

Medical History

From a Vintage Journal (1890): Dr. Whitla's Urticaria Case and Dr. J.A. Lindsay's Notes on Asthma

Tracy Freudenthaler

Key words: Sir William Whitla, Dr. J.A. Lindsay, Ulster Medical Society, Stramonium, Himrod's Powders, asthma, patent medicines

Introduction:

Within a vintage 1890's handwritten journal believed to have been owned by Dr. Henry 'Health' O'Neill are a series of entries from additional Ulster Medical Society (UMS) Presidents: Dr. (later Sir) William Whitla, Dr. J.A. Lindsay, and Dr. (later Sir) J.W. Browne. The journal begins with Dr. O'Neill's 1889 procedure for brain surgery,¹ then include various medical conditions with treatment recommendations by each colleague. Presented here are images and transcripts of two original entries: Dr. Whitla's unusual urticaria case, and Dr. Lindsay's brief notes on asthma and its treatment. Inspired by Dr. Lindsay's entry, this article features a synopsis of Victorian era perspectives on asthma etiology and common treatments from the 1800's, specifically the affinity for smoking Stramonium. The broad use of the term 'asthma' included a host of conditions and symptoms, inviting many patent medicines to market their cures.

Background: The vintage journal authors: Whitla, Lindsay, Browne, and O'Neill

The *Transactions of the Ulster Medical Society* from the late 1800's show Dr. Whitla, Lindsay, Browne, and O'Neill frequently intersecting professionally. Whitla memorialized the January 1880 Ulster Medical Society session placing himself, Browne, and O'Neill together at Royal Belfast hospital and Queen's College²; here they observed each other in practice and discoursed over specimen samples and case studies. Whitla noted, "O'Neill spoke of the careful and dexterous way in which he witnessed the ovariectomy performed by Dr. Browne."²

The vintage journal establishes all men together in the 1890's. The timeline below adds additional historical significance; near the time the entries were made (circa 1889-1891), each had held leadership roles within the Ulster Medical Society. In 1880-1881, when Dr. Browne was UMS President, Dr. Whitla was serving as Secretary³. Dr. Lindsay served as Secretary from 1885-1886.⁴ The gentlemen each served Presidential terms within a few years of each other: Whitla

served from 1886-1887, and then 1901-1902; O'Neill served from 1891-1892, and Lindsay from 1897-1898.⁵ Whitla was among Belfast Royal Hospital's professors in its final years and offered his vision and support to build (and fund) the Ulster Medical Institute. All practiced at the Royal Victoria Hospital; when it opened, Dr. Browne was recognized by his colleagues as its most distinguished surgeon.⁶

What is not yet understood is the original purpose of the journal. In no purposeful order, it includes random medical diagnoses with treatments, patient admissions and discharges with associated fees, and even the occasional poem written by a patient. O'Neill included a treasure, a full one-page description of brain surgery procedure including antiseptic agents and his trephine preference from 1889.¹ Lindsay documented cardiac patient care along with some curious tonics and tinctures of iron, quinine, and strychnine, then digitalis. Today, these entries provide a rare first-hand glimpse into medical practice in the late 1800's; for some unknown reason, these men memorialized their medical knowledge and experiences across the pages of this journal.

Dr. Whitla's unusual case of urticaria

Dr. Whitla made an interesting entry related to urticaria in 1890 (see Table 1 and Figure 1). Simply stated, urticaria, also known as hives, is a reaction to an allergen that is seen on the skin. He referenced the commonly observed reaction 'a nittle (*nettle*) rash or hives.' Next, he briefly presented a rare and dangerous case of an allergic reaction that occurred in a young man who was left 'unrecognizable,' likely from eating shellfish. The onset of symptoms was so swift and severe, the young man's hat would no longer fit on his head.

Tracy Freudenthaler, PhD, MPH
Assistant Professor, MPH Program
Department of Health Professions
Gregg Wadley College of Science and Health Professions
Northeastern State University -
Muskogee Campus
2400 W. Shawnee St.,
Administration Building Room 181
Muskogee, OK 74401

Correspondence to: Tracy Freudenthaler
Email: freuden@nsuok.edu



UMJ is an open access publication of the Ulster Medical Society (<http://www.ums.ac.uk>). The Ulster Medical Society grants to all users on the basis of a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International Licence the right to alter or build upon the work non-commercially, as long as the author is credited and the new creation is licensed under identical terms.

