An exposition of the pathology & treatment of tubercular phthisis / by Samuel Flood.

Whitmell

from

Author

AN EXPOSITION

OF THE

PATHOLOGY & TREATMENT

OF

TUBERCULAR PHTHISIS.

BY

SAMUEL FLOOD,

MEMBER OF THE ROYAL COLLEGE OF SURGEONS,
LONDON, &c. &c. &c.

LONDON:

SIMPKIN, MARSHALL, AND CO.,
AND J. BUCKTON, LEEDS.

1842.

TO

GEORGE HAMILTON ROE, M.D.,

PHYSICIAN TO THE WESTMINSTER HOSPITAL, LECTURER ON THE PRINCIPLES AND PRACTICE OF MEDICINE, &c. &c. &c.

MY DEAR SIR,

Permit me to Dedicate to yourself this humble contribution to Medical Literature, in testimony of my unceasing gratitude for the many advantages I enjoyed in my professional studies under your auspices, and as an evidence of the high estimation in which I hold your Talents as a Teacher, and your Virtues as a Friend.

I have the honour to be,

My dear Dr. ROE,

Your very obliged and grateful Servant,

SAMUEL FLOOD.

24, St. Paul's street, Leeds.

ERRATA.

In page 10, 3 lines from the bottom, for treatment "of" read treatment *for.*

Page 11, line 19, for "et" read *æt.*

Pages 34, line 17; 50, last line; 64, 4 from bottom; and 81, line 5, for "combatting" read *combating*

Page 42, line 13, for "hygiene" read *hygiène*

Page 44, line 7, for "distressing" read *depressing.*

Page 47, 3 lines from bottom. dele "*a.*"

Page 52, line 18, after "emaciated" place a comma.

Page 73, 5 lines from the bottom for "attachè" read *attaché*

Page 80, line 9, for "of certain" read of *a* certain.

Page 81, line 19, for "is" read *in.*

PREFACE.

My object in the few following pages is not to begin the subject of phthisis *de novo*, and write a treatise on the history, anatomy, and symptoms of the disease. Such a task, after the labours of the many distinguished writers on this subject, would be quite unnecessary even if I were competent to execute it. But it is to offer a few observations on what I have been induced to believe is its true pathology, and then to explain, as briefly as I may, the treatment which should be adopted, or at least which I have found the most successful. I must observe, too, that my object is not so much to promulgate any new doctrine or opinion of my own, as to bring into a condensed form a summary of the general plan that we should pursue in the treatment of phthisis. Authors on this subject too generally content themselves with vague and unsatisfactory expressions of their belief in the incurableness of the disease, and, acting upon this opinion, they give us too often but a very inade-

quate notion either of the principles that should guide our treatment or the means by which those principles are to be best carried out. I, at least, have found this difficulty, and imagining that many others may have felt it in common with myself, I have thought that, if a general system of treatment were placed briefly before them which might be comprehended at one view, it might not be unacceptable; and it will not, I am sure, be the less welcome when I say, that I have found the treatment which the following pages are intended to develope eminently successful in a very large number of cases, and I cannot suppose that it will be less so in other and more able hands. In carrying out the task I have imposed upon myself, I fear I am unable to display my ideas in any very fascinating garb, still I trust I shall be able to make myself sufficiently understood — premising thus much, I throw myself on the kind indulgence of my readers.

AN EXPOSITION, &c.

WERE I to follow a very common example set by various medical authors, I should occupy much unnecessary time and space by setting forth my own unworthiness to write on a disease which has been the theme of Louis and Laennec, and a host of other scarce less celebrated names—and by expatiating on my utter inability to grapple with a subject which even *they* have left in mystery and uncertainty. I must, however, be allowed to deviate from the beaten track: It must suffice for me to say, that I feel as much as any one can do how unequal I am to the task I have imposed upon myself, and the only apology I can offer is, that I have been induced to undertake it from the deep conviction that it is the duty of every man, even the humblest member of the profession, to make known any thing that he conceives likely to elucidate, in the most distant degree, the treatment of a disease so fatally universal as phthisis; a disease which has baffled a legion of original and gifted minds, a disease which has defied the combined genius of every generation, to comprehend—which laughs at all the hostile attempts of art, and which now in this our day, at a time when the knowledge of man appears in other things almost divine, is

running its headlong course almost without restraint, spreading misery and devastation and ruin wherever it shows itself, with a malignity as fearful, and a power as uncontrolled, as if it were the very embodiment of death, which nothing could check but the consummation of all things.

The writer on such a subject as this needs little apology ; but if he did, he might surely find it in the homes where its ravages have been felt, in the hopes and affections that have been blasted and withered by its stroke, and in the fact that hitherto very little has been done in reality to arrest the progress of this desolating scourge.

It is a matter of daily observation in the practice of every one, that if two men are the subjects of an injury similar in its nature, and are placed under similar treatment, the one will be quickly restored to health, while the other will fall into a state of disease. Thus, if two men were to receive a severe blow on the knee by a fall, a stone, or what not, the joint of one will rapidly recover its normal condition, while that of the other will obstinately resist the same restorative means, and will put on all the symptoms of disease more or less chronic, and more or less difficult of cure. So, if two individuals are placed for any length of time under the influence of damp or cold, such exposure will, in the one case, be followed by pneumonia, which will yield to ordinary treatment and terminate in resolution ; while, in the other, the pulmonary inflammation will assume a chronic form, and without any

very apparent cause will terminate in a state of phthisis. Such extremely opposite results would be quite inexplicable but for our knowledge of the fact, that, in a great majority of instances, they will be found to depend on the existence or non-existence of some constitutional peculiarity which does or does not impart its own taint and character to every morbid action. This constitutional bias may be acquired, or it may be congenital; it may be the result of the physical circumstances under which the individual has been placed in life; or it may be, as it very frequently is, stamped upon the unconscious infant when it is first ushered into the world; in other words, it may be hereditary. But whenever or however obtained, such a constitution is peculiarly liable to fall into disease, and when it does so, the action set up is marked by certain peculiarities pathognomonic of the constitutional failing. It is on this fact, then, well known, but too generally lost sight of in practice, that I would found all my future observations on the disease in question.

Of all specific diseases, none perhaps is so universal in extent, or so fatal in its consequences, as scrofula. It is to be found in almost every locality; but in some districts, as for instance in many parts of this county, it exerts an influence so general that our success in practice may almost be said to depend on the keeping of this important fact constantly in view. It is true that, in consequence of the use of machinery, our people are more liable to

those injuries which demonstrate the existence of scrofula in the system than in other localities, so that we have the disease brought more palpably before us; still I am of opinion, that scrofula exerts its baneful influence much more universally than is generally supposed. In what it essentially consists it would be somewhat difficult to determine; many persons fall into the error of describing only the symptoms and effects of scrofula, as the disease itself, such as the thickened lip, fair skin, enlarged glands, and so forth; but these by no means explain that morbid bias of the constitution in which the specific character of scrofula wholly lies—that inexplicable something grafted into our very nature, which, in the absence of all exciting causes, may lie dormant even through a long life, but which gives to every unhealthy action a taint and character peculiarly its own.

That phthisis and scrofula are identical, or rather dependent on the same specific action, may be proved in many ways; but as the best will be to show that, on the cessation of one train of undoubted scrofulous symptoms, phthisis has sprung up as an uniform result, and that on the occurrence of some external evidences of scrofula, the incipient symptoms of phthisis which previously existed have disappeared, I have selected the following cases from numerous similar histories:—C. S., a young gentleman of good family, was under treatment of scrofulous disease of the knee joint; against my wishes the limb was amputated by another surgeon,

the stump healed, pulmonary symptoms immediately showed themselves, and in a few months he died of consumption.—P. N., a youth 14 years of age, had scrofulous disease of the metatarsal bones, his foot was amputated, he was supposed to be cured—in nine months he died phthisical.—W. S., a young gentleman residing near Wakefield, came under my care with scrofulous enlargement of the ankle joint. When I first saw him he was a pitiable object, but under treatment he became so far restored as to be sble to ride over to see me nine miles and back again on horseback, without fatigue; either from weariness, however, or the idea that sufficient had been done, further treatment was neglected; from that time, he went back, and has since become the victim of phthisis. The next case, though somewhat different from the preceding, is equally conclusive as to the identity of action in the two diseases.—H. W., a young lady, *et.* 30, is one of a very consumptive family, she lost in succession her brothers and sisters, by phthisis, and was herself threatened with it. At this time she received an injury to the tibia, it took on disease, which extended to the knee above and the ankle below, with all the characteristics of scrofula: from that time she has been free from chest symptoms, and now enjoys comparative good health, having only the occasional annoyance of dressing being applied to the diseased limb, which she holds in particular reverence, from the conviction that the centering of disease there has kept it from the

lungs and saved her life, which is no doubt the fact. In reciting these cases I have simply stated that they were scrofulous, without entering into a detail of their symptoms ; but that they were in fact so is undoubted, because in each case the external lœsion was marked by certain appearances indicative of the constitutional failing, and the presumption of its existence was supported either by the history of the patient showing hereditary predisposition, or, in the absence of this, by the presence of certain other signs, as personal appearance, glandular enlargements, and so on, which showed beyond all question that such a taint had been acquired, but no one will, I think, dispute them, for such instances as I have named must be common in the practice of almost every one. I have placed them here merely because they serve to illustrate my meaning.

I entertain no manner of doubt, then, that it is to scrofula and scrofula alone that every case of *true* phthisis is to be attributed ; but as this is an all-important point, which seems to be just *bruited* in books, half admitted and then lost sight of altogether, I shall take leave to hold it up prominently as the very foundation on which all our observations and treatment ought in reason to be based. But before I proceed to consider how far this opinion is absolutely supported, either by demonstration or analogy, it is almost necessary for me to remark on the very absurd sensitiveness evinced by the great majority of persons on this point, to

breathe the possibility of the existence of scrofula, if it do not obtain your immediate notice to quit, is at least construed into a direct attack upon the family honour, and you are favoured with an account of the sanatory condition of your patient's ancestors, from Adam downwards, to prove how utterly mistaken you must be. For my own part I can never understand why there is all this touchiness; to be afflicted with scrofula is a misfortune truly, but not a crime—it is but *one* of "the thousand ills that flesh is heir to," and yet some would willingly bear the remaining nine hundred and ninety-nine if you would but spare them the imputation of this. To tell a fond mother that her child is consumptive is one thing, but to hint that her disease depended upon scrofula would be quite another, which he who should be rash enough to try the experiment would probably find out to his cost. I am aware, therefore, that I am advocating an opinion which cannot be popular, but which is not on that account the less true. But leaving this digression, I proceed to examine what are the grounds of my belief, and how far the symptoms during life and the *post mortem* appearances are consistent with my hypothesis.

