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MEDICAL ESSAYS.

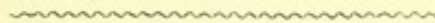
BY

J. HUNGERFORD SEALY,

M.D.E. A.B.T.C.D.

“ In every process of reasoning there are two distinct objects of attention, or circumstances, to be examined, before we admit the validity of the argument. These are,—the premises or data which the reasoner assumes, and which he expects us to admit as true;—and the conclusions which he proposes to found upon these premises.”

Dr. ABERCROMBIE, *on the Intellectual Powers.*



LONDON:

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PATERNOSTER-ROW.

—
1837.

MEDICAL ESSAYS

THE

A HUNTERIAN ESSAY

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MEYLER AND SON, PRINTERS, ABBEY CHURCH-YARD, BATH.

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P R E F A C E.

IN tracing the records of medicine and therapeutical applications, we cannot fail to find much to excite admiration and surprise. In the silent progress of research and the march of discovery, the grand resources of intelligence are continually displayed and ingenuity developed.

From the first application of simples in the earliest ages, to the present extended list of our modern pharmacopiæ, it is curious to observe the rise, progress, and occasionally the decline, of

each medicinal agent, as accident or scientific investigation has called it into repute, and experience discarded or retained it.

In a state of nature man required but little medicine; and the vegetable product of the soil supplied what was necessary. As civilization and luxury increased, disease multiplied; and, ultimately, the elements—earth, air, and water, animal, vegetable, and mineral existences, were called into requisition, to supply the demands of ingenuity. Nay, other agents also, more intangible, were brought into use, either through the influence of the nervous system, or the instrumentality of that more unsearchable faculty—the imagination; such as Ta-

lismans, metallic tractors, and animal magnetism.

Of the progress of this train of maladies, spreading like vibrations on the air or water, almost from a single point to infinity, it is not my province, in a brief preface, to speak. I may, however, be allowed a cursory detail, 'ere passing on to my more immediate object in this preliminary address—namely, the intention and aim of these essays.

In a perfectly savage state of the human race, such as perhaps has never been witnessed by civilized travellers capable of recording their observations ; but which yet, we must suppose, to have existed in many countries and places, we may rationally conclude that, differing only in superiority of organization from the other wild denizens of the

primeval forests, their diseases were like them, alone traumatic. Even in the lowest state of human civilization, which adventurous research has ever witnessed, such as Columbus found in the New World, and Cook in the Islands of the Pacific, and which, doubtless, was a state arrived at by the experience of centuries, Idiopathic disease was almost unknown, even in those very regions in which it has since become, not merely to Europeans but also to natives, so fertile. And to what are we to attribute this change? Not, surely, to the physical alteration of the localities. This aspect, cultivation must have improved. The primeval forests have given place to fertile plains; the stagnant lakes and miasmatic swamps to laughing valleys; and yet their human occupants have,

in constitutional power of rejection of disease, degenerated, and their systems become susceptible of a lesser poison ; where, under different circumstances, they once rejected a greater.

When the food of man was the root of the earth, and herb of the field, his drink the pure water of the brook, and his clothing nature's manufacture, then his alimentative system, unaffected by voluntarily imbibed poison, performed its required function ; his nature, inured to hardships, felt them not ; the summer's sun and the winter's cold fell unheeded on him, producing alone different degrees of gratification. Breathing the pure air of the desert, his lungs imbibed health in every breeze, and freshness in every storm. His mind, alone occupied in animal pursuits, and

quiescent when they were gratified, felt none of the disquieting hopes, and doubts, and fears, of civilized life; but, like an unwaked whirlwind, lay waiting the talismanic rod of time and circumstance. Man in society is a different animal. Gradually, as cultivation progressed from its first infant state, a variety of impressions, mental and physical, became awakened, associations took place, and wants originated; the habitation of the cave of the desert became exchanged for one of artificial construction; the effects of temperature perceived, and the appearance of the natural covering of man altered, by the superposition of that of other animals. Then, as time advanced and circumstances arose, Mind, with its host of feelings, passions, and desires, broke forth,

and civilization stepped in, and in its train came disease, in its infinite variety. Such has been, and such, to the end of time, will be the progress and condition of the human race. The most ancient and exalted of nations, as well as the most recent, have sprung from such beginnings, modified alone by peculiar circumstances. The strength of a nation is said to be its population; the strength of a population is its intellect.

Having to consider society as it is, not as it either has been or may be; and man, as member of it, with his peculiar liabilities as they are, we must divide disease into two sections—namely, into traumatic and idiopathic, or such as proceed from accident, and those the result of the spontaneous exertion of nature.

To the first, both the varieties of man's condition are liable, although not equally so. In the savage, his predatory and equitorial excursions render him subject to divers wounds and bruises; and, in times of war, to severer injuries. Those, however, when vital organs are not implicated, the soundness of his constitution, with the few sanative applications his simple experience suggests, enables him to recover. In civilized life, the same or similar injuries produce different effects, as an impaired constitution and heated blood impede the salutary efforts of nature, overcoming her *vis medicatrix*:

To the second class of diseases—namely, Idiopathic, civilized life, I imagine, is alone subject; and of this we have experience, not only in the human

race, but in the domesticated inferior animals.

In the following essays, the diseases treated of, in which, referring alone to the human race in the highest state of civilization, the constitutions of which, modified by that circumstance, and partaking of its good and bad effects, I have divided my consideration of the maladies thereof into three different departments—namely, Scrofula or Idiopathic Inflammation, with its different varieties; the Imagination, or Mental Nervousness; and Hysteria, or Physical Nervousness; to which I have added a fourth, or Therapeutical consideration, namely, the History of Medicines and Poisons, with their discrepancies and resemblances.

These several departments, I am

aware, admit of various subdivisions, and will, necessarily, I doubt not, receive opposition, as affording too limited a view of the subject of human disease, thus excluding the idea of extraneous or incidental sources of inflammation, such as epidemic miasmata, cutaneous sensibility to sudden changes of temperature, &c. &c. These I wish not at present, however, to consider, but confine my enquiries to the internal sources of disease, emanating alone, as I imagine, from one or other of these three several causes. It were, perhaps, better that those different views and researches were published simultaneously, so as to enable the reader better to judge of their correctness, or the contrary. This, however, personal considerations have prevented. I must,

consequently, for this experiment, beg his indulgence; and hope it may not be found altogether unworthy of his consideration.

consequently, for this experiment, beg
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 be found altogether unworthy of his
 consideration. As the author is
 anxious to make his publications and
 essays in various languages, so much
 assistance should be afforded, especially
 in the translation of the French
 into English. The author is
 sensible of the necessity of this
 assistance, and is therefore, in
 all his communications, very anxious to
 state the reasons, and to request the
 assistance of his friends, and of the
 public, in general, to assist him in
 his endeavours. It is not possible
 for every body to be able to do
 every thing, and the author is
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 and of the public, in general, to
 assist him in his endeavours.

TO

SIR CHARLES SCUDAMORE, M.D. F.R.S.

Honorary Doctor of Medicine of the University of Dublin.

MY DEAR SIR CHARLES,

IN dedicating to you this brief Essay, on a subject which has so fully and profitably to the public engaged many years of your valuable life, I should apologize for thus presenting it to you, in a form so essentially different from what I had at first contemplated and announced to you, when you were kind enough to grant me this permission.

In it, in a literary point of view, I am aware your critical eye will detect many errors; and in a physiological and

pathological one, much to arrest admission and challenge enquiry, being, as far as I am aware, so perfectly novel in its solution of disease.

