

Clinical Lecture

ON THE

TREATMENT OF PHTHISIS.

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GENTLEMEN,—The theoretical lectures and the post-mortem room have rendered you familiar with the nature and appearances of tubercle, and in speaking to you to-day I shall presume that you are now cognisant with any technical terms and phraseology that may be used. In whatever way tubercle may be formed or deposited in the lung, the diagnosis of its existence there can be established not by relying on one, but upon many aids—by percussion, by auscultation, by the thermometer, by the previous history and present condition of the patient. By a combination of the data afforded by these means you are justified in assuming that you have to do with a case of phthisis, either in its earlier or its later stages; and the important consideration is consequently forced on you—Can you do anything to arrest its progress, or are you simply to look upon it as an incurable malady, and content yourself with palliative or expectant treatment? These inquiries suggest another still more pertinent and searching—namely, is the case of phthisis you have to do with one which is dependent on hereditary transmission, or is it the direct result of debilitating influences engendered by previous inflammation of the lungs, or by the peculiar nature of the employment? An illustration will bring out more fully what is here meant.

A servant-girl, aged eighteen, is admitted to the hospital. Though hard-worked, she is well-fed and fairly clad; yet she tells you her father or mother died of a decline, and that she has become unable to work, that her sleep is tormented with a nasty cough, that she cannot rise in the morning, that her appetite is gone, that her catamenia, which commenced at the age of fifteen, have ceased for the last three months. You are prepared from these statements and from her emaciated appearance to find, and you do find, evidence of phthisis at the apices of one or both lungs, and you are further justified in concluding that here is a case of hereditary phthisis.

On the same, or on some other day, a cotton operative, of a similar age, is admitted, but with a widely different history. Her wages are small; her food has been scanty, generally consisting of bread and tea; her parents are both strong and well; her catamenia have only appeared once or twice; her cough, bothering her little at first, has latterly become much worse, and is attended with a somewhat profuse nummular expectoration. Shortness of breath, weakness, inability to work, and the other symptoms mentioned, point to chest complications, all the more telling when she says she had inflammation of the lungs twelve months ago, from which, however, she had recovered, and on examination you find a cavity, probably in the apex of one lung, and moist crepitation at the same spot on the other.

This, too, is a case of phthisis, but not of hereditary phthisis. It is phthisis consequent on her employment, hastened, it may be, by the inflammation she speaks of, and the unvarying unsubstantiality of her diet. My experience leads me to tell you, in forming a prognosis of two such cases, by no means uncommon, that the former under suitable treatment will recover, but that the latter will most probably go on from bad to worse, and terminate fatally within a few months of admission.

Let us speak of the first and more hopeful case, and detail the treatment adopted, the results of which you will perceive in the patient before you. Her history was very similar to that I have given you. For a week she was placed simply on the ordinary diet of the ward, in order that we might more fully measure her actual condition as evidenced by

thermometric considerations. Repeated examinations showed us all that the mischief was confined to the apex of the right lung, and that a cavity actually existed there; while the left was, to all intents and purposes, playing its part well. The thermometer showed a temperature of 99° in the morning and 101° in the evening. It also indicated a variation in the side affected, the evening temperature there being greater by two decimal points in the morning and as much as four in the evening. She stated that she sweated much at night, and on the morning visit we found her hair about the forehead moist and the chest clammy. Her appetite was not improved.

Previous cases induced me to state pretty confidently that the hypophosphites would do her good, and accordingly she was ordered of the hypophosphite of lime as much as would lie on a sixpence thrice daily. I find it best to give the medicine thus, because, if kept in a stoppered bottle and only administered as occasion requires, deliquescence and consequent uselessness of the drug is prevented. This medicine was continued for six weeks, and the results noted at the end of that time were to a certain extent satisfactory. It was found that the night-sweats diminished, and the appetite was considerably improved; on the other hand, the temperature was increased, and on two occasions there was hæmoptysis half filling the ordinary ward vessel. One marked improvement was manifested, and that was an increase in weight.

On the 28th February the hypophosphite of lime was changed for soda. I do not consider it advisable to continue the former drug more than six weeks, especially if there is spitting of blood.

On the 23rd March the report states that the patient felt much better, that her appetite had improved, and that the sweating had disappeared. The thermometer also told us that the temperature was normal.

