

**Essay on the causes, early signs, and prevention of pulmonary consumption for the use of parents and preceptors / [Thomas Beddoes].**

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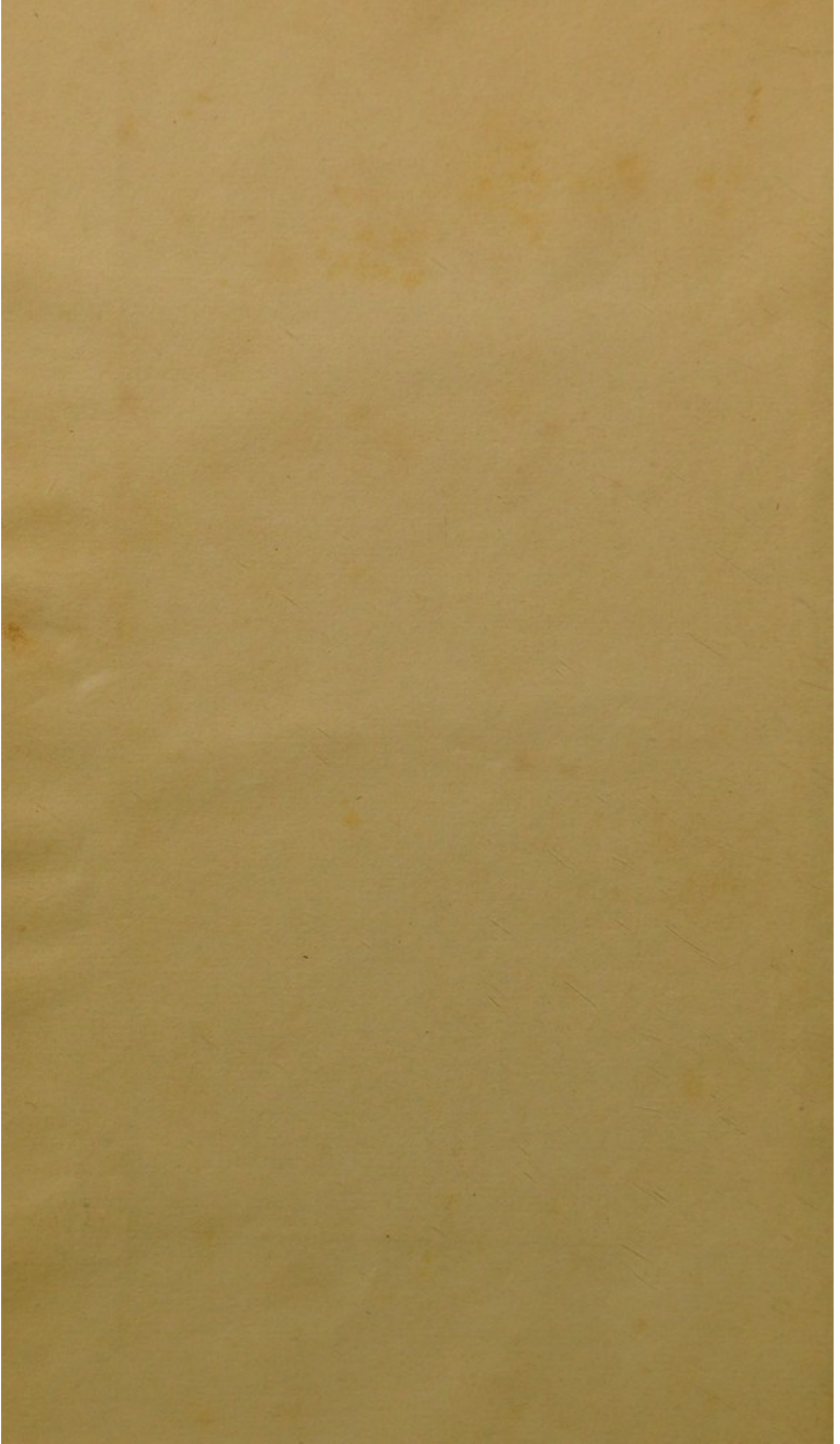
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ESSAY  
ON THE  
CAUSES, EARLY SIGNS,  
AND  
PREVENTION  
OF  
PULMONARY CONSUMPTION

FOR THE USE OF  
*PARENTS and PRECEPTORS.*

BY  
THOMAS BEDDOES, M. D.



————— Pueri innuptaeque puellae  
Impositique rogo juvenes ante ora parentum.

LONDON :

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## CONTENTS.

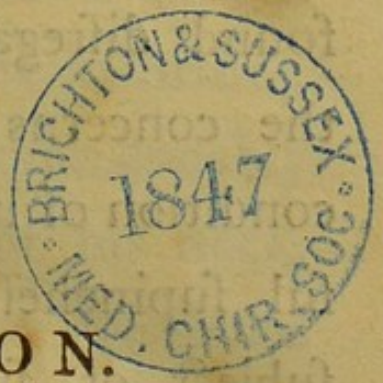
		Page			Page
View of the subject - - -	1		Persons most liable - - -	63	
Devastation committed by consumption immense, but unascertained - - - -	2—6		From mechanical injury	63	
Severity of the disease - - -	7		Inactive artificans - - -	65	
Difficulty of doing justice to patients' sufferings - - -	7—6		Animals consumptive - - -	66	
Distress of friends - - -	10		Of the Dutch - - - -	74	
Plan - - - - -	11		Scotland - - - - -	84	
Knowledge of diseases ought to be introduced into the bosom of families - - - -	12		General inference - - -	104	
Climate inaccurate knowledge of - - - - -	18		Particular considerations	109	
West-Indies - - - - -	19		Diet - - - - -	109	
Portugal, Italy, Madeira -	22		Exercise - - - - -	119	
Spain - - - - -	29		Dress and habitation -	131	
Whether the benefit from a sea-voyage is not ascribed to climate - - - - -	30		Act of varying temperature	134	
Classes exempt - - - - -	32		Connection between scrophula and consumption, and catarrh and consumption - - - - -	145	
Butchers and cat-gut makers	33		Phthifical age - - - - -	161	
Butchers of Bristol, Bath, Birmingham, Cork - - -	35—44		——— growth - - -	165	
Fishwives - - - - -	45		Whether consumption be more frequent in modern times - - - - -	166	
Testimony of Dr. Roget, Mr. Williamfon, Mr. Kerr and Mr. Kilgour - - - -	49—56		Corporeal degradation of the human species from change of habits - - - - -	173	
Sailors and Watermen -	57		Phthifical exterior - - -	183	
Menial Servants? - - -	60		Bleeding at the nose - - -	191	
Certain small Farmers? -	61		Difficulty to find proper employment for adults, especially females - - - -	196	
			Of the blood-warm bath	202	



CONTENTS.

Page		Page	
False reasoning on this subject - - - - -	207	Exercise in and near consumption - - - - -	276
Free use of it abroad - - - - -	209	Caution - - - - -	277
Its effects on the pulse - - - - -	213	Reflections with regard to antiphthical remedies - - - - -	278
And on respiration - - - - -	224	Feelings with regard to consumption - - - - -	279
Pelagra - - - - -	227	Should a cure be despaired of? - - - - -	283
Dr. Darwin's opinion - - - - -	228	What is to be thought of those doctors who decry new methods as hazardous experiments - - - - -	287
Mr. Wedgwood's experience - - - - -	231	Remedy that promises to be sometimes effectual in operating the absorption of tubercles - - - - -	291
The author's observations - - - - -	238	Has reputation in confirmed consumption and falls into disuse - - - - -	292
Hot-bath - - - - -	244	Revived by Dr. Darwin - - - - -	293
Bed-warmth - - - - -	245	Neglected - - - - -	294
Cold bath—cold air - - - - -	248	Dr. Drake's and Dr. R. Fowler's experience - - - - -	294
Case of John Wesley - - - - -	251	Author's - - - - -	303
Howard - - - - -	256	That of Dr. Kinglake who had seen many patients with the author - - - - -	306
Cold Churches - - - - -	256	Auxiliaries already at hand - - - - -	309
Chills in dressing - - - - -	257	Others ought to be sought - - - - -	310
Dauphin father of Louis XVI. - - - - -	ibid.	Summary - - - - -	310
Cold bathing, when consumption is near - - - - -	259	Specimen of domestic rules for preventing consumption - - - - -	313
Case of Miss Baines, of the Rev. J. A. Bromfield - - - - -	ibid. 262	Mr. Creaser's experiment with the tepid bath - - - - -	316
Cool bath - - - - -	265	Conclusion - - - - -	339
Necessary distinction - - - - -	267		
Approach of consumption - - - - -	268		
Lassitude - - - - -	270		
Mistakes from confounding chlorosis and consumption - - - - -	271		
Whether the freer use of stimulants contributes to the greater frequency of consumption - - - - -	272		
Quack medicines acquire reputation with the ignorant and incorrigibly obstinate, because catarrhal are confounded with consumptive coughs - - - - -	274		

ESSAY  
ON  
CONSUMPTION.



VIEW OF THE SUBJECT.

THE prevention of pulmonary consumption, and its cure, may be numbered among the things most wanting to our system of life. *Phthisis pulmonalis*, or the disorder characterised by cough, by expectoration of purulent matter, hectic fever and progressive emaciation, is known to be almost invariably fatal. Of the few who after being once seized have escaped, no account can be taken, not one in many hundreds finally surviving.

Its frequency, in town and country alike, forces itself no less upon general

notice. But, in consequence of the profound disregard of those who conduct the concerns of society to the personal condition of its members, and of the baneful supineness of the public mind on a subject of such immediate interest, the number of victims cannot be approximately stated. In the British Islands it is incontestably great. To consumption nearly one fourth part of the deaths they bear, is referred by the bills of mortality. This, (notwithstanding their known inaccuracy) sufficiently indicates the prevalence of the complaint. And we must lament its ravages the more, when we consider that those whom it destroys, are commonly in the prime of life, and not often past its meridian.

The Rev. William Gorfuch, by keeping a register for ten years at Shrewsbury, discovered that the number of deaths from consumption was, in his parish, somewhat more than one in four. By favour of a

friend, I possess the abstract of a similar register for one of the parishes in Bristol, where the pastor has been commendably attentive to the enumeration of his flock. By enquiry from house to house, he found the population to be about 10,000. The following table shews the mortality, registered under the heads *decline* and *consumption*. But it is to be observed, that the same sources of inaccuracy exist here, as in the London accounts. The persons (mostly of the lower class) who report the deaths, refer every complaint of slow progress and attended with emaciation, to *consumption* or *decline*. Consequently, the number under this head is greater than of those whom real phthisis pulmonalis cuts off. Many also are interred at different burying-places, and of course not registered. But there is no reason why the latter circumstance should affect the proportions.

<i>Years.</i>	<i>total deaths.</i>	<i>by consumption or decline.</i>
1790	158	56
1791	202	104
1792	215	90
1793	235	107
1794	213	108
1795	215	127
1796	216	91
	<hr/> 1454 <hr/>	<hr/> 683 <hr/>

What may be collected from private practice, does not, I believe, in any respect, tend to invalidate the conclusion, deducible from these statements. The disease is seen sometimes to perform an operation nearly the reverse of decimation, leaving alive one or two members only out of a large family. I was, not long since, consulted for a phthical girl, who had lost six (that is to say, all) her brothers and sisters in the same way. There lies before me a letter, describing the phthical symptoms of a young person (the last of his name) and containing a list of father, mother, two sisters, and a first cousin, who in consequence of similar attacks, had followed

one another to the grave in the space of about five years. These are far from being all the instances I have myself known; and scarce a physician of moderate experience, but must be able to confirm this statement from his own observation.

Could a general assembly of British parents be convened for the mutual communication of family disasters, originating in this source, how many thousands might with very little variation, adopt the language of Nestor, when he speaks of the havoc occasioned among the Greeks, by the war at Troy!

———— καλεκταθεν ὄσσοι ἄριστοι  
 Ἐνθα μὲν Ἄϊας κείλαι ἄρηιος, ἔνθα δ' Ἀχιλλεύς,  
 Ἐνθα δὲ Πατρόκλος, θεοφιν μῆσῳρ ἄταλανός  
 Ἐνθα δ' ἔμος φίλος υἱός —————

Shall I the dire distressful scenes review;  
 And open all a parent's grief anew?  
 Trace the long roll of death, and sorrowing, tell  
 How, mark'd by fate, the best and loveliest fell?

- - - - -  
 - - - - -

There Ajax huge, Achilles there the brave,  
 And young Patroclus found an early grave;  
 There too my child ———

It would perhaps be possible to approximate towards an estimate of the number of British families in opulent circumstances, infested by this disease. The members of the two houses of parliament, who have lost either father, mother, brother, sister or child, by consumption, could, I suppose, be ascertained without much difficulty. And is it not probable that the proportion would pretty nearly apply to the gentry at large, the respective habits and constitutions of the parties not being materially affected by the difference in wealth?

The fatality and frequency of consumption are better understood than its severity. Writers of fictitious biography (whether from ignorance or to give their narrative a seasoning of the pathetic) exhibit the slow decline of the consumptive, as a state on which the fancy may agreeably repose. The personal charms of young females have occasioned them, in all countries, to be compared to flowers. Hence

a young woman, whose lungs are fatally affected, is a blossom nipped by untimely frost. The imagination proceeds with the metaphor; and in virtue of such poetical logic, it seems to be concluded that the drooping human being *feels* no more than the drooping vegetable *expresses*. Those who only see the sufferers in passing, are misled by the representation. And I have heard many persons thus prepossessed, on closely attending a sick friend, declare their surprise not less than their horror, at the scenes of varied and protracted misery which they have been condemned to witness.

To lead the imagination through some of these scenes, might have its use in creating a salutary alarm. But I feel myself totally unequal to the task. I do not speak of the difficulty of noting down the obvious sensible tokens by which the calm practitioner of medicine may recognize the complaint in its various stages—



this is easy enough, and authors do it every day, as monks count their bead-roll—but of the difficulty of bringing out all the patient's feelings into distinct relief, and delineating a picture which a parent, fresh from the loss of a child, shall acknowledge.

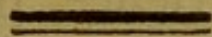
The short teasing cough at first, provoked by incessant tickling in the throat, as if the minute fragment of some extraneous body had immoveably fixed itself there; the subsequent hard rending cough, attended sometimes by retching, sometimes by stitches which necessitate the most violent struggle against the continued sollicitation to cough, and severely punish a moment of inattention; the expectoration sometimes nauseous to the smell, always offensive to the eye, and harrassing when it is not free; the languor with which the patient finds himself overpowered, when his attention is not occupied by some among his various fixed or flying pains;

the extremes of cold and heat through which he is carried by the daily returns of hectic; the sweats in which not only repose by night, but often the indulgence of the shortest slumber by day, drenches him; the breathlessness on motion or without motion, arising by degrees to a sense of drowning, and terminating in actual drowning, when there is no longer strength enough to bring up the fluids, secreted in the chest; the disorder in the bowels, toward the last always threatening, and finally unrestrainable, while it cuts off those indulgences which the very thirst it creates or aggravates impatiently demands; —these are but a part of the torments under which the physician, during his transient visit, in an immense majority of instances, sees the consumptive labouring. And what are the few minutes of a physician's call, compared to the whole twenty-four hours, lengthened out as they often are to the tenants of the sick chamber, by

pain or incapability of amusement on one side, and by tender concern on the other ?

Into the catalogue of evils flowing from any cause, those that affect the by-standers are to be received, as well as those that affect the principal party. Thus in the early stages of consumption, how painful must it be to perceive female delicacy, vainly struggling against an increasing, inexorable disease, and to have the avowal of inability to support the character of a person in health, extorted partly by affectionate urgency, partly by distress ! After the full disclosure is made, how horrible, (according to circumstances and the character of the medical attendant) for the parent to listen to his frank explanation, to search for the hidden meaning of his looks, or to pierce through his clumsy dissimulation ! The despondence which (whatever is said to the contrary) the sick not unfrequently express, is miserable.

The sanguine hope which an hour of sunshine commonly excites, is more miserable still. What is worst perhaps, is the knowledge of the patient's insecurity, during these intervals of ease! The sudden storm of symptoms, that has so often broken in upon the most apparent settled calm, allowing the watchful friends no respite from their anxiety. And how shocking (under a consciousness that the event will give the heart a blow from which it can never recover) to be driven at last to call upon death to close the insupportable scene!



*PLAN of the ESSAY.*

Such is the aspect under which pulmonary consumption has often presented itself to me, both as an observer of diseases, and a sharer in the calamities, incident to humanity.---Nor would I run the risque

of reviving grief, or exciting apprehension, but for reasons that after mature deliberation appear conclusive. Of the practicability of preserving numbers who but for proper management must perish prematurely, I am thoroughly persuaded. Let those who need it be clad in defensive armour, and they may defy the rage of this destroying monster, that stifles at his leisure the sons and daughters of the land. I am equally persuaded of the impossibility of attaining the end in view, unless the means be promulgated in the interior of families. By the occasional counsel of physicians, experience proves how little has been effected; nor would their *occasional* counsel be of much greater avail than it has heretofore been, though physicians were as numerous as the advisers of physic, and each were endowed with the skill of the god Æsculapius.

The full undisguised truth seems necessary to incite people to adopt and continue

the means of preservation. The expounders of religious mysteries are perpetually accusing mankind of inattention to those concerns in which they are most deeply involved. This charge authors of prophylactic medicine have undoubtedly an equal right to urge.

But the most striking circumstance is not to be concealed. Though books had been silent, the daily experience of life would sufficiently reveal the dreaded event. The great self-deception practised by the consumptive, is in refusing to take the case to themselves. Amidst all their sufferings, *they are not in a consumption! their chest may be tender, but their lungs are still untouched.* Under the disease fully formed, I have seen no inconsiderable number of medical men deluding themselves with this hope, which the similarity of comparatively slight indispositions in the particulars of cough, expektoration and feverishness, supported; and which I certainly did not feel it incumbent upon me to extinguish.

Whether the portion of misery I ascribe to consumption, correspond to the ideas of others or not, it is unquestionably large enough to render the prevention of the complaint most highly desirable. The plan, which a writer upon this important branch of popular medicine ought to follow, is obvious. It must be his business to omit nothing calculated to rouse or enlighten vigilance, and to render clearly comprehensible the measures which ought to be pursued on discovery of danger. All disquisitions, therefore, of mere curiosity—all considerations of which the medical practitioner only could avail himself—he should decline; and whatever does not appear to contribute to one or other of the two ends just mentioned, should be rejected from his page as an embarrassing encumbrance. On the other hand, in discussions that bear upon conduct, he cannot easily be too full. In works of this class, the removal of prejudice is often the most difficult part of

an author's task. And a prejudice, which has resisted the most cogent and well-ordered proof, is often found to give way to an analogy, to an example or an authority. In these then it will be expedient to be copious, that among the number there may be some adapted to the different scruples, lurking in different minds.

In search of facts, applicable in the sequel to my subject, I shall first engage in a brief enquiry concerning those countries and classes, that enjoy more or less of exemption from consumption. Could a doctrine of exemption be established, it would furnish a moral directly useful. For we should only then have to adopt as nearly as possible into our own conduct, the circumstances on which exemption depends. On the other hand, if it shall appear that there are whole descriptions of persons peculiarly liable to the complaint, we may stand a chance of collecting from their history a lesson equally valuable, concerning the habits to be avoided.



It would have been doubtless more simple to lay down a system of rules. But in a person who is conscious that he has not a thorough knowledge of cause and effect, this would argue too great presumption. Nor would his authority be effectual to the observance of his precepts, unless he was allowed to possess, as well as possessed, that necessary qualification. It would not indeed, be easy to comprehend the variety of situations in a set of rules; but the principles once known, a rule for the occasion may be easily deduced. It seems therefore, in every view, safer, as well as more modest, to lay down premises at full length, before we draw conclusions.

The precept of Horace—

— Nonum prematur in annum

appears to me pernicious in the extension often given it. The seeds of science will at times fructify more abundantly in many minds than in one. They cannot therefore, in such cases, be too soon cast abroad.

On the present occasion, however, I thought it due to those who may be disposed to listen to my suggestions, to take a considerable time for the revision of my materials. In the same spirit of caution, I shall everywhere refrain from attempts to penetrate by conjecture into the hidden workings of the animal machine. Such conjectures may often have their use as incentives to experiment; but among palpable facts, collected to enforce and illustrate plain practical directions, they would be much out of place.

I should perhaps have still longer delayed the publication of these papers, had I not supposed the lately ascertained means of cure (in some circumstances at least of true consumption) likely to awaken curiosity to the whole subject. The situation of Europe had also its weight in urging me forward. Not only is *the night coming when no man can work*, but I was apprehensive likewise that *the tempest was gathering*

*which might sweep away the workman together with his work.*

---

### CLIMATE.

The relation of climate to consumption forms an important article of investigation. In touching upon it, I hope to throw out some observations which may be of use to those who are at a loss to determine upon the propriety of removing abroad. It is desirable on every other account to determine how far the inhabitants of certain countries are exempt from the visitation of this calamity. Such information may assist us in estimating the influence of our own climate and in guarding against any injurious qualities it may have. But as the preservation of mankind has never been judged worthy of those grand, systematic measures which are incessantly employed for

their destruction, we do not possess a proper stock of comparative knowledge: nor could it perhaps be acquired but by the public establishment of *missionaries of health* in different regions of the globe, or by unremitting efforts on the part of opulent bodies. In the scattered and discordant testimonies of casual observers it is difficult completely to acquiesce. Those, whose opinions we find in books or hear in conversation, have seldom made it their study to acquire an accurate idea of the proportional prevalence of disorders in various countries; and their decisions sometimes seem formed from the vague recollection of the moment. Men will often perforce appear not ignorant of things they have never considered.

On enquiring among medical practitioners from the West Indies, I have sometimes been informed that consumption is by no means an infrequent disease in those islands, whereas others (and particularly

persons not belonging to the profession) assert that it is almost wholly unknown, in confirmation of which assertion respectable writers may be quoted.

The striking (and as I conclude from internal evidence) exact picture of the Creole women, drawn by their historian, induced me to propose to him ~~to propose to him~~ the two following queries. 1. *Whether*, (as I had inferred from their other traits) *they have not in general large pupils?* and 2. *whether* (as is, I believe, the common opinion) *they are not very liable to consumption on residing in England?* The answer, which runs as follows, involves Mr. Edwards's opinion concerning the point under consideration:—"According to the best of my observation, I must answer both of your queries concerning the females of the West Indies in the affirmative—I think a large pupil is a very general feature among them; and I understand that they are very liable to con-

sumption on coming to England. In their native country, consumption is almost unknown."

Southampton,  
13th July, 1797.

B. EDWARDS."

Mr. Edwards's description of the female natives of the West Indies, I shall have occasion to quote below. In the mean time his letter, when it is considered how categorically the last sentence is expressed, will go far towards settling the present question. It is a question concerning which, I confess, extra-professional testimonies have peculiar weight with me. There is no man of the most moderate information who does not know that, in this country, the ravages of consumption form part of the history of innumerable families. So that if the disorder were not actually of rare occurrence in the West Indies, the fact could not possibly escape a person of Mr. Edwards's intelligence.

Among the West Indian negroes consumption, I understand, is apt to succeed pleurisy. The observation goes some way towards reconciling the discordance of testimony, and seems to vindicate the climate, though at the expence perhaps of the practitioner. This variety of consumption at least scarce occurs here, but from mismanagement or neglect of the primary disease. Hence we are less in pain concerning it.

From the praises which ancient and modern writers have bestowed upon Egypt for its salubrity, it may be presumed that consumption is little known there. The same observation will probably apply to Bengal, and to all latitudes where a regular high temperature prevails. When dryness is added to constant warmth, there will, I presume, be few exceptions.

*Of PORTUGAL, ITALY, MADEIRA.*


---

A physician who lately resided two successive winters in Portugal informs me that consumption is frequent among the natives; and that at Lisbon it is a common expedient to send patients to the other side of the Tagus. His observations convinced him of the small efficacy of the climate; and I trust that he will soon publish them for the benefit of his countrymen. The evidence of other physicians has generally, though not always, corroborated that of this observer. My own intercourse with invalids leads me to attribute much the greater part of the benefit, whatever may be received, to the sea voyage, of which the effect may not always have been sufficiently distinguished from that of the climate.



The following instance occurred to me in the course of the present winter. I relate it because it probably leads to a just estimate of many of the cases in which it is said in the circle of a person's acquaintance: *Mr. — was dangerously ill of a consumption, for which he went to Lisbon and recovered.*

Lieutenant B. complained of a violent cough, which was attended with expectoration of purulent matter, with hectic fever and great emaciation; symptoms which he ascribed to hard service in Ireland. He had been advised to take a sea voyage, to which I encouraged him. He embarked for Lisbon, and within a day's sail of his destination, was taken by a Spanish cruizer. He was almost immediately retaken and carried back to England. His symptoms had subsided during his voyage out. On his return, which happened during the severe frost of the winter of 1798 and 1799, he was strong enough to work with the sailors, which he often did

for the sake of the warmth created by the labour, as he had been plundered even to his great coat. Had this gentleman arrived in Portugal, and had the removal of his complaint been permanent, which frequently is not the case, however it may be suspended during a voyage, the event might easily have been placed to the credit of the climate.

From the medical literature of Italy, I am induced to think that we may rank pulmonary consumption among the more common disorders of that country. Italian physicians often make it the subject of their publications; and the numerous cases, which some of these authors have described, read precisely like reports concerning British invalids. The attack is at first, as with us, mistaken for a common catarrh, and attributed to cold, operating on a scrophulous constitution. It often falls upon relations in succession. The histories of consumption frequently set out

in terms like the following: "Carolo Borghetti, aged 18, being employed in the winter in falling timber, and having frequently heavy burdens to carry home, was suddenly seized with a violent cough, which he neglected as a common cold."—

"Sig. Antonio Mora, of Riva, aged 29, narrow chested, had been affected in his youth with scrophula. It was much his custom to travel, and often on foot, however bad the weather might be. In the beginning of 1787, after one of his usual journies, he was attacked with a violent cough, which he neglected as a common cold."—

"The daughter of Sig. Antonio Muzio, aged 18, of a full temperament, and of perfectly healthy parents, frequently exposed herself, after dancing, to sudden cold."---

*Canella Osservazioni in Eyerel's abridged translation. Vienna. 1795, cases 25, 33, and 35 of the 1st series). Cases 6 and 36 are of sisters: cases 29, 30, 31, 32, of brothers and sisters, the two first destroyed by*

consumption, the two others by scrophulous diseases.

What greatly strengthens the opinion, in support of which I make these references, is a remarkable controversy that has taken place within these few years. Dr. Salvadori published in 1787 a plan for the treatment of consumption, which he professed to have combined from the works of Hippocrates, Bennet, and Sydenham. (*Del morbo tifico, libri tre di Matteo Salvadori, Trient. 1787, 4to.*) Discarding medicine and all exactness of regimen, Salvadori directs his patient in the morning to climb, as quickly as he can, up some eminence, till he is out of breath and bathed in sweat, and then to place himself near a large fire to increase the perspiration. He is afterwards to change his linen, and gradually withdrawing from the fire to partake freely of salted meat and wine. No work upon consumption has probably ever excited a greater sensation in England than this of

Salvadori did in Italy. A host of adversaries took the field against the author. Some criticised his quotations, and endeavoured (I think successfully) to shew that he had perverted the sense of the authors. (*Disamina sulle autorità d'Ippocrate, de Sydenham, e di Bennet, dal S. Dott. Salvadori in suo favore recate, Mantoua 1791*). Others opposed him by clinical facts, as Professor Canella in the work before quoted, to whom Dr. Fontana and Dr. Ribbia associated themselves.

Little or no acquisition, I fear, accrued to medicine from the dispute. But it shews what interest was felt in the subject. The agitation, even in modern times, of the question concerning the contagious nature of phthisis, in which Bertrandi (*on ulcers*) Castellani (*Insufistenza del contagio tifico, 1777*) Narducci (*sopra il coutagio della Tifichessa, 1785*) and writers in the *Magasinò Toscano* take opposite sides, tends to confirm the idea of its frequency in Italy.

Considered therefore with regard to their influence on the natives, the climates of Portugal and Italy do not form so very striking a contrast with our own. Countries warmer than Great Britain in winter, and equably warm, may be in a degree beneficial. But we are little warranted by experience in expecting that temperature alone will heal ulcerated lungs, or prevent ulceration when it is very near at hand. In phthical persons sent abroad the number of permanent recoveries bears, I apprehend, but an exceedingly small proportion to the whole number. And when we abstract the advantage from sailing and from travelling by land, it would seem that very little can remain to the climate. From June to October, the English air is probably as salutary to natives as that of any country in the world. But we never observe during our summer any spontaneous cures of confirmed consumption. It is true that in July, August, and Septem-

ber, the foundation of the disorder appears to be laid much more rarely than in the other months. A country, where the weather is such in winter, as it generally is with us from the summer solstice to the autumnal equinox, would undoubtedly be a proper residence for persons disposed to consumption, and would afford those who had been recovered by a sea-voyage, or any other cause, some security against a relapse. But how few spots are there in Europe that in winter enjoy a constant kindly temperature with a dry air? These advantages, I understand from the best authority, are more perfectly enjoyed by the south of Spain than any other, not even Hieres excepted. But our own climate, with proper care, will not perhaps in general counteract the operation of an adequate remedy, whenever that shall be discovered.

The advantages of Madeira as a residence for the consumptive are far from established. In phthisis far advanced I have known

recovery the consequence of a voyage thither. But all the symptoms had disappeared before the patient's arrival. I have it from a medical friend, who resided some months in Madeira, and paid particular attention to the subject, that scrophula and consumption are by no means uncommon. Among the British settlers, I am credibly informed that two persons, who did not go out as invalids, have died of consumption within these twelvemonths. A resident lady of delicate health has lately fallen into the disorder. This proportion would be reckoned not inconsiderable even in Britain. So little of preservative power does the island possess ! Indeed the wetness of its atmosphere appears to counterbalance the admirable uniformity of its temperature. The incommodioufness of its roads, and other disadvantages, are sufficiently known. Dr. Gordon, under whose care, during his residence in Madeira, some consumptive patients were placed by



Sir John Pringle and others, appears from his letter, published in Dr. Read's treatise on consumption, to have discouraged the practice of sending such patients to the island.

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*CLASSES EXEMPT.*

As I cannot but feel apprehensive lest some of my readers should conclude from the titles of the sections, immediately succeeding, that they have no interest in the contents, I think it necessary to apprise them that I hope to be able to produce a series of facts which shall connect the state of health of the rudest with that of the most refined among our countrymen, and clearly unfold the causes of the striking difference that subsists.

This part therefore of the enquiry will put us in immediate possession of part of the knowledge we want. For if it can be ascertained that whole descriptions of per-

sons, agreeing with one another in certain particulars, enjoy a nearly total exemption, and if in these very particulars they differ from the descriptions that suffer most, we shall have determined with great probability some of the remote causes. The reasoning will be strongly corroborated if it shall be found that those who in relation to the same particulars, come nearest to the exempted classes, are proportionally exempt.

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*BUTCHERS.*

In a letter from Dr. Withering written in 1793, which he allowed me to publish, it is remarked that "the only classes of men he had yet observed exempt from the disease (consumption), are butchers and makers of catgut. They both pass much of their time amidst the stench of dead animal matters, the latter very

much so; the former live chiefly on animal food, and are much exposed to the inclemencies of the seasons, whilst the latter live as other manufacturers, and work under cover in close and rather warm buildings. These people are always sleek, often fat, and the rosy bloom of health adorns their cheeks." (*Letters from Dr. Withering, and others, to Dr. Beddoes, Johnson, 1793.*)

Concerning cat-gut makers no subsequent information has reached me; but I have since heard soap-boilers claim a similar privilege. In the case of the numerous tribe of butchers, the fact if true, could, I thought, without difficulty be ascertained. The following is the result of my attempts to ascertain it.—I requested a gentleman accustomed to the butchers of Bristol, to examine them generally concerning the healthfulness of their calling, and by no means to put his questions so as to prompt a negative regarding con-

sumption. The notes he took run literally thus :—

“ July, 1797, S——, has been in business nine years—never had but two persons in that time employed in the slaughter-house, both of them always in health ; live on beef-stakes, mutton-chops and other meat, as often and as much as they please ; drink large quantity of malt-liquor, seldom spirits.