To your original and gifted mind, however, I am convinced that this will be no objection, and that you will not view it with more than the necessary caution, because it has exceeded the present limits of anatomical research and advanced theory.

It is, although novel in its extreme views, so based on received opinions and observed facts, that I trust it cannot be looked on by the most unimaginative experimentalist as a baseless theory or wild conceit. When I mention the illustrious names of *Haller* and *Bichat*, the confessions of *Hunter* and *Hutchinson*, the opinions and discoveries of

*Alard, Tiedemann, Mascagni, and Bec-
lard*, on which, with a little extention,
it is founded; and the perfect and ex-
pressed ignorance which has prevailed
with respect to so palpable a secretion
as *Pus*, notwithstanding the researches
of *De Haen, Darwin, and Crawford*, it
will not be considered presumptuous, I
trust, to endeavour to fill the vacuity,
and imagine that nature has some more
peculiar office for this remarkable secre-
tion than has been hitherto supposed.

If closet meditation, founded on years
of experience, observation, and reading,
should have enabled me to start a theory
sufficiently plausible to excite attention,
and promote experiment, I shall be am-
ply repaid for the trouble it has cost me,
and the risk of reputation, the adoption
of any thing new incurs. To yourself

in particular, and to the profession generally, with the utmost humility, I now offer it, aware that it is more a question of speculative Physiology than practical importance; yet still, if found to be correct, sufficient in no mean degree to influence therapeutical applications.

In the detail of the two last cases, I trust the profession and the public will not suppose that I have been influenced by personal or party considerations. If I have expressed myself with an apparently undue acerbity, it has been only what an honest perusal of the cases, which are founded on facts, will be found to justify; and which the peculiarities of the times require. At a time when credulity so far prevails, and when every street abounds with willing victims to quackery and ignorance, it is scarce to be

wondered at that a Physician, who has entered from free choice a profession, which he supposed was under the protection of the laws; which he had from early childhood heard lauded as the most remarkable for intellect, information, and literary attainments; which he had entered after years of academic labour and research, that he should complain when the emoluments of that profession are for the most part in the hands of those to whom no such pretensions belong;—of those who, in many instances, have nothing but a shop knowledge of drugs, and to whom *disease* is, as it were, a sealed book.

Let me ask what is the state of the profession generally, at this moment, in this country? Is any one branch of it protected by the laws of the land? Is

capability and education any passport to popularity and practice? Is it not all a system of piracy, of preying on each other? The druggist eludes the Apothecary's Act, and preys upon the apothecary; the apothecary and druggist both take advantage of the Act of 1815, and prey upon the physician and surgeon; and the surgeon, in many instances, retaliating, demeans himself to dispense drugs, and puff his preparations, while the public calmly look on, vainly imagining (hugging themselves in their selfishness) that they are the gainers by this professional disunion and deterioration, instead of being, as they truly are, the main victims both in pocket and health. How truly prophetic seem to have been the words of that highly respectable member of the Provincial Me-

dical Association, Mr. Bedingfield, of Stowmarket, spoken some time since at Ipswich, on a first abortive attempt to get up an Eastern Provincial Medical Association, and repeated this year at Manchester, on the union of the Associations, of which I have the honour of being a member. “ I did not (said he) pretend to the gift of prophecy, but I had long discerned the clouds which were hanging above the medical horizon, and which now threaten to burst upon our heads. Gentlemen, the crisis is at hand; and the conduct of these associations will, in a great measure, determine whether we shall continue to maintain rank and station in society, or degenerate into ‘ petty dealers in drugs.’ My only fear is, that we have already sunk beneath the *Ollapods* of former times, and that the bleeding pole and the fillet,

which once graced the door of the barber surgeon, were really respectable in comparison with the advertisements and hand-bills which are put forth by members of Royal Colleges in these days. We have been loud and bitter in our complaints, and that not without a cause, of the conduct of the Guardians and of the Assistant Poor Law Commissioners; but let us not deceive ourselves;—we have ourselves most to blame.”

Trusting, my Dear Sir Charles, that you and the profession, and public generally, will see this in the true light, and that I may live to see the day when the peculiar departments of the profession will be properly defined and adhered to, I have the honour to remain,

Ever faithfully yours,

J. HUNGERFORD SEALY.

BATH; Jan., 1837.

PHTHISIS PULMONALIS,

CURABLE AND INCURABLE.

I HAVE selected this denomination of disease for two reasons,—1st, because I believe there is a form of Thoracic disease so exactly resembling Phthisis, bearing all the characters of the true affection, and yet essentially and remarkably different from it, but running into it when neglected, or maltreated, yet curable when early detected and vigorously combated. The 2d, is because I believe the genuine hereditary scrofulous tubercular Phthisis pulmonalis to be incurable.

The true hereditary scrofulous tubercular phthisis pulmonalis, is characterised in the earlier stages of life, by a peculiar diathesis or external manifestation of constitution, denoting a susceptibility to a peculiar train of symptoms subsequently to be developed; it is generally discernible at an early age. Those indications are a peculiar delicacy of texture and colour of skin, a precocity of intellect, a clear brilliancy of eye, and a graceful tenuity of figure, forming in all the most attractive appearance of the human youth of both sexes. In those so disposed to this fatal malady, the most perfect, if not exuberant state of health, is existent to a particular period of life, at which it commences its attacks, and on what that depends, physiology has as yet thrown no light;

whether it be, as some have imagined, dependent on an unequal or inferior expansion of the pulmonary tissue, in respect to the other organs of the body, which opinion is, in some degree, borne out by the contracted appearance of the thorax at the period of puberty, in opposition to the normal state in other subjects, or to the peculiar deposition of tubercular matter at that time of life, let others decide. Consumptive patients are generally the descendants of a race amongst whom, in some form or other, Scrofula has been inherent, with which disease, true Phthisis, is now, I believe, considered by most to be identical. Patients have generally, in my experience, presented themselves with an emaciated leucophlegmatic appearance, complaining of indisposition, but abounding in

hope of recovery, and suffering most from a short dry cough, which they almost universally state to have been the first affection of the kind they have ever laboured under, and which they generally attribute to a casual cold, which they are surprised they cannot shake off; the Stethoscope in this early stage indicates nothing, the respiratory murmur is unaffected, the voice a little more resonant than natural, and, perhaps, the cardiac pulsation a little more generally audible than normal, but neither voice nor respiration indicate any serious lesion or deposition of matter interfering with the transmission of air to the pulmonary vesicles.

Where then is the wary and experienced Physician to look for the indication of a disease which is so generally

fatal, so as to grapple with it in its infancy, and not attribute the symptoms, as is too generally done, to the ascribed cause, and put off active treatment to a day when it may be worse than useless; and notwithstanding the feelings of the patient, legitimate hope void,—he is to look for it in the history of the family of the patient for generations back, in the history of the patient herself (for such cases are too frequently female,)* and then in the history and progress of the symptoms before him, the perfect state of mental integrity, the generally good state of the digestive organs as shown by the cleanliness of the tongue, teeth, &c. the absence of all sense of danger, and often of feeling of pain, yet accompanying these is the

* See Alibert Nosol: Naturelle. Page 449.

small thready quick pulse, the pearly adnata, emaciation, and loss of strength. Those are what should put the Physician on his guard, and not allow either himself or the friends of his patient to slumber in undisturbed security, until, as is too frequently the case, they are awakened by the suddenly reversed opinion of the medical attendant, who declares that the patient is now in a Consumption, and cannot possibly recover.

