

**A short account of the climate of Madeira; with instructions to those who resort thither for the recovery of their health / Joseph Adams.**

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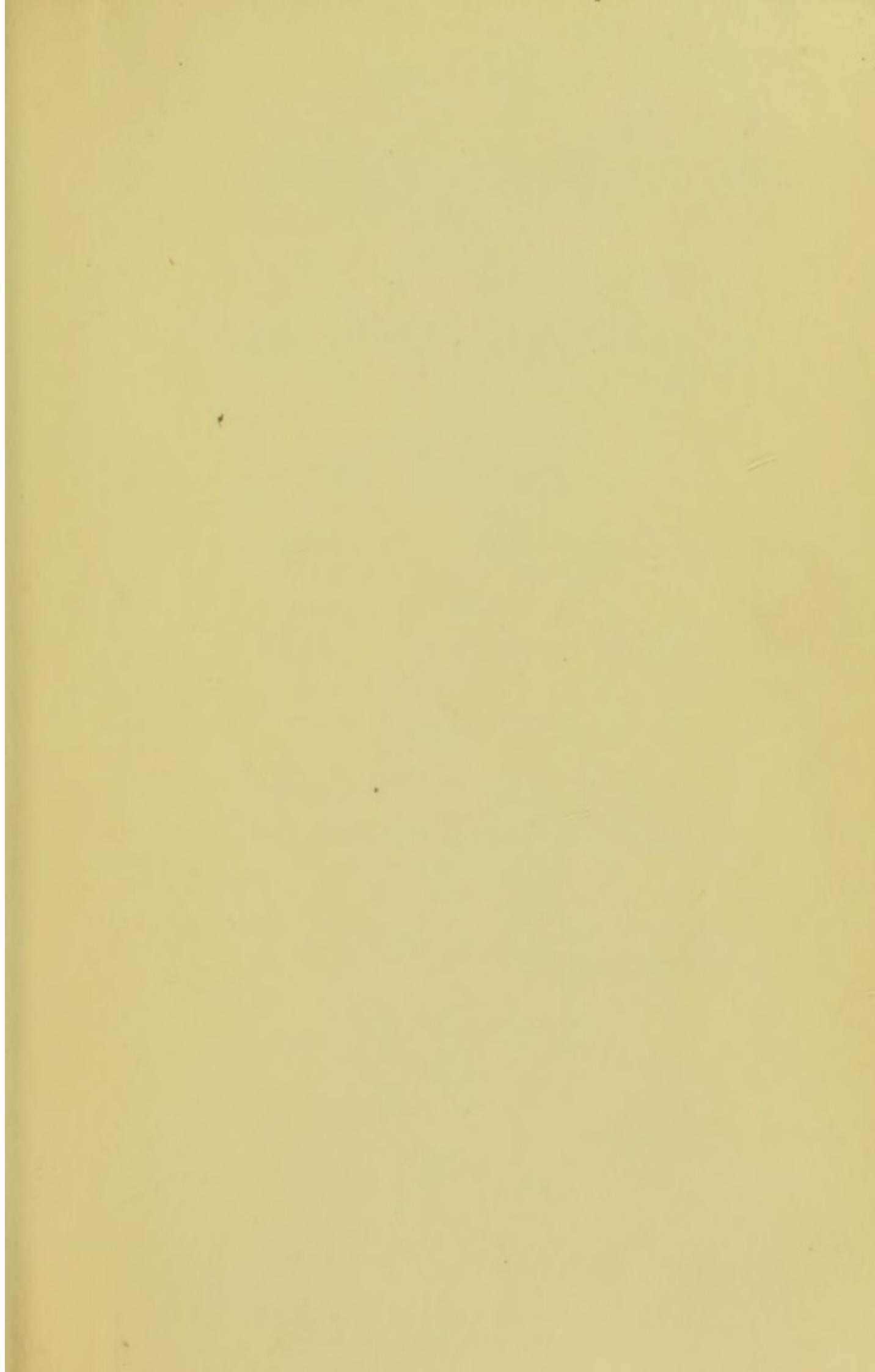
