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[Reprinted from THE CLIMATOLOGIST, November, 1891.]

## WHOOPING-COUGH : ITS MANAGEMENT : ITS CLIMATIC TREATMENT.<sup>1</sup>

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IN the management of whooping-cough we do not embrace, with the degree and vigor paramount to the importance of the case, the conception of the infectious nature of the disease. Such conception should be the fundamental basis upon which our therapeutics should rest. It is true, such means are employed to limit the spread of the disease and thereby prevent the infection of others. It is true, likewise, that such drugs are used as are supposed to limit or control bacillary inflammation. All this is well enough ; but the writer holds that sufficient grasp of the fact that the disease is auto-infectious has not been taken, and that the cardinal principles that should obtain under these circumstances are largely held at naught.

Apart from the proof of bacteriological observations, one may see the auto-infection in the general and local phenomena. The constant recurrence from time to time of aggravations of the disease, in spite of measures to prevent "cold," etc., point to reinfection. Moreover, careful study of the inflammatory process in the lung cannot fail to impress one with the mycotic origin of the inflammation. This is particularly seen in the severe cases. An area of the bronchi is infected and the seat of inflammation. Its course is run, an area beyond infected, a decline of the process seen. And so this creeping mycotic inflammation extends from large to small, from small to smaller tubes, extending over a considerable period of time, until the soil liable to infection is exhausted or the patient succumbs to the disease.

With such conception of the nature of whooping-cough our

<sup>1</sup> Read by title before the American Climatological Association, Washington, D. C., Sept. 1891.



guidance in its management would be easy if we were certain as to the source of such infection. Does auto-infection take place from the tissues within the body, or does reinfection arise from extraneous conditions, such conditions being due to the affected individual? In other words, is the patient in constant danger of being reinfected from the discharges, such as the abundant expectoration, which have not been properly disposed of? That the former is more than possible, the laws of mycotic inflammation well support. That the latter is likewise possible all principles of infectious diseases uphold. Clinical observations and the results of management conducted in accordance with such ideas confirm the truth that reinfection is the cause of the grave and protracted or relapsing cases of whooping-cough.

In the personal experience of the writer the following occurred:—

A little child, twenty months old, had a severe attack of the disease. Extra measures to remove discharges and insure cleanliness were used. She was removed to the sea-shore. She improved and was brought to her home. She grew worse soon after her return, and in spite of removal a second time to the sea-shore she died. The writer is thoroughly convinced that the return of the patient to the room previously occupied was the cause of her reinfection and ultimate death. Other examples could be cited, and doubtless, to many practitioners, a similar experience has fallen. If it is true that the gravity of whooping-cough is increased tenfold by auto-infection, such measures as may prevent the auto-infection are essential in its successful management. The writer will not again discuss that which has been thrashed out so often, viz., the use of antiseptics introduced through the stomach or by inhalation. While their value may be questioned, this is certain, that change to an aseptic atmosphere, which is stimulating to the general system, is a vantage-point secured far beyond the use of drugs.

The following truths will occur to any one: In the management of whooping-cough it is absolutely essential to apply the principles which are laid down in the control of all infectious diseases. It is not necessary to discuss in detail such common knowledge. In general it may be said, to prevent the infection

of others, quarantine should be insisted upon. The younger members particularly of the family should be protected. All discharges should be disposed of in accordance with antiseptic regulations; all personal clothing and bed-linen should be treated accordingly. The patient's body should be disinfected by baths, etc., daily. The attendants should be disinfected likewise. The room should be furnished as we are wont to do in cases of scarlatina. If possible, frequent changes to another room should be made, the room just occupied being thoroughly disinfected in the interim. No doubt the value of the treatment by sulphur fumigation of the sleeping-rooms, as advised by many writers, arises because of the disinfection secured. Other measures will occur to the practitioner. The above simply points the way; the details of antiseptic management must be carried on in all cases.

*The Climatic Treatment.*—In a few words the climatic treatment was alluded to above. All agree that cases which develop in our cities are benefited by change. Removal to the sea-shore or the country is generally followed by an amelioration of all symptoms. It is not necessary to discuss the benefit of such treatment. We all recognize its utility. It is of vital importance to discuss its practical possibilities. All recognize the difficulties that arise. Hotels refuse patients with the disease; private houses take them only on the fullest recompense. A certain class are debarred from climatic treatment by the expense attending it. Any one who has tried to get patients to suitable places will appreciate the difficulties and discomforts to himself and his patients. It is with the hope that the members of this society can now, or in the future, suggest and have established systematic means by which, to most persons, climatic treatment may be possible, and can be secured with a certain amount of comfort at a reasonable degree of cost, that the writer has ventured to bring up this homely but practical topic.

Is it worth while for this society to appoint a committee which might investigate the question involved and attempt to devise means whereby the benefits of climatic change could be secured to most of our patients?

Could a central bureau of registration or a directory be devised which at once could furnish all desirable information concerning health resorts and their accommodations for infectious diseases?

This bureau need not be general. Each community might have one for resorts in its vicinity as each large town has a nurse's directory. Could and should this society attempt to get the authorities of properly selected points to build or encourage the building of sanitariums for the treatment of whooping-cough?

With a full appreciation of the practical importance of the subject, the writer submits the above for consideration.







*Published the 15th of each Month.*

# THE CLIMATOLOGIST.

A MONTHLY JOURNAL OF MEDICINE,

DEVOTED TO THE

Relation of Climate, Mineral Springs, Diet, Preventive  
Medicine, Race, Occupation, Life Insurance,  
and Sanitary Science to Disease.

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Single Numbers, 20 cts.

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Philadelphia, Pa.