On Phthisis Pulmonalis.

John Quinn Porter.

Patent the 5th day and it near 15
Extract comfort of physic A sign 16
Further by alcohol in 28.
Phthisis Pulmonalis.

Phthisis, more than any other of the ills of life, demands our sympathy. Some diseases are borne silently, because they are disgusting, others, the result of vicious practices, bearing the stigma of disgrace attached to them, are viewed with horror; consumption, neither effacing the lines of personal beauty, nor damaging the intellectual powers, tends to exalt moral habit, develops amiable qualities, and in behalf of sufferers, to create a feeling of deep compassion. Death by consumption generally takes place in the morning of life, when hopes are brightest, and capacities for enjoying life are in full maturity and exercise. Its victims are often distinguished by precocious talent—a certain brilliancy of mind, which like meteors, awaken at once the feelings of surprise and expectation. Many a family
has had to regret that its fairest and best members have been carried by it into early graves. Let parents who have mourned and are now mourning over their consumptive offspring whose bitter fate it has been to see "The bark so richly freighted with their love" gradually sinking, shipwrecked, say can one of man describe the anguish of their hearts? Phthisis truly is a saddening sight confined to no age, sex or country, striking human health, and shortening humanity; it produces more destructive effects than any other malady, acute or chronic. Spring neither rank nor fortune, it resels alike amid the gaudy halls of the rich and the decaying bowels of the poor. Sixty thousand persons are said to die of it, annually in Great Britain and Ireland alone. The register of deaths caused by all diseases establishes the melancholy fact, that consumption produces one fourth of the whole. Whether therefore we look to the frequency or mortality of phthisis or the catalogue of human woes that follow in its train, it undoubtedly demands the special
Special attention of those, whose business it is to promote happiness and preserve life.

Phtisis, has no geographical limits. It exercises its influence everywhere (although in different degrees) in originating and causing tuberculous manifestations. It is met with in cold, temperate, and hot climates. It was once said that in Iceland, tuberculous diseases were rare, but the evidence is insufficient. Italian practitioners acknowledge that in their country, it now prevails to a great extent. In Nice, Genoa, Florence, and Naples, it is rapidly fatal. Madiera itself, the city of refuge, for our phthisical countrymen is not exempt. Malta, another home of finished consumption, forms no exception to the general rule. India, was for a long time regarded as a good climate for those predisposed to the disease, and immigrants were thought to be free from it; but time has told a different tale. For, we now know, that the excessive heat, exercising a prejudicial effect, both upon the predisposed, and those who are healthy, stamps the foundation of their strength by degrees, and affords ample opportunity for its development.

Australia
Australia, was by early settlers regarded as free, on account of its high situation, and dry climate, but experience has proved the contrary. Regarding the West Indies, persons predisposed will find it an excellent climate, but if far advanced in the disease, they will be sadly disappointed. Why it has, of late years, become so extensively prevalent in Great Britain, cannot easily be accounted for. The Shetland Isles, owing it is supposed, to the excessive use of the liver of the cod, as an article of diet are the only places in Scotland, I believe. Generally speaking, the inhabitants of temperate regions are more subject thereto than others to this disease—those south of the Equator being less so than those residing north of the same line. The congested population of our large towns suffer greatly from it. But those who reside in country places are frequently attacked, especially, if the lands they live on, be level, low and ill-drained.

I propose to treat of the subject in the following order. Namely: To consider,

I. The nature of phthisis.

II. The causes of phthisis.

III. The treatment of phthisis.
I. The nature of Phthisis.

Phthisis derived from the Greek word, signifying, a wasting of the body, attended with a deposition of tubercular matter in the lungs. It is the same disease as consumption, tubercular phthisis, a what is vulgarly called, Decay. Phthisis, was originally employed to denote every variety of wasting, as is expressed by the literal meaning of the word. Sausage, mentions no fewer than twenty species of it, and Bayle six. Lucare, was the first who threw aside all these varieties, and phthisis now is no longer used in a general manner — being restricted to that change, effected by tubercular matter in the lung. Tubercles are composed of unorganized matter deposited from the blood, opaque, friable, and of the color and consistence of cheese. They are common in the lungs, because they are the only organs through which the entire mass of the blood circulates.

In order that the nature of this disease may be fully comprehended, I must notice the Stages over which it runs, the symptoms it assumes, and the forms it takes.