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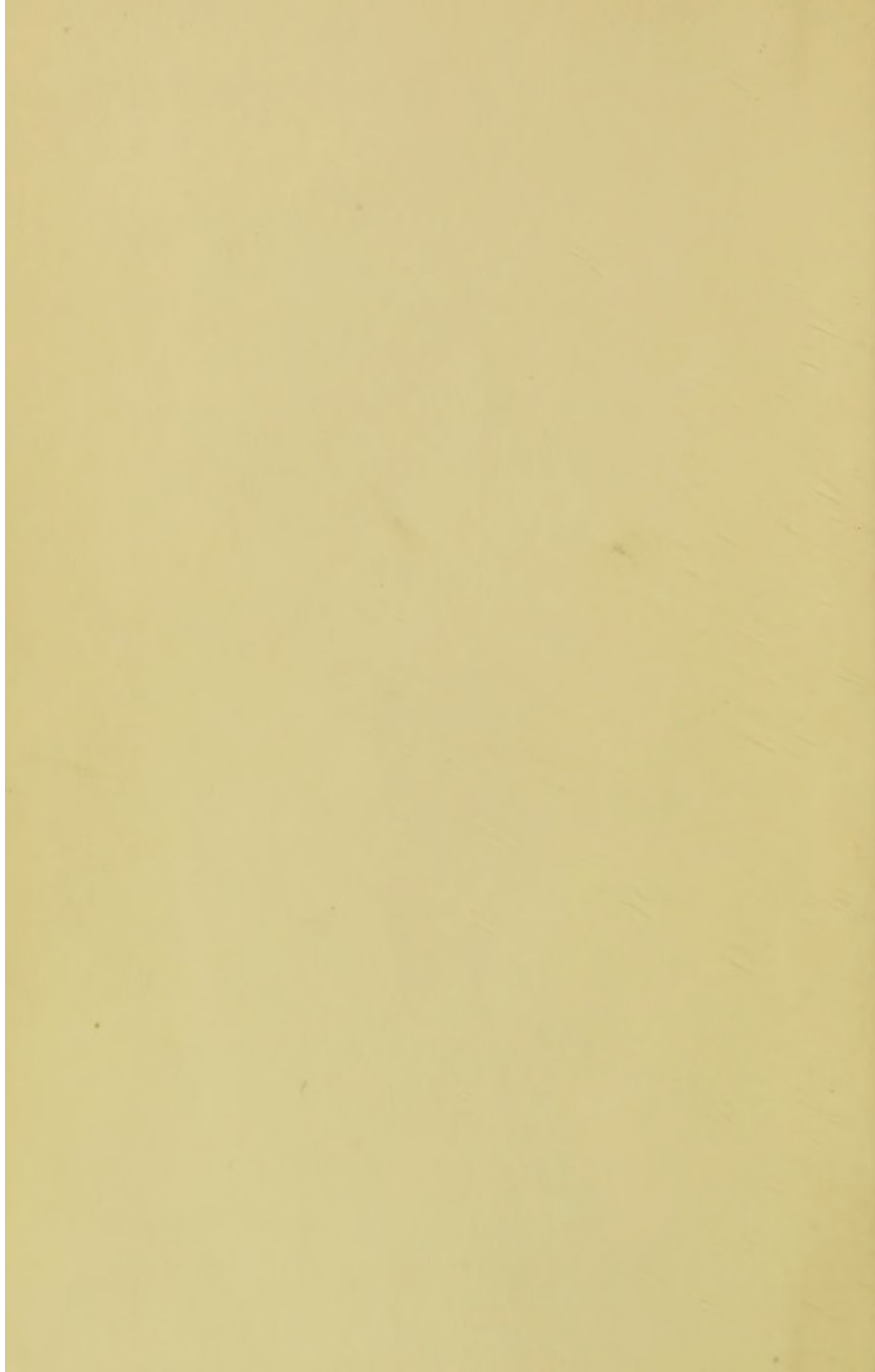
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A  
SHORT ACCOUNT  
OF THE  
CLIMATE OF MADEIRA;  
WITH  
*INSTRUCTIONS*  
TO THOSE WHO RESORT THITHER  
FOR THE  
RECOVERY OF THEIR HEALTH.

