

ROBERT BRIDGES: PIONEER IN RHEUMATOLOGY

by

MICHAEL KELLY

THE casual reader would not expect Robert Bridges (1844–1932), poet laureate, to have held a ‘first’ in rheumatology or in any other aspect of medicine. Yet he was the first English-writing doctor to describe the treatment of acute rheumatic polyarthritis with splints.¹ Having ample means, he intended at first to pursue literature alone.² When he was twenty-five years old, he decided that he would study medicine and practise his profession until he was forty. He enrolled at St. Bartholomew’s Hospital in 1869 and graduated in 1874. He was house physician to Patrick Black in 1875 and 1876, and casualty officer in 1877 and 1879. During 1878 he alternated between Great Ormond Street and Great Northern Hospitals.² Then he practised privately at 52, Bedford Square until 1881. Then after a serious illness he retired.

While at St. Bartholomew’s, Bridges contributed two notable articles to the hospital Reports;^{1, 3} and he dedicated a Latin poem *De Nosocomio Sti. Bartolomaei* to his chief, Patrick Black.² The second article,³ a detailed criticism of the casualty department is exceedingly well set out and contains many pertinent observations. One of his calculations was this: had he allowed each patient ten minutes and worked twenty-four hours a day, at quarter day there would have been 250 patients waiting to see him. The opening remarks on the patient with rheumatic fever show unusual maturity of thought for a house physician.

The inflammation of the joints, which is the characteristic and constant symptom of rheumatic fever, is the cause of such intense suffering to the patient, that even were it possible to believe that this might in all cases be neglected without danger or fear of bad consequences, yet the physician would hardly be the less bound to do all in his power to alleviate it. Unfortunately the remedies that have been tried bear witness by their number to their inefficiency; and it is common in clinical teaching to see the special assaults of this disease considered in themselves as unimportant so long as they spare the viscera, while attention is mainly directed to the heart and pericardium; and the state of the patient in whom these continue sound is held to be so satisfactory that he is merely encouraged to support his agonies, in expectation of a future and uncertain day when they will probably take their leave.

This method of treatment, if treatment it may be called, has found support in the tendency of a therapeutic fashion, that by the watchword of expectancy has not only taught prudence, but has often excused indolence and spared judgement; so that it is not a matter of wonder to the student to see some patients waiting for their pain to pass off as others do for their fever, while the knowledge that inflammation of the heart is more serious than that of the knee is sufficient erudition to divert their attention and defer their efforts.

Such considerations, coupled with the common agreement of surgeons concerning the treatment of inflamed joints, led me to ask leave to publish in this volume the account of a case of rheumatic fever of unusual severity treated by splints. The method is not a new one, and I shall be able to give some account of its history; but since during five years at our Hospital I had never seen it put in practice, nor even heard it mentioned, so it was not till I became responsible for the treatment of a patient who seemed to be dying of sheer pain, that being myself compelled to seek some such resource, I had an opportunity of witnessing its effects. I make no apology for having only one case to report; it is more likely to be read, and is, in my opinion, of more value than a table of figures, and whatever experience I have persuades me that it is worth reporting.

Then followed a detailed account of a girl aged twenty-one, admitted on the seventh day of a severe attack of acute polyarthritis. Her temperature was above 104° most of the time, and she had swelling and extreme pain in joints in all four limbs. There was no evidence of damage to the heart; but she was restless and sleepless; one arm in particular was extremely tender to touch or move. On the next day Dr. Black saw her and said the case was one of 'great severity and doubtful prognosis'. Mr. Edwards, a surgeon, was called and he applied splints to all four limbs. Immediately the patient 'volunteered expressions of gratitude and comfort'. She slept well on this and the next two nights, and the average temperature fell to 101.2°F. On the twelfth day the splints were removed at the patient's own request. A few hours later her temperature rose above 106°F and her distress was extreme. On the fourteenth day she was delirious, and the splints were reapplied. The pain was relieved, the temperature fell steadily to normal; the splints were removed after another seven days. She felt 'scarcely any pain' and was discharged from hospital on the fifty-fifth day of her illness.

Bridges felt considerable satisfaction with the success of this case, especially because of 'the surgical and anatomical propriety of the means used'. Then he consulted the medical literature, and found that in 1845 Gottschalk⁴ of Cologne, had used the fixed bandages of Seutin⁵ on three rheumatic patients. In 1872 Concato⁶ of Bologna reported several patients with acute rheumatism treated successfully by Seutin's method. Tamburini in a letter to Concato had reported four further successful cases.⁶ In 1871 Heubner⁷ of Leipzig independently reported that he had successfully treated Prussian soldiers by the same method. Three years later Oehme⁸ furnished a statistical table of 90 acute rheumatic patients treated by Heubner⁷—45 with splints and 45 without. In the treated patients the duration of the disease was nearly halved.