G——, thirteen years in business,—  
 “ Lord bless you Sir, die of a cough ! why I never heard of such a thing ; every one knows that the “ smell of meat ” keeps off infection. Why my husband has often taken sheep into gentlemens’ bed-chambers, and if you will read, you will find when the plague was here, all the butchers escaped---never knew any of our men a moment ill.”

F——, a well-informed man ; had a man die about ten months ago of a consumption, coughed exceedingly ; got his

illness by straining himself in carrying quantities of beef, and then he took to spirits, and drank them most excessively: "he died certainly of a consumption:" worked little in the slaughter-house after this accident. Wages 5s. per week, and every thing found them; plenty of beef and mutton at all times of the day. "I am sure the breath of the beasts is good, no people are so free from disorders as we are."

B——, thirty years in business, does not recollect any man dying in his service. He has had three or four apprentices at a time: they live well; eat hot meat for breakfast, broth and onions: knew a boy die next door in the slaughter-house, but in consequence of ill usage. He never had any thing the matter with himself.

B——, fourteen years in trade. "I never heard of a man dying of a consumption who was a butcher. After a sheep is dead, it is very wholesome to swallow the steam, the smell of meat keeps us from disorders."

M——, twenty-five years in trade, had a son nineteen years of age die of a consumption; he did not attend to the business but to the farm; never had any one die who worked for him. Has now some men who have been many years with him, and never ill a moment; drink very hard. “Sad drunken beasts all of them.” Knew the man well, alluded to by F. he had a shocking cough, and was always drinking drams.

I find there are about five hundred persons here employed in the trade. I have examined a number of inferior butchers, whose answers I have not sent. They tally so exactly with those of the best informed.”——

From Dr. R. Pearson, I received the following answer to a general query concerning the personal condition of the butchers of Birmingham:

“Agreeably to your desire, I send you the result of my enquiries concerning the

diseases to which butchers are *most*, and to which they are *least* liable. Among the *first* may be reckoned obesity, hepatic obstructions, and sometimes hepatic inflammation; apoplexy: among the *second*, phthisis pulmonalis, and typhus.

Though pulmonary consumption occurs less frequently among this class of men than among those who follow other kinds of business, yet they are often attacked with catarrhs. I remember also an instance or two of pleurisy and peripneumony; and one of whom I sometimes purchase meat is likely to be an exception to what I have before remarked, there being in him some tendency to consumption.

Where I have noticed asthma in butchers, it has generally been the concomitant of obesity.

R. P.”

From Mr. Creaser, Surgeon of Bath, who, at my request, instituted an enquiry concerning the disorders to which the but-

chers of that city are subject, I received the following answer: "In consequence of a suggestion from you which I suppose to be connected with some former opinions on phthisis, I have been at some pains to enquire what were the particular conditions both of the health and diseases of butchers, as they are a class of men whose occupations are in many respects under different peculiarities.

I cannot find that they are liable to any very peculiar affections, either acute or chronic, but there are certainly some of the diseases of both kinds to which they are less than usually liable. Of the acute diseases, they have rheumatism, fever, and catarrh, from the cold and moisture to which they are continually exposed, and the consequent changes of temperature. The rheumatism and fever are generally mild, and the latter does not seem to be of the kind produced by putrid vapour, which they occasionally inspire when the animal



substances around them putrefy, but to which they become probably insensible by habit, as nurses in hospitals are to the common contagion of fever. It is an undoubted fact, that catarrh in butchers scarcely ever ends in phthisis : I have ascertained this by enquiring of some of the oldest amongst them, who were perfectly capable of recognizing the disease.

They are exposed to the common chronic diseases dependent on the use and abuse of fermented liquors, in which they generally indulge freely ; but they think themselves less proportionably injured by these excesses than other artificers ; whether this is hypothetical, I cannot decide, but it is their own general declaration.

The numbers of whom I have enquired are sufficient to decide on the average frequency of scrophula, and this is certainly comparatively rare, as I have examined several who possessed the temperament which appears to constitute the predispo-

sition, but in whom the disease did not exist; they asserted also the rarity of its occurrence. Query---has this any connection with the supposed scrophulous nature of phthisis?

As the men are generally employed in the slaughter-houses, and as they are not so frequently the subjects of cancer as women, no conclusion on this point can be drawn.

Butchers, in their general health, are vigorous, and they have almost invariably the appearance of being well nourished; their children are commonly fair, healthy, and ruddy.

The observations I have made on this class of men are certainly inconsiderable, but they may excite further investigation into the peculiar conditions of certain classes of men who are exposed to the operation of known causes. Some of those to which these people stand exposed may be readily perceived. Mr. Plenck of Vienna in his hygrology of the fluids of the body,

says, that the gas found in some of the cavities, and in the interstices of the cellular substance of the body, is carbonated hydrogen: this therefore, in the dissection of carcases, must be given off, as is also a considerable quantity of halitus of the different fluids of animal substances: these combined must considerably reduce the purity of the atmosphere; but I think we are not quite sufficiently acquainted with the effects of carbonated hydrogen to determine the consequences of its continued application to living animals.---If I may introduce a fact which is rather foreign to the present subject,—I found in one instance where a patient died of a disease for which it was constantly administered, that the muscles were perfectly flaccid after death, though I had no opportunity of opening the body to discover if the blood was coagulated. This I much wished, as it would have contributed to establish, or to create a doubt of, the truth of Mr.

Hunter's opinion, that rigidity of muscular fibres after death, and the coagulation of the blood, were connected actions. The observation of this fact may also in some degree elucidate the action of carbonated hydrogen.

To return to my immediate object; it is evident that butchers are not only surrounded by an atmosphere of peculiar combination, but that they are within the sphere of absorption, by the hands and also the arms, of animal matter. The power of the external absorbents in nourishing the body, and in the consequent animalization of the substances absorbed, is fully established. To the operation of these causes, different effects may be owing, perhaps more extensive than I have observed, but which I should be happy to have investigated, and particularly how far the continued inspiration of carbonated hydrogen may contribute to the formation of fat in the living body, of which it constitutes the principal component part."

I thought it of importance to obtain a state of facts from Cork: and a friend was so obliging as to apply to Dr. Gibbings and Mr. Ronayne. Both exactly agree in ascribing exemption to butchers. The letter of Mr. Ronayne, who seems to extend the security in some sort to the women, runs thus: "From my own observations, and from the opinion of the oldest of our dispensary physicians, I can assure you that the people concerned in the laborious part of the slaughtering business, are not subject to phthisis pulmonalis. I have been near nine years in a very extensive practice, principally among the lower orders of people, and I do not recollect to have seen many cases of consumption from diseased lungs among the working butchers, or *their women*. The complaint of which the greater number die, is the bloody flux, attended with, or followed by, a diseased liver, which we attribute to the quantity of newly distilled spirit they drink while

at labour, and to the very bad provisions with which they are fed."

Whatever probability may arise from the concurrence of so many testimonies, I could still wish the enquiry to be pursued in London. If it were there attended by a similar result, we should then, I think, have full assurance of the fact. Occasional vestiges of the same observation may be traced in foreign writers. The author of a dissertation on the propriety of placing phthifical patients in slaughter-houses, (*Utrum in carnariis commoratio phthificalis prodesse possit? Monspeliæ, 1788, auctore C. F. R. Nadaud de Villette,*) tells us he was led to the idea by observing the healthiness of the butchers, their wives, and families, at Montpellier.

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### FISHWIVES.

In the 16th volume of the *Statistical reports of Scotland*, pp. 15—20, the following facts are related: "The whole pro-

duce of the gardens (in the parish of Inveresk) together with salt, and sand for washing floors, and other articles, till of late that carts have been introduced, were carried in baskets or creels on the backs of women, to be sold in Edinburgh, where after they had made their market, it was usual for them to return loaded with goods - - - - - This employment of women - - - - - has occasioned a reversal of the state of the sexes in this parish, and has formed a character and manners in the female sex, which seems peculiar to them, at least in this country - - - - - The women who carry sand to Edinburgh have the hardest labour, and earn least. For they carry their burden, which is not less than 200lb weight, every morning to Edinburgh, return at noon, and pass the afternoon and evening in the quarry, digging the stones and beating them into sand.

The *Fishwives* as they are all of one class and educated to it from their infancy, are

of a character and manners still more singular than the former, and particularly distinguished by the laborious lives they lead. They are the wives and daughters of fishermen who generally marry in their own cast or tribe, as great part of their business, to which they have been bred, is to gather bait for their husbands and bait their lines. Four days in the week however they carry fish in creels to Edinburgh, and when the boats come in late to the harbour in the forenoon so as to leave them no more than time to reach Edinburgh before dinner, it is not unusual for them to perform their journey of five miles by relays, three of them being employed in carrying one basket and shifting it from one to another every hundred yards, by which means they have been known to arrive at the fish-market in less than three quarters of an hour. It is a well-attested fact that three of them not many years ago, went from Dunbar to Edinburgh



which is twenty-seven miles, with each of them a load of herrings on her back of 200lb., in five hours—they sometimes carry loads of 250lb.

There seems to be no employment that conduces more to health and good spirits than theirs. Some of them have been brought to bed and have gone to Edinburgh on foot with their baskets within the week. It is perfectly well ascertained that one, who was delivered on Wednesday morning, went to town with her creel on Saturday forenoon following.”

On the perusal of this passage, I concluded, for reasons which will hereafter fully appear, that the fishwives, on comparison with their neighbours, would be found distinctly less liable to consumption. My endeavours to procure exact information have been remarkably successful; and I shall here give, what I have collected, entire, being desirous to deliver sound materials to my successors in this important

labour, though I should fail in disposing them properly myself. Dr. Roget, who was at the trouble of a personal enquiry, transmitted to me the following account :  
“ My enquiries respecting the prevalence of pulmonary consumption among the fishwives of Musselburgh, have been, from various circumstances, delayed for a much longer time than I could have wished. From what I have at length been able to collect, I have reason to believe that this class of women is less subject to the disease than the generality of poor people in this part of the country. I have made enquiries among the fishwives themselves, and was in particular informed by one of them, who, I am told, is one of the oldest in the place, and who by her own account was married in the year 1746, that the occupation they follow is, on the whole, a healthy one. They consume a larger proportion of animal food than their neighbours, and they do not live much upon fish. Many

of them are intemperate in the use of spirits. A smaller portion of them arrive at old age, than of the other classes of people. The fishermen appear to be less liable to illness, and to attain a greater age than their women. The complaints, to which the latter are most subject, seem to arise from the excessive fatigue they are obliged to undergo: it does not, however, appear that they readily fall into consumption. Few of them die at the phthical period of life. Coughs, spittings, pains in the chest, &c. I was told were very frequent; but from what I could learn they were chiefly prevalent among those at an advanced age. The husbands fall frequently, under a stroke of palsy or apoplexy, victims to their own intemperance.—This account corresponded with that of several other fishwives with whom I conversed. They live much among themselves; they are a shrewd and intelligent set of people; and from the little intercourse they have

with their neighbours, unless in the way of trade, their manners are in many respects peculiar."

Mr. James Williamson, surgeon at Prestonpans, has communicated the result of his observations, in a letter dated July 27, 1798: "Respecting the general state of health of the fishwives about Prestonpans and Cockenzie, I can say from my own observation for these several years, that in general they enjoy as good a state of health as any other persons in the neighbourhood. The weight of their burthens varies according to circumstances: it is almost incredible the burdens they sometimes carry, and with great agility and quickness. Their diet consists principally of fish and butcher meat, with small beer, strong ale, porter, and very often whisky. As to their cloathing and mode of life, they do not differ materially from their neighbours.

There are no disorders to which they

are particularly subject, nor are they exempt from those diseases to which other people are liable. They are sometimes troubled like other people with catarrhal affections, but these I cannot immediately impute to their peculiar way of life; and I do not recollect a single instance of any of the fishwives, carrying fish to Edinburgh, having consumption.

With respect to their living a longer or a shorter time than their neighbours, I have made particular enquiry, and I do not find there is any difference."

In a letter from Mr. Kerr, secretary to the general post-office, Edinburgh, I find an article respecting the health of the fishermen. Mr. Kerr agrees with Dr. Roget and Mr. Williamson, as to the diet of the fishing families: "Upon the receipt of your letter of the 26th of June, I went to the fishing village of Newhaven, where I was informed that consumption is hardly known among the fishermen

there. One instance only was cited. As to diet, it consists chiefly of butcher's meat boiled, so that their families as well as themselves may have the benefit of the broth, which is mixed with various vegetables, of which they partake largely. As to fish, they use it so very sparingly that it can hardly be considered as part of their diet. They use malt and spiritous liquors, but not to excess, being considered as a sober and industrious people. I shall endeavour to get further information."

Mr. Kilgour, Surgeon, Musselburgh, in his very distinct answer (of July 11th, 1798) to my queries, not only confirms the accounts of my other correspondents, but, as I shall have occasion afterwards to shew, communicates particulars of great importance to the whole investigation: "I have (says Mr. Kilgour) just now before me your letter, enquiring if pulmonary consumption be a disease to which people, following the fishing trade, are more or less subject than others. After a practice of

thirteen years in this place, I can with confidence say, that it is a very rare complaint among them, and scrophula, supposed to be so much connected with it, is hardly with them ever known, although with others a very general disease here. From being subject to violent and laborious exercise, to frequent heats and sudden cools of the body, with much exposure to wetness and moisture in stormy weather, these people (the fishermen) are peculiarly liable to pneumonic inflammation, catarrh, rheumatism, and cholic; and although both pneumonic inflammation, and catarrh, are strong exciting causes of consumption in those predisposed to it, yet in almost no instance have I found this to happen with them. What I have now said concerning the occasional causes of their diseases, refers principally to the men of this class of people, when following their business at sea; but the women are subject to the same complaints, from other circumstances attending their trade. In

order to sell the fish their husbands have caught, they in cold, warm, wet, or dry weather, carry from this place to Edinburgh an immensely heavy load of them on their backs, with a celerity which is astonishing; and upon this occasion a general race takes place, in order first to gain the market for the highest price; and this violent exercise at all seasons of the year, necessarily produces all the diseases arising from cold. From these frequent colds, their old people are peculiarly liable to that increased afflux of fluids to the lungs, which so generally takes place in advanced age; and they, upon being peculiarly exposed and taking cold, frequently die of peripneumonia notha. This, I cannot help observing, most frequently happens to their women. In some very few instances, I have seen such old people, who had long laboured under this catarrhus senilis, have all the characteristic symptoms of phthisis pulmonalis, viz. exquisitely formed hectic fever, and purulent expectoration, some consider-



able time before their death : but such cases are very rare. I wish here to have had it in my power to have given you an account of the state of the lungs from dissection, but the liberty of inspecting the bodies being denied me, I cannot. Like all other people of a similar rank of life, who have great gains from their labour, they live well, but I do not believe they use in their food a great deal of fish, of which being excellent judges, they chuse principally the lightest and most delicate. While they do not eat a great number of fish, they live freely upon butcher's meat, and indulge after their meals in drinking copiously of porter, the more generous ales, and spirituous liquors ; indeed were they not to live well, it is impossible they could support the fatigue they undergo. From this manner of living it is easy to be seen the habit of body, and the strong predisposition it must induce to peripneumonia notha, so frequently fatal to them in advanced life."

*SAILORS, WATERMEN.*


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In 1792, I published some among a number of conjectures, which had occurred to me several years before, concerning the possible chemical origin of the sea-scurvy, and other complaints. I had been led to suppose, that sailors, notwithstanding their exposure, must be comparatively little liable to consumption. Subsequent enquiry obliged me to abandon the hypothesis upon which that inference was founded. But there is the authority of the present physician, to the channel fleet for believing that the fact really happens to be so. “ Dr. Beddoes (says this intelligent observer) appears to me perfectly correct in supposing that seamen are very little troubled with phthical complaints. Consumptions can scarcely be reckoned among their diseases, although five-sixths

of the seamen in a man of war are of an age within the phthifical period. Some cafes of confumption have lately come under my obfervation, but they were few, compared with the number of the fleet and the bad weather they had before experienced ;” (*Trotter’s medical essays*. 1795. p. 30). From the fmall proportion of phthifical feamen, thofe ought to be excepted, as not conftitutionally phthifical, whofe lungs become ulcerated from external violence. From the nature of a feafaring life, this portion muft, I fhould imagine, be confiderable. By Dr. Lind, who was long phyfician to a naval hofpital, we are informed, that of 360 confumptive patients whom he attended within two years, the complaint was brought upon one fourth by falls, bruises, and ft rains, received a year or two before (*Lind apud Ruff med. enquiries*. 11, 89). It is well known that failors are very fubject to catarrh, to rheumatifm, and other diforders, the produce of temperature.

On the authority of an interesting manuscript of the keel-men (or coal-boat-men) by Mr. G. Grieve, of Newcastle upon Tyne, I have placed watermen under the same head with failors. In this paper it is related that the common food of the keel-men, for more than a century past, has been boiled mutton, or roasted lamb in their seasons, the fattest which the market could afford, dressed once or twice a week, and eat cold on board;—that they use the finest wheaten bread;—that fish forms but a small part of their diet;---that the influence of the tides upon their employment renders their meals irregular; but that they eat the more on this account, each man's daily consumption amounting to about three pounds and a half of butcher's meat, with bread and strong beer in proportion;--that their labour is always considerable, and that part of it which consists in unloading the keels up into ships, excessive, and would be insupportable, but for the ale

or beer that is served to them, according to established rule, by the ship-masters;---that (contrary to what might be expected) there are many robust old men among them;---that no class is more healthy;---that the *labouring* term of a keelman is from forty to sixty years, and often more;---that, probably on account of their insular situation, they are less liable than others to epidemic complaints;---that rheumatism in spring and autumn is their chief complaint; and that this is less frequent since the use of flannel next the skin. From the whole tenor of the account, as well as its silence with regard to so prominent a disorder, I conclude that to this race of watermen, consumption must be little known.

“Stable-boys and grooms (Dr. Withering observes to me), who live much in an atmosphere loaded with volatile alkali, are I believe, but little liable to consumption; but this opinion ought not to be fully ad-

mitted without the support of more extensive observation.—Snuff-taking, says the same correspondent, is so little the mode of the present day, that my opportunities of observation have been insufficient. I have asked the question of some of our medical friends at Edinburgh, where snuff-taking is more general than with us, but have had no satisfactory reply---I have recollection of one snuff-taker who caught the disease from a close attendance upon his brother, which does not tell in favour of such people being exempted.”

I submit it to observers, whether men-servants, gardeners, the families of such small-farmers as cultivate their lands, and nearly consume its produce themselves (for by such families some remote districts are still tenanted) are not among the persons less liable to consumption. That small farmers' families enjoy this advantage in some degree, I have reason to suppose from my own observation in the vales about

Rhadyr in Radnorshire, where their labour seemed moderate, and their food nutritious. The enquiries of a friend in the country about Tan-y-bwlch in North Wales, countenance the same opinion. But it requires a stricter scrutiny. I have in vain endeavoured to procure more correct information from professional persons in the former district; and shall be very glad if by starting the question here, I should procure a satisfactory solution.

These facts I shall below endeavour to analyze. At present it is only necessary to add, that wherever persons shall be found approaching to the before-mentioned classes, in the particulars common to them all, I expect with confidence, that they will, on examination, be found equally free from consumption.\*

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\* It has accordingly been suggested since the first edition of this Essay, that dragoons are little liable to phthisis.—*Monthly Review for July, 1799.*—In the leading characteristics by which their mode of life is distinguished, dragoons, I suppose, agree with the subjects of this and the foregoing sections.

*PERSONS more liable to PHTHISIS.*

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We have seen how often external injury produces the disease. It has been frequently observed to arise from hard bodies, as bone, needles, fragments of the shells of nuts and of other fruits, received into the wind-pipe. The fate of stone-cutters and needle grinders is well known. Linnæus (*Amoen. acad.* viii, 159) says, that the cutters of grinding-stones almost all die phthifical before their thirtieth year. The tenuity of the hard powder inhaled by the workmen seems not to diminish its pernicious quality. Dr. Withering (*letter* p. 15,) observes that casters of fine brass-work much oftener die consumptive than “any set of artists in Birmingham.” Playing on wind-instruments is known to injure the lungs. Fifers on board ships of war, who



accompany the drum at stated hours, and play quick marches when any piece of duty, that requires hoisting, is going on, are apt to become consumptive. (*Trotter's essays*, p. 29). Miners in some situations, whether from external injury or cold, experience the same fate. But slight notice of such facts is sufficient. Safety lies in change of occupation, and it is in vain to think of safety while men are bound to such occupations as these by real or imaginary necessity. My search is after causes more insidious ; and if it be ever so successful, I cannot expect that its benefits will extend much beyond the class whom their wealth leaves free to choose a mode of life.

To prevent groundless alarm, it should be added, that japanners, who work in an atmosphere of refinous vapour, are not more subject to consumption than others. The same is proverbially said of millers ; so that *powders* exceedingly soft, or easily decomposed, seem not, either directly

or indirectly, to occasion ulceration of the lungs. I specify *powders*, because soft substances, in the form of fibres or small splinters, must be hurtful. At least, having lately had an opportunity of knowing that consumption is common among joiners and carpenters, I have suspected that the fragments of wood they inhale, may be sometimes the cause of the mischief.

It is of importance to observe, that artificers, whose occupations and habits are opposite to those of the persons mentioned in the preceding sections, stand also in an opposite relation to consumption. Tailors, glovers, shoemakers, weavers, spinners, carpet-manufacturers—all in short, who follow sedentary occupations in confined rooms, whatever be their habitual posture, or the state of the atmosphere they breathe with regard to small floating particles—are known to be extremely liable to this fatal disease. I could mention places which have been in bad repute on account of their

situation, but of which, when circumstances have been accurately explored, it has appeared that confinement and inactive employments have given rise to their endemic pulmonary disorders (Agassiz *Diss. de causis phthiseos localis frequentioris occasionalibus Erlangae.* 1791).

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### ANIMALS CONSUMPTIVE.

The same law extends to brute animals. By an undiscovered peculiarity of constitution, some brute animals, as dogs, seem (unless under very uncommon circumstances) to be exempted from consumption. Others, as cows, are liable to this complaint; and when they are kept in certain situations, they suffer quite as much as the human species under the operation of similar causes. The fact has been very accurately ascertained with regard to the milch-cows of Paris. (*Essai sur la maladie,*

*qui affecte les vaches laitieres des faux-bourgs et environs de Paris ; par le C. Huzard, veterinaire. Paris 1794*). The cows, during the journey from the pastures of Normandy, or French Flanders, suffer greatly from over-driving, and from the cruel methods employed to make the udder appear preternaturally large. From the time of their arrival, till they cease to be milked, they are obliged to stand on one spot in the cow-house. In the *cité*, the cow-houses are extremely low, and the animals are so crowded, that they can neither turn nor lie down. By constant standing, without exercise, the legs grow crooked, and the cows, unable perpetually to support the same posture, at last fall upon their knees, in which attitude they remain. Frequently the building has no window for admission of fresh air ; the door is hardly high enough for the animal to enter, and is nearly blocked up by dung. The diet is as wretched as the quarters, and

the water such as to be frequently refused, even under the pressure of thirst.

A very usual effect of this treatment, (for all the animals that fall sick do not suffer exactly alike), is a hollow cough, with difficulty of respiration, fever, emaciation, and death. On dissection, the lungs are found to be ulcerated, and full of tubercles. The offspring is liable to the same complaint, and in conformity with an opinion respecting consumption in the human subject held by some physicians, many account it contagious.

For the reader's satisfaction, it is right to mention, that M. Huzard is respectably known by several publications on the complaints of domestic animals, and that an official situation enabled him to ascertain the facts related in his *Essay on the distemper of the Parisian milking cows*.

Dr. Soemmerring, in his German work on the difference in bodily conformation between the Negro and the European,

describes (p. 73—77) three cases of blacks, affected with inflammation, hardness, and ulceration of the lungs and the contiguous lymphatic glands; and adds, that he had on dissection, found two apes and an elephant similarly affected. It has been remarked by other authors, that apes, in our colder latitudes, are affected by scrophula and consumption; disorders to which we have no reason to believe that they are subject in their native climate.

Mr. Carlisle, one of our most distinguished anatomists, has favoured me with the result of his observations on apes, and with some remarks on the appearances in diseased human lungs, which as they are contained in the same paper, I shall not disjoin. “I have often, (says he in a letter, dated July 30th, 1798), dissected the monkeys and apes which had died at Exeter-Change, with more minuteness than is necessary for the mere purpose of ascertaining the probable causes of the crea-

tures' death, because I have made many preparations of them to exhibit the course of the blood-vessels, &c. I hardly remember to have examined one monkey or ape that was free from scrophulous structure in the lungs: most of them had evidently died of true consumption; several had scrophulous ulcers upon lymphatic glands, abscesses of the same description, and most of them had the mesenteric glands affected with the same disease. I have often seen the creatures, when alive, emaciated, coughing, and expectorating matter, which however only exudes from the sides of the mouth, as they do not seem to eject it. They also often swallow the pus, or rake it out of the mouth with their paws. The same difficulty of breathing as is observed in the consumption of the human body, is equally noticeable in monkies.—I have reason to believe that your zeal for improving medicine will induce you to excuse me for adding a few straggling fug-

gestions on this subject, and to accept of them in the same spirit with which they are offered. I think my experience in the observance of diseases, authorizes me to conclude, that few persons afflicted with scrophulous affections of the superficial lymphatic glands of the large joints or bones (when scrophula attacks these parts early in life), are liable to consumption of the lungs.—This may be contrary to your experience; but I have been often disappointed with finding the lungs sound when scrophula had ravaged the whole set of superficial lymphatic glands, and all the spongy bones which are remote from the heart. I think I have also observed two distinct species of disease in the lungs of consumptive persons; the one spreading through the whole substance of the lungs, the other confined to the lymphatic glands at their root. The former patients have more cough, pain, and shortness of breathing, so that the disease is soon understood,



the latter have the disease proceeding insidiously, with little pain, difficulty of breathing, principally observed after exercise: the termination of this last species is also remarkable. It either carries the patient off by a violent and sudden expectoration and hectic, or the matter is discharged, the sore heals, and the disease seems, although unexpectedly, to have disappeared. But perhaps I am telling what is told in every pamphlet on this subject, as I have no leisure for such reading, and more observations on this point may be on that account useless. Again—It has not occurred in my practice to see any good effects from medicinal applications to scrophulous sores: keeping the parts in a warm and equable temperature, and exciting an increased action of the blood-vessels in the skin of the adjoining parts, are the only methods which I have observed to produce any improvement in the sores. Sometimes scrophulous inflam-

mations are rendered less active by inducing more powerful inflammations in their vicinity. This disease appears to my mind, in its origin, connected with a diminution of the animal heat, either of the whole body, or parts of it. There is a debility in the powers which circulate the blood; there is a defect in the reciprocal duties of the arterial and absorbent systems; coagulated lymph is deposited in weak parts, where it is neither perfectly organised by arteries and veins, nor modelled in its form and quantity by the absorbents; in this state it remains out of the reach of the actions of the living body, and undergoes the same sort of change as coagulated lymph is known to do, when retained for a length of time in circumscribed living cavities. This cheesy substance, in process of time, becomes stimulating, produces inflammation, secretion of the surrounding parts, its own solution, &c. Perhaps the attention of physicians may be more effec-

tually employed in preventing this disease among its probable victims, than in curing it. I understand, from a very informed and correct observer, that the true Dutch people hardly know scrophula in any form, but the other low country people, who imitate French dress, are very liable to all its appearances. The gilders in London are very subject to consumption of the substance of the lungs, but no other scrophulous symptoms. They work in heated rooms, and are often induced to expose themselves suddenly to cold and damp. I am told six out of seven die in their apprenticeship:—

Upwards of a year before the date of Mr. Carlisle's letter, I had received a full account of the degree, in which the Dutch and English are comparatively subject to pulmonary affections, from Dr. Cogan, a physician, who from long practice in London and Rotterdam, has had opportunities of observation superior perhaps to

those of any other person, and whose ability to avail himself properly of such opportunities does not require a voucher. Dr. Cogan's account will be seen very fully to corroborate the information obtained by Mr. Carlisle. It also contains circumstances of the utmost importance to the whole investigation. " I remember (says Dr. Cogan) to have mentioned, when I had the pleasure of seeing you, that the Dutch, and even the English, who had resided any considerable time in Holland, were forcibly struck with the coughs, whether catarrhal or consumptive, so universally prevalent in this country, in almost every season of the year. At church and at the theatre, devotion and pleasure are always interrupted, and sometimes totally destroyed; by incessant coughs, expectorations, &c. while in the largest assemblies in Holland, instances of a similar kind are scarcely known. This very striking difference I have been induced to ascribe to the contrast observable be-

tween the two countries, in the construction of their habitations, and in the peculiarities of dress.

The majority of the houses in Holland, even at the present day, are the reverse of what we should deem *comfortable*. The rooms are large and lofty; the separation betwixt the upper and lower apartments is made by painted boards merely, which, if they were not covered with mats or carpets, would transmit the light as well as air. The generality of the Dutch are not accustomed to the luxury of a *cieling*; nor is the tile-work of the garret roof secured but by common lath and plaister. Those who are not sophisticated by modern manners seldom indulge themselves by the side of a large fire. Many of their rooms have no chimnies, and in many that have, generations have passed without a fire having been once kindled in them. Their fires are, both from œconomy and choice, made as small as possible. Five or six turfs,

about the shape and size of our bricks, which is the usual fuel of the country, are arranged in the form of a chimney, and a glowing coal placed at the top, by which method the inward surfaces are enkindled, and the turfs are half consumed before any share of a very moderate heat is received in the apartment. The females never approach the fire, but generally place themselves at the greatest distance, contented with a small coal of the turf, completely charred in an eathern pot filled with ashes to moderate the heat. This is placed in a wooden box with a perforated surface, and applied to the feet. Supported by this consolation, they prefer placing themselves at the greatest distance from the fire; generally by the windows, which (by the way) from their immense size, greatly contribute to the coolness of the rooms. A Dutch woman feels herself insufferably oppressed in an apartment we should deem moderately warm, nor can she withstand a large

coal fire in a close apartment for the space of five minutes. There are many disadvantages, however, attending the perpetual use of these *stoves*, as they are called, among which the most obvious and habitual, is the extreme coldness of the feet: an evil, which as they are not fond of exercise, can only be remedied by application to their beloved stoves.

In villages and smaller towns, that are less modernized, the houses are, to a stranger, insufferably cold and comfortless. As the common or family room, is very liable to smoke from the bad construction of the chimney, the door is either left entirely open, or kept a-jarr by means of a plank fastened at the side, so that air may be admitted from the top of the door. From this room, light is frequently received into the cellar, or some adjacent room, through open rails of iron-work, or carved wood. To these comfortless circumstances, as we should deem them,

may be added, a spirit of cleanliness, which indicates itself in perpetual white-washings and ablutions, which are divided into annual, quarterly, monthly, and weekly, according as they are of greater or less extent, and the habitual use of damp and unaired bed linen.