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BY JOSEPH ADAMS, M. D.

OF THE ROYAL COLLEGE OF PHYSICIANS IN LONDON,  
AND PHYSICIAN IN THE ISLAND OF  
MADEIRA.

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SHORT ACCOUNT

CLIMATE OF MADRASA

ASTROLOGY

WHO KNOWS THEM

HEALTH OF THEIR HEALTH



SHORT ACCOUNT  
OF THE  
CLIMATE OF MADEIRA.

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**T**HE superiority of the climate of Madeira above all others is a fact so generally admitted, that any description of its advantages might seem superfluous. Its situation is southward of any part of the European continent, or the Mediterranean sea. The town of Funchall is built in a valley open only on the south to the Atlantic ocean, and defended on the N. N. W. and N. E. by immense mountains, which to the north rise a mile in perpendicular height above the level of the ocean. From these mountains rise the rivers, which flow with such impetuosity to the sea as to prevent any stagnant water. The coolness of the atmosphere at the top of them much increases that condensation of the air by land which produces sea breezes, always increased in proportion to the heat of



the sun. Hence the temperature of the air varies less than in any other part of the world; the thermometer within doors, and not exposed to the sun, being frequently steady for twenty-four hours together, and seldom rising higher than 70 or 75 in summer, or sinking lower than 60 or 65 in the winter.

From these various advantages Madeira is free from the fevers of tropical climates, ague is a disease scarcely known, and dysenteries are less troublesome than even in England. It is besides defended from those northern blasts, which visit every part of Europe and the Mediterranean islands\* during the winter, and, though not frequent, are, when they happen, sufficient to destroy all the advantages which a residence of several months had produced.

Such a situation could not but be preferred by medical people for the winter residence of asthmatic, consumptive, or scrofulous constitutions. But this, like many other remedies,

\* See Cleghorn on the Diseases of Minorca.

has been overvalued or abused. Consumptive patients have been sent thither in such a state as to die on the day of their arrival or during their voyage, or even while waiting for convoy, and many in such a stage of the disease that nothing can relieve. Those who arrive at a period sufficiently early in the complaint are often uncertain as to their reception in the island, or, for want of other accommodations, are obliged to quarter themselves on such of the British merchants as they have letters of credit on.

Though the hospitality of the English is every where proverbial, yet it must at once occur that the situation of an invalid is often inconsistent with the convivial mode of life of that nation; and if, as would certainly be the case, the benevolence of the merchant should induce him to give up his accustomed habits, those who are the most deserving of such a sacrifice would be the least willing to accept it.

These considerations induced some of the London physicians\* to request that Dr.

\* Particularly Sir Walter Farquhar, Dr. Pitcairn, and Dr. Saunders.

ADAMS would make it his first endeavour to procure sufficient accommodations for invalids on their landing. For three years his attempts have been ineffectual; and during that period he has had the mortification to see those who were unacquainted with the nature of the place hurried from on ship-board into taverns ill-calculated to receive them, or forced to accept a gratuitous reception from the merchants.

To relieve those who have most occasion for such assistance DR. ADAMS has found no other means, than that of fitting up a large mansion, formerly the residence of one of the Portuguese nobility; and as it is desirable for every one who makes such a voyage to be perfectly at his ease relative to his situation on his arrival, the following are the terms on which those who come properly recommended are received: 10s. 6d.\* per diem furnishes every parlour visitor with lodging and board, including wine, tea, and whatever a genteel family expects. A female servant attending

\* Or two Spanish dollars and one pestreen, which, allowing for the average premium on bills of Exchange, are of nearly equal value.

two ladies, and satisfied with the fare of the other servants, is included without any additional expence. To relieve both parties of every possible embarrassment, it is to be remembered that every engagement is made by the day; and those who come with a family will be assisted in providing themselves with houses.

