

**A practical treatise on haemoptysis or spitting of blood : shewing the safety and efficacy of emetics, and the pernicious effect of blood-letting, in the treatment of that disease / by George Rees.**

**Contributors**

Rees, George, 1776?-1846.

**Publication/Creation**

London : Printed and published by M. Allen, 1813.

**Persistent URL**

<https://wellcomecollection.org/works/j6z5w9gv>

**License and attribution**

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

A  
 PRACTICAL TREATISE  
 ON  
**HÆMOPTYSIS,**  
 OR  
**SPITTING OF BLOOD:**

SHEWING  
 THE SAFETY AND EFFICACY OF  
**EMETICS,**  
 AND THE PERNICIOUS EFFECT OF  
**BLOOD-LETTING,**  
 IN THE TREATMENT OF THAT DISEASE.

---

BY  
**GEORGE REES, M. D.**

MEMBER OF THE ROYAL COLLEGE OF PHYSICIANS,  
 SENIOR PHYSICIAN TO THE LONDON DISPENSARY, &c. &c.

---

LONDON:

PRINTED AND PUBLISHED BY M. ALLEN,  
 NO. 15, PATERNOSTER-ROW.

---

1813.

*Price 2s. 6d.*



Digitized by the Internet Archive  
in 2019 with funding from  
Wellcome Library

**DEDICATION:**

---

TO

**SIR HENRY HALFORD, BART.**

WHOSE GREAT PROFESSIONAL TALENTS  
ARE UNIVERSALLY ESTEEMED,

**THIS LITTLE TRACT,**

THE RESULT OF PERSONAL OBSERVATION  
AND EXPERIENCE,

**IS RESPECTFULLY DEDICATED**

BY HIS

OBEDIENT HUMBLE SERVANT,

*Finsbury Square,  
Dec. 22, 1812.*

**THE AUTHOR.**



DEDICATION

To His Excellency the Hon. the Lord Bishop of Exeter  
and the Hon. the Lord Bishop of Bath and Wells

whose great promotion of talents  
and universal exertions  
for the improvement of the human mind  
has rendered this little tract  
the least of your cares.

THE RESULT OF PERSONAL OBSERVATION  
AND EXPERIENCE.

IS RESPECTFULLY DEDICATED

TO THE HON. THE LORD BISHOP OF BATH AND WELLS  
BY  
THE AUTHOR

THE AUTHOR

## PREFACE.

---

WHOEVER endeavours to propagate opinions which are in direct opposition to those generally admitted, at once runs a risque and incurs great responsibility; a consideration that would certainly have deterred me from issuing this publication, had I the slightest doubt with respect to the propriety of the treatment I have recommended; but the opportunities I have had of examining its efficacy by the surest possible test, the test of experience, enable me to speak with the utmost confidence of its success.

Having seen great and irreparable mischief produced by the use of the lancet in cases of Hæmoptysis, I feel it a duty, as far as lies in my power, to check the progress of a practice, that I know to be highly prejudicial; and this I have endeavoured to do, first, by shewing that the nature of the disease has not been well understood, that Hæmoptysis is a passive Hæmorrhage, not at all connected with increased vascular excitement, and not in the least relieved by lowering the strength or lessening the  
quantity



quantity of blood in the system; that the subjects of the disease are generally the weak, the schrophulous, and the consumptive, to whom bleeding is at all times injurious, and often fatal; and, secondly, I have endeavoured to enforce these observations by an appeal to facts and experience. In this respect I may perhaps have paid more regard to brevity than I ought to have done; I might, from my own experience, have detailed thirty or forty cases more, but these I conceive are sufficiently decisive, and therefore I content myself with assuring the reader in reference to the safety of Emetics, that I have never in one instance met with any accident, unfavourable to their exhibition. The idea of bursting a blood-vessel in the lungs by vomiting, is quite a chimera founded in fear, but not in fact; and in advancing this assertion, I submit to be tried, agreeable to the common forms of law, by a jury of my countrymen, only objecting to those whose minds are so governed by prejudice, as to deprive them of the free exercise of their understanding.

INDEX.



# INDEX.

	<i>Page</i>
<i>Hæmoptysis, frequency of</i> . . . . .	1
Remedies usually employed. . . . .	2
Theory of Hæmoptysis incorrect. . . . .	ibid.
Hæmoptysis not an active hæmorrhage. . . . .	4

<i>Description of Hæmoptysis</i> . . . . .	5
--	---

The quickness of the pulse under Hæmoptysis, the effect, not the cause of it. . . . .	8
---	---

<i>Of the cause of Hæmoptysis, and the modus operandi of Remedies</i> . . . . .	10
---	----

Purging and blistering, how differ in their effect on the constitution from bleeding, 16.—The effect of Carbon in the blood, illustrated by the poison of the Viper, 17.—Erroneous opinion with respect to the determination of blood to the head; and making blood fast, 18.

<i>Of the Medical Treatment of Hæmoptysis and the Effects of Emetics</i> . . . . .	20
--	----

Pain in the left side, though violent, no proof of the expediency of Blood-Letting, 21.—Effect of bleeding in prolonging the Disease, 22.—Vomiting, not Nausea, the effect which the Author intends to produce by administering Emetic Remedies, 23.—What Emetic most eligible, 24.—Dr. Cullen's question re-

lative



lative to Emetics, 25.—Dr. Bryan Robinson's Cases in favour of Emetics, 25.—Case from Dr. Robinson, 26.—Case in the Author's practice, 28.—Remarks, 30.—Case illustrative of the inefficacy of Blood-Letting, and the utility of Emetics combined with Tonic, 32.—Remarks, 34.—Inconvenience attending the exhibition of Elix. Vitriol. 34.—Remarks.—Vomiting does not increase the determination of blood to the Lungs, 35.—Dr. Thomas Reid's opinion, 34.—Dr. Stone's observations, 36.—Case in the Author's practice, 37.—Mr. Pettigrew's case of Hæmoptysis, suppressed by drinking Port Wine, 40.—Remarks, 41.—Case in the Author's practice, in which spontaneous Vomiting, though violent for three hours, did not produce any return of the bleeding, 42.—Remarks on the livid Countenance, 44.—How distinguished from Consumption, 44.—Dr. George Fordyce's case, 45.—Case under the Author's care, 45.—Peculiarity with respect to the *modus operandi* of Emetics, 46.