1. Stages.

First
At the first stage, the cough presents itself at first slight, but afterwards severe. It is most severe in the morning, occurs afterwards during the day, especially after any exertion which increases the breathing, and at night on getting into bed. Dyspnoea, hectic fever, languor, debility, and slight emaciation are its attendants. The lungs contain tubercular matter in a state of crudity.

At the second stage, the sputum contains small specks of opaque curdy matter tinged with blood. The evening chills are more severe, through frequent and hectic fever more firmly established. Loss of flesh, languor, debility, and hæmoptysis are observable. The tubercles undergo a process termed softening, and the pleura covering them becomes attached to the costal pleura. Percussion is dull under both clavicles, and a peculiar crackling sound is heard in the chest. How long a patient may remain in this state is uncertain. A few weeks or months may bring him to his grave.

Opious perspiration, frequent attacks of diarrhoea, and attendant expectation characterize the third stage. As a result of
the diarrhea, emaciation and debility keep pace. The feet and ankles become edematous, at first appearing during the course of the night. The chest is flat and percussion dull over its superior parts. Although conscious of his decay, the patient does not generally give up hopes of recovery. An apophasis state of the mouth occurs followed by delirium and death.

2. Symptoms.

Cough. This is generally the earliest symptom by which tubercular disease of the lungs is indicated. For some time it may be so slight as scarcely to deserve the appellation. It is usually the first observed by friends. Occurring in the morning, it may continue for weeks or even months without expectoration. Beginning by degrees during the day, it becomes eventually so severe at night, as to disturb the patient’s rest. As the disease advances the cough increases, usually in proportion to its rapidity. Although some have tried to prove that it is absent as a symptom, it scarcely ever is so. It may disappear, but will then itself again. In advanced cases it becomes very severe. Tubercular cough should be carefully distinguished.
distinguished from catarrhal cough. It is short, dry, hacking, and irregular in its occurrence, frequently being absent for hours together. Catarrhal cough, in distinction of being preceded or attended with hoarseness, freeness of throat &c, and can be readily traced to its origin. In its first, or dry stage, it is liable to be mistaken for a symptom of phthisis, but the presence or antecedence of catarrh, a feverishness, the absence of a phthisical habit, added to a physical examination of the thorax, is sufficient to establish its mere simple character. Enjoined with the least phthisical indication it should never be disregarded. Gastric cough, also is liable to be mistaken for that of phthisis. It is louder, louder, more paroxysmal, and attended with symptoms of indigestion, such as flatulence, and acidity of stomach. Absence of haemoptysis, loss of hunger, irritable lungs, be lead to a supposing that this cough is gastric. The other kind of cough—termed musical, is best ascertained by an examination of the chest.

Dyspnoea. This symptom, although never wanting, varies greatly in its degree of intensity.
In some cases it occurs earlier than others. Out of one-hundred and twenty-three cases, observed by Louis, only three presented severe dyspnoea. It is caused by the extent to which the lungs, by the formation of tubercles, are rendered incapable of their functions. The capacity of these organs to receive and hold air is impaired, by tubercles, by condensation of points of pulmonary structure, and by vasculraeous congestion of the parts—the occurrence of haemoptysis, by injuring the latter morbid state, often relieving the dyspnoea and cough for a short time. As a diagnostic sign, it has no separate value, as there is nothing in its character, to distinguish it from that of asthma, a true hysteria.

Expectoration. When the cough has continued for some time, a transparent,ropy, fluid resembling saliva, is expectorated, assuming by degrees a more tenacious character. Specks of opaque matter appear mixed with it, at one time, white, at another, yellow, or even green, and frequently, ash-pinkling in watery little masses. As the disease proceeds, expectoration becomes easier. The period at which it commences, and at which the changes take place,
"Applaudi Medical Dictionary"
place, vary in different persons. According to Csipland, the charac-
ter of opium as seen in a "mass with a mixture of whitish seg-
ments" and the "ash-colored globular masses which are observed in more advanced stages" show the source of this expectation, the softened tubule from a part, often a small one, not the past char-
acteristic of the disorder. Were these characteristic
appearances invariably present, they would
contribute greatly to our means of diagnosis.
But it often happens, that they are either absent,
or so feebly marked, that a distinction cannot
be drawn between them, and the ordinary bronchi
epithelial lesions.