Next to the above-mentioned train of symptoms, of what I consider the necessarily fatal, or Scrofulous Phthisis, as the disease advances, the Stethoscopist detects a slight interruption to the respiratory murmur, generally under the left clavicle, sometimes with a corresponding increase of that sound, or pue-

rile state, as it is called, of the right pulmonary lobe, but this is not always perceived at first, and often not for weeks, until the murmur has become inaudible in the left lobe, or superseded by an unerring indication of tubercular deposition; to this are added other constitutional symptoms which indicate the progress of the affection in the system, such as diurnal fever, a sense of burning in the palms of the hands and soles of the feet, nocturnal perspirations, confined, for the most part, to the head and thorax, and subsequently colliquative diarrhœa, but this seldom occurs until a *gargouillement*, and occasionally a *pectoriloquy*, announces the softened state of the tubercular mass, or the formation of a cavity; then follow in progressive sequence the miserable train of

symptoms of hopeless disease, such as hectic fever, emaciation, wearying cough, and exhausting noisome expectoration, until the patient sinks overcome, a happy release to herself and her friends.

Of the totally incurable nature of this form of the affection, which has justly been denominated the *Opprobrium Medicinæ*, I fear the records of medical history bear too true a testimony, although some practitioners have been so hardy as to aver the contrary, and vaunt their remedies as infallible.

From the earliest ages to the present advanced state of science and the arts, it has been the highest *desideratum* of the profession to discover something which could arrest the progress of, or remove the liability to, this fearful English malady, and few are the sub-

stances of nature, or the resources of art, that have not been successively adopted and subsequently abandoned. Of their several natures it is not now my intention to treat, but to take a short physiological review of the nature of Scrofulous depositions, particularly tubercular developement in the different tissues of the human body, and then pass on to the more immediate portion of my design, that in which the agency of the intelligent Physician is of avail, namely, that in which pulmonary disease succeeds *inflammatory action*, the progress of which, as not proceeding from the insidious effects of a Scrofulous Diathesis, is capable of being arrested, when actively and early treated.

SCROFULA, then, so called from Scrofa, a sow, as bearing the impression

that those animals are peculiarly subject to it, a supposition which Dr. Henning remarks is questionable, and, indeed, in our own time, more than questionable, whatever might have been the case formerly, as we are told by chroniclers, they were also subject to *Lepra*, which, from the similar malady of the royal *Bladud*, led to the discovery of the thermal springs of Bath. *Scrofula* is a disease which attacks peculiar tissues of the human body, and may be, perhaps, more than any other, denominated a constitutional affection.

It is a disease, as the same author remarks, the chief or most palpable symptom of which is a chronic swelling of the absorbent glands in different parts of the body, on which sentiment Mr.

Cooper, in his admirable compilation on that subject, wisely remarks, that our notions of Scrofula would be indeed very imperfect, were we to confine our ideas of it to its effects on the lymphatic glandular system alone, but that there are few textures of the human body, or organs, which those textures form, which are not liable to it, as an original idiopathic affection. To this, however, I cannot bring myself to accede, as many tissues of the human body seem to be totally exempt from it. Alibert, and others, ascribe it to the conglobate glands, and Dr. Henning to the superficial absorbent glands. Dr. Thompson has found the lacteal glands affected with it. Mr. White and Dr. Henning are both opposed to its

being hereditary, but the conclusions of all on this subject, seem to me, to be too circumscribed to merit more than a definite admission.

Scrofula, I imagine, should be divided into two affections, for the convenience of consideration, namely, into *internal* and *external*, or the deposition of tubercular formations in the several tissues subject thereto, and the formation of Abscesses in the lymphatic glands, skin, &c., both of which occur separately in separate subjects, and seldom or never, in my experience, to an aggravated degree in the same subject.

Sir Astley Cooper and Dr. Alison, without referring the affection to particular systems, refer it with full apparent reason to congenital constitutional de-

bility. Mr. Abernethy, Dr. Carmichael, Soemmering, and Girtanner, to affections of the lymphatics and absorbents.

For the consideration of this subject, and my view of it, we must now turn to a peculiar secretion, and what I would willingly believe to exist, although anatomy has as yet been unable to prove their existence—a peculiar arrangement of secerning vessels, which has been hitherto altogether left out of the consideration of the question—namely, *pus* and *purisecerning vessels*.

From the researches of Hewson and the two Hunters, the medical world are, I believe, now pretty well satisfied that pus is a peculiar secretion, and not a simple resolution of the solids, nor even that it consists of the *substance of the vessels and of the cellular membrane* dis-

solved in the serum, as Mr. Benjamin Bell, Dr. Par, and M. Gaber supposed. Hewson, indeed, although fully proving that it was a peculiar secretion, yet absurdly enough imagined, that it was formed out of the coagulable lymph by a new power given to the secernent vessels in consequence of the inflammatory action. To this doctrine the Hunters partly assented, and fully proved that it was not the result of decomposed solids, nor even the cause of their decomposition, but on the contrary, that it was a repairing secretion; the truth of which opinion Mr. Cruikshank has amply confirmed. But yet they have not, any of them, made any advances towards the original difficulty, namely, the source of the secretion. It is, to my mind, fully as difficult to

admit the idea that it is produced from the ordinary coagulable lymph, by the action of inflammation, as that it is formed from the decomposition of the solids, to both of which ideas there seem to be insurmountable objections. That it is not the result of the destructive solution of the solids, the two diseases of gonorrhœa, and purulent ophthalmia evince, and that it is not an altered state of the lymph from ulceration, the researches of De Haen and Hewson testify, who found it pure, free from lesion, frequently on the surface of the pleura, the peritoneum, and the pericardium. Whence then does it come? We find it in two occupations, yet an apparently similar fluid, although altered in appearance by circumstances, we find it both as a soothing, and an

irritating secretion. Mr. Hunter, in his great work on the blood, admits that he knows nothing about it. "I am apt to believe," says he, "we are not yet well, or perhaps not at all acquainted with its use, for it is common to all sores, which may be said to be the most healthy, and especially in those in which the constitution is most healthy; it forms indeed an exit to foreign bodies: is supposed by many to carry off humours from the constitution, or convert general into local complaints, and by others to act as a preventive to numerous diseases; yet all these services, even admitting them to exist, are but secondary, and the final intention still remains to be accounted for."

I think, if we admit that it has a secerning system of its own, and can

imagine that it is a secretion always going on, and as necessary to the integrity of the animal fabric as any other, and only becoming apparent from some deficiency in the energy of the antagonist powers, the exhalants and absorbents, we are relieved from all the difficulties under which all the former physiologists laboured, and come at once to the root of most diseases ; and in this idea there is nothing unnatural or preposterous, that the minutest anatomical research cannot exhibit this secreting system of vessels proves nothing against it. It cannot demonstrate the *vasa vasorum*, nor the ultimate arrangement of vessels of glandular parenchyma, and yet they are admitted to exist. Again, as it is a frequently observed fluid, and to be collected in large quantities occasionally,

it must come from some source, it being besides more readily and copiously produced in some tissues than in others, why not suppose that those tissues are supplied in a larger degree with those secreting vessels? Hewson's idea of its being altered, coagulable lymph is not sufficient; for if it occurs in one instance, why not in all?