To counteract the discomfiture and chill naturally arising from these sources, the Dutch envelope themselves in cloathing, of which a stranger can entertain no conception. Most of them wear two shirts, and a flannel waistcoat with sleeves, which they call a *corstrok*, between them. The *corstrok*, caleçons, or drawer, with woollen stockings, are the constant companions of both sexes, night and day; to these are super-added a *gezontheid*, or small waistcoat without sleeves; it has its name from its being supposed conducive to health. Some surround their bodies with wrappers of thin woollen cloth, several yards long; to these succeed the coat and waistcoat, as with us,



the latter always with sleeves ; and when they go into the cold air, they add either a pellisse, or a *schautzlooper*, which is made of thick cloth, lined with woollen. Their females are proportionably warmly clad, and as to their infants, they are absolutely made about the shape and size of a moderate bolster, before they dress them in garments that are to meet the eye. This mode of dress is certainly unfavourable to cleanliness, with all the salutary consequences attending that virtue, and they are too much deprived of the invigorating stimulus of atmospheric air applied to the body ; but they are defended against the class of disorders proceeding from the cold and dampness of their houses, or from the sudden transitions arising from a cold atmosphere and warm apartments. In short, by the extreme airiness of their rooms, and warmth of their dress, they are secured against those extremes of heat and cold, to which the inhabitants of these countries

are hourly exposed during the winter season. Their customs are a direct contrast to our own, it being customary among us to dress as slightly as possible, and render our apartments as warm as possible, by the united aid of large coal fires, double doors, warm carpets, cieled rooms, and by every caution that can prevent the external air from entering at chinks and crevices, to restore the balance of circulation.

This contrariety in the mode of living, in those two essential articles of dress and habitation, will fully explain, my dear sir, the cause of the frequency of catarrhs in this country, and their being comparatively seldom in Holland, without imputing the cause exclusively or principally, as some have done, to the great variableness of our climate. The transitions from heat to cold in Holland, are fully as frequent as in England, and the extremes of heat and cold are generally greater; but their effects upon the constitution are by no means so

immediate or violent. Thus I fear that the opprobrium that has been cast upon the climate of England, rather belongs to the injudicious conduct of its inhabitants.

It has been remarked, that as luxury increases in Holland respecting the greater comforts and accommodations of their apartments, they are becoming more subject to catarrhs. Certain I am, that the English inhabitants of Rotterdam who imitated the manners of this country respecting the largeness of their coal fires, warmth of apartments, and thin cloathing, have been much more exposed to what we term *catching cold*, than the Dutch that retain their pristine manners. A remarkable circumstance in Mrs. Cogan's family will confirm the same idea. Of two brothers, the one was so partial to the English, that he adopted all their manners, and sometimes to an excess in the article of dress, disdaining to wear an under waistcoat, and braving the inclemency of the

weather with an open breast, &c. The other strictly adhered to the customs of his country, for which he was frequently bantered by his brother. But the banterer died of a consumption when he was about thirty years of age, while the other, whose delight was in hunting and fishing in the most inclement seasons, was a perfect stranger to coughs and colds, and enjoyed uninterrupted health till he had passed his 77th year, when he was killed by accident.

I might also remark, that the Germans are said to be as liable to catarrhs, and consequent consumptions, as ourselves: and a journey I took to the northern parts of Germany in the winter of the year 1784, which was very severe, not only convinced me of the fact, but in my opinion pointed out the cause. The suffocating warmth of their ovens or stoves, to which the Germans are so much attached, produce too powerful a contrast with the external atmosphere, to be respired with impunity.

But as you have been in Germany, it is highly probable that your observations have been more minute and accurate than my own.

These facts seem perfectly correspondent with the modern ideas concerning the nature and causes of catarrh, together with the powerful stimulus of heat, after the application of cold; but it would be impertinent in me to theorize upon the subject, which is in much better hands. I shall deem myself happy if the above hints should prove in the least degree serviceable to your purpose; and sincerely wish you success in your indefatigable endeavours to promote salutary truths."

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SCOTLAND.

Concerning this division of Great-Britain, we possess, in the *Statistical Reports* published by Sir John Sinclair, a document

more precious than can, I believe, be produced concerning any other country. It is a minute interior survey, almost from house to house, by resident observers, and in point of instructiveness, ranks far above the productions of the most inquisitive and authentic travellers. Not a few of the papers, indeed, betray prejudice, ignorance, and want of discrimination; in some, contradictions are easily discoverable. But there is upon the whole so much particularity, in several instances so much intelligence, and each account is so completely checked by the rest, that the causes of the condition of the people are perfectly apparent. The facts are, I imagine, applicable likewise to England. There is at least, no reason to suppose that the mere difference of latitude makes any sensible difference with regard to the prevalence of the disorder which is the subject of the present essay.

From a comparison of the different pa-

rochial reports, it results that rheumatism and consumption, with low fever, are the prevailing disorders of Scotland. How, and to what degree, low fever takes place in consequence of penury and heedless exposure to contagion, it is foreign to my purpose to investigate. But rheumatism and consumption stand in a sort of contrast to each other. A multitude of testimonies (and in the whole twenty volumes there is no opposing evidence) may be brought to prove that, in general, *women, especially those who follow still employments, and men engaged in the almost feminine occupations of the cloathing manufacture, become frequently consumptive: whereas the husbandman and the shepherd, being incessantly obliged to expose themselves to the vicissitudes of the climate, and untaught to employ any precautions against the effect of these vicissitudes, become crippled by the rheumatism, and wear out a wretched existence under the constantly returning pains of this severe disease.* In a medical

map of Scotland, unless the scale were very large, space could with difficulty be found if the word *rheumatism* were to be repeated as often as it occurs in the Statistical reports. How worthy would it be of the class whose food is raised at so dreadful an expence to their inferiors, to adopt means for instructing the peasantry (since they must continue to be exposed) by what management they may escape the consequences of exposure! The instruction might probably be communicated with effect through the clergy.

A remarkable circumstance has contributed to the modern frequency of rheumatism; and in habits of an opposite kind, the same circumstance must often have produced consumption. Within the memory of persons now living, the activity of commercial speculation pushed the cotton goods manufactured at Manchester into the farthest recesses of Scotland; and the people, allured by their gaiety of colour



and fineness of texture, unwarily relinquished the warm woollen garb of their forefathers. The reporters every where speak of a change for the worse in the general state of health, as taking place, under their own eye, in consequence of this change of dress.

Among the numerous repetitions of the same fact, I have found it difficult to choose. To the following illustrations I could have added many of the same tendency, and of equal force. The inverted commas will shew where I copy the words of the report. For the rest, I have retained the concise language of my abstract, which I have not been anxious to strip of every particular that may not seem immediately connected with the subject.

Parish of KILBRIDE, (*County of Lanark*)  
population 2359. Employments, weaving,  
manufacture of cotton, shoemaking.—  
“ The disease that carries off the greatest  
number of persons, about the middle period

of life, is the consumption. Old people affirm, that in their forefathers' days this disease was extremely rare, and *seldom mortal!*" Its progress is ascribed to change of cloathing, from the thick, warm Scottish plaiding, to fine, thin, cold English cloth. Vol. III. p. 427.

CAMPSIE, (C. of *Stirling*), population 2527: numbers employed in callico-printing, and weaving; weavers 105; pencillers of callico (who are young persons and married women) 160, besides block-printers. Deaths for the last 3 years---

Of small-pox,	-	-	15
Palsy,	-	-	2
Asthma,	-	-	1
Chincough,	-	-	6
Measles,	-	-	6
Child-bed	-	-	1
Mortification,	-		1
Bowelhive,	-	-	1
Old age,	-	-	26
Consumption,	-		26

Sixty years ago, consumption unknown in this district. "Where people were cloathed in pladding which somewhat refembles flannel (which was the case till very lately in this district), and where they feldom were confined to work in warm houfes (as is now the case), great colds, the forerunners of consumption, would not easily affect them." XV. 360.

Climate variable; coal plentiful, "which enabling the meanest cottager to obtain a hearty fire, may contribute to falubrity."

319.

KIRKCONNEL, (*Dumfries*). "Not unnatural to suppose, that to the *modern* passion for light, flimsy, airy dress, so prevalent among all ranks, so unsuitable to the constitutions of all, and to the occupations and funds of most, particularly the poorer sort,—no small share of the equally common prevalence of colds, fevers, rheumatisms, asthmas, consumptions, is owing."

KIRKALDY, (*Fifeshire*). The most

prevalent disease is rheumatism, chiefly affecting the aged, "and even these chiefly among the classes which are exposed to hard labour in the open air." Consumption prevails among young females. LIFF and BERVIE, *Forfar*; much weaving. "Consumption and rheumatism (disorders the most fatal to society, especially in the country, owing principally to the want of good and comfortable accommodation among the poorer class of people) are not more prevalent in this than other quarters where the same proportion of people lead sedentary lives." XIII. 103. It should be observed, that exposure to the weather, with subsequent mismanagement, is not the sole cause of the rheumatism. In the reports, cold damp houses are very often assigned as its cause. RATHEN, *Aberdeenshire*, 1730 souls. The well-disposed live comfortably. Servants and others now spend so much in dress, that they are in general poor.

Low fevers lately fatal. Formerly inflammatory fevers prevailed more. “Not 50 years ago, the rheumatism was little known. Now there are few grown persons altogether free from it.”

The extract from the register of the dispensary at Aberdeen, unfortunately supplies no information concerning consumption. But it seems to shew that either from less exposure, or from the superior dryness of their habitations, the inhabitants of the town are not so extremely subject to rheumatism as the peasantry. The population of Aberdeen is said to consist of 24,493 souls—

In 1786, there were	}	ill of fever	-	290
admitted		of rheumatism		27
In 1787, - - -	}	fever	- -	382
		rheumatism	-	26
In 1788, - - -	}	fever	- -	348
		rheumatism	-	15
In 1789, - - -	}	fever	- -	235
		rheumatism	-	16

In 1790,	-	-	-	{	fever	-	-	623
				}	rheumatism	-		33
In 1791,	-	-	-	{	fever	-	-	350
				}	rheumatism	-		4
In 1792,	-	-	-	{	fever	-	-	200
				}	rheumatism	-		38
In 1793,	-	-	-	{	fever	-	-	228
				}	rheumatism	-		25
In 1794,	-	-	-	{	fever	-	-	86
				}	rheumatism	-		57

In the hilly and damp parish of CARSE-FAIRN, *Kircudbrighshire*, “the rheumatism, it might be expected, would be a prevailing disease; particularly when it is considered that the shepherds, after being greatly overheated in climbing the steep mountains, must often be exposed to the piercing air on their summits, and that they often continue wet for whole days and nights. *That it is not so*, must be attributed in a good measure to the discreet use of warm woollen cloths, particularly the

*plaid*, with which every inhabitant of the parish --- is provided." vii. 514.

These passages represent what is so perpetually told of the effect of apparel upon the health of the peasantry. They also illustrate the contrast which I have stated to prevail between consumption and rheumatism. But the curious and able account of the parish of LONGFORGAN in the *Carse of Gowrie, Perthshire*, shews, in a manner peculiarly distinct, how rheumatism and pulmonary complaints are shared among the inhabitants, according to constitution, diet, and occupation. Longforgan has a population of 1526 souls. The lesser farmers and manufacturers (among whom are 61 weavers) have plenty of good, wholesome food. Many are supplied with butcher's meat at times; and both they and the labourers not only use oatmeal and potatoes with the produce of their yards and gardens, but they frequently have wheaten bread. Almost all who have

families, use tea and its accompaniments.

In this parish there are thirty-six small farmers, from 5l. to 15l. rent; but almost every man has a trade, so that the management of his little farm is the employment of his leisure hours only, which improves his health, and gives him many little comforts. There are also tradesmen (mechanics) who have only a yard or garden.

Formerly agues prevailed in the *low Carse*, but since its draining they have disappeared. Fevers not frequent. "Ploughmen and labourers are subject, while young, to colds: these, in strong constitutions and at a more advanced age, generally terminate in rheumatism and *gouty pains*, as they are called by the country people. In others these colds fall upon the breast; the lungs are affected, and in general such complaints terminate fatally. This termination generally happens in scrophulous habits, which are very prevalent among the weavers and common people."



ELGIN, *Murrayshire*, souls 4734. "We are become more effeminate, and labour (is become) more severe, while the mind is depressed from the anxieties of life, and the difficulty of procuring a subsistence. The progress of the scrophula is alarming. ----Consumptions are frequent among the young. Manufacturers and tradesmen, in particular, are subject to them from the nature of their employment. The women lead sedentary lives, from which arise obstructions that often terminate fatally; and from the same cause, difficult labours are more common than formerly." v. 17. In the same page, the frequency of scrophula and consumption is a second time mentioned. P. 22. It is conjectured that late marriages, from discouragement, give rise to "a puny, helpless race of children."

CLUNY, *Aberdeenshire*. The women, some old men, and boys, knit stockings all the year round (except in harvest) for the Aberdeen manufacturers. Formerly all

the country people dressed in cloth of their own work ;—now every servant lad almost must have a funday's coat of English broad-cloth. Formerly every servant lad and maid had a steer or two, and a score of sheep ;---now both sexes have only finery to begin the world with." X. 245. Rheumatism, low-fever, consumption, and scrophula, are the prevailing diseases. Of these, consumption the most fatal. 237.

RAYNE, *Aberdeenshire*. Stockings knit by all the women, some old men, and boys. Hysterics very common, and cutaneous disorders. Yearly deaths 17 in a population of 1173 ; of the 17, 7 or 8 are from consumption ; living wretched. Similar facts occur in many Aberdeenshire parishes.

LOUDOUN, *Ayrshire*. " The disease that is most prevalent is the consumption. Scrophula, or white swelling, is frequent from poor living and sedentary life, and bad air in weavers' shops, where they never have a fire." BEITH, *Ayr and Renfrew*—

of 2872 persons, 259 are employed in making thread, and weaving muslin, besides many females who sew and tambour muslin. A good deal of sickness in the village. Fevers and consumption the prevailing disorders.

To these instances, of which many hundreds more could be produced, the village of CATRINE, in the parish of SORN, *Ayrshire*, exhibits itself in pleasing contrast. Catrine is inhabited by cotton-manufacturers, to the number of 1353, and in consequence of the following regulation, is said to be very healthy, though a few die of consumption and fevers. XX. 143. The proprietor, Mr. Alexander, directs the overseer of his farm to set off annually, according to the quantity of dung saved by the villagers, from fifteen to twenty acres of land. On these are planted potatoes, sufficient for the winter provision of the manufacturers. “The dressing of these potatoes is the employment of both old

and young on the summer evenings, after they are dismissed from the mills---their emulation to have the best and cleanest crop renders them all very industrious. It is an extremely pleasant sight, on a fine summer's evening, to see such a number of people so usefully employed." 177. Children under nine are not admitted into the work.

From several reports it appears, that when poor living and cold combine with sedentary occupations, consumption is particularly common. Thus at DUNDEE, *Forfar*, where the population is stated at 23,000 souls, "the most frequent endemical diseases are consumptions and the scrophula, by which last, perhaps, the former are principally produced. The scrophula seems principally to affect the families of linen-weavers, who sometimes feed poorly, and whose manufacture is carried on in damp and low floors." viii, 200.

A multitude of articles exemplify the effect of cold and penury in the production of scrophula. Rheumatism is generally mentioned at the same time, but in a way which leads to suspect that it attacks those whom better fare, or a hardy constitution, exempt from scrophula. Thus in the elevated parish of CURRIE, *Mid Lothian*, where the walls of every house “display marks of the moisture of the climate,” rheumatism is stated to be the chief disorder; and scrophula to be “very prevalent, as in all the parishes where the climate is cold and damp, and the living of the inhabitants poor, and principally of the vegetable kind. The misery this disorder occasions, would in many places of Scotland seem to require the interference of the legislature to prevent, if possible, its increase.” v. 314, 315. Under the head WIGTOUN and ROBERTOUN, *Lanarkshire*, we are informed that “a good many people die of a kind of consumption, conjoined

with, and terminating in, rheumatic pains and swellings, induced by living meanly in cold, damp, uncomfortable cottages." vi. 309. Whether the swelling of the legs, which is general in the last stage of consumption, and the severe wandering pains that are likewise often felt, are here mistaken for rheumatic, is very immaterial.

In some few situations, it would appear that mechanics who labour in close apartments, suffer less than the peasantry. These instances make nothing against the general proposition laid down above; and I point them out here, lest it should be supposed that I had not taken them into consideration. It is in fact easy to conceive that the husbandman may be occasionally exposed to powers more deleterious than those which regularly operate upon the manufacturer. In KILMADOCK, or *DONNE, Perthshire*, this exception would appear to take place. Kilmadock contains 3209 inhabitants, of whom 700 are em-

ployed in the only cotton-work of the parish. Concerning these it is said that at one time “the confinement of so many people in one house, rendered the air very impure; the heat necessary in preparing the cotton kept the workmen constantly in a sweat, and extracted the nourishing juices. The noise of the machinery rendered them soon deaf; and the flying particles of cotton, and constant labour of the eye in watching the texture of the thread, weakened and destroyed the sight.” But these evils are “in a measure remedied.” xx. 87, 88.

In KILMADOCK, small-pox, fevers, and consumption, are the fatal diseases. “Fevers and consumptions are the consequence of hard labour, bad food, and colds. *They are therefore most prevalent among the country people.* The food of many of the people is extremely poor. No attention is paid to the advantages of a kitchen garden. The houses too are, in several places, wretched

huts, scarcely capable of supporting the roof, and far less of defending against the storms and colds of winter. - - - - - The insufficient cloathing adds to the general train of causes." *ib.* 52. The parish wants coal. p. 92.

Of the parish of ERROL, *Perthshire*, where the whole country is naturally wet, though much drained of late, and the houses are said not to be so well built as of old, it is observed, that the ague is not so prevalent as formerly. But "a disease still more fatal seems to have come in its stead. Consumptions, which formerly were rare, have of late been very frequent, although from the state of cultivation, it should be thought that the air is much more salubrious. But (what is remarkable in the *Carse of Gowrie*) the people who reside in the higher parts are not found to be the most healthy. The inhabitants of the low and marshy grounds, indeed, may be more liable to rheumatic complaints, but they have



often been observed to enjoy the longest course of life." iv. 481.

I shall content myself with these quotations. They are undoubtedly not numerous enough to prove any thing concerning Scotland at large: but they are perhaps more than sufficient for the purpose for which they are produced. They fully illustrate the conclusions, in which I conceive the mass of reports to agree.

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### GENERAL INFERENCE.

On a review of the preceding statements, two different conclusions offer themselves to our consideration. *Certain classes are less liable than others to consumption, either because the exhalations, to which they are exposed, preserve the lungs in a healthy state, or because they acquire from their mode of life, a habit less susceptible of the complaint.*

It would be rash to assert that no species of exhalation has a preservative power. The case of the manufacturers of catgut, though it requires further examination, stands in strong opposition to such an inference. Nor perhaps would some think it too forced a construction of the evidence respecting butchers, and even of that respecting fish-women, to impute the degree of security which they enjoy to the same cause. It may be supposed that seamen are rendered less susceptible by the odour of tar. But this supposition, even though no other facts remained to be accounted for, would, I apprehend, afford little satisfaction to those who consider the circumstances with attention. The total difference between the nature and abundance of the fumes to which catgut-makers, butchers, and perhaps fishwives, though in very different degrees, are exposed on the one hand, and sailors on the other, takes greatly away from the probability of the

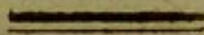
opinion. Though the copious, gross, and palpable exhalations of putrefying animal substances should have a specific power of preventing pulmonary ulceration, we cannot for this reason presume any thing in favour of the mere smell of tar. Two distinct materials applied to the lungs, are not more likely to produce a common effect than two distinct materials applied to the stomach. Nor does experience of animal nature furnish analogies which can justify us in believing that a minute portion of odoriferous matter, however it may stimulate the olfactory nerves, should be capable of acting with effect on an organ so little irritable as the lungs. And when we attend to the remainder of the class that appears less liable to consumption, the hypothesis fails us altogether.

Waving the example of the manufacturers of catgut, the others may be all referred to a very simple and satisfactory supposition. The butcher, the fishwife,

the failor, the keelman, the husbandman, and the shepherd, have somewhat of a common constitutional character. They compose the most robust part of the community. And if we abstract from external violence, and internal mechanical injury, whom do we find predisposed to consumption? whom but the puny by descent, by diet, by sex, by occupation? In this point the facts on both sides meet; on any other principle I hold them to be irreconcilable.

But such a doctrine is perhaps less in danger of opposition than of contempt. It may be regarded as too obvious to require a formal induction of proofs, and too general for any purpose of useful application. I am however to learn that any one has traced exemption from phthisis and phthical susceptibility through the different orders of society. Much less has a body of information, thus acquired, been employed for developing the power of climate; for the analysis of opposite con-

stitutions; for explaining the operation of determining causes; for clearing up the connection between catarrh and consumption; for the solution of smaller difficulties; for deducing rules of conduct, suited to various situations; for the correction of errors that lead the faculty to give, and the people to follow, useless advice; and for removing those misconceptions, of which empirical impostors avail themselves to induce invalids to have recourse to their wretched preparations.



### *PARTICULAR CONSIDERATIONS.*

To estimate the precise power of every circumstance, which, by rendering the habit robust, contributes to security against consumption is, in the present state of physiological science, impossible. Much must depend on their co-operation. But for the regulation of conduct, it will be

useful to distinguish them from one another, and to shew that each has a real effect. I may be the more concise, as the most luminous of all possible commentaries will be found in the examples already adduced.

Of the following observations, it is to be understood that they can only with propriety be adopted in practice, where there exists feebleness of constitution, without formed disease. For cases of hereditary predisposition, joined to feebleness of constitution, I do not perceive that any peculiar system of rules is necessary. Where the disorder has run in a family, its members need not be taught that double danger demands double care.

*Diet.*—To the quantity of animal food consumed by the English, some authors have attributed our propensity to suicide, and others our liability to consumption. But there are few countries in Europe, of which the inhabitants do not consume as much animal food as the corresponding

classes of the English ; and in several countries, animal food forms a much more considerable proportion of the usual diet than in England. These countries do not enjoy a climate particularly favourable, yet we by no means find that the lungs of the inhabitants pay the penalty of their greater voracity. They certainly are not more phthifical in proportion as they are more carnivorous.

How much the natives of Vienna exceed those of London in the frequency and fullness of their meals, appears from the minute relation of Mr. Nicolai of Berlin, in his excellent travels through Germany. (*Reise durch Deutschland.*) The lively and observant, but perhaps less instructive, Baron Rifsbeck, in his assumed character of a French traveller, tells us, that in the capital of the Austrian dominions, people feed much more plentifully and delicately than at Paris. " The daily table of people of middle station, of the inferior ser-

vants of the court, of merchants, artists, and the superior mechanics, consists of six, eight, or ten dishes, to which two, three, or four sorts of wine are added. They commonly sit two hours at table, and I was reckoned uncivil for declining several dishes in order to spare myself indigestion."

*(Briefe uber Deutschland. Wien 1790, f. 31).*

I believe the preeminence of Vienna in the article of gluttony, will be admitted by every one who has taken the smallest pains to inform himself concerning the manners of different countries. The habit extends far beyond the precincts of the capital. "I cannot (says a medical observer) by any means persuade myself that the excess of the English in animal food (with which we Germans, at least, very unfairly reproach them) has any thing to do with the frequency of self-murder in their otherwise fortunate island. For in Bavaria, Austria, and other provinces of the German empire, far more butcher's meat is served up than in



England, and far more eaten : yet with us, suicide is a far more unfrequent occurrence. That we, in fact, eat a greater variety and a greater quantity of meat than the English, I was convinced by the entertainments at which I was present in London. And I still recollect with pleasure, an incident to this purpose that took place at Coventry. At an inn in that city, my fellow-travellers and myself bespoke all the articles in the bill of fare. They were about six, and we were obliged to repeat our order to the waiter three several times, and at last were interrogated by the landlady herself, whether we had in earnest ordered *all* that meat. So simple is English fare." (*Salzburg med. chirurg. Zeitung* 1790. I. 170.) Such attestations seem entitled to the greater attention, because the English temperament, if I mistake not, more nearly resembles the German than it does that of the inhabitants of warmer countries. Yet even, in some of these, more animal food is perhaps consumed

than among us, I can hardly persuade myself, for example, that the French cookery, which renders meat more palatable and more digestible, does not occasion a greater quantity to be taken; and according to the best of my observation, this was the case, both at Paris and in the provinces. A diversified table is a temptation that rarely fails of its effect. In opposition to a well-known paper in the *Spectator*, the naturalist Buffon, as his friends assured me, used to assert that a French meal, from its variety, is more wholesome than the simple and slender fare of an Englishman. The unwholesomeness of mere variety of food is a popular error, that requires the more to be exposed, because it may prevent persons who want nourishment, but have a fastidious palate, from eating as much as they otherwise would. Our classical moralists, who sometimes seem to think mere good intention a qualification for treating authoritatively a topic they do not understand, have

functioned this error, and it derives some credit perhaps from the pious folly of fasting. But all indulgencies are far from equally mischievous to health. It is not, as Addison supposes, among high dishes that gout and palsy lurk. They rather resemble those fiends which enchanters of old are said to have imprisoned in phials, and which do not assume their proper infernal shape, till the seals are broken and the liquor discharged into the human stomach.

The observations, related above, nearly all concur to shew, that the persons most free from consumption are precisely those that consume most animal food. Their healthfulness is undoubtedly not to be imputed to this circumstance alone: but it is to be presumed that their substantial diet has its share in determining their personal condition.

This conclusion we may the more confidently adopt, because it is powerfully supported by analogy. We observe that the

consumptive, either in the earlier part of life, or at the very time the chest suffers, are frequently affected with scrophula or king's evil, a disorder which shews itself by slow, indolent swellings of the glands, by pale ulcers with thick turned up edges, and by other well-known signs: so that the appearance of scrophula is justly regarded as a sign of the consumptive habit. When children are fed upon vegetables, with little or no admixture of animal food, they die, in great numbers, of scrophulous affections. In the families of the poor who *cannot* command better aliment, this is one principal cause of mortality; and in the families of the rich, who in consequence of erroneous medical notions\* sometimes *will not* allow a proportion of

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\* "While I was a child," said a gentleman about 50, as he was this day (August 24th, 1799,) shewing me the ravages of scrophula on his person, "my mother was unhappy if I eat any thing but turnips and watery vegetables."

animal food, scrophula often takes place, (though in a slighter degree, for it is checked by an adequate supply of other necessaries) and the foundation of consumption is laid. “ Among the higher classes, (says a writer of superior merit on the king’s evil) there are some who keep their children to the fifth, or even the seventh year, upon a strict vegetable and milk diet, believing that they thus render the constitution a signal service. I have, however, frequently pointed out to parents, whom I heard boasting of the advantages of this management, either an enlarged abdomen, or some other sign of incipient scrophulous indisposition, which has convinced them that their children were far from being so healthy as they supposed. In our temperate latitudes, a diet of this kind is certainly not proper after the age of two years. Where a feeble constitution coincides with an hereditary disposition to scrophula or rickets, tender meat and soups

are particularly serviceable. Dr. Weikard perfectly agrees with me in opinion. He observes that children brought up according to the fashion of the great (without animal food), are particularly liable to the rickets. Dr. Kaempf attests, that by animal diet he has restored a great variety of children who had been dreadfully reduced by water-gruel, milk, and vegetables. Dr. Vogel also asserts, that animal food is falsely held to be a cause of atrophy, and that children from whom such food is withheld, oftener fall into an atrophy than those to whom it is allowed." (*C. G. T. Kortum de vitio scrophuloso*. I. 3. 50). These testimonies may be received with the fuller assurance, because in other respects the authors are strongly disposed in favour of that theory, which still not unfrequently deludes English parents with the false hope of rendering the blood of their children pure, and their humours mild, by millet pudding, and by other preparations of vegetable substances in over-proportion.

That a diet in a great measure vegetable should be the most wholesome (or not unwholesome) in tropical regions, where scrophula and consumption are diseases little known, and that it should agree well with a few individuals in this country, can be of no importance to the present investigation.

In cases, therefore, where habitual weakness or the history of the family gives reason to apprehend consumption, one of the most indispensable rules of preservation is to *use animal food freely*. There seems no limit to the quantity, but the indications furnished by the palate, and the power of the digestive organs. More should not be given—more will not be long taken—than is fully relished. A few surfeits will not be followed by the least injury. The ready sickness of children is the natural cure of their indigestions, and has the appearance of a provision against the voracity and inexperience of that age. Feeling,

assisted by observation, will soon fix the just measure of aliment. In addition to a nutritious dinner, children after their fourth or fifth year, should be allowed a moderate quantity of solid animal food, or of good soup, once a day. Abstinence from vegetables I by no means recommend; and (to repeat an essential caution) what has now been said is to be understood of the ordinary state of health. Under indisposition, and in sickness, the diet must be varied according to the exigency of the case.

*Exercise.*—Were it in my power to recommend a *passive* plan for rendering young people robust, I should doubtless give many of my readers much greater satisfaction.—The prospect of being long obliged to make observations, and to exercise discretion, will create a sense of repugnance in the very individuals, who would think nothing of forcing upon their progeny a nauseous diet-drink for months or



for years together. So much more irksome is it in general to think, than implicitly to follow, directions! Rather than adopt a careful regimen, do we not every day see people submit to the periodical return of severe disorders? And self-denial is, I apprehend, far less contrary to modern habits than continued exertion. We seem to have lost all relish for active occupations in proportion as they are become more necessary to us. In the case, however, of a constitutional tendency to consumption, it is just as reasonable to expect security from an amulet worn round the neck, as from mere medicines received into the stomach.

It does not require nice observation to be satisfied that *exercise is necessary to give effect to diet*. Between the opposite examples, adduced in the former part of this essay, there is no difference more striking than the activity or inactivity of the parties: those less liable to consumption being

obviously the more active, and those more liable, the less active.

This is strongly illustrated by the history of the health of the sexes. Women have long been observed to be more subject to scrophula, for which Dolaeus superstitiously accounts by supposing that providence deforms the neck of females with morbid excrescences, to punish their vanity in displaying this part encircled with costly ornaments. Dr. Kortum well observes, that this doctrine requires considerable restriction, since in childhood both sexes are treated pretty much alike. Boys and girls keep company; they run together, they jump together, and dig together. It is not till after that unfortunate æra, when the girl is taken up to be manufactured into a lady, that every thing conspires to prevent her organization, originally perhaps more feeble, from acquiring a healthy force of action. I have been sometimes tempted to think, that a period nearly

equal to that of female education is required before the constitution can be undermined, and the lungs thrown into a state of complete disease; and that this is one reason why consumption is so common about the age of puberty.

To a people which should carry into practice the maxim so vainly professed by us---*that health is the first of blessings*---a faithful delineation of the life, led by women in opulent families, would appear not less paradoxical than the observances of the most uncultivated tribes appear to us. It is one continued scene of indolence, scarce diversified but by the succession of sedentary amusements to sedentary occupations.

Home education is perhaps, in some respects, rather less prejudicial. Somewhat more of exercise will be allowed; and there is certainly smaller danger of injury from scanty or meagre food. As to boarding schools, it is impossible to be aware of

the sources of human suffering—to be satisfied that scrophula and consumption, in particular, rarely affect the well-fed and the active—and not to behold with commiseration, the processions they send forth. The movements of the poor prisoners are utterly unworthy the name of *exercise*. The processions can on no ground be supposed to contribute in any degree to health: and as they want nothing to funereal melancholy but fables and the hearse, they probably render the actions of both body and mind more languid.