Haemoptysis, being often observed to precede other
symptoms, it was long regarded by older patholo-
gists as the cause of phthisis. It is now placed
among the consequences of the pathological condition
of the lungs, which precede and accompany the
development of tuberculous disease. It is only
assignable, although of itself a very inconclusive
one, of the existence of tubercles. When added to
other symptoms, it becomes one of our most valuable
aids to diagnosis. At least three two-thirds of all
consumptive
Consumptive persons, become at one period or other, subject of it; the following table given by Dr. Sipland, in the Report of Royal Hospital, shows the existence or non-existence of the symptoms of phthisis—also its difference in males and females.

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Percent</th>
<th>Female</th>
<th>Percent</th>
<th>Total</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hæmoptysis</td>
<td>56.3</td>
<td>61.9</td>
<td>387</td>
<td>65.2</td>
<td>870</td>
<td>63</td>
</tr>
<tr>
<td>No Hæmoptysis</td>
<td>347</td>
<td>38.1</td>
<td>164</td>
<td>34.8</td>
<td>511</td>
<td>57</td>
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It would be a difficult question to determine at what stage of tubercle, hæmoptysis occurs. It may at any. The quantity of expectorated blood varies in different persons. In some, two or three mouthfuls occur, in others, merely a streak in the sputum. Hæmoptysis may happen in other diseases, in chronic bronchitis, pleurisy, and is coincident to some secretions. It ought therefore never to be considered apart; but in connection with attendant indications. At an advanced stage, expectoration hæmoptysis frequently takes place, suffocating the patient. It is produced by the erosion of a large vessel by tubercular ulceration. Pain plays a capricious part in phthisis. Acute pain of chest, early attends its early stage, but slight pain is felt in the upper part of chest and shoulders. As the disease advances, it becomes more
More severe, especially on the side, in which tuberculosis disease is most extensive. Patients may feel pain at the early stage, but they are unwilling to make known their case to friends. It often happens that pain is experienced only during excessive exertion. But patients are met with in the last stages of consumption, who are so little accustomed to it as to be able to follow laborious occupations.

Hectic fever, the fever which attends phthisis, is usually slow and insidious at first, is modified by collateral accidental affections. The first sensation that the patient feels is that of chilliness, in the evening, which gradually rises into shivering, succeeded by heat of skin during the night; and perspiration towards the morning. Shivering is rare, and generally there is but one paroxysm. Towards evening the patient, notwithstanding, is never totally free from febrile action during the whole day. Excessive perspiration is one of the most harassing of all the patient's symptoms. Thus, found it wanting in many cases. According to some authors, it corresponds to that stage at which diarrhea sets in; but since, never different such reciprocal influence, perspiration occur
occur chiefly during the mornings, and are suf-
ficient in many cases, to change the bed clothes.
They are generally diffused over the whole body,
constituting a peculiarity of phthisical habit.
When expressed in the mornings, the ones is incon-
spicuous. This excessive perspiration tends rapidly
to diminish the health of the patient and
determines a short duration of the disease.
Diaphoresis. This is a common symptom in
phthisis. Consumptive persons seem particularly
prone to it casually, arising to the irritability of
the mucous surface, which exhibits itself in the
form of dyspepsia. Diaphoresis, exert a great
influence over the progress of the disease, inasmuch
as, evacuation, be proceed in proportion to its secrecy.
In the treatment of phthisis, active purgatives
should not be prescribed, lest, diaphoresis be
prematurely brought upon the patients. Louis
found this symptom in one-eighth of his cases,
commencing and ending with the disease,
in the majority, in the latter stages of life in
others, in the last only, and in four amongst
hundred and twelve cases, it never appeared.
Distressing pains generally precede, and a
sinking
...sticking sensation succeeds, the evacuations, which are generally of a yellow-bilious colour. It does not abate in the least degree, the perspirations, but lessens the severity of the cough, and generally alleviates the expectoration. It may depend merely on scrophulous change in the stools, on small ulcerations in the ileum and jejunum or on extensive destruction of the mucous membrane of the colon, as well as the ileum, by scrophulous ulceration. In the first case, the symptom is temporary, and easily controlled, in the second, more persistent, and with difficulty arrested, and in the third, altogether unmanageable. The readiness with which it is renewed, by a trifling circumstance, is one of the peculiarities of phthisical diarrhoea. As a diagnostic it is of little value. Emaciation. When the progress of the disease is uninterrupted, the patient becomes generally very much emaciated previous to death. In persons far advanced in life, it is often the symptom that attracts attention first. The excessive drain on the system, caused by profuse sweats and habitual diarrhoea, conduces to produce...
This constant accompaniment of progressive phthisis, some authors assert, that it is owing to the dislike, tuberculous people have to fat, that causes absorption of their own adipose substance, as aliment for respiration, and unitis with the excess of albumen, which occurs in this disease. It varies greatly in some cases. Sometimes the disease runs its course, without much notable change in the person. Emaciation may occur in patients, who eat well and are entirely free from dyspepsia.