Pus is only secreted in ophthalmia and gonorrhœa; we never find lymph in those places; and after the severest inflammatory action we never find pus effused on the surface of the brain, where we find lymph abundantly, consequently they are not modifications of the same fluid. Of the original appearance and determinate use of pus, we may be said to know nothing, we only know it under disease; and yet I cannot ima-

gine it is only a product of disease, as Hewson thought. It may be in its pure state colourless and unappreciable, yet destined as an active agent in the animal economy. It may act on the circulating and absorbent system, as the bile acts on the digestive, as a necessary stimulant, and only become apparent to the eye, when chimically altered by exposure to the atmosphere. In its demonstrable form, it even assumes two appearances, so as to have obtained the appellation of healthy and unhealthy; proving, I think, that the fluid itself, or its secerning apparatus, is liable to disease.

Mr. Cruikshanks and Dr. Crawford have testified to its being a healing or repairing secretion; and also, under other circumstances, so irritating as to

require its being removed by caustic washes before the sore could be brought to heal. Are those two fluids then identical? If not, whence is the difference? How is a secretion at one time so bland and soothing that its appearance is indispensable to the proper granulation of a sore, converted into a fluid so acrid as to make its removal necessary, for the same result. To ascribe it to vital actions and peculiar provisions of nature is, in my mind, to effect nothing; the same thing cannot obtain two opposite properties and appearances at the same time.

Having thus, I imagine, from the testimony of others, sufficiently established the idea of *pus* being a secretion *sui generis*, and advanced the opinion that it is not a mere modification of any

other fluid, the production of a diseased state of any system, but an exhalation of a peculiar apparatus constantly going on for some particular purpose in the animal economy, I come to another partition of my subject, namely, its effects on the system in health and disease, and the cause of its manifestation; and for the elucidation of this part of my subject, I shall take a cursory review of the different opinions and theories of the exhalant and absorbent systems which I have considered as the antagonist forces of life, on which so much research and ingenuity has been wasted, and so little truth arrived at, from the days of the Hunters' to the present time.

From the time of Eustachius, who found the thoracic duct in a horse, a certain set of colourless vessels have been

admitted to exist, denominated lacteals, or lymphatics, which contribute to assimilation and sanguification, by bringing into the circulation the nutritious portion of food taken into the stomach.

It is, however, to Caspar Asellius, a physician of Pavia, so early as the year 1622, that we are principally indebted for our knowledge of those vessels which he first denominated lacteals, from the appearance of the fluid they conveyed.

Glisson informs us that Jolyffe had, in 1652, imparted to him a knowledge of a set of vessels different from arteries and veins; and it appears, from the testimony of Wharton, that Jolyffe had demonstrated those vessels in 1650.

The existence of those vessels, thus partially demonstrated, was afterwards more fully established by the researches

of Bertholin, Pecquet, Bilsius, Nuct, the second Munro, and Haller. But it is chiefly to the researches of Dr. Hunter and his pupils, Hewson, Sheldon, and Cruikshank, in this country, and to Mascagni and Bichat, Ruysch, Teidemann, Meckel, Rudolphi, &c. abroad, that we are indebted for our knowledge of them.

To those same vessels a functional office is also by some attributed, denominated absorption; which operation Hunter has divided into two classes, which he calls *Nutritive* and *Interstitial*. Of the manner in which they act, however, much difference of opinion exists; and whether that operation is performed by this set of vessels or not, which is denied by Majendie, and attributed to the veins.

There is, besides this operation of absorption, attributed by many to this lymphatic system of vessels, another antagonist principle or operation ascribed, namely—exhalation, which Bichat has divided into three genera, which he denominates *exterior*, *interior*, and *nutritious*; and about this function or operation such a difference of opinion exists as is most remarkable; some, with Boerhave and his followers, attributing it to the simple act of percolation through exhalant orifices; and others, with Haller, Bichat, &c., contending for a separate minute system of vessels. It is, I think, with a curious perversion of reasoning, that these same powers, so exactly opposed to each other, are attributed to the same set of organs. How this is reconcilable to reason, I

cannot imagine ; nor does our want of anatomical demonstration of two sets of apparatuses prove, I think, their non-existence. The researches of Majendie, Fodera, Segalas, and others, only prove that these powers exist in a high degree ; but they establish nothing beyond it. When Majendie attributes absorption to the venous system, he only establishes an old observed fact, under a new denomination ; and Fodera's attempt to prove that exhalation, which he calls *transudation*, and absorption, which he calls *imbibition*, are similar phenomena, owing to the capillary attraction of the parietes of the different vessels, owing to their porosity, operating from the interior of the vessels to the exterior in the first case, and from the exterior to the in-

terior in the second, seems to me so manifest an absurdity as not to require confutation.

To imagine that a living organization is acted on by a mere hydrostatic principle, seems to call in question the perfection of vital existence; and to suppose that the deficiency of that organization, for such we must consider *porosity*, should supply the place in the animal economy of organic means, seems to throw a slur on the perfection of the animal fabric. As coinciding entirely with my own views on this subject, I now turn to the exceedingly ingenious doctrines and discoveries of Dr. Alard, whose propositions bear such a promise of verity and coincidence to the laws of nature, as in my mind, to lead to conviction. He supposes that a

minute set of colourless vessels exists which carries from the arteries the fluids intended for the nutrition of the textures, the secretions, and the exhalations; and that a similar set exists for the veins which performs the function of absorption; or, in other words, that two distinct, although undemonstrable systems of vessels exist for those two different and opposite purposes. This even accounts for Fodera's notion of porosity, as showing that the coats of these vessels are indeed pierced by numberless minute living vessels, and not simply *cribriform*, as he supposed, which individually performs these separate functions; and, extending this speculation to the existence of a third set of discerning or conveying vessels from the arterial trunks, of the *purulent formation*,

my theory will be complete, allowing which action to be equally opposed and balanced by an absorbent set from the veins, until disease gives a preponderance of the one over the other, and leaves the exhalation of pus unremoved and legitimately applied; and so, by becoming superabundant, acting as a source of disease.

This theory of Alard's, it may be said, however ingenious and probable, cannot be proved; and so cannot a great many other things in nature which are, nevertheless, equally admitted, as if they were demonstrable; for instance, the circulating nervous fluid, which nobody doubts, as in these days of research and enquiry we allow nothing to immaterial influences. Our solids, we now know, are composed of a congeries of tubes or

vessels; cannot we easily suppose that those have distinct and particular functions? In proof of this doctrine, Drs. Tiedemann and Fohman, of Heidelbergh, have discovered a communication of the lymphatics of the intestines with the mesenteric veins in the seal; and, doubtless, those communications exist elsewhere, and more universally between all tissues than is suspected, did our organs enable us to discover them. To these doctrines, Dr. Hutchinson, whose views in physiology and researches therein, for their expansiveness and accuracy, entitle his opinions to respect, so fully concurs, that I must quote his own words:—"The view of Alard, that supposing the existence of minute pellucid vessels springing from the parietes of the small arteries, distributed to every

part of the body, conveying different fluids, and producing different effects, according as their vital properties are modified, having corresponding vessels which spring from the most intimate texture of the organs and surfaces of the great cavities, and unite in larger tubes, forming in some instances long continuous canals, denominated absorbents, in others running to be inserted into veins, is one which is qualified to explain more plausibly than any other the mechanism for the distributing of the fluids for the purposes of the organic functions; and is, besides, capable of obviating the difficulties which have been presented by the diversity of the results of the experiments of Hunter, Majendie, Brodie, and others, relative to the mechanism of absorption."