Lacking the contributors' perspectives on the purpose of the vintage journal, the entry appears random. It lies between a two and one-half page discussion of erythema and Dr. J.W. Browne's notes on caries, which were arranged around various names and addresses with no explanation.

Still, Dr. Whitla provides an interesting description of this unusual case of urticaria. Whitla does not offer treatment suggestions, leaving us to wonder this unfortunate student's outcome.

Table 1: Dr. Whitla's urticaria entry (1890)

Urticaria: Transcript of Dr. Whitla's handwritten journal entry (1890)
Urticaria also belongs to this order.
This includes the ordinary nittle (nettle) rash or hives, with which doubtless you are all practically familiar.
There is also a form of urticaria which is very rare and dangerous. It generally arises from the fact of the patient having eaten something which disagreed with him, most probably shellfish. I remember a case of a student who was attacked with it. In less than an hour his face was perfectly unrecognizable & his head so swollen that his hat would not fit (illegible).
Dr. Whitla 1890

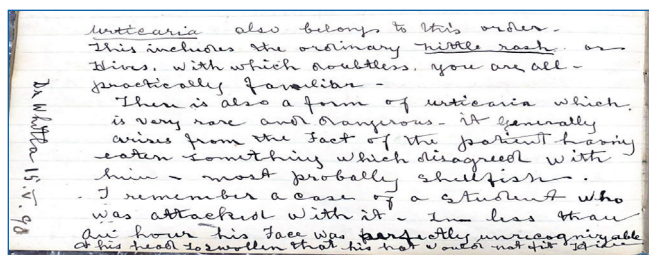


Figure 1: Image of Dr. Whitla's urticaria journal entry (1890). Journal owned by T. Freudenthaler.

Dr. Lindsay's notes on asthma

Dr. Lindsay's brief, yet concise notes on asthma spark interest. (See Table 2 and Figure 2 for transcript and image of his entry). Curiously, he stated asthma was not common as many believed; likely disdaining the over-use of the term that falsely included a variety of ailments. During the Victorian era there were many conditions and subsequent symptoms associated with the term 'asthma' including hay fever, colds, wheezing, and even tuberculosis. Dr. Lindsay did not indicate diagnostic criteria, but carefully noted in the journal that asthma was "a spasmodic affection of the bronchial tubes." However, historic viewpoints indicate the condition impacted those who were irritable with unstable nervous systems⁷. Lindsay's note that "Bronchial and Bright's disease are often mistaken for asthma" reinforces the position that 'asthma' was being broadly used as an umbrella term for multiple conditions. At the end of his

journal entry, Lindsay recommended cigarettes de joy and Himrod's powders for relief.

Table 2: Asthma: Transcript of Dr. Lindsay's handwritten journal entry (Nov 5th, 1890)

Asthma: Transcript of Dr. Lindsay's handwritten journal entry (Nov 5 th , 1890)
Asthma
'A spasmodic affection of the bronchial tubes'
This disease is not nearly so common as is generally supposed.
A physician may often not meet a simple case of it in twelve months general practice.
Bronchial & Bright's disease are often mistaken for asthma-
The most speedy relief is to be obtained by cigarettes de joy, & Himrod's powders.
Dr. Lindsay Nov 5 th 1890.

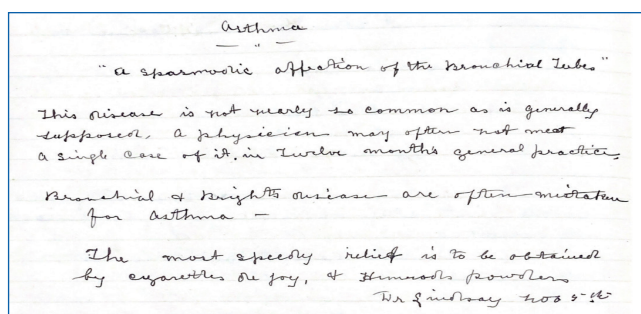


Figure 2: Image of Dr. J. A. Lindsay's asthma entry 1890. Journal owned by T. Freudenthaler.