A PRACTICAL  
TREATISE ON HÆMOPTYSIS, &c.



IN presenting this Treatise to the perusal of the public, I am actuated by two considerations, of which no one who admits the truth, will question the sufficiency.

The first, That it is a disease which very frequently occurs.

The second, That the treatment generally pursued is injudicious, and calculated to injure the constitution.

This bold assertion I should not venture to advance, had I not the most satisfactory assurance of its being true, and under the influence of that conviction, I may hope to be excused for suggesting what I believe to be better adapted to the treatment of the disease.

When a person is seized with spitting of blood, the remedies generally resorted to are, bleeding,  
**B** blister-



blistering, a low vegetable diet, and such medicines as are supposed to have the power of lowering the strength, and lessening the vigour of the constitution. That this (though there may be found occasional exceptions) is the general mode of treatment, I have ascertained both by observation and enquiry, and have repeatedly witnessed the bad effects of its application.

This practice originates in what I conceive to be an erroneous conception of the nature of the disease, from regarding Hæmoptysis as the effect of increased arterial action in the blood-vessels of the Lungs, and therefore the remedies employed have been such, as from the nature of this operation have a tendency to subdue this imaginary excitement.

That both theory and practice are in this instance founded in error, I shall endeavour to prove; first, by explaining the nature and peculiarity of the disease; and, secondly, by adducing such well authenticated facts as shall be sufficient to satisfy every person whose mind is open to conviction.

When I first had it in contemplation to publish this treatise, I felt inclined to confine myself

self



self merely to the relation of facts; but as the practice I recommend, is in direct repugnance to that generally pursued, both by ordinary practitioners, as well as by gentlemen of high rank and reputation in the profession, I feel it incumbent upon me not only to present the testimonials of its good effect, but to offer an explanation of its *modus operandi*. I must however intreat the reader not to suffer my explanation of the facts to interfere with his belief of the facts themselves. With regard to practical directions, every man ought to feel himself under an imperious injunction not to advance what he does not know to be true, being in a great measure responsible for the mischief that may arise from obedience to his instructions. The assertions I am prepared to support are these:

First, That Hæmoptysis does not proceed from increased arterial action, that it is a passive, and not an active Hæmorrhage.\*

\* Those who are not familiar with medical phraseology, may perhaps require a definition of the terms active and passive as applied to Hæmorrhages.

An *active* Hæmorrhage may be defined that which proceeds from the increased impetus of the blood, and the increased contraction of the blood-vessels.

A *passive* Hæmorrhage, that which proceeds from the want of cohesive principle in the blood, and the want of contractile power in the blood-vessels.



Secondly, That blood-letting by means of the lancet, is in most cases highly objectionable, injuring the constitution, without mitigating the disease.

Thirdly, That emetics not only check the discharge of blood, but likewise tend to prevent its recurrence.

Fourthly, That a generous and nutritious diet is generally to be recommended, as it assists in forwarding the recovery of the patient without endangering the Hæmorrhage.

These are the principal practical points to which I request the reader's attention: they are not the offspring of fancy, but of experience, and of experience repeatedly confirmed; any objections therefore which may be opposed to the explanation, cannot affect the validity of the fact.

To bleed the patient, to keep him low, and to forbid the use of emetics, is in my opinion, if I may speak in plain terms, bad practice. I have seen it, I have tried it, and therefore speak with  
the



the confidence that springs from conviction. But I do not mean to contend that the very reverse of this is in all cases unexceptionally proper, every case possessing certain peculiarities. Whoever goes to the bed-side with his mind made up on the treatment he means to pursue, is not a proper person to prescribe, but as far as it is possible to apply general directions to the management of disease, I should not hesitate to recommend a plan, the reverse of that generally pursued.

#### *Description of HÆMOPTYSIS.*

*Hæmoptysis*, or spitting of blood, is a disease very easily described and very readily distinguished; it is an expectoration of florid frothy blood, usually blended with a portion of mucus, thrown off either from the *Trachæa*, or its ramifications by *Coughing*. These symptoms will be sufficient to distinguish it from another disease called *Hæmatemesis*, which is an evacuation of dark grumous blood removed from the *Stomach* by vomiting.

More pains have been taken in describing the difference between these two complaints than seems practically necessary, as most cases of



Hæmatemesis are connected with Hæmoptysis, and have been produced by the gradual and imperceptible regurgitation of blood from the trachæa into the œsophagus. Hæmatemesis, as a primary disease, is rather a rare occurrence, and generally proceeds from a morbid condition of the spleen; when it is connected with Hæmoptysis, it occasions very little difference in treatment of that disease. Hæmoptysis generally attacks the young and the delicate, especially persons of a fair florid complexion, with a fine thin white skin, and those who are subject to perspire much from the forehead and palms of the hands, these are constitutionally disposed to the complaint; but accidental causes, such as a blow on the chest, playing on wind instruments, &c. may bring it on in those who have not the appearance of that disposition.

When it first appears, it is generally in a small degree, the mucus secreted from the surface of the trachæa being tinged with blood.

Persons liable to Hæmoptysis are often subject to an habitual dryness and huskiness in the throat; they frequently hem to clear the mucus that collects at the upper part of the trachæa, at that part against which we seem to strike when



we cough, and which I shall therefore call *the point of percussion*.

Superficial observers are apt to regard this hemming as a trick, but it is no more a trick than coughing or hiccoughing; it is the effect of an actual accumulation of mucus, which by its irritation produces an irresistible effort for its expulsion, particularly in the morning as soon as the patient is awake, when a little bluish round lump of adhesive mucus is thrown off by the first endeavour to clear the throat. I am not sure that every body will exactly comprehend this description, but those who are the subjects of the complaint will find no difficulty in understanding it; to such persons this symptom is a kind of barometer with regard to the state of their health. When this is thrown off with perfect ease, the voice is firm, clear and sonorous; but when it is checked, which the slightest change of temperature or stoppage of perspiration is sufficient to do, the voice loses its natural intonation, and the patient talks and coughs as if he were striking against wool.