Young people are taken under the entire protection of DR. and MRS. ADAMS, and all engagements include every contingent expence. Those of either sex, who have made any progress in their education, will not be likely to suffer any material loss in their accomplishments: masters may be procured, and whatever advantage may be derived from the society of DR. and MRS. ADAMS, will not be unattended to.

*Instructions to those who wish to avail themselves of the Climate of Madeira.*

IT should first be remembered that there is a stage in Consumption which nothing can relieve.—This may seem a more proper notice to the Physician than the Patient; but it is well known that the Physician has often proposed the voyage several months before he could prevail on his patient to undertake it.—Vessels that sail to Madeira, whether from London, Liverpool, or any other port, are usually destined to some more distant part of the world, so that it is not easily known to the public what opportunities occur. Of this the gentlemen at Lloyd's have the best intelligence, and Mr. Hinckley has kindly offered to answer any enquiries, on this subject, there, or at his house, No. 28, King-street, Cheap-side. As it is impossible to fix the precise sum in all cases, from the variety of age, attendants, and other circumstances, any engagements made by him shall be final.

DR. ADAMS is so well known to most of the medical people in London, that he only  
mentions

mentions the following names to avoid the appearance of a general reference :

SIR GEORGE BAKER,  
 Drs. SAUNDERS,  
 LETTSOM,  
 LATHAM,  
 PITCAIRN,  
 BLANE,  
 BAILLIE, &c.  
 MESSRS. CLINE,  
 HOME,  
 ABERNETHY, &c. } SURGEONS.

Families are advised to bring furniture with them of every kind, as it is difficult to be procured on a sudden, and always sells well. Cane-bottomed chairs are the best calculated for the climate ; and large sofas covered with horse-hair satin are a very agreeable luxury. The fewer servants are brought over the better ; but an English cook is of all others the most useful, both for the voyage and during residence in the island. Houses are not difficult to be procured for those, who are not confined by business to a particular part of the town.

EXTRACT

*From the Medical and Physical Journal for  
April, 1801.*

*Observations on Pulmonary Consumption, and on the  
Utility of the Climate of Madeira for Phthical  
Patients, addressed to a Physician in London. By  
JOSEPH ADAMS, M. D.*

MY DEAR SIR,

**B**EFORE my departure from England I had collected notes on many subjects, which I conceived my leisure in this island would have enabled me to arrange. I need not tell you what I have completed since my arrival; if it seems little for five year's residence, recollect that, healthy as this spot is, it has furnished me with some papers. At all events, you of all others should be the last to accuse me of indolence, since no man in the world is less disposed than yourself to appear unprepared before the public. It is much to be wished that the author to whom you refer me, before he had made up his book on Consumption, had made closer enquiries into what he only seems to hint, namely, the varieties of the disease. Perhaps, when this is accurately accomplished, instead of wondering that

that Consumption is found in most parts of the world, we shall find even the climate of Great Britain a remedy for some species of that disease. Not, I will admit, where ulceration has taken place, because a more equal temperature must be necessary, that the constitution may be as little as possible interrupted in repairing the mischief. We have now too many proofs of the resources of Nature, to doubt her powers, in healing ulcerated lungs. This, however, can only be under certain circumstances; for if so important an organ has suffered to such a degree as to prevent the necessary functions of life, the means of restoration are cut off, and the case must end fatally.

That what is called Phthisis Pulmonalis is known all over the world cannot be doubted; but the true English Consumption is, I believe, peculiar to cold, and chiefly to be dreaded in uncertain climates. It is worthwhile to mark the etymology of different countries. The Greeks gave the name *φθισις* from the idea of corruption. Hippocrates and his successors found in the lungs of some phthical subjects large collections of matter, which,



which, as soon as the sac had any communication with the air, became putrid. Hence they considered the disease a *corruption* of the lungs, and fancied that putrid matter from the liver and other parts, being transferred to that organ, might produce an incurable disease. We find Celsus, with his usual accuracy, making a distinction between *φθισις* and *tabes*, considering the former as only one species of the latter.

