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Some Checks to the Introduction of the Cold-Bath Treatment.

BY DR. CHARLES E. PAGE, OF BOSTON.

IN the nature of things we may never hope—at least the writer has no such hope—for the discovery of some drug or combination of drugs that will take the place of water in the treatment of typhoid fever, however desirable such a discovery might seem to the mind of the most ardent anti-naturalist; but if the thing were possible, and should take place—that is, if we had a medicine that accomplished the same good that water (cold, hot, medium, short, long, general, local) does in fever, I fancy that the balance of the materia medica would go begging so far as fevers are concerned. The spread of the knowledge of the new drug would be rapid, and the entire profession would shortly know enough about it to begin using it. I might here pause to say, *en parenthèse*, that after the chemist had secured plenty of testimonials from us as to the safety and certainty of the effect from the use of the new remedy, it would perhaps be sprung on the public as a popular medicine, and no one would think of keeping house without a bottle of it at hand.

But why is it that, after the praises of water as a medicine—I am thinking now of the cold bath in typhoid fever—have been eloquently sounded by the brightest men in the profession, in every age, from the time of Hippocrates to the present day, still we find only a very few, comparatively, of the most thoughtful, level-headed physicians who use the remedy in a way to get all the good there is in it? We can understand how it comes about that a tyro in medicine, a fledgling just from school, where so very, very much is said about drugs and so very little (heretofore nothing) about the cold bath in fever, should keep right along experimenting with the old and hunting out all the new drugs, while his typhoid fever patients slip through his fingers at the usual rate of twenty to thirty in the hundred; but it is not quite so easy to account for like action in the case of veterans, whose disappointments in medicine have been many and bitter during long years of honest service. For example, Dr. Baruch, in an editorial, speaks of a certain professor "who, true to his well-known conservatism, is but a recent convert to this method," etc. There must be some strong cause for this extreme backwardness among "trained medical men" in adopting a remedy which, to the mind of every thorough-going convert, possesses such virtue that he would sooner treat a case of typhoid fever without being allowed the use of a single article in the materia medica than dispense with it. In view of my own personal experience, and my knowledge of the utterances of all the present leaders in this movement, I believe that I have not put this any too strong; and if it be true, the fondest lover of alma mater among these front-rank medical men must say, with hand on heart: "Alas! dear, cherishing mother, thou wert indeed most blind in putting such stress on drugs and leaving the cold bath to the quacks."

But the dawn is at hand—at least

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let us hope it is the dawn, and not simply another mere flashlight such as every century has furnished since the Creator, as it is said, introduced the cold bath in the treatment of sin—and let us pray that daylight may spread so rapidly, as recent experience would seem to indicate may be the case, that every member of the profession in the present generation may have more than the faint, random gleam that at best has been all that has been vouchsafed to past generations. Now that two or three of the great medical colleges have clinical lectures on the cold-bath treatment, we may well believe that a new era is at hand and that there will be no steps backward. This is, indeed, the light of day, but it will not be high noon, even when every medical school in the civilized world has its chair in hydrotherapy, unless every occupant thereof shall teach, and in the most emphatic manner, that whatever else is omitted, or tried as a last resort, it shall not be the bath in fevers.

But when the doctor of to-day who may chance to be efficient in this treatment is called in a case of fever, what obstacles confront him in the matter of its prompt and complete application? Why is it not as easy for him to induce the friends to consent to the patient having a full bath in cold water, for its effects upon the heart, the nervous system, and the temperature, etc., as to reconcile them to a fast of twenty-four hours (or twice, thrice, or several times that, as may prove necessary) for the relief of the diseased intestine, and which operates so charmingly in typhoid fever? The first reason that suggests itself in considering this entire proposition is that in the first instance the patient is asked to *do something that he dreads*, while in the second he is asked *not* to do something that he dreads—or ought to, at any rate; for to my mind it is a most dreadful thing to thrust food of any sort upon a stomach and intestines suffering from severe *acute* disease. He hates the very thought of a chill, and he (usually) hates the very thought of food as much; at least this can be said of most typhoid fever patients at some stage of the disease. The reason of this is evident to every well-informed student in this special disorder. *There is no gastric juice*, in the strict sense of the term, the absence of hydrochloric acid forbidding, as careful experiments have proved, all hope of stomach digestion, while a *much worse lesion in the small intestine* may well assure us that neither undigested nor "predigested" food can act otherwise than as a *harmful irritant*, and as *so much foreign matter to be eliminated*, or, in other words, as a *terrible tax, without the slightest compensating influence.*