Of sedentary employments, all kinds are not equally unfavourable to health. Those which most exercise the sensibility are doubtless the most hurtful. Hence frequent perusal of the melting love-stories related in novels, has been justly reprobated. The prevailing passion for music has probably occasioned more extensive mischief. This is not a simple evil. The excellence to which emulation, and some-

times the heedless vanity of parents, incite young women to aspire in this art, imposes the necessity of intense application ; and the pleasure of music, like all other passive pleasures, is highly enervating. I do not, however, found my opinion solely upon this principle, well-established as it is. I have met with a number of phthical females who ascribed the origin of their complaint, in part, to the closeness of their application to music.

From the declamation against excess of attention to accomplishments in a late outrageously over-valued book on female education, I should expect the preservation of some constitutions, if mere smartness of style could convince the understanding or deeply touch the heart. But though the work will probably have no lasting influence on conduct, I am ready to own that the author has shewn herself an expert literary cook. Out of materials done to rags and already served

up to satiety, she has contrived to make an exceedingly favourable hash.

Boys, though not so strictly immured, are not in general suffered to take near exercise enough. Nature, for the most beneficial purposes, seems in our early years to have combined two propensities; activity and curiosity; the desire to exercise our limbs and our senses. And the time is not perhaps far distant when parents shall discover that the best method of cultivating the understanding, provides at the same time most effectually for robustness of constitution; and that the means of securing both parts of the comprehensive prayer of the satyrist

—ut sit mens sana in corpore sano—

are identical. After making the discovery, they will assuredly cease to sacrifice their childrens' faculties of mind and body to the idle grammatical imaginations of schoolmen and monks. They themselves, it is true, cannot be born and brought up

over again. But they should not therefore despair of their offspring, whose organs may be still undepraved, or if depraved, not irretrievable. The more severely a parent may feel the effect of the maxims by which his own education was regulated, the more sedulously should he guard, against the same evils, those in whom he enjoys life a second time, and for whose welfare he is often ready to devote his own existence.

The difference in the manner in which the two sexes spend their early life, is more than kept up in riper years, and produces correspondent effects. Ladies, even in the country, pass many days of the finest season without more exertion than a fauntering walk, or a drive in an easy carriage. In town, when they quit their close apartments, it is to encounter the dangers, without giving themselves a chance of the advantages, of exposure. Hence, in respect to delicacy of constitu-

tion, they have been well compared to flowers brought forward by the cherishing heat of the conservatory. They cannot with impunity bear to be roughly visited by the winds of heaven. The slightest cause disorders them, and till the phthical period is past, they exist in a perpetual state of danger. For in this climate, there exists some malignant power that delights to visit constitutional debility upon the organs, contained in the chest ; so that by whatever cause women under thirty are weakened, there is always considerable hazard of consumption. It appears as if that impaired power of digestion, which must inevitably arise from such a mode of life, kept them in a constant state of preparation for pulmonary complaints. It is common (and instances I suppose must have occurred to every physician of experience) for female patients to relate how they had long been dyspeptic or bilious, till accidental cold or wet



brought on a cough, to which the well-known fatal symptoms have regularly succeeded, and nothing more has been felt of the complaint of the stomach.

In opulent families, I impute it in great measure to their excessive indolence, that females so much more frequently become the victims of consumption. The business of life, and active sports, tend to invigorate the other sex. The intemperance of men does not afford any security against pulmonary disease. But, all things considered, I can perceive no good reason for supposing that excess in respect to wine, directly of itself induces consumption, even in the predisposed. I express myself in a guarded manner, because I can by no means venture to extend the observation to those whose lungs are already full of tubercles, or otherwise injured. Then, it is likely that bacchanalian indulgencies speed the formation of ulcers.

I think I cannot do justice to the pre-

sent important object of consideration, without questioning the opinion which a medical philosopher, who on many occasions discovers an unexampled niceness of discrimination, has delivered respecting exercise. “Numbers of people, says Dr. Darwin, (*Zoonomia* II. 692) in our market-towns, of ladies particularly with small fortunes, live to old age, in health, without any kind of exercise of body, or much activity of mind.” That such persons live to old age is apparent. Whether they live *in health* is the question. Concerning those of his acquaintance—and who has not some among his acquaintance?—it is a question which every observer, whether of the profession or not, can decide for himself. To me these dowagers have appeared to exist in a constant valetudinary state; dissolved by heat; pinched by cold; during the early part of the night harassed by sleeplessness; unrefreshed by their tardy morning nap; faint when

empty ; oppressed when full ; and in the intermediate time, suffering under some of the other plagues of indigestion. As their *nerves* so regularly require drams in the shape of drugs, their comfortless existence renders them in every sense the best friends of the medical fraternity. To those in narrower circumstances, the apothecary regularly officiates as privy-counsellor. And from their fee-books it would, I imagine, appear how largely fashionable physicians, from Asclepiades the Bithynian, to Warren the Briton, have been indebted to the more amply endowed. No single cause, perhaps, has more effectually retarded the progress of medicine, than the incessant endeavours of dames of this description, to exalt physicians of address above physicians of ability—(qualities which for very plain reasons, are seldom eminently combined). To have half a dozen such patronesses, has always been better than to discover a remedy for the most cruel of human diseases.

*On the subjects of dress and habitation, Dr. Cogan's observations are fully equal to the most perspicuous set of rules that could be framed: and it is not easy to conceive more pointed proofs than this correspondent has brought forward. As I profess, in the present tract, to build nothing upon speculation, I shall content myself with referring to Dr. Cogan's letter, and with remarking that, in the habitations of the Dutch, as far as the very important organs contained in the chest are concerned, a constant cool atmosphere seems to obviate the evils of female indolence. To what degree external cold may be supported by the help of warm cloathing, appears from the example of those women, whom, in severe weather, we see sitting beside their stalls in the open streets, for hours together. From the closeness of English apartments, and the light dress of our countrywomen, it would seem as if they were anxious to ensure to themselves all the mischiefs which*

a rugged and variable climate can inflict. About seven years ago, in treating of catarrh, I had occasion to observe: "It has been unfortunate for the inhabitants of this country, that we are not subject to such a continued severity of cold as should oblige us regularly to fortify ourselves by warm clothing. By linen worn exclusively, we lose more in health than we gain in comfort; which comfort is perhaps, after all, merely imaginary; for there is hardly an instance in which the skin does not reconcile itself to woollen, though there is no necessity for placing it next the skin, and cleanliness is just as much in the power of the wearers of woollen. The most simple and effectual method to avoid the influence of sudden changes of atmospheric temperature, is to wrap the body in substances that conduct heat slowly. Both for this reason, and because it is so much less unpleasant when moist, flannel should be worn (at least above linen) during every season in Great-

Britain ; and those who find it necessary, may double it during the winter, spring, and beginning of summer." (*Observations on calculus*, 1792. p. 160). On the same occasion, I suggested the possible use of a portable apparatus for admitting warm air into the lungs in cold weather. This, however, would be cumbersome, and the idea is probably impracticable. According to the Dutch fashion, it is needless. The dress protects the surface of the body from sudden chills ; and the habit of respiring cold air renders the surface of the lungs less susceptible of impression from the most chilling atmosphere.

I fear, however, that this example will have little influence in Great-Britain. To the fastidious imagination of our belles, these good people will exhibit themselves, under their various coverings, as disgusting creatures ; and the lesson which might be learned from the *Vrows* will be set aside by a sneer. Yet it seems not impossible

that the ingenuity which is at present exerted in producing mere variety, might conciliate elegance and utility. Dress is altogether an affair of association, and of very remote association. We see the most opposite fashions suddenly succeed each other, without scandal to the beholders; and it by no means follows, that a mode in which health should be consulted, must necessarily detract from the admiration that would otherwise follow the wearer.

It should seem, however, that unless we could prevail upon ourselves to make our apartments, by degrees, more temperate and more open, warmer cloathing would be but a small advantage. Indeed, if worn within doors, I apprehend it would be a disadvantage, just as flannel next the skin, under the heat of the bed-clothes, is particularly injurious. Our ladies, however, would undoubtedly save themselves some suffering by ceasing to "expose themselves, half-undressed, to the fogs and frosts of our

island." Additional covering in cold weather and cold places will not, it is true, render the system more hardy, but it will often prevent injury for the time.

It would be dangerous suddenly to lower the temperature to which the feeble or the delicate have been long habituated. But sixty degrees of Fahrenheit's thermometer should perhaps never, even at present, be exceeded. By gradual reduction we should, I suppose, without unpleasant sensations, be well able to bear a temperature of fifty degrees. In effecting this change, attention must be paid to two circumstances. A fashion of warmer cloathing must be introduced, and contrivances for keeping the feet warm must be adopted. An apparatus of great elegance might be invented, upon the Dutch principle: or the feet, when cold, may be placed upon a close tin vessel, containing warm water. In various kinds of indisposition, attended with cold extremities, I have for some years recommended,



with manifest advantage, a tin *foot-warmer*; and I understand they are now manufactured of a convenient form, by Lloyd, near Norfolk-Street, Strand, London. By this contrivance I have known permanent benefit, derived to persons subject to coldness of feet, whether they were nervous or phthifical. Friction with or without flour of mustard may also be employed. But an expedient, which gives no trouble and is ready at the shortest warning, is particularly desirable. Without it the indolent will still suffer their extremities to remain in a state of pernicious torpor. It is for discretion to prevent the too great abuse of the application. Though I suspect this to be one of the cases where abuse is less dangerous than neglect.

How far close, heated apartments, which appear so injurious by rendering the lungs incapable of bearing the impresson of cold, contribute upon the whole to comfort—the purpose for which they are immediately

designed—is exceedingly doubtful. No inhabitant of a climate like ours can be always sheltered from its rigour ; and there is a well-known law of sensibility, which continually tends to render the expedients of indolence abortive. On this subject, I hope I may be allowed to produce a passage from one of my former publications, as I still entertain exactly the same sentiments.

“ In aid of delicacy of constitution, art has engaged in many a contest with nature. The carpeted flooring, stuccoed walls, and double doors of modern apartments, are intended as its screen. But these, even if they were to be reinforced by the double windows of the north, would be an unavailing protection. Nature, brandishing her scourge, pursues with quicker steps than those who forsake her ordinances can retire. The susceptibility of impression increases faster than ingenuity can bar out external agents ; and in the best secured

fortrefs of effeminancy, it is the fate of the occupant to shiver more at the inclemencies of the seasons, than the mountaineer who is exposed to all the blasts of winter." (*Lecture introductory to a course of popular instruction*, p. 28. Johnson).

To render the foregoing representation more clear and convincing, I add a few explanatory reflections on the particular manner in which a cold or variable climate affects different people. The attentive reader will have remarked, that not only the more active part of the labouring class in Scotland, but also the hardy and weather-beaten tribe of butchers, fishwives, sailors, and keelmen, frequently experience rheumatic and other inflammatory seizures. These are visibly produced by considerable and sudden changes of temperature. Respecting the manner in which this effect takes place, medical reasoners are by no means agreed; some supposing mere cold to be the agent; others, that the *subsequent*

stimulating power of heat is necessary; just as in frozen limbs, incautiously heated, inflammation runs so high as to induce mortification, which is but a different degree of the same operation.

Whichever of these be the order of nature, it is easy to see how a cold climate will act. Circumstances will prepare certain parts for the influence of cold alone, or of cold succeeded by warmth. Thus a labourer whose work necessitates strong action, will have the muscles of the limbs he exerts most, in a state to be most affected by cold. This is the first step. Now let us suppose him chilled or wetted on his way home; he will probably approach the fire with as little suspicion of injury as the moth rushes into the candle. He will at the same time eagerly swallow the most cordial draught he can command. A febrile tumult will be excited through his whole system; and inflammation will seize him in the form of rheumatism.

The supposition, therefore, (which seems to me perfectly established by exact observation), that such inflammatory affections are the effect of heat, or other stimuli, acting on chilled parts, accords as well with the practice of life, as the supposition that they arise from direct cold. It is easy, either way, to understand how they seize the moist membrane that lines the nostrils, the throat, and the chest, assuming the form of cold in the head, quinsy, or pleurisy, just as when circumstances direct the action of the powers towards the muscles, rheumatism is produced. Thus persons much exposed will be much subject to rheumatism, and analogous complaints. Whatever might be the effect of caution in avoiding sudden heat, a robust habit will be no protection. But, as I shall endeavour to explain below, the consequences to the lungs of catarrhs, or common colds, will depend almost entirely on the habit.

In persons habituated to heated apart-

ments, what will be the part most prepared for the effect of a cold atmosphere? Will it not be precisely the chest? Does not this appear to be the principal or sole cause why, in England, women are more subject to pulmonary diseases than in Holland? In the West-Indies do they not escape consumption, because though the predisposition or *interior* cause is present to a greater degree than in women at home, the exciting or *exterior* cause is wanting? Is not this fully confirmed by the observation, that females, when they come from the West-Indies to reside in England, are exceedingly subject to consumption. No person, I presume, accustomed to observe our female victims to this complaint (I speak of the more opulent class), can contemplate the following portrait of the Creole women, without conviction of their stronger predisposition to the disease.

“ The ladies of these islands, have indeed greater cause to boast of this fortunate

exemption (from fatal inflammatory disorders) than the men ; a preeminence undoubtedly acquired by the calm and even tenour of their lives, and by an habitual temperance and self-denial. Except the exercise of dancing, in which they delight, (*how like the ladies at home ?*) they have no amusement or avocation to impel them to much exertion either of body or mind. In their diet, the Creole women are, I think, abstemious even to a fault. Simple water, or lemonade, in which they indulge, and vegetable messes at noon, seasoned with cayenne pepper, constitutes their principal repast. The effect of this mode of life, in a hot or oppressive atmosphere, is a lax fibre, and a complexion in which the lily predominates rather than the rose. To a stranger newly arrived, the ladies appear as just risen from the bed of sickness. Their voice is soft and spiritless, and every step betrays languor and lassitude.-----In one of the principal features of beauty, how-

ever, few ladies excel the Creoles ; for they have, in general, the finest eyes in the world ; large, languishing, and expressive.” (*History of the British Colonies in the West-Indies. By B. Edwards, Esq. ii, 10.*) The whole of this delineation, and particularly the last words, left me little doubt respecting the appearance of the eyes. But as a celebrated physician in this country holds a large pupil to be the sign of a predisposition to consumption ; and another in Germany holds a large pupil, with blue eyes, to be an essential sign of the scrophulous constitution\*, and even to denote a scrophulous affection of the mesenteric glands, I thought it worth while to enquire of Mr. Edwards concerning this particular. The reader is acquainted with his answer.

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\* Mehrentheils blaue augen, und der Augenstern weit und gross. (Diess verraeth sehr oft schon den verborgenen Feind im mesenterium). *Hufeland Skrophelkrankheit Jena 1795. S. 115.* Mr. Warner, however, is said to have first pointed out this dilatation of the pupil (*mydriasis*) as general in scrophula.



The temperature of the air in France, Italy, and even Portugal, (where during part of the year, invalids so disagreeably feel the contrast between the warmth of the sun and the chilliness of the shade) is, I suppose, at all times sufficiently rigorous to injure weak lungs. But concerning the comparative frequency of disease in these countries, and its causes, I would be understood to speak with a diffidence proportionate to my want of minute information. As little can I say satisfactory concerning the origin of consumption in Madeira, where the climate is uniform, and where the inhabitants are far from indulging in artificially heated rooms. Only this I have been told by those who speak from their own feelings, and from observation upon others, that on moving from the valleys to the higher grounds, the difference of temperature is exceedingly sensible, and that *catching cold* is an accident, to the full as common as in England.

*The connection between catarrh and consumption---that between the scrophulous temperament and consumption---and the formation of tubercles, are questions, of which the solution is essential to just theory; and if I judge rightly, the solution of each is necessary to the complete solution of the others. But I forbear to consider these topics minutely at present, partly because a still more accurate examination of morbid appearances in the dead body is wanting, and partly because the discussion would be matter scarce fit for the perusal of any but the instructed physiologist. But as the tribe of empirics have always taken advantage of the inaccurate sentiments, that prevail concerning the connection between catarrh and consumption, to frighten the public into the purchase of the compositions they offer to sale, and as the other two questions are deeply interesting, I shall, with sincere distrust of my talent for expo-*

fition, endeavour a little to assist the conception of unprofessional readers.

The formation of new parts (whether natural or excrescent), the removal of old parts (a process which we see exemplified when the skin is *eaten away* by ulceration), and the too great, too little, or the proper lubrication of moist surfaces, depend upon a balance between too opposite sets of agents. One brings supplies; the other in equal time carries away part, or the whole, or more than the whole, of what the other brings. One is *exhalant*, the other *inbalant*. The agents or vessels that convey, are the arteries with their appendages: those that carry away, are the absorbents. Of that which is conveyed, and of that which is carried away, the quantity and quality differ according to the state of these two sets of vessels. Thus in a strong man, the discharge from an ulcer shall perceptibly differ from the discharge from a similar ulcer in a weak man--the matter filling the pustules of

the small-pox shall differ in different constitutions---but make the weak man stronger, and the discharge from the ulcer or the matter in the pustules, shall alter in quantity and quality. At the same time, the strokes of the arteries may be felt to be altered in number and force.

When a strong, cold wind blows upon the eye, the liquid, which in a healthy state of that organ but just suffices to keep the surface moist, overflows in profusion. We see the same thing happen with regard to the nostrils. In these cases, the evident destruction of the ballance between the two sets of vessels, appears to depend on the lessened power of the *absorbent* vessels. Many phænomena render it credible, that by the first impression of cold (whether on account of their position or structure) these are commonly weakened more than the arteries. In the act of respiration, when the surface of the lungs is repeatedly swept by cold air, the balance between the

opposite sets of vessels is altered ; and the more perhaps in favour of the arteries, as the organ or the constitution is weaker. The weaker also the absorbent vessels, the longer before the disturbed equilibrium is restored. A blister continues to discharge much longer in the weak than the strong. I am not sure but a scale for measuring the strength of different constitutions may be obtained upon some such principle.

When any naturally moist surface is inflamed, the balance is also lost. At first there is too little moisture. On sensible surfaces, as that of the nostrils, dryness is felt, and *huskiness* in the throat. Here the absorbents act with unequally increased power.---Afterwards there is an excess of secreted moisture, as is seen in the expectoration, and in the discharge from the nostrils. In old, weak people, a bad cold often occasions suffocation ; so great is the quantity of secretion, or so little that of absorption by the vessels on the surface of

the lungs : and in the greater or less viscosity, the yellowness or greenness of the expectorated matter, a variation of quality is manifest. Diseased secretions from the lungs differ in all degrees, from the tenuity almost of water, to the hardness of stone. The secretion, in these cases, is not confined to the surface ; it extends to the whole substance of an organ, which is lax, spongy, or full of innumerable small cells, communicating with one another. In colds, the thickening of the membrane of the nose, and the sense of fullness in the chest, probably arise in part from excess of interior secretion, without adequate increase of absorption.

From the altered balance between the two sets of vessels, together with the altered quantity and quality of the matters exhaled and inhaled, let us try if we cannot form an idea of the scrophulous enlargement of glands, of the formation of tubercles, and of the effect of colds, both

when they go off without injury, and when they are followed by consumption.

Lest I should scandalize the anatomist, who knows that no glands have been found in the cellular substance of the lungs, I think it proper to declare, that it is not my intention to represent the scrophulous enlargement of glands, and the formation of tubercles, as identical, but merely as analagous, processes.

In scrophulous swellings of the glands, the absorbents act more feebly than the arteries. More is conveyed than is carried back. Hence there is probably a more than natural deposition of moisture in the cells, and certainly an increase of substance. By this very accumulation, the action of the arteries seems considerably altered; and the gland commonly becomes full of a matter of soft consistence, like curd mixed with cream. A mixture of the same kind often fills pimples that rise on the face and other parts. They are filled exactly in the

same way, by the preponderance of the power of the arteries, and by their altered action. A substance is thrown out, which the absorbents do not remove at all, or not so fast as it is accumulated.

Those substances, which on account of their hardness are called stones, are formed by an operation precisely similar.

Should any stimulus so alter the arterial action as to cause a hard particle to be thrown out into the loose cellular substance of the lungs, and should the absorbents be unable to remove it, the foundation of a tubercle will be laid. Accretion not only may take place from a continuance of the original action; but the nucleus itself, as it appears, may stimulate the arteries to throw out more substance. An experiment, tried, I believe, by Dr. Haighton, upon an animal of a class particularly exempt from consumption, seems strongly to confirm this very simple reasoning. Two drams of quicksilver were thrown into one of



the veins of a dog. In less than two days a degree of feverishness followed, as appeared from the hardness and quickness of the pulse. Difficulty of breathing, and cough, quickly succeeded. These symptoms increased till the death of the animal. On dissection, tubercles were found in the lungs. Many of these tubercles were full of purulent matter; and on cutting open those which were still firm, a globule of quicksilver was discovered in the center of each, "forming a kind of nucleus to the circumscribed inflammation or tubercle," (*Saunders on the liver.* p. 236). Here it is evident that the quicksilver, having been delivered by the veins to the heart, and by the heart to the arteries, was by them thrown out into the cellular substance of the lungs, and probably into that of the whole body. The absorbents not being able to remove it from the lungs, the arteries were stimulated to secrete the matter of which tubercles consist.

When bruises, falls, and hard, rough powders injure the chest, the arteries must be stimulated to secrete an unhealthy substance, which the absorbents do not take up again. For this purpose a material stimulus is not necessary. It is easy to conceive that variations of temperature may act in the same manner. And this consideration will enable us to understand why catarrh should sometimes produce consumption. When a *cold* affects the chest, the destruction of the balance between the arteries and absorbents is obvious. But it may be very differently destroyed in the robust and the feeble. The arteries may throw out upon the surface, and into the substance, of the lungs, one kind of matter in the robust, and a very different kind in the feeble. And in one, before the complaint is terminated, the absorbents may take up the whole of what is thrown out; in the other, they may leave the whole, or a part. No other cir-

cumstance more distinguishes the strong constitution from the weak, than the power of the absorbents to reinstate in its former condition, an organ in which the balance between them and the arteries has been destroyed.

By *strength of constitution*, I need scarce say that I do not mean absolute muscular power, but the power of vigorously performing the functions appropriate to the age. This strength of constitution the infant may possess as well as the adult.

The experiment with the dog curiously illustrates the range of time during which tubercles are formed in different instances. The almost immediate production of fever by the injected quicksilver, and the other phænomena, seem to prove that the secretion from the exhalants was soon changed, and that tubercles began to form in less than eight and forty hours. This gives to understand, why in certain habits, consumption succeeds catarrh without any

interval. The tubercular process is often, as we shall see, infinitely slow. Disorders of the same denomination, by reason of the term that must elapse before a certain effect is produced, are often distinguished into *acute* and *chronic*. The distinction would be no where more applicable, if endless intermediate gradations did not render it impracticable to draw any line in the case of tubercles.

More completely to investigate the scrophulous source of phthisis, many years ago, I proposed to different anatomical friends, to compare the matter of tubercles with the matter of enlarged mesenteric glands, when atrophy (*tabes mesenterica*) accompanies or precedes consumption, as very often it does.\* The similarity of the matter would prove the similar action of the vessels by which both are produced.

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\* "Very often I have found the *tabes mesenterica*, which is a scrophulous affection, joined with the *phthisis pulmonalis*," Cullen's practice of physick. DCCLXXIX.

It is, I apprehend, a great mistake, to suppose that scrophulous disease may not arise in parts not glandular.† The absorbent vessels having been every where discovered except in the brain, that destruction of balance, which I have so frequently mentioned, may take place in the degree appropriate to scrophula, even where there are no glands. It must however be observed, that experience proves glands to have a structure peculiarly favourable to this sort of disordered action.

My friend, Mr. Bowles, surgeon in Bristol, (a skilful anatomist, and experienced observer of diseased appearances), whom I had requested to compare the

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† Systema quidem lymphaticum primariam morbi nostri sedem constitute virusque scrophulosum tantum non semper primos decubitus facit in glandulas conglobatas sive lymphaticas. Minime vero ad hasce solas adstringunter scrophulosi tumores, prout inepte asserit Cl. Diel; sed si invaluerit malum penitiusque insederit, alius quopue generis glandulæ, quinetiam *partes non glandulosæ* ab eodem afficiunter. Kortum I. c. I. § 9.

substance of tubercles, and of scrophulous lymphatic glands, when he found them together in the same subject, has favoured me, in a letter dated April 5, 1799, with the summary of his observations. " I have not noted down any observations on the resemblance between tubercles and diseased mesenteric glands, but in the examination of dead bodies, I thought I could discover several proofs of affinity between them.---Their different stages are similar, tubercles are frequently found almost as hard as cartilage, apparently inorganized, and on trial, impervious to injection: diseased mesenteric glands are met with in the same state, except that I have not yet endeavoured to inject them. In other instances they are both found to contain a curdlike matter floating on a thinner fluid, and sometimes I have discovered ossific matter in them both. *In cases of tubercular phthisis, I have repeatedly seen the mesenteric glands so similar*

*in appearance to the tubercles, that if the latter had been removed from the surrounding lungs, I do not think it would have been possible to distinguish between them."*

In a consumptive patient, who expectorated stony concretions along with purulent matter, and whose lungs after death were found full of tubercles, I observed the same kind of stony concretions in the lymphatic (or absorbent) bronchial glands; a proof that the same kind of action had taken place in the vessels both of the substance of the lungs, and of those glands. It would be well worth while to subject the morbid matter found in tubercles, and in scrophulous mesenteric glands, as well to chemical tests, as to further inspection.

These considerations seem sufficient to prove the resemblance between the species of ailment termed scrophula, and the production of tubercles in the lungs. But tho' they were perfectly identical, they ought not, according to the laws of the animal

œconomy, always to co-exist. Neighbouring parts, and similar parts, sometimes fall into the same action, and sometimes they do not. *One* eye may be inflamed, or it may draw the other into consent. The corresponding tooth on the opposite side may follow its fellow into decay, or it may continue sound. But however frequently similar parts sympathise, there exists not a gland, nerve, or muscle,—perhaps not the fibril of a nerve or muscle—that may not be singly disordered. The diversity of event will depend on the constitution of a part, or on intervening circumstances, that escape notice. But the analogies are sufficient to make it appear quite in order, that consumption, though so often preceded or accompanied by scrophula, should nevertheless often separately occur. We have seen Mr. Carlisle (p. 70 *above*) distinguishing a kind of consumption, where the lymphatic glands at the root of the lungs become ulcerated, the



substance of the lungs being found. Future enquiry may perhaps teach, that what has occurred to Mr. Carlisle, of the infrequency of consumption in “persons afflicted with scrophulous affections of the superficial lymphatic glands of the large joints or bones (when scrophula attacks these parts early in life),” is not general. It is at the same time possible, (and the fact deserves to be ascertained) that scrophulous affections of other parts may more usually accompany the phthical disposition of the vessels in the lungs. So endlessly diversified are the states of the living system, and of its separate organs! The affections themselves, which we class under the title *scrophula*, when minutely examined, are considerably different from one another; and it would be more conformable with the course of nature, to regard scrophula, and the tubercular consumption, as depending upon a kindred species of debility, occupying different seats, in con-

sequence of which these affections alternate, or concur, or attack separately, as they are influenced by a variety of external and internal causes.

*The relation which pulmonary consumption bears to a certain age, and the cause of that relation, are questions which may justly excite the curiosity of the reader. But the physiological information we at present possess, does not enable us to gratify that curiosity. A writer who has favoured me with his correspondence observes: "There has always appeared to me two kinds of pulmonary consumption, one of which begins with slight hæmoptoe (spitting of blood), and which is generally seen in dark-eyed people, with large pupils. The aperture of the pupil, in both these kinds of consumption, is generally large, which evinces the inirritability of the eye, and thence perhaps in consequence, the inirritability of the whole system. The former of these consumptions is generally hereditary, without*

any appearance of scrophula ; and the latter with appearance of scrophula, in the present, preceding, or third generation upwards. The former commences more certainly between the ages of seventeen and seven and twenty ; the latter attacks people of all ages." (*See Dr. Darwin's letter of Jan. 17, 1793, subjoined to the author's LETTER TO ERASMUS DARWIN, M. D. p. 64*). In six years (that have elapsed since this letter was received) of unintermitting attention to the consumptive, I have remarked that the disorder in the dark-haired, beginning with spitting of blood, bears a small proportion to that variety which does not begin with spitting of blood. From the cases I have seen, I should think the proportion could scarce amount to one in ten. I know not if sufficient pains have been taken to examine the lungs of this division of the phthifical. It would be desirable to know if they are always filled with tubercles, as they certainly

often are: for, if so, we might sometimes learn the date of the incipient formation of tubercles. The *hæmoptoic* variety of consumption has occurred to me nearly within the limits specified by Dr. Darwin. But though I have known both infants (as was ascertained by dissection), and the aged, affected with the other variety, yet that also has far most frequently occurred between the season of puberty, and the five and thirtieth year.

This must depend upon some original or acquired property of the living system, not yet fully elucidated; to which the too strict confinement of young people, particularly of young women, may give greater effect. Is it that the absorbents of the lungs have generally less power in proportion to the arteries about the phthical period? In the latter stage of catarrh, children, if I mistake not, expectorate much less than grown people. I do not speak of infants who have not learned to perform

the series of motions necessary to expectoration, but of those who are old enough to discharge all the superabundant secretion in the chest. In children, when the lungs have been greatly weakened by some disease, as the measles, and a cold is taken, large expectoration easily follows, and consumption itself. As hæmoptoe scarce occurs in early life, the power of the veins to carry on the circulation in the lungs, must at that time be equal to the power of the arteries; and between the veins and absorbents, there is an obvious analogy of function; for of those colourless fluids, that in the state of health are not discharged from the body, there is also a circulation; the exhalants carrying them from the heart, and the inhalants, or absorbents, carrying them back again. Tubercles form in advanced life, when the absorbents of the lungs are weak; and it is observed by Mr. Kilgour, that among the old fishwives, consumption, in some

rare instances, occurs after the chest has greatly suffered from colds (pp. 54—55); which confirms the present supposition, and seems to prove (what I have long suspected), that frequent and severe catarrhs sometimes generate a phthifical disposition; a fact of some importance in estimating the effect of cold climates.

The growth (and often the rapid growth) of the phthifical, in all the stages of the disease, is a phænomenon that must have arrested the attention of those medical men who think concerning what they see. We frequently observe, that one function is vigorously performed long after another has been greatly impaired. Nor has any one been completely able to distinguish how wheel propels wheel in the movements of the animal machine. The apposition of new matter depends on the arteries. But physiologists observe, that the absorbents have a large share in the formation of new parts; whence it would follow,

that in the rest of the system of growing consumptive people, the absorbents are active, however inert they may be in the lungs. Otherwise, the new parts must have a preternatural structure and chemical composition, which a more subtle anatomy, and the creation of the science of *animal chemistry*, may enable future physiologists to detect.

It is often asked, whether consumption has become more frequent in modern times. To give a certain answer, we should be acquainted with the population of the country at different periods, and the number of deaths from this disease. But in the total want of such documents, the decision of the question must rest with the philosophical antiquary, who will perhaps be most safely guided in his investigation by an analytical consideration of the causes that affect the habit. Accuracy would require, that in some instances, the condition of different orders of society,

and of the sexes, should be separately considered.