Bygone asthma etiology: a nervous disease

In 1901, Sir William Osler, one of the four founders of Johns Hopkins and the father of medical residency programs⁸, published several theories on the causes of bronchial asthma in *The principles and practice of medicine*. He acknowledged physiological indicators, such as inflammation of mucous membranes and presence of nasal polyps; he also provided an assortment of miscellaneous contributing factors. These included place of residence (i.e., city or country living), and environmental contact with dust and animals. Curiously, he also associated epilepsy and uterine conditions with asthma. He noted sudden attacks (paroxysms) could be brought on by "...bizarre and extraordinary variety of circumstances..." including "...fright or violent emotion..."⁷ Osler's words strongly reflected the prevailing attitude of the time that there was a neurotic element involved.⁷ These beliefs were a continuation of earlier prevailing beliefs, as seen in Henry Salter's 1864 work *On asthma: its pathology and treatment*. His second chapter begins "Asthma essentially a nervous disease."⁸

Asthma relief in the 1890's: inhalants, patent medicines, and Stramonium

Sir Olser also included a variety of treatments in *The principles and practice of medicine*. The cigarette was noted as an effective delivery device for antispasmodics such as "...belladonna, henbane, stramonium, and lobelia..."⁷; noting smoking tobacco could lead to relief for some patients. Similarly, burning nitre paper with chlorate of potash was another remedy^{7,10}. However, these remedies follow a series of *first* recommendations which are more interesting to medical history: chloroform for pediatric cases, inhaling nitrate of amyl soaked on a rag or cotton-wool, then spirits of chloroform in hot whisky, injections of pilocarpin, and for reoccurring episodes, "Permanent relief is given by the hypodermic injection of morphia or of morphia and cocaine combined."⁷ Other relief may come "...by inhaling oxygen, iodide of potassium, and a very light diet avoiding carbohydrates."⁷

Since the term 'asthma' was being used as a catch-all for any "episodic shortness of breath"¹¹, it was quite convenient for both the credible and wayward remedies appearing in the late 1800's and early 1900's. Patent medicines were aggressively marketed to the public in a variety of advertisements and becoming quite popular among doctors at the turn of the century.¹⁰ There was no need for manufacturers to distinguish between asthma, its symptoms, or other conditions; a 'cure-all' was far more profitable. The lack of distinction bolstered not only the sales of the remedies, but also the perpetuation of the inaccurate use of 'asthma' to equate a host of *symptoms*.

We now recognize urticaria, wheezing, coughing, swelling, etc. to be associated with an allergic reaction; but when Clemons von Pirquet introduced the term 'allergy' to the scientific community in 1906, the concept that these symptoms and asthma might share a common cause or pathology was rejected by many.¹² It was not until around 1910 that Meltzer indicated asthma was not a result of neurosis and should be viewed as a product of allergic inflammatory response.¹² By then, the onslaught of patent remedies dominated public perception of asthma and perpetuated the use of assorted remedies such as asthma cigarettes and powders. There may have been some therapeutic benefit from using the products, but egregious advertisements falsely claimed to cure asthma, and its related diseases such as winter colds and tuberculosis.

In 1886 Dr. Whitla strongly cautioned the Ulster Medical Society in his opening address against the wave of American and English drug houses flooding the country with "...ready-made remedies and cut and dry formulae for every ache and symptom..."¹³ They were purposefully "retarding" the progress of medicine, which "will either put the pharmacist out of practice or convert him to a bottle filling machine."¹³ Recall, Whitla began his medical career as a chemist apprentice in pharmacy shops prior to medical school¹⁴, he also authored *Elements of Pharmacy, Materia Medica and Therapeutics*¹⁵ in 1884. He championed efforts to ensure purity and efficacy of all pharmaceuticals and revered the evidence-based pharmaceutical product. Obviously in his address to UMS, he publicly scorned the abundance of patent medicines encroaching into medical practice.



Figure 3: Image of advertisement for Cigares de Joy (Joy's Cigarettes). Note the advertisement's promise of a permanent cure. Image reproduced with expressed permission from Caroline Rance. Available from: <http://thequackdoctor.com/>

Yet, the smoking of asthma cigars and cigarettes were not considered quackery by all. Fumigations, inhalants, and powders were all deemed valuable treatments during the time. In the handwritten journal (see Figure 2), Dr. Lindsay refers to two specific remedies, Cigarettes de Joy (Figure 3) and Himrod's Asthma Powder (Figures 4 and 5) produced by the American Himrod Manufacturing Company located in New Jersey. The advertisement for Joy's Cigarettes shows a woman smoking, like many products promoting they were suitable for both women and children. Marketing campaigns reassured the products were safe, which is ironic considering many other types of patent medicines contained addictive ingredients such as alcohol. In 1921 Himrod's Asthma Powder advertised it did not contain heroin, cocaine, or morphine to build public trust.

