Current topics in medicine a century ago

A century ago, in 1914, medicine was entering into the exciting times of the modern scientific era. Important advances were being made in the special investigations of diseases and effective specific treatments of some major conditions were being developed. A specific laboratory test, the Wasserman reaction for syphilis, had been introduced in 1907. William Einthoven of Leyden (Nobel laureate in 1924) invented the electrocardiograph in 1903 and important physiological and clinical studies on the heart were carried out by Sir Thomas Lewis of University College Hospital, London, during the first decade of the new century, using the early large and clumsy apparatus.

X-rays had been discovered by Wilhelm Conrad Roentgen, professor of physics in Wurzburg in 1895 and, within months, were being used clinically for the detection of foreign bodies and fractures and then for chest imaging. By the early years of the new century, bismuth, and then barium, contrast studies were applied to the alimentary tract.

In therapy, Paul Ehrlich of Frankfurt on Main introduced the organic arsenical, Salvarsan for the effective treatment of syphilis in 1907.

However, it must be confessed that much of medicine 100 years ago remained empirical, arbitrary and, at the best, palliative.

So what topics in medicine were 'in the news' a century ago? A useful way to research this is to go to the *British Medical Journal* for 1914 and to read the detailed report of the Annual General Meeting of the British Medical Association, held that year in Aberdeen, of the topics discussed in the Section of Medicine, each having been introduced by a leading authority in that field.

William Aldren Turner, physician at King's College Hospital and the 'National Hospital for the Paralysed and Epileptic' (as it was called in those days) lectured on 'The outlook in epilepsy'. The only available effective drug at that time was bromide. Definition of cure was that the patient could obtain his/her living, even if on medication. He outlined several factors in 'curability':

1. Epilepsy commencing in infancy or childhood tended to be unsatisfactory; many cases arise from a focal organic lesion in the brain and some are backward in mental development (walking, talking)
2. Onset in puberty or adolescence has a better outlook if the fits are not too frequent or severe and if treatment is carried on with persistence
3. Onset after 30–35 years of age is on the whole favourable if not symptomatic of organic disease of the brain, the patient is not an alcoholic and general paralysis of the insane excluded by Wassermann test of the CSF. (It is interesting that the barbiturates, introduced a few years previously, were not mentioned in this lecture.)

Dr D Durward Brown MD of Harrogate, then as now famous for its spa, lectured on 'rheumatoid arthritis', which he described as 'one of the most insidious, most perplexing and most mysterious of the diseases of our time'; yearly he was seeing increasing numbers of cases.

He stated that the physician must deal with the absorption of toxic products – pyorrhoea is present in 70% of cases. To a lesser degree the physician must search for septic foci in the nose, tonsils and stomach and exclude gynaecological disease – leucorrhoea is common and requires treatment by the gynaecologist. Poisons should be eliminated by the bowels, kidneys and the skin; at Harrogate, colonic lavage was used or, if this was too drastic for the patient, sulphur water was prescribed each morning.

The principal drugs used were creosote and guaiacol, together with iodine and thyroid extract. Intramuscular injection of magnesium sulphate had given 'brilliantly successful' results in acute cases. Massage and exercise were important. Blistering applied to the mid dorsal and lumbar regions was 'drastic and few patients will submit to it'.

The lecturer concluded 'treatment is best given at a spa and, in Harrogate, during a 3–6-week stay, the patient can be given a very good start to complete recovery.'

An almost unbelievable lecture, which can hardly have changed in therapeutic content for at least the previous hundred years!

A discussion on 'headache' had as its principal speaker Dr Harry Campbell of London. Without giving any evidence for his statement, he pointed out that a centre for headache is centred in the inferior part of the post-central gyrus of the cerebral cortex, and illustrated this with a splendid diagram. He said that many cases of headache were caused by faulty digestion and he recommended a carnivorous diet. (Another speaker was more in favour of the free use of leeches applied to the temple.)

Dr Campbell went on to list the four main causes of excitation of this pain centre:

1. Painful stimuli to the head, for example, pediculosis capitis among the poor and traction on the scalp by long hair in women or a heavy, hard-rimmed hat in men (!)
2. Eye strain, dental or nasal disease
3. Diseases of the thoracic or abdominal viscera receiving innervation from the vagus nerve
4. The close connection between the cortical headache centre and the special senses. Hence 'bright lights, loud noises and powerful odours are apt to set up headaches'.

In the long discussion, the chairman, Dr FJ Smith of London, said that, in his experience, headaches were common in medical men and could be cured by mercury and iodide (Could they have been syphilitic, I wonder?).

Reading these learned papers of 100 years ago it is clear that, apart from a few specific drugs – digitalis for fibrillation, quinine for malaria, neosalvarsan for syphilis and morphia for severe pain – physicians had little to offer their medical patients apart from elegantly prescribed anodyne medicines and tender loving care. BJHM

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