Without entering too minutely into technicalities, it was found that auscultation revealed abnormal sounds, but of a drier character, and consequently we were not surprised to learn that the expectoration had become nil. The girl was now ordered to take part in the ordinary scrubbing work of the ward, to go out daily, and to continue the hypophosphite of soda and glycerine. You were also told that very probably by such means, and by the evident facts mentioned, the phthisis had been arrested. This proved to be correct. The catamenia returned; and the girl left the house on the 21st April, to become a scrubber in the convalescent home at Lenzie.

She returned on the 22nd December last, eight months after admission. She stated that she was free from all cough and weakness, and was able to do her work well, until a month ago, when she had to take an active part in the extra cleaning that was going on in the "home." Since then her cough has returned, with a tenacious expectoration, hard, and difficult to be got up. Fearing a return of her last year's malady, she has come into the infirmary; and we find on auscultation rough tubular breathing at right apex, with a kind of click at the end of the expiration, as if the air-vesicle or air-vesicles collapsed when that was finished. At the left apex crepitation is also heard. There is also slight dullness in the supra-spinous region of both sides. Her tongue is clean. She has no night-sweats, and the temperature is normal. She has been unwell regularly since she left the house. I intend to allow her to remain under observation for the next two months, although I do not anticipate any aggravation of her disease. She has also been ordered again the hypophosphite of lime.

You will thus observe a very favourable issue in this girl's case, and the legitimate deduction is that it was due to the treatment adopted. The medicine imparted a something to the system of which it stood in need, and without which the disease would have gone on from bad to worse. You will also note what, in my opinion, always shows an arrest of phthisis—namely, the temperature becoming normal; no night-sweats; increase of weight; and, in females, a return of the catamenia. Unless these things ensue when treating consumptive female patients, you may depend upon it—no matter what the stethoscope or percussion may tell you, or rather how you may be deceived by what they reveal—that there is no amendment, but the reverse.

Now, compare this girl's case with that of M. M—, aged eighteen, a cotton-spinner, who was admitted in the summer holidays, and of whose case from the first a most unfavour-

able view was taken, for the reasons which I have indicated. She went to work and continued hard at it, first as a "half-timer" and next as a "young person," with no intermission except the few holidays of each year. Her father was killed by an accident when she was young, and her mother had to remove with her to one of those nasty low, badly-ventilated houses where so many of our poorer operatives are compelled to live. There is no family phthisical tendency. The mother seems a hard-worked yet healthy woman, and the girl herself, to all outward appearance, does not seem very ill. Yet on inquiry we find that her catamenia have only been seen thrice, the last time four months ago; that since then she had been troubled greatly with a cough, and that she has also spat up often a considerable quantity of blood; she also sweats much at night, her pulse is quick and feeble (120), and her temperature was 100.4° in the morning and 103° in the evening. These are all grave symptoms, and on percussion a dull cracked-pot sound was easily elicited below the right clavicle, where also gurgling and cavernous breathing were detected by the stethoscope. The left side at the apex was also involved, muco-crepitant râles being heard.

The same treatment was adopted as in the other case, but with no advantage. At first the night-sweats somewhat abated, but they returned and continued, while the temperature rose gradually to 101° in the morning, afterwards to 102°, and in the evening it sometimes reached 104°. The girl became weaker and weaker every day, although, even to the last, she could take food fairly and stimulants eagerly, to the extent of eight ounces of whisky daily.

These two cases, then, fully detailed, better illustrate the proposition with which I set out than any statistics, and from these your prognosis may often be formed of patients coming to the hospital. These cases, however, refer only to young females, although, *mutatis mutandis*, a similar history is recorded in males.

I find that since January last fifty cases of phthisis have been admitted into my wards, thirty-three being males and seventeen females. Of these five have died, three females and two males. I do not wish to twist statistics, nor would I ask you to depend much on them; still, as you will observe, the mortality is very small, and the treatment has been the same as that I have mentioned—viz., by the hypophosphite of lime or soda, and sometimes also by the hypophosphite of quinine given in three-grain doses. The quinine seems to have more effect in reducing the temperature, but it also appears to be not so well borne by the stomach; in many cases it induces vomiting and headache. In addition to the hypophosphites, alcohol in the form of whisky has been given freely. I can quite endorse the statements of Dr. Flint, of New York, with regard to its benefit, and to the remarkable tolerance of the drug in phthisis. In private practice I order it to be taken *ad libitum*. It soothes the cough without nauseating the stomach; and undoubtedly, whatever theory may say to the contrary, it affords permanent nourishment to the frame, and it never aggravates the fever. Brandy I have not found so advantageous; it appears to be too heating, and occasions heartburn and indigestion. Port wine and sherry also seem to have a similar effect. I have not had much experience with champagne.