The first and most prominent symptom of phthisis is emaciation—it is the very essence of the disease, it is the disease itself. So thought the ancients, and named it accordingly. So think we, as our common term "consumption" sufficiently proves. To speak of phthisis *without* emaciation, as was

lately done in a metropolitan medical society, is to use a contradiction of terms as absurd as can well be imagined. The "losing a little flesh" is frequently the very first thing that attracts the attention of the patient or his friends, and marasmus is the most striking symptom throughout. It is the mark and stamp of his disease, from the very first deviation from health, till he is reduced to a mere spectre, a ghastly shadow of his former self. It is not the least singular circumstance connected with this wasting, that it goes on although the patient may not be without appetite, but may consume an ordinary and even a considerable quantity of food, and of a quality, too, highly nutritious. On what then does this depend? Persons are very apt to say, on disease in the lungs. I, however, am inclined to say, it does no such thing. There is not, I think, enough in the condition of the lungs to account for such a symptom, because a patient will die of phthisis when comparatively but a small portion of the lungs is destroyed by disease, and when certainly quite sufficient is left competent to subserve the purposes of life; while, on the contrary, we know, from well authenticated instances, that a man will live in health, and finally die of some other disease, although the whole of one lung has been reduced to a mere sac.* It cannot be, then, that wasting is the result of imperfect oxygenation of the blood, because, as I have stated,

* A preparation showing this is in the possession of Professor Lizars, of Edinburgh.

quite enough lung may be, and most frequently is, left permeable to air to effect this object. It cannot be, from the amount of expectoration, because in many instances that is small—not so much in a week as some bronchitic persons will part with in a day with apparent impunity. It cannot be because a sufficient quantity of food is not taken into the stomach to support life, for in those cases (by no means rare) in which a fair amount is taken, emaciation appears to go on almost with equal rapidity; but *it is* because, in consequence of a lœsion of structure *apart* from the lungs, a sufficient quantity of nutrition is not permitted to pass into the circulation. It is, therefore, I am persuaded, to the organs of assimilation that we must look, if we would rationally explain this important feature of the disease.

If it be true that phthisis occurs only in persons of a scrofulous diathesis, we should not, *a priori*, expect it to develope itself in cellular structure; for although every tissue is liable to be attacked by scrofula, yet daily practice proves that certain structures of the body are more obnoxious to the disease than others; and reasoning from this fact, we should not look for the *commencement* of phthisis to the lungs. Again, if the lungs were the starting point in the disease, we should expect that some considerable progress would be made in it before the constitution evinced any great sympathy by emaciation, at least such a result obtains in other cases. I see no reason why it should be

otherwise in this. Is it so? Why, in a vast number of cases, a patient will complain of every other symptom, as loss of appetite, uneasiness after meals, loss of flesh, cold hands and feet, &c., before he thinks of his chest; and he frequently scarcely knows whether he has a cough, beyond "a little now and then," "a little in the morning," or something which he considers quite unimportant. Again, if phthisis were *ab initio* a disease of the lungs, there is, to my knowledge, no assignable reason why the mesenteric glands should always be found diseased and altered in structure; while, on the other hand, I think it may be shown, that tubercular deposit, the first step in the lung affection, is the all but invariable sequence of obstruction in these bodies. I have, therefore, been led from these data to make this deduction, that true tubercular phthisis is always the result of a lœsion of nutrition, caused by scrofulous disease in the mesenteric glands. Laennec has stated his opinion, that this does *sometimes* occur, but calls it *false* phthisis, and speaks of no treatment for such a species of the disease; but, if I am right, a key is at once given to the treatment, which, after all, should be the real end and object of pathological research, for it matters little, in good truth, to a suffering patient how deep our knowledge of his disease may be, unless we are enabled to draw from it the means of cure.

I take it for granted that from the very nature of the constitution of a phthisical person, the

glands are peculiarly prone to disease. Glandular structure appears indeed to be that in which scrofula delights, if I may say so, to develope itself, and that it does so, is, perhaps, not in reality so mysterious as at first sight it may appear; for if scrofula consists, as it most probably does, in a diseased condition of the blood; and if the glands have allotted to them a function whose office it is to separate from the blood, for the various purposes of secretion and excretion, certain fluids necessary for the right working of the whole animal machine, it is clear that the integrity of their action must necessarily depend on the integrity of the vital fluid, which is their source of action: if, therefore, *that* be diseased, the secretion from it must be diseased also; and it is not difficult to imagine that the secreting organs themselves will be induced to take on a morbid condition as a consequence. Now what must be the inevitable result of such diseased action occurring in the mesenteric glands? Let us fancy them in a state of (as it is termed) scrofulous inflammation—we shall find them gradually, and, in most cases, *very* gradually, enlarged and indurated probably as a consequence of repeated delays occurring in their vessels, from the fact of their carrying unhealthy and unnatural fluids. The lacteal vessels connected with each would become pressed upon, their calibre would be diminished, and the free passage of chyle through them would be materially interfered with, and this might go on for a greater or less period,

according to circumstances, until the total obstruction of these vessels should be accomplished. This being effected, the vasa inferentia, as they are termed, or those vessels carrying chyle *into* the gland, would become obstructed also, and, being obstructed, would take on the same diseased action, and this would extend to their very mouths, in the mucous membrane of the intestine; and when we consider that several thousands of these mouths only occupy about an inch, it is not difficult to understand why, on *post mortem* examinations, inflammation is found to have diffused itself pretty generally throughout this membrane; and not simply have we evidence of this, but also of long existing disease, as thickening of the membrane, ulceration, and even perforation of the intestine. Except in the way I have suggested, such appearances seem to me quite inexplicable, for be it remembered, that these are not accidental, but uniform. And what is the condition of the glands themselves? I quote the answer from Dr. Mackintosh: "The mesenteric glands are always found enlarged and altered in structure in phthisis;" but he adds, "when the bowels are affected." This, however, in no way diminishes the universality of the preceding remark; for, unless phthisis is a very different disease on the other side of the Tweed, Dr. Mackintosh must have found the bowels more or less "affected" in *every* case. They no longer, then, present their normal appearance—they are no longer glandular—they are seldom in a state

merely of enlargement or induration, but they are "altered in structure"—they are homogenous, *cheesy* masses—they are themselves pathognomonic of scrofula, this disease having evidently effected their disorganisation.

The first and palpable result of obstruction of the lacteal vessels from this diseased state of the mesenteric glands is, that the body is robbed of its nutrition. No matter what quantity of food may be taken—no matter what may be the nutritious quality of that food—it is physically impossible that it can be appropriated to the purposes of life, because a *bar* is put to the only channel through which alone it can be thrown into the circulation. If to this consideration is added, that of the daily loss to the body by excretions, its rapid emaciation is no longer a mystery, but a thing self-evident and of consequence; for nutrition, the only source by which the blood can be renewed, being cut off, it follows that the solids, which are formed only by deposition from the blood, must waste; because not only is there a continual wear of them every moment, but the absorbents are set to work, and they take up every available particle, in order to swell the amount of fluid thrown into the circulation, (so that we have this anomalous reversion of the order of nature, the solids contributing to the blood, instead of being themselves formed entirely from it,) and to supply a sufficient quantity of carbon for the support of the animal heat; and hence we have emaciation. Majendie states, that

having opened the thoracic duct during digestion, *half an ounce of chyle* flowed out in the first five minutes; so that, supposing digestion to go on at this rate for *three hours* only during the *twenty-four*, we should have eighteen ounces of fluid thrown into the circulation daily through the agency of those very organs which I have endeavoured to show are rendered useless by disease. What then but emaciation can be looked for when we find the system deprived of such a prodigious quantity of nutrition? The second result of obstruction in the mesenteric glands hangs upon the first, and is of equal importance with it, namely, the occurrence of actual disease in the structure of the lungs. It is a fact susceptible of anatomical demonstration, that these organs are studded with a great number of glands in every direction. Is it not possible that, the blood becoming more and more impoverished, and therefore more and more diseased, the healthy action of *these* glands may be interfered with in the way I have endeavoured to describe, when speaking of the diseased process in those of the abdomen; may they not secrete an unnatural fluid, which fluid, by concretion, degenerates into tubercle? Dr. Carswell believes, that tubercular matter is a secretion from the bronchial membrane; but if such were the case, I am inclined to think we should more frequently detect it in the expectoration; it seems likely rather to be first deposited in the pulmonary tissue itself. There is little doubt that tubercles are at first fluid, but at the earliest

stage in which they can be examined, they are soft, semi-transparent, minute bodies—they then become opaque, grey, round and friable, varying in size, and are either scattered about singly, or a number of them are collected together—in the latter case they increase by juxta-position, that is, fresh deposit occurs from without, forming what is called a "tubercular mass." For a time vessels may be traced through these masses, but as fresh deposit takes place considerable pressure is exerted on the centre of the mass, the circulation in that spot or nucleus is destroyed, it dies, and "softening" commences; this goes on until the whole is converted into matter which opens itself into some neighbouring bronchus, and, by the efforts of the patient, its elimination from the body is effected; by its elimination, however, a "cavity" or "vomica," or "tubercular excavation," is formed, and this constitutes a state of real phthisis or pulmonary consumption.

Here, then, we have disease in the lungs explained by a chain of circumstances, the links of which hang naturally the one upon the other, we find tubercular deposit the consequence of an impoverished and diseased state of the blood. We find that this state of the blood is induced, first, by a natural taint of constitution; and, secondly, by inadequate supplies from without; and this, again, we find to be the result of an obstruction to the free passage of the chyle in the lacteal vessels, dependent on enlargement and disorganisation of

the mesenteric glands—bodies which we know, from the very nature of the constitution, are exceedingly prone to fall into disease on the application of any, the slightest, exciting cause.