There is great reason to believe that the blood which is effused in Hæmoptysis often proceeds from this part, as it comes on very unexpectedly,



sometimes from a very slight cough similar to that by which this mucus is expelled; even in this case, however, it is connected with a weak state of the lungs, and seems to indicate what a certain Author calls a *teneritude* of the blood-vessels in that organ; and indeed the habitual hem, and expectoration of mucus which I have described, is itself one of the strongest proofs of a consumptive diathesis.

The small portion of blood with which the mucus is tinged, is often only a prelude to a more formidable discharge; in a few days, or possibly a few weeks afterwards, more blood is thrown up by coughing, to the quantity of a tea-cupful, or to a much greater extent, even to the amount of two or three quarts: this excites alarm, and medical assistance is called in. When a practitioner is sent for under these circumstances, and sees the patient emitting blood constantly at the slightest effort to cough, he finds the pulse quick, and sometimes rather full, the face a little flushed, and occasionally, but not always, a little pain in his left side: he refers the bleeding which has taken place to increased arterial action, of which these symptoms seem to afford the most unquestionable evidence. This I admit, but here lies the deception; the quickness



ness of the pulse is the effect, and not the cause of Hæmoptysis, an observation on which I am disposed to lay some stress, as I have never seen it mentioned by any other author, and because it may have some influence in checking the practice, which to the great detriment of the patient it has been so much the custom to pursue.

As a proof that this hæmorrhage is not the effect of arterial action, it will be sufficient to remark, that it seldom arises where it is obvious the strongest arterial action is going on. We very seldom hear of it taking place in the famous pedestrians of the day, under their most arduous exploits. Capt. Barclay did not spit blood by walking a thousand miles, or the famous Lancashire pedestrian, who walked eight miles an hour; nor is the daily labourer, who strains every nerve and muscle, and earns his bread by the sweat of his brow, half so liable as the London mechanic, who procures his livelihood by quiet, sedentary occupations: a taylor is more frequently attacked with it than a ploughman.

Though I have asserted that the bleeding sometimes amounts to two quarts, this rarely happens unless from some extraordinary cause, as unusual exertion, the suppression of some habitual



habitual evacuation, wet feet, &c. nor have I ever met with an instance in which the bleeding itself proved fatal.

Previous to the appearance of the blood, the patient now and then has an intimation of its approach from the uneasiness perceptible in the chest; he feels a sense of constriction with a little burning heat, accompanied at the same time with slight rigors, and a trembling, fluttering sensation at the heart; the face then becomes flushed, and a saltish taste rises in the mouth, followed by florid blood.

OF THE CAUSES OF HÆMOPTYSIS, AND THE  
MODUS OPERANDI OF THE REMEDIES CALCULATED TO RELIEVE IT.

To form a correct conception of the true nature of Hæmoptysis, it is absolutely necessary that we should direct our attention to the functions of the lungs, and the change produced upon the blood by the process of respiration; and therefore this, as far as it is connected with the question before us, I shall endeavour to explain.

After the blood has circulated from the heart through the arteries to different parts of the body,  
it



it is returned to the left side of that organ by veins, and thence sent immediately through the pulmonary artery to the lungs, in order to undergo a change by the action of the air we inspire, without which it would be no longer fit for the purposes of the animal œconomy. This blood, which is conveyed to the heart through the veins, is very different in its character and appearance from the blood in the arteries; instead of being of a bright florid colour, it is very dark and black, and this blackness is found to depend on the presence of a peculiar matter similar in its properties to charcoal, and hence called, in the language of chymistry, Carbon.

It must be rather difficult, I apprehend, for a person perfectly unacquainted with modern chymistry, to conceive at first glance the probability of this assertion, or to comprehend how charcoal should mix with the blood; I must therefore either refer him to some of our celebrated writers on the subject,\* or prevail on him for the present to take it upon trust, as it will be too great a digression from the subject were I now to enter into the chymical demonstration of the fact.

The blood which goes to the lungs is of a dark black colour, owing, as has just been stated, to

\* Thomson, Murray, Thornton, &c.



its being combined with this matter called Carbon. Now the air we breathe is a compound of two different airs, or gasses, one called Azote, the other Oxygen; these combined together in the proportion of twenty-eight parts of oxygen and seventy-two of azote, constitute atmospheric air.

When we inhale this air by inspiration, the oxygen, or oxygenous part of it combines with the carbon of the blood, and is thrown out at the next inspiration in the form of carbonic acid gas, which is the term applied to the combination of oxygen with carbon. The venous blood in the lungs having thus got rid of this principle, is restored to its original purity, and being returned to the right side of the heart, is sent forward through the arteries in the course of general circulation.

The air thrown out of the lungs by expiration is therefore very different from that which we inhaled, and is similar to the smoke of burning charcoal. By the function of respiration, we have exonerated the system from a matter that would have proved very deleterious if retained.



If the branches of the pulmonary artery do not act with sufficient vigor, the carbon is not conveyed to the surface of the lungs, and exposed to the action of the air as effectually as it ought to be, and that matter which ought to pass off being lodged in the substance of the lungs lays the foundation of tubercles, and gives a disposition to the effusion of blood, because this carbonaceous matter tends to destroy its cohesive property. These are the two principal points that I feel solicitous to inculcate,

First, That a weakness of the vessels of the lungs occasions the carbon to be retained,

Secondly, That the consequence of the retention of that carbon, is a want of cohesive principle in the blood, whence hæmorrhage is likely to arise, and that hæmorrhage of a passive kind.

I think it very probable that much false reasoning has been introduced in relation to these complaints, from annexing a wrong idea to the term Pulmonary Artery. Artery and arterial blood are so habitually associated together, in the minds of medical men, that it requires an effort of recollection to perceive that in this instance



stance there is not the slightest affinity between them ; the pulmonary artery being different from every other artery in the body in conveying dark venous blood deprived of its oxygen, and bearing no resemblance to other arteries in its susceptibility to vascular excitement.

In reasoning on the phænomena of Hæmoptysis, it is absolutely necessary to have this fact in remembrance, viz. that the pulmonary artery, with respect to the blood it conveys, is a vein.

