

A HUNDRED YEARS AGO

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TREATMENT OF RHEUMATIC DISORDERS

SELECTED NOTES FROM READERS, JANUARY, 1912

Treatment by bee stings

TREATMENT of rheumatism by bee stings is a method which I believe to be nothing short of mere humbug. I have tried it repeatedly. Being one of the most extensive bee-keepers in Scotland I am frequently stung, sometimes to a degree that is alarming: 50 stings per day would not inconvenience me, and yet I suffer severely from pure articular rheumatism. This is not because I counteract the effect of the stings by my mode of life, which is of the very simplest in food and of the most hygienic in surroundings. Tea is the only “alkaloid” I indulge in.

A line of treatment which I find very beneficial is the frequent sponging of the whole body (except the face) with dilute acetic acid. This gets absorbed through the skin. It is an extension and improvement, I think, along the lines of treatment by “natural” (organic) acids, e.g., salicylic, formic, acetic.

T. Duncan Newbigging, M.B., C.M. (Abington, Lanarkshire)

The country doctor and acute rheumatism

A COUNTRY DOCTOR who calls at a dozen scattered villages should always carry a few drugs. A case smaller than a cigarette case will hold, in addition to the hypodermic, four tubes of tablets, e.g., phenacetin, acid aceto-salicylic (aspirin), calomel, and (for lotions, etc.) chinosol. This case will prove of constant utility in starting many treatments promptly.

In a case, diagnosed as rheumatic fever – more or less disguised – the patient must be in bed and at once be given 5-20 grains of aspirin, followed an hour later by a suitable dose of calomel; if the regular mixture cannot be procured for many hours additional aspirin tablets should be left. Such tablets can, of course, be readily crushed, with a little sugar, for children. Dogmatic directions concerning the bed, diet, and bodily and mental rest should be given.

It is difficult to impress the lay mind with the fact that though all symptoms may subside within 24 hours, yet the “rheumatic poison” is active for at least 10 days: but the lay mind must be so impressed, and at the first visit.

The picture may be rendered more vivid by painting the dangers of secondary heart disease. As an example I will relate the history of a complicated case of rheumatism. A girl of 13 years was taken ill with sore throat in September 1908. When I arrived some six hours after receiving the message she was dressed and downstairs. A history of vague joint pains, chiefly in one ankle, a few days previously was obtained. Pulse and temperature were slightly raised, and the tonsils were speckled and inflamed. The heart was dilated and the sounds were woolly and irregular. She was forthwith carried to bed and treated on the lines already indicated. The pains promptly subsided, but within 48 hours she was suffering from severe endo- and peri-carditis, effusion following. Opium in small doses and repeated praecordial blisters were used. The illness was acute for a week, but thereafter convalescence was uninterrupted. Three weeks later she was still in bed, but no physician could have detected any trace of cardiac trouble. The diagnosis was indisputable and was checked by Mr. E. C. Austin, my late partner.

In August 1911 the girl had a second attack of acute rheumatism. As the parents, however, recognised at once the gravity of the case, treatment was

undertaken earlier: the course proved mild and uncomplicated. The patient is again working with a perfect heart.

Osler’s statements as to the local treatment being of “the greatest importance” and drugs being “still far from satisfactory,” I fail to understand. Surely the salicyl compounds are as near true specifics as any known drug; and seldom will one require local measures, the best of which is some form of oil of sweet birch.

G.P. Young, M.B., B.S., F.R.C.P. (Hinckley)

Dr Percy Wilde’s Method

THE FOLLOWING is a condensed account of Dr. Percy Wilde’s method of applying the “hot moist blanket pack”: Four single dry blankets are laid in order upon the bed and upon these a large waterproof sheet long enough to extend from above the shoulders of the patient to about eight inches beyond his feet. The patient is undressed and rapidly rolled up in a blanket which has been tightly wrung out of hot water. The dry blankets are then separately packed round the body. A cold compress on the forehead may be needed. A hot bottle at the feet may assist in producing perspiration; so also will a hot drink. Perspiration should begin in about half an hour; when it is fairly established the blankets are removed, the patient is rapidly sponged with tepid water, briskly dried, and redressed and covered with ordinary blankets.

Case 1. A patient, aged 11 years, came under notice owing to great breathlessness and much difficulty in walking. There was a presystolic murmur with a history of former rheumatism. The ankles were so stiff and swollen that the patient walked with great difficulty. The wrists were also much affected. She improved under hot packs, and her ankles completely regained their movement. A year or two afterwards she gained a prize for running while at a works picnic.

Case 2. A married woman had a mild attack of rheumatism. On recovery there followed pain and increasing stiffness in many joints. There was no fever, and there was no excessive perspiration. Cold sponging was assiduously carried out for several months, and the patient has remained free from pain for several years.

As Wilde very properly insists, the first effect of his treatment is not infrequently to raise the temperature possibly two or three degrees, and in the first instance there may be the implication of fresh joints. These untoward manifestations soon pass off, however, and even in acute cases it is surprising to see how soon the stiff and helpless patients can begin to move about in bed. The treatment involves the nurses or attendants in a good deal of work, and in the houses of the poor the difficulty of procuring additional blankets is a serious obstacle.

John Ritchie, M.B., C.M. (Glasgow)

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