I am sensible it may be objected, that this is all surmise and incapable of demonstration. I confess that, in some degree, it is so; but so must every theory be, which has reference to diseased action; for we cannot shew, by the aid of the microscope even, the anatomical structures engaged in these actions, and, therefore, we should not be expected to demonstrate the actions themselves. I am aware, too, that in attributing the first great evil to the blood, I am laying myself open to the charge of attempting to revive a doctrine long since exploded. Whether it is so or not, I shall not stop to argue; but content myself by simply quoting the words of one whose brilliant talents would, ere this, have raised him high in the profession, had he not been prematurely cut off by the very disease we are considering. Mr. Dobson; in his "Treatise on the Functions of the Spleen," says—Every reflecting individual will, I feel persuaded, accede to the opinion that the circulatory apparatus is adapted to contain a certain volume of blood, and on the purity, or on a certain state of the blood, combined with quantity corresponding to the capacity of the vessels, does this apparatus preserve its integrity and true action; *and whenever the blood vessels receive blood of an impure quality, or in an undue*

quantity, disordered action results." I might in common with others, have contented myself with saying, that "tubercle is deposited in the lung;" but such a summary mode of treating perhaps the most important question we have to consider in reference to this disease, is neither satisfactory nor philosophical. That tubercle *is deposited* we know, because there it *is*, but the question we ought to solve should be—*how* is it deposited? It does not come there by chance or accident—it does not put itself there without cause—it must be the result and consequence of some diseased process. Whether that process is referable to the glands, as I believe, or whether it has its seat in the bronchial membrane, as Dr. Carswell believes, or whether it consists in an actual transference of fluid tubercle from the blood to the substance of the lung, through the coats of the blood vessels, as is not impossible, the question is one of the most vital import. The opinion that I am inclined to adopt gives a certain harmony to the whole disease; and if it be true, it gives to our treatment great probability of success.

But in continuing my argument as to the probability of phthisis primarily consisting in disease of the mesenteric glands, I may remark, that in the very first deviation from health, the symptoms are referred to the digestive organs. Flatulence, indigestion, sense of fulness in the abdomen, uneasiness and nausea after food, will be found, if the inquiry be prosecuted, to precede the pulmonary

symptoms, and, indeed, they are productive of much distress to the patient throughout his disease. In support of this, I would quote the words of Mr. Lloyd, in his treatise on scrofula. At page 26, he says—"I am convinced that there is always a disordered state of health *antecedent* to those changes in the structure of parts;" and at page 33, he says—"from the nature of the constitutional disorder that attends and precedes this disease, we might be induced to believe that the disease entirely depended upon the disorder of the digestive organs;" and in referring to my own notes taken at a lecture given on the subject of phthisis, by a very practical physician who is attached to a large London hospital, I find him making these observations :—"The signs are frequently so insidious as scarcely to be perceptible—loss of appetite and indigestion may be the chief, there may be little or no cough." It may be urged, however, that phthisis does not always approach in this slow and insidious way—it may come on suddenly—its only precursor may be an acute attack of pneumonia or bronchitis. This is perfectly true; but still I am of opinion, that neither pneumonia or bronchitis, of themselves, ever produce that state of lung known in phthisis. They may occur accidentally in a person predisposed to the disease, and by the very means required to overcome the inflammatory action, the vital powers will be reduced, the system will be placed under circumstances favourable to its development, and phthisis may be

the result. Thus, a purely idiopathic inflammation occurring in a healthy constitution will terminate in resolution; but occurring in a constitution already tainted by disease will end in phthisis; not because it degenerates into that affection, but because it reduces the powers of life, so that the constitution is no longer able to ward off the attack of its now more powerful foe, or more probably serves to excite into action, tubercle already deposited in the lungs. In such a case as this, it is very probable that the urgency of the pulmonary symptoms may fix the attention *there*, and the abdominal symptoms are likely to be overlooked even when present; but, in good truth, to prove my position, their presence is not necessary, because what disease in the mesenteric glands effects, is accomplished by the antiphlogistic course, pursued in subduing the active symptoms which ushered in phthisis, that is to say, bleeding, abstinence, and so forth, played the same part in further impoverishing already diseased blood—as obstruction in the lacteal vessels—in both instances the system is deprived of that nutrition, which is absolutely necessary for its safety and well being. Again, it may be urged, "Why, then, do not children become phthisical in all cases where the glands are known to be diseased, as in tabes mesenterica?" The objection, however, is not so valid as at first sight it may appear; for running through its stages with some celerity this disease may carry off a young child without time being given for the development of

tubercle in the pulmonary tissue; but where the termination is not so rapid, where the disease is extended over any length of time, a short cough is a constant symptom: and more than this, I know that, in a great number of instances, the lungs of children who have died of mesenteric disease, have been found decidedly tuberculous. Very probably, if these examinations were followed out, the same result would be found in all; and, indeed, I think, if we compare the symptoms—the hectic flush—the diarrhœa—and, above all, the marasmus, attending the two diseases, my position that tubercle *follows* mesenteric disease is rather strengthened than otherwise. Laennec says, "Among the occasional causes of phthisis, I know of none more assured operation than the depressing passions;" and, to give force to his assertion, he adduces an extraordinary history which, whether it be considered as evincing the effects of depressing passions, or simply, as I am inclined to think, of inanition, is equally important and interesting. I imagine that, if "depressing passions" had any thing to do in the matter, they were an effect and not a cause; for it must be evident, that there can be none more assured method of depressing the vital powers, mental as well as physical, than the cutting off of *that* by which *alone* the vigour, energy, and integrity of the whole is maintained. At page 303, of Forbes's Translation, Laennec says, "I had under my own eyes, during a period of ten years, a striking example of the effect of the de-

pressing passions in producing phthisis ; in the case of a religious association of women, of recent foundation, and which never obtained from the ecclesiastical authorities any other than a provisional toleration on account of the extreme severity of its rules. The diet of these persons was certainly very austere, yet it was by no means beyond what nature could bear. But the ascetic spirit which regulated their minds was such as to give rise to consequences no less serious than surprising. Not only was the attention of these women habitually fixed on the most terrible truths of religion, but it was the constant practice to try them by every kind of contrariety and opposition, in order to bring them, as soon as possible, to an entire renouncement of their own proper will. The consequences of this discipline were the same in all ; after being one or two months in the establishment—the catamenia became suppressed, and, in the course of one or two months thereafter, phthisis declared itself! As no vow was taken in this society, I endeavoured to prevail upon the patients to leave the house as soon as the consumptive symptoms began to appear ; and almost all those who followed my advice were cured, although several of them exhibited well marked indications of the disease. During the ten years that I was physician of this association I witnessed its entire renovation, two or three different times, owing to the successive loss of all its members with the exception of a small number, consisting chiefly of the superior, the grate-

keeper, and the sisters who had charge of the garden, kitchen, and infirmary."

Now this is a very important history, but I think it is not very happily chosen to prove the effects of the depressing passions: first, because I think these enthusiasts were more likely to be kept in a state of continual excitement by the religious zeal which prompted this very discipline; and, secondly, because I believe that the contemplation of religious truths is not calculated to produce depressing passions, but rather the best feelings of our nature, such as the elevating principles of love and hope.

It seems to me, very much more likely, that phthisis was in these cases the result of the physical circumstances under which the individuals were placed, and especially their want of nutrition and fresh air; for although Laennec says, "their diet was by no means beyond what nature could bear," their abstinence was evidently carried to the very verge of starvation—that this was the true cause of the fatal disease which showed itself is, I think, proved beyond doubt by the immunity enjoyed by the superior and those sisters who had the charge of the garden, kitchen, and infirmary. I can scarcely suppose that these persons had less of religious zeal, or contemplated the terrible truths of religion less than their companions, and, therefore, I attribute their freedom from disease, not to "their distractions from their religious tasks," but to their connexion with the "garden, kitchen, and infirmary," and to "their repeated visits to the

city," all of which were exceedingly likely to go far in counteracting the evil effects of their almost "total abstinence" system. This opinion is very much strengthened by the fact of their recovering on leaving the house—unless, indeed, we believe that their whole discipline was a piece of hypocrisy, and that as soon as they were released from the surveillance of their superior, they ceased any longer to contemplate the "terrible truths of religion."

Here, then, is the result, not of a few isolated cases, but of the ten years' practice of a great man, in an institution where the chances of observation were great and numerous; and it shows as clearly as anything can be shown, that tubercular phthisis is the almost inevitable consequence of depriving the system of those supplies by which the *vis vitæ* is kept up—*a fair and reasonable quantity of nutrition*—not an *escape* diet, such as Laennec's, which shall be just *within* what nature can be supposed *to bear*, but such a one as will fully restore to the body its daily and momentary loss. It matters not in what way the body is deprived of nutriment, whether it is that sufficient quantity of food is denied altogether, as was undoubtedly the case in Laennec's institution, or whether (food being taken) a sufficient quantity of its nutritive properties is not thrown into the circulation for the various purposes of life—as in the case of disease in the mesenteric glands—the effect on the body is, and must be, precisely the same; it wastes and

withers away, just as a tree decays and dies when deprived of water, or when the vessels which carry the sap are destroyed.

But the history of these women furnishes us with a still more important and more practical fact, and it is this, that phthisis is a disease very generally susceptible of cure, if a rational and common sense plan of treatment be adopted. "Almost *all* those," says Laennec, "who followed my advice *were cured*, although several of them exhibited well marked indications of the disease." I shall use but one more argument in confirmation of what I have said, namely that treatment directed against the abdominal affection, the existence of which I have endeavoured to prove, is infinitely more successful in the cure of phthisis than treatment which takes cognizance only of the lungs.

I regret exceedingly that, in consequence of my own negligence in not keeping a list of all the cases I have treated in this way, I am not able to give, in this place, an accurate statement of the result. I may say, however, in general terms, that those cases in which I have failed have certainly been the exceptions; and that, compared with any other mode of practice, mine has been most successful.

THERE are few things more thoroughly disheartening than to reflect how much has been written on the subject of phthisis, and yet how miserably small has been the benefit to those labouring under the disease. Volume after volume, pamphlet after pamphlet, and treatise after treatise have been expended; one author has succeeded another in giving to the world learned disquisitions on the history and nature of the disease—but when we hope to hear something of its treatment, when we look forward for some information which will really aid us at the bed-side of the patient, we find the whole is a blank, the treatment is disposed of almost in the last half page, either in the comfortable assurance that nothing can be done, or in the recommendation of certain remedies which are admitted to be merely *palliative*, and which are directed, not against the disease itself, but against its more prominent symptoms. Nay, so orthodox has it become to admit the incurability of consumption, that it appears among all grades of the profession to be regarded as a fact amounting to a truism; and it really does one's heart good, in running over the periodicals of the day, to find some "very hero" magnanimously declaring that he has found out "something," and yet, almost before he has given himself time to declare what it is, he takes fright at the "hopelessness" of the case, and, amidst a conflict of courage and fear, retires again into obscurity: and little wonder, for there

exists in our profession (to the lasting shame of its members be it spoken) a spirit of opposition so determined, and of jealousy so bitter, that no sooner does some original mind propound any great project for the alleviation of human suffering, or the advancement of science, than whole hordes are ready to pounce on the possessor, and, with true littleness of mind, assail him with abuse which not unfrequently sinks into the lowest vulgarity; and although it is true that such attacks, in the shape of criticism, are utterly valueless, and unworthy of attention, they nevertheless serve to intimidate many who might otherwise be valuable promoters of pathological and scientific investigation.