It seems probable, that the general diet of former centuries was more invigorating. The opulent of both sexes, as far as I can collect, partook rather more largely of animal food. Mr. Strutt (*View of manners, customs*, iii. p. 110) speaking, on the authority of ancient chroniclers, of the time of Henry the eighth, Elizabeth, and some succeeding sovereigns, observes, that “in those days, when coffee, with various other like stups, were not known, it was no uncommon thing for the chief lords and ladies of the court to breakfast upon a fine beef steak broiled, with a cup of ale, and that at eight, or perhaps nine o'clock in the morning, at farthest. They then usually dined at mid-day, or one o'clock, and such as eat suppers, most commonly sat down to meat about seven, or a little before, in the evening.” The same author quotes a play of that period, in which a citizen



declares, he has sent his daughter in the morning as far as Pimlico "to get a draught of ale to fetch a colour into her cheeks." Holinshed (*Descr. of Britain*, p. 94.) after saying that "the gentlemen and merchants keep much about one rate, and eache contenteth himself with foure or five or six dishes, when they have but small resorte, or peradventure, with one, or two, or three at most, when they have no straungers to accompanie them at their own table," adds: "the artificer and husbandman make greatest account of such meate as they maye soonest come by, and have it quicklyest readie: *their foode also consisteth principally of beefe, and such meate as the butcher selleth, that is to say, mutton, veal, lamb, pork.*"

By determining whether the proportion of pasturage to population would not furnish each individual with a larger proportion of animal food in past ages, the political œconomist could perhaps throw

further light upon the antiquities of diet. Indeed, the work of SIR JAMES STEUART, which has most undeservedly been supplanted by later publications, contains disquisitions, tending to confirm the opinion, deducible from the preceding authorities.

The hour of meals seems, as far as this circumstance can have effect, to be less favourable to health in modern times. After a slight breakfast, we expose ourselves for many hours, during a part of the year, to the utmost rigour of the climate, and take our most cordial meal just as we are about to shut ourselves up in warm apartments. But as dinner, on account of the substances of which it consists, imparts to the system a permanent power of resisting cold in a much greater degree than breakfast, it would probably be more wholesome to invert these meals in winter.

The vegetables formerly in use, seem likewise to have been more strengthening. These were, I suppose, in winter, prepara-

tions of wheat, rye, barley, oats and pease. The custom, still preserved in old-fashioned families, of beginning dinner upon pudding, seems to shew how much dependance was placed on farinaceous substances ; for when the dishes brought to table are not numerous, that which is taken first, will constitute a large portion of the meal. And as the old English, or Saxon, pronunciation, is preserved in our northern counties, and in the lowlands of Scotland, so I imagine porritch, (or hasty-pudding of oatmeal), crowdie, frumenty, fowens, bannocks of different kinds, pease-kail, are so many dishes which were general before the introduction of potatoes. This root, as far as it has supplanted grain, has probably contributed to the degradation of the human species. I had heard much of the hale constitution of the poorer Irish ; but the families, whom I had an opportunity, in 1794, of observing in their native cabins, abounded beyond any example that had occurred to

me, in sickly, scrophulous, and apparently ill-nourished objects. By persons who during the present war have had the best means of becoming acquainted with the difference, I have been assured that, in the West-Indies, a slighter injury produces foul ulcers of the leg in Irish than in British soldiers. This, whatever be the cause, is a token of inferior vigour in the vascular system. To the medical philosopher, few measures would be more gratifying than a fair and extensive enquiry concerning the state of health of those Irish who live almost exclusively on the potatoe—of which the utility, as a supplementary article, and as a resource against famine, must be fully acknowledged by those, that doubt whether it ought to be depended upon as the staff of life. I suspect it to be much too slender properly to support such a burden.

The subject of exercise would require to be treated with great discrimination. Upon the whole, I think, a change has taken place,

unfavourable to health. Since the feudal times, the bodily condition of the male sex, in the different ranks of society, appears to have been reversed. The knights and nobles prided themselves on being more athletic than their vassals. By their superiority in this respect, and the heavier arms which that superiority enabled them to bear, an hundred knights were accounted an overmatch for a thousand light-armed horsemen.\* But it is not only the history of their prowess, confirmed by the examination of their armour, that deposes in favour of the superior strength of the sons of ancient chivalry. Their remains have convinced careful observers of their herculean form. Concerning the bones preserved at Murten, as a monument of the

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\* C'etoit la Gendarmerie (that is, the heavy armed knights) qui faisoit toute la force de l'armée. Une ancienne chronique dit, que cent gendarmes suffisoient pour battre mille autres cavaliers, armés à la légère. *Encyclop. methodique. Art militaire. p. 557.*

victory of the Swifs over the Burgundians, one of these observers remarks, that “ the 300 years during which they have been exposed in great measure to the open air, have little affected their prodigious firmness of structure. Such bones and parts of bones as now moulder down in a few years of exposure, were evidently firmer than in the recent subject. From rubbing together in my box they acquired, here and there, the polish of the enamel of the teeth. Out of the charnel-house at Murten, I selected skulls that attested the strength of the stroke by which, as appeared from the marks, the helmet was cleft, and which, being pierced in the orbits by the point of the spear, probably belonged to knights, since the spear would be directed against this, as the most vulnerable part. I still possess these specimens; and I consider them as an incontrovertible answer to the question, *how these knights could wear armour insupportable by the present*

*race?*---They were more hardy and athletic than we are.

Of these reliques of ancient heroes, I chose some, in which the still growing teeth bespoke youth; others where the half-blunted teeth bespoke mature age, and others in which the advance of life appeared from the attrition, and the loss of the teeth; a proof that the young and old could wear armour, insupportable to the stoutest of the existing race. This singular firmness was common to all the bones, and therefore to both Swiss and Burgundians. In the armoury at Berne, I had before seen by thousands, helmets, breastplates, battle-axes, and swords, that were won in that battle. I conjectured that these arms belonged to a stouter generation than the present, and I found my conjecture verified by the bones themselves. In these observations there cannot be any fallacy, as no foreign matter has insinuated itself into the substance of the

bones." (*Ebell uber die bleyglasur. Hannover, 1793. f. 220.*)

Hunting and hawking which succeeded to the severer toils of chivalry, prevented the higher classes from suddenly declining below the corporeal standard of their inferiors. Within these few years, we may have observed the rapid progress of indolent indulgences; exercise on horseback nearly abandoned for the use of easy carriages; the pernicious habit of desultory reading for amusement occupying many hours of the day; and such gratifications in general preferred, as can be enjoyed with least exertion.

The modern easy methods of transacting business, the conversion of pasture into arable land, and perhaps other causes, as the adoption of a slenderer diet, have rendered the class of farmers less hardy. In Ireland, as appears from the following memorandum, for which I am indebted to a person of nice observation, an evident



and rapid change of the same nature has lately taken place. The reader will perceive that the phænomenon does not the less apply to the present enquiry, because no mention is made of pulmonary disease. Though, in this climate, the frequency of consumption will be nearly in proportion to constitutional feebleness, yet consumption is far from being the only ailment to which the puny among our countrymen are liable.

“ The observations I had mentioned to you, were made on the small gentry of a remote country in the north west of Ireland. Though they have uniformly indulged in the pleasures of the table to great excess indeed, they have enjoyed nevertheless a degree of health, which has always amazed me. Several, upwards of seventy years old, and some, in *extreme old age*, have assured me, that they never suffered a weeks’ ill health in the whole of their lives. These habits seem, however, to

have been fatal to their descendants. Some have already fallen victims to intemperance, and some, under the age of forty, are palsied and greyheaded, and shew evident symptoms of premature decline. I could never observe any difference in their general habits of living, except in the single article of more or less exercise: the old gentlemen, either from business or pleasure, passed almost every day in the open air, and on horseback: the juniors spend a more indolent and sedentary life, as from the encreasing agriculture of the country, they can procure a greater income by letting their estates to farm, than by pasturing them on their own account, as had been the usage heretofore; at the same time, that the consequent improvement and enclosure of the country throws obstacles in the way of the chase and other rural amusements."

The greater number of artificers, employed at sedentary occupations in close

rooms, would alone justify us in affirming the greater frequency of consumption upon the whole, in modern times. In comparing the manufacture of many articles of luxury with their destination, it would appear as if there existed a solemn compact, in virtue of which one set of persons had engaged to destroy their health in making what another set should destroy their health in wearing.

From the spirit of imitation it may be concluded, that the children of active parents would delight in feats of activity; and in this propensity they would no doubt be encouraged. For the æra of the Tudors, if we could rely on the authority of the rhymers, a copy of verses, quoted by Mr. Strutt, from a manuscript in the Harleian library, would be decisive with regard to the youth of both sexes.

*Auntient customs in games used by boys and girls, merily sett out in verse :*

Any they dare challenge for to throw the sledge,  
To jumpe or leape over ditch, or hedge;

To wrastle, play at stoole balle, or to runne,  
 To pich the barre, or to shoote of a gunne ;  
 To play at loggets, nine holes or ten pinnes,  
 To try it out at foote-ball, by the shinnes ;  
 At tick tacke, feize nod, maw and ruffe,  
 At hot cœckles, leap frogge, or blind man's buffe :  
 To drink at the halper pottes, or deale at the whole can,  
 To play at cheffe, or pue or inkehorne  
 To daunce the moris, play at barley brake,  
 At al exploits a man can think or speake,  
 At shove groate, venter poynte, or cross and pile,  
 At beshrew him that's last at any stile ;  
 At leaping over a Christmas bonfire,  
 Or at the drawynge dame out of the myer,  
 At shoote cock, Gregory, stoole ball and what not,  
 Picke poynte, toppe and scourge to make him hot.

The proportion of active games in this list, is sufficient for all purposes of health ; but it does not well appear how the *girles* could partake in them all.

The ancient use of horses, on occasions where carriages are now employed, must have given females some advantage in point of air and exercise. The passages which describe the feasts and sports of former ages, seem, if one may argue from the practice of the court to general practice, to shew that women were more ready to

exert their limbs, and that with them life languished less, than at present. Thus immediately after dinner—

To daunce they went, all in fame,  
 To see them playe, hyt was fayr game,  
     A lady and a knyght - - - - -  
 Ther they playde, for sothe to saye,  
 After mete, the somerys daye,  
     All what hyt was neyr nygt.

Tilts, tournaments, mayings, hawking, archery and other diversions, if they did not put the ladies to much exertion, would take them abroad; and from having been inured to unequal temperatures and to streams of air in their open and ill-finished apartments, they would the less shrink from the contact of a cold atmosphere, even if a warmer dress did not afford its protection.

All these topics would require to be treated with greater minuteness and with distinct reference to the several periods of our history. I cannot be certain that, on a strict search, no counteracting causes

would be discovered. I can however think of none powerful enough to bring the constitution of that class, which was placed above the want of necessaries, and particularly of the women, to so low an ebb of debility, as it has been reduced by modern usages.

THUS HAVE I ENDEAVOURED to trace the principle of connection between the facts, related in the preceding sections. Objections, good or bad, will be started against my explanation. Let it therefore be remembered, that the facts stand on their own distinct ground; and that no intermediate reasoning is necessary to connect them with physical education, of which it is unquestionably, in this country, the most important object to guard against all tendency to consumption.

We are assured that the revolutionary

tumults have occasioned hysterical and hypochondriacal disorders totally to disappear from among the French. We have ourselves, seemed to touch upon a crisis, when the British fibre might have been restored to its pristine tone, and the disposition to consumption perhaps eradicated.

But to the present generation so violent a remedy would have been worse than the disease. If one portion of the feeble had been rendered hardy, the larger would have sunk under the trial.—At present, we flatter ourselves that the madness and wickedness of men in power among our adversaries, have effected that deliverance, of which we despaired from the wisdom of our own councils. But the fluctuation of events during the last seven years, should prevent us from lulling ourselves into too profound a security: and it may keep apprehension alive, if we consider that the persons who are the most ready to assure us that *the comet is past,*

*never to return*, are precisely those who have hitherto committed the wildest errors in their attempts to calculate the movements of the political system.

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*Of the PHTHISICAL EXTERIOR.*

Having said so much of the affinity between scrophula and consumption, I shall briefly mention the principal indications of a scrophulous habit. Before the complaint has fixed upon any particular part, scrophulous children have a full countenance, their veins are large, (a probable sign that the veins have less proportionate power than the arteries), their cheeks ruddy, and their eyes, usually, light, with a wide pupil. The hair is soft; the nose thick, the upper lip swoln. The whole habit has a weakly appearance, and the flesh feels flabby; the body, however, is plump,



and the skin smooth. As they grow up, swellings of the glands are perceived about the neck, and a whole chain of tumours may often be traced in this part. Some of these tumours gather and break, and when one is healed, another near it gathers and breaks, and so on in succession. Pain in the ear, with discharge of matter, repeatedly occurs. The eyes are apt to inflame, and the clear part of the eye acquires white opaque spots, which shift from place to place. Many scrophulous children have quick and lively parts.

The disorder, however, not unfrequently shews itself in a different form—especially in poor families, where children are fed on water-gruel with potatoes, and where perhaps their allowance even of this miserable fare is scanty. The countenance acquires a pale hue, appears bloated, and what medical writers term *cachectic*. The upper lip is particularly tumid. The eyes are dull instead of bright. Privation

and pain necessarily produce ill-temper, and sometimes stupidity. It is natural for the want of food, sufficiently nourishing, and in sufficient quantity, first locally to affect the stomach and bowels. Here therefore, the disease first manifests itself ; and there will perhaps, be few or no swellings about the neck, and these, if they take place, more rarely or more slowly come to suppuration than in better nourished subjects. The lymphatic glands situated near the bowels, known by the name of the *mesenteric* glands, swell. As the action of these glands is necessary to due nutrition, the body becomes gradually emaciated ; the wasting of the limbs is peculiarly evident ; the patient pines for a time, seems to grow more and more insensible to his own misery ; exhibits to the spectator a most melancholy aspect of humanity, and at length, dies of compleat atrophy.

Smoothness of skin, and soft hair indi-

cate an original deficiency of constitutional vigor. There are authentic observations of persons, whose hair in health is crisp, but becomes strait and soft when they are ill. It was the case with Mirabeau, the well-known orator of the French constituent assembly.

Scrophulous tumours, in all their degrees, appear evidently to depend on a too feeble action of the absorbents. The bloated countenance is a first degree of dropsy, the moistening liquid of the cells being exhaled in greater abundance than it is inhaled. The swelling of the upper lip, and thickening of the nose, depend partly upon this cause, partly perhaps upon the enlargement of a variety of glands that are situated there, which receive more liquid and more solid matter from the arteries, than the absorbents carry back.

On the enlargement of the pupil, which has been mentioned as a mark of the scrophulous temperament, and as a sign of

consumption, it may not be improper to add a few remarks. In strong people, all the muscular fibres have more *tone*, or are habitually more tense, or stretched, than in the weak. The iris partakes of the general condition of the muscles. The pupil is smaller as the iris is more stretched, and the reverse. The inspection of the iris, therefore, seems to prove neither more nor less than the grasping of the arm, the state of the muscles of that member being perfectly ascertainable by the hand. Perhaps the appearance of the iris is the more fallacious of these two tests. For besides the effect of a strong light in diminishing, and of a faint light in expanding, the aperture of the pupil, the smallest inflammation, or sense of heat about the eye, is almost sure to cause a contraction of the pupil. Other affections of the iris from association, are described by medical authors. All these render the inference from the state of the pupil, to the state of the

constitution, less certain. And I do not perceive that the condition of the larger muscles, when the limb is examined in a given position, is liable to equal variations.

If mechanical ingenuity shall ever be applied to its most worthy object, the living system, exact measures of the *tone* of the muscles will, in all probability, be invented. Thus, a bandage encircling a fixed part of the arm, by means of a noose, and having a weight appended to its end, might give a measure of the tension of the muscles which it encompassed. A deeper impression will be made upon the arm, as the habit is weaker, and the weight will consequently sink lower. I mention this as a proof of the possible application of exact measures, to the living system. Ingenious men will contrive others more appropriate and exact.

A certain conformation of that part of the body within which the lungs are lodged, is justly reckoned among the most unfailing

marks of a disposition to consumption ; and particularly a narrow chest. This is often accompanied with a long neck, and with shoulder blades standing out like small expanded wings. The appearance of the shoulder blades seems to depend merely upon the state of the chest, since they cannot adapt themselves so closely to a narrow, as to a broad chest. The long neck is less constant, and is sometimes seen to accompany a well-formed chest.

The narrowness of the chest is, I believe, generally supposed to straiten the lungs in their play during respiration, and hence to injure their substance, so as to occasion pulmonary consumption. This seems to me an erroneous idea. During the opening of dead bodies, I have always observed, that in the narrow-chested, the cavity of the thorax has been as well adapted to the size of the lungs, as in the broad-chested. Were it otherwise, I conceive that this organ would not wait till the age of puberty before it became ulcerated.

Narrowness of chest immediately depends on a weak action of the powers that form this part ; and is often an hereditary fault of conformation. Hence the whole exterior and interior of the chest, are unfinished ; the ribs not sufficiently arched, and the structure of the bones less solid. The debility of the soft parts continues, and at a certain period, tubercles are formed.

Mechanical means, therefore, of widening the chest, in behalf of the compressed lungs, appear to be a misdirection of our endeavours to prevent consumption. If the original conformation can be improved, it can only be done by a treatment calculated to render the whole system more robust. There is no advantage in the use of the dumb bell, beyond any other exertion that employs the arms ; and as swinging weights must always be a task, and will never be performed with ardour, and but seldom with perseverance, it is better not to put

our pupils upon it at all. Even when we regard health alone, exercises having in view some immediate object, level to the comprehension of young people, and agreeable to their feelings, should be always preferred.

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*BLEEDING at the NOSE.*

Among the the earlier marks of a consumptive tendency, frequent bleeding at the nose, without external violence, may be properly reckoned. It commonly occurs to young persons of puny habit, with black hair and black eyes, but is by no means confined to that temperament. It appears to arise from a want of equality in the powers of the arteries and veins, precisely similar to that disturbance of the balance between the arteries and the absorbents, which has been already described



at large. In earlier years, this inequality shews itself in the nostrils; seldom till towards puberty in the lungs; which appears strongly to corroborate the opinion, *that there is in childhood some constitutional cause of equilibrium between those vessels of the chest that carry liquids from the heart, and those that carry them back; which in certain constitutions is destroyed after the period is past.*

It was formerly supposed, that these spontaneous bleedings at the nose arise from too great force of circulation; and that those who are subject to them require a *cooling* regimen, and a strict vegetable diet. It is, however, easy to see that these accidents *may* easily happen when the circulation is generally weaker than in the healthy state of robust people, provided only one set of vessels is feeble in comparison with the other. The arteries may convey blood with a less than the average impetus. Yet if the veins carry it back

much more slowly, a hæmorrhage will take place. To be convinced that *spontaneous* bleedings from the nose and from the lungs do not arise from excess of constitutional vigour, it is only necessary to look at the persons to whom they seldom or never occur. In fact, do we not find the sturdy husbandman, the nervous porter, the full-fed butcher, the able-bodied seaman, the amazonian fishwife, strangers, in great measure, to such attacks? In confirmation, it may be added, that spitting of blood usually happens in the early morning, when the movements of the animal machine are more tranquil than at any other season of our waking hours.

I have observed, that neither bleeding from the nose in early youth, nor spitting of blood about the time of puberty, are limited to the temperament marked by dark eyes. In proof of this assertion, I could relate many distinct cases. The following is one of those instances which

seem to connect the *hæmoptoic* with the *scrophulous* variety of consumption. They probably occur not unfrequently; for is it not natural to expect that a similar want of energy in the two sets of returning vessels—the veins and the lymphatics—should exist in the same subject?

Miss D——, a young lady of a consumptive family, was affected, during her childhood, with frequent and copious bleedings from the nose. About the age of eighteen, she spit blood repeatedly in small quantities about the time of rising; a cough, with expectoration of matter and hectic fever supervened. I saw her when she was far advanced in consumption. She had, at that time, a large scrophulous tumour of the lymphatic glands above the clavicle.

Left what is here said of the spitting of blood in dark-eyed persons of the phthical habit should be misapprehended, I must advertise the reader that the spitting of

blood, which *precedes* consumption, is alone to be understood. In the consumptive of every temperament, spitting of blood and more copious discharges of that fluid from the lungs, than are usually denoted by the term *spitting of blood*, are observed—in consequence, no doubt, at some times, of the encreasing debility of the veins, and at others, of the injury the blood-vessels receive from the progress of pulmonary ulceration.

It is also proper to add, that in cases of frequent and considerable loss of blood from the nose, artificial bleeding may be in the first instance necessary. But when rendered ever so necessary by obstinate continuance, or alarming returns, of the complaint, the operation should only be considered as preparatory to a regimen for rendering the habit robust, which can never be effected by long perseverance in a low diet.

In some constitutions, it has been acci-

dentally discovered, that procuring discharges from a distant organ has prevented a discharge of blood from the lungs. A saline purgative, for example, taken almost every day for many years, has been thought upon good grounds, to prevent hæmoptoe in one or two instances that have fallen under my own knowledge. But by this, nothing was gained towards the extermination of the tendency to consumption. The parties have continued incapable of much exertion or enjoyment. And in the case of children at least, the precarious tenure of a valetudinary life would be but a heartless motive for continued care.

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*Difficulty with respect to ADULTS.*

With firm resolution on the part of enlightened parents, when those parents happen to be in affluent circumstances,

children may be brought up hardy and comparatively robust. Their feelings are all in favour of the plan that would terminate in such a result. That method of education which by precluding the free use of their limbs and their senses, renders them puny, puts at the same time the most violent constraint upon their inclinations; and their demeanour acknowledges existence as a blessing, only during the suspension of that cruel and pernicious imprisonment, to which by the present system of instruction, they are devoted for so large a portion of the ordinary term of human life.

In more advanced years it is otherwise, especially with women. Nature has been completely subjugated by habit. The springs of the constitution have lost their force from disuse. Except under the operation of extraordinary excitements, (for at the idea of a ball, even the Creole fair rouse from their languor) they shun

with abhorrence every exertion that approaches to labour, and cherishing their fatal indolence, fall into consumption, or are suspended, by some cruel disorder, over that devouring gulph.

But at what, if they were ever so willing to essay their unaccustomed muscles, shall ladies—I beg pardon for the expression—shall ladies labour? Yet he who established it as a maxim—*that the Gods sell all good things for labour*—if the state of society, in which he lived, had required him to be more pointed and particular, might have laid it down, that *the Gods do not sell health, the best of things, but for labour*. I have known instances where unhealthy women, and even those who were predisposed to consumption, have acquired vigour in consequence of accidental inducements to such exertions as to them were laborious. What they did, they did cheerfully—at least without anxiety or repugnance. What is generally wanted, is a series of

occupations, lasting and not liable to grow wearisome. Turning within doors, and gardening without, may be well recommended to those who can command a lathe and a plot of ground. The female sex are deeply indebted to Rousseau, and to several botanical authors since Rousseau, but in a most particular manner, to one humane and enlightened physician who has attempted, in such a variety of ways, to facilitate botany, and to render it engaging, and who is at the present moment employed in adding the crown to his labours on the vegetable kingdom. It were to be wished, that by any inducement, the elegant and healthful study of vegetables could be made to supersede the too great devotion of our female youth to music. In its present state, indeed, it is to be lamented that botany is a pursuit that too frequently either proves distasteful to beginners, or soon terminates, because there are few spots that do not cease to supply



objects to the industrious student, when she stops short of the class *cryptogamia*. I have under my eye the letter of a lady who has contributed to the accuracy of the British Flora, in which she confesses that the investigation of plants had for her little interest, except when her emulation was excited, or when she was overcoming a difficulty.

To the ingenuousness of this avowal, I am afraid that the feelings of many other ladies must bear testimony. There is, however, every reason to expect, that the opprobrium will shortly be removed. Chemistry, which every day bestows the refreshing gloss of novelty upon objects, the most sullied by long use, is even now ready, by its inexhaustible power of producing interesting changes, to relieve the insipidity and poverty of Linnæan science. With moderate ingenuity, and the union of some knowledge of chemistry with that of the nomenclature of plants, almost any

female, who resides in the country, or in a country town, will be able to assist in laying the foundation of the science of PHYTOLOGY.

What resource domestic games, such as shuttlecock, can afford, is sufficiently known to every reader. I cannot hope that my recommendation will give them any additional zest. It would greatly contribute to health, and not a little to immediate enjoyment, if any new games of exercise could be invented, or any old ones revived, in which the heavy time of evening visits might be passed. The first attempts to put in practice such an innovation, would appear, even to the parties most convinced of its utility, irresistibly ridiculous. But could any thing be conceived more ludicrous than dancing, if familiarity had not taken away its power to produce laughter?

*The BLOOD-WARM BATH.*

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The free use of the warm bath among the nations of antiquity, to whom the care of the person was so important, has often struck those who have compared their manners with ours. The ancients, particularly the Romans, bathed full as frequently as we wash. The learned French medical antiquarian, Laurence Joubert, has collected many instances of Romans of distinction, who bathed four, five, six, and even eight times in the day. Every one bathed at least once. The prohibition of the bath was numbered among the mortifications to which certain priestesses in Greece were bound by the rigid rules of

their order. (*Marcard ueber die Baeder*, 1793. f. 26).

“ The English (says Mr. Strutt, iii. 70), like their ancestors, were very fond of bathing. Many of the nobility had baths for that purpose in their own houses. Besides these, there were public baths in different places, to which those who could not afford to have them in their own houses usually repaired. The ladies apprehended that bathing contributed to, and preserved, their beauty. For I find in an old manuscript book of prognostications (written as early as the reign of Richard the second), the following advice to the ladies ;—that in the months of March and November, they should not **goe to the bathe for beutye.**”

That a custom, so consonant to the perpetually increasing taste for refinement and luxury, should so entirely have gone into disuse, would be matter of surprize, if the cessation of leprosy on the one hand, and on the other, the dread of being infected

by a different disease,\* did not sufficiently explain the change.

In the mean time, medical hypotheses have spread from the writings of physicians, and caused that to be avoided upon principle, which was given up partly because the

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\* “ The leprosy gave rise to the institution of a great number of baths in Germany. As want of cleanliness for the most part occasioned the diffusion of the infection, frequent ablution served as one of the most effectual means of prevention, for which purpose it is also enjoined in the police laws of the old testament. As much as the bath had been in use among the ancient Germans, so much was it neglected in this period (from 1144 to 1417.) How difficult it proved at that time to habituate men to cleanliness, is apparent from the trouble taken by sovereigns and the priesthood to introduce the use of the bath.

The clergy converted bathing into an act of religion and persuaded the people that they could thereby wash away their sins and obtain absolution. Such baths were named baths for the soul (*balnea animarum* and *refrigeria animæ*). In many monasteries baths (*stube balneatorie* or *vaporaria*) were established, and bequests left for the soul-baths. By virtue of these, the poor people were admitted at stated hours to bathe gratis, either in the cloisters or in the baths of the town, or in the

urgent necessity for it ceased, partly because the circumstances of the times sometimes occasioned serious inconveniences to be felt from its *promiscuous* use.

In the whole doctrine of physical education, and indeed in all that relates to the

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hospitals. They were likewise cupped or bled when they desired, and afterwards fed, or presented with bread, beer and salt; and this for the benefit of the soul of the founder, and for cooling it and assuaging its sufferings in the fires of purgatory.

In order also to bring the knights to cleanliness and to get rid of their filthy long beards, no knight could be admitted to any order, or any new knight created, unless he had bathed, and caused his beard to be taken off, the evening before.

Since the use of linen shirts has become general, and every one has provided for the cleanliness of his own person, these laws of police have become superfluous; and bathing, being no longer a part of the duties of knight-hood, or of sumptuous marriage ceremonies, and having no connection with the welfare of souls in purgatory, has fallen too much into neglect. The venereal disease has probably contributed to the disuse of public baths."

Moser *Geschichte der Wissenschaften in der Mark Brandenburg*, pp. 283—286.

care of health, subsequently to the period of maturity, there is nothing, after the consideration of diet, air, exercise, and cloathing, that applies more immediately to the subject of the present treatise, than the effect of baths of different temperature. Nor is there any thing, perhaps, belonging to the conduct of life, generally so ill-understood. Physicians themselves are but just forsaking the false analogies of their predecessors, and a few of the most inquisitive reverting to unbiaſſed observation. No wonder therefore that ideas on this subject, approaching to accuracy, should be rare, even among the faculty.

For these reasons, I shall enter into a minute examination of the effect of water, heated to different degrees, upon the living system, and bring together such authorities and examples, as cannot fail to remove erroneous preconceptions from minds open to the truth ; and if they do not overcome the public indolence, sufficiently to occa-

sion the general adoption of salutary measures, will at least sufficiently deter from such practices as are greatly prejudicial.

The inducements for believing that the blood-warm bath almost universally weakens, and that the cold bath strengthens in nearly the same proportion of instances, would be too contemptible for recital, if they had not produced, in this country, a persuasion nearly general. In some cases, the conclusion seems to have been drawn from a substance, so little allied to the living body, as steel; and I am not sure if the term *hardening* has not had its effect in making this analogy pass with some. So liable to be deceived in their reasonings, are those who do not attend to the sort of resemblances they combine! Formal experiments with leather and parchment have been instituted, to determine the *bracing* effect of cold water. But they are evidently nothing to the purpose; and, in the instance of leather, it has



been found that water at the freezing point, and water at 95, equally lengthen it; and that strips of parchment are rendered thicker and shorter, by water at both temperatures. These effects are, indeed, produced not by the temperature, but by the mechanical action of the fluid, which insinuates itself into the substances. (*Marcard. l. c. pp. 44---60*). The observation, that a ring upon the finger becomes looser in the cold bath, shews that the skin, or if you please, the whole joint, contracts. In the blood-warm bath, the ring scarce becomes tighter, if the hand be not cold before going in. In the hot bath, that is, the bath some degrees above the heat of the body, it becomes evidently tighter, probably on account of the enlargement of the blood-vessels, from the stimulus of the heat, as we see in the hot fit of a fever. This effect takes place in a small degree, in blood-warm water, particularly if the hand be previously chilled. But such changes

have no necessary connection with the increase or diminution of the strength. These remain to be determined by new observations, as much as if no experiment with the ring had been made.

However those who never use it may choose to speculate upon the tepid bath, experience, in places where it is employed with almost incredible perseverance, is decidedly in favour of its strengthening power. At Pfeffers,\* in Switzerland, (which is esteemed one of the purest of all waters from impregnation), from seven to twelve hours are daily spent in the bath, and this upon the average is continued for a couple of months. Dr. Tissot

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\* At Pfeffers and most of the Swiss baths, it is only the lower half of the body that is immersed. However the upper part is exposed to an atmosphere of warm vapours, which according to the hypothesis of relaxation ought to have as bad an effect as mere warm water. See Marcard, l. c. p. 64.

says he has been very credibly informed, that at a bathing place in the Valais, patients pass the greater part of the time of their residence in the water. Dr. Marcard attests, that at Baden in Argow, he has himself seen invalids sit four or five hours in the bath. The latest writers concerning the warm bath at Landecke in Silesia, where the bathers are immersed up to the chin, dissuade from too long a continuance in the water. They think *six* hours sufficient at one time. The usual course here is of four, five, or six weeks. Those who use these several baths are, in common, weakly,\* nervous people, such as instead of re-

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\* To shew to what an extent that active enquirer into the effects of bathing whom I so frequently quote in this section, has carried his practice in cases of weakness, I shall transcribe one of the cases he relates. A woman about 30, had suffered excessively during three years from pain, anxiety, spasms and sleeplessness. She took very little food, had, at times, a little feverishness, and was greatly emaciated. For a year she had never been regular. The utmost effort to which she

covering their health (as they actually do),

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found herself equal, was sitting up in an arm chair, supported by pillows. She required to be turned in bed. She had taken a great deal of bark and other medicines. The disorder had not the appearance of consumption, nor of any incurable lesion of the abdominal viscera. Long continued and great exertions in attending the sick had preceded this illness.

From recollection of somewhat similar cases, the author resolved to recur to the tepid bath, notwithstanding the extreme debility and the prejudices against it. "I did not, says he, venture to repeat the baths in quick succession, on account of the patient's weakness and of the effort, attending the operation. Several days were interposed between every two immersions."

