

Ten minutes' advice to the consumptive / by a physician.

Contributors

University of Glasgow. Library

Publication/Creation

London : G. Henderson, 1833.

Persistent URL

<https://wellcomecollection.org/works/yprvp52d>

Provider

University of Glasgow

License and attribution

This material has been provided by This material has been provided by The University of Glasgow Library. The original may be consulted at The University of Glasgow Library. where the originals may be consulted. This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

TEN MINUTES' ADVICE

TO THE

CONSUMPTIVE.

BY A PHYSICIAN.

LONDON :

G. HENDERSON, 2, OLD BAILEY, LUDGATE HILL.

AND ALL BOOKSELLERS.

1833.

TEN MINUTES' ADVICE

THE

GOVERNMENT

LONDON:
W. M'DOWALL, FEMBERTON ROW,
GOUGH SQUARE.

BY A PHYSICIAN

LONDON

J. BENDISSE, F.R.S., F.R.C.S., F.R.C.P.

AND ALL BOOKSELLERS

1851

PREFACE.

THE best mode of obtaining and extending medical knowledge is, in my opinion, to pay that strict attention to diseases, which qualifies us to note even the slightest shades of difference that distinguish them from each other. Such discrimination leads the physician to form some regular arrangement of them, which, if even he be not correct, may ultimately enable him to discover not only the natural series to which they belong, but the most minute differences that arise in the various stages of the same disease. This method I have pursued, whether successfully or not, the reader will discover in perusing the following pages, wherein I have exhibited the results of a very extensive acquaintance with disease under every form, and in particular with that to which the greater part of my attention has always been particularly devoted, I mean Consumption, of various kinds and in all its stages and minutest ramifications. I now publish the facts, and the inferences I drew from them; because I think the former, at

least, deserve attention, and that the latter will either be confirmed or confuted by the result of general experience.

Various advantages arise from the publication even of mere opinions; for, though every one is liable to error in forming them, yet their promulgation, by exciting investigation and pointing out the deficiency of our present information, cannot be otherwise than useful in the promotion of science. The publication of the opinions which naturally arise in the mind of the physician, from the cases that come under his observation, possesses also the utility of rendering a prolix detail of circumstances unnecessary. It would be almost impossible to relate every minute occurrence that tended to impress certain conclusions on the mind of the observer; or to relate every trifling particular of treatment, by which the physician endeavoured to accomplish his object. Such a dull and tedious narrative would weary and disgust the reader, and can be well spared, as it is the intention of the writer to point out those signs by which Consumption may be distinguished from other diseases, which in its earlier stages it very much resembles, so that it can be identified as belonging to that kind to which he is desirous of exciting the public attention.

With regard to the cases, which may be considered as a very valuable part of the book, I may observe, that it is not to be expected that the records of them will make so strong an impression on the minds of the readers, as the observation of them did on the writer of these pages; but when the same

occurrences are met with by them, then will their impressions become more vivid, and they may then be more fully able to appreciate the labour and experience that were necessary to arrive at a knowledge of the particular cases that are contained in this work, and have the co-operation of their own personal observations in aid of the application of the remedies herein developed to themselves or to others. If diseases could, like other objects which we mean to delineate, be placed in various points of view and illuminated at pleasure, so as to shew distinctly their different parts, one accurate observation would suffice; but we see them obscurely: and as our knowledge of them increases, it serves, like light shining from different places, to illuminate the various parts of the objects of our examination.

The relation of cases may be compared to the representation of what an artist gives of natural objects, and which are valuable only inasmuch as they are correct or vivid delineations of reality. Such portraits sketched by a person of dull perception, or by one whose optics are perverted by prejudice and theory, are either valueless or deceptive; and hence, perhaps, has arisen that objection and dislike to books of cases, which has, I find, become more prevalent of late. In the sketches which I have now laid before the public, my chief object has been to touch up and bring into more general notice, some parts of the subject which have not been seen or delineated by former writers.

When works of this description are published, mutual for-

bearance is requisite on the part both of the writer and the reader. The former should not expect his work to be approved of till the latter has examined whether his representations be correct, and his conclusions legitimately drawn from facts he has observed and collected. Neither should the reader condemn the work till he has examined the subject, and is consequently able to point out the errors of the premises and conclusions.

The announcement of a remedy for Consumption, I am fully aware, will draw upon me the severest scrutiny; it has baffled hitherto the medical science of the world, and in every medical work I have perused has been considered irremediable. It has always been regarded, hitherto, as hopeless or incurable. I have thought it both imprudent and unwise to make a display of the fallacies of former writers on this subject; I think I do much better in offering to the world an honest and faithful exposee of what I believe to be, and what I know will eventually be found by others, both remedial and preventive, in reference to a disease, the fatality of which is increasing fearfully within the limits of the British Isles. I am not foolish enough to suppose, that where the lungs are completely destroyed, they can be created anew; but their integrity may be preserved even if invested with disease, and the means recommended may bring relief and cure, perhaps, at the eleventh hour.

TEN MINUTES' ADVICE

TO THE

CONSUMPTIVE.