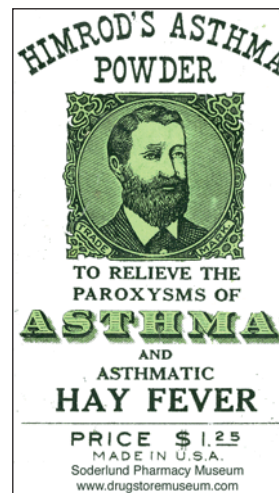


Figure 4: Image of Himrod's Asthma Powder. Bill Soderlund, Soderlund Drugstore and Pharmacy History Museum. Available from: www.drugstoremuseum.com

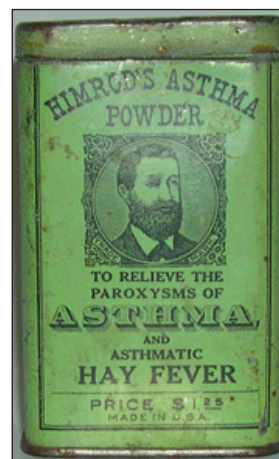


Figure 5: Image of Himrod's Asthma Powder. Bill Soderlund, Soderlund Drugstore and Pharmacy History Museum. Available from: www.drugstoremuseum.com



UMJ is an open access publication of the Ulster Medical Society (<http://www.ums.ac.uk>).

The Ulster Medical Society grants to all users on the basis of a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International Licence the right to alter or build upon the work non-commercially, as long as the author is credited and the new creation is licensed under identical terms.

Stramonium's legacy of relief

Most commercial asthma cigarettes were commonly made from stramonium¹⁰, the leaves of the thorn apple, *Datura stramonium*,¹¹ and Belladonna. Stramonium and Belladonna were both acknowledged in the 1918 U.S. Dispensatory for containing the anticholinergic chemical atropine which would provide relief for a bronchial spasm.¹⁶ The inhaling of smoke from these and other substances likely aligned with the increase in public popularity for smoking tobacco, as well as cannabis and opium for medicinal and recreational purposes.¹⁰ Dr. Salter in 1864 strongly regarded burning of nitre paper fumes to relieve symptoms, one lady felt relief and fell "...sound asleep in as little as three minutes."⁸ He also believed in the potential therapeutic benefits of smoking Stramonium but noted the 'uncertainty' and variability from case to case. He quoted one gentleman who would 'rather be without life than be without Stramonium.'⁸

The common methods for using Stramonium included smoking it in a pipe, swallowing the saliva produced while smoking, and filling a room full of its smoke to then inhale it. The relief of symptoms might vary whether smoking the leaves or the seeds; indeed, some individuals were making Stramonium preparations on their own, needing the druggist only to purchase the rolling papers to make their cigarette. There appeared no caution to smoking it multiple times per day, some smoked on days when symptoms were not present. Although other remedies such as bronchiodilators were becoming available during the early 1900's,¹⁸ Stramonium was already grandfathered into most successful accounts of asthma treatments, and the public's confidence.

Interestingly, in 1811, *Belfast Monthly Magazine* presented a small compilation of testimonials supporting Stramonium use, one which had first been presented by a writer in *The London Monthly Magazine*, praising its benefits for asthma. He reported smoking '...a dozen pipes at a time...' with no ill effect, like one might associate with opiates, tobacco, or hops. The writer was convinced Stramonium was so beneficial for '...this most afflicting disease...' and to suppress the '...cruel violence...' of the episodes that 'I should not have been able to go through exertions that my daily avocations call for' without it.¹⁷ In fact, he recommended Stramonium be grown in all gardens and not be viewed as it truly was... an invasive weed (Jimson weed). Curiously, the article also mentions the rising costs of Stramonium in herbal shops, perhaps a prelude to the influx of asthma 'health' cigars and powders by the end of the century.