Now you may ask—Do you never give cod-liver oil? Certainly, but not in hospital cases. The undoubted merits of cod-liver oil I would be the last to appear to decry. I regard it, however, simply as food; and if under its use ordinary food is not taken so readily, if the appetite becomes impaired, and the weight does not increase, then it does not fulfil what is demanded of it, and it had better be discarded. When, however, the patients leave the hospital, when they are able to be much in the open air and to take plenty of exercise, the oil seems more readily assimilated, and four or five tablespoonfuls daily can be taken easily—nay, eagerly. Its benefits are then apparent: the general health is improved, and the whole aspect of the patient evinces what Dr. Bennett so strongly insisted on—viz., that it imparts the greatest amount of nourishment in the smallest bulk.

All the hospital cases were ordered glycerine, and, if pure, two ounces daily were always given. The patients state that it soothes the cough and facilitates the expectoration. It is prescribed at no fixed intervals, the patients drinking it whenever they feel disposed, and this is gene-

rally when the cough is severe and the expectoration is hard and tenacious.

In addition to these means I always seek to have the patient out daily, unless there is much fog and moisture in the atmosphere. Undoubtedly Sydenham was right, though, of course, his dictum is exaggerated, when he states, "that quinine is not more a specific for ague than horseback exercise is for phthisis." The benefits of warm climates and of well-known specific health-resorts for phthisis simply consist in this, that out-door exercise can be indulged in there with greater impunity, and with less chance of in any way lowering the vitality. The same observation also applies, but with greater force, to a sea voyage. If the temperature becomes normal, if the disease is not too far advanced, if the patient is young, and circumstances admit of it, health, sometimes rude health, may be regained by a voyage extending over at least twelve months. This week two gentlemen, who have been under my care in private practice for some months, intend embarking, and hope to return about the same time next year. I have little doubt, judging from other cases of a similar nature, that they will have no reason to regret the step they have taken. It is culpable folly, however, no matter how anxiously they may wish it, to advise consumptives to leave the comforts of home, and the society of friends, as a *dernier ressort* when all other remedies have proved unavailing. If death ensues, as it generally does, bitter regret is cherished by friends, and much abuse is hurled against you for your want of judgment. Carefully, then, discriminate; take every opportunity while you are students, and free from responsibility, to become well acquainted with phthisis, as revealed to you by all the means now at your disposal, so that you may never prove yourselves blundering auscultators, or rash, and consequently ignorant, advisers.

THE VALUE OF THE ANTISEPTIC TREATMENT IN HERNIOTOMY.

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It is now just ten years since Professor Lister made known to the profession his first experience of the antiseptic treatment of wounds and surgical cases in a series of papers in THE LANCET for 1867. He further raised a discussion on the subject, and made it more extensively appreciated by reading a paper giving the results in numerous surgical cases in the Surgical Section of the British Medical Association at the meeting which took place in Dublin in August of that year. The principles then enunciated have, as I believe, now become firmly established; and, although Professor Lister's method of practice has undergone many modifications, notably in the diminution of the strength of the carbolic acid applicable to recent wounds, it has gained year by year a wider acceptance from the profession, and it is now carried out by its distinguished originator and his numerous followers in a simpler and more effective manner, and is productive of better results, than it then was. As illustrating the value of antiseptic treatment in the radical cure of hernia, Professor Lister, in his address to the British Medical Association at Plymouth in 1871, alludes to a case of ventral hernia in a young woman, originating apparently in deep-seated abscess of the abdominal wall. He laid the sac freely open, so as to expose the adherent intestine and omentum which it contained, and separated the adhesions under the comparatively inconvenient antiseptic means then used, freely sponging with one in forty watery solution of carbolic acid, then pared the edges of the orifice by which the sac communicated with the abdomen, stitched the peritoneal edges securely with closely-applied sutures of prepared catgut, the ends being cut off near the reef knots. The outer wound was then stitched and treated antiseptically. The young woman left the hospital without any hernia.

He also mentioned a case of large umbilical hernia in a cook which he had treated in the same manner, and, al-