourt-street a lady, aged about sixty. On the evening of March 1st she was in a very crowded church, and having been seized with palpitation, to which she was subject, she left and waited in the porch until her maid brought a cab. She felt chilled, but all right when she got home. Early on Monday morning I had a note saying that her pain was so intense that she felt she would die if not soon relieved. On my arrival I found the skin very hot, the face flushed, and the pulse full and strong. Immediate relief followed the injection of a sixth of a grain of morphia, and the application of a few broad and long strips of rubber adhesive plaster so as to restrain the movements of the chest, and I prescribed a minim of tincture of aconite every hour. Next morning, although there were not the physical signs of pneumonia, there was distinct pneumonic sputum. On Wednesday she was better, and insisted on giving up her medicine. She was bringing up abundant pneumonic sputum. On Thursday morning she was much worse, and I had the advantage of the advice of Dr. Head, who usually attended this lady, and who then took charge of the case. The pain was intense. There was pneumonic sputum; but beyond slight dulness on percussion and an approach to tubular breathing, there was no physical sign of pneumonia. There was distinct pleural friction sound. Next day there was intense tenderness of the abdomen below the right costal arch, and she became delirious, and died on Friday morning.

CASE X.—On March 10th I saw a gentleman, aged about fifty-five, with Dr. Henry Kennedy. He had been exposed while attending a fair in the country, and had been ill some days before he sought advice. Dr. Kennedy found pneumonia of the lower lobe of the left lung. At the period of our consultation the pulse and temperature had fallen, and I ventured to take a favourable view of the case. Dr. Kennedy, however, thought more gravely and, as the result proved, more correctly of the case, as the inflammation subsequently attacked the right lower lobe, and death ensued. The treatment consisted of blisters, abundant nourishment with stimulants, which the patient's previous habits rendered necessary, and the administration of expectorants, with small doses of mercury.

CASE XI.—March 14th, Mr. O'Grady and I saw a young lady who had often been under my care, but who was at the time his patient on account of an exaggerated spinal curvature, the inconvenience of which he had, by skilfully applied support, almost entirely relieved. She was then seized with pneumonia of the lower lobe of the right lung. There was dulness on percussion, and the tubular breathing was exceedingly well-marked. The treatment consisted in relieving her pain by poultices

and anodyne applications, and assuaging her cough. She was, however, a very unfavourable patient, and died in a few days.

CASE XII.—On Saturday, March 21st, I saw another case in the house in Great Brunswick-street in which had occurred the second case I have narrated. This patient was the proprietor of the house, a man aged thirty-five, and who had been a patient of mine for bronchial attacks. He was a large, full man, who, though temperate for some months, had formerly considerably abused the use of stimulants. On the previous Thursday he had been at a funeral and got chilled in the mortuary chapel. On Friday night he walked home late. He did not feel a chill, but he remained sleepless all night, and early in the morning complained of pain in the right side. Dr. Wallace Beatty saw him early, and made the diagnosis of pneumonia. Besides the signs of pneumonia of the lower lobe of the right lung, there was general bronchial catarrh, typical pneumonic sputum, diarrhoea, sleeplessness, delirium, and towards the end rapid failure of the force of the heart. Iodide of potassium had often given this patient signal relief in catarrhal attacks, and I therefore used it with digitalis. He was also freely dry-cupped, and towards the close had turpentine and brandy. Death occurred on the sixth day. Dr. M'Dowel also saw this patient.

CASE XIII.—On April 3rd I saw a young gentleman at Dalkey, with Dr. Newland. The illness came on abruptly, apparently in consequence of a chill while walking home on the evening of March 29th. He was treated with large doses of quinine, which Dr. Newland gave to the extent of forty grains in twenty-four hours, for the first two days, and afterwards in smaller doses. The inflammation affected both lobes of the left lung. When I saw him the temperature, which had been 104° , had fallen to 102.8° , the pulse was 100, and respiration 38. Over the lower lobe of the left lung there was dulness, increased thrill and marked bronchial breathing, with some bubbling râle. The cough caused severe pain at the left costal arch, and the expectoration was scanty and bloody. On the fifth day there was violent delirium, and general pyrexia persisted for three weeks, but the patient ultimately recovered.

Of these thirteen cases, eight died. The causes of death varied; it arose in some from the amount of lung tissue affected, and the consequent impediment to respiration and circulation; in others from the failure of the heart's action; in others from the spreading of the inflammation to the adjoining serous membranes; and in some the chief danger appeared to depend on the congestion of distant organs, as the brain and the kidneys. In nearly every case there was a distinct history of chill, which especially occurred after leaving a

crowded building and going into the open air. It is open to those who advocate the doctrine that pneumonia is a truly infective disease, to say that the air in an overcrowded building would be specially favourable to the spread of an infective disease, and that the chill played only a subordinate part in starting it. In two instances two persons had pneumonia in the same house. In two cases an abortive crisis occurred. The frequency of pleural inflammation is worthy of note. According to my observation, the most fatal symptom in pneumonia is severe pain, and more particularly tenderness on pressure.