Obdurecia is observed in the last stage of the disease. Chiefly confined to the lower extremities, it is found sometimes in the arm and face. When it sets in the patient should be told his end is near.

Apiphce, an apathetic state of the mouth, is the last in that long catalogue of symptoms which affect the consumptive patient. It varies greatly in degree, and is productive often of little inconvenienc.

Delirium. Though the body rapidly decays under the ravages of phthisis, yet the mind remains unaffected. Except during the last few hours of life, wild fancies of delirium are rarely
Jan 15th

"Stapland's Medical Dictionary"

20th

"Clarke on Consumption"
Rarely witnessed.

There are physical signs, diagnostic of this malady, which I do not intend to describe.

3. Forms.

These are three, the Acute, the Chronic, and the Latent.

Acute commonly called "galloping consumption" owing either to the extent, a severity of the malady, or to the feeble powers and defective vital resistance of the patient's constitution; this form runs a course of from five to six weeks, to three months. It often seizes on young persons after an attack of measles, scablatia, influenza or whooping-cough. According to a well-known author there are two varieties of it: one, in which the more characteristic phenomena of phthisis are present in a remarkable degree, another, in which these phenomena are nearly if not altogether absent.

Chronic. The characteristics of this form are well given by Blacktree. "The patient appears out of health, he is languid and less capable of exertion than usual; has occasionally a slight cough, but it scarcely attracts attention. He has no fear and
and the appetite is generally good. This state of body is generally thought to arise from the stomach, as the patient is often troubled with dyspepsia. A visit to the country, a tone, generally drives away the cough, but the succeeding winter revives the attack. Wanted arsacations are pursued, but not with usual energy. This kind of consumption (indeed, tubercular disease in general) may be marked by pregnancy, mania, dyspepsia and diarrhoea. I have known cases, where the patient was given all manner of antiseptics, to check diarrhoea, without effect-to little cause, scrofulous ulceration of the intestine being overlooked.

Latent consumption. Espland describes this state thus: "The patient is debilitated, indolent, mentally and physically depressed, and often complains of general malaise. The health is impaired, and loss of spirits experienced. Emaciation is slight and advances slowly. This state may continue for months or even years, and may be viewed, as owing to nervous debility as approaching to hypochondriasis, the digestive, assimilating and nutritive powers..."
Paresis are more or less manifestly suspended, the surface is pallid and cool, the conjunctiva of a pearly hue, and the pupils are usually dilated. The pulse is at first slight or not at all accelerated, but becomes rapid on slight excitement or alarm. The breathing is short, slight chills are afterwards felt, a sense of cold in the course of the spine, followed by heat of palms of the hands, soles of the feet, and of an increase of pulse. A short hacking dry cough, is observed, especially in the morning or after excitation, when the breathing becomes short and oppressed.

Infants and children of a debilitated habit are usually subject to this disease. Pneumonia may be caused by neglected or protracted disease of the nutritive functions. The aspect of the who are thus affected is peculiar. They are languid, fatigued, and disinclined to exercise. The face pale, the eyes large, and the pupils dilated. The tongue is whitish, thin, not tenacious, breath fetid, false, irregular, extremities cold and night-sweat, partial. Infantile pneumonia is often severe, and rapidly fatal, assuming a near approach to the acute form.
With regard to the duration of consumption, little need be written. The disease may be present for some time, without declaring itself by any marked or suspicious symptoms. Tubercles may exist in the lungs of an individual, but remaining quiescent, not lead to their detection. Persons have been known (they are few, unfortunately) to present all the symptoms of phthisis when young, was attained to manhood, and died to a good old age. After the commencement of phthisis, numerous circumstances tend to accelerate its progress—to retard, arrest its course. Its general range is nine months. Patients generally die of asthenia. Death may be caused by laryngeal disease, a pleurisy in an acute form—by protracted discharges of tuberculous mucus.

