

THE USE OF DRUGS IN THE TREATMENT OF EARLY PHTHISIS.

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It is in cases of catarrh at the lung apex due to cold caught or to respiration for some time of close, vitiated air that drug treatment appears to advantage. That peculiar catarrhal state of the apex which has been described as pulmonary cachexia, and which is close on the borders of tubercle, and is due to a degenerated condition of the epithelium from constant respiration of bad air, improves rapidly when the patient is removed to a pure air, such as that of Bournemouth. Where, however, we cannot give the patient the advantage of removal, we have to do our best with drugs. Specially, I would draw attention to the good results that may be obtained in such cases from the use of the hypophosphites. From what I saw of the effect of phosphorated oil given in cases of phthisis by the late Dr. Cotton at Brompton Hospital, I was induced to try the hypophosphite salts. The oil of phosphorus given in small dose in capsules is very apt to cause nausea, but this objection does not apply to the hypophosphites, and at the same time these salts contain phosphorus in such an active condition that they burn readily when heated in a capsule over a flame.

The result of some twenty-five years' experience in the use of the hypophosphite salts has led me to the following conclusions based on records of cases. Hospital outpatients who came with cough and expectoration, perhaps blood-stained at times, and who presented *râles* at the lung apex, continuing there after some amount of bronchitis due to cold had been overcome by various remedies, improved in a way that surprised me on giving them five grains of hypophosphite of soda three times a day. Plain water or infusion of calumba were the vehicles usually employed in giving the remedy. The patients got better, and some would return in perhaps six months time with the same symptoms and signs again, and would again improve on the hypophosphite treatment. In cases of persistent consolidation of lung after pneumonia, I have in very many cases seen

absorption of effused products proceed speedily under treatment with hypophosphite of soda; this, too, in cases where ordinary treatment had been followed to no purpose for some time. Cases of this description that appeared doomed to a speedy death by phthisis I have seen clear up and recover perfectly on five grains of sodium hypophosphite given three times daily for five or six weeks. In cases of pleurisy with effusion, the hypophosphite salts seem to me to have no effect whatever. In cases where the pleura appeared to have been roughened by deposit so that friction sounds of loud and coarse character were very audible, I have seen all these sounds vanish and the patient do well under the hypophosphite of soda.

Before the days of the tubercle bacillus, I had learnt that there were cases of phthisis attended with fever and rapid in progress in which the hypophosphite failed in a way that I could not understand. I believe, from more recent observation, that these were cases where the tubercle bacillus was too strong to be overcome by a medicine whose action lay mainly in promoting the absorption of inflammatory products.

Many years ago Dr. Graves, of Dublin, as well as Dr. Rush, of Philadelphia, and Dr. Munk, of London, laid stress on the use of mercury as an absorbent in cases of phthisis. Mercury, says Graves, is of use where the affection of the lung is local and the system generally not affected. In scrofulous pneumonia, rather than in tuberculous disease, the mercury is said to act with most advantage. How far this is true I will not now stay to inquire, but the idea in giving mercury was to get rid of inflammatory deposit and so prevent phthisis. We now say, get rid of inflammatory deposit and so take away what may prove a nest for the growth of tubercle bacilli.

Whether it be phosphorus or hypophosphite that is given, I believe a process of fatty change and liquefaction of the effused product is set up and absorption follows. Sometimes the process seems to me for a time attended with some amount of increase in temperature, and when this is the case it is well to reduce the dose of the drug or give it at longer intervals. In recurring hæmoptysis, too, the hypophosphite must be used with care. The most active in liquefacient power is the hypophosphite of potash,