"The first trial produced visible benefit. The patient said, *she felt stronger after it*; and from that day forward, she slept better, though she went into the bath with some dread, having never before used it. After the sixth bath, that is in about a fortnight, to my astonishment, she was able to rise from her chair. She daily acquired strength under continuance of the bathing, became regular, and in two months, was perfectly well, and has continued so these three years.—In such a situation, I never saw a more striking effect from bathing. But how the doctrine of relaxation and reduction of strength will apply here, I must leave to others to discover." Marcard l. c. pp. 57—60—The author says he gave medicines at the same time, but does not specify what they were.

ought to be dissolved altogether, if the warmth gave to the water had a relaxing operation. To many medical men in this country, such relations will appear as paradoxical, as to the generality of unprofessional readers. There can, therefore, be no occasion to add a warning against a rash imitation of the Swiss practice of bathing. The knowledge of the facts may however suggest useful reflections, and do away some of those prejudices that cramp the practitioner of physic in his operations, and in both these ways such knowledge may contribute to the ease of the afflicted.

But mere mention of an outlandish fashion of soaking will poorly recommend the warm bath in England. And as this is the point on which the reader is most likely to be scrupulous, I can with less propriety desert the plan with which I set out; viz. of endeavouring to convince his judgment, instead of placing entire reliance upon his faith. I shall therefore lay before him

a body of information, concerning the effect of the tepid bath on the organs that keep the blood in circulation. This is of the greater importance to the present enquiry, because in the phthisically disposed, the pulse is usually overquick, especially when they begin to fall off from their ordinary health. For the facts, I shall be indebted to Dr. Marcard. But it may perhaps add to the authority of his report, if I mention, that before his interesting work fell into my hands, I had made observations of the same kind.

1. Dr. Marcard's first experiment was upon a young man, in a complaint attended with emaciation, whose pulse was usually somewhat feverish. After sitting perfectly still in his apartment, where the temperature was scarce  $58^{\circ}$ , the pulse was ninety-eight in a minute. The bath was heated precisely to  $96^{\circ}$ . After being in it eight minutes, the pulse was ninety-two; in thirty minutes it was eighty-eight; and

he remarked that he felt very comfortably. By evening, the pulse had regained its former quickness.

2. A girl of 12, had a pulse at ninety-six in a room at  $74^{\circ}$ . After being in the bath half an hour, her pulse was lowered to eighty.

3. A lady of 36, of a vivacity unusual in a northern climate, had a pulse at eighty four, which was its usual standard. She had never bathed; the idea therefore, excited a degree of terror, on account of which, and of a degree of nausea, she took a glass of wine beforehand. Nevertheless, in half an hour, her pulse, in a bath at  $94^{\circ}$ , fell to seventy-two. The heat of the room was  $69^{\circ}$ .

4. Dr. Marcard himself, with a pulse at seventy, went into a bath at  $93^{\circ}$ , the room being at  $70^{\circ}$ . Having been accustomed to cold water, the bath felt too warm, and produced a sense of anxiety and spasm (about the chest I presume). He

had the bath, therefore, lowered one degree, and in half an hour the pulse beat only sixty strokes in the minute.

5. A lady of 37, in a room at  $74^{\circ}$ , had a pulse at seventy-eight before bathing. After half an hour's continuance in water at  $92^{\circ}$  (which to her was an agreeable temperature) her pulse was brought down to seventy.

6. A man of 50, in a room of  $78^{\circ}$ , had a pulse of seventy-three. After continuing half an hour in a bath at  $92^{\circ}$ , which he felt rather too warm, his pulse was but one stroke slower.

7. An hypochondriac of 60, in a room at  $76^{\circ}$ , and under some oppression, had a pulse of ninety-six. After three quarters of an hour's continuance in a bath at  $90^{\circ}$ , his pulse was but sixty-eight.

8. Two days afterwards, the same person, in a room at  $72^{\circ}$ , had a pulse at eighty. His bath was  $89^{\circ}$ , and at last but  $88^{\circ}$ . He continued in it for an hour; and getting



out had a cold shivering. Nevertheless, when this had gone off in bed, I found his pulse only sixty.

9 A lady of 27, exceedingly nervous, and much troubled with spasmodic seizures, had a pulse of ninety-six, in a room at  $73^{\circ}$ . After being twenty-five minutes in a bath at  $90^{\circ}$ , her pulse was still ninety-six. In thirty-five minutes it was ninety-four. She had great dread of the bath.

10. In three quarters of an hour, the same person's pulse rose from eighty to ninety-two, in a bath at  $90^{\circ}$ . But she had spasms. This is the only time except once, that the author observed the pulse to rise in a bath of this temperature; but he subjoins, that a person may be taken ill when bathing. Perhaps the too low temperature occasioned the indisposition in this instance.

11. The same lady bathed again, two days afterwards; the water was at  $91^{\circ}$ ; the pulse ninety-eight. In three quarters

of an hour, it fell to eighty. The author adds, that this debilitated, morbidly sensible or nervous female, who had been long ill, and had tried various remedies to no purpose, recovered after a course of bathing of a month's continuance.

12. Dr. Marcard went into a bath at  $89^{\circ}$ , his chamber being  $72^{\circ}$ , and his pulse sixty-three. In an hour and half he counted only fifty-four pulsations; his feelings being highly pleasant at the time, which in his then state of health was uncommon.

13. An excessively nervous young Russian, took the bath one day when he was irritated by the warmth of the weather, and by his spasms. His pulse was a hundred and four, the room at  $77^{\circ}$ , the water at  $90^{\circ}$ . In twenty minutes, his pulse was only sixty-four.

14. A very sickly child had a pulse of a hundred and forty four, in a room at  $60^{\circ}$ . His bath was at  $88^{\circ}$ , and in twenty

minutes his pulse was only a hundred and sixteen.

15. A very striking diminution of the pulse was observed in a child of seven years and a quarter, who lay in a hopeless state of stupor and convulsion, and actually died sixteen hours afterwards. The pulse could not be accurately counted without the greatest difficulty. In every five seconds, there were more than sixteen pulsations; in a minute, therefore, about two hundred. The child was put into a bath at  $93^{\circ}$ , because the thermometer, under his armpit, rose no higher, and the temperature seemed perfectly agreeable to his feelings, as he was perfectly quiet in the bath. In half an hour the pulse was sensibly slower, and more distinct; and in an hour, the author could count a hundred and forty strokes in a minute. It had therefore, in this time, fallen sixty strokes in the minute.

16. A lady whom her physicians had

declared to be hectic, because her pulse was quick, and her flesh wasted, consulted the author. Her pulse, he says, was always from a hundred to a hundred and six, and occasionally rose to a hundred and twenty and above, at which time she felt extremely ill. The slightest movement produced this quickness of the pulse, without a concomitant feeling of extreme illness.

Before the first immersion, the pulse was an hundred and twenty. The <sup>bath</sup> pulse was heated to 94°, and in half an hour the pulse had not lowered above one or two strokes. That evening and the next morning, it was ninety six; Dr. Marcard had never found it so low before.

“ Before the second bathing, the pulse was a hundred and twenty, and in the bath a hundred and twenty two. At first I imputed something to dread of the bath; but the effect continued, though I reduced the bath to 90°. The pulse was almost always quicker the day of bathing. On

the whole it was slower, but always quicker in the bath. After the twelfth trial, it was constantly ninety-four out of the bath; but the thirteenth time of bathing it beat a hundred and six times. The health of this patient was soon fully restored. She became perfectly regular, after having for a year ceased to be so. Her pulse, however, continued preternaturally quick, never falling below ninety-four, and sometimes rising to a hundred and sixteen. After a lapse of some months, I for the first time, found the pulse perfectly natural, though still disposed to rise from slight causes."

17. The following equally striking, and ultimately successful experiment, affords a convincing proof that the reduction of the pulse in the last case but one, was not the effect of some unobserved cause, but depended on the warm bathing. "A child, three years old, (says the author) had a violent seizure, attended with vomiting. The usual means

were employed, and the feet frequently bathed. The fever continually increased, —even in the open air. In thirty-six hours, the pulse had increased to a hundred and fifty-six ; and in forty-eight hours, it could no longer be exactly counted. I could only number it for five seconds together, in which there were always fifteen or sixteen strokes, that is, between a hundred and eighty and a hundred and ninety-two in the minute—a formidable degree of fever, announcing a highly dangerous attack. The child was at the same time excessively ill and restless. According to my ideas of practice, I could oppose nothing to these threatening symptoms, but the warm bath ; and I began to reproach myself for not having had recourse to it sooner.----- I therefore had a bath prepared in the middle of the night. I was doubtful what temperature to employ, as the child was preternaturally heated.----- A very accurate thermometer, made by

Ramsden, placed in the child's hand, which I then grasped with my own, rose to  $100^{\circ}$ . Hence, I fixed upon  $94^{\circ}$  for the bath. The moment the child was put in, some eructations were observed, and it seemed much quieter. In a quarter of an hour, I counted an hundred and forty-eight pulsations in the minute. In half an hour they were a hundred and thirty-six only. In three quarters of an hour the same. The bath was now cooled one degree. In 50 minutes, the child manifesting a vehement desire to be put to bed, it was taken out of the water. It was wonderfully quieted by the immersion. For twenty-four hours, it had done nothing but moan, cry, and fret, contrary to its usual mood. On being placed in bed, it was all at once tranquil, seemed to have no unpleasant sensation, and good-humouredly wishing every body good night, fell asleep, as if in sound health, had its respiration almost natural, and lay quiet. The pulse

did not return to its former quickness. Six hours after, it was at an hundred and forty-eight." The small pox now appeared, and was very severe. "Whether the disorder would have been fatal, if the fever had continued to rage with equal force from twelve till ten o'clock next morning, which was the hour of the eruption, and whether earlier and more frequent bathings would have mitigated the disorder, I cannot decide, though I think it probable."

The author relates, moreover, nine experiments with baths at a temperature between  $82^{\circ}$  and  $60^{\circ}$ ; and one experiment at  $99^{\circ}$  and  $100^{\circ}$ , in which last the pulse was increased from twelve to fourteen strokes in the minute.

He draws the following general inferences—1. Every bath below  $96^{\circ}$ , diminishes the quickness of the pulse, when no particular circumstance occurs to prevent this effect. 2. The greater the frequency of



the pulse beyond its natural rate, the more it is diminished by the bath. It must, however, be observed, that in several of the preceding cases, the entire diminution cannot, by any means, be referred to the bathing. The pulse had sometimes been raised by motion, fear, or spasms, and would of itself, after some time, have subsided. The temperature which *seems* to have the greatest power of reducing the pulse, is that between  $96^{\circ}$  and  $85^{\circ}$  of Fahrenheit's thermometer. This the author terms *warm* or *tepid*--(*warm oder lauwarm*). And he uses the term *seems*, because he has few accurate observations on cool and cold baths. He never continued the cool so long as the tepid bath, and therefore cannot say what it would have done in the space of an hour.

On the change produced upon the respiration by bathing, our author makes several pertinent remarks. The effect is more difficult to be determined

than in the case of the pulse. In general, he says, *after some time*, the breath grows slower. But in unaccustomed, and nervous people, it is long before the quickness, immediately subsequent to immersion, and occasioned by the pressure of the water, is over. And even when the breath is very slow, a somewhat greater effort may be observed during *inspiration*, and a sudden effort at the end of *expiration*. "I have (he concludes) too often noticed the retardation of respiration in the tepid bath, to entertain the slightest doubt of the fact, though I have not ascertained the degree by a stop-watch.-----When a general calm is produced, it is natural that the function of respiration should participate in it; besides, the breath *must* be slower, because the pulse is retarded. That in persons who go with dread into the bath, the breath will be quickened, as long as this state of mind continues, it is easy to foresee."

In circumstances of great debility—towards

the end of low fever, for example—other recent observers, as Dr. Brandis, (*Journal der Erfindungen*, v. 13. 1794) assert from experience the benefit of tepid immersion, and particularly the reduction of the pulse as much as sixteen or twenty beats in a minute.

Among the examples that tend to suggest just ideas of the power of the tepid bath, I have been struck with none more than by that which Dr. L. Frank, physician to the great hospital at Milan, has recorded in a foreign journal (*Salzburg Med. Chir. Journal* f. 1795. ii. 70). “Among the variety of considerations, says he, which Dr. Marcard alledges to prove that the tepid bath strengthens in place of weakening, as has been heretofore supposed, I question if there be any so well calculated to support his opinion as a fact perfectly familiar to us in Italy. It is well known that of the disease called *Pelagra*,

which is exceedingly frequent among the peasants of Lombardy, one of the chief symptoms is excessive debility. This debility cannot be more certainly removed by any means than by the use of the tepid bath. It is so great, that many patients are obliged to be carried, though the bath is not above forty paces from the ward. Many who can walk are yet so weak, that they cannot get into the water without help. The appearance of these people on going in and coming out, is truly miserable. If they were not supported by the attendants, they would stagger like drunken persons. In the space of four or at most of six weeks, they are commonly so much restored by the use of the warm bath, as to be able to return to their friends and their ordinary employments."

In a question of importance to his happiness, but foreign to his pursuits, a prudent man will withhold his practical assent from

proofs, apparently the most cogent ; and in dread of latent fallacy, may reasonably require that the suffrages of competent judges should be added to the evidence of facts. On this account, I have accumulated the preceding experiments and authorities ; and I do not deem it superfluous to subjoin the sentiments of an observant physician in our own country. They are in the main, perfectly similar ; and as the English and the foreign medical philosophers had no mutual communication, their coincidence will inspire greater confidence. “ The use of a warm bath, says the author of *Zoonomia*, (ii. 684) of about ninety-six or ninety-eight degrees for half an hour once a day, for three or four months, I have known of great service to weak people ; and is perhaps the least noxious of all unnatural stimuli ; which however like all other great excitements may be carried to excess, as complained of by the

antients.\* The unmeaning application of the words relaxation and bracing to warm and cold baths, has much prevented the use of this grateful stimulus; and the misuse of the term warm-bath when applied to baths colder than the body, as to

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\* Dr. Marcard bestows much elegant learning on an investigation of the sentiments of the ancients regarding the tepid bath. He quotes a dialogue from Aristophanes, in which one of the characters says, "*I think none of the sons of the Gods ever exceeded Hercules in bodily and mental force?*" upon which the other asks: "*where didst thou ever see a cold bath dedicated to Hercules?*" Dr. Marcard thinks it impossible to ascribe so wild an absurdity to the ingenious and consistent people of antiquity as to make them consecrate to the God of strength, what they held to be so miserably debilitating as we do.—They must therefore have believed warm baths to be capable of strengthening the system. And on account of their constant practice, they could be at no loss to judge. When the ancients number the warm bath among the luxuries that render effeminate by too frequent repetition, they always speak of their abuse; and do not understand physical but moral relaxation. If a physician now and then remonstrated against bathing, it was out of charlatanerie, contradiction, or want of discernment; and he was sufficiently confuted by universal experience, pp. 32, 37.

those of Buxton and Matlock, and to artificial baths of less than ninety degrees of heat, which ought to be termed cold ones, has misled the unwary in their application.

The stimulus of wine, or spice, or salt, increases the heat of the system by increasing all or some of the secretions; and hence the strength is diminished afterwards by the loss of fluids, as well as by the increased action of the fibres. But the stimulus of the warm bath supplies heat rather than produces it, and rather fills the system by increased absorption than empties it by increased secretion, and may hence be employed in almost all cases of debility with cold extremities, perhaps even in anasarca, and at the approach of death in fevers."-----

“When Dr. Franklin, the American philosopher, was in England many years ago, I recommended to him the use of a warm bath twice a week, to prevent the too speedy access of old age, which he

then thought he felt the approach of ; and I have been informed, that he continued the use of it till near his death, which was at an advanced age."

In a conversation to which the preceding pages, as they stood in the former edition gave rise, Mr. Wedgwood informed me that he had not only witnessed, but gone through a compleat course of Swiss bathing. As one indigenious has sometimes more weight than many exotic authorities, as the bath at a high temperature in this country would probably be more extensively beneficial if we did full justice to its powers ; and as the relation of such an experiment by a person capable of observing his feelings with accuracy, must be at all times interesting, I requested a short account of the process. Such an account Mr. Wedgwood was perfectly able to give from memory. But luckily, the letters he wrote on the occasion are preserved ; and though they were never de-



signed for the public, permission has been granted me to make what extracts I might think proper. The following passages will bring the whole scene perfectly before the reader. But it is necessary to premise that the writer of the letters, by fatigue and the excessive heats of Italy, had been rendered excessively *nervous*: that is to say, he was weak with increased sensibility; slept ill and without refreshment, and had constant uncomfortable sensations.

—“ We have been here and shall perhaps continue three weeks longer; for we have begun to bathe, and it is an affair of five weeks. The waters are very warm, amounting where we bathe to  $30^{\circ}\frac{3}{4}$  of Reaumur.— You begin to bathe for one hour; next day two, and so on to eight, nine or ten hours a day.—I am now at eight hours; and I feel the effects very strong, all my body being covered with a rash which the waters bring out, and as long as the rash remains, I must bathe eight hours a day, and then

diminish one hour every day ; I am now writing in the water after seven hours stay.

July 18, 1788. J. W."

“ I am at present quite covered with a breaking out, which is the effect of the waters. This itches to a most intolerable degree, and it is absolutely necessary to bathe every day till it all dries.—I find a great difference in myself since I began. I am more gay, have my head clear and not muddied as at Rome. I wrote my last letter upon a little table that each has to hold our glasses, sponge and handkerchief. When you are at the high bathing, you must be in the bath at four o'clock in the morning. About seven, you breakfast on tea, coffee, chocolate or what you please. You stay till half-past nine or ten o'clock, when you go to bed for half or three-quarters of an hour, and you ought to perspire plentifully.—At eleven we dine, and at twelve we assemble in a kind of club-room where coffee is given in turns

by the company. There you stay till half-past one—and if it is fine, take a gentle walk, for all hard exercise is hurtful after you have made your push, causing you to make another\* and retarding the cure. At half-past two, you go again into the bath till half-past four or five, according to the number of hours you bathe.—When you first begin, you only stay one hour, and increase an hour a day, and about the third day you take a dose of salts—when you begin to diminish, you take another, and before you finish, another.—After five o'clock you go to bed again, and at six we sup; after supper, we again assemble in the club-room and either play at some game, or at cards, or else dance till nine, but at present no body chuses to heat himself, as we all wish to diminish. Our society is perfectly agreeable and gen-

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\* That is, after one eruption has taken place, producing a second.

teel—some French officers, some gentlemen from Laufanne and Geneva, and some Ladies. We are obliged to talk French for about twelve hours a day, or else hear it spoken, which is nearly the same thing. Every body is perfectly at their ease, you either dress or let it alone as you like best, but it is absolutely necessary to keep yourself warm. I wear a flannel waistcoat, a winter velvet one, my coat and my great coat, and am not at all too hot with all this. I am very much thinner and lose flesh every day, but that is of no consequence, for I shall recover that as soon as I have done bathing. I am weakened very much as you may easily imagine, but not at all to that degree you would suppose, for this is the ninth day I have bathed eight hours a day, but I diminish half an hour to-day. When we do not divide the bathing but stay all the eight hours together, we dine in the water and stay some time after, and that gives so great a heat-

to the blood that when you go to bed you break out into a sweat that not only bathes your shirt but the sheets; this weakens, but however is very good, for it makes the humour break out and fix itself which is otherwise apt to keep flying about the body. The heat of the water at the source is  $42^{\circ}$  of Reaumur, and yet we drink six or seven glasses every morning without any sickness. It has little taste and no smell at all, and yet is reckoned one of the strongest waters in Europe.

This is the third time I have begun to write this letter, for it is impossible to write much at once, though I have an unusual flow of spirits. A very little application to writing or reading fatigues very much." August 3, 1788.

———" I have now got the better of the weakness and fever always attendant upon this course, my appetite is returned to me, and in short I find myself perfectly well, though reduced to the skin and bones,

but I shall presently recover of that too."

J. W.

*Baths of Luck, August 25, 1788.*

This history does not indeed furnish a moral, directly applicable to the subject of the present tract. But its insertion, notwithstanding the length of the discussion, will be pardoned by those who reflect how often the physician is baffled in his best-directed efforts by groundless traditional opinions, entertained by the friends of invalids, and how often the demolition of a single prejudice, displaces a whole heap of similar obstructions and lets a whole flood of light into the mind.

For if in the instance before us a constitution originally not over-robust and greatly reduced by very powerful noxious causes, was not quite broken by a course, in some material respects injudicious; if on the contrary the spirits were speedily restored, and eventually the strength, by a hot bath producing such excessive stimu-

lation of the skin ; why should we dread half an hour's immersion in water at a much more moderate temperature ?

My own experience of the blood-warm bath extends to a considerable number of cases, particularly of persons who from the loss of relations by consumption, with obscure but alarming feelings of indisposition, or with some of the more evident symptoms, dreaded an attack of the disease. Sensible benefit was received by most ; permanent benefit by several ; injury by none. The reduction of the pulse during the time of immersion, was perfectly ascertained in a number of instances ; and the strengthening effect of the bath was sometimes so apparent, that several of those whom I desired to bathe every other day, have assured me, that on the day of bathing, they felt capable of greater exertion than on the following or preceding day.

My directions generally were that the heat should not exceed  $96^{\circ}$  ; nor be below

90°; but between those limits the temperature should be suited to the patient's feelings. And every one who has tried knows how sensibly the nerves of the human skin feel the difference of a single degree. The time which I have generally recommended for bathing, has been between breakfast and dinner. For I have known an increase of pulse and a degree of feverishness, produced after dinner by water at a temperature at which it would not have had any such effect when the stomach was not full. There is another disadvantage with which late bathers are threatened; namely, night-sweats, which when it is the object to strengthen, ought most carefully to be avoided.

The rule which I have commonly laid down for continuance in the bath, has been to quit it the moment any unpleasent sensation is felt; but if no such sensation takes place, by gradual prolongations of about a quarter of an hour each time,



to stay in for a full hour. This is said on a supposition that the first will be a short trial.

No other precautions are necessary on coming out than prudence at other times would dictate. As perspiration must be sedulously avoided, no load of additional cloathing is admissible. And whatever cloathing the season requires, will be sufficient for the bather. In many scores of instances where a person has walked abroad immediately after the blood-warm bath, just as if nothing more than ordinary had occurred to him, I have not known one in which a cold was taken. I rather think people more secure from such an accident after bathing.

In advanced consumption, I consider bathing as too hazardous to be lightly tried. Sometime ago I attended two young men, accustomed to communicate their complaints to one another. One was in the last stage of consumption, that is,

in addition to the other usual symptoms, he had some evening swelling of the feet. The other was just upon the verge of the disorder, into which exposure during military service, afterwards precipitated him. By my advice he used the tepid bath, and seemed to himself to receive so much benefit, that he boasted of it to his acquaintance, who was induced by this information, in spite of all my remonstrances (for I was alarmed for the immediate issue of the trial), to go into the bath also. He coughed with excessive violence, and breathed with great difficulty, while in the water; and thought himself considerably worse in both these respects for two days. His ill success in the first, deterred him from a second experiment.

I mention this instance, as a caution to the consumptive not to resort to the tepid bath, in consequence of the preceding general recommendation, without being well advised. For I think that in cases,

and at times when the pressure of the water is not likely to provoke coughing, it may give relief; and in one case of a child in whom consumption had succeeded to the measles, I found it reduce the pulse full 20 strokes in the minute, ease the difficulty of respiration, and procure a general feeling of relief for several successive days. But I went to work with every possible precaution, and was prepared to remove the patient the instant any sign of distress should appear.

In some of the latest German medical journals, there are examples of practitioners, who, moved probably by the authority of Dr. Marcard, have ventured on the tepid bath in confirmed phthisis, and, as they say, with excellent effect. But neither the recital nor the examination of their reports belongs here.

In the management of the sick and the unhealthy, there are always points which must be left to discretion, exercised upon

the variety of constitutions and of circumstances. Whether the bath should be daily taken, is one of these points.

Weakly people, who have leisure and convenience, may bathe every day, as long as they find their strength improve. They may then discontinue the bath, and after an interval, resume it. From the example of the ancients, and of the Eastern nations at present, it may be gathered, that our ordinary summer heats need not interrupt the course; and indeed I have known it persevered in with apparent advantage, through the summer. Under its use, weak people have sometimes believed themselves better able to bear sultry weather. But should any previous apprehension exist, or any suspicious feeling arise, the warm bath may be discontinued during the most oppressive summer days; of which we are not often troubled with a long succession.

If from any temporary or permanent cause, heat of the skin or quickness with

fullness of pulse should follow the tepid bath, it must be relinquished without hesitation. On the verge of consumption a prodigious tendency to accelerated contractions of the heart and arteries, from slight causes, does often exist. The stimulus therefore of blood-warm water may occasionally be too strong: and no individual, in that particular predicament, should be committed to the tepid bath, without examination of its effect upon his pulse, and accurate attention to all his subsequent feelings.

Where age or constitution threatens pulmonary ulceration, the *hot bath* can never become part of a proper regimen. Nor, as far as the investigation of the powers that actuate the living system has hitherto gone, have we any reason to suppose that this remedy can be employed, with probability of advantage, in phthifical cases, unless great external warmth might prevent or stop the cold fit of hectic fever,

which is a question foreign to the present tract. Dr. Currie observes to me that “affusion of hot water (at about  $100^{\circ}$ ) in the hectic paroxysm, is safe, refreshing, and sleep-producing.”

### BED-WARMTH.

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A person in bed is in a blood-warm bath: and if in health, after a continuance of seven or eight hours, he finds himself recruited. It is remarkable that so familiar a fact did not render the hypothesis of relaxation doubtful. The two cases, indeed, both on account of the refreshment derived from sleep, and of the decumbent posture which relieves the muscles still more than the support afforded by water does, are quite dissimilar. The analogy, however, is one of those that are most apt to strike inaccurate reasoners; and I certainly think it

deserved from the philosopher more regard than any of the arguments in favour of the weakening operation of the tepid bath.

Should the heat of the body rise above the ninety-sixth degree, as it sometimes does considerably, the bed becomes a hot bath, with all the stimulating, and to many constitutions, pernicious properties of the hot bath. If a person thus circumstanced, continue long asleep, he either falls into perspiration, or awakes feverish and unrefreshed. If perspiration have broken out, the linen should be changed, and the person should remove to a dry part of the bed. In the case of heat of the skin, without moisture, advantage should be taken of the cooling effect of the atmosphere, either by rising, or by diminishing the bed-cloaths. I know no rule of health, to which stricter attention ought to be paid, than this: *when a person of feeble habit feels heated in the morning, let him rise without a moment's delay.*

By sound sleep, the susceptibility of the system is so much increased, that a temperature, at other times beneficial, may be injurious after rest. The morning nap, after which weak people often find themselves more fatigued than on going to bed, should be avoided. The temperature of the body, under this circumstance, well deserves to be ascertained. But I apprehend there exists another cause, which I dare not undertake precisely to assign. But we frequently observe the nervous (that is, those who are weak, with excess of sensibility) heavy in the morning, a little enlivened towards noon, and in the highest spirits at midnight. This is the effect of the stimuli that operate during the hours of waking. The morning torpor arises in some way from the too long subduction of these stimuli, just as the absorbent glands in ill-fed children lose their power for want of stimulation, and as the appetite and digestion are destroyed, when a



proper supply of aliment is withheld from the stomach; a case in former years not uncommon among young women too intent upon a slender shape, or such as had been under-fed at boarding schools; and not altogether unknown at present, as I have lately witnessed.

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COLD BATH. COLD AIR.

However often the measure has been advised as a restorative, or resorted to without advice, it is certain that much sickness, and many deaths, have been, and are occasioned, by immersion in water below 50° and 60°. The frequenters of our watering places are often seen to “persist in bathing until their strength is so much exhausted that they can scarcely walk up from the sea-side.” (*Reid on sea-bathing. Cadell 1798.*) In the certain

hope of being braced at last, they go on dipping, and like other staunch believers, pay no regard to feelings that impertinently give the lie to their faith. It may be in general asserted, that no measure more certainly enfeebles the weak, and more frequently excites pulmonary consumption in the predisposed, or hurries on the disease faster when it is forming.

Mr. H. a fine young man, (some of whose relations had fallen victims to consumption) feeling himself reduced after certain juvenile excesses, imagined sea bathing would restore his strength. After two or three immersions, a dry cough came on, which increased with each bathing. Suspecting at last that he was doing himself injury, he quitted the sea, and applied to me. I found him in a confirmed consumption, and already so reduced in strength, that his feet swelled in the evening. His complaint could hardly be said to have had any first stage. He immedi-

ately went abroad, and died in a very few weeks. This, the rapid progress of the disease perhaps excepted, is a quite common history, where cold bathing has been unadvisedly practised.

Men of strong constitution, reduced by temporary causes, are liable to consumption on exposure to severe cold. For provided the time of exposure be inversely proportional to the energy of the cooling cause, it is immaterial whether the medium in which they are immersed be water or air. And unless peculiarity of constitution, or the exertion of certain muscles, renders other parts particularly sensible to cold, the chest will suffer most. Mr. G., the late able conductor of a well-known newspaper, of a strong constitution, and without hereditary disposition to consumption, had been much weakened by a casual indisposition. The medicines he took produced a troublesome diarrhœa, and a severe fixed pain in his bowels. One day, on being

exposed to a stream of cold air, the pain suddenly shifted from his bowels to his chest. A cough came on, which never afterwards quitted him, and he died of consumption. This is an instance of that translation of disease from the abdomen to the chest, of which I before observed that it not unfrequently happens to persons, naturally feeble.

The career of John Wesley, the captain general of the methodists, had nearly finished as early as 1753, in consequence of successive exposures to cold, when he was greatly debilitated. In October of that year, he contracted an ague, but went on travelling and preaching with his usual ardour of ambition or fanaticism.---“ Sunday, Nov. 4, (says he), I rode to Hayes, because I had promised, though I was much out of order. It was with the utmost difficulty that I read prayers, and preached, and administered the sacrament. I went through the evening service with more

ease. But at night my strength quite failed. I should have taken some rhubarb next day, but I had no time, having classes to meet from morning to night.

“ Thursday, 8th. In the night my disorder returned more violent than it had been since I left Cornwall. I should have taken some ipecacuanha in the morning, but had no time to spare, my business being fixt for every hour, till four in the afternoon. And by that time all my complaints were gone, so that I needed only a little food and rest. Monday, 12th. I set out in a chaise for Leigh, having delayed my journey as long as I could. I preached at seven, but was extremely cold all the time, the wind coming strong from a door behind, and another on one side, so that my feet felt just as if I had stood in cold water. Tuesday, 13th. The chamber, wherever I sat, though with a large fire, was much colder than the garden, so that I could not keep myself tolera-

bly warm, even when I was close to the chimney. As we rode home on Wednesday, 14th, the wind was high, and piercing cold, and blew just in our face, so that the open chaise was no defence, but my feet were quite chilled. When I came home, I had a settled pain in my left breast, a violent cough, and a slow fever. But in a day or two, by following Dr. Fothergill's prescriptions, I found much alteration for the better; and on Sunday, 18th, I preached at Spitalfields, and administered the sacrament to a large congregation.

Monday 19, I returned to Sherborne, and gained strength considerably; till about eleven at night. On Wednesday, 21, I was obliged by the cramp to leap out of bed, and continue for some time walking about the room, though it was a sharp frost. My cough now returned with greater violence, and that by day as well as by night.—Saturday 24, I rode home, and was pretty well till night. But my

cough was then worse than ever. My fever returned at the same time, together with the pain in my left breast. So that I should probably have stayed at home on Sunday 25, had it not been advertised in the public papers that I should preach a charity sermon at the chapel, both morning and afternoon. My cough did not interrupt me while I preached in the morning, but it was extremely troublesome while I administered the sacrament. In the afternoon I consulted my friends, whether I should attempt to preach again or no. They thought I should, as it had been advertised. I did so, but very few could hear. My fever increased much while I was preaching. However, I ventured to meet the society. And for near an hour my voice and strength were restored, so that I felt neither pain nor weakness.