Of the plausibility of this doctrine over all others, to say the least of it, I think there can be no question ; besides, it fully agrees with all previously observed facts, only accounting for them in a different manner. Hunter, indeed, divides absorption into two denominations, what he calls the *healthy* or *chilifactive*, and the *interstitial* or *removative* of foreign bodies ; and Dumas ascribes the sensation of hunger to the action of the absorbents on the coats of the empty stomach. This subdivision of the vital action is, I think, unnecessary ; for, doubtless, it is only the same action constantly going on, and requiring a balancing, or antagonist power, which is exhalation, which Richerand with Fodera calls transudation, when he says—“ At other times, absorption takes place in

fluids effused by arterial *transudation* ; such is the serosity which moistens the serous membranes, the fat, the marrow of the bones ; and this absorption almost always bears a proportion to transudation ; so that the serosity absorbed as fast as it is effused on the surface of the membranes which lie in close contact, *except in cases of dropsy*, never accumulates so as to separate those membranes." Such a transudation, or exhalation, exhaled for a specific purpose, I would consider, *pus* in its pure state ; and thus, in *idiopathic inflammation*, consider that which has been hitherto believed to be solely the product of inflammatory action, as the source of it. In *sympathetic* or *traumatic inflammation*, it may be different. Having thus concluded my specu-

lative inquiry, I come to the practical application of this theory to disease; and, considering the unremoved or unabsorbed effusion of pus, as the source of all idiopathic inflammation; and that all idiopathic or spontaneous inflammation is scrofulous, I come to the consideration of this disease, which I have divided into two heads—namely, into internal or tubercular, and external or glandular and follicular.

I have been led to those considerations and reflections by observing that all remedies and applications which do good in Scrofula, and Scrofulous tumours, act by stimulating the absorbents, so, exciting to remove an exhalation which the natural powers were not equal to. This led me to think what this exhalation, in the first instance, was; I

saw a something produced an irritation in peculiar tissues which led to a tumefaction, without any external cause; which tumefaction, whether glandular or tubercular, went on to a destructive process, commencing from the inside, and spreading its irritation and consequent inflammation all round, while from its own want of vitality alone, it *suppurated*, or admitted the further effusion of pus within, extending thus its own destruction.

Believing Scrofula then to be, as Sir Astley Cooper, and others, have stated, a disease of debility, yet referring that debility solely to the absorbent vessels, and thus agreeing with Cabani, Soemmering, and Girtanner, before mentioned, I come more fully to explain my views. Taking it then for granted,

which cannot be denied, that such a fluid as pus exists, a fluid *sui generis*, and expressing my conviction that it is the secretion of a peculiar apparatus, destined for a particular purpose in the animal economy, and as constantly existing, as either the nervous or sanguineous fluids, although not demonstrable, and without being able to ascertain the cause of that debility of the absorbent system, I suppose in the internal, or tubercular Scrofula, a deposition of this peculiar fluid to take place on the delicate lining membrane of the pulmonary parenchyma, which the debility of the antagonist power, the absorbent vessels, failing to remove, it becomes a source of irritation, and generates first the miliary tubercle, which thus formed, runs its natural course. The same thing occurs

in the external, or follicular Scrofula, the puriform fluid becomes a source of irritation in the centre of a lymphatic gland, or in a cutaneous follicle, and, so exciting inflammation, produces all the strumous appearances. The same occurs in carcinoma, which Mr. Carmichael seems to consider of a similar nature to tubercle, both apparently, as he seems to think, independent existences.

We can, I think, in this view of the origin of tubercular and carcinomatous depositions, much more rationally account for their existence, and explain their want of connection with surrounding parts, than supposing them to enjoy a peculiar vitality, as mischievous parasites.

In this form of Phthisis pulmonalis, the true scrofulous tubercular Phthisis,

I have ever observed that the affection does not begin with inflammation; it does not succeed a cold, nor any ordinary exciting source of disease; it seems to commence spontaneously, from some unappreciable cause, nor does any system of treatment hitherto adopted appear to have much influence on it. The disease proceeds from within, not from without, and depends on a specific irritation, which bears the name of *tubercles*. To account for the origin of those tubercles has been my present endeavour. Having divided scrofula into two denominations—namely, into internal or tubercular, and external or glandular and follicular, I have stated it as my opinion that they seldom or never occur in the same individual. The consump-

tive patient is seldom seen seamed with scars of strumous ulcers; nor is the most afflicted by external *struma* the most frequently the victim to pulmonary phthisis. It seems to me as if the more fatal, yet apparently milder form of the disease, the tubercular, was an exhausted condition of the disease, not equal to its full virulence, and found in the third or fourth generation of a strumous family, somewhat altered by intermarriage with non-strumous connections; whereas the perfectly strumous diathesis exhausts its unabsorbed purulent secretion in external ulceration, and so does not attack the internal parts. Such, certainly, has been my experience, that I have seldom seen the two forms of the disease in the same individual. On the contrary, the phthisical subject is gene-

rally perfectly free from all external blemish.

Having thus discussed what I consider the necessarily fatal form of phthisis, or what I fear we must nearly consider so, and advanced a theory of tubercular deposits, I come to the pleasanter division of my subject—namely, that in which I imagine art can in most, if not all cases, prove of avail when early resorted to, and judiciously applied.

In this form of pulmonary disease, then, we have all the appearance of active inflammation; it commences with pain and constriction in some part of the chest; the cough is hard and dry, the pulse not small and quick, but full, hard, and bounding; no sputa, and the disease is evidently referable to some exposure to cold and damp, and is not so fre-

quently confined to a particular period of life. The Stethoscope generally indicates either some degree of pneumonic, bronchitic, or pleuritic inflammation, and often a combination of the three, yet generally in a degree not sufficient to enable the practitioner to refer the affection to either exclusively. These cases it is not always easy to discriminate from true Phthisis, although too frequently they are treated as mere colds, until, from the pulmonary irritation, they become confirmed cases of tubercular deposition; and in the latter stages often run a very rapid course.

I do not mean to say that all cases which thus assume the form of phthisis, but in which no hereditary scrofulous diathesis exists, are so manifestly ascribable to active inflammatory action as to

leave the practice not to be mistaken ; on the contrary, a very remarkable difficulty often exists of forming a diagnosis ; and, among the best informed, a great contrariety of opinion subsists as to the propriety of bleeding in phthisis. In my own experience, after tubercles are once formed, whether from an original taint or from casual irritation, I imagine it does little to arrest their progress. Counter-irritation, conjoined with mild expectorants, and iodine and conium inhalation, seeming to do much more, unless some specific constriction of the breathing, and peculiar state of the pulse, indicate the contrary. I shall now offer a few cases of both forms of the disease as it has presented itself to me.

Miss M., a very beautiful girl, applied to me in the spring of 1832 ; she

complained of loss of flesh, strength, and appetite, without any ascribable cause. She declared she had received no cold, and never had a cough in her life. Her animal functions were all in a state of perfect integrity, except the catamenia, which had been always irregular, and at this time was wanting. Her appearance was cachectic and leucophlegmatic, and her eyes peculiarly bright and sparkling. She expressed herself little apprehensive of herself, and had consulted me solely at the urgent desire of her friends, whom she declared to be unnecessarily anxious, because she had lost a brother and two sisters by consumption. On further inquiry, she admitted that she had a short tickling cough, which she did not remember, and seldom remarked, until I had called it to her mind. She had no

pain of chest, never had, and no expectoration, except once or twice, when, apparently without any effort of coughing, she spat up a yellowish hard lump, about half the size of a pea, which surprised her. She had never spat blood, and found no difficulty in lying on one side in bed more than the other. The stethoscope indicated little interruption to the perfection of the respiratory murmur, save slightly under the left clavicle, where it was partially obscured; and the cardiac pulsation was more than normally audible; her pulse was 115, small and wiry; and at certain times of the day she perceived a peculiar arid sensation in the palms of the hands, accompanied, as her friends remarked, by an increase of colour in the cheeks, and an excitability of disposition.