Not only is phthisis incurable, according to general belief, but we are taught in the lecture room to consider it so, and the same doctrine is acknowledged even in our most standard works. Dr. Mackintosh, in his very talented work on the practice of physic, writes thus:—"Such a happy event as the cure of phthisis is scarcely to be expected. The only case which I conceive to be capable of a spontaneous cure is that in which a solitary tubercle has existed without any other disease of structure in the lungs." But then, as if actuated by a spirit of charity, or else in mere wantonness of humour, he immediately labours to prove the unreasonableness of his belief, by shewing, from facts which came under his own observation, that not only is phthisis really curable, but that it *frequently is cured*, even when it has exis

ted to a considerable extent, for he adds—"In examining the bodies of cholera subjects, we frequently observed puckered marks and cicatrices, with corresponding pulmonary indurations, sometimes to a considerable extent. These were evidently the situation of tuberculous degenerations, from which the individuals had *quite recovered.*" It is to my mind very remarkable, that with such unmistakeable evidences as these before his eyes, Dr. Mackintosh should, after all, lose courage, and say that all we can do is "to mitigate the patient's sufferings, and smooth his passage into the vale of death." And even Laennec, whose name ought scarcely to be mentioned without reverence, and whose work on chest diseases is a production so splendid, so unrivalled, that it will not only live in ages to come, but will carry high the reputation of its author wherever our science is known, even *he* is painfully deficient on this most interesting subject, and volunteers an opinion strangely at variance with his own recorded experience. It will be remembered that in speaking of the religious association of women, he says, "almost *all* those who followed my advice were *cured*, although several of them exhibited well marked indications of the disease." Is there not some degree of inconsistency, then, in what follows? for he sums up his account of this disease by saying—"From all that goes before, I think we must come to the conclusion that although the cure of tuberculous phthisis be possible for nature,

it is not so for medicine." Let us hope that in this instance, at least, he is far from the truth; though I confess I should have but little hope, if our treatment were in future to be guided by no other principle than it has hitherto been; for if phthisis does in truth depend on a constitutional cause, to treat symptoms *only*, as is the present practice, is to fight against shadows. As well might you hope to save a boat from sinking while the fatal leak was left unstopped; as reasonably might you expect to cleanse impure water, by lading it out in spoonfuls, instead of passing it through the filter and purifying the whole—it is true you reduce it in quantity but then that which is left is every whit as filthy as before.

In saying this, I shall not, of course, be understood as under-rating the importance of combatting alarming symptoms as they may and do arise in the course of disease—that, of course, is but following the dictates of common sense; what I mean is, that some system and principle of treatment should guide us in every case of phthisis, and that we should not be left, as is too often the case, floundering about in a sea of uncertainty, ducking and diving for motives of action, catching at every opportunity that may offer, for pouring in some newly discovered preparation, or trying some fresh plan, which, however interesting it may be to the physician, is full of mischief to the patient, who, after being buoyed up by promises of success, finds that "hope told a flattering tale," and that in

spite of all, his disease is surely, if not rapidly, hurrying him to the grave. These are unpleasant and unpalatable reflections, but let any one who may question the truth of them call to mind an ordinary consultation :—" I'm afraid he's going," says one; " what's to be done !" " Oh ! stop his purging," says another; " Ease his cough," cries a third ; " His night sweats are running away with him," chimes in a fourth, according as any particular symptom has struck the individual, proving that the attention of each has been attracted by some little muddy stream, while all have overlooked the great fountain-head from which it has proceeded.

Let us hope that a better era is dawning, when we shall learn to treat this disease on rational principles. Let us wean ourselves from the *habit* of believing phthisis *incurable,* for such a reflection cramps every effort : we have evidence sufficient before us to prove that it is not so. Let every individual labour to increase that evidence from his own practice. Let us but once begin to act upon the belief that phthisis is indeed susceptible of cure, and it will, I feel assured, cease to be, what it now undoubtedly is, the stain and opprobrium of our God-like art.

In the treatment of tubercular phthisis there appear to be *three* indications which we are called upon to fulfil. 1st. To stop by any and every means the further development of disease in the lungs. 2d. To stop by any and every means the

further development of disease in the organs of assimilation; and 3d. that you may be enabled to do so—to support the powers of the patient. I most entirely differ with Laennec when he says, that one of the chief indications is, "to promote the softening of the existing tubercles," for if the softening of tubercle is only a still further step in disease, it seems absurd to say "promote it"—so far from such a course being an indication, it is most forcibly contra-indicated; and, therefore, I would say, prevent the softening of tubercle taking place if possible: if it has begun, check it if you can—every step you take to promote it is placing your patient in so much greater danger.

The three indications that I have named hang together: we cannot fulfil the first without taking cognizance of the second: we can carry out neither, unless we attend most implictly to the third. The first indication or the arresting diseased action in the lungs is only to be effectually accomplished by totally changing the state of constitution which first predisposed to the disease, and which induced the deposition of tubercle; for it is in the continued deposition of fresh tubercular matter that the great danger exists, inasmuch as successive crops of tubercle may eventually involve the whole of the lungs, and unfit them for the due performance of their important functions. Our great aim, therefore, should be to change and alter the fluids of the body, so as to diminish and finally take away this fatal predisposition.

The second indication, that of putting a stop to disease in the organs of assimilation, is to be effected not as that we have been just considering, but by directing our treatment *at once* against this lœsion; for it will be evident, that, although I have given it only a second place, it is nevertheless a matter of primary importance. The third indication to support the powers of the patient is to be carried out effectually *only* when the disease in the mesenteric glands has been overcome; at the same time we must throughout our treatment have an especial eye to this circumstance.

These, then, are the evident and palpable indications which we have to fulfil—it remains for us to consider what are the best means of carrying them out. In every case of phthisis our treatment should be based on the principles I have endeavoured to lay down. It is true, that the occurrence of some untoward casual attack may occasionally interfere with such treatment, still its principle should ever be kept in view. Assured that we are in the right path, we should never be allured from it. The very first thing which claims our attention is the state of the abdomen, and especially of the mesenteric glands, in order that the patient may be enabled to turn to account whatever food he may take. Unless this be effected our treatment will be in vain, for we cannot otherwise give power to the patient—we cannot give him blood; and hence it is that those who overlook this point have (in spite of, otherwise the most skilful treatment)

the mortification of seeing their patients gradually sinking, and ultimately dropping into the grave, they scarcely know how or why.

The restoration of the assimilative powers, then, should be our first, our great, our only object; and, unless we can accomplish this we may give up all other treatment as utterly valueless, for, in the face of all we may do, if this is left undone, our patients must and will inevitably die.

Laennec himself saw the necessity of this, for in effect he embodies the principle I have laid down in the two last lines which he wrote on the subject of phthisis. "In order," he says, "to make a direct attack upon the disease, we ought probably to be able to correct an unknown alteration in the assimilation or nutrition; that is, an alteration in the fluids of the body."

It very often happens, especially in attenuated patients, that, in carefully examining the abdomen, the mesenteric glands may be felt prominent and enlarged; for if (when the abdominal muscles are relaxed by bending the thighs upon the body) the fingers are moved slowly over the abdomen, at the same time that some little pressure is exerted, a number of elevations or inequalities may be distinguished which are referable to these bodies: under such circumstances, and especially if the examination discovers any tenderness or any signs of uneasiness on pressure, a few leeches may be applied with marked advantage, and these may be repeated, according to circumstances, once and again, or if the pressure of the glass can be borne,

four or six ounces of blood may be withdrawn by cupping in preference to a second application of leeches. This loss of blood should be followed immediately by a blister, which, however, should not be permitted to heal up in the usual way, but the cuticle being stripped off, it should be dressed with Iodine ointment — and such blisters may be repeated over and over again, for many weeks taking care to have them only of a moderate size, and altering the position of each successively to a different part of the abdomen from that occupied by its predecessor. In this way two important objects are attained: the absorbents are very powerfully stimulated, and the medicine is carried into the system, and considerable counter irritation is produced. When we can no longer continue the blisters, the good effects of the medicine may still be kept up by laying over the whole of the abdomen an "emplastrum iodini" spread on leather, in the proportion of ʒj of pure iodine to ℥j of emplastrum resinœ. This should be kept constantly applied, with the occasional interruption only of a few days, which should be employed in the application of another blister, for the purpose of producing a new absorbent surface.

In the selection of internal remedies, we should take care that our medicines be of the class called "alterative." Among these in every disease having a scrofulous origin, *iodine* stands preeminent; but in the treatment of phthisis, it is quite unsuccess-

ful except in combination; and the medicine with which I combine it is *Cantharides*. The mixture of iodine and cantharides seems sometimes to act as a specific. I have seen disease yield to it at once, which has obstinately resisted the iodine alone for months. I have tried it over and over again, and never without witnessing the most surprising beneficial results. In what specific manner the one medicine directs the action of the other, I am not prepared to say; but, certain it is, that when combined, their power over disease is much more strongly marked than that of either when given alone. It is frequently remarkable to witness the change in the individual after having taken it, even for a short time, especially in the matter of gaining flesh. I have, at this time, under my care, at Wakefield, a young man, who told me, the last time I saw him, that he had gained in weight *fourteen pounds* in about as many weeks. Such a circumstance proves, beyond all dispute, that this medicine possesses immense power in stimulating the absorbents, or causing in some way or other a much larger appropriation of nutriment; and hence its value in all cases of consumption. That iodine alone possesses this property, though not in the same degree, is an established fact. Mr. Philips, in his Lectures on Surgery, says, in speaking of the action of this medicine—"One of the earliest symptoms observed is a remarkable increase of appetite, and a corresponding increase in the bulk of the body." When, therefore, in

conjunction with this assertion, we remember the prominent feature of pthisis, it must be evident that iodine, in some shape or other, will be an important agent in its treatment; still, as I have already remarked, its successful action is very much promoted by the addition of cantharides, nay, I repeat that I have seen cases yield to the *two*, which have resisted iodine alone for months. The proportions I have generally used are, for an adult—iodine, gr. ℔ss.; iodide of potassium, gr. ℔j.; and tincture of cantharides, ♏ xx.; in some appropriate menstruum. I rely upon it with the greatest confidence, believing, that by persevering in its use for a reasonable length of time, together with adjuvant treatment, hereafter to be noticed — the system may be renovated—absorption of tuberculous deposit may be effected—and diseased action put a stop to. Probably I am led to speak with greater confidence of this medicine from having in my own person experienced its beneficial effects. Still, from what I have observed in others, I think I do not overrate its powers. In reference to its administration, I prefer giving it immediately after every meal, as it then becomes intimately mixed with the food, and is presented uniformly with it to the mouths of the absorbent vessels. Its beneficial action is very much promoted, if it be omitted for a day occasionally, and if, on such days a brisk purgative of calomel and rhubarb be substituted. The next important point for consideration is the