Monday 26, Dr. Fothergill told me plain, I must not stay in town a day

longer, adding: “*If any thing does thee good, it must be the country air, with rest, asses’ milk, and riding daily.*”—The medicines producing no benefit, “about noon (the time that some of our brethren in London had set apart for joining in prayer) a thought came into my head to make an experiment. So I ordered some stone brimstone to be powdered, mixt with the white of an egg, and spread on brown paper, which I applied to my side. The pain ceased in five minutes, the fever in half an hour. And from this hour I began to recover strength.” (*Wesley’s Journal, Vol. xxix. 290—293.*)—It should not be omitted that to the benefit of sulphur and supplication, he added four months repose from his apostolic labours.

Had Wesley been at this time a young man, instead of fifty one, and of phthifical habit, and had the future exertions of his lungs been less, his escape might have been quoted in favour of incessant locomotion;



an idea likewise suggested by the life of the nobly active Howard. (*Dr. Aikin's character of John Howard, Esq. p. 16.*) But in reading the passage where the feet are described as *feeling just as if he stood in cold water*, it is difficult to avoid reflecting how many young people, especially young women, with constitutions as weak by nature as Wesley's was rendered by disease, with not greater warmth of devotion, with more predisposition to pulmonary complaints, without the preacher's advantage of strong bodily action, may have carried away death in their bosom from the spot where they stood to hear him! It is certainly nothing uncommon to find the origin of consumption distinctly referable to a chill, received at church. And cold as many of these structures are, it is evident from the nature of things, that in the winter season, the cold bath itself cannot be more dangerous to that class of the unhealthy whom these observations concern.

Another way, in which the daughters of middling tradesmen and of the inferior gentry receive fatal chills, deserves to be pointed out. Either to æconomize the fuel of their friends, or *because they will not give trouble*, they are apt, in cold weather, to go through the long ceremony of preparing for a ball in a chamber without fire. In this situation, if they must subject themselves to its hazards, they should drink once or twice a small quantity of hot water, which will prevent the chill, without producing any bad effect, if no more be taken than just enough to keep the sensations comfortable. A little experience will determine the quantity and the temperature.

The Dauphin, father to Louis XVI. whose excellence of disposition and fortitude under his severe illness occasioned him to be so deeply regretted, owed his premature death to a cause, that is often fatal to persons employed in sedentary occupations.

His feet were subject to profuse perspiration. After remaining a long time in a damp place, he fell into a state of languor; his chest became disordered; and he lost flesh. It was in this state that he had his portrait taken, and sent, with this message, to Marchal Richelieu—to whom he had before given a portrait, drawn in his full health—“*It is that you may compare the past with the present. You will find me much changed. Soon I shall be more so.*” After his death, his lungs were found almost totally destroyed.

To enumerate all the ways in which cold excites pulmonary consumption in those who have the disposition, would be equally difficult and useless. It suffices to have given a distinct admonition against great and long-continued chills. It is of course that they should injure different people in different degrees.

It will sound almost incredible that not only young persons, in a state of suspicious

debility without any formed disease, but that those who have hardly recovered from a tedious complaint of the chest, attended with cough, should be plunged into the cold (fresh or salt) bath. Among the phthifical patients for whom I have been consulted, this case however has not seldom occurred. When the circumstances have been peculiarly striking, I have, for the sake of greater exactness, requested a written account from the party, with permission to use it for the public information. The following is one of the narratives so obtained. How far it renders apparent the connection between cause and effect, I need not labour to explain.

HOT-WELLS, April 4, 1798.

Dear Sir,

In compliance with your desire to be informed of the symptoms that preceded and followed my bathing in the sea last autumn, I proceed to state, that a

fright I received in the month of May, occasioned a gradual loss of sleep, appetite, and strength; and at last, in addition to these complaints, I had a little short, dry cough, morning and evening, so trifling indeed, that had not a friend anxiously observed it, I should not have thought it worthy of my attention. On my applying to a very clever man for medical advice, he persuaded me to remove to ——, where I should meet with conveniences for bathing. About the middle of August, I complied with this advice. Between the hours of seven and eight in the morning, I was surprized when in the water, by (as I find) an uncommonly obstinate struggle to recover my breath. I flattered myself, from the glow I felt after quitting the machine, and appetite with which I eat my breakfast, that I should be relieved of all my evils by this pleasant remedy. However, I did not remain long under the influence of this delusion, as a lassitude and

violent head-ach succeeded immediately, attended at night with a fever, and slight delirium, and increase of cough. I persisted in my intention of bathing again the third day, but the effects were evidently so alarming, that I consented to apply again for directions how to remove my now constant companions, the cough, fever, &c. I was brought so weak, that on the eighth day from my first bathing, I fainted away three times before breakfast. I need not inform you, sir, of the perseverance with which this cough, and complaint on the lungs, has accompanied me through the winter, notwithstanding your unceasing skilful endeavours to the contrary.

I am, Sir,

with great truth,

TO DR. BEDDOES.

L. BAINES.

When I saw this young lady first, the marks of confirmed consumption were too obvious to admit of the smallest doubt.

The aggravation of symptoms after the bathing continued with scarce an intermission till death. The example is the more remarkable, because the patient herself was far from puny, the parents healthy and strong; and the family for two generations at least, if not more, free from consumption.

The following instance is not less distinct. Readers accustomed to candour, will smile or frown, according to the mood they may be in, at the Doctor's attempt to palliate his unsuccessful prescription.

*Note from the Rev. J. A. BROMFIELD.*

*Bristol Hot-Wells, March 22, 1798.*

Sir,

In answer to your questions, I beg leave to inform you, that in June, 1788, I was first attacked with a cough, and recommended by a physician of reputation "to go to the sea air, and when the cough was subdued by medicine and

change of air, to bathe in the sea ;” the cough was soon subdued by the means prescribed, and then with every precaution the same skill could dictate, I bathed in the sea once, went down in a carriage, and returned on foot a mile and a half ; but instead of a glow, my bathing, notwithstanding my walk afterwards, was attended with coldness, and a very speedy return of my cough, and even a temporary confirmation of it, for it was hardly got under again before the winter set in. I have only to add, that I bathed about three in the afternoon, the tide then serving, after a slight repast about noon ; to which, but wrongly in my opinion, the subsequent mischief was attributed. I am,

Sir,

your very obedient servant,

TO DR. BEDDOES. J. A. BROMFIELD.



*Questions and observations.*

Could bathing at 3 o'clock p. m. after a cold repast taken two hours before, produce such an effect?

Would that effect have been avoided by early bathing before breakfast?

If evening bathing, and after a moderate meal, was the cause of the mischief, why did not two other invalid bathers, who went in the same carriage, and did not take the precaution of walking back, suffer likewise?

It may be observed, that for nine summers preceding 1788, I bathed in fresh water constantly, and often twice or more times in the day, without injury.

When I bathed in the sea early in July, and relapsed after it, I only dipped in the sea, dressed instantly, and got into exercise directly.

This letter, with or without these observations, Dr. Beddoes, as he sees occasion, is welcome to publish.

J. A. B.

Miss A——, a young Lady who had recovered from a pulmonary attack considered as dangerous, as well by other physicians as by myself, renewed the cough and some of her other symptoms by washing the head in cold water, and leaving the hair damp. And I have this day (Sep. 12, 1799) been consulted by a young man, in whom expectoration streaked with blood and other threatening symptoms distinctly succeeded the use of the cold bath.

In scrophula, cold sea-bathing was heretofore in high repute. The opinion of its efficacy was probably founded, in part, on its supposed bracing power. It is however certain, that in this complaint the latest observers declare strongly against the cold, and equally in favour of the tepid bath, whether of salt or fresh water.

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*COOL BATH.*

By the cool bath, I understand water

between eighty and sixty-five degrees of the thermometer. In the case of air, the lowest of these temperatures scarce feels cool, and the highest gives strongly the sensation of heat. But it must be remembered that water, by reason of its density, has a far greater power of cooling than air. Hence I suppose, if our sensations could be measured, we should feel more chilled by water at  $60^{\circ}$ , than by air much below the freezing point.

In summer, people rather weakly, who have no cough, or other complaint of the chest, may plunge for an instant into water at  $75^{\circ}$ . In the winter, exposure to the atmosphere, but in a way not to be long chilled by it, will be sufficient for such constitutions.

Experience sufficiently proves the utility of dipping infants in cool or cold water. In infancy, the danger to the lungs scarcely exists. The action of cold on the surface of the body, at that age, produces different

affociations of animal motions, whether from the smaller preponderance of the arteries in the chest, or from whatever other cause. And much advantage is gained towards future health, by establishing the habit of these affociations. The impressiion of cold will not afterwards tend in any thing like the same degree, to induce pulmonary disease. In other words, people may be brought to bear cold better by early use.

The temperature of the water in which the infant is to be dipped, must be regulated by his constitution. The more puny, the less cool should the bath be, especially at first. An observant parent will easily distinguish by the effects, when the temperature is too low. The countenance, in this case, will be dull, the motions sluggish, the nose, ears, and feet cold. When there is an increase, or no immediate diminution of alacrity, it may be concluded that the bath is not too cold. And the continuance or improvement of

health, in the long run, will furnish another criterion.

Some years ago, for want of understanding the difference between the effect of momentary application of cold and of continued chills, dangerous mistakes seem to have been common in physical education. In many families, children were kept perpetually shivering under light cloathing, and in cold apartments. Of those whom this severe discipline has rendered invalids for life, a few survive; but the great majority has perished by mesenteric atrophy, by consumption, or by some other disease of debility.

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### *APPROACH of CONSUMPTION.*

In a work intended for the direction of readers, provided with such notions only as chance has offered, and therefore often

obstinately prejudiced, I regard prolixity as by much the smaller of two opposite faults. So far, therefore, in order to avoid dangerous ambiguity, or to remove groundless scruples, I have been profuse in illustrations. But by maintaining the same course, I should overstep the limits which I have myself elsewhere endeavoured to fix for this class of compositions, and should incur the censure due to those mischievous writers, who profess to instruct, in the proper application of remedies, persons destitute of preliminary information, and unaccustomed to morbid appearances. In the little that follows, I shall therefore only endeavour to make it understood, when it is indispensable to apply for advice, and how the serious evil of useless medication may be avoided.

In medical writings, the indisposition that precedes pulmonary ulceration, and hectic fever, has no proper name; and as it is often suffered to steal on for some

time before advice is sought, it has scarce been described with sufficient minuteness.

In young people of narrow chest, or hereditary disposition to consumption, unusual lassitude is often the most distinct sign of the approach of the disease. It has been sometimes related to me as part of the history of the consumptive, that on the first deviation from health, they have drooped in a manner, which gave occasion to their friends to reproach them with idleness. When quicker respiration, and oppression after dinner, or regular evening indisposition, with flying chills and flushes, are likewise observed, an accurate examination ought to take place without delay. The pulse is at present considered as scarce falling under the cognizance of any but professional men, though others can easily form some judgment with regard to its frequency. When consumption is advancing, it will be more frequent than natural, and in general much more frequent

towards the close of the day. At the same time the frequency of the pulse will be much increased by the slightest cause. After a breakfast, for example, even of cold milk, this effect may sometimes be distinctly observed. Walking up a flight of stairs will hurry both the respiration and the circulation. The difference between the erect and recumbent position shall amount to ten or fifteen pulsations in a minute; and if the party be tall and weak, a difference shall be sensible between the erect and sitting positions. This mobility of the heart and arteries *may* not be a certain indication of consumption; but about the phthifical age, an attempt should be made to ascertain what it *does* indicate, and to correct it. Several of these signs may concur, and even great shortness of breath be felt, without danger. The complaint known under the name of chlorosis, bears a strong gross resemblance to consumption; and its favourable ter-



mination, which with any tolerable management, is a thing of course, often deceives the uninformed into a belief that this or that water, this or that family receipt, this or that advertised medicine, is efficacious in true consumption. Those cases, however, are very rare, in which the experienced practitioner of physic cannot distinguish the two disorders at the first glance. Sometimes, indeed, there occurs a real difficulty: and a mistake is the more to be apprehended, because the remedies for chlorosis, probably by giving a still greater preponderance to the arteries over the absorbents, hurry on the formation of tubercles; so that there is reason to think that the freer use of stimulants in medicine may contribute to the greater frequency of consumption in modern times. The practitioner, however, who can hardly fail to be aware of the difficulty when it exists, will keep a watchful eye upon the symptoms, and soon correct his error, when he is

originally unfortunate in his decision. But those who confide in advertised or family compositions, will be apt to go on blindly following general directions, without ever suspecting how essential it is, to be certain, in the first place, of the real state of the patient.

A cold may occasion tubercles where none pre-exist, and may greatly advance them, where they have been slowly forming. When it lasts many days (particularly in those of a certain age and habit) after the common affection of the head and nostrils has disappeared, it becomes justly suspicious. Many consumptive people indeed believe *they have only a cold*, when their complaint has really nothing of the nature of catarrh; when, for example, it has begun gradually, and not from any single impression of temperature; when there has been no discharge from the nose; when no expectoration follows the severe fits of coughing, or none but of a little

frothy phlegm. A person well versed in diseases will soon distinguish the catarrhal from the church-yard cough. But to the uninstructed, this has been a perennial source of inveterate error, and to the fraudulent, of profit; nor can it ever fail, unless instruction in the principles of animal nature shall become a branch of general education. False judgments, propagated with that positiveness which is peculiar to ignorance, have long maintained, and will long maintain, the demand for the *syrups* and the *balsams* of successive empirics;—and doubtless it were uncandid not to allow of such compositions, that they are infallible in all those bad coughs, which will go off of themselves.

It sometimes happens, that a dangerous weakness of the absorbents exists on the surface, as well as in the substance of the lungs. This is known by frequent expectoration of mere phlegm, in small quantities at a time, without coughing; and when

young persons have the practice of expectorating into their handkerchiefs, which often they will continue, for a long time, with such dexterity as not to be noticed by careless observers, the state of the chest, and of the system in general, should be carefully ascertained.

Loss of flesh, of colour, and strength, with the falling off of the hair, or any similar sign of local, combined with general debility, will alarm the most heedless parent.

Many of the signs enumerated in this section, make their appearance for years before the lungs become ulcerated; and in the interval, the patient's state will be undergoing perpetual changes. For a time, there shall be considerable debility, want of refreshment from sleep, loss of appetite, squeamishness or sickness on rising, emaciation, with manifest quickness of respiration, independant of exertion, if the motion of the chest be watched. Most of

these threatening appearances shall vanish, and a degree of strength and plumpness return; and the reciprocation be kept up till some apparent or obscure cause produces an enlargement and ulceration of the tubercles.

Journeys and voyages often procrastinate, and the former sometimes, perhaps, accelerate this event. The effect of exercise on horseback, or of motion in a carriage, differs exceedingly in different individuals, whether they are actually consumptive, or are only disposed to become so. After a ride or a drive of some continuance, it has been very much a custom with me to examine the pulse. I have sometimes found it sensibly slower; sometimes quicker; and the feelings at the time, and the effect upon the complaint, have always corresponded. In two patients, of whom, whether I considered the fate of their relations, or their own conformation, or the present symptoms, I could not doubt that they

were in confirmed consumption, I have seen the high praise bestowed by Sydenham upon incessant equitation, justified. One, after remaining well a year, relapsed and died. Of the other, I learned that he continued well for more than two years; and I do not know that he has relapsed.

The general feelings, and the increase or diminution of feverishness, must determine the quantity and kind of exercise, proper for the individual, in whom signs of imminent consumption appear. The friends of invalids should therefore take care not to force them to exertion in defiance of nature.

Various dissections, and especially those of the great anatomist Camper, prove that there is a variety of consumption, without ulceration of the lungs; but this variety we have not been sufficiently taught to distinguish during life. A chief circumstance here must be extraordinary debility of the superficial absorbents; and perhaps

the first stage consists in the expectoration of mucus, lately mentioned, which might be termed a *bronchial gleet*.

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### REFLECTIONS,

*On the removal of the indisposition immediately preceding pulmonary ulceration, and on the prospect of a cure for confirmed consumption.*

The period that elapses between the first loss of entire health, and ulceration of the lungs, is often considerable. The progress of pure tubercular consumption seems, in the majority of instances, to be slow; and such too it is in many cases of hæmoptoe. Now of the danger of pulmonary ailments every person of the slightest information is aware. Immediately after the first slight beginnings are over, the alarm is taken; medical aid is sought without delay, the injunctions of the physician, no doubt,

are often scrupulously observed ; nor is he straitened for time to take and to change his measures. Yet has the complaint heretofore proceeded with little interruption through its stages. Those great sacrifices of property, and still greater of feeling, which the removal of invalids, and indeed of whole families from home implies, have been vainly submitted to. Still however *Phthysical cachexy*, or the indisposition attending the advance of tubercles to suppuration, has pretty regularly been followed by confirmed consumption ; and confirmed consumption has almost invariably terminated fatally : so that the houses of the wealthy and the knowing, not less than those of the destitute and the ignorant, have been daily discharging into the grave victims to this dire disease.

With what sensations and reflections shall we look upon this premature extinction, from year to year, of the life of near an hundred thousand human beings, among



whom we may frequently number the most amiable and hopeful of our youth? Shall we encourage such ideas as the Turk is said to entertain when he beholds the ravages of the plague; indolently ascribe it to an immutable destiny, and wait for a cessation of the evil, till inspiration descend upon some female dotard, or the successful temerity of an empiric supply the desideratum, or a specific be imported from a tribe of savages, hitherto concealed from the researches of our circumnavigators?

The modern history of practical medicine seems calculated to suggest more active resolutions. For a disorder as lingering and as fatal as consumption itself, though not so cruel or so frequent, we have lately witnessed the discovery of a remedy, in consequence of the adoption of measures such as were dictated by a clearer insight into the composition of the animated system.\* To the same plan of proceeding we are

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\* See Rollo on Diabetes mellitus,

indebted for mild, but effectual means of cure in many cases of a formidable distemper, in which though former medicines would so far answer, they could only be employed at the risque of ruin to the constitution.\* If I add, that from the same source we may entertain some hope of deriving an agent, powerful enough to restore those who, after the attack of palsy, exhibit themselves as mere melancholy ruins of humanity, I shall appear obscure to most of my readers. But they will not have long to wait for the explanation of my allusion.

If such, then, may be said to be the spontaneous fruits of a region, where the sounds of human industry have scarce yet been heard, what may not the soil yield, when it shall be cultivated with an ardour, worthy of its fertility? The period cannot

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\* See the former work, and reports on nitrous acid, by the author of the present essay. (Johnson).

be far distant when multitudes shall engage in this productive labour. The signs of its commencement will be these. The public will be too intelligent to be duped by those artifices which have so often given medical men vogue in the great world; and fashionable physicians will either become scientific, or scientific physicians will become fashionable.

But it is not only because the present æra of medicine is distinguished from all the preceding by great practical discoveries, immediately resulting from speculation, that we are entitled to hope for a diminution of the mortality from consumption. There are more direct probabilities in favour of the event. For to believe in the impossibility of dispersing tubercles, and by consequence of curing consumption, is to pay too great deference to the opinion of men, whom perhaps extraneous circumstances, such as unmerited professional success, may have rendered presumptuous, but whose

denunciations of never-ceasing destruction against the consumptive, assuredly proceed not from any fullness of knowledge concerning the conditions of life.

That fallacy of concluding from *what is* to *what must be*, which has arisen sometimes from excess of diffidence, and oftener from want of comprehension, is perpetually exposed in other departments of science; and the light which has been thrown within the last half century upon the offices of the constituent organs of the living system, ought to encourage us to leave no effort untried to expose it in medicine. Is not the power which we have acquired of dissipating so many other tumours, and healing so many other ulcers, a pledge that the dissipation of pulmonary tumours, and the cure of pulmonary ulcers, are not beyond the faculties of the animal œconomy? The former effects cannot be produced, unless the living machine be incited to act in a particular manner. And, as an encourage-

ment to aim at producing the latter, let us recollect that so infinite is its susceptibility of modification, that our command over its operations has probably scarce any other limit than our industry in seeking new agents. In fact, "the discovery of every new specific (or substance capable of correcting given morbid actions of the system) affords a new reason for believing in the existence of others. For some scrophulous ulcers, we seem to have found a new specific in sorrel; for (some) venereal and hepatic affections, in nitrous acid; such as we possessed before in mercury. These are diseases, in themselves, not many degrees less formidable than cancer and consumption. We have analogies enough to persuade us, that there is no lesion of organization, induced by the powers of the living body, modified in one way, which the same powers differently modified, may not repair; and that by dint of frequent ventures, some happy hand

will draw from the lottery of nature, a remedy for each of those diseases which at present most baffles the physician, and tortures the patient." (*Medicinal use of factitious airs, part V. App. p. \*\*\*\*\*86*). Nor is it necessary to truit this reasoning to mere analogy; the recoveries, however few that have taken place, whether from sea voyages, or rare accidental combinations, shew that the cure of consumption is no physical impossibility. And that a remedy should not sooner have been discovered for this, than for some other disorders, is perhaps less owing to its essential nature, than to those events which brought the European world acquainted, at a certain æra, with Peruvian bark, quicksilver, and other powerful articles of the materia medica.

These observations I do not intend as an apology for departing from old methods. No such apology is needed.—For can any one doubt whether it be criminal in any

practitioner of physic, whose imagination can suggest a new plan, in the smallest degree plausible, for the treatment of consumption, not to pursue it? On quitting the schools of medicine, I imagined I should find physicians of great name, under a mixed sense of indignation and shame, tormenting themselves with perpetually reiterated efforts to subdue so terrible an enemy to the human species; and however often they might be baffled, I supposed they would feel it an indispensable duty to return to the charge. And what though the enterprize had failed in nine hundred and ninety-nine cases, if it but succeeded in the thousandth?

It being a thing always avowed by the members of the profession, and understood out of the profession, that no remedy for consumption was known, how could recourse fail to be had, as is always more or less the case, to advertised secret medicines? Might not persons impressed

with the justest idea of the general falsehood of the allegations of empirics, in prudence, try what this or that among their preparations would effect, since though its inutility was almost certain beforehand, it was not demonstrated, and the barrenness of the *pharmacopeia* could not be disputed?

When therefore certain men, choosing to abandon for themselves all thoughts of improving the treatment of a disorder from which they draw immense gains, while they seem to feel every endeavour to supply their deficiencies, as an infringement upon their almost total monopoly of the lucrative part of the *sick trade*, reprobate new methods as unjustifiable *experiments*; let them in the name of common sense and humanity, be asked the following simple questions: Whether any thing can be more unjustifiable than perseverance in *experiments* of which constant repetition has rendered the failure certain? Whether, in such a disease any innovation, that does not



increase pain and shorten life, can be an object of just apprehension? Whether, after their failure, there do not remain to him who employs extraordinary measures just the same resources as to the adversary of improvement? and whether the innovator is likely to be so stupid as not to know how to draw the utmost advantage from the saline draught, the chalk mixture, the syrup of poppies, the acid of vitriol, and that whole tribe of palliatives which between ourselves, gentle reader! an observant nurse may soon learn to administer to nearly as good purpose as the most specious doctor?

The preceding reflections will, I flatter myself, satisfy many readers, that the art of medicine has derived new chances of improvement from the recent progress of the general knowledge of nature; that analogy strongly favours the hope of a remedy for pulmonary tubercles and ulcers, and that it is among the most urgent concerns of

mankind, that physicians should avail themselves of these beneficial chances, and attempt to realize this hope. It now only remains for me to state with great brevity, by what means I think the dissipation of tubercles in the lungs, and the cure of ulcers may at present be undertaken with the greatest probability of success.

In a recent publication of distinguished erudition, a bare index of the medicines recommended at various periods for consumption, and of the authors who have recommended them, fills twenty quarto pages. (*Ploucquet initia bibliothecæ medico-practicæ. Tubingæ 1793—1797. vi. 454—473*). The catalogue, ample as it is, can by no means be said to be complete. Nevertheless, had the present essay been sent abroad twelve months ago, I must have concluded it with an exhortation to employ preservative means with greater diligence, as well on account of the *almost certain mortality* of the disease, as of its

painful progress. For notwithstanding some favourable reports furnished by practitioners, whose veracity there is no room to suspect, it becomes me to acknowledge that the very imperfect trials hitherto made of gasses and vapours, are far from having established any thing like a successful mode of treating consumption. It is indeed certain that the exhalations of cowhouses (for I cannot impute any thing to the breath of the animal) have produced effects so strikingly beneficial as to render the expedient highly worthy of more compleat trial, either alone, or as auxiliary to other processes. As to the efficacy of this or that spring in any period of the complaint, there is nothing in the pagan or popish legends concerning consecrated fountains and holy water, more absurd than such a persuasion.

Happily, successive endeavours of English physicians promise a brilliant æra for humanity. An effectual remedy for many

cases of phtifical cachexy, and not a few even of true consumption, appears to have been nearly ascertained; and on reverting to the history of the most brilliant discovery in physiology, and this, which, if it shall be confirmed, must be regarded as the most useful discovery in medicine, it will appear singular that they should have been approached by the same gradual steps. Among the physiologists, the predecessors of Harvey, there were some acquainted with such proofs of the circulation of the blood, that it is astonishing they did not combine them so as to leave no doubt in their own minds, or in the minds of others. In like manner there existed, before the two physicians, who have taught its safe, easy, and effectual employment, such proofs of the antiphtifical powers of the FOX-GLOVE, that one must wonder its use had not, a number of years ago, become general. Its use indeed, as I observed in a former publication, has been of late years

almost universal; but the quantity employed was seldom such as necessity required and prudence might allow.

It is probable that certain beneficial effects of this plant, having been accidentally discovered, were at first diffused by oral communication. Gerard and Parkinson, old botanical writers, mention it as an expectorant; and Dr. Withering has printed from *Parkinson's Herbal*, the manuscript note of a country surgeon, affirming its efficacy in consumption. In the works of Salmon, it is said, upon the faith of long experience, perfectly to cure "a phthisis  
" or ulcer of the lungs, when all other  
" medicines have failed, and the sick are  
" esteemed past cure."

Notwithstanding the temptation, which such an encomium held out, the frequently severe operation of fox-glove, and, on some occasions, its fatal effects, caused it to be abandoned, at least, by the regular practitioner, till from its efficacy in stimulating

the languid absorbents of the dropfical, of which tradition had probably perpetuated the memory for centuries, Dr. Darwin inferred its poffible ufe in pulmonary ulcers; and corroborated his inference by that medical miracle—a cure of confirmed confumption—evidently wrought by this plant. (*Medical tranfactions*, 1785, iii. 276).

The facts related by Dr. Darwin, and others publifhed about the fame time by Dr. Withering, fo far overcame the apprehenfions of a large portion of the faculty, as to induce them to prefcribe fox-glove in dropfy. As the period neceffary for its exhibition in dropfy is but fhort, its violent effects appeared lefs intolerable. But there could be no hope of healing ulcers of the lungs in a fhort time; and the ufe of fo formidable a remedy in confumption feemed either to be rejected by the common feelings of patient and phyfician, or elfe (what I believe to have happened in a vaft

majority of instances) it was administered with a timidity which could not fail to deprive it of its efficacy. In spitting of blood, however, and incipient consumption, it was occasionally ventured upon, and as Dr. Ferriar and, I believe, others report, with success.

In this situation the use of fox-glove in consumption remained; and the sick were left without relief, and without hope, till Dr. Drake, and Dr. Richard Fowler, led by an enlightened view of cause and effect, seem to have discovered what will not only relieve much suffering, but even now preserve many lives, and when properly pursued, may lead to such a method of treating pulmonary consumption, as has always been the universal wish, but hardly, perhaps, the expectation of any.

Dr. Drake proposed to himself two objects. He hoped that the fox-glove, by promoting absorption, would prevent that hurtful change in the ulcerous discharge,

which he, in common with Dr. Darwin, supposes to be produced by the contact of air. At the same time, by powerfully retarding the action of the arterial system, the secretion of matter might be diminished or suspended. He doubted, indeed, whether he should be able by the cautious and continued use of fox-glove, to render these consequences sufficiently permanent to promote a cure. He had the satisfaction, however, to find in two instances, which he has related at large, that the pulse could be lowered to forty strokes in a minute, and the depression continued till a compleat and permanent cure was effected. That confidence in the medicine which his success so far had inspired, he informs me, has recently been strengthened by another equally remarkable cure. He mentions at the same time two cases in which he had not succeeded.

Dr. Fowler's attention was directed to the fox-glove, as a remedy likely to be



useful in phthisis, by its almost uniform effect in rendering the action of the arteries more slow than natural, at the same time that it seems to excite the absorbents. He reflected that diseased parts of the body may be removed by depriving them of *all* supply of blood, and even by diminishing to a certain degree, the arterial supply, while the absorbents are left to act in full force. He hoped that the latter purpose might be effected by the operation of fox-glove upon tubercles in the substance of the lungs: and proceeding upon this idea, he affirms that he has been successful in many cases of confirmed consumption, where the patient sometimes seemed not to have many days to live. (*West-country contributions*, Longman).

Both these physicians thought and acted independently of one another.—In a variety of cases where the existence of tubercles, ready to break out into open ulcers, was indicated by every symptom, I have

fully experienced the virtue ascribed by Dr. Fowler and Dr. Drake to digitalis : and in confirmed consumption itself, my observations induce me to presume that it will sometimes act with as good effect as the Peruvian bark in ague. Could we obtain a single auxiliary for fox-glove, such as we have in many substances for the bark, I should expect that not two cases in five would terminate, as ninety-nine in an hundred have hitherto terminated. But I believe a large proportion of the cases, not yet advanced beyond the stage of tubercles not ulcerated, or of hæmoptoe, will yield to simple fox-glove. And it is evident, that no new case need be suffered to advance beyond this stage without the application of the remedy.

I wish not to conceal that the fox-glove is a dangerous, which means only that it is a powerful, medicine. I therefore say nothing of the manner in which it should be administered ; because no person, un-

practiced in phyfic, ſhould attempt to adminiſter it. All other methods are comparatively frivolous. Moſt methods abſolutely ſo. And I know from experience, that the fox-glove may be given with ſafety, to hectic and probably conſumptive infants, a few months old.

As I pretend to no ſhare in ſo beneficial a diſcovery, I might ſpeak with the leſs reſerve in praiſe of thoſe who have accompliſhed it. But there are occaſions on which *all* encomiums are inadequate, and *any* encomiums impertinent. The leaſt conſiderate muſt perceive, that if the ſubſequent harveſt correſpond to the firſt fruits, there is a cauſe for national rejoicing, greater and more univerſal than has ever before occurred. The authors of *distant* benefits live and die, unnoticed, becauſe few can judge of the ſolidity of the foundation they have laid, or the utility of the future ſtructure. But the advantage here, muſt ſtrike every eye, and

come home to every bosom. No man is without some notion of the evil; and none therefore, without some measure of the good.

I know that of all things in which they are intimately concerned, mankind are the most incompetent to judge of medical merit. But there are differences which none can fail to recognize. If in *former* times, public favour and public honours may have been thrown away upon physicians, whose names were unknown in the republic of science, however they might be revered in the circles of the frivolous, those with whom the distribution of honours and rewards now rests, are surely too discerning and too just to suffer inefficiency or mediocrity to usurp what all the world must acknowledge to be due to effective talents.

