A HUNDRED AND FIFTY YEARS AGO

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TREATMENT OF PNEUMONIA

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I HAVE LONG BEEN of the opinion that the prevailing method of determining the value of any particular mode of treatment is faulty. Practitioners, after watching a few cases, form a favourable opinion of this or that treatment. They then publish their views, supporting them with their successful cases, and strongly recommend them to the consideration of their medical brethren.

What seems to be necessary for determining the real value of any kind of treatment is:

1 Rigid accuracy in the diagnosis of the case.
2 A clear comprehension of the nature of the pathological condition treated.
3 A tabulated account of the cases treated, showing the care with which they were observed, and their chief symptoms, including the time they were under treatment, and the termination in success or failure.

In my treatise on the Restorative Treatment of Pneumonia[1] I tabulated 129 cases of acute primary pneumonia and have now added 24 other cases. Mortality in these 153 cases is 1 in 30 3/5.

The conviction among medical practitioners that a different treatment is required in individual patients, even in fixed morbid conditions, is an obstacle to assessing a treatment.

Dr Sieveking,[2] who, in opposition to views I have advanced, and the restorative treatment which has been proved to be so beneficial in pneumonia, lays down in a lecture for his students two principles based on four imperfectly recorded cases. These are, first, that pneumonia is not an entity, and second, that pneumonia differs in type at one and the same time, and therefore demands a varying treatment.

Case I. A robust man, aged 26, admitted on the sixth day with pneumonia of lower half of right lung posteriorly. The treatment was confinement to bed and low diet. On the thirteenth day there was debility, for which quinine and ordinary diet was given. On the seventeenth day he was discharged well.

The cases I have recorded prove that if this robust man had been well supported from the first he would have recovered much sooner, and that the quinine was altogether unnecessary.

Case II. A healthy man, aged 22, admitted on the seventh day with double pneumonia at the bases, but to what extent is not stated. He had marked dyspnoea, and other apparently urgent symptoms. He was bled by venesection to six ounces, and an acetate of ammonia mixture ordered, containing 1/12 gr of antim. tart. to be taken every three hours. On the following day there was great relief, and the disease was "knocked down", although dullness over the bases continued. He was dismissed cured in "a few days".

Dyspnoea commonly presents in cases of double pneumonia on the six or seventh day. It disappears by itself, and is relieved by a warm poultice. It is supposed, however, that a small bleeding of six ounces "knocked down," the pneumonia. What really happened was that the dyspnoea and 'urgent' symptoms disappeared on the eighth day, as usual. The lungs remained consolidated, so that no impression was made on the disease.

Case III. A girl aged 15, admitted on the eighth day, with double pneumonia – the left side more affected than the right, but the extent on neither side stated. She was ordered mist. ammon. acet with small quantities (?) of morphia. After two days articular rheumatism appeared. On the next day six leeches were applied to the left side with marked benefit, and a small quantity (?) of antimony was added to the mixture. Dismissed cured on the thirty-second day.

Here was a case of double pneumonia and acute rheumatism running their natural course in a weak subject. Is it to be supposed that six leeches to one side modified the one, or that the "small quantities" of morphia and other treatment influenced the other? Would not the course of both have been shortened by a restorative treatment?

"Can it be seriously maintained that the low diet in the first case, that the loss of six ounces of blood in the second or the six leeches and other treatment in the two others, benefitted the pneumonia and hastened its resolution?"

Case IV. A labourer, aged 23, admitted on the eighth day, with pneumonia below the fourth rib, anteriorly on the right side. "Six leeches with saline mixture, containing 1/12 gr of antim. tart, followed by a blister, appeared (!) to give temporary relief. "On the twelfth day typhoid fever declared itself, with bronchitis. Brandy, stimulants, and poultices were then ordered. Dismissed cured on the thirty-fifth day.

Dr Sieveking says that probably the patient might have done equally well without the leeches and tartar emetic. Of this there can be no doubt. The progress of broncho-pneumonia is always more tedious than that of simple pneumonia, and recovery was further delayed by the typhoid fever.

How is it shown in these four cases that the pneumonia in all of them was not precisely the same, that it varied in type, or required a different treatment? Then, as to the treatment, can it be seriously maintained that the low diet in the first case, that the loss of six ounces of blood in the second or the six leeches and other treatment in the two others, benefitted the pneumonia and hastened its resolution? Of this there is no proof whatever.

I submit, therefore, that the principles laid down by Dr Sieveking are not supported by his own facts; and, as they are directly opposed to the conclusions derived from more extensive data, they offer no evidence in favour of that mixed treatment so popular with members of the profession.

1.The Restorative Treatment of Pneumonia. Third Edition. Edinburgh: Black, 1866
2. See also some Lectures on Pneumonia by Dr Waters, of Liverpool (British Medical Journal, October 1867), whose views and treatment, allied to those of Dr Sieveking - I hope he will forgive me for thinking - are very unsatisfactory, when compared with the results obtained by a restorative practice.

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