This is an undeniable truth, and this truth being well established in the mind, it will not be difficult to conceive that hæmorrhages from such a source may, I had almost said must, be of the passive kind.

To comprehend the modus operandi of the remedies I recommend in Hæmoptysis, it will be necessary then to consider the connection between the stomach and the lungs, as these two organs have a reciprocal influence upon each other. When the stomach is languid and torpid, or affected with nausea, and every other proof of enfeebled action, the whole of the system partakes of its influence: the extremities are cold, the countenance pale, and the body chilly; the  
lungs



lungs likewise fall into a state of partial collapse, and frequent deep sighs are the consequence. This symptom, though a very common one, is not sufficiently attended to. A sigh always proceeds from a defect of vigor in the circulation of the blood through the lungs. The carbon, which ought to pass off regularly in certain proportions from the body, being thus retained produces a sense of uneasiness, and to relieve this sensation we instinctively expand the chest by making a deep inspiration.

This affords temporary relief by throwing off that carbon, which the weakness in the vessels of the lungs had suffered to accumulate; and as the lungs derive energy from the stomach, whatever imparts vigor to that organ, imparts it through that medium to the lungs.

In this way then vomiting proves beneficial in spitting of blood; it assists the lungs in throwing off the carbon from its surface, and probably it increases at the same time the contractile power of its vessels; to vomit then, and not to nauseate, should be our object. On a similar principle we may explain the good effects of the warm gums, as myrrh, balsam of capaiva, &c. as well as the use of porter, of wine, and of animal food,



food, which may with propriety be recommended, taking care however not to lose sight of temperance and discretion, but to let the quantity be regulated by a due regard to the circumstances of the case.

I have thus endeavoured to explain the operation of tonic remedies on the Stomach, but there are two that require a different explanation,

Purging and blistering—these act not by imparting strength either to the lungs or to the stomach, but by carrying off by artificial means that matter which the constitution had not power to expel; but in doing this, they bear not the least resemblance to blood-letting; the one carries out of the system a very noxious matter, the other robs us of that vital fluid on which our strength and energies depend; and whilst the one may be highly beneficial, the other may be decidedly detrimental.

The description I have just given of the office of the lungs, of the extrication of carbon, and its combination with oxygen, is so well established by chymical proofs, and so universally accredited, that I am willing to believe no one is disposed to question its probability; but the second position, viz. that the consequence of the retention of carbon in the blood is the loss of its cohesive power, requires further explanation;



tion; and as this is a fundamental part of my reasoning, I am anxious it should be well understood.

When the poison of a viper of the more malignant kind (as of the cobra de capell,) is introduced into the blood, in a few minutes afterwards, blood pours out from the eyes, nose, ears, and almost every part of the body. This is no effect of increased action, but an effect produced by the operation of the poison on the blood itself (not on the blood-vessels) destroying its adhesive property, and thus occasioning it to run out for want of the principle of coagulation or adhesion; this is a strong marked instance of passive Hæmorrhage. Nobody, I believe, would think of bleeding in this case, or expect that such an operation could have any influence in restraining the discharge.

In sea scurvy, the blood is by bad diet so much degenerated, as to approximate to the same state, petechiæ form in different parts, and profuse discharges of blood take place from the most trivial scratch or ulceration. In jaundice and diseases of the liver, the same Hæmorrhage is very liable to occur; that matter which ought to form bile being retained in the circulation. The  
c
blood



blood is in a similar state of disunion, if I may so express it, and the Hæmorrhage that occurs is of the passive kind. In all these cases the effect produced is ascribable to the superabundance of carbon in the blood.

I am well aware that these hints are too imperfect to establish a doctrine, remarkable at once for novelty and importance; but to enter into a more minute investigation of the effects produced by the redundance of carbon in the blood, would lead off the attention of the reader from the professed object of this publication. I cannot, however, omit to notice two expressions that have had a baneful influence on practice,

The first, That (when the face appears flushed for instance) there is a great determination of blood to the head.

Second, That the patient makes blood very fast.

An apparent fulness of blood in the head, as that is evinced by a florid and flushed countenance, is no proof at all of an increased determination of blood to that part, it arises often from indigestion, or from an acid in the stomach.



stomach. Administer a few grains of kali, or half a drachm of magnesia, and this symptom will subside; and still more certainly if the tongue being white, and the bowels costive, we give five or six grains of calomel; instead of saying, therefore, that the head is very full of blood, we ought to say the blood is very full of carbon, which we should endeavour to carry off by purging or by perspiration, and not undermine the strength of the system by bleeding; for the florid flushed countenance is to be found in those who bear bleeding very indifferently; such persons are of a relaxed, not of a tense fibre, are fat but not firm, and soon sink under any plan of treatment calculated to reduce the strength.

The other expression arises in a great measure out of the maltreatment I have just described; where bleeding has been employed to relieve this supposed plethoric state of the system, it has not been found so efficacious as was expected, the countenance still continues flushed, and if there had been any hæmorrhage, that hæmorrhage very probably returns. Instead of attributing this to the inefficacy of the practice, it is regarded as an additional reason for persevering in the same measures, the patient being



said to make blood very fast. On this supposition, for which there is no real foundation, bleeding has been pushed to a most unwarrantable extent, so that it might well have been said by a celebrated writer, that those who are too fond of using the lancet should remember, that as yet there is no repeal of the sixth commandment; but I must quit this subject, and come to the treatment of Hæmoptysis.

#### OF THE MEDICAL TREATMENT OF HÆMOP- TYSIS, AND THE EFFECTS OF EMETICS.

When a person is seized with spitting of blood, if the discharge is inconsiderable, we need not feel anxious to suppress it, but should direct our attention to the state of the constitution. If, as is often the case, it has been preceded or accompanied with slight coughs and pains in the side, a blister should be immediately applied to the part, and a dose of opium given at night; but should the bowels have been costive for a day or two preceding it, an aperient medicine to procure two or three stools, ought certainly to precede it.



A solution of sulphat. of magnesia in infus. sennæ, is perhaps the best aperient composition.

If the cough is troublesome, an emulsion with nitre will be adviseable to allay the irritation.