The degree of confidence which I have expressed in the newly ascertained treatment of pulmonary tumours and ulcers,

cannot appear inconsistent with the zeal with which I have recommended a preventative regimen. For it should be observed, that those who have least of the phthical disposition, will enjoy an existence, in other respects, less harrassed by painful sensations; that, if they should be thrown into the disorder, the means of cure will probably be more certain, (for, as I have already suggested, *West-country Cont.* p. 534-5, in particularly puny habits, and where the disease has made considerable progress, the absorbents will not be sufficiently susceptible of stimulation); that they will be less liable to relapses; and that it is still more desirable, now we have a remedy, which will sometimes at least arrest its progress, to be apprized of the approach of the disease.

WITHIN THE FEW MONTHS that have elapsed since the original preparation of this essay for the press, a great number of in-

valids from all the ranks of life, and in every gradation of *phthifical cachexy*, and ulcerated phthifis, have fallen under my obfervation. I have therefore altered the prefent fection fo as to exprefs, as accurately as I can in general terms, my corrected opinion of the virtues of digitalis. There has, in fact, occurred no ftage of the complaint, in which the great power of the plant to remove the difeafe or to mitigate its fymptoms, has not been apparent *in fome instances*. I do not abfolutely except even the very clofe of the laft ftage. There is now living in Bristol, a perfon concerning whom before I faw him, feveral medical practitioners had juftly pronounced that he was in a confirmed confumption; the laft adding that he probably would furvive but a very fhort time indeed. I found him with colliquative diarrhœa, fwelled feet, and violent pains of the cheft, fuperadded to the other ufual fymptoms, and fo weak as but juft able to quit his bed with affift-

ance. I hardly expected him to hold out a fortnight. Yet he has survived above half a year. In a month the foxglove entirely removed his symptoms, except the cough and expectoration, and these were both extremely diminished, and the patient became able to enjoy life to a certain degree, but has since, perhaps from injury of the organisation of the heart, fallen into *inter-pleuritic* dropfy. No greater proof of the power of medicine has ever occurred to me.

I could undoubtedly fill many pages with instances of confirmed consumption, far advanced, or affecting subjects, particularly feeble, in which the fox-glove has produced no beneficial effect; no reduction of the pulse taking place; or the reduction only happening in the recumbent posture, so that an immediate increase of thirty strokes or more in the minute was immediately observable on sitting up;—or else the reduction to the natural stand-

ard or below (which has appeared a necessary condition both to cure and relief) being unaccompanied by any alleviation of the symptoms.

In what I have judged imminent consumption, the same medicine has produced the most salutary effects in at least as many cases as it has failed. The fatal consequences of hæmoptoe have been prevented; and either the symptoms associated with tubercles removed, or (what I am disposed to believe, but time alone can fully decide) absorption of the tubercles themselves has taken place.

An assertion like this is, I am well aware, liable to be controverted; and it is incapable of absolute proof, since it is impossible to take tubercles out of a diseased thorax, and exhibit them. The probability indeed of their existence is not always equal. But of the nature of the disorder in most cases I feel confident—so exactly similar were the appearances to those which I had so often



observed before ulceration of the lungs in other cases ; and it is scarce possible I should have misjudged in many of the instances. Of this, not only the perfect identity of symptoms, but the coinciding opinion of more than one medical man, afforded security.

What I have advanced, as to the species of the disease, and its frequent removal before the formation of ulcers, the following testimony will confirm. It is taken from a friend's letter, in answer to the following query : " As you have attended with particular accuracy to the patients who have applied at the pneumatic institution (and have indeed drawn up a report for publication on a future, and that not a distant occasion) may I beg of you to say what effect, upon the whole, you have observed from digitalis, where mere tubercles have appeared to exist in the lungs."

To Dr. KINGLAKE.

T. B.

“ In reply to your question relative to the collective result of my experience of the effect of digitalis, in cases, “ *where tubercles not ulcerated have appeared to exist in the lungs,*” I can confidently aver that it has been in almost every instance of such a description, temporarily salutary, and often permanently curative.

I am aware that my answer would be more satisfactory, could it be founded on an accurate diagnosis of the different stages of phthisis pulmonalis, in which the agency of digitalis has been subjected to trial.

But this discrimination can only be attempted in the gross, as the various states by which this disease is ordinarily characterised, are blended by gradations infinitely too minute and inscrutable to be distinctly marked, or correctly defined.

The strictly incipient form of phthisis pulmonalis is but rarely an object of medical treatment, as the inconveniences it produces are yet too slight, and too

much familiarised and neglected under the usual denomination of simple *cold*, or *catarrh*, to induce early attention to it. The transition from this form to that of the tuberculous, is however an easy, and often a rapid process, creating in general no other alarm than that commonly attached to the consciousness of suffering under an obstinate cold. This state, generally speaking, I conceive to merit the distinctive appellation of tuberculous consumption, in which may present every degree of diversity, from the minutest point of morbid accretion, to the most fully formed indurated tumefactions. This stage usually occurs in the course of two or three months from the first attack, and is distinguished by a hard dry cough, obstructed respiration, pain more or less transient in the chest, augmented by full inspiration, small, hard, quick pulse, variable temperature of the body, febrile chills and heats, evening exacerbation of symp-

toms, nocturnal sweats, loss of strength, flesh, &c. Under these circumstances, and at this period of advancement, the curative efficacy of digitalis seems to be more particularly exerted, and of this description were most of the cases which fell under my observation at the pneumatic institution, in which digitalis either relieved or cured. I am, &c.

To Dr. BEDDOES. R. KINGLAKE.  
Bristol, Sept. 17, 1799.

Dr. Fowler has still the same reason to be convinced of the efficacy of digitalis. Concerning his more recent practice, he says in a letter, dated September 12, 1799: "Subsequent experience of the digitalis gives me no reason to think less favourably of its effects on consumptive patients than when I last wrote to you. I have lately cured with it two as severe cases as I ever remember to have seen in an early stage. The tincture has in no instance with me

answered as well as the decoction. I must not conceal however, that I have seen every preparation fail of curing the complaint in its more advanced stages." He then goes on to speak of the necessity of a due preparation and administration of the medicine, adding that "his success has borne a very striking proportion to the certainty he has had of all being as it should be in these respects."

From the full report of Dr. Kinglake, it will appear that though the digitalis (employed in the form of tincture) has not unfrequently removed almost all the symptoms in confirmed consumption, and obtained a truce with the disease, yet the hope of recovery has been eventually frustrated. The same holds with regard to many articles of the materia medica. And if we had it not in our power to substitute one medicine or preparation for another of similar virtue, our expectations would often be baulked in complaints,

which now almost altogether lie within our power. Henceforward, therefore, one great object of medical research should be the means of adequately seconding the beneficial agency of digitalis. We are not without a clue to lead us to the knowledge of such means. Stimulants at the accession of the cold stage often succeed in a fit of hectic fever, as well as of ague. The affusion of hot water ought not to be neglected. Contrivances for regulating the temperature of the whole body, and of particular members, afford great scope for invention, and would contribute to the purpose in question, and to many other useful purposes in medicine.

Nitre in large doses, preparations of the broom, the water-hemlock, as lately recommended by Dr. Herz of Berlin, and Dr. Hufeland of Jena, the squill, the *gratiola officinalis*, and many other vegetables, deserve trial. By a very little help, it appears probable that the cure of con-

firmed consumption which digitalis sometimes begins, and leaves imperfect, would be compleated, and (the first appearances, or what may be called the first rudiments of the disease, being better understood in families), that a great number of cases might be prevented from passing into the confirmed stage. How much more agreeable than the present such a state of things would be to the physician, as well as to the patient, is easily imagined. And though in single instances an objector could not be brought to confess that so dangerous a disease had been really prevented, yet the preservation of the remaining members of families already thinned by consumption, and the general diminution of premature mortality would speak with sufficient distinctness in favour of the plan.

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*SUMMARY, with QUERIES  
and REMARKS.*

It is the prime object of this treatise to

put families on their guard against one of the disorders which they have most cause to dread. I do not perceive how they can so effectually be put upon their guard, as by being made acquainted with the circumstances that favour its approaches, and with the manner in which they take place from the very first. Towards the former of these purposes, it appeared as if much useful information could be collected from an investigation of the effects of accident. Hence it became requisite to ascertain who are placed by their lot in life in the most secure, and who in the most dangerous station.

The doctrine of the greater security of the robust seems to be founded upon a considerable induction of direct facts.\*

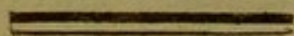
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\* MR. DAVY is of opinion that what is stated above respecting the Scotch fishwives, holds perfectly respecting the Cornish. "The women," he observes, "in the fishing-towns, in general are of healthy appearance; many of the girls have uncommonly rosy cheeks. They in general la-



The frequent fate of the puny perhaps supports the opinion still more powerfully.

If vigorous health however can be attained only upon terms similar to those on which the butcher and the fishwife enjoy it, the delicate in constitution and in sentiment may feel less anxious for the blessing. There seems however no reason for alarm on this score. A habit little susceptible of pulmonary consumption, has no connection with grossness or with vice,



bour hard, in carrying fish from the boats and curing them; their labour, like that of the men, is greater in the fishing-season, and their food better. Many of them, when able to procure spirits, drink as much as the men. Among them, the women who labour hardest, and bear the inclemencies of the weather to the greatest extent, are those who carry fish to Penzance, from Mousehall and Newlyn.—They are particularly strong and robust, and many of them very old. I do not recollect hearing of instances of phthisis among these people, though for the last four years of my residence in Mounts-Bay, if many such instances occurred, I was in a situation likely to become acquainted with them.’ He adds, that he has not observed any instance of consumption among the fishermen.

These rather lead to excesses, which induce different, but equally fatal disorders. From the analysis of the facts, the following seem to result as the only general conditions, essential to exemption from phthisis—much exercise, especially during the early part of life, in the free air—such cloathing as preserves temperate warmth—nutritious diet, into which animal food largely enters. Thus may good constitutions be preserved, and constitutions moderately good prevented from alteration for the worse.

The puny may be rendered more robust upon the same plan. But the execution demands some management. The following rules do not make up an entire system, but if their spirit be seized, analogy will easily supply the omissions.

*Let the anti-phthisical regimen begin early.* Children cannot too soon after birth be removed into the country. And why indeed should not mothers be advised at the time of

parturition, to fly large towns? As from some unascertained cause cities are more destructive, as children are younger, why may not the first exercise of the new function of respiration, under such deleterious influence, be supposed particularly injurious? especially as the unfavourable impression is probably received through the medium of the lungs.

Children removed early into the country, and suffered to enjoy the free air, are seen not unfrequently to acquire a totally new temperament. May not the practice, so common at Paris, and in other respects, so worthy of reprobation, of sending newborn infants into the distant provinces, have been beneficial in this single point of view?—Other circumstances being alike, could it, in fact, fail to be so?

*Animal food should form a considerable part of diet, where no positive indisposition exists.\**

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\* A medical practitioner who supposes he has seen 70,000 patients belonging to the navy, this day (Sept. 15,)

*The dress should be such as to keep up a temperate feeling of warmth.* Concerning the use of flannel next the skin, there prevails a great diversity of opinion in the medical world. It appears to me probable, that the error lies in the attempt to establish a general rule where none is admissible. Labourers, exposed to cold and wet, ought I believe undoubtedly to be wrapped in flannel. But the same thing by no means holds with regard to the subjects of the present essay. In warm weather flannel next the skin produces a weakening action of the cutaneous vessels; and at all times therefore, in bed, it must be injurious: and should be worn above the shirt, if worn at all, in summer.

*Immersion in the atmosphere of heated rooms for many hours together during the whole*

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informs me that he thinks Irish seamen more subject to scrophula than British. He is sure that they are more subject to herpes. The above opinion he allows me to insert in this essay.—Let the reader compare it with what is said above on diet.

winter season is particularly to be avoided. Among our opulent class, indolence for many generations appears to have been on the increase. Hence, in the place of *active* have been substituted *passive* means of producing the state of sensation, denominated *comfortable*. Among the passive means, some appear less, some more detrimental. Warm cloathing and a cold atmosphere seem to predispose much less to pulmonary complaints than cool dress and a hot atmosphere. The ingenious improvements in fire-places by Count Rumford, are, I fear, likely to be abused in this country, and by rendering our apartments still hotter and closer, to add to the frequency of consumption.

There is no one habit in which it is more incumbent upon the superintendants of young people to make a change. Nor is the undertaking difficult. In lowering the temperature of our habitations, it is only necessary to guard the extremities, and

particularly the feet, against the impression of cold.

*The weakly should never be exposed to considerable or continued chills.* In the application of this rule the difference of age will make a great difference. Infants on whom the impression is less dangerous, should, be inured to cold by immersion in water, but, as the infant is more weakly, the water should be at higher temperature. At  $65^{\circ}$  or  $70^{\circ}$ , so dense a medium will have sufficient conducting power for some constitutions at first. A caution, perhaps, ought to be given against suffering the weakly, whether young or old, to sleep during a severe frost, in apartments without a fire.

*The consequences of a sedentary life are extremely to be apprehended for the puny members of phthysical families.* Education should be regulated accordingly; and the principle should be regarded, as far as possible, in the employment to which

young people are destined for life. Imprisonment in grammar and in boarding-schools, must be death to multitudes. As the public is evidently coming more towards reason on the subject of education; would not seminaries, where the barbarous monkish discipline, which our schools have retained so long after the abolition of monastic institutions, should be relinquished, and instruction through the senses, exercise and *aeration* be the leading objects, now meet with sufficient encouragement?

In devoting their offspring to occupations, into which they are to be initiated by long confinement in close and sometimes damp rooms, it is also to be wished that parents could be induced to place *health* in the balance against *wealth*.

Regulations like these, fall perfectly within the competence of unprofessional parents and preceptors. There is no reason indeed, why they may not be occasionally assisted by medical advice. But

where young people have grown up under debilitating habits, it may be of use to make the masters and mistresses of families acquainted with the most probable marks of incipient consumption.—These are--*a general indisposition*, not easily defined, arising from the imperfect performance of the great function to which the lungs are destined, and often accompanied with lassitude, want of adequate support from food, and adequate refreshment from sleep. Where the family is consumptive, or the individual narrow-chested, scrophulous, or subject to spontaneous bleeding from the nose, there exists peculiar cause for alarm.

*Great liability to increased quickness of circulation from very slight causes*, I hold to be very suspicious, in concurrence with other signs. It is a condition of the system which requires much more attention than has hitherto been paid to it, and should always, where it is present in a high degree, be corrected.



*Habitual quickness of respiration* with or without motion, pains about the chest, flying chills, sudden flushings, the slightest cough of long continuance, are appearances that demand the most careful scrutiny; and for declining medical advice we should accept none of those excuses, which young people, ignorant of the nature of the symptoms they feel, and accustomed to the return of health after attacks apparently far more dangerous, are apt to offer. Much less should we wait till they declare themselves invalids. In this as in other things, there is a manner, known to the French by the term *sçavoir faire*, by which the head of a family may maintain an acquaintance with the moral and physical situation of its members. This all parents will find their account in cultivating.

*Changed habits of local action*, as the disappearance of chilblains, especially if attended by general undefined indisposition,

appear sometimes to mark the approach of phthifical affection.—This holds of the piles.

It is not among the author's pretensions to make persons out of the profession mafters of the *diagnosis* in phthifical cachexy or incipient confumption. It is therefore, no folid objection to his defign, to fay, that medical men are themfelves often deceived in attempting to difcriminate phthifis from other affections. The feafon proper for confulting the phyfician, muft ever be an extra-professional confideration: and the decifion muft come from the individual himfelf or his friends. It is therefore a fubject on which the judgment of mankind at large, cannot be too well informed. Of courfe, where the beginnings of a difeafe are fo obfcure as to efcape ordinary obfervation, and where the termination is apt to be fatal, popular inftruction is particularly urgent. Compleat accuracy of knowledge is not wanting. For it is not required to decide

whether certain tokens absolutely *are*, but whether they *may not be* of dangerous import. Among the poor, labouring under phthical affections, who have applied at the pneumatic institution, we have remarked, that a vast majority has been already considerably advanced in confirmed consumption. If this, as I suspect, be general, it is a strong reason for disseminating information respecting the disease. For whatever other motives the indigent may have for tardiness in seeking relief, it can hardly be doubted but ignorance of the necessity of the measure is, in the present case, among the number.—Now respecting the indications prior to the short cough, and to the evident daily returns of feverishness, the opulent have not in general any accurate knowledge. Hence with regard to one stage of phthical cachexy, they are in the same predicament as the poor with respect to another.

Among the means, fit to be tried for

strengthening the habit, I have spoken of the tepid bath, in a way that I hope will remove much prejudice.\* The bath may

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\* On this important point, I subjoin the experience of Mr. CREASER, of Bath, a medical practitioner of great accuracy, whose attention to the effect of the tepid bath on arterial action, I had formerly had occasion to request: "My opportunities of observing the effects of warm immersion, have certainly been extensive, but less so as applied to patients in the incipient or other stages of phthisis than in almost any other condition, as the patients who come to this city for the use of the waters are seldom under any degree of that disorder, and among the inhabitants (who from the local circumstances of this place are necessarily and frequently liable to it) I have had few opportunities of seeing the disease.—As however, you have observed, and as it certainly appears, that debility either acquired or connected originally with temperament, constitutes the predisposition to phthisis, the observations arising from the effects of the tepid bath on persons in the usual and various conditions of debility, are certainly, by analogy, applicable to the particular state of phthical debility.

As my sphere of observation has been entirely in the baths of this place, I must presume that their effects have arisen simply from their temperature.—That this alone, produces the immediate effects arising from bathing, there can be no doubt.

I have superintended the immersion of numerous patients in baths from 90 degrees of heat to 100 and upwards, and I have repeatedly examined the pulses of my patients both when in the bath and afterwards, and have also attended to

be classed among domestic means ; and if the counsel of the physician be necessary,

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their sensations.—It appears to me that tepid and warm immersion fall under some of the laws of the operation of stimuli in general, of which they appear to be among the safest, the most agreeable, and the most efficacious. I have repeatedly found that a quick feeble pulse in a weak habit, that is, a pulse ranging from 90 to 110, has been reduced from 10 to 20 strokes in a minute by a bath of a temperature of 94° to 96° or 98°; the effects of the tepid bath in giving increased fulness, softness and moderate strength to the weak and frequent pulse, are also remarkable.—In some instances, where pains had been taken to regulate temperature, the pulses of patients of this description, have been quickened during immersion. The acceleration however, has been moderate, and has generally subsided after bathing, leaving the pulse diminished below its previous standard. In common, the pulse under these circumstances, has sunk gradually during the immersion, and has been succeeded by increased vigour and pleasantness of sensation. Many of the instances of accelerated pulse were accompanied by different local and general diseases, some of them painful, and in the latter, the effects were still more beneficial. There is certainly something peculiar in the effects of the tepid bath, on the quick and feeble actions of the system.—The softness and moderate force and frequency of arterial action produced by it, is more attainable in this way, than by any other means I am acquainted with.—As we cannot apply the laws of relaxation which exist concerning dead animal matter, to living bodies, we may seek for the causes of these effects partly in agreeable sensation, which Mr. Hunter called “putting the skin in good humour.”

it can scarce be but in cases where heat or feverishness follows immersion.

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The quick, hard and strong pulse of genuine increased action and excitement, I have often seen moderated and rendered soft by immersion in the temperature of 90°, or thereabouts.—Pulses in habits of tolerable vigour, are seldom under these circumstances so quick as in weaker subjects.—For some time past, I have generally directed the stay of my patients in the bath, to be from half an hour to an hour, and where the temperature was in any respect proper, I have found generally increased strength and refreshment from the immersion. The guides of this place who go very frequently into the baths, of which the temperature most commonly employed is from 90° to 94°, are by no means debilitated, notwithstanding their immoderate exposure to the application.

The rule to be observed in the regulation of temperature appears to be, avoiding that degree which is attended with temporary increase of arterial action even during the stay in the bath or which produces a subsequent heat of the surface, which renders perspiration necessary to reduce the excitement.—I mention this as it is the commonest of all errors in tepid bathing, and the debility produced by exhaustion from too great stimulus has been attributed to the use of water in general above cold or cool. I shall be extremely happy if these few and general observations accord at all with the ends of your work, and leave their application to yourself.

I remain, &c.

To DR. BEDDOES.

THOMAS CREASER."

Sept. 11, 1799.

I must not conceal, that a friend, who of all medical enquirers has made the most accurate researches concerning

On the subject of climate many things conspire to render it credible that a steady warm temperature prevents consumption.

If it be admitted that such females\* as most commonly become phthifical here,

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the effect of water at different temperatures, doubts if I do not rest too much on Marcard. He says that he has "repeated many of his experiments with various results." I have myself found that water at 96° will sometimes stimulate the arterial system into too quick action.—In such cases, the lowest temperature that can be used without chilling, may be useful; viz. from 87° to 90°; and perhaps salt added to the water might compensate for deficiency of heat.

\* The majority of victims to consumption in all variable climates where the manners are similar to ours, must I suppose, be females. Henning (*Med. Fragmenté*, 1799 p. 51) says so of part of Germany: and Rush (*Med. enquiries*, I. 159) of North America. When this author adds that the disorder is unknown among the North American Indians and extremely rare among the *first settlers* in the United States, he furnishes striking examples of the truth of the principles above laid down. But his assertion is too absolute. A mode of life, in which no single usage occurs to make the habit tender, will generally preserve the lungs sound. But under favour of accident or of unusual delicacy of constitution, a rude climate will sometimes excite phthisis.—Mr. Hearne mentions a consumptive Indian woman:—Laperouse numbers consumption among the disorders to which the half starved, ill-fed, puny and spiritless race of Californian Indians is liable.

escape in the West-Indies, no doubt can I think remain as to the power of that climate. What I had presumed concerning Egypt, I find confirmed by a late traveller, who has paid more than common attention to health and disease. "In no country, says he, are pulmonary diseases more rare, which could not happen if the baths had any tendency to cause them." *Travels by W. G. Browne*, 4to. 1799, p. 331. Of scrophula, I understand him as making the same assertion; and it is precisely what might be expected. Hence one might be induced to wish that our ministry would withdraw their attention for a moment from their present sublime speculations, and exert their influence with the Ottoman Porte to procure some retreat in Egypt for British phthifical invalids.—Concerning the decreasing power of climate, to prevent phthifical disease, as we recede from the tropics towards the pole, I doubt whether it would be possible to col-



lect information from which nearly the true law could be deduced. — Upon the account I have received of the frequency of scrophula and phthisis in Madeira, I place entire reliance; and I hope indeed that the author will publish his observations. I regret exceedingly that ill health has prevented Dr. Withering from stating to the public what two winters' residence have taught him concerning Portugal. This physician had the opportunity of making many observations on British patients: and, upon such patients, if they are to determine the propriety of removal from this country, it seems necessary that observations should be made. The prevalence of consumption in any climate, does not demonstratively prove that it is not better than their own for invalids from colder latitudes. Transplantation from Herefordshire to Normandy or to Provence, might cure cankered apple-trees, though the climate of France

should not preserve its indigenous apple-trees from the canker.

Is it to be supposed that difference of soil can make any difference with regard to the frequency of consumption? If the opinion that the various fumes which catgut-makers, soap-boilers, and as I lately have heard suggested, sugar-bakers inhale, have an anti-phthifical property, be not without foundation, how far does this principle extend in nature and art?—In the West-country contributions I have quoted a most respectable authority in proof of the preservative power of sulphurous exhalations. Many years before I had obtained from the Rev. Mr. Leslie and published a very distinct relation, from which it appears that the English nuns, residing near the citadel of Liege, were commonly cut off by consumption; that on settling by the river, they rarely became phthifical; that the utmost advantage was found in sending young men from the Liege academy

(which was also situated very high) into the marshy parts of Belgium, and that in consequence of the removal they often recovered their health, but were sure to relapse if they returned (*Observations on calculus.*) This information from a person of long standing in the academy, has often led me to mention marshy situations as possibly eligible for pulmonic invalids. But the hint has always been too contrary to received notions to be taken. A well-informed correspondent thinks it “nearly established that wherever intermittent fever prevails, consumption does not.” In estimating the causes of the increased frequency of consumption, the observation is of great importance. If well founded, it would apply particularly to the case of Holland.—In general, however, the difference between the sexes, the consideration of the exempted classes, and the lowered tone of health, induce me to look to robustness of temperament as the grand preservative.

The same correspondent apprehends the mortality from consumption to be much greater along the west coast of the island, where the climate is moister and more uncertain than in the east. “ It is not (he says) very considerable in Norfolk, and the disorder is far from common in Lincolnshire, as I have been told.” We want here a careful comparison of facts; and in the collection of these, I understand that Dr. Wells, a very accurate medical philosopher, has been lately engaged. In the investigation, Ireland would well deserve to be comprehended.

From my intercourse with invalids, and with practitioners of medicine, I had inferred that consumption is at least very frequent along our eastern coast; and I should have conjectured that the colder spring winds to which that district is subject, leave the inhabitants of the West little to envy their neighbours. Dr. White of Bury St. Edmunds, assures me, that

“ throughout the course of thirty-six years’  
“ practice, he never knew so many wretch-  
“ ed victims to tuberculous consumption,  
“ as within the last ten years:” and he  
fears the distinction in favour of the  
eastern counties scarce holds at the present  
day. I understand the country about Bury  
to be dry. Here, therefore, the influence  
of intermittents must be out of the ques-  
tion.

In a pamphlet which Dr. Gibbons of  
Hadleigh, Suffolk, has lately composed in  
the character of a physician of long stand-  
ing, he asserts that an inflammatory fever,  
such as he was accustomed to on first en-  
gaging in practice, has not occurred to  
him for thirty years. Disorders, he says  
were then almost all of the inflammatory  
kind; and “ we (only) now and then meet  
with an old stager in the farming way,  
whose breakfast is bread and cheese,  
moistened with his own home-brewed beer,  
his dinner pudding and pork, and who

drinks neither tea nor port-wine." (*Medical cases, Murray. Preface p. ix.*)

From the energetic peculiarity of his language, I inferred that *the generation coeval with this author was less phthical than the present.* And such, if there be no fallacy in concluding from what an individual has observed, to what has existed, must be the fact. For in answer to my query, Dr. Gibbons informs me that "in the space of the last twenty years he has seen (he believes) three times as many patients in pulmonary consumption as he had done in twenty-seven years preceding." Dr. Drake writes: "I believe it is an allowed fact, among medical men, that in this part of the country, and even within these twenty-five years, pulmonary consumption has increased in frequency. I have practiced in this neighbourhood about nine years, and during this period have evidently perceived the disease becoming more common. With Dr. Gibbons, who at Sudbury,

and in this place (Hadleigh) has been in practice more than forty years, the change is decisive.”

Were society more minutely explored, many unsuspected examples of proneness to consumption, and of exemption\* would be discovered ; and such facts might have their application in a preservative system. What share certain states of mind have in the production of phthisis, would then also be better known. That the depressing passions sometimes give immediate rise to spitting of blood, and to pulmonary hæmorrhage, is ascertained. They probably occasion much other mischief to the chest.

That so many important questions relating to so universal and so terrible a

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\* I imagine, for example, that between the females belonging to the society of quakers, and others, some difference will be found in favour of the former. I speak of such females as do not follow any sedentary employment in close rooms ; for these would class, not as quakers, but as manufacturers.

a malady, should remain unsettled to the present hour, and that in order to provoke the truth a writer should be under the necessity of hazarding conjectures, seems to demonstrate how little men attend to what the most concerns them. For it is not from any natural necessity that opinion upon these points continues vague. There is doubtless a degree of activity in research by which they might be determined. No set of men could have so effectually contributed to their determination, as those physicians who have successively enjoyed the lucrative confidence of the great. And this benefit they might have rendered their patrons and the public without *going up and down one pair of stairs the more*, or giving up a single fee. Yet, with the subject perpetually soliciting their attention, have they suffered it still to continue questionable: *in what circumstances phthical invalids may with advantage remove to a more southerly climate;*



*and to what climate they may remove with the greatest chance of benefit.*

We may be sure that neither private nor public support would have been wanting to a scheme of investigation proposed by high medical authority in the metropolis. Though no premium has been enacted for a remedy against consumption, the improvement of medicine has not been totally neglected by the legislature: And besides the maintenance of our numerous hospitals and dispensaries by private donations, we have daily the pleasure of seeing numerous and respectable societies formed and forming for medical purposes. Nor while the wealthy honour themselves by contributing to the relief of the ruptured poor, can we suppose that they would scruple sacrifices for the sake of their own class, of their own kindred, and themselves? Praise be to the founders of *humane societies*! Who but must rejoice that they successfully hold out incitements to earn civic crowns? Let them

continue prosperous and useful ! But what could be more *humane* than a society for ascertaining facts of importance to the consumptive or to those who are threatened with consumption ? And would not any discovery conducive to such an end be as much more extensively useful than an improvement in treating asphyxia, as restoration from apparent death is an event more brilliant than the dispersion of tubercles, or the cure of sores, in the lungs ?

By private efforts, the requisite knowledge will not soon, or not at all, be accumulated. But it seems as if *a society for collecting information relative to dangerous pulmonary ailments*, could be easily formed, and its means without difficulty directed to worthy ends.

Hence it will, I hope, be understood that the beginning of the concluding section in the first edition of this tract was not sally of petulance. I felt (as I now feel) a calm conviction of flagrant demerit, when

I ventured to say that “the lot of mankind has appeared to me scarce on any account so much to be deplored as on account of the feelings of certain leading professional men, in respect to the treatment of consumption.” Whether they have thought little of an evil that covers the land with perpetual mourning, or were incapable of lifting their conceptions above hackneyed and confessedly unavailing processes, it boots but little to enquire. In some quality of heart or head, essential to the due discharge of the great trust reposed in them, the darkness in which, merely from neglecting to exert their unbounded influence, they have left the subject involved, convicts them of having been deficient. I know not, I confess, for what sin of omission the interests of humanity demand more severe condemnation ; and I am at a loss to imagine any thing which the parties could have had to offer in extenuation of their guilt.

I CANNOT A SECOND TIME dismiss this treatise without expressing my regret that I should have been able to correct so few of its faults, and supply so few of its deficiencies. I have, as I engaged to do, availed myself of every hint towards its improvement, whether coming through the medium of the press, or by private correspondence. I trust that I have recommended no measure of doubtful propriety. Whatever occurred to me as useful for the present, or likely to produce future benefit, I have faithfully communicated. Something I may have contributed towards the attainment of remote good, if I have given unprofessional readers juster views of medicine as it is, and higher views of what it may become. For it is time for mankind at large to feel that the investigation of things appertaining to health, is no exclusive business of the medical faculty; and that, till we shall engage in the study of the laws of our own existence, as a common concern,

so long will multitudes continue to groan in unnecessary agony, and be cut off from society before their time.

Next to the scarcity of authentic facts respecting different occupations and foreign countries, the defect that will be most felt in the present essay, is that of rules, at once precise and familiar, which should apply to the preservation of a family in health, as the rules in arithmetic to the settlement of an accompt. But though the author cannot furnish a perfect set of such rules, he ventures to believe that it is an inability not peculiar to himself, but one under which he labours in common with all his contemporaries.

END.

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No errata, worth particularizing, have been observed. Some literal errors occur in the English and the Latin. Once or twice there is a redundant or a deficient article; and a plural for a singular verb.—Dr. Kinglake and Mr. Davy have lately observed one or two patients essentially benefited by digitalis without reduction of the pulse.—Query, can residence with cows benefit invalids by temperature *only*—In this respect is it not preferable to the dismal Lisbon, or Madeira? and may not the animal be dispensed with.—P. 317. l. 2, it might have been added, that turning the feet towards a fire enables Indians and others to sleep with impunity on the bare ground in the North American woods.—I suspect generation of excess of animal heat from slight stimulation, to be a property of the phthical temperament.

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