A HUNDRED AND FIFTY YEARS AGO

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On the Dangers of Blistering

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BLISTERS ARE USELESS AND hurtful in pneumonia, and they are much abused in many other uses. It was in 1835, after treating two pneumonic patients ineffectually with large blisters, that I renounced that treatment, for I had perfectly satisfied myself: that blisters in no way diminish the duration of the disease; that they increase the febrile excitement; that they are a real misery to the patient; that each dressing involves danger, because it is necessary to uncover the chest, which checks the cutaneous transpiration, sacrificing the effects of a natural general revulsion for the sake of a limited and artificial one; finally, I perceived that a fresh inflammation developed near an inflamed part is more likely to aggravate than to divert the disease.

I observed also that ordinary pneumonia was neither mitigated nor diverted, since stethoscopic examination on the day following the vesication with cantharides revealed no modification of the physical signs, and the fever itself was really increased, which obliged me to repeat the bleedings, just as if the blisters had never been applied.

"What then is the good of a treatment which does not diminish the local symptoms, which aggravates the general phenomena, which tortures the patients, and is likely to aggravate, and almost always to prolong, the disease by the mischief done?"

What then is the good, I asked myself, of a treatment which does not diminish the local symptoms, which aggravates the general phenomena, which tortures the patients, and is likely to aggravate, and almost always to prolong, the disease by the mischief done in the necessary exposure of dressings, &c?

But many practitioners, especially country doctors, have not given up the practice. I am therefore compelled to justify my practice, and to ask them for an explanation of theirs.

I know of no one who has first demonstrated by stethoscopy the degree and extent of a pneumonia, and then, after blistering, has proved the diminution either of the extent or the intensity of the inflammation. Vesication, recommended because physicians of ancient Greece and Rome have used it, has gone on increasing till we all fancy ourselves compelled to apply blisters. And all this when no one has given us any reason!

It is said, M Gendrin still states that he can make a pleurisy or a pneumonia abort by covering the whole of the affected side of the chest, at the outset, with a blister. But has he proved it? And in any case was not his remedy worse than the disease? Did he not cure a simple pleurodynia instead of a pleurisy? May he not have done much the same thing as our village bone-setters, who reduce dislocations that never existed, and leave real dislocations unreduced?

What, then, shall we say of a remedy which is painful, disgusting, and possessed of more proved defects than probable advantages? Must we recall the fine discourse which Malgaigne made ten years ago? Must we evoke his grand voice, making the arches of the Academy of Medicine ring and crushing vesication and its partisans with the immensity of his science?

I shall limit myself to relating three cases I have observed. Do you want facts that speak more loudly? Must you have plainer proofs of the uselessness, the dangers, the tortures, of these blisters?

Pleurisy and effusion in a child of three

After the application of a blister, proposed by the doctor and agreed to with transports of joy by the friends, the child experienced an increase of the effusion and of the fever, which became uncontrollable. The child died.

Young man with typhoid fever and ataxy

There was a case of a young man with typhoid fever and ataxy. I advised musk, but a colleague suggested blisters to the legs. My arguments paled before the enthusiasm of the surrounders, and the blisters were applied. The ataxic delirium was calmed by the musk, before the blisters had taken; they did take, so effectually that when the young man had got quite well he was kept in bed by gangrenous wounds, which the cantheride plasters had caused.

A child of four in bed for two months with bronchitis

This little martyr had been constantly treated by blisters on the arms and round the chest. One or two were always kept suppurating. The patient was like a mummy; the emaciation was so great that the dental arches protruded as in a monkey's face or a skeleton, so thin were the lips and so large the mouth. The eyes were deeply hollowed, and the cheeks stretched over the malar bones. The child was lying, with head bent, hanging by its own weight, so incapable was the wasted neck of sustaining it.

But when I was going to take his arm to take the pulse, he sprang up like a lion, open-mouthed, to bite my hand. "What is that for?" I asked the mother. "Ah, sir," said she, "he thought you were going to dress his blisters. He always does that when we go to dress them, and we are obliged to hold him."

The blisters had not removed his cough, his pulse was small and rapid, his skin dry, hot almost like parchment. I advised tepid whole-baths in bran water to calm the pain of the blisters, and moisten the skin a little. I ordered syrup of digitalis, and demulcent drinks and milk (first diluted and then pure), to diminish the fever and the bronchial inflammation. This treatment gave immediate relief, and ultimately quite cured the patient.

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