Having little doubt but that tubercles were already formed in this case, and looking on it as one peculiarly characteristic, I made further enquires about the scrofulous diathesis of the family, I found that none of the present generation had exhibited the smallest appearance of external struma, nor even the preceding one, among whom no consumption had existed, being all healthy men and women, except that among the women two of them had died of cancer at the middle period of life ; one of cancer of the *mamma*, and the other of cancer of the *os uteri*. The maternal grandmother of this generation had, however, been a sad sufferer from what they designated as the King's Evil, for which she had tried every remedy then in repute, and was seamed all over from its cicatrices,

the ulcers of which remained open to the age of sixty ; after which the disease disappeared, and allowed her to enjoy excellent health, with the absense of all other disease to a very advanced period of life. The three succeeding generations showed no symptoms of it, the intermarriages having been into non-strumous families ; and the virulence of the disease weakening, it attacked in the milder, although more fatal appearance of the affection ; and in the form of tubercle and cancer carried off many of the descendants. The prognosis in this case was consequently unfavourable, which was fully expressed to the friends. Every system of treatment was, however, tried with little or no alleviation ; blood letting increased the weakness, and blistering and counter-irritation the

nervous excitability ; nourishment heightened the fever, and expectorants the colliquitive perspiration, until at length the detection of a cavity, and the extensive studding of the upper lobes of the lungs with tubercles, impeding for the most part the respiratory murmur, left nothing to be expected but a fatal termination, which took place within four months, after a deal of suffering. Since then the two remaining sisters, one married and the other unmarried, have passed off in the same manner.

This which I look on, and have adduced as a purely illustrative case of what I consider the genuine hereditary scrofulous tuberculous phthisis, is one which, I doubt not, will find many an echo in the experience of most practi-

tioners, and in the records of every medical hospital. It is a form of disease for which, I regret to say, I fear medical art has as yet found no remedy, and in which all that remains for the honest intelligent physician is to alleviate symptoms and sufferings as they arise, as far as he can, and to put the relations and friends of the patient herself as much on their guard as possible, and make them aware of their situation, and not delude them with false hopes which can never be realized. I shall now afford an example or two of what I consider a mixed case, or superinduced tubercular *Phthisis*.

Dr. R. S. entered the University of Dublin at the early age of fifteen. Educated at home, brought up in the country among females, he knew little of the

ways or dissipations of the world. Born of a remarkably healthy family, he presented every appearance of health and promise; and was, without any exception in appearance and intellect, at that time of life, one of the most promising young men in the University. Left at that early age with all the elements of enjoyment about him; excited by the novelty, and emulous of equalling his companions, of more mature age, in every kind of excess, to which their ill-timed taunts of his juvenility aroused him, he engaged deeply in the dissipations of the City and University; in such pursuits, passed four years of his undergraduate course, his constitution apparently suffering little, notwithstanding repeated venereal attacks, from many of which he was cured without mercury,

and some with it, his appearance recovering in the summer in the country what it lost from the winter in Dublin, until he attained his full growth; at which time, standing six feet two inches, and beautifully formed, he presented as striking a figure of a young man, and as capable of every athletic exercise as could be seen. Having prior to this period commenced his medical studies, for which profession he was intended, his intellect and assiduity having gained him great proficiency and credit, he left Dublin for Edinburgh, in which University, after a winter's session, he graduated. Returning again to Ireland, after a little time, he repaired to London; and, thinking to qualify himself in Surgery, with the hope of getting into the Army in that depart-

ment, he passed the College of Surgeons there, having been highly complimented by Sir Ashley Cooper for his answering and appearance. There, unfortunately, he met a relative, whose habits being dissolute, he led him into every species of dissipation, from which, in a few months, having incurred pecuniary difficulties which, however light, preyed on his imagination, he returned much altered in appearance and broken in spirit. Disappointed at his failure of obtaining any employment in the metropolis, he resolved to set up in a provincial city, the air of which, after a trial, he imagined disagreed with him, as he was never well there, his bowels becoming exceedingly relaxed with fetid alvine evacuations; and the whole line of the alimentary canal exhibiting irritation, over which medicine had little

effect, but all of which subsided on his return to the country to his father's. At this time, for the first time, he showed a strumous diathesis; strumous abscesses very difficult to heal, having formed on two or three parts of his body, containing the true whey-like pus, which idea, however, he ridiculed, stating that such a thing was never known in his family. The succeeding year, having given up all hopes of being able to stick to his profession, he resided with his father, apparently recovered in health, but desponding in mind from his many disappointments. During the spring of this year (1831), being in the neighbourhood, I paid him a visit of a few weeks, and marked with regret the alteration in his appearance. His limbs had lost their roundness, and his step the steadiness

of former times ; and, although he complained of nothing, the eye of friendship could easily see all was not right. He had no cough, but he had contracted a habit of spitting ; and on one occasion, in taking a country walk, he spate up a crude yellow lump, which he jocularly observed was a tubercle, but seemed little apprehensive. I saw clearly it was so, and begged him to do something, which he promised, and the idea was forgotten. A few months after, having applied myself to practice in the same city from which he had retired, he called on me on his way to London, having heard of some prospect of employment there. He was looking very ill, spat a good deal, with a sense of uneasiness in the chest, and seemed, for the first time, alarmed about

himself. I urged him to allow me to take some blood from him, which he refused, as he was on a journey, but promised to have it done if he was not better on his arriving in town. He accordingly departed by the steam packet for Bristol, at which place, taking the coach, he was on his route for London; when, in one of the intermediate stages, he was so severely attacked by an aggravation of his former symptoms, that he was obliged to stop and be bled. Here he continued some days; and recovering a little, he proceeded on to London. When arrived in town his friends were so shocked at his appearance, that they immediately insisted on his having the first advice of the metropolis, which he accordingly had. And, although every thing was put in practice which medical

skill and affection could suggest, his disease gained ground ; and in less than three months he sank a victim to as genuine a tubercular, and I may add, although not an hereditary, a scrofulous phthisis, as ever existed ; leaving all who knew him, and the profession to which he belonged, to regret the loss of a bright ornament, thus early and unhappily snatched away.

In reviewing the brief history of this case, which I shall beg to consider as superinduced scrofulous tuberculous phthisis, to be distinguished from the genuine hereditary scrofulous tuberculous phthisis, by that peculiar modification of constitution, allowing of the formation of tubercular deposition being contracted from adventitious causes, a vast fund for reflection and consideration

presents itself to my mind. If not worthy of note in a medical point of view, it is at least interesting, as showing how far scrofula and tubercular disease can be induced in a congenitally healthy constitution, by debilitating excesses; and thus may act as a warning to others in manifesting that the most apparently vigorous and healthy constitution is still liable to disease if improperly treated. I shall now endeavour to show how far the same result may be attained by another cause, namely, debilitating passions and imaginary evils.