The time of life at which consumption is most likely to develop itself deserves attention. It was thought once, that if persons passed the age of thirty they were entirely free. This is not the case. Any attentive observer of patients coming into hospital, will soon arrive at the conclusion, that no age is exempt. From one...
little two, it is very rare. It increases from four to five, remains stationary until puberty, and then
revives. As old age comes on, the tendency diminishes.
The largest number of deaths takes place,
between the ages of twenty and thirty, and the
smallest, between those of forty and fifty. Tubercular
disease is fearfully common, from infancy to
childhood.

In the South of Europe it is held that
consumption is contagious. In Spain the house
in which a consumptive dies, is burned to the
ground. In this country, an opposite doctrine is
generally held. When have we see a person,
a female, for example, who has tended patiently
a father or a mother dying of phthisis—following
in a few weeks her parent to the grave, suspicions
regarding its infectious nature, at once arise.
Watching, want of rest, sleeping in a confined
apartment, and "protracted mental anxiety which
no single cause lends more to foil and
roughen the inward tendency to phthisis) are
in this case the causes of death. Sleeping in the
same apartment, especially in the same bed,
should be entirely discontinued, yet cannot
but forewarn injuries to health. For the same reason, a child with open oedematous toes, should not be allowed to sleep with a healthy one.

The prognosis of phthisis must be very careful. If the pulse be not accelerated, and other symptoms not unfavorable; especially if the flesh and strength of the patient be not very much reduced, the existence of cantals in the lungs, although clearly proved by physical sign, is not of itself sufficient to show, that the disease is beyond amelioration or true cure. Falling in and incompactibility of chest—great acceleration of respiration and pulse, accompanied, by difficulty of breathing, perspiration, diaphoresis, and apoplectic are sure indications of a not remote dissolution.

II. The Causes of Phthisis.

These may be divided into three classes: 1. Those which appertain to parents, one, or both. 2. Those which act during early life, especially to puberty, and 3. Those which act during puberty, and subsequently to it.

1. Those which appertain to parents, one, or both.
Under this head, we notice first:

*The Scrophulous Diathesis.* Although writers in all ages have denied, that any State or Constitution exists, which predisposes to tubercle, in parents and their offspring, it is now generally believed.

"Constitutional atonia," write Dr. Osler and "is a mark on an atomic development of the frame with a flabby state of the soft solids and predominance of cellular and lymphatic constitution, and the disposition to a presence of swellings of the lymphatic glands, of disorder of the mucous surfaces, and of deposits in various organs, a part of small masses, varying in size, consisting of a friable substance resembling cheese, and denominated tubercle." The characters which chiefly mark those afflicted with this diathesis, are, countenance pale, appearance pale, cheeks generally full, and upper lip and nose tufted.

If the complexion be dark, the colour of the skin is generally sallow, if fair, unusually white, the voice at the same time, being large and conspicuous. The eyes are generally large and the eyelashes long. They are generally remarkable for beauty of countenance, and the early unfolding of their
of their mental powers. The head and face are said to possess peculiar characters. The jaw, back, and forehead, are low and angular, the neck long and rounded, the eyelids retracted, and the upper lip thick and projecting. The general expression denotes want of energy and violence. The appetite is irregular at one time, and vacillating at another. Vomiting occasionally occurs. The breath is generally fetid, and the tongue foul, the stools irregular, and flatulence frequently present. This diastasis is said by some, to consist, in a rapid state of the nervous system; by others, in the blood which is poor in globulins and haematin, but rich in albumen. Abundance of lymph is present, as the result of the extension of the lymphatic vessels, and marked development of the lymphatic glands. There is little, in almost every case, variability for prolonged physical and intellectual exertion.