But that species of consumption from which originated the term phthisis, is usually the effect of pleurisy, and is very different from another with which it is confounded, and which gave rise to the idea that the expectoration of purulent matter was necessarily fatal. This last disease has its origin in the ramifications of the bronchia. It begins with cough and expectoration of mucus. If these continue for any time in a young subject, there is always an apprehension lest the disease should be confirmed; that is, lest by frequent returns of inflammation the secretion should become habitual. This danger is very much increased if the patient contracts the habit of straining himself into a cough, in  
order

order to discharge a small remaining quantity of mucus, which he conceives will continue to irritate as long as it remains in the trachea, but which is in fact only secreted by the parts to protect them from the patient's efforts; consequently in proportion to his diligence is the secretion increased. I have often been astonished how little attention physicians have paid in not admonishing their patients to suppress their cough as much as possible. In all diseased lungs this should be attended to, but more particularly in the last mentioned; for by this constant irritation on a secreting surface ulceration is at last produced, which, when we consider the ramifications of the bronchia, may soon be so extensive as to prove fatal. The only writer I find in my notes, who describes this species of consumption, is Chalmers, in his "Diseases of Carolina;" it however exists, I believe, in most parts of the world, but principally where the seasons are uncertain, and the inhabitants most subject to coughs.

A third cause of consumption is not only found in every part of the world, but is much more common than is suspected. This is the only one that begins with that short dry  
cough

cough, which many writers have considered as the first symptom of consumptions in general. This disease is a chronic inflammation, or frequent habitual, though slight, inflammations of the lungs, which by repeated effusion of coagulable lymph produce adhesions of the cellular part of the lungs, and thus obliterate their cavity, or prevent their expansion. The appearance in the dead subject is extremely well described by Dr. Baillie.\* Mr. Abernethy, by his frequent examination of the bodies of those who died phthisical, detected it so often as to induce him to consider it one of the most common causes of consumptions.† This is, I believe, the only species of the disease known in this island, if we except those from hæmorrhage and pleurisy, both which are very uncommon.

Though all these are very distinct in their origin and progress, yet in the most advanced stages they have many symptoms in common; indeed, excepting the purulent expectoration, which never occurs in the consoli-

\* Morbid Anatomy, Chapter of the Lungs.

† Surgical and Physiological Essays, Part I. p. 155.

dated state of the lungs from the adhesive inflammation, the closing symptoms of each are nearly similar.

But you are growing impatient to hear of Madeira. True it is, my dear Sir, we are apt to be *semper ad eventum festinantes et in medias res*; and if I were writing only to you, the latter ought to be passed over *haud secus ac notas*; but you insist on my writing to the world; if so, I must discriminate what I mean by a disease before I propose a remedy.

Mr. Abernethy, in the passage before alluded to, gives many judicious directions, by which the consumption from consolidated or infarcted lungs, if you will admit so antiquated an expression, may be discovered at an early period. Whenever we find the short dry cough with emaciation, it should always be suspected; and his test seems sufficient to distinguish the disease from all others, excepting the early stage of numerous small tubercles. To distinguish these two complaints we should, in the latter, look for other signs of scrofula; but, in the former, there is a peculiarity in the cast and character of features which

which is very striking. Instead of that sensibility which enlivens the scrofulous countenance, and that sanguine disposition which sees, even in the most unfavourable symptoms, a prospect of amendment, we find a stiffness in all the motions of the features and of the whole body, which is always in a very erect posture. The patient frequently anticipates his doom with a languor and complacency, if possible, more affecting than the unfounded hopes of the other victim. When we are satisfied that this is the disease, we may, I think, without the change of climate, always insure success, at least as long as the appetite for food continues. Exercise, by which the blood is more determined to the limbs, and occasional evacuations to anticipate that plethora which may have become almost periodically habitual, will seldom fail of success in any climate. But your patience must be by this time exhausted; I shall, therefore, bring you to Madeira.