Mr. T. F., of a peculiarly ruddy healthy appearance, and member of a singularly healthy family, whose disposition was the very fountain of hilarity, and partook with his body, of high

powers of activity, was the resident medical pupil in the Whitworth Medical Hospital, Dublin, in the year 1828. Of an ardent affectionate turn of mind, having been previously thrown much into the society of an interesting female relative, he contracted an attachment for her unknown to his friends, which was as ardently returned. Being a younger son, dependent solely for a support in life upon his own exertions and professional advancement, and her means being too limited to offer any prospect of prudence in their immediate union, his mind suffered much from despondency, and unremitting reflection on the peculiarity of his situation. With the honourable feeling of a highly sensitive mind, he urged her strongly to relinquish all further acquaintance with him,

and seek elsewhere for some one more likely, from the advantages of fortune, to render her happy. This she pre-emptorily declined, and refused every advance from other quarters, without any ascribed reason, until at length suspicion began to be awakened; and the sufferings and annoyances of both became infinitely multiplied. To such an excess did the ardour of his disposition hurry him at this critical event of his life, smarting under the feeling of what, by his own passion, he had caused another to suffer, he contracted a violent epidemic fever, which then raged in the hospital over which he presided, from which he recovered slowly, but apparently perfectly.

At this time I joined him in his medical pursuits, having become, for

the sake of the hospital advantages, (although illegally) domesticated with the resident apothecary, with whom he boarded. He was then, although occasionally giving way to despondency, remarkable for the cheerfulness and kindness of his disposition, and very zealous in the execution of his official duties, which were severe, having the care of two large hospitals (the Whitworth Chronic and Harwick Fever Hospitals), and the clinical attendance on the physicians, besides the office of inspecting the bodies of the dead, preserving any thing which seemed extraordinary, and making reports thereon; by these his time was so fully occupied as to leave little scope for painful reflections. In all these duties I was (by his desire) associated with him, with much

advantage to myself and relief to him; and, consequently, being thrown so much in his company, became the depository of all his secrets and the counsellor of his actions. It happened at this time that a more than usual number of phthisical cases were admitted into the Whitworth Hospital, many of which presented peculiar appearances, the hospital affording at that time, perhaps, as large a field for investigation and research as any in Europe, under the able exertions of my intelligent friend and relative, Dr. Richard Townsend, to whom the physicians, Drs. Crampton and Ferguson, had given permission to further his enquiries in that then novel mode of investigation. Thus associated, it fell to my lot to be present at, and partaker in, many post mortem

examinations, the history and circumstances of the cases of which I had been previously cognizant; and I believe I may now truly say, that during that period of my stay in that hospital, there are few forms of thoracic disease, pulmonary and cardiac, and their consequences, which I had not an opportunity of witnessing, little imagining that, within a few months, poor F. himself would be a victim to that very pulmonary excavation which we had so often explored together.

At the termination of the limited period, he was compelled to retire from the situation of resident pupil of the hospital, to make way for another pupil, who has since, by his talents and acquirements in the different departments of public lecturer, author, and

editor, given a strong proof of the advantages for instruction of the Dublin Richmond Institution ; at the Surgical Hospital of which, as lecturer and operator, his father for years presided with unrivalled *eclat* ; I allude to Dr. Robert Todd, of London.

At this time, compelled to reside some distance from Dublin with his family, poor F. became more and more desponding ; unhappy at home, with prospects every day becoming darker, and no hope a-head except from his passing his surgical examination, which is proverbially difficult in the Dublin College, he became diffident of himself, and ultimately despairing. From this time he began to lose appetite and appearance, and to complain of fatigue

from the exertion of walking to lecture. This he was at length obliged to forego, until within an incredibly short time, he became confined to the house, and then to his own apartment, from which he never again departed alive.

When visited by his friends at the latter weeks of his existence, he expressed himself perfectly conscious of his situation ; and the state of his lungs, which he said none should know better in that disease than himself, having examined thousands, he knew he could not live ; that the right lobe was already excavated, and the left fast going. He was one of the very few whom I have met with, who, conscious of their situation, neither indulged a hope or a wish to live ; and to me he always expressed his conviction that it was mental anxiety

which produced his disease, with which opinion I truly corresponded.

How the mind acts on the body I stop not here to enquire; whether by debilitating the nervous influence generally, and so the whole system; or partially, and thus the absorbent system alone; rendering by that an undue balance in favour of the exhalant system, I do not pretend to determine; nor can we, I think, satisfactorily do so, until we first accurately ascertain the nature and source of that deeply-felt but intractable influence, denominated the *nervous*; but of this fact I am perfectly satisfied, that the liability to many diseases, if not the diseases themselves, have their origin in mental, or what is synonymous, nervous depression.

Having thus afforded a few speci-

mens of what I consider the necessarily fatal form of Phthisis, although under different modifications, I shall now adduce a case of what has become so from mal-treatment, which has fallen within my knowledge; and a similar one, the result of which has been different, leaving my readers to draw their own conclusions.

Visiting in a family, in which I did not at the time professionally attend, I remarked that one of the female members of it, a short time before conspicuous for health, was much altered in appearance, and seemed labouring in her breathing. I made my remarks accordingly, with a real feeling of sympathy, unattended with any anxiety for *a case* from pecuniary motives, and was told very sharply, that she had had a cold,

and that the apothecary, their attendant, was giving her pills, and said she would be soon well. This, interspersed with an encomium on his cleverness, and an appeal to me thereon, which from good manners' sake I was obliged to join in, although thinking very differently at the time, and seeing a convincing proof of it before me, left me nothing to say, from motives of delicacy, although feeling satisfied, from the heaving of the *alæ nasi*, and the abdominal breathing, with the fixed appearance of the upper portion of the thorax, that she wanted more than a few (probably, ordinary digestive) pills.

After a time I took my leave, and heard no more of the family for some weeks, at the end of which time I was informed that an eminent medical prac-

titioner had been at length called in, who immediately pronounced her past recovery in consumption, with cavities in the lungs, which turned out to be the case, as she fell a victim to it within three months from the time I saw her; at which event her mother and family were lost in despair, having been told, to within a fortnight of her death, that it was *a cold*, and that there was no danger.

Such are the cases which are met with every day in this country, twenty of which have at the least fallen within my own knowledge, the fatality of which depends not so much on the malignancy of the disease as on the ignorance and mal-treatment of the attendants; and so long as the public employ a set of practitioners who have had none

of the advantages of scholastic education, and no academic testimonials of competency to exhibit, such will ever be the result.

In this case I heard without surprise of its conclusion, to be told that an affection, which to my eye presented all the unequivocal evidences of active pulmonary inflammation, was a *mere cold*, and to be treated with a few inert pills in place of proper antiphlogistic regimen, what else could be expected? and on my mind, to this hour no doubt exists, but that that young lady would be alive to this day, a credit and comfort to her mother and friends, if, on the day I first saw her ill, as I immediately afterwards expressed myself, I had been allowed to treat her as it then suggested itself to me; which system of treatment,

as having in it nothing new, need not be described.

In opposition to this last case, I have selected the following from my notebook, which is only remarkable as showing the result of ordinary correct established practice over what I have already alluded to.

F. S., a dress-maker, aged 17 years, of a pale leucophlegmatic appearance, with prominent eyes surrounded by a dark blue tinge and pearly adnata, weak and much emaciated, applied to me, after having been previously treated by other medical men, who pronounced her case hopeless; and for the removal of her prominent and most uneasy symptom, debility, recommended *beefsteak and porter*, under which system of treatment she however gained no strength;

and the pain of chest and cough becoming worse, her friends gave her up as lost, believing that nothing could save her. I was at this time consulted; her pulse was 120, small and thin; her cough hard and dry, accompanied by no desire to expectorate; her frame much emaciated, and debility so great, that she could scarcely walk across the room. Catamenia suppressed, appetite nearly gone, thirst urgent, and her nights uneasy; much annoyed by perspirations, ushered in by the usual precursors, rigors, burning in the palms of the hands, &c.