It sometimes happens that the pain in the side in this case is exceedingly acute, and therefore thought to be pleuritic; here then, at all events, it may be supposed bleeding must be had recourse to; this however does not follow by any means as a matter of course. We ought not to attend either to the pain or to the hæmorrhage in determining on this point, but to the constitutional character of the patient, and the circumstances to which he has been exposed. If the patient is rather delicate, of a florid complexion, and much addicted to perspirations from the forehead and palms of the hands, and especially, if such a person has been placed in a damp situation, whatever may be the violence of the pain, bleeding should not be recommended; indeed the violence of the pain, and the suddenness of its attack, rather forbid than indicate bleeding, for in this case the pain is evidently spasmodic, and may be almost certainly



tainly relieved by large doses of pulv. doveri, aided by the application of a blister, a liniment, or a fomentation to the side. I have had frequent opportunities of verifying this remark, and have predicted to some medical pupils who have been present, the benefit that would be produced by this practice.

I have too unfortunately had several opportunities of witnessing the effects produced by copious blood-letting in cases apparently similar, which, when it has not proved fatal, has always prolonged the disease to a great extent, and rendered the patient subject to rheumatic complaints, disorders of the stomach, and a long train of chronic infirmities.

The remedy which, in preference to any other, I am disposed to recommend for the suppression of Hæmoptysis, is an emetic, which, contrary to the opinion generally entertained of its effect, checks the discharge, and if it does not prevent its return, at least prolongs the intervals of its recurrence. This remedy has been recommended by others, but in general with so much diffidence, and on such slender grounds, that practitioners in general have been afraid of trusting to its operation. Many persons approve of  
giving



giving such medicines as are calculated to produce sickness and nausea, because this lowers the circulation, the idea of increased vascular action being inseparably connected in their minds with hæmorrhage from the lungs. I wish it to be clearly understood, however, that the practice I mean to recommend, is not the use of nauseating doses of medicines, but of such doses, and of such medicines as have the power of producing actual vomiting, it being this action, and not the nausea, on which I rely for the suppression of the discharge.

Nauseating doses of medicines do sometimes appear to succeed in stopping it, but not always, and has no influence in obviating the disposition to a return; but vomiting has the power of checking it when present, and produces such a change in the system as frequently to prevent a recurrence of the complaint; this is so far from being received as an approved remedy, that the generality of practitioners consider it to be the most likely means of aggravating the disorder, alledging as a ground of objection to its use, that the action of vomiting by the violence of its operation, determines the blood with greater force to the lungs, and must therefore have a tendency to bring on the discharge.



I will not pretend to deny that there is an appearance of plausibility in this kind of reasoning, but it is a question to be decided by facts, not by arguments; and if it be found that vomiting does actually suppress this kind of hæmorrhage with safety and certainty, it is no objection to the practice that it is not conformable to the theory we have formed of its operation.

As to the kind of emetic, where the bleeding is very alarming, half a drachm of zinc. vitriolat, as being most expeditious in its action, may be preferred, but should the bleeding not be urgent, a grain of the antim. tartar, with a scruple of pulv. ipecac. will answer the purpose better; there is some degree of uncertainty in the action of all metallic emetics. I have sometimes given half a drachm of zinc. vitriol, without the least sickness or vomiting being produced, though it in general operates instantaneously. I have likewise given the cuprum vitriolat. combined with tartar emetic, which has acted sometimes with moderation, and at other times with severity. Ipecacuanha by itself is hardly to be depended upon, and the combination of that medicine with tartrite of antimony, I have ascertained to be the most eligible of any.

I am



I am come now to that part of my treatise from which all theory must be excluded, the question being simply this: Are emetics safe and beneficial, or are they not? This question was many years ago proposed by Dr. Cullen, in allusion to an assertion of Dr. Bryan Robinson, who first recommended them, and with whose authority I shall begin. He enumerates sixteen cases of Hæmoptysis in which they were employed.\*

The first was a man of thirty years of age, subject to frequent discharges of blood from the lungs, for which he took emetics three times a week for some years, and always found himself relieved by them.

The second was cured by emetics, after "he had tried many things without lasting benefit."

In the third case, the patient spit up blood and corruption of a very foetid nature; and was made to *vomit once a day for a whole year*, and

\* Vide Observations on the Virtues and Operations of Medicines, by Bryan Robinson, M.D. page 146.



ordered to drink asses milk, claret, and meat for dinner, under which plan he gathered strength and flesh; but going afterwards to Paris, and the bleeding returning, “to check the discharge, the physicians ordered small and repeated bleedings with pectoral drinks, which had no other effect but to weaken him, and in a short time he died.”

This case is very instructive, for besides shewing the advantages of emetics, it proves the good effects of supporting the strength of the system, and the injury done by bleeding.

The ninth case related by this author is still more interesting, and therefore I shall give it without abridgment in his own words.

“A man of about twenty-seven or twenty-eight years of age, was in the year 1732, after a fever seized with spitting of blood, which continued on him about two years; during this time he had a cough, his spittle was tinged with blood and of a brick colour, and upon going out into the cold,\* or using any vio-

\* It may not be impertinent to make a remark on this part of the history, “going out into the cold,” brought it on. Now exposure to the cold, would be the best method of checking it, if it were produced by arterial action.



lent exercise, the blood came away clear, but in no large quantity. This kept him low, and he grew emaciated. In the month of June or July, 1734, the accident of a jolt in a coach brought on the spitting with violence, which continued for half a quarter of an hour, during which time every half minute he threw up large mouthfuls of blood with a little cough. He was then bled in the arm, and the spitting of blood ceased, but returned again towards the next morning with greater violence, and he threw up a large quantity: he was bled in the arm again, but the spitting did not cease. Then the surgeon proposed taking Eaton's styptic, but this was disapproved of, and a vomit of ipecacuanha was ordered. At the beginning of the operation there came up a large quantity of black extravasated blood, and afterwards some blood more clear; but towards the end of the operation, the discharge of blood ceased, and the water came up clear. He took the like vomit on the following day, and three times a week for a fortnight or three weeks afterwards, and twice a week for two or three weeks more; during this time he drank spa water, and his diet was roast mutton and white meats, and a pint of claret every day. He is now alive and in good health, and never had any spitting of blood since the taking of the  
first



first vomit, and when he does happen to take cold, is not so apt to be affected with a cough as he used to be before.”

