

MEDICAL TEMPERANCE IN THE HOME

ALCOHOL BEFORE AND DURING PNEUMONIA

The increasing success with the new methods used in treating pneumonia has created renewed interest in that disease, and it is not surprising to find that a late book on the subject, "Pneumonia: With Special Reference to Pneumococcus Lobar Pneumonia," by Roderick Heffron, M.D., gives an exhaustive treatise, bringing to light the modern methods of treatment. Much of value is to be found in its pages regarding the influence of alcohol in pneumonia. A review of Dr. Heffron's opinions and findings in regard to the use of alcohol in pneumonia, together with those of other authorities as found in recent books, follows. The use of alcohol as a therapeutic measure in pneumonia will be considered, as well as the relation of alcoholism and pneumonia.

About 1850, an Irish physician named Todd decided that internal administration of whisky was valuable in the treatment of pneumonia. The idea spread to England, and it was not long before the Germans also accepted this method of treatment, which reached its height of popularity about 1880. By 1883, the assertions of the eminent German pharmacologist, Schmiedeberg, caused the value of alcohol in treatment of infections to be reconsidered. Since that time its use has lessened gradually until today in most of the best hospitals and by the greater number of physicians alcohol is used very little.

The reasons why some physicians give alcohol in pneumonia are listed by Dr. Courtenay C. Weeks, the distinguished British authority, as follows:

1. Because of its alleged food value.
2. Because of its mildly narcotic action.
3. Because, by lowering blood pressure, it may relieve the right side of the heart.
4. Because it is easy to yield to inertia and custom and the imagined or real wishes of patients and friends.

Formerly given for its food value, the use of whisky in infectious disease, especially in pneumonia, has been supplanted by glucose, a remarkably good source of energy and an easily assimilated food. The food value of alcohol is now questioned.* In the Norman Kerr Memorial Lecture for 1938, Dr. Edward Mapother, of England, stated that while alcohol is destroyed and oxidised in the blood, thus producing heat, there is no proof that it enters into the metabolism of the muscle in the sense that sugar does.

Other Sedatives

The chief therapeutic use of alcohol seems to be for its sedative effect. In the early stages of pneumonia, it may quiet a restless patient and induce sleep, says Dr. W. H. Wynn, writing in the "British Medical Journal," but he points out that morphine will do this more effectively.

Because its action is not constant and of only short duration, Dr. Joseph Miller does not consider whisky of value in lowering blood pressure. Small, half-ounce doses cause a "transitory rise" in pressure, while two-ounce doses have the opposite effect. There are more desirable drugs for this purpose, says Dr. Miller in "Alcohol and Man."

According to Dr. Heffron, there seems to be no evidence that alcohol has any value in the treatment of pneumonia, although it often is given in some form to those who are chronic alcoholics. Some authorities oppose such practice, but others allow it in conditions of marked toxemia, or advanced age, or lessened food intake.

Dr. C. P. Howard ("Oxford Monographs") considers alcohol without much value and perhaps harmful as a cardiovascular stimulant in treating pneumonia. Dr. Wynn says: "(Alcohol's) reputation as a cardiac stimulant probably arose from its familiar use as a remedy for fainting. . . . The effect on the circulation is then due to reflex action from its irritant effect upon the upper part of the alimentary canal. This action is fleeting, and it does not follow that the same effect will be produced in gradual circulatory failure in acute fevers."

Admitting that alcohol may have some sedative action, Dr. John Hay, Professor of Medicine at Liverpool University, in speaking before the British Medical Association in 1927, warned that "to give alcohol in the belief that it is a cardiac tonic or stimulant is opposed to scientific teaching and clinical experience. Alcohol is not only futile but detrimental when administered in repeated doses to help a failing heart." Dr. Heffron asserts that reflex stimulation of the heart and medullary centres may be brought about by administering small doses of aromatic spirits of ammonia or brandy or whisky, but he suggests that the inhalation of ammonia or smelling salts may do the same thing.

Although Dr. Emil Bogen speaks of sudden withdrawal of alcohol in the case of pneumonia patients weakened by drunken debauch as productive of delirium tremens, and Dr. George Wallace in "Alcohol and Man" concurs with this view, the generally accepted opinion seems to be that alcohol no longer is thought to play an important therapeutic role in the treatment of pneumonia: that for nearly all its supposed therapeutic effects, there are safer and more efficient agents.

It seems to be a recognised observation among the medical profession that alcoholics do not withstand severe infections so well as abstainers do. The work of Thomas, Abbott, and Laitinen concur with this idea. This opinion is upheld also by the fact that in cholera epidemics, an unusually high mortality rate is found among heavy drinkers.

Dr. Heffron notes that the "general immunity" of infected experimental animals is acted upon unfavourably by alcohol, and frequently its use allows the development of infections which may even prove fatal, infections which are not found in controlled animals. He cites Goodners' observation on rabbits which had been traditionally infected. These animals, placed on their backs for several hours after infection, developed septicæmia rather than the anticipated local infection.

Pneumonia is one of the infections in which previous alcoholic indulgence seems to play a fatal role. "In the experience of many physicians it has been observed that the habitual use of alcohol in excess renders a person more susceptible to pneumonia and increases the fatality of the disease," says Waddell and Haag in "Alcohol in Moderation and Excess." Dr. (Joseph) Miller acknowledges that less resistance to pneumonia is shown by those who imbibe than by total abstainers. He notes that during or immediately after a drinking bout individuals frequently contract pneumonia, which is evidence, he affirms, that alcohol lowers bodily resistance to this particular infection. Langmead and Hunt, as quoted, says that the constitution is undermined, and the power of both resisting and combating infections is lessened by extended use of alcoholic drinks and by chronic alcoholism.

For the above very informative article we are indebted to our "Exchange," the "Scottish Women's Temperance News." We hope to include similar "Health" articles regularly in future.—Editor.

ALCOHOL A NARCOTIC

In the social and political world, alcohol is a perennial subject of debate, but men who have authority in the world of science agree that alcohol is a narcotic. It depresses the higher centres of the brain, removing inhibitions, and this is responsible for the mistaken belief that it is a stimulant.

The injurious effect of alcohol upon body functions is principally due to its affinity for water and its affinity for fats. It interferes particularly with the functioning of the digestive tract and the nervous system; and it distinctly impairs judgment and the power of reasoning. Its habitual use, even in moderate quantities, tends to decrease longevity. — "Australian Temperance Advocate" (April, 1946).

*Depending upon the scientific interpretation of the word **food**.