diet on which a pthisical patient should be placed —and, I am happy to observe, that much attention has, of late, been paid to this subject—but even now very much mischief is frequently done by the common practice of many, in ordering every invalid to swallow most unmerciful quantities of tea, gruel, broth, barley water, and fluids of all kinds, as if their patients were a different race of beings from themselves : nothing can be more injurious than such a practice, nothing can be more likely to debilitate the stomach, destroy its digestive powers, and enervate the whole frame. Happily, however, hygiene is now become a matter of study—and it is one well deserving attention ; for, in reference to phthisis, it might almost be said that good food is as valuable as good medicine, and a clever cook as necessary for the well-being of the patient as a skilful physician ; many delicate stomachs are made to revolt at the uninviting messes pitchforked, as it were, before them, instead of being *enticed* by their piquancy and rarity. But while the diet of a consumptive person should be nutritious, and even generous, particular caution is necessary, that it may not become over-stimulating in quality, or be given in such quantities as shall oppress and load the stomach. The important researches of Liebig furnish us with much valuable information as to the description of food possessing the largest amount of nutrition ; and probably on this subject we have still very much to learn. From his experiments, which are

satisfactory and demonstrative. it is shewn that a mixture of nitrogenised and carbonised food is that from which the body is best supported and strengthened, and that neither the one nor the other is alone able to support life; and for the reason that although the former contain in abundance the elementary principle which is necessary for the formation of muscle, they do not provide sufficient carbon to keep up the animal heat by forming with the oxygen consumed in respiration, carbonic acid gas; while, on the other hand, those substances which possess a large amount of carbon cannot contribute to the formation of muscle, because they are deficient in its elementary principle—namely nitrogen. Hence we see that all "set" diets—as "fish," "farinaceous," "milk," "vegetable," &c., which are, with many, so popular, are quite unphilosophical, and must be positively injurious to those kept upon any one of them; for the formation of carbonic acid gas *must* go on as long as the individual respires: if therefore, sufficient carbon is not taken in the food, the body itself must supply it, and hence we find the absorbents set to work, and every portion of fat quickly disappears, its carbon being converted into carbonic acid gas, and its hydrogen into water—while supposing that carbonised food is selected, although he may make fat, it is a disease, his strength must fail for want of muscle. But not only is a "set" diet injurious, for the important reasons just given, but also because a particular

kind of food long persevered in is wearisome to the most submissive patient, and principally because the very singularity of it prevents him enjoying the society of his friends, or even of his own family, without being marked and observed, and thus made constantly to feel that he is a diseased man; a circumstance most distressing to the strongest nerve. A proper and wholesome change and mixture of food then, is most beneficial, both in supporting the body, and in promoting the digestive powers of the stomach—meat, jellys, soups, fish, light puddings, as of rice, tapioca, bread, &c., together with the vegetables most commonly in use may be taken as often as they can be *enjoyed.* Mutton suet stewed in milk, eggs beat up in milk with a teaspoonful of brandy as a *spur* to the stomach, are nutritious enough, and usually agree—wine and stimulating fluids of all kinds are not generally beneficial, (except under certain circumstances) they excite cough and induce a parched state of the mouth and general feverishness, likely rather to impair than improve any relish for food; good London or Dublin porter old and well up in the bottle is a very different thing, and agrees with the majority of patients.

As a general rule, fluids in large quantities are injurious, for the reason that they tend to impair the digestive powers. With reference to milk, a writer in the Lancet, (No. 1000, page 157), has endeavoured to show that it is, itself, a

fruitful source of phthisis; this, however, can scarcely be true, for although the length of time to which lactation is carried, in and about the metropolis in order to keep up a supply to its vast population, and the wretched holes in which the cows are confined, (to say nothing of the subsequent admixture of sundry profitable combinations,) may be prejudicial to those who take it in any quantity; still the number who do so is so small, considered in reference to the thousands who die of this disease, that they can scarcely be looked upon in the relation of cause and effect. At the same time, a milk diet is most objectionable, and cannot fail to be as mischievous as other fluids, in oppressing a debilitated stomach.

Next in importance to the food of a phthisical patient is his clothing; and on this subject I can scarcely do better than refer to the remarks of Sir George Lefevre, (Lancet, No. 1001, page 197,) for although I fear his recommendations can never be carried out in this country, still, as the result of ten years' observation, they are entitled to considerable attention.

He states that in Russia phthisis is a rare disease; a fact which he attributes solely to the attention which the natives pay to their clothing, to their avoidance of cold, and to their great love of hot chambers, double windows, patent stoves, and everything likely to produce heat, and certainly my own conviction, on reading the account, was, that Russians were much less likely to become

consumptive than they were to be converted into dry mummies. However, the point is a most important one, and as such deserves the very best consideration, for England possesses a climate so variable, that inattention to clothing cannot but be attended with disastrous consequences. It is incumbent upon all, but especially the subjects of phthisis, to guard against any sudden change of temperature, and avoid as much as possible, the many vicissitudes of the weather. For this purpose, they should be *cased* from head to foot in warm flannel : This is more important than oppressing the body with heavy outer covering, which impedes the free motion of the limbs, makes all kinds of exercise laborious, and produces perspiration, general relaxation, and fatigue. The object of clothing should be simply to protect the surface of the body from any impression of cold, either by sudden application, or long exposure, which will cause the blood to recede from it and be determined to some internal organ. And the lighter the clothing which will *fully* accomplish this the better. It should be remembered that weight of clothing is not the object, but warmth. By far too little importance is attributed to this subject ; many are the sickly men that are to be seen walking about with nothing but the " front " of their shirts to defend the chest, instead of having a double-breasted vest without, and a warm coating of flannel within : and women are frequently even more careless. A valued friend

and preceptor of mine, to whom I am much indebted, used to say, that he measured people's brains by the thickness of their soles; but if all were tried by this rule, I fear that many would obtain credit for only an inferior developement of the cerebrum. I am here tempted to remark that those baneful things, custom and fashion, are often in the highest degree prejudicial to the health of thousands; many a pale and sickly girl, in order that she may not appear singular in society, is compelled to throw off her warm and comfortable clothing, and expose herself even to a night air, in a flimsy half covering, unfitted for anything but an inhabitant of the tropics.

Thin shoes which barely confine the toes; dresses which expose half the person; and stays laced to agony; are considered indispensable in setting off to advantage a handsome figure; but how little do those who indulge in them reflect that in numberless instances they are the sources of future wretchedness and disease.

Women, and especially young women, would do well to remember that such graces of the person as these display are attractive only in the eyes of those whose taste is as corrupt as their minds are silly—whose good opinion is not worth the cultivating—and whose applause would be bought-rather too dear by the loss of health. They should remember, too, that the poor pleasure of a display purchased at such a cost, is in no degree comparable in value with that feeling of vigour

and elasticity enjoyed by a constitution free from disease.

On the subject of climate very much may be said, but I cannot help thinking that far greater importance is attached to it than in good truth it deserves; and Sir George Lefevre, with all his advocacy of warmth, appears to be of the same opinion—indeed, I think he proves that the temperature of the air we breathe is not material, provided due attention be paid to the external covering of the body. There can be no doubt but that our own climate is most unfavourable, but then, with few exceptions, phthisis exists under every sky, and in every clime, and although it is true that some persons receive much benefit by going abroad, it is equally true, that in at least an equal number of instances disease is aggravated, and a fatal termination hastened.

But even in those cases where good is obtained, such good is rarely permanent; disease is only suspended and not cured; for as far as I have been able to obtain information on the subject, a large proportion of those who return, sooner or later, relapse into their former condition, and finally die of the disease. Unless, therefore, persons are willing to expatriate themselves for the remainder of their lives, it seems idle to advocate the necessity for such a change: and really nothing is more heartless than to hold it up as the *sine qua non* in treatment, for the reason that those whose limited means will not allow them to

avail themselves of it are made to repine at their poverty, which they are thus led to believe is the only bar to their perfect restoration. It is our duty to impress upon such, which is indeed but the fact, that their disease is just as susceptible of cure in their own country as if they went away from it a thousand miles; for whatever benefit I have seen done by change has been attributable to the invigorating effects of a sea voyage, change of scenery, &c., and not to any specific virtues in the climate to which the individuals have been sent. Nay, I have myself been witness to the fact, that in a warm and genial climate, where vicissitudes of weather are sometimes not known for months,* phthisis runs through its stages quicker than in our own country.

I have witnessed the ill effects of sending á phthisical patient to a foreign land, especially where disease is at all advanced; and I know that nothing can be more irrational, nothing more cruel, than to tear him away from the home and the friends that he loves, where each one around him is able by some little art to minister to his wants and make him, from time to time, forget his condition, and banish him, for the sake of climate, to some place where comfort is unknown—where his necessities and peculiarities are neither appreciated nor understood—where, an alien, amidst unsympathizing people, he is left to feel the dim flame of existence flickering out—his latest hours harrassed by the

* Many parts of the Peninsula.

thought, that perhaps, with the exception of his own solitary companion, he will die unpitied and unwept, and will lie far from the grave of his fathers, in some spot which none will hallow for his sake.

All this might be prevented, and it is the bounden duty of the physician to prevent it, instead of, as is too often the case, proposing it, apparently with no other object in view than to get rid of a troublesome patient whose malady he knows not how to treat. At the same time, it is undeniable that change is occasionally exceedingly desirable; but then I am convinced, that all the good it is capable of effecting may be obtained in our own country. For some of our localities, as for instance many parts of Hampshire, Kent, Devonshire, and Cornwall, offer advantages for the residence of an invalid which foreign stations do not possess, because to salubrity of the air and proximity to the sea, with the chances of occasional trips upon it, is added the enjoyment of that comfort which is peculiar to the English home, and which out of England is never to be found. But as any change can only be looked upon as a preventive or palliative, and not as a curative process, it should never be either recommended or permitted in an advanced stage of phthisis.

It must have been evident to every capacity, that I have been advocating a system of prophylaxis, or prevention, as that clearly offers the very best chance of successfully combatting the disease; its

principles may be summed up in the words of Dr. Baron, who says " we must do everything in our power to invigorate and fortify the frame ;" but then we must not forget a point of equal importance, that of changing the bias of the constitution by alterative treatment, and overcoming that state of actual disease as a result of which the body is robbed of its nutrition, and the fluids are brought into that condition which is necessary for the developement of tubercle. I believe that these important indications will be best carried out by steady perseverance in those means which I have been recommending, and that they will effect such a change in the whole economy as shall arrest the progress of disease.