In all cases of tubercular or scrofulous consumption, if, as you express it, the patient does not saunter away his time after you have advised him to leave England, we can with certainty

certainty promise a cure.—Where the lungs are ulcerated from other causes, it remains for you to determine, whether there are powers remaining in the constitution to effect a cure if the patient is placed in the most favourable circumstances; for though we see many recover from a situation which invariably proves fatal during the winter in England, yet we have also instances in which an emaciated carcase has been surrendered to the waves during the voyage, or arrived only early enough to be decently interred. In an earlier period of the disease there can be no situation in the world so well calculated for the restoration of diseased lungs, as the island of Madeira.

The valley of Funchall is defended by immense hills from every wind but the south, where it is open to the sea breeze; this preserves a temperature so even, as is unknown in any other part of the world. Our winters may be compared to your summers in every thing but the length of days, and those sudden changes from heat to cold to which you are subject. The thermometer with us is often steady within doors, or varies scarcely a

B

degree

degree for weeks together. During winter, its whole range is from 58 to 65, and in summer, from 70 to 75, rarely amounting to 80, the heat being always tempered by a breeze in proportion to the force of the sun. The dryness of our atmosphere is not less remarkable; this is, I believe, of less consequence in consumptive cases than in those which are called humoral asthma, a disease unknown in this country. But for want of good hygrometers we have hitherto only been able to judge by the absence of fogs, by the rapidity of our rivers, which have refused a nidus to all fresh water fish excepting such eels as can secure themselves under large stones, and by our security from mosquitoes and most other gnats; frogs, toads, and leeches are equally unknown. Since my arrival, I have not seen or heard of a case of intermittent fever, and the few dysenteries produced by the autumn are milder and more easily relieved than those in England. However, to decide the question beyond a doubt, I procured two of Mr. Lane's hygrometers: One of these was suspended in an open Veranda exposed to the breeze, and the other at the residence of the Hon. Augustus Phipps, less than a mile out  
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of town, and in a situation generally reputed damp for this country. By Mr. Phipps's register, which you will receive with this, it appears that the finger rarely pointed higher than two, and was most commonly lower.

This discussion appears to me of no farther consequence, than as far as truth is concerned, till it is found that a dry air is necessary for those who feel a temporary relief from inhaling hydrogen gas, the steam of water, and other analogous substances. The fact is much more to the purpose, that in all cases of scrofulous consumption not too far advanced the climate of Madeira proves a certain remedy. The only obvious causes I can offer for this *constant* success are, first, the equal temperature of our climate, next, that the lungs are not irritated by any particles arising from an open fire, or by the contraction of the skin from a partial access of air, which artificial heat will always produce. Our roads too being most of them paved, and no wheel carriages used in the most inhabited part of the island, those clouds of dust never arise, which dry weather produces in other parts of the world, which in hot climates will sometimes produce catarrh, and which are always found  
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injurious to weak or diseased lungs. These are, I believe, the principal enquiries you wished to make: It is true, they are of little consequence compared to the important fact you have in view; it is, however, satisfactory to trace probable causes, and it may be well worth your while to try, whether spacious buildings, regularly heated, safely ventilated, and large enough to admit of necessary exercise, may not answer the purpose for such whose want of means, of courage, or of leisure, prevent their taking a voyage to a more genial climate. I remain,

MY DEAR SIR,

Yours faithfully,

JOSEPH ADAMS.

*Madeira, Jan. 21, 1801.*

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*By the same Author,*

OBSERVATIONS ON THE  
CANCEROUS BREAST,

Consisting chiefly of Original Correspondence between the Author and Dr. BAILLIE, Mr. CLINE, Dr. BABINGTON, Mr. ABERNETHY, and Dr. STOKES.

Published by Permission of the Writers, with an Introductory Letter to Mr. PITCAIRN.

*Also by the same Author,*

Preparing for the Press, a New Edition of

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In which most of the controversial parts and the Chapter on Cancers are omitted. The Subject of Morbid Poisons will be much enlarged.

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