Facts are stubborn things, and this which I have now quoted, is related with so much apparent candour and fidelity, that it is almost a matter of wonder it should have had so little effect on modern practice. That there is no room for accusing the writer of falsehood or exaggeration, my own experience abundantly certifies. I have in upwards of forty cases pursued the same plan with very considerable success, not merely with patients who have been exclusively entrusted to my care, but in co-operation with other medical friends who have witnessed the good effects of the treatment, and to whom I may refer those who are so sceptical as to question the sufficiency of the evidence I may bring forward.

#### CASE.

Sarah Chambers, forty-four years of age, was admitted a patient at the London Dispensary under my care, some months ago, she complained of a cough and difficulty of breathing, which she supposes were brought on by exposure



posure of cold five years ago, as she was then seized with a cold chilly sensation at the chest that has never since then been entirely removed, and has been sensibly worse every succeeding year. Four years ago, she first threw up blood by vomiting to the quantity of a quart, as she conceives, and this being at the time attended with a cough, a blister was applied to the pit of the stomach; this aided by aperient medicines, appeared to benefit her, as she continued free from a relapse for a twelvemonth, when the same means were again resorted to with effect, and no discharge of blood took place till within the last six weeks, when it returned with much greater violence than at any former period.

The bleeding now comes on by coughing, which is followed by sickness and vomiting; this vomiting brings off a quantity of black grumous blood, and always puts a temporary stop to the discharge. She has not found the same relief from purgatives as at first, and has every day spit up a quantity of blood by coughing since the last attack, but only vomited three times. I prescribed the following emetic,

**Antim.**



Antim. Tartar. gr. j.

Pulv. Ipecac. ℥j. m.

Statim Sumend.————

This operated with more than usual violence, but effectually suppressed the bleeding. I recommended in addition a blister to the left side, and a pectoral mixture to allay the cough; a week after this, in consequence of considerable muscular exertions, the spitting of blood returned, and the cough seemed rather aggravated. She took another emetic, with a grain of opium every night, and the mixture ferri. c. myrrha. prescribed by the late Dr. Griffiths, which has much improved her general health, and prevented any further return of the disorder.

### REMARKS.

I related this case to the London Medical Society, at a numerous attendance of its members, in order to hear their animadversions, but nothing was brought forward that could discourage the repetition of the same remedies. It may be well to remark, that the foundation of this disease appears to have been laid five years ago, according to the patient's own opinion of it, which is  
 always



always worth attending to; and those who are in the habit of watching pulmonary complaints, will find no difficulty in believing it, for it is easy to trace their origin back to a period much more remote. I have on record several well authenticated histories, where affection of the lungs have been produced by causes applied ten years ago, and even longer. These affections have advanced with a gradual but almost imperceptible progress every succeeding winter, and being from their duration deemed asthmatic, no means have been employed to check their encroachments on the constitution. During the warm weather in the summer the patient feeling no inconvenience fancies himself well, but is again affected by the return of the winter's cold, and the impression of an easterly wind. I beg leave to admonish such persons not to disregard these symptoms in their commencement, or to deceive themselves by concluding that their's is a chronic disease, from which nothing serious is to be apprehended. Experience proves that such cases are of importance, and unless seasonably attended to by wearing warm flannel next to the skin, applying a blister to the chest, taking small doses of Dover's powder, antimony, or occasional emetics, &c. lead to the hæmoptoe, dropsy in the chest, consumption, &c.

CASE.



## CASE.

Mr. A. H. twenty-four years of age, was seized in the middle of the day at the beginning of last summer with spitting of blood, without any particular exciting cause that he can call to his recollection; he applied to a Dr. S. in the country, who immediately took away twelve ounces of blood from the arm; he does not remember having any other complaint at the time of this accident, except great flatulence at the stomach, and considerable eructations of wind upwards; he seems evidently to be of a delicate constitution, speaks in a soft, low tone of voice, has much moisture in the palms of his hands, and feels great internal sinking in the middle of the day.

Dr. S. in addition to the bleeding, ordered a blister to the side, and the infusion of roses with elixir of vitriol, which he continued to take daily for three months; he was advised to abstain from porter, wine, spirits, and animal food, and to live principally on milk and vegetables. Notwithstanding his adherence to this temperate regimen, the bleeding returned three or four times



times in the course of the year, and once amounted to half a pint. He can foretell its appearance by the mucus being tinged with blood, and feels great oppression of the chest just before it is thrown up. I saw him a few days after the last attack, and ordered him the emetic of antimony and ipecacuanha, as in the preceding case; in this instance it operated very mildly, brought off a quantity of phlegm, but no blood: ordered him

Extr. Thebaic, gr. j. o. n.  
Mist. Myrrh cum Ferro. b. d.  
Emp. Canth, later sinistr.

to eat meat for dinner, and drink half a pint of porter with his meal. I saw him a few days after this, improved in health and spirits, but rather flushed and heated, owing, as I supposed, to the bowels being costive; advised magnes. vitriol.  $\mathfrak{z}^{\text{ss}}$ , to be taken immediately, and after two or three stools, a repetition of the same medicines. Ten days or thereabouts after this, he fancied the mucus from the trachæa was a little tinged, and being convinced that vomiting was calculated to improve his general health, however unnecessary it might be as a preventive to the Hæmoptysis, I ordered him to repeat



the emetic, which very much improved his breathing; and I have since seen him apparently well. He had no return of the bleeding after taking the first emetic.

#### REMARKS.

I consider this a case in which bleeding was obviously improper. Every personal peculiarity about this man proclaimed the weakness of his frame, and ought to have deterred the practitioner from pursuing a plan decidedly detrimental to his general health. As to the other part of the treatment, except that more abstemiousness was enforced than was necessary, I see no objection to it. The infusion of roses with elixir of vitriol, as it respects the nature of the disease, is not opposed to its amendment; but I have found one inconvenience attending it, which it may be proper to mention, as it is the medicine most commonly resorted to in these cases than in any other.