I am anxious that the discussion should turn chiefly on the treatment of the disease. Dr. Wilson Fox, in his paper on pneumonia in Dr. Russell Reynolds' "System of Medicine," speaks of Dr. Hughes Bennett having selected pneumonia as a disease on which to experiment, with a view to ascertain whether inflammation subsided most rapidly under depletory or stimulating measures, or when left without active treatment; but Dr. Fox observes there is no disease less fitted for such an experiment, because, while there are some cases of pneumonia certain to get well under any treatment, there are others almost certain to die. Although I agree with this opinion, and also believe, with the late Sir Dominic Corrigan, that in pneumonia, as in every other disease, the physician should remember that he is treating not the disease but the patient, and should take into consideration all the peculiarities of the particular case before him, nevertheless I think we should be able to arrive at some general conclusions as to the effect of medicines and other remedial measures, at least with regard to a particular epidemic, even though our conclusions may not be applicable to other outbreaks of the disease. As far as I have been able to form an opinion, I will mention the remedies which appeared to me to exercise a distinct influence over the disease. Where it begins with a chill and rapid elevation of the temperature, the use of aconite in frequently-repeated small doses (say a minim of the pharmacopœial tincture every hour, for eight or ten hours, and then less frequently) gives relief, and sometimes seems to cause the disease to pursue a favourable course. When there is severe pain, a hypodermic injection of morphia, and poultices applied to the side, usually give relief. The indication for any kind of depletion, for the application of leeches or wet cupping of the chest, is overfulness of the right side of the heart. I have seen some cases in which conspicuous relief was thus given. About a year and a half ago, being accidentally near Glendalough, I was asked by Dr. Burgess to see a young

man with double pneumonia, and apparently dying. He was in great distress from oppression of breathing, his pulse was small, and his face dusky. It appeared to Dr. Burgess and me that the chief cause of his danger lay in the over-distension of the right cavities of the heart, of which the signs were present. Being many miles from any place where leeches or cupping instruments could be obtained, Dr. Burgess applied a tumbler exhausted by the flame of turpentine over the lower sternal region and ensiform cartilage, and freely scarified the resulting elevation with a lancet. The bleeding was freely encouraged, conspicuous relief occurred, and the patient recovered. Dry cupping appears to be useful where, with consolidation of a single lobe of a lung, there is also extensive bronchial catarrh. With regard to the utility of quinine, I speak with hesitation. For some years I have generally used it in pneumonia, and it appeared to me most useful when administered in effervescence, from three to five grains of the sulphate being dissolved by the aid of twenty grains of citric acid in an ounce of water, with syrup of orange, and given after the addition of sixteen grains of bicarbonate of soda or potass, in a similar quantity of fluid. There are physicians of experience, however, who consider that quinine exercises no favourable influence over the disease, but, on the contrary, is rather disposed to check expectoration and produce danger; and the chief object of this communication will be attained if it elicits the opinions of the members present.

I hope I shall be permitted to add that since I made to the Academy the communication of which the foregoing is the reporter's notes, I have seen four severe cases of pneumonia, in all of which quinine appeared to be useful. No one is more sensible than I am of the difficulty in judging of the effect of a remedy in an acute and apparently self-limited disease such as pneumonia; but I think the following may be looked upon as fulfilling the conditions of a reliable experiment:—About six weeks ago the wife of a solicitor in this city, a strong, healthy woman, aged nearly forty, but who had been a good deal run down by the bearing and the caring of a large family, after a few days of ordinary catarrh was seized with severe pain in the right side of the chest. She then sent for Dr. Cahill, who found a rough friction sound at the seat of pain. The next day there was pneumonic sputum and harassing cough. I saw her with Dr. Cahill on the fourth day, when there was dulness on percussion, and tubular breathing over the lower lobe of the

right lung, with typical sputum—the general symptoms and the pulse, temperature, and respiration indicating a rather grave case; and we agreed to continue the treatment on which she had been from the commencement—namely, the administration every fourth hour of three grains of quinine in pill, with the occasional use of a cough mixture. On the seventh day, when we met again, the patient's condition was as follows:—She had passed a restless and almost sleepless night, and had been wandering more or less for the previous twenty-four hours. She could give no assistance in turning herself in bed, owing to prostration. Her skin was moist. The respiration was 50, the pulse 90, and small and weak, and the temperature 102.4°. She had a good deal of cough, and had brought up a considerable quantity of prune juice sputum. We had hesitation in raising her up, but on doing so found the evidences of pneumonia over the entire right back, and some dulness and bronchial breathing over the lower lobe of the left lung. We agreed to continue the beef-tea and brandy, which she had been taking, and to give every eighth hour ten grains of quinine in milk. On the following morning Dr. Cahill found the patient so much better that he directed the dose to be give only twice in the twenty-four hours, and this was continued until we met on the evening of the tenth day, when there was such an improvement that we agreed to discontinue medicine.

In two cases in which quinine had been freely given, violent delirium occurred. Perhaps it was not due to the drug, but I rather think it was, and the circumstance suggests caution in the use of the remedy. In the last of these cases the delirium soon ceased on the substitution for the quinine of bromide of sodium in full doses, after the third dose of which sleep was obtained by the administration of fifteen grains of chloral.

ART. VIII.—*The Changes occurring in the Skin in some forms of Disease.*^a By HENRY T. BEWLEY, M.B., B.Ch., A.B., Univ. Dubl.; Sch. and ex-Med. Sch.; First Senior Moderator and Large Gold Medallist in Natural Science; Assistant to the Professor of Physiology, and formerly Assistant Demonstrator of Anatomy, Trinity College, Dublin.

WHEN I began to consider in what province of Physiology or Pathology it is possible for one who is but lately qualified, and

^a Being the Essay, by "In cute curandâ plus æquo operata Juventus," to which the first triennial award of the Reuben Harvey Memorial Prize was made, July 1, 1885.