Whether this diastasis be hereditary, and in a question which has agitated the medical world for a long time. The answer to it leads us back to our subject. Various writers, for and against it, have appealed
but every-day experience teaches us that an affirmative answer should be given. That the offspring is born with the same diseases as afflicted the parent, is affirmed by none, but that the constitution a diathesis is inherited, and with it a disposition to the same diseases which afflicted the parent, I think, cannot be denied. The parent may have the latent form of the diathesis, and yet his or her children, as may present, either early in childhood, or after life, the external and internal signs of diarrhea cachexia. Or, the reverse may be the case, parents presenting external and internal signs, having children, in whom, no indication of the malady can be found. That the parent can transmit tuberculous disposition to his or her children, is beyond doubt, for it has been found in the lungs of the foetus, by Audouin, Dupuytren, &c. According to some, this disposition is transmitted often by the father than the mother, but the question is unsettled. It may be transmitted, as a latent germ, remaining quiescent for months a year. Provided only one side of the house be affected, and the children placed in favourable circumstances, in infancy, it may disappear altogether.
This disposition, a diarrhoea, is transmitted from the 3rd to the 4th by the blood. There is no proof of a chemical or microscopical to confirm it. Besides, it could not always exist in the blood, which is continually undergoing changes by putrefaction, and it did it must vary with it and be eliminated from it which usually never occurs. That it may be transmitted in the form of military germs is probable, for it has been found in fortresses where the last was manifested by parents.

Frequent inbreedings are among the most pregnant causes of tuberous consumption. But inbreeding is aided at by very trifling accidents. For he knows too well, the disastrous effects produced upon his stock by what is termed “feeding in and out.” The offspring become sickly, and die generally when young, as it is with the tame animals, so is it with man. If inbreedings take place for two or three generations, a degenerate offspring will inevitably follow. A couple, if alone, one is pathological, may on the lowest calculation calculate, that twenty-six per cent of their offspring will inherit the disease. Families united with this predisposition should therefore avoid forming matrimonial alliances.
with others, similarly circumstanced. If they do not, they are adopting a sure mode of deteriorating their intellectual and physical powers, and finally destroying a degenerate race.

Parental Debility. Tubercular consumption is produced by aged or guilty parents, or parents who have contracted certain diseases, syphilis may be specified as one of these, especially, if the party affected has been treated with mercury in excess. Intemperance. With regard to the effect of spiritsuous liquors, there is little to be said. For doubt, the wasted, cadaverous cheek of the drunkard, the tale of his moral and physical degradation, speaks the condition of his lungs, and other organs. Intoxicating drink is to ruin the very tabernacle of life. But they who in the foul dens of our towns, indulge in this degrading vice, are ill-fed and clothed, two great causes of phthisis. Truly, when a person beholds the wretched, who stagger in and out of whisky-shops, in darke and filthy lanes—weaving squalid caricatures, of men and women, mothers with naked infants in their arms, he cannot be astonished at the multitudes in those places, consumption annually carries off.
2. Causes, which act during early life a previously to puberty.
These are, Insufiicient Diet, Insufiicient Air, Inactivity and Uncleaness.
Insufiicient Diet is among the most important. There is no time of life to which more attention should be paid than infancy. A few months may then serve to originate tuberculous cachexia. The best diet for an infant is its mother’s milk. Should this be departed from, the risk of producing it is imminent. When a healthy nurse cannot be procured, artificial feeding, as a general rule, is resorted to, which fails to afford appropriate nourishment. The milk of the cow to often substituted, differs in constitution from that of the human being - the former containing twice as much casein as the latter, less butter and sugar of milk. In cows, also, milk is unwholesome from the mode of feeding cattle, in some of which tubercular disease, may be rapidly spreading. The manner of taking food (says Phelps) exerts an important influence on the child. The aliment generally given to infants is saccharaceous, hence flatulence and irritation of the digestive mucous surfaces are developed. If the mother as frequently occurs has
has to toil for daily bread, he may leave his child in the hands of someone, who, when it is hungry, feeds it by alcohol. This practice is painfully common among persons in the lower walks of life, and the injuries sustained by this incomparable. In the adult, particular kinds of food are supposed to be productive of phthisis when used in excess. Poor has been down as one of these, but the proofs are insufficient.

Consumers of vegetable and animal food, are equally consumptive. The potato has been condemned, but falsely, for in Ireland the lower classes, who use it very generally, are as free from it as the upper, who enjoy the benefit of a mixed regimen. Although not itself a sufficient cause, it may become, when those who use it, live in ill-ventilated apartments, are crowded together and muse exposed to cold. Food of a paper kind causes disease, may, by producing indigestion, exert a prejudicial effect upon the economy. As the children of the wealthy. The placid and almost fashionable habit of excessive abstinence, adopted