Where there is a very troublesome tickling cough, and great irritability about the glottis, it is apt by its acidity to render that cough troublesome; and it being an essential object to alleviate



viate this symptom as much as possible, it will be better to omit it, and substitute some emollient electuary or emulsion. There is not the least resemblance between the effects of coughing and vomiting; coughing acts so directly on the seat of the disease, and occasions such a concussion of the chest, that it is not at all to be wondered at, if it should bring on a relapse.

Vomiting does not produce this effect, nor does it, as some suppose, occasion an increased determination of blood to the lungs. In making this assertion, I am supported by the authority of Dr. Thomas Reid; who, speaking of the rupture of a blood-vessel in the chest from vomiting, says, "We know that there is not the smallest danger of this accident happening, because there is no stress upon the vessels of the lungs, *little or no blood passing through them in the action of vomiting.*"\*

Having alluded to this valuable publication, I shall take the liberty of transferring a quotation from Dr. Woodward's case, introduced as a note

\* Vide An Essay on the Nature and Cure of Phthisis Pulmonalis, by Thomas Reid, M.D. F. A. S. third edit. page 301. A sterling standard work of great merit and utility.



by Dr. Reid; who himself says, "In Hæmoptysis, or spitting of blood from the lungs, vomiting acts as a powerful styptic." In a case of hæmoptoe attended with bilious complaints, in which strong vomits were taken repeatedly, always with relief, but they never brought on the spitting of blood. "He has sat down to take a strong vomit, so weak, so feeble and dispirited, that they who looked on were apprehensive he would not have strength to go through it; whereas he rose after the operation very much refreshed, and with his strength sensibly raised; no vomit ever hurt him, spitting of blood foreseen and prevented by a vomit." Woodward's cases by Templeman, page 116, and seq. ann. 1757. *ibid.* page 342.

This quotation, which bears very pointedly upon the question before us, will tend still farther to sanction the practice, and will be sufficient to shew that the practice is not novel, though it is not general; it may serve as a kind of set-off, as the lawyers term it, to the opinion of a more recent writer, Dr. Stone, who, speaking of Dr. Bryan Robinson, styles him, "a most absurd speculator in physic;" says, his practice *must have been* deleterious in hæmorrhagy, and

\* Vide Dr. Stone on Disorders of the Stomach.



that almost all his cases *would probably* have done better without emetics. In weighing the comparative authority of these two writers, the reader will please to observe, however, that Dr. Robinson only asserts what he has tried, and proved to be true; whilst Dr. Stone boldly opposes what he has never tried, or at least takes care not to tell us so, and calls in question the credibility of a writer, whom he confesses "is still esteemed by professors," and quoted both by young and old as respectable authority.

### CASE.

Mr. W. B. forty-four years of age, of delicate complexion, with light brown, weak, greasy hair, disposed to perspire profusely from slight exercise, caught cold two years ago by bathing in the sea, which produced a great sense of chilliness, and was followed the next day with spitting of blood; the quantity lost he thinks must have been considerable, as it continued the whole day; he immediately came to town and applied to a physician, who advised twelve ounces of blood to be taken away from the arm, but the bleeding had ceased before this was *carried into execution*, and returned again very



soon after venesection was performed. What medicines were administered I could not find out, but a blister was applied to the side, after which the bleeding did not return for four months; he then consulted an apothecary, who was equally a friend to the lancet, and by his persuasions he lost blood a second time, not however till the bleeding had ceased of itself; he was, on account of subsequent returns of the complaint, bled by the same person three times, and reduced in consequence of it to a great degree of weakness and emaciation. In this state he came under my care, and I recommended him to take the emetic prescribed in the preceding cases; this had no effect in producing vomiting, but appeared to act upon the bowels, as a copious diarrhœa came on two or three days after. I recommended him therefore to take ten grains of pulv. dover. every night, and the following mixture:

R Mistur. Camphorat. ℥vß  
 Tinct. Japonic. ℥ß. m.  
 Capt. Coch. iij. ampl. bis die.

The bowels became tranquil by the use of these medicines, but the breathing was oppressed,



pressed, and the mucus spit up streaked with blood. I prescribed the following emetic:

℞ Antimon. Tart.  
Cupri. Vitriolat. an. gr. j.  
Pulv. Ipecac. ℥j.  
Aq. Meuth. ℥j. m. ft.

Haust. vesperi sumend.

This acted with moderation, and gave greater freedom to his breathing. I advised him to leave off his low diet, which he had been strictly enjoined to adopt, and to live on a more generous regimen, to eat meat in the middle of the day, but not for supper; and to drink porter, provided it did not increase his cough, or make him feverish. He pursued this plan, in conjunction with tonic remedies, with the evident amelioration of his symptoms, and without any return of the bleeding. I afterwards advised country air, and have not since had any intelligence of his progress, which I should have fully expected, had any thing unfavourable occurred.

The following case I have been favoured with, by Mr. Pettigrew, jun. surgeon, in Fleet-Street, a gentleman of acknowledged ability



and integrity; and though it does not afford a proof of the utility of emetics, it strongly enforces the tonic plan of treatment.

### CASE.

“ July 13, 1808, a remarkably hot day when the thermometer stood at ninety-six in the shade northern aspect at noon. In the morning I felt excessive lassitude, attended by pain in the left side of the thorax, a trickling sensation which warned me of the approach of Hæmoptysis, as I had twice before suffered from it. About noon the pain became much more severe, and about four o'clock the spitting of blood commenced: this continued in no inconsiderable quantity till the evening. Being under the necessity of lecturing at a Philosophical Society I then belonged to (and singular enough to notice, that the subject was that of Respiration) and feeling conscious, to use a Brunonian term, that the disease did not arise from any sthenic state of constitution, but from extreme debility, increased by the excessive heat of the weather, I hesitated not to have recourse to tonics, and the one I used was good port wine, of which in the course of twenty-four hours I took a bottle.

My



My breathing was by it greatly relieved, and the discharge of blood much lessened. This same treatment I continued for a few days, and became perfectly restored. I should observe that I had likewise had recourse to the assistance of opium and diluted sulphuric acid.

“ Since the above period I have been tolerably free from the disease, though some times, and particularly if the weather is hot or oppressive, slight irritations in the chest, and trifling spitting of blood by coughing appears; this, however, is readily checked by the use of the remedies I have mentioned.

