

Some remarks on the prevalence of the atrophía lactantium, by Joshua Walker, M.D., physician to the General Infirmary at Leeds : vide Memoirs of the Medical Society of London, vol. II, 8vo, London.

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Some Remarks on the Prevalence of the Atrophia Lactantium. By Joshua Walker, M. D. Physician to the General Infirmary at Leeds. Vide *Memoirs of the Medical Society of London*, Vol. II. 8vo, London.

THE Atrophia Lactantium, Tabes Nutricum, or that emaciation which arises from the suckling of children, is a disease with which physicians are not unacquainted. But its more frequent occurrence, Dr Walker observes, in the town and neighbourhood of Leeds, renders it now a subject of more serious consideration than formerly, and especially to the inferior classes of females, to whom it is particularly incident. It must therefore appear to be a matter of importance to point out the cause of this growing malady, and to excite the attention of practitioners towards it.

It has, he remarks, been observed with regret in several parts of Britain, and, among o-

thers, at Leeds, that since the more plentiful introduction of tea into the families of the industrious poor, by the late reduction of its price, the disease which is here treated of has made an unusually rapid progress. The difficulty with which animal food is procured by the lower ranks of society, in sufficient quantity, has led many of them to substitute, in place of more wholesome provisions, a cheap infusion of this foreign vegetable; the grateful flavour, and perhaps, it may be added, the narcotic quality of which, is found to create an appetite for itself in preference to all other kinds of aliment: while, at the same time, the lowering effects of tea drinking, lead too many of them to seek for relief from spirits, at the expence of health, and the sure consequences of penury and want.

As this change in the article of diet has been very generally made, especially by the females, their constitutions have been rendered much less able to bear evacuations of any kind, and particularly that which takes place by nursing. And Dr Walker tells us, he can with truth affirm, that during these last two years, more than two hundred patients of this denomination

mination have fallen under his notice. From the inquiries which Dr Walker has been led to make, respecting the nature of their diet, their almost invariable reply has been, that they have chiefly depended upon tea for their support; while, at the same time, they were permitting an apparently healthy child to draw the whole of its nourishment from them.

Dr Walker thinks, that the symptoms of this disease clearly prove its foundation to be laid in debility, and an impoverished state of the whole system, arising from a deficiency of nutritious aliment, while the constitution particularly requires it, to repair the continual waste which is the consequence of suckling. He considers the lungs as being only symptomatically affected, in a secondary way.

The patient first complains, he observes, of languor and general weakness, loss of appetite, fatigue after exercise, even of the most gentle kind, and pains in the back and limbs. After these, symptoms of general atrophy come on; the face, in particular, grows thin, and is marked by a certain delicacy of complexion, and paleness about the nose, but with a small

degree of settled redness in the cheeks. Soon after this, if the patient still continue to give suck, she is seized with transitory stitches in the sides, under the sternum, or in some other part of the thorax. These are accompanied with a short dry cough, and slight dyspnœa. The pulse also becomes frequent, but seldom so hard as in the inflammatory state of genuine phthisis pulmonalis. Morning sweats next make their appearance; abscesses are often formed in the lungs; pus, mixed with mucus, is expectorated; the general weakness increases; the emaciated patient is unable to support an erect posture, and at last dies literally exhausted.

With respect to the method of treating this disease, Dr Walker observes, that his design is rather to point out the cause of its present unusual prevalence, that suitable cautions may in due time be given to the unsuspecting sufferers, than to offer to the public any new mode of practice. The plan of cure which he chiefly proposes, is the following: *1st*, The mother must wean her child immediately on the appearance of symptoms of debility. *2^{dly}*, The patient's diet must be changed from tea, and the less nutritive vegetables, to milk, and
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its various preparations. Broth, and a small quantity of solid animal food, with a due proportion of bread and esculent roots, are also to be enjoined. And, where the poverty of the patient does not prevent it, jellies, chocolate, sago, salep, and tapioca, are also to be advised. 3dly, The animal food which is allowed should always be taken for an early dinner, and by no means late in the afternoon or evening.

In addition to this plan of regimen, however, he recommends also the use of gentle tonics, and particularly the following mixture of Gum Myrrh and Sal Martis; which, with some alteration, is the same recommended by Dr Griffith in his essay on hectic fever.

℞ Gummi Myrrhæ pulv. drachmam unam.

Tinct. Cort. Peruv. drachmas sex.

Tere simul, et adde sensim.

Aq. Fontanæ uncias sex.

Salis Nitri scrupulos duos.

Salis Martis grana duodecim.

Syrupi Balsamici semunciam. f. Mist. cujus capiat ægra unciam, mane jejuna, hora undecima matutina et quarta pomeridiana.

In some cases, where there appears to be an exacerbation of the fever in the afternoon, Dr Walker has thought it more useful to confine the administration of this remedy to the forenoon, and to direct a few spoonfuls of saline julep to be taken frequently in the afternoon, and during the night, if necessary.

If, for the course of a week after this mixture has been regularly administered, the patient remain free from pain, or a sense of stricture in the thorax, or any other symptoms indicating an inflammatory affection of the lungs, we may, Dr Walker thinks, hope for a favourable termination of the disease. In this case, bleeding, he contends, should not be permitted even in the smallest quantity, as the patient's strength, as well as general habit, have been sufficiently reduced by the preceding circumstances of lactation and improper diet.

If, however, when the disorder has been neglected, and the patient has continued to give suck longer than her ability will permit, the symptoms indicate a more advanced state of the disease, and fixed pains, in some part of the thorax, come on, with oppressed breathing,
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and a frequent hard pulse, then, he thinks, a small bleeding, to the amount of two or three ounces, may be of use. And instead of myrrh, iron, bark, and vitriolic acid, it will be advisable to take off the inflammatory determination to the lungs, by strictly enjoining a milk and vegetable diet; by keeping the bowels gently open with the mildest laxatives; by moderating the symptomatic fever with cooling saline substances; and by palliating the cough with mucilaginous medicines.

The inflammatory spasm, or constriction at the thorax, should at the same time be relieved by the application of blisters to the pained part, and renewing them as they heal, rather than by keeping them open. When most of the inflammatory symptoms are thus removed, these patients then bear the use of myrrh, watery infusions of bark, and elixir of vitriol, with considerable advantage; which are found, by experience, to be much more generally beneficial in these symptomatic cases, than in genuine phthisis arising from the inflammation and suppuration of tubercles in the lungs themselves.

If the disease be still farther advanced, and accompanied with morning sweats, purulent spitting, prostration of strength, and the utmost degree of debility, both reason and experience, he tells us, point out the expediency of supporting the patient's strength, by restorative diet, allowing a small proportion of animal food at least once a day.

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