

**The pathology and treatment of pulmonary consumption : and the local medication of pharyngeal, laryngeal, bronchial and nasal diseases mistaken for, or associated with, phthisis.**

**Contributors**

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Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
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especially in young and vigorous constitutions, almost always gets well, if, instead of being lowered, the vital powers are supported, and the excretion of effete products assisted. It is exactly in these cases, however, that we were formerly enjoined to bleed most copiously, and that our systematic works even now direct us to draw blood largely and repeatedly in consequence of the supposed imminent danger of suppuration destroying the texture of the lung. Such danger is altogether illusory, and the destruction to lung tissue, so far from being prevented, is more likely to be produced by the practice. In fact, the only cases in which it occurs are in aged or enfeebled constitutions, in which nutrients and not antiphlogistics are the remedies indicated. We can, however, readily understand how blood-letting, practised early and in young and vigorous constitutions, does less harm, or, to use a common expression, "is borne better," than when the disease is advanced or the patient weak, and this, because then the vital powers are less affected by it. Hence the diminished mortality in the second series of Louis' cases, and probably in the army and navy cases. But that it cures the greater number of persons attacked, or shortens the duration of the disease, is disproved by every fact with which we are acquainted.<sup>1</sup>

Such are the views which, for some time, have regulated my treatment of pulmonary lesions, and they appear to me capable of accounting pathologically for the good results of that remarkable change in practice which has lately taken place with regard to bleeding in these diseases. If they be sound with regard to a simple pneumonia, I need not say that they apply with increased force to cases labouring under an essentially debilitating disorder like pulmonary consumption. Accordingly, universal experience has lately demonstrated that, in the last-named disease, not only are a good diet, cod-liver oil, and abstinence from lowering remedies, the best means for correcting the general nutrition, but that they also

<sup>1</sup> For a more lengthened exposition of his views on this subject, and for an account of the opinions elicited during the Blood-letting Controversy of 1857-8, the author must refer to his *Clinical Lectures on the Principles and Practice of Medicine*. 3d edit. Edinburgh, 1859.























But it should be considered that the best climate is only useful as a means of taking exercise, and promoting the nutritive functions, without exposure to those drawbacks which are more or less common at home. It is by regarding exercise as necessary to securing active digestion that its importance as a therapeutic agent becomes obvious in phthisis; and any locality which will enable the sensitive invalid to go out daily on foot, horseback, or in a carriage, without the chance of meeting cold winds or showers of rain, must possess an advantage over one where these occurrences are common. All accounts agree in representing Madeira, and some other places, as more favoured in this respect than even the best localities in England—and if so, they may, in the sense referred to, be more beneficial as places of residence.

In searching for such benefits in a foreign climate, the patient has often to sacrifice the occupations he may be accustomed to at home, and the society of his friends. But if this can be done without inconvenience, and without causing mental depression or a sense of *ennui*, it may even be advantageous. Mental impressions must not be overlooked. Then he will experience a great difference between the comforts of an English residence and those in a foreign house, which, even to the healthy traveller, often prove annoying, and to the invalid are injurious. In Rome, Dr Burgess<sup>1</sup> says the streets are built to exclude, as much as possible, the rays of the sun, and in winter are as damp and cold as rain and frost can make them. And then he adds, “What a difference between the warm carpet, the snug elbow-chair, and the blazing coal fire of an English winter evening, and the stone stair-cases, marble floors, and starving casements of an Italian house!”<sup>2</sup>

It is well pointed out by Dr Burgess, that those who go to the large Italian cities are exposed to other dangers connected with the desire of seeing celebrated places, works of art,

<sup>2</sup> The Climate of Italy in Relation to Pulmonary Consumption. London, 1852.

<sup>2</sup> In a case in which I was consulted, the gentleman was advised by Professor Skoda of Vienna to visit England rather than Italy, on account of the superior comforts of the houses in the former country.































































































































































































































































































































































































































































































