“ From the favourable termination of my own case, I have been led to adopt the same treatment with several of my patients, whose delicacy and weakness of constitution have appeared to be productive of the disease.”

#### REMARKS.

As every remedy is liable to abuse, I think it proper in this place to observe, that it is not intended to recommend the regular and habitual use of wine to persons of a delicate constitution; when



when that state of debility which produces Hæmoptysis is removed, the use of wine should be discontinued, but no precise directions can be delivered on this point, which must be regulated by the discretion of the practitioner.

This case of Mr. Pettigrew's, while it affords the most striking assurance, that Hæmoptysis does not proceed from the strength of arterial action, will not serve as a copy for imitation in cases of a similar description. In many cases I would forbid the use of port wine, and at all times when instead of giving the patient a feeling of firmness and energy, it makes him hot and feverish, flushed in the face, aggravates the cough, increases his thirst, and renders him irritable; port wine then does harm, but porter may be drank with advantage.

#### CASE.

M. D. a patient of the London Dispensary, residing in Duke-Street, has, for several successive winters, complained of an asthmatic affection of the chest, brought on in the first instance by exposure to cold in a damp kitchen. There is evidently a sense of constriction about the  
breast,



breast, and a livid hue in the countenance. This woman, when a patient of the London Dispensary, was suddenly surprised by the appearance of a quantity of frothy blood during a fit of coughing, which came on so rapidly as to alarm her. I recommended zinc. vitriolat.  $\mathfrak{z}\mathfrak{ss}$ . to be taken in a small tea-cupful of water; it vomited speedily and actively, and brought up a considerable quantity of clotted blood, but effectually stopped the discharge of blood from the lungs. The emetic was taken about three days after the hæmorrhage had been first observed, the oppression seemed much relieved, but the original asthmatic affection, with loss of appetite, continued. A few days afterwards this patient was seized with spontaneous vomiting in the morning, which continued with great and unremitting violence for *upwards of three hours*, but not the slightest recurrence of the hæmorrhage made its appearance, a circumstance which at least would lead one to believe, that the mere act of vomiting has no powerful tendency to produce hæmorrhage from the lungs; and I am inclined to think, in many instances, should a hæmorrhage of this description not be checked by artificial means, after losing a certain quantity of blood, an atony would arise, and vomiting take place as a natural cure.



## REMARKS.

This case is one of those in which the progress of disease in the lungs, is slow and imperceptible. I would particularly point out to the attention of the junior practitioner, the livid appearance of the countenance, which forms a conspicuous and characteristic feature, in these cases. This, though clearly an affection of the lungs, is very distinct from consumption, and may be with great certainty distinguished from it,

First, By the livid countenance already described, which proves beyond a doubt that the blood cannot come in contact with air on the surface of the lungs; hence,

Secondly, A singular and peculiar catching of the breath, the patient not being able to converse but in very short interrupted sentences.

Thirdly, An intermitting Pulse.

Fourthly, A great numbness in the left arm, and the nails and fingers frequently of a blue colour.

Fifthly,



Fifthly, An uncommon chilliness, even in the warmest weather in summer.

These symptoms, collectively examined, leave no room for doubt with respect to the disease. Several years ago when I was a pupil of the late Dr. George Fordyce, I saw a case of this kind, which made a very strong impression on my mind. A woman about fifty years of age, had walked for three or four miles, to be admitted a patient under his care at St. Thomas's Hospital, and in giving a clinical lecture, which he was accustomed to do on the patients who were taken in, he said "this woman will not live above twenty-four hours, as water is effused into the air-cells of the lungs, which will probably prove fatal in that period. The livid colour of the countenance, more than any other symptom, leads me to entertain this opinion." This patient died the next day.

#### CASE.

A. W. a thin emaciated woman, between fifty and sixty years, much exposed to the vicissitudes of the weather, and in the habit  
of



of drinking rather freely of spirituous liquors, was seized with a spitting of blood, obviously proceeding from the lungs. She had experienced two or three attacks of it previous to her application at the London Dispensary, where she was now admitted a patient; she lost apparently a quart of florid blood in the course of twenty-four hours. I prescribed zinc. vitriolat. ʒʒ. to be taken in water; this produced not the slightest effect, a circumstance which is not a little curious, and it illustrates a peculiar fact, relative to the stomach, that I have more than once seen exemplified, namely, that a definitive quantity of any medicine is necessary to produce a specific effect on that organ; for the effect must depend on the relation which subsists between the activity of the remedy, and the sensibility of the stomach on which it acts. Should the dose be such as to overpower at once this sensibility, it has no opportunity of making that resistance to its operation, which constitutes the effects of the medicine in the ordinary mode of its administration. Hence I have several times known the zinc. vitriolat, as well as the sulphat. of copper, fail to produce vomiting in large doses. But to resume the history of the case. Finding the zinc. inefficacious, I prescribed the pulv. ipecac. ʒʒ. c. antim. tart. gr. j.



gr. j. to be taken on the next return of the bleeding; this immediately checked it, and operated with considerable briskness.

To abridge the history of these cases, I have curtailed the collateral treatment, such as blistering the side, keeping the bowels regular, ordering some emollient sedative to diminish the cough, &c. the principal object being to shew the operation and effect of an emetic.

#### CASE.

Mr. H. a patient of Mr. Macdougall's, in the City Road, about forty years of age, apparently of a delicate complexion, was seized with a discharge of florid frothy blood from the lungs, which came up in very considerable quantity for several hours. This symptom creating great alarm in the breasts of his friends, I was sent for, and found him much debilitated by the loss of blood, his voice rather low and feeble, and his pulse quick and full, but soft; the pulsations were one hundred and twenty a minute. This quickness of the pulse was clearly, in my opinion, to be considered as arising from irritability in the system; and therefore instead of  
bleeding



bleeding him, I proposed five drops of tincture of opium to be given in an emollient emulsion every four hours, and the administration of an emetic, if the bleeding, which had at that moment ceased, should return. The pulse was very much lowered by the opiate, but the bleeding returned again in the evening; this induced Mr. Macdougall to give the emetic, which stopped it; and by adhering to the rule already mentioned, keeping him still and quiet, giving nourishing food in small quantities, he perfectly recovered.

FINIS.