These were apparently a formidable train of symptoms; yet her history afforded some bright points of hope, which encouraged me not to despair. I ascertained that she was not of a con-

genitally strumous diathesis; that her present affection was referred by herself and her friends to her having outgrown her strength, and to the confinement of her trade; that she had been always delicate and subject to cough, but never spat, her cough being of a hard spasmodic description, and more frequently troublesome by day than by night. The stethoscope did not indicate such tubercular development as to impede the respiratory murmur which was audible throughout the entire thorax, that miliary tubercles existed, I had, however, little doubt, the action of the heart although indicating much febrile excitement, was perfectly normal and regular, and the only manifestation of thoracic disease, which could be obtained to account for all this constitutional dis-

turbance, after the most minute stethoscopic examination, was a slight *rale sonore* deep in the thorax anteriorly, under which she complained of a tightness and soreness in drawing in her breath. Other this point I immediately ordered a blister, directed ten ounces of blood to be drawn from the arm, and that she should take a tablespoon full of the following mixture, frequently in the day, when the cough was troublesome:—

R Vini tart Antimonial ʒij
 Do Ipecacuan }
 Acet Scillæ .. } a a .. ʒiv
 Tinct opii Camphorat .. ʒiij
 Mucil: Gum Arab }
 Syrupi Simplex .. } a a ʒij

Misce.

Likewise a wine glass full of the sarsaparilla mixture, mixed with hot milk,

as recommended by Sir Charles Scudamore, three times a day. This treatment to be continued, the diet confined to milk and vegetables. When next seen she expressed herself much sickened by cough mixture, but cough softened, blood not buffy, tongue clean, bowels open, blister rose well, tightness in breathing less, perspired much during the night, but had less of the flushing of the face and burning sensation of the palms of the hands; bore the bleeding well, stethoscope indicated nothing new, *râle sonore* not quite so audible, felt more comfortable, pulse softer than when first seen, 120, and something fuller, appetite and strength the same, likes the milk diet, &c.

When next seen—expressed herself better, cough and flushings not so trou-

blesome, blister still sore, lies down better. Continue treatment.

When next seen—expressed herself tired of milk diet, changed it for the Irish moss, pulse 124, tightness of chest continuing, and *rale sonore*; repeated Venesection to ʒxij . Continue: alter: medicament:

When next seen—expressed herself much better from bleeding, blood much *cupped* and *buffed*, cough easier, no expectoration, bowels regular, appetite and strength not less, perspiration severe at night, but flushes less by day. To relieve the night perspirations, I ordered ten drops of the dilute sulphuric acid to be taken three times a day in a glass of water, the other medicines to be continued.

Not having been able, from circum-

stances, to see her for some days, I visited her with much anxiety. I found her sitting up on the bed, much improved in appearance and spirits. She expressed herself infinitely better, her cough easier, and her flushings less; she, however, complained of the tightness of the chest a good deal, and the pulse continued above 100 beats in the minute, but calmer and fuller than when last felt. The stethoscope indicated no disease, either by the voice or breathing; and the nocturnal perspirations were nearly gone, under the use of the acid, which however she was obliged to discontinue, as affecting her bowels; her appetite was improving. She expressed a wish for boiled potatoes with her milk, which was granted. I repeated the blister over the sternum,

the cough mixture and the sarsaparilla to be continued; and the inhalation of iodine and conium, as recommended by Sir Charles Scudamore, in his work on Inhalation, to be commenced; and, if found to agree, to be used for one quarter of an hour three times a day. Two days after she expressed herself as going on to the satisfaction of herself and her friends, every bad symptom declining, and her strength and spirits returning. She expressed herself as particularly relieved by the *inhalation*, which she said enabled her to dislodge her sputa, and passed down warm and soothing below the pain and constriction of the chest, producing a feeling of ease and softness in the breathing, so great as to make her look out anx-

iously for the time to resume it. Continue: medicament:

When seen two days after, she expressed herself as going on well; likes the inhalation, finds it nearly remove the constriction of the chest, breathing free, appetite much improved, cough and flushing nearly gone, strength and spirits improving; thinks now she will recover, as do her friends. Continue treatment.

Two days after going on well, and two days from that time found all active disease evidently subdued, and all further medical treatment unnecessary. Since then she has continued to improve, and has removed to the country.

Such is an instance, and by no means

a solitary one, of the advantage of active treatment.

This case is interesting in itself from two reasons:—

1st. From the difference of the diagnosis and prognosis subsequently formed under the guidance of the stethoscope, from that previously laid down.

2dly. From the change of treatment and unexpected result; unexpected by the patient and her friends.

There can be, I imagine, no doubt on the mind of the reader of this case, but that it must have become a fatal one under the plan of treatment originally pursued. The disease, if not arrested, must have quickly run into a state of irreparable pulmonary destruction. There were, in fact, but two in-

dications wanting to convince me that that had not already occurred ; namely, the absence of *gargouillement* and *purulent sputa*. That miliary tubercles existed, I never doubted ; but, as in this instance, they did not form the exclusive source of constitutional irritation, but were rather a consequence of it, the primary cause being removed, they were quickly rendered quiescent, if not absorbed, under the influence of the iodine inhalation. This was, however, what I must consider a very aggravated and critical case, and shows what art can do even in cases apparently hopeless. Perhaps the delay of another week would have rendered this one so. It is, at any rate, unwise to defer treatment so long, as tubercles once deposited are always liable to be further developed

by accidental causes, as we can never answer for their total absorption, although we may succeed in rendering them quiescent.

Having thus taken a brief view of Phthisis and its varieties, and afforded examples, I may be expected to define more clearly what I consider to be the diseases which resemble it, and which I consider curable. Having already shown what I consider to be *ab initio* incurable, and this I shall now endeavour to do in as few words as possible.

Phthisis, then so called from $\Phiθιω$, to consume, signifies that modification of disease in which a wasting of the flesh and strength constitutes the leading feature; this originating, of course, in an ulterior cause, which is tubercular softening, and their com-

munication with the bronchial ramifications, thus affording a purulent expectoration. Prior to this stage of the disease, however so unequivocally demonstrated, other symptoms already detailed in the early part of this essay, must have arisen, which stamp the character of the affection. Of all symptoms, to my mind however, in incipient pulmonary disease, from whatever cause originating, a disposition to expectorating, without a corresponding violence of cough, is at all times the most alarming, if attended with a wasting of the flesh and strength. When cough is hard and distressing, and void of expectoration ; when tightness and pain of chest are present, with a general aspect of distress, I look for the source of it in another cause than insidious tubercular

development, and generally find anti-phlogistic treatment remove the symptoms; and such are the cases in six out of every ten to be daily met with. Two out of every ten cases, according to the best calculations I have been able to make, which are generally met with, I would consider *ab initio* incurable; such is the form in the first case I have adduced. Two more, as in the second and third cases, are doubtful; and six as in the two last cases, curable, to almost a moral certainty, if seen in time and actively and correctly treated.

That tubercles can be developed in any constitution, from peculiar causes; and that in all cases of death from consumption, they constitute the leading feature, is sufficiently evident; but that they can, in six out of every ten cases,

be prevented from forming, or arrested in their progress when formed, I am, from experience, equally convinced. Those cases, then, which I would consider as resembling phthisis, yet still curable, are those which owe their origin to adventitious sources, such as neglected colds, restricted development of the thoracic parietes, and other constitutionally debilitating causes, which, though they differ not in the latter stages, are in the beginning essentially curable.

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