CHAPTER I.

INTRODUCTION—PULMONARY CONSUMPTION—PREDIS-
POSING CAUSES—HEREDITARY CONSUMPTION—SYMP-
TOMS—TUBERCLES—HYDATIDS, &c.

THE subject of Phthisis Pulmonalis is a most melancholy one, and there are few families in Great Britain whose history does not record one or more victims to it: a kind of universality is stamped on this destroyer of the species, which belongs to no other class of diseases, nor are there any exempt from its attacks, for the vicissitude of the seasons may soon sow its germs in the healthiest frame. It hardly allows any individual to escape, when it has once fixed on him its ruthless grasp; but yet it seems to attack with peculiar energy the young and fair. Medicine has made no successful stand against its visitation, and has been as yet foiled in every attempt at rescue from the clutches of the grave. It has been well remarked that when Phthisis is regularly established, it forms one of the most distressing pictures which the human frame exhibits in its progress to corruption! The hectic flush

on the cheeks, the vermilion lips, the burning heat in the palms of the hands and soles of the feet, with evening fever, are periodically changed for cold colliquative sweats, hollow, pale, languid countenance, sharpening features, augmented expectoration, and progressive emaciation! Such is the series of heart-rending symptoms which are daily presented to the agonized friends, whose distress is heightened by the fallacious hopes of recovery which perpetually arise in the breast of the patient! Whether it is, that the delicate organization which predisposes to this destructive disease contributes to amiability of temper and sweetness of disposition, is doubtful; but certain it is, that the malady in question falls in general on the best as well as the loveliest part of creation. The fairest flowers that decorate this "Valparaiso" are exotics, which the vicissitudes of a variable climate will soon blight and destroy—they will not flourish except they be nursed with care and tenderness, for they are as delicate as they are "lovely in their lives." Can it be wondered then, that the rude atmospheres and morbid media into which they are often (alas! reluctantly) dragged, should prove fatal to beings like these! "Oh! wonder no more." Were the curious, complex, and delicate machinery of life once studied or reflected on, it would prove an interdict to these sacrifices of the "firstlings of the flock."

Consumption, like the vampire, while it drinks up the vital stream, fans the hopes that flutter in the breast of its victim; the transparent colours that flit on the features, like those of the rainbow on the cloud, are equally evanescent, and leave its darkness more deeply shaded. They who are the kindest and the best it selects for its victims, while it softens the temper to an angel tone, as if it would attenuate that delicate materialism to an ærial being, in anticipation of the change it is so soon to assume. Dr. Beddoes observes, "that it is known to be almost invariably fatal, not one in many hun-

dreds surviving. To Consumption," he continues, "nearly one-fourth part of the deaths in the bills of mortality are to be referred. The disease is seen sometimes to perform an operation nearly the reverse of decimation, leaving alive one or two members only out of a large family." This author mentions one case wherein he was called to the sole survivor of six brothers and sisters; and another individual, the last of his name—the father, mother, two sisters, and brother, having, in succession, fallen victims to this disease. We know cases of a somewhat similar complexion, and have been informed that a gentleman, in the south of England, has followed to the grave, within these twenty-four years, no less than twenty-five individuals of one family, who have all died of Consumption. There are now two left alone. Dr. Clark observes—"We have no reason to believe that the physicians of the present day are more successful than their predecessors were ten—nay, twenty centuries ago." He states further, that a preventive of Consumption is all that can be expected; "because, to cure it is what the present state of our knowledge and the limited powers of our art scarcely admit of our calculating upon, even in the most favourable cases." Tubercular Consumption, according to Laennec, is not above the means of cure, but as yet we have no power to do it. Avenbrugger exclaims,

"O quantum difficile est dignoscere morbos pulmonum!

"O quanto difficilius curare!"

The chief predisposing cause of Consumption is a neglected cold; coughs, peripneumonies, and other inflammatory disorders, are fertile sources of Phthisis: generally speaking, however, the causes are very varied—mental depression may take its place among the number—convalescence from acute

diseases. The seeds of pulmonary disease are even sometimes sown in the nursery, that are to ripen into maturity in advancing years,—improper diet, confined air, sedentary habits, over-heated apartments, and want of aerial exposure—transition from heat to cold, especially if the latter be humid—cold and damp feet—in fact, whatever induces *cold*, such as exposure to continued chills or cold currents; and Dr. Beddoes says, “the common catarrh may lead to the ‘church-yard’ cough;”—imperfect and unequal clothing. In many instances the boarding-school is the field where pulmonary diseases spring up and rankle in the system: females are secluded there at the most precarious period of their lives, and when free and generous exercise is so essential to health. There are particular employments which more than others induce pulmonary disease: thus tailors, stone-cutters, needle-grinders, and those who play on wind instruments. It is needless, however, to trace these sources and causes in minute detail, since the question is too ramified and complex, nor is it at all necessary.

Pulmonary catarrh is doubtless one of the most frequent diseases,—very few pass through the round of the annual seasons without an attack more or less severe; yet, though this is a common occurrence, there are few diseases less understood. It is generally so slight that the functions are not deranged, and the patient manages his usual concerns as before: indeed, what is termed a cold, is esteemed a very trifling matter; and, though the basis of a train of appalling diseases, is too often neglected till it fastens on the vitals, and its expulsion becomes at last a very serious affair afterwards with the medical practitioner,—in some individuals, however, the attack is so violent as to threaten life. Pulmonary catarrh is an inflammation of the mucous membrane that lines the bronchia; it is characterized by a redness more or less intense, and espe-

cially by a certain thickening of the membrane. This inflammatory action is accompanied in its incipient stage by the secretion of mucus more abundant in quantity than happens in the natural state; the characters of this secretion vary in different periods of the disease: it is thin and transparent in the first instance, and a somewhat saline taste is felt by the patient. In process of time it thickens and becomes less diaphanous and more viscid; toward the termination of the disease it becomes completely opaque, and assumes a whitish, yellowish, or greyish colour.

We do not by any means consider Consumption, strictly speaking, hereditary—that is to say, however susceptible the system may be to the action of those external agents that eventually give rise to that train of symptoms which ultimately merge in confirmed phthisis, still phthisis is not an integrant part of the native constitution, to “grow with its growth, and strengthen with its strength.” This susceptibility may depend on organization, as for instance on a peculiar structure of the skin, the cuticular surface being ill adapted for the functions of perspiration, and delicately sensible to the impressions of cold and damp; also, a mal-conformation of the thorax,—in fact, what is generally termed a delicate constitution. Hippocrates says, that this disease happens principally between the ages of eighteen and thirty-five: that there are instances both before and after those periods of life is notorious, but the system within these limits is most susceptible, and requires a double guard; important changes may be considered as then taking place in the human constitution. As to parentage—the offspring of scrofulous and consumptive, dyspeptic, or gouty parents, will be born into the world with constitutions susceptible of those external agencies which conduct to confirmed Consumption; it is in this way only that Consumption

can be said to be hereditary; and thus literally may the "sins of the fathers be visited on the children to the third and fourth generation." Hence, natal predisposition or disordered functions, or both conjoined, may give rise to pulmonary Consumption; but accidental and external causes determine the tubercular diathesis.

In hereditary Consumption, understood with this limitation, there is great serenity of mind, buoyant spirits, and flutterings of hope even over the last gleam of the lamp of life. It is a disease so insidious in this instance, that sometimes the patient is conducted to the verge of the grave before the fatality is suspected; and, in fact, there is an extraordinary self-deception practised by the consumptive patient in always refusing to take the case home to himself. According to Dr. Beddoes, the previous signs of approaching Consumption are—unusual lassitude, quickened respiration, depression after dinner, regular evening indisposition, with flying chills and flushes, frequency of pulse increased by the slightest cause, which accelerates both circulation and respiration: cold may give rise to tubercles, or advance their formation when they are already commenced; an incipient cold may be nothing to a healthy individual, but to a consumptive one, mortal;—or may induce that which by continued neglect shall hurry to the grave: loss of flesh, colour, strength,—loss of the hair, &c. will alarm the most indifferent relative. To these symptoms may be added a dry cough, unaccompanied by free expectoration. In such cases, the slightest determination to the lungs should excite our anxiety and claim our attention; for often when the cough is so trifling as to be only a slight heck, as if occasioned by mucus or phlegm in the throat, we shall find the circulation deranged and considerably accelerated after meals, especially of animal food. An abscess in the lungs from pneumonias has

been often mistaken for phthisis, and perhaps vaunted cures may have reference to cases of this kind, or others of a similar complexion.

Dr. Armstrong states, that four affections may be mistaken for tubercular Phthisis, even when they occur in their least complicated forms; these affections are—chronic inflammation of the bronchia; ulceration in the trachea; chronic inflammation of the pleura; and lastly, chronic and simple inflammation of some portion of the lungs. According to the observation of an eminent physician, the true tubercular Phthisis only occurs in habits of the strumous temperament; and it yet remains to be proved whether tubercles be ever formed in the lungs without an hereditary predisposition to them. Generally speaking, the strumous temperament appears under two modifications which require to be discriminated. The first of these is found in those who naturally have pale skins, loose flabby fibres, and a sluggish pulse; and the second in those who have ruddy complexions, firmer fibres, and a brisk circulation. Subjects of the first modification have seldom much corporeal vigour or mental vivacity, whereas those of the second often possess both. But there is one thing common to these two modifications—an unusual irritability of the capillary arteries; an irritability which is perhaps one of the most essential peculiarities of the strumous temperament.

The existence of tubercles in the lungs is the cause, and constitutes the proper anatomical character, according to Laennec, of pulmonary Phthisis. These are developed under the original forms of minute semi-transparent points of a greyish colour; sometimes, however, they are nearly colourless. Their size varies from a grain of millet to that of hemp-seed. These particles enlarge their mass, and become yellowish and opaque, commencing at the edge and proceeding to the centre. Those that are in contact, or nearly so, unite and coalesce, and then

form masses variable in size, of a full yellow colour, opaque, and having a density somewhat analogous to that of compact cheese. About the period of the developement of tubercles, the pulmonary tissue, which was previously sound, begins to indurate, becomes greyish and semi-transparent around them by the production of new tuberculous matter, which is semi-transparent in the first instance, and pervades their substance.

Vesicular worms found in the lungs belong to that class to which Laennec gives the name of *acéphalocystes*,—a term which is tolerably expressive. They were called *hydatids* by former observers, and had long been confounded with cysts, being presented under the form of a simple vesicle of variable volume, soft, and having somewhat the appearance of the albumen of an egg half cooked, or *set*, as it is usually called, and possessed of an ovoid or spheroidal form. These membranes are diaphanous or semi-transparent, colourless or milky, sometimes a little tinged with red, yellowish, greenish, or greyish. The cavity of these vesicles includes a liquid variable in quantity, for the most part serous and limpid, occasionally muddy, and stained yellowish or reddish. Sometimes a large one includes many smaller ones; while at other times, minute ones are found still adhering either to the external or internal surface of the parent, and fall off when they have attained a sufficient size. These hydatids may be developed in almost all the organs of the human body, and are often met with in the lungs. They are described with particularity by Johnson, Collet, Mallöet, and others.

Pulmonary Consumption may be divided into two classes;—that which is intimately connected with the vital stamina, or constitutional organization; and the secondary, as excited by peripneumonies, malignant fevers, &c. The following corollaries will more clearly express my opinion:—

I. Tubercles in the lungs are essential to and the immediate cause of Consumption.

II. Tubercles originate in a morbid condition of the general system.

III. The cause of Consumption originates either in an hereditary predisposition or in functional disorders, or from their conjoined effects.

It must not, however, be forgotten, that there is another type of Phthisis called *pituitous*, equally fatal, but perhaps more common on the continent than in this country. Camper, the distinguished anatomist, was the first, we believe, to show that there was such a thing as Consumption without ulceration of the lungs. Hence it is found that individuals may die of Phthisis, accompanied with hectic fever, without expectorating throughout the progress of the disease anything but mucus, while on the other hand, it has been maintained that purulent expectoration is an essential attribute of genuine Phthisis pulmonalis. According to the learned researches of Dr. Bolzano, pituitous Phthisis occurs most frequently in women, and tubercular Phthisis in men. When intermittent fevers terminate in Consumption, it generally assumes the pituitous type, and though hæmoptysis generally ends in tubercular Consumption, it sometimes merges in pituitous Phthisis. Bolzano observes, that the cough in the pituitous form of Phthisis is liable to considerable variations, being sometimes extremely troublesome, but afterwards almost entirely subsides; while it is the reverse in other kinds of Consumption. In the former it is less violent, and more frequently deficient than in the latter. In pituitous Consumption the expectoration is more copious than what takes place in purulent matter expectorated in tubercular Phthisis.

The expectorated matter in pulmonary Consumption has long engaged the attention of medical art. Dr. Armstrong

has given a sketch of two remarkable fibrous substances expectorated by one of his patients, perhaps belonging to the third division of Laennec's "Productions Accidentelles." Hippocrates considered the expectorated matter that of an abscess of the lungs, while modern practitioners have confined it to the purulent matter of the pleura. It would appear also to be different from that of pulmonary Consumption, while an abscess may be formed either in the bronchia or the cavities of the pleura. "Je regarde les vomiques," says M. Laennec, "telles que les connaissent les praticiens et que je viens de les décrire, comme le produit du ramollissement d'une masse tuberculeuse d'un grand volume. L'abondante expectoration qui a lieu ordinairement pendant quelques jours à la suite de leur rupture ne peut pas être regardée comme formée uniquement par la matière tuberculeuse contenue dans l'excavation."

The great object in tubercular Consumption, according to Dr. Clark, should be an endeavour to retard the progress of tubercles towards softening and suppuration, and to prevent any further increase. Tubercles, according to him, may exist many years in the lungs without any marked derangement, and if the causes that irritate and inflame be removed, may not materially shorten the life of the individual. Generally, however, they are little influenced by remedies, though medicines may promote the expectoration of softened tuberculous matter.

CHAPTER II.

REMEDIES—ENUMERATION OF SEVERAL THAT HAVE BEEN PROPOSED FROM TIME TO TIME—THEIR VARIETY AND INCONSISTENCY—OPPOSITE NATURE OF MANY OF THEM—OPINION OF SEVERAL EMINENT BRITISH AND FOREIGN PHYSICIANS UPON THOSE NOW MOST IN USE—HINTS RESPECTING THE PROBABLE EFFECTS OF SOME NOW FOR THE FIRST TIME PROPOSED—VENESECTION, ITS ABSURDITY, INJURIOUS EFFECTS, &c.

AMONG the means of cure adopted, change of climate has been most relied on, but it is generally that of a forlorn hope; when medicine can do no more, the individual is expatriated, and dies in a foreign land. Dr. Clark says, that a residence in a warm climate may prove beneficial in various forms and stages of tubercular Consumption; but that confirmed Consumption in a far advanced stage, accompanied by hectic fever, &c. can reap no good from change of clime, but contrariwise, the fate of the patient may be accelerated; and climate, to be effective, must be long continued. This is a tolerably faithful report and summary of what may be expected from change of climate, and it is obvious that this resource can only be had recourse to by very few of the numbers that fall under pulmonary disease.

The less frequency of Consumption on the continent has

been attributed to the greater prevalence of hæmorrhoidal discharges, and it is thus inferred that piles, when moderate, are actually salutary, and preventive of Phthisis; it has consequently been proposed to induce those artificially by aloetic &c. medicines, or the application of leeches. We suppose also it is tolerably well ascertained that irregularity in the menses, or their suppression, may determine Phthisis; and that on this obstruction being removed the predisposition to Consumption has ceased.

We need scarcely enumerate the multiplicity of remedies and various medicines employed in this complaint, as all have disappeared like "wave succeeding wave." Some of these have been of a very extraordinary kind, such as viper's broth, and snails,—live frogs also have been allowed to hop down the throat. Salvadori's method of cure seems to have attracted greater attention than it deserves. It excited a host of opponents, who seemed to be of a very pugnacious character: he however directed his patients to climb an eminence quickly till they were out of breath and bathed in sweat, then increase it before a large fire, change their clothes, and live on meat and wine. Gregory prescribed Spanish liquorice in the form of pills. Hoffman wrote a volume on the virtues of asses' milk; even riding on this special animal has been supposed curative. The cow-shed has also been recommended as a proper place of repose for the Consumptive. Indeed ingenuity has been severely tasked for remedial means and measures. The vapour of tar and prussic acid have all been tried—in vain. Digitalis or foxglove has been employed by Drs. Ferrier, Drake, Fowler, Kinglake, and others, but with questionable success, for the cases quoted by Dr. Beddoes, &c. do not distinctly appear to be tubercular Consumption, and may have been abscesses in the lungs proceeding from pneumonia. Bleeding and digitalis we believe, however, are among the

more general remedies employed, though altogether of a most questionable character.

Preventives are—a warm invariable temperature as an atmospheric medium, and proper dress, to keep up a temperate and genial glow of warmth—the feet must be kept warm, but while the dress is of flannel, and a sufficient defence against sudden transitions of temperature, it should not be such as to enfeeble the patient by too copious perspiration, as this might interfere with the cutaneous discharge.

We may sum up the safeguards of the constitution *versus* pulmonary attacks by a brief enumeration of the measures of precaution:—these are, early rising, free perspiration, a pure atmosphere, an agreeable temperature, light food and of easy digestion, gentle exercise, warm clothing to prevent the effects of sudden alternations of temperature and condensation of perspiration on the skin:—these will generally prove completely effectual.

Among the means of cure, warm baths have been resorted to. Patients in the Vallais, according to Dr. Tissot, pass the greater part of their time in the water. At Baden, Dr. Marcard has seen invalids sit four or five hours in the bath—six hours at a time in the warm baths in Silesia are deemed sufficient, and the patients sit up to the chin.

The question of venesection, or blood-letting, in pulmonary Consumption is a most important one, and it has always appeared to us that copious bleeding here, or even bleeding at all, is an act which would require the justification of a process of reasoning very different to any thing of the kind we have yet met with. The system is gradually sinking under the disease, the animal strength is on the decline, and the last prop is taken away, so that by any remedial means employed the chance to rally again is removed; the patient is bled and bled again, and as if this were not enough, digitalis and setons are

employed to lay waste the little strength that remains—we dare not allow ourselves to give vent to the full expression of our feelings on this subject, and very much question if this practice alone has not dismissed thousands to their graves, while a temporary relief is surely dearly purchased by the seal of certain death. The loss of power and sensibility is proportional to the loss of blood, and the efficiency of medicines on the system is in that precise ratio diminished; so that we not only deprive the system of the means to rally again, but at the same time take from remedial measures all their efficacy. What is to be expected if we drain the system of its strength, and at the same time render medicines inert and nugatory? It soothes and softens the passage to the grave, as a physician once told us; and is therefore done ~~that the~~ patient “may die easily,” for by lowering the strength, the last struggle will not be so obstinate! Bleeding has been employed, it may be, to lessen the tendency to inflammation; but it may be reasonably asked, does it do so? and cannot the same end be accomplished by other means? As venesection may be had recourse to to diminish inflammation already determined, we very much doubt whether copious bleeding would not rather, by revulsion, increase local inflammatory action. An eminent physician once informed us, he had distinctly recognised several cases of apoplexy which followed depletion; and we think that this is not extraordinary. The phenomena of Montgolfier’s hydraulic ram, and the principles on which its action is founded, will afford an elucidation of our meaning. Is not an individual who chooses to let blood periodically, more subject to plethora than before? or, in other words, is not the tendency to venous congestion increased by the very means which have been adopted to prevent the predisposition or tendency? On this periodic bleeding being neglected, apoplexy not unfrequently follows. Those who, instead of reducing a plethoric habit by more rational means, till

by excess of indulgence, and a pampered appetite, the veins are gorged, and venous congestion formed, may be assured that though depletion may drain the veins of their vitality, the system will soon recruit the waste to overflow; action and reaction are equal in their momenta; and this law in mechanics will be found equally efficient in the physical structure of man. If the tendency to plethora be subdued by early rising, moderate or low diet, and plenty of rural exercise, the system will generally require no lancet for its reduction, while vigorous health may follow: after copious venesection we are afraid the system is never safe for the future, until its stamina are afterwards essentially modified; and how often does hydrothorax, &c. follow frequent and copious bleedings? We might appeal to facts in order to substantiate our position, that, after copious bleeding, the system has ever afterwards a tendency to plethora and inflammatory action, but we presume that they are sufficiently numerous and notorious.

A certain quantity of blood is necessary to the complete support of the vital powers, and if it be abstracted and reduced below its healthy medium or standard, the vital powers, roused to a new, extraordinary, and unnatural action, may elaborate a morbid excess, and a serous effusion may follow, if the lungs are not in a state of integrity. It is evident that the usual quantity of blood cannot be aerated, and consequently there will be a tendency to plethora and hæmorrhage, or inflammation may supervene. The causes which predispose to fulness, or which excite, must of necessity be avoided. We quote Dr. Marshall Hall's accurate, as we think it, caveat against blood-letting as a *preventive* of inflammation: "it has frequently been proposed to repeat the remedy by way of preventive and security against a return of these symptoms. Of all the cases in which blood-letting has been substituted, none is so replete with danger." We are not presuming an opinion against ve-

nesection in pulmonary Consumption where it is requisite, and some peculiarities of the disease may require it; it is against venesection as a *matter of course*, an indiscriminating and copious blood-letting, that we object; for the cases even requiring very moderate blood-letting will, we believe, be found extremely rare; besides, we much question whether the pathology of inflammation is sufficiently, if at all, understood.

Dr. Hall's Researches are of first-rate importance, and it is hoped will have due weight with those who find a catholicon in their lancet; we doubt not but it would have been well for pulmonary Consumption, if the maxims of Dr. Sangrado had not been so rigidly enforced. Whether the lancet be still employed to the same extent as before, or has given way partially to the topical application of leeches, we cannot tell, but the latter seems on the increase; for, in the year 1821, France exported a million and a half leeches, and in 1826 thirty-three millions six hundred and fifty thousand. We might quote numerous excellent authorities, to prove, that a practice which we have long regarded with special horror, has been opposed by some eminent individuals, while it has staggered others. Dr. Heberden has somewhere said, that in very few diseases does the blood afford the practitioner any useful information. Dr. John Davy observes, that even in violent inflammation the blood is often neither *buffy* nor *cupped*. In ordinary cases of inflammation, as of the pleura and lungs, the blood is at first neither *buffed* nor *cupped*. These therefore, it is evident, are not safe criteria, though they have been received as such without any inquiry into the matter. In pneumonia and pleurisy, the blood is examined: if *not* buffed, and other symptoms indicate the necessity of depletion, we continue to bleed—suppose the blood abstracted in pulmonary inflammation supervening on tubercular Phthisis is *strongly buffed*, and the symptoms are little, if at all mitigated, shall we, asks the writer, on

account of the state of the blood, *bleed on?* or would it not be more rational to subdue by other means? This is a strong question, and it is obvious we might bleed on till the patient dies, and the blood that flows at its ebb appear as cupped and buffed as at first. It is surely time that we pause and inquire what rational good can be expected from, or be served by it. In some cases a patient may faint when four ounces of blood are abstracted, and under other diseases not faint when that amount is increased to twenty; thus Dr. Hall informs us, that if several patients affected by dissimilar diseases, yet all of the same strength and constitution, be bled *ad deliquium*, they will be found to have lost various quantities of blood.

Dr. Armstrong states, that a copious loss of blood seems capable of producing Phthisis in patients in whom a latent predisposition to it had before existed. Copious losses of blood not only exhaust the constitutional powers immediately, but they are invariably followed by an agitated sort of reaction throughout the whole arterial system. If copious venesection then disposes the constitution to pulmonary disease where no predisposition exists, it will not fail to aggravate the symptoms when incipient Phthisis has already waged war on the system. Dr. Armstrong also observes, that he has in some cases of apparently genuine Phthisis ordered repeated full bleedings from the beginning, until it would be temerity to proceed further; yet the disease continued, and the blood drawn generally exhibited the buffy coat to the final operation. He also contends, that as far as the "buffy coat" was, there still remained symptoms of inflammatory action.

CHAPTER III.

ON CHANGE OF CLIMATE.

THE climate of all others which is best suited to Consumptive patients, generally, is that of Madeira. It certainly appears, that the temperature of the winter there is higher and more agreeable—circumstances that must plead very much in its favour; on the other hand the rise of temperature in summer is sometimes so considerable as to operate injuriously, and even render removal at a specific period of the year expedient. Dr. More has seen many very discouraging accounts of the sanative influence of the climate of Madeira, and even the natives seem to have little faith in it; for no sooner does an invalid land on the shore of the island, than the remark is made—"There goes another to the orange tree;" (the English burial ground). Still its insular character, joined with its tropical temperature, will mainly aid the curative measures adopted, and check the progress of disease, by giving to medicine the balance of chances; because whatever improvement is made during the summer in this country, is neutralized by the coming winter. But it cannot be denied that this is adopted as a forlorn hope—when the disease is verging on its climax: expatriation is a painful thought, especially when the chances are so much against the exile ever returning to his own country. Teneriffe has been considered as possessed of the same

tropical and insular influence as Madeira, and that the difference, if indeed there be any, is altogether trifling.

MALTA.—This island certainly possesses several advantages over many other places for the invalid. Valetta, its capital, is on the north side of the island, and the Scirocco winds would in some measure be modified by their transit over the island; but we should still think a modified Scirocco (or S. E. wind) breeze most unfavourable to the pulmonary invalid. We have been smitten by its influence on the shores of the Mediterranean, and can readily conceive how baleful it might act where the lungs are morbidly affected. In winter, however, at Malta, the northerly winds are always tempered by crossing the Mediterranean, after they leave the chilled surface of Europe; while along the southern parts of Greece these winds still maintain their original coldness: the reverse of all this obtains towards the close of summer—these winds being cool at Malta, and dry and hot on the southern shores of Greece.

MONTPELLIER.—Mr. Matthews observes “it is difficult to conceive how Montpellier obtained a name for the salubrity of its climate. For pectoral complaints it is probably the worst in the world. It is true, there is almost always a clear blue sky, but the air is damp and biting. You are constantly assailed by one of two winds, which are always blowing, bringing cold or damp. It is an unequal and a humid atmosphere that does the mischief. We have been taught to put this name as a pass-word for all that is salubrious and delightful in climate, while, in truth, it seems altogether undeserving of such an epithet: however, the word has become current, though it appears on insufficient grounds.

NICE.—Dr. Clark observes its remedial influence will be chiefly beneficial in cases where there is a tendency to hæmorrhage, or congestion. Dr. Carter, as well as Dr. Clark, unites his testimony with Mr. Matthews, in considering Nice as un-

favourable to pulmonary diseases. The air here, says Mr. Matthews, is pure, keen, and piercing, though "a soft and balmy air, oranges growing in every garden, lodgings without a chimney, and beds with musquito curtains, present the first signs of Italy." Villa Franca, near Nice, has been regarded as a favourable retreat for the invalid, and combining many advantages; during winter it averaged six degrees of temperature above that of Nice. Altogether it appears to be a beautiful spot, and continental opinion seems to invest it with the grade of superiority suitable as a residence for the pulmonic invalid.

GUERNSEY and JERSEY have been sometimes resorted to by invalids, and we believe with as much success as could reasonably be entertained; for the truth is, that the specific climate which may suit one individual, may not prove sanative to another. Altogether independent of idiosyncrasies, or constitutional differences, the disease may have assumed diversified stages, or be modified by circumstances, and the type may be altogether different; for it must be acknowledged, that the pathology of Consumption has not been so clearly defined, or so much attended to as might have been wished; thus tubercular Consumption has doubtless been often confounded with Phthisis pituitosa. Insular clime is often very much softened, and sudden transitions of temperature checked under a latitude which would otherwise prove injurious by its severity. The Isle of Man, we believe, is considered a healthy climate, where we have seen the broad-leaved myrtle luxuriate in an exposed situation, to the height of twelve feet, nor do we remember to have been told that it required any shelter whatever in winter. The Borromean islands in the north of Italy afford similar illustrations, though on a small scale.

The success of an exotic climate in pulmonary Consumption will depend on a variety of circumstances, such as the consti-

tution of the invalid, and stage of the disease, with the specific kind of pulmonary affection, or whether it belongs to that called nitintous or tubercular Consumption. On this measure it must be acknowledged there has been much diversity and contrariety of sentiment and opinion. A change of climate will, no doubt, act in a way somewhat similar to what diversity of diet does on the system; by change of place there may be a change of density and of elasticity in the air—or its relative moisture may be different, and its character and condition perfectly novel, compared to that to which it has been accustomed; there may be in fact

“Health in the breeze and shelter in the storm;”—

there can be no doubt that absence from scenes that fret, irritate and tire, and an introduction to objects of a different complexion, must contribute, by their novelty and excitement, to allay the fever of the mind, and remove many obstacles to the remedial measures resorted to; for it cannot be denied that mental care and inquietude are not only great draw-backs to the proper operation of medicine, but in many instances altogether counteract and defeat its efficacy.

Insular climate will be effective in the ratio of the extent of surface circumfused by the ocean, and its flatness or bold and rugged features. If studded with extensive woods, the climate may be a very humid one, for trees attract, retain, and condense moisture; and the proximity of that vast reservoir of waters which surrounds it, affords, by evaporation—a process incessant in its operation—a continuous supply. This contributes to the humid atmosphere, which reigns in an island constantly “lord of the ascendant:” the sea and land breezes will of necessity be more constant and equable, and the extremes of temperature will not be seen in such sudden starts as elsewhere. The

sea preserves in itself a remarkable uniformity of temperature, and that of winter, compared with that of summer, is not separated by such extremes as in the air incumbent over an inland country. As, therefore, the air which prevails over the ocean will necessarily participate in its uniformity, that floating over a small island will feel its influence, and, except when the atmospheric wave from a distant source visits its shore, its climate will present a tolerably uniform temperature; because, when the air incumbent over the land is overheated, the marine atmosphere will rush in to restore the balance, and support the equilibrium.