Apparently Bridges did not know that in 1875 Riegel⁹ of Cologne had treated forty-one acute rheumatic patients with pasteboard splints padded thickly; the relief of pain and temperature was dramatic. I have this reference from Wenning,¹⁰ of Cincinnati, who in 1879 reported success with two patients, one treated with plaster of Paris and one with padded splints. Wenning mentioned neither Bridges nor Chandler¹¹ of Kentucky, who in 1876 had used plaster of Paris successfully on a patient with subacute articular rheumatism. Wenning seemed to be particularly impressed with Oehme's statistical table. The comment of Bridges, on the other hand, was unfavourable:

In the same periodical, vol. xiv, there is a paper by Dr. Oehme, apparently written with the notion of settling the matter once for all; but it is rendered unreadable, and in my opinion nearly valueless, by the statistics into which he has sought to condense his experience. His figures seem to claim for the method that it shortened the duration of the pain on the average from twenty-one days to thirteen, while the fever was reduced by three or four days, and the whole duration of the illness by six or nine days. I am not sure that I understand all his figures, but I am a good enough mathematician to know that where ciphers stand for patients it is probable that patients stand for ciphers, while as a physician it appears to me ridiculous to call the indiscriminate use of any method 'giving it a fair trial'. He states that when once the splints are applied it is well not to remove them too soon, as the release of the joints is accompanied by great pain and an exacerbation of the disease, a remark which seems confirmed by the notes of my case (see the 12th day), and must be considered as demonstrative proof of the activity of the remedy.

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REFERENCES

1. BRIDGES, R. 'A Severe Case of Rheumatic Fever Treated Successfully by Splints', *St. Barts. Hosp. Rep.*, 1876, XII, 175.
2. BRIDGES, R. *Dictionary of National Biography, 1922-30*, London, Oxford University Press, 1937, p. 115.
3. BRIDGES, R. 'An Account of the Casualty Department', *St. Barts. Hosp. Rep.*, 1878, XIV: 167.
4. GOTTSCHALK, A. *Darstellung der rheumatischen Krankheiten auf anatomischer Grundlage*, Cologne, 1845 (cited by Oehme).
5. SEUTIN, L. J. G., *Traité de la methode amovo-inamovible*, Gregoir, Brussels, 1851 p. 350.
6. CONCATO, L. 'Il reumatismo acuto e l'apparecchio inamovibile', *Riv. Clin. Bologna*, 1872, 2 S., II, 209.
7. HEUBNER, 'Beitrage zur internen Kriegsmedizin', *Arch. f. Heilk.*, 1871, XII, 341.
8. OEHME, *Arch. f. Heilk.* 1873, XIV, 385.
9. RIEGEL, F., *Arch. f. klin. Med.*, 1875, XV, 563.
10. WENNING, W. H. 'Fixed Bandages in Acute Articular Rheumatism', *Cincinnati Lancet-Clinic*, II, 1879, 181.
11. CHANDLER, W. T. 'The Plaster Dressing in Subacute Articular Rheumatism', *Louisville Med. News*, 1876, II, 181.

INSTITUTE OF THE HISTORY OF MEDICINE, VALENCIA

A NEW Institute of the History of Medicine has been established in Valencia under the direction of Professor J. M. López Piñero. Professor López Piñero, who was formerly connected with the Institute of the History of Medicine at Salamanca, has published a number of important works on Spanish medicine. The new Institute, which is housed in the Institución 'Alfonso el Magnánimo', will be publishing a new journal entitled *Cuadernos Valencianos de Historia de la Medicina*, as well as a collection of medical classics in Spanish. The first numbers of the journal and the medical classics are in the Press.

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Registerband zu Sudhoffs Paracelsus-Gesamtausgabe bearbeitet von Martin Müller. Nova Acta Paracelsica Supplementum 1960. Distributed by Karger Libri A. G., Basel, pp. 281, XII. S.Fr.60.

Is Paracelsus (1493-1541) really a medical classic and ought we to read him? The safest way to decide this question is to survey his real contributions to the progress of medicine. This is by no means an easy task, as they have to be extracted from a