If this be true it follows that *feeding* at this stage of the disease provokes needless suffering, prolongs the sickness, and tends to produce fatal result, while, on the other hand, fasting gives the patient ease and tends strongly to abort the attack. That it acts thus, and in a powerful and successful manner, I have proved over and over again. Diarrhœa ceases, the bowels indeed soon close and remain thus until feeding is resumed; this is not to be classed as constipation, the entire intestinal tract is simply having a fair chance to heal; the lower intestine is not loaded with substances from the stomach; there is shortly no pain or distress of any sort, no tympanites, no delirium. In brief, the whole aspect of the patient is changed for the better. Says Sir William Jenner: "I have seen the patient restless, sleepless, or drowsy, his temperature raised several degrees above what had previously been, vomit, eject a quantity of curd, and at once the restlessness ceases, the temperature falls, the skin

becomes moist, and the patient drops into a quiet sleep. All the threatening symptoms vanish with the ejection of the offending material." Again and again have I observed all these symptoms cease under the influence of discontinuance of food with some hot-water drinking; and, better still, I find that a few days' fasting at the start prevents most of the distresses from which patients suffer under the prevailing dietetic practice in fevers.

But to return to our "sheep," as the French say, who is afraid of a chill, and whose friends fear that he will "catch cold," they not being familiar with the German maxim that such a thing is impossible in fever. It was not in their house, probably, that the little incident occurred, the relation of which went the rounds of both the medical and the lay press a few years ago, concerning the delirious fever patient who made his escape from bed and rushed away down to the river near by and into the water, where, before he could be fished out, he had a full fifteen-minute bath with vigorous exercise in lieu of friction. The beauty of all this is that that patient was convalescent from that hour. But it is quite possible that his family physician learned about as much from the incident as the average doctor did from the various fasts of Griscomb (forty-five days), Tanner (forty days), Succi (forty-five days), or as he is likely to do from such voluntary fasts in sickness as may come under his observation. The fact of the matter is, that to comprehend a thing of this sort fully one must fully understand the principles underlying the phenomenon.

The fear of a chill is the first hindrance to the prompt application of the cold bath. This would not hold —indeed, the feeling or prejudice would not exist, of course—but for the fact that the new doctor is *rara avis* in the community. If all physicians were equally competent and were known to practise the method, it would be plain sailing. As Dr. J. C. Wilson has well said : "This difficulty will vanish so soon as the profession generally recognizes in the method an efficient means of saving many lives, and lends its weight to the advocacy of the plan among the people."

Lack of courage prevents some physicians from acting upon their convictions in this matter. One of my patrons recently told me of a conversation with his former family physician, in which the latter confessed frankly that although he knew there was great value in the bath treatment, he had not the courage to introduce it in his practice. He would doubtless lose a great deal of practice by introducing the method, as I am well aware is true in my own experience. For example : The family above alluded to is a very influential one. They are devout Christians, very agreeable people, and have hosts of friends. They live in a suburban community, where the neighbors know much of what is going on in the homes near about them. My work has been so successful in this family that all the members feel justified in recommending their doctor on all appropriate occasions. My first notable exploit was in the case of one of their children with scarlet fever. The results were rather brilliant and eminently satisfactory. The case started out in a very ugly manner, but within forty-eight hours the lad was made comfortable, and in two weeks was physically able to be on the street, and was shortly about his affairs, clean and sound. It would seem that everything here favored the capturing of that neighborhood. What are the facts in the matter? Quite the reverse from what the novice would be led to expect. If the neighbors and friends of this family ever had an idea of consulting me for anything it has been effectu-

ally dissipated, as my friends frankly tell me, by their knowledge of my methods. Some of them have since lost members of their family from scarlet fever; typhoid fever has the same long run and high rate of mortality as ever in that community, and the physician who "had an idea" that the bath method is of prime value, but had not the courage to adopt it, has his hands full of business. To the minds of some the foregoing experience would probably give rise to the suspicion that, owing, of course, to the sublime ignorance of the people generally in such matters, the worse a doctor's treatment is, so long as it is strictly "regular," the more popular he is likely to become. In the nature of things enough of his patients are *bound* to recover to prevent any marked occasion for ugly comparisons with the results of other physicians' ministrations in his vicinity, these being of the same regular order. As for the cold bath man, he is distinctly not in it from the start; for, particularly if he knows *when not* to feed his patient, as well as he knows that at some point in the disease of course his patient must be fed, he has, practically, almost no "bad cases," and so, as naturally follows, he has no means of proving his ability to "cure" such. The best successes that I have had in my practice have never, or almost never, brought me more business, except in cases where the new consultants have known little or nothing about my methods, because the friends who recommended me were tactful enough not to go beyond the usual formula in recommending their doctor, saying nothing about his peculiar views on diet and water treatment.