But whether or not I am right as to the particular means to be adopted, I am fully confident that the principle on which they have been recommended is the only true one in the treatment of phthisis ; and as proof that it is so, I quote with peculiar pleasure the remarks of the highly talented translator of Laennec. In allusion to the sentence I have already cited from Dr. Baron's work, he says—" In these few words we have unfolded the germ of a system of prophylactic treatment which I have long advocated, and of the incalculable importance of which I have become every day more convinced." And, indeed, it is evident that a preventive system of treatment is that from which we can most rationally expect good ; for when disease has once been set up in the structure of the lungs,

from the very nature of their construction, and from the unceasing action of these organs, its eradication must be at all times somewhat problematical, and when we consider their first-rate importance in the animal economy, it must be acknowledged that he best considers the vital interest of his patients who tries, by every means which science can suggest, to prevent the first developement of disease in them.

But if prevention were *all* that we could accomplish, (though that were in itself a victory over disease,) the amount of benefit we should confer on the community would be but limited; for we all know, that except in a very small number of cases, we are not consulted at all until considerable progress has already been made in the disease; we may find our patient, at the very outset of our attendance, much emaciated with harrassing cough, purulent expectoration, and occasional hœmoptysis, on application of the stethoscope we may detect pectoriliquy, more or less distinct, leading to the suspicion of the existence of a tubercular cavity, and, on percussion, there may be considerable dulness over the upper and fore part of the chest, leading to the probability of much tuberculous induration—in short, we may find him in a state of confirmed phthisis. What is to be done? Are we after listening and percussing, and percussing and listening again, to shake our heads and say, "my good friend you are in consumption, nothing can be done to save you?" God forbid! The physi-

cian who intimates as much, though he does not say it in so many words, utters a libel on his art—for although in such a case our prognosis ought to be exceedingly guarded, still much may be done, and much ought to be done. How? Not by setting out with the impression that our patient's disease is incurable, and that temporary ease is all we can promise him—not by prescribing potion after potion with the view only of allaying some troublesome symptom—not by merely opening the bowels when they are confined, or confining them when they are open—not by promoting expectoration when too scanty, or checking it when too much; these, though they constitute nearly the whole of the present method of treating phthisis, could be accomplished by the veriest greenhorn who had spent but six months in his master's dispensary, almost as effectually as the master himself. They are well enough as far as they go, inasmuch as they may relieve the distress of the patient, but as curative means they are utterly worthless—nay, they are cruel, because this very relief lulls the patient into a false security, and induces him to think that he is making way against his disease, at a time, perhaps, when he is on the very verge of dissolution.

No; we must take up arms boldly against the first great cause; it should be our endeavour to check the torrent itself, and not to occupy time, of which every moment is precious, in intercepting the straws which only serve to show how the current is running

In considering this second stage in the treatment of phthisis, we must bear in mind that, though more urgent, still the disease is *the same*, and though considerably modified, the treatment in principle must be the same also. The great features that are now presented are debility, carried to the most distressing extreme, with the occurrence of occasional attacks of inflammation, sometimes in the structure of the lungs, sometimes in the pleuræ, of hœmoptysis, and, in a still later stage of the disease, of colliquative diarrhœa.

But while we are compelled to give our best attention to these, as they arise, it is against *debility* that our treatment should be mainly directed ; and I cannot set out better than by quoting in this place the following words of Dr. Forbes, he says— " While enforcing a system of invigoration in these cases, I must caution the young practitioner against the administration of stimulant food or medicine when there exists any inflammatory complication, more especially of the stomach, when such a complication exists I need hardly observe, that what are usually denominated tonics will act as the most powerful debilitants." Keeping this important and practical advice before us, we must place our patient on a regime which shall be as nutritious and invigorating as possible, without being too stimulating; and whenever we are compelled to omit such a course, in consequence of the occurrence of some urgent symptom, we should resume it at the first possible moment. I must here re-

peat, that nothing can be more injurious to a stomach, already weak and capricious, than to pour into it, day by day, and week by week, a mass of fluids which contain little nourishment, and which serve to weaken it still further. Jellies, puddings, fish, and those meats which are known not to require great digestive powers, may pretty generally be allowed, and one or other of them will pretty generally agree. Wine and porter may also be given, provided they do not excite feverishness or cough. Sometimes, however, a sense of fulness and uneasiness is experienced after food, which causes much distress to the patient; this may depend either on irritation or chronic inflammation of the coats of the stomach, or on want of tone and vigour in that viscus which makes it like a jaded horse, unable to get on with its work. In the first case, it will be necessary to diminish the quantity of food and simplify its quality, to apply a couple of leeches over the stomach, and adminster twice or thrice a-day a calomel and opium pill, in the proportion of grs. ij of the former, and gr. $\frac{1}{4}$ of the latter; this treatment will usually enable us to re-commence our ordinary diet after only a few days omission. In the second case, a few grains of cayenne made into a pill with bread-crumbs by the patient himself, or a teaspoonful of brandy, will act as a *spur*, and will generally be found to overcome the difficulty.

But if there be any truth in what I have previously said, relative to disease in the assimilative

organs, it must strike every one, that *that* must first be remedied before food can be serviceable in making blood — we are therefore imperatively called on to make this our first care. Loss of blood either by leeches or cupping is most forcibly *contra*-indicated. We must therefore trust to the repeated application of blisters over the abdomen, which must be treated in the manner before described: these blisters should be small, so as not to excite in the patient too much nervous irritability; if they are found to do so, we had better omit them altogether and rely upon the Emp. Iodini; the blisters, however, are much better for the reasons I assigned when speaking of them at page 39. It frequently happens that the "Mistura Iodini composita" cannot be borne at once, at least in anything like the proportions I have given, either because the iodine is rejected by the stomach, or strangury is produced by the cantharides; in such cases the iodide of potassium, in grain doses, is a a good precursor, and will soon enable us to give the iodine mixture, if we take care to commence with small doses, and increase them very gradually. This should also be taken immediately after food.

These are, as far as I know, the only medicines on which we can rely, or which give us any hope of our overcoming that non-assimilation which is the one great cause of disease.

As far as my own experience goes, (and I believe it is in consonance with that of the majo-

rity of practitioners) Tonics very generally fail in these cases; We are apt to ring the changes on quinine iron and zinc, until our patients are weary both of us and them. Nourishment is the grand strengthener of the body, and if we would but expend as much care and anxiety to find out the *food* as well as the physic, which would best agree• and if it were swallowed with equal regularity, it would be much more beneficial to the patient, and more satisfactory to ourselves.

Unfortunately we are from time to time under the necessity of breaking off our treatment, in consequence of the supervention of some urgent attack, either of inflammation or hœmoptysis, which we are called upon at once to overcome. I differ with many as to the means necessary for effecting this object; in the first place, the very term "inflammation" is an objectionable one, and that suggested by Dr. Burne, of the Westminster Hospital, namely, "Pathological Congestion", is, in these cases, far preferable, because, as he very pointedly argues, blood letting and depletion are constantly associated with the very name of inflammation; and in no instance could such an association be so fatal to the welfare of our patients as in phthisis. It is true, that on some occasions, as in pleuritis, where there is severe pain, and the symptoms are otherwise urgent, we are compelled to take away blood, but such cases are undoubtedly very much rarer than the common practice of venæsection would lead us to imagine.

Its necessity may be judged of, when, with the other symptoms of inflammation, the pulse is hard, wiry, aud unyielding. When the abstraction of blood *is* determined on, the finger should be kept on the artery, and the current should be stopped the moment the pulse becomes compressible, when it is more like a gentle push against the finger, and less like an irritable jerk. The quantity to be withdrawn should be as small as possible, consistent with the making a due impression on the circulation; it need seldom be more than *four ounces*. It must never be forgotten that even *one* ounce of blood is restored with the utmost difficnlty, when the quantity of nutrition thrown into the circulation is so small. The application of a few leeches will very frequently be sufficient, without opening the vein at all, but even here much caution is necessary, for unless the nurse or attendant have strict orders to stop the bleeding after a certain definite time, it may continue for very many honrs, perhaps for a whole night, and a much greater quantity of blood will be lost than can be borne with impunity. In addition to blood letting, calomel and ipecacuan, in the proportion of grs. ij of the former to gr. j of the latter made into a pill with grs. ij of the recent extract of conium, may be administered every four hours. I object to antimony and digitalis in these cases, on account of their depressing effects, the ipecacuan appears to answer very much better.

Counter-irritants should never be applied to the chest. I believe they are the source of much mischief, and if their object be, as it undoubtedly is, to set up an action, which, if I may use the expression, is to divert the attention of the disease, to apply them in its immediate vicinity, is both unscientific and absurd; and not only so, but they are productive of much evil by interfering with the free motion of the thorax, and the due expansion of the lungs.

I should never think of interfering with the chest by applying over it either blister or counter irritant of any kind, except, indeed, it is the occasional application of a cupping glass (*sine ferro*) on the sternum. The free use of blisters over the abdomen generally answers every purpose, but if not, a small issue inserted just above the calf of the leg, is exceedingly convenient, and is out of the way. Laennec recommends a blister on the inner side of the thigh, especially in women, as a means of restoring the catamenia, which are generally deficient.

It is my belief that patients are most unnecessarily subjected to a great amount of torture, by counter irritation, without experiencing any adequate benefit. Laennec says, that blisters to the chest often produce pleurisy, and yet in the same section, he speaks of producing eschars beneath the clavicle, and in the supra-spinal fossa "by cautery actual and potential.,' He speaks too, of applying the "searing iron" most exten-

sively, in some patients as often as "fifteen times." But he remarks with much simplicity, that only few can be found who will submit to it. My surprise is, that even *one* individual could be weak enough to subject himself to treatment so inhuman and so savage. Surely those who practice in this way, forget that they are operating on delicate and emaciated frames, on whom the shock of such an application must act most prejudicially. No one can feel surprised that Laennec should say as the result of these cauteries, "I must confess that I have never obtained a cure in any case where they were employed." I should be astonished if he had.

If it was important to use caution in deciding on the necessity for the lancet in inflammation—it is much more important in cases of hœmoptysis; because bleeding from the lungs, like other hœmorrhages may be *passive*. It may be, and very frequently is, the consequence of a want of vigour in the pulmonary circulation; it is not always the result of the rupture of a vessel, or ulceration extending through its coats, but is frequently an exudation of blood through them, in consequence of some obstruction being offered to its free passage; exactly as serum exudes through the coats of the vessels in the extremities, producing a state of anasarca. In these cases, however, the red globules also escape, in consequence probably of the attenuated and lax state of the vessels. To bleed, in such a case as this, could only

make matters worse, stimulants being plainly required. It is, however, of the utmost consequence, to decide when bleeding is, and is not necessary, for an error in such a case, may be fatal. Here the character of the pulse is an important guide, of this I have already spoken. But in addition, we may judge of its necessity by the blood being florid in colour, and by the expectoration being irregularly marked with it; because in those cases of exhalation not requiring antiphlogistic treatment, the expectoration is uniformly of a dark red colour, giving the idea of the secretion of blood and pus having gone on regularly together.