Summary:

From a public health perspective, it is interesting to consider Dr. Lindsay's 1890 journal entry on asthma: "a physician may often not meet a simple case of it in twelve months general practice." Looking back, his comment stands in sharp contrast to the public demand for asthma cigarettes and remedies, which were being met by the onslaught of patent

medicines. Knowing 'asthma' evoked various meanings in the 1800's, it stands to reason that Dr. Lindsay may have been attempting to clarify the condition as a "...bronchial tube" condition. Today, the World Health Organization considers asthma to be one of the most common chronic diseases especially among children, which is often under-diagnosed and under treated; in 2019 it impacted at least 262 million people.¹⁹

The historical documents referenced in this article present four UMS Presidents- Drs. Whitla, Lindsay, Browne, and O'Neill as colleagues, co-workers, and collaborators; surely there are more accounts than pursued here. However, these accounts are enough to validate the vintage 1890's journal which memorializes all four doctors together- evidenced by their handwritten entries. It is my continued goal to share the vintage journal's contents and examine its historical underpinnings, in efforts to understand the prevailing attitudes and medical practices of the time.

REFERENCES

1. Freudenthaler T. Early Irish brain surgery and antiseptic agents (1889). *Ulster Med J.* 2021; **90** (3): 182-5.
2. Dill, Whitla, W. Transactions of the Ulster Medical Society. *Dublin J Med Sci.* 1880; **70**: 71-83.
3. Browne JW, Whitla W. Transactions of the Ulster Medical Society. Session 1880-81 *Dublin J Med Sci.* 1881; **72**: 268-278. <https://doi.org/10.1007/BF02973347>
4. Elser R. Transactions of the Ulster Medical Society. Session 1885 – 86. *Dublin J Med Sci.* 1886; **82**: 75-84.
5. Hunter R. A history of the Ulster Medical Society. *Ulster Med J.* 1936; **5**(3): 178-95.
6. Clarke R. *The Royal Victoria Hospital, Belfast: a history 1797-1997.* Belfast: Blackstaff Press; 1998.
7. Osler W. *The principles and practice of medicine*, 4th ed., New York: D Appleton; 1901. p. 629-32.
8. Salter HH. On asthma: its pathology and treatment. Philadelphia: Blanchard and Lea; 1864.
9. Johns Hopkins Medicine. About Johns Hopkins Medicine: History: History of The Johns Hopkins Hospital The Founding Physicians. [Internet] Baltimore, Maryland: John Hopkins University. [Updated 2022; cited 2022 May 20]. Available from <https://www.hopkinsmedicine.org/about/history/history-of-jhh/founding-physicians.html>.
10. Jackson M. "Divine stramonium": the rise and fall of smoking for asthma. *Med Hist.* 2010; **54**(2): 171-94.
11. Mutious E, Drazen JM. A patient with asthma seeks medical advice in 1828, 1928, and 2012. *N Eng J Med.* 2012; **366**(9):8 27-34.
12. Jackson M. *Allergy: the history of a modern malady.* London: Reaktion Books; 2006.
13. Whitla W. Presidential Opening Address Ulster Medical Society 17th November 1886. [Internet]. Belfast: Ulster Medical Society; 1886. [cited 2022 May 20]. Available from: <https://www.ums.ac.uk/paddr/WhitlaW.pdf>
14. Shanks RG. Historical Review: The legacies of Sir William Whitla, Presidential Address to the Ulster Medical Society 1993. *Ulster Med J.* 1994; **63**(1): 52-75.
15. Whitla W. *Elements of pharmacy, materia medica and therapeutics.* London: H Renshaw; 1884.



16. Remington J, Woods HC *et al.* editors. [Internet]. *The Dispensatory of the United States of America*. 20th ed. Philadelphia: J.B. Lippincott Co.; 1918. p 1349. [cited 2022 May 23]. Available from <https://www.swsbm.com/HOMEPAGE/HomePage.html>
17. Anonymous. On the use of Stramonium in Spasmodic Asthma. *Belfast Monthly Magazine*. 1811 <https://ia903208.us.archive.org/18/items/jstor-30073877/30073877.pdf>
18. Chu E, Drazen J. Asthma: one hundred years of treatment and onward. *Am J Respir Crit Care Med*. 2005; **171(11):1202-8**
19. World Health Organization. [Internet] Asthma Key Facts. [cited 2022 May 23]. Geneva: World Health Organization; 2022. Available from <https://www.who.int/news-room/fact-sheets/detail/asthma>



UMJ is an open access publication of the Ulster Medical Society (<http://www.ums.ac.uk>).

The Ulster Medical Society grants to all users on the basis of a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International Licence the right to alter or build upon the work non-commercially, as long as the author is credited and the new creation is licensed under identical terms.