The influence of trees on climate is indeed great: they attract and condense vapour, and even in regions doomed to arid sterility, a perennial verdure may be found in their vicinity. From cutting down the woods many brooks in Kentucky fail in summer, and in New Jersey streams have been entirely dried up. Extensive woods may render a climate very humid that might otherwise be parched with drought. All trees, however, do not act alike in this respect.

CHAPTER IV.

CONCLUDING REMARKS.

SOME interesting facts have been collected respecting the prevalence of Consumption in various countries. Beginning from the north, we find some diversity in the reports respecting Iceland—Horrebow mentions the disease as prevalent there; Clossen as occurring in persons about 50; and Mackenzie and Hooke, only as occurring occasionally. In Russia it is certainly rare, though pleurisy is common: in Denmark too, it seldom occurs: in Germany, nearly as in England, one-fifth of the deaths at Berlin appear to be by Consumption: at the Hague somewhat more, perhaps from some local causes: at Vienna, from one-tenth to one-sixth only. It has been observed that there are more Consumptions at Caen than at Rouen, which is a closer town. In Italy Consumptions are well known. Nice and Naples are said to be unfavourable to the Consumptive, from the neighbourhood of mountains. In Malta and in Sicily, and in other islands in the Mediterranean, the disease is rare, though its progress does not appear to be

retarded by a removal to these islands; it is little known in Egypt according to several authors, though not uncommon at Aleppo. In Bengal, Consumption is rare, though it appears from M'Gregor's account that about six cases occurred annually in a European regiment at Bombay, which is nearly as many as would be expected in Great Britain. Chardin says that pulmonary complaints are rare in Persia. In Greenland the disease sometimes occurs; in Canada it appears to be uncommon. At Philadelphia one-sixth of the deaths is by Consumption; in South Carolina it is more rare. In Jamaica, and all the West Indian islands, it is almost unknown; Barbadoes and Bermuda seem the most liable to it—It occurs occasionally at the Azores, and even at Madeira.

As the disease advances, the emaciation and the other symptoms of a well formed hectic fever continue to increase; the cough becomes more and more observable, being at first dry, but afterwards accompanied by an expectoration of mucus, which by degrees acquires more and more the character of pus, though it is never completely purulent, or without a considerable mixture of mucus; the breathing is also sometimes accompanied by a sound like the ticking of a watch. The teeth often become more transparent than usual, and the sclerotics of the eye of a pearly whiteness. The second stage of the disease is usually dated from the commencement of purulent expectoration; and the third from that of diarrhoea; although some authors comprehend the second and third stages in the denomination of confirmed Consumption: but neither of these distinctions can be applied with any degree of precision to the greater number of cases; the first appearance of the symptoms of each stage not being uniform in every case of the disease.

The cough, which is so prominent a feature in Consumption, deserves to be somewhat further and more attentively considered, with respect to the mechanism by which it is performed, than has been done in the former part of this book. The irritating substances attached to the membrane lining, the bronchia require a certain velocity in the current of air for their expulsion, in the same manner as a considerable force of wind is required for carrying along with it a portion of water over which it sweeps; and in order to produce this velocity by the simple act of respiration, the whole chest would be obliged to undergo a considerable change of form, and the muscles to be violently exerted; but this labour is served by the operation of closing the glottis till the air within the lungs has been a little condensed, and then suddenly opening it; and it is demonstrable, that the velocity produced by the expansion of the air thus condensed may easily be very considerable; a force, for instance, sufficient to support a column of a quarter of an inch of mercury only, being capable of causing a velocity of about 120 feet in a second, which is greater than that of a violent gale of wind; besides the advantage of the suddenness of the impulse, and perhaps of the tremor constituting the sound in detaching the offending substances. This action of coughing is instinctively and almost convulsively excited by the irritation, which is sympathetically referred to the neighbourhood of the larynx, where a sensation of tickling is felt. In a similar manner, the still more involuntary action of sneezing is directed by nature to the expulsion of foreign substances from the fauces and the nostrils: the passage being at first closed at the back of the mouth, and the soft palate being suddenly depressed, so as to allow the condensed air to pass into the nostrils, at the same moment that

the base of the tongue descends, and opens the way into the mouth.

The writer of the foregoing treatise has in preparation for submitting to the medical profession, and public generally, a system of cure for Consumption, which will be found to combine a certain remedy, as well as a sure preventive. At the same time will be given a number of cases illustrative of persons who have recently been restored to health through its means, with references to several eminent living persons who have witnessed its salutary effects.

FINIS.

LONDON:
W. M'DOWALL, PRINTER,
PEMBERTON ROW.