When, however, the abstraction of blood is plainly indicated, we must not fear having recourse to it, because neglect of such treatment or even delay in putting it in practice, may be attended with the most disastrous results. "*Neque timide, neque temere,*" should be our motto.

With reference to blood-letting, at all times, in these cases, the words of Laennec should never be forgotten, he says, "we must not take away more blood than is absolutely necessary to relieve the symptoms, since bleedings, either too copious or too frequent, have an evident effect in accelerating the progress of the disease."

Even in cases of active hœmorrhage from the lungs, the application of leeches to the feet or ancles, the bleeding being encouraged for *an hour*, by immersion of the legs in warm water, will in a large number of instances, do away with the

necessity for more active depletion ; and, especially, if their application be followed by nauseating doses of ipecacuan. I must again urge the necessity of returning to our former treatment, the first moment that such a course seems practicable.

Paroxysms of coughing are productive of much distress and fatigue to the patient, in nearly all cases of phthisis, and it becomes a matter of much importance, to relieve this very troublesome and frequently alarming symptom. They appear to be caused either by a collection of muco-purulent secretion in the bronchial tubes, or by irritability of their lining membrane, or that of the trachea. The first is more frequent when there exists much bronchitic complication, for in such cases, the secretion is copious, and it is in the efforts to eliminate this, that the convulsive cough is produced.

But whether dependent on this cause, or the existence of irritation in the air passages, much relief is experienced by inhalation, after the manner proposed by Sir C. Scudamore, the Saturated tincture of Conium alone being used.

The inhalation of hot steam impregnated with the vapour of conium, seems to overcome the irritable spasmodic effort, and, together with the peculiar action of the muscles, necessary for carrying on the operation, expedites the detachment of the sputa and facilitates expectoration.

This is far better than the ordinary practice of ordering demulcents, syrups, &c., &c., to be taken " when the cough is troublesome," for in the first place, it amuses the patient's mind, by

giving him something to do, and what is far more important, it saves his stomach from being offended, and disinclined for food, by the constant swallowing of these, either too sweet, too sour, or too sickening doses.

There is no disease that so completely calls out the tact and finesse of a physician as phthisis. It is one of those hydra-headed maladies which consists in no one train of symptoms—but appears to be an amalgamation of ailments, called into existence by a complete wreck of nature ; and to treat one after another almost *ad infinitum*, requires no ordinary degree of courage on the part of the medical man, who, like the pilot of some ill-fated vessel, has scarcely time to congratulate himself on having escaped one danger, before another stares him in the face.

In nothing is this more clearly illustrated than in that part of the treatment of phthisis which has reference to the bowels—for while constipation is the Scylla on the one hand, diarrhœa is the Charybdis on the other; and it is of the utmost importance, for the safety as well as the comfort of our patients, that we should keep clear of both. It is of the utmost consequence, that, while we are endeavouring to overcome one evil, we do not run into the opposite extreme. And we can only do this by avoiding medicine, and having recourse to injections; for by these we have the bowels infinitely more under our controul, and we escape a great evil, that of nauseating the stomach by drugs.

Injections of warm water, of common gruel, of gruel having mixed with it a small quantity of castor oil, (or more powerful purgative medicines if occasion requires,) will usually cleanse the bowels extremely well, and the apparatus required for their administration is now so complete, and so easy of management, that they can be used by the patient himself, or his ordinary attendant, without difficulty.—But there is one great objection to this mode of acting on the bowels, and it is this, namely, that although a clyster acts well enough in stimulating the intestinal canal to action, it leaves the various secretions into it unaffected, and the most important of these is that of the liver, which is very generally in a torpid and unhealthy condition.

This difficulty, however, may generally be overcome, and much more good secured, by applying over the hepatic region the "Emplastrum Ammoniaci cum Hydrargyro." If this be worn and occasionally renewed, it will stimulate this sluggish viscus into action, keep up a fair secretion of bile, and thus, by giving to the bowels their natural stimulus, will go far to prevent the necessity of injections at all, or at least will be sufficient with them to prevent the necessity for medicine.

But not only are injections valuable in overcoming a constipated state of the bowels, but they are even more so in combatting that far worse evil—diarrhœa; than which no occurrence can be more harrassing or distressing to the patient, for the pain and tenesmus accompanying the eva-

cuations are frequently intolerable ; added to which, the gnawing uneasiness in the abdomen, and the constant, but frequently ineffectual attempts to relieve the bowels, produce a combination of evils, so depressing, that life becomes a burden, and death "a consummation devoutly to be wished."

It is gratifying to think that we have it in our power to interfere most efficiently, between our patient and his sufferings. I have been in the habit of using the following formula, and always with marked advantage ; nay, I have seen instantaneous relief afforded, by the simple introduction of the injection tube, before the fluid has been passed into the bowel at all, in consequence, I imagine, of diminishing the irritable contracting of the "Sphincter ani" muscle, by interposing some substance within its grasp.

R. Ol : Cubebœ ʒ i
Tinct : Opii ʒ i i
Mucil : Acaciœ ʒ v ℿ

If one third part of this be mixed with four ounces of common starch, made tolerably thick and thrown well up into the rectum, it will very commonly succeed. The oil of cubebs is an admirable remedy in putting a stop to that specific inflammation of the mucous membrane of the intestine, of which colliquative, diarrhœa is the result, and the cause and nature of which, I endeavoured to explain, when I was speaking of

the lamp—and it is far from improbable, that if a supply could be given it, the fire of life even when reduced to its palest embers, might yet again burst forth into a blaze. If, therefore, the channel appointed by nature, be obstructed by disease, let blood be poured into the system artificially, let *transfusion* be had recourse to; it has been employed in other cases with success, why should it not in this? It is a bold attempt to avert death, but without it the patient *must* die. It is a delicate operation, it is true, but then the well-appointed surgeon would not decline it on that account. But though such practice is bold almost to heroism, and yet delicate, as the neatest operator could wish it, still is it a most natural method of attempting to revive the sinking powers. Nothing can be more evident than that the pouring of a few ounces of good and healthy blood into the failing circulation of a patient, is exceedingly likely to have a marvellous effect in resuscitating the vital energy. At all events, it may serve to prolong existence for a short time, and there are circumstances which frequently make the very shortest respite worth struggling for. But I think *transfusion* may effect something more; I think if employed occasionally in the course of treatment, it might give a certain impetus to the action of our other remedies, or at least, might sustain the powers of life in such a way as should enable us to use them with far greater hopes of success. Nay, more, it is by no means impossible,

that if such agency were employed thus early in the treatment, we might in time give to the patient a complete supply of blood, healthy in quality and sufficient in quantity. The importance of such a remedy in the treatment of phthisis, is incalculable, because we should at once strike at the very root of the evil, by counteracting the effects of that lœsion of assimilation which is at once the cause of disease, and the disease itself.

While I am on this subject, I must refer to the remarks of a gentleman, who in the *Lancet*, (No. 997, page 58,) proposes as a remedial agent in phthisis, the tying of the splenic artery.

Believing with Mr. Dobson, that though the spleen is simply "a reservoir to receive the surplus of blood which is contained in the system after digestion;" it is nevertheless of great importance as "a regulator of the circulation in various states of disturbance," I confess I should look with great distrust on any operation, the effect of which would be to destroy the utility of this viscus. For though Mr. Dobson admits that "under certain restrictions an animal can exist independent of its spleen," he most distinctly states that without that organ, "the existence of man would be rendered almost intolerable." And although it is certain that in an actual state of phthisis, the spleen as a reservoir for the surplus of blood after digestion, is not very much required, still we must ask, what would be the condition of our patient in the event of his

recovery? Mr. Dobson tells us, he says, "A constant desire for food would lessen his enjoyment; his sleeps would necessarily be short and more frequent, and his existence rendered almost intolerable." If, therefore, Mr. Eagle should ever succeed in curing phthisis by interfering with the function of the spleen, the remedy is likely to be worse than the disease. But there is another most important argument against destroying this viscus, namely, that without it, the patient would be constantly exposed to the danger of visceral determination. We all know how susceptible the body is in phthisis to every impressiou of cold, and there can be no doubt that it is to the action of the spleen, as "a safety valve," that we are indebted for the "prevention of those shocks on the delicate organisation of the vital viscera," to which, without some such apparatus, they would be exposed. Concurring in the general views of Mr. Eagle, as to the nature of tuberculous disease, and admitting the value of the first part of his operation, namely, throwing into the jugular vein a few ounces of blood, I most entirely deprecate the second, as impractible and dangerous in the highest degree. If it was merely a question of *fattening*, it would be well enough, and might turn to account in Smithfield or Newgate market, but in the treatment of disease we should look beyond the moment. Physiologists doubtless agree as to the immediate effect of depriving the body of the use of the spleen in the lower animals, still in the human subject

we have other considerations beside fat, and I most undoubtedly disbelieve that any operation could effect, in the remotest degree, that state of disease in the assimilative structures which obtains in phthisis; and, therefore, I take it to be more philosophical to

"Rather bear those ills we have
Than fly to others that we know not of."

On the subject of the introduction of fluids at once into the circulation, I am inclined to think very much will yet be discovered, not only with reference to nutrition, (as by the injection of blood,) but also as regards numerous medicines.

It is exceedingly probable, that in phthisis, and some other professedly incurable diseases, many of our remedies would exert an influence and power over them at present unknown, if thrown immediately into the circulation, without having to encounter any of the various secretions met with in their passage to it through the ordinary channels.

We know that mercury becomes oxidised in its course through the intestinal tube, showing that powerful chemical reagents exist there, which are capable of exerting powerful chemical action.

It is therefore far from improbable that such action on our most important medicines may have an influence over them, very prejudical to their proper effect; it is possible indeed that it may destroy all their active properties and render them comparatively useless and inert. As a proof of the value of at once acting on the system by injection into the circulation in diseases profes-

sedly incurable, I may refer to the startling experiment of Majendie, in a case of hydrophobia. He injected into the veins of a man who was the subject of this disease, a quantity of warm water, and although the case was ultimately unsuccessful, that learned physiologist states, that the effect was most remarkable and yielded him more intense gratification than any previous experiment.

But in resuming my consideration of the disease more immediately before us, I must advert to those cases where, in a scrofulous constitution, the diseased action has centered itself in some situation, not absolutely essential to life, as for instance in the extremities, and I fear I shall be considered as hazarding a very unprofessional and heterodox opinion, when I state my conviction, that phthisis is a very frequent consequence of surgical operations inopportunely performed. And yet, that such is the fact, seems to me undeniable, and must be familiar to every one who has followed *out* the practice of large hospitals.

Gentlemen who pride themselves on the name of "Operating Surgeons," would do a service to the community if they would reflect a little more than they are sometimes in the habit of doing, before they whisk off a leg or an arm; for in those cases where any diseased state of constitution exists, it is not simply a matter of a limb only, but of life and death.

It will be remembered, that in speaking of the identity of action in scrofula and phthisis, I

illustrated several cases, in which the latter disease followed an operation, and such instances are exceedingly common, although they are very rarely looked upon, as I think many of them ought to be, in the relation of cause and effect.

Let us consider one history of this kind, of which the wards of every hospital will furnish many. Suppose a man possessing by nature a scrofulous taint of constitution, receives a severe injury in the leg, which brings into active operation this hitherto latent disease, what is the consequence? The injured part soon puts on certain appearances indicative of the presence of such a disease; abscesses form, which, when mature, are found to contain the "*curds and whey*" so characteristic of scrofula—the bone takes on disease—*caries* and *necrosis* follow, and the constitution sympathises in a marked degree.

Suppose this man to seek the shelter of some hospital, how is he treated? He is put into bed—he has "house" medicine administered to him—his limb is poulticed, or has applied to it one of the "red," or "green," or "white" dressings, with which the tray of every juvenile dresser abounds. He is gazed at, and thumb'd, and prob'd, not only by the surgeon and his assistant, but by every *attachè* of the institution, until on some fine morning, he is introduced to the operating Theatre, and is carried out MINUS the offending member.

Now, mark the future history of that man. After the immediate consequences of the operation,

are over, he is placed on good diet ; having been operated on, he becomes respected by every body, he is one of the "lions" of the establishment, and as such, receives every attention—his stump soon heals—his general health improves, after a reasonable period he returns thanks for his "cure," and leaves the hospital ; never fretting for the unfortunate member he leaves behind, the loss of whose weight is fully counterbalanced by the load of gratitude he feels for Mr. Somebody this, or Sir Something else the other, for having kindly relieved him of that which was evidently one of nature's superfluous gifts.

He returns to his former locality, the pinchings of poverty take the place of those comforts which charity afforded him ; his full diet, his chops, his wine, are exchanged for very inferior nourishment ; he *feels,* in the fullest sense of the word, his altered circumstances ; he struggles against these evils for a time ; after a few months he gets thin—he begins to have a little cough—he becomes consumptive, and he dies.

And why is all this ? It is for three very sufficient reasons. First, because the man's disease depended upon a morbid condition of the constitution; it was not simply a local injury and nothing more, but the local signs were merely symptoms of the general derangement.

Secondly, from inattention to this circumstance, his general ailment was left where it was found, his constitution not being a whit healthier than before ;

And, thirdly, because diseased action being set up, it must, so long as the cause remain, go on somewhere. By the operation, the seat of disease is taken away, and another position is of course taken up, the difference being, that the disease *now* selects some point near to the centre of the circulation. Nutrition is interfered with—phthisis follows, and death.

The practical lesson to be deduced from such a case as this, is that in every instance, where by strict investigation, a scrofulous taint is even suspected to exist, no operation is admissible until the patient be *first* put under a preparatory alterative treatment. And that, *after* an operation, such treatment be continued for a time sufficiently long to do away with the chance of disease remaining to seat itself elsewhere.

I have shewn, and can prove, that surgeons who operate without this caution, place their patients in ten times worse circumstances than before; disease was content to seat itself in a part remote from vital structure, but they, less kind by far, compel it to seek another exquisitely essential to life. With true unskilful generalship, they drive the enemy from the outskirts, to plant him in their very citadel.

This is no chimerical opinion, I have had numberless opportunities afforded me of proving my assertion; I have watched the course of those who have been subjected to operations without any constitutional treatment, whenever I have known

or suspected constitutional disease existed ; and the result has been uniformly in confirmation of my statement ; while on the contrary, I have known not one or two, but very many, who have had operations proposed to them, but who from timidity have objected to undergo them, restored to perfect health, and avoid the necessity of passing under the knife at all, by being placed under a plan of treatment which was directed solely against the general malady, little cognizance being taken of its local symptom.

Such instances must be far from uncommon in the experience of every one who has given attention to this subject ; cases indeed of this *caste* may be met with in private practice, but it is only in the practice of a large hospital that they can be fully appreciated. That such a circumstance is an evil on the community and a stain on the character of our charitable institutions, every one must admit, but the fault rests not with the medical officers attached to them, but is the consequence of an evil which lies at the very root of hospital government, and that evil consists principally in the power which non-medical governors possess, of controuling the treatment of a patient.

It is notorious that some hospital governors make it a matter of business to pay their annual subscription apparently for the pleasure of being permitted to attend the board and growl at everything that comes before them, and especially with the medical officers who order expensive medicines,

wine, &c., &c., and who happen to have kept some particular patient in the house somewhat longer than these charity-mongers, in their wisdom, think necessary.

Really, these men do much less good, by their pecuniary assistance, than harm, by their unwarrantable interference; for though it is true that every man who gives has a right to know that his money is applied to the purposes for which it is given, it is equally true, that he has no right to interfere with matters of which he is as ignorant as the Khan of Tartary; and especially, when such interference may involve a question of life or death, which it very frequently does, in the way I have pointed out; for such cases as I have mentioned, require long and certainly expensive treatment, and the surgeon finds himself very frequently compelled to make short work with his unfortunate patient, for the purpose of securing peace. Sometimes, however, I am constrained to admit the sin lies at the door of the surgeon himself.

I remember, on one occasion, leaving a large London hospital in company with a student who had just before been imported from a provincial infirmary, and fancying he had been struck with the magnitude of the establishment, which boasts of a medical staff inferior to that of no other hospital in the metropolis, I said, "Well what do you think of that?" "Think of it? why nothing at all," said he; "we've more good cases in our

infirmary in a week than they have here in a month." Being somewhat curious to hear my friend's ideas of a "good case," I said, "And what are they?" His answer was characteristic—"Why, operations to be sure: where's the good of *trailing* through these wards if we've no operations." What an embryo butcher! and yet it is an unquestionable fact, that this thirst for *action* is by no means confined to students merely—if so, it might be harmless enough; but, unfortunately, the same spirit may frequently be found in those of riper years, who have the opportunity of perpetrating inconceivable mischief.

One can scarcely sufficiently admire the triumph of an art which enables a skilful hand to perform those great operations of surgery which are recognised at the present day, but, at the same time, one can scarcely sufficiently condemn that morbid love of *cutting* which some surgeons avowedly possess. For, while vast numbers owe their very existence to the knife, it is, I am confident, equally true, that a number bearing a very unfortunate proportion to them lose it. And though, as a late President of the College of Surgeons used to say, such individuals have the "honour of dying surgically," still it is not a very satisfactory method of applying the admirable resources of our art; and, as to the honour of the thing, the man must have a most insatiable degree of ambition who would thirst for any such distinction. For my own part, I prefer my patients dying any other than a sur-

gical death ; and, therefore, I recommend others, in reference to the disease under consideration, to be exceedingly cautious in submitting a patient to an operation which, without such caution, may, and in a great number of instances will, accelerate his end.

Whenever the urgency of the local disease is not such as to demand the immediate use of the knife, our patients should be placed on a system of treatment which has for its principle and object the general renovation of the whole frame ; and when an operation has been performed, such treatment should be continued and persevered in, until we can reasonably hope that we have put an end to the disease, and have no longer to fear its future development. If such a practice were universally adopted, we should much less frequently have the mortification of finding that our operations have been useless, and that our patients have suffered in vain ; and one of the frequent causes of phthisis would, by such practice, be removed.

Although I have given but a bare outline of the subject of phthisis, and have but just touched upon the many points which have crowded themselves upon me as eminently worthy of consideration, I find I have already far exceeded the narrow limits I had at first prescribed to myself. I trust, however, when the importance of the subject is reflected on, I shall not be considered as having trespassed too far.

Without entering deeply into the pathology of

phthisis, or attempting to explain actions which are incapable of demonstration, and which, for the most part, are utterly beyond our comprehension, I have ventured to suggest (in so far only as such knowledge assists our treatment) what are the phenomena on which phthisis depends. I have endeavoured to show, first, That it occurs only in persons predisposed to the disease by the possession of certain taint of constitution, known as scrofulous; second, That it consists essentially in a lœsion of nutrition and assimilation, or, in other words, in an inability on the part of the absorbent and secerning systems either to separate from the food a due proportion of chyle for the purpose of passing it into the general circulation so as make blood—or to take up from the blood those elements which are necessary for the growth and reproduction of the various tissues of the body, giving rise, first, to a diseased and impoverished state of the blood, and, secondly, to emaciation; third, That diseased action follows, as a necessary consequence—such action commencing in those organs whose office it is to separate certain fluids from the blood, necessary for the various purposes of life, and, consequently, whose secretion and action must ultimately become as diseased as the blood itself; and, lastly, That as this diseased action commences in the mesenteric glands, it still further increases the evil by shutting out more or less, the nutriment which should be thrown into the circulation, and accelerates in a marked de-

gree, that consummation of disease which is called consumption.

In considering the treatment of phthisis, I have endeavoured to point out the necessity of guarding against the common error of combatting symptoms only, and of directing our attention mainly against the first cause of disease. Impressed with the truth of an old adage, that "prevention is better than a cure," I have attempted to show how important it is to prevent the first developement of disease by a system of prophylaxis which shall "invigorate and fortify the frame;" and that when disease has already been set up, our treatment must still be based upon the same principle, although in its details we may be compelled to change and modify it as circumstances may arise; that while we are called upon to give our best attention to the subduing of those casualties, which, is the course of disease, threaten the existence of our patients, we must never be either alarmed or allured from that course, which, in our cooler moments, we have marked out for ourselves.

On casting my eye back upon what I have written, I feel there is much for which I must bespeak the kind indulgence of my brethren—assuring them that I present these pages for their consideration with great humility, actuated only by a desire to contribute to the general good.

I have investigated the subject of phthisis with an anxiety which no one can understand unless, like myself, he has had a personal interest in the mat-

ter; but I shall be more than repaid, if it should come to my knowledge that I have been fortunate enough to suggest anything that will, in the smallest degree, alleviate the sufferings of those labouring under this very formidable disease; or have in any way contributed to the success, in practice, of even one fellow-labourer in the wide unbounded field of our profession.

December 20, 1842.

PRINTED BY HOBSON AND SMILES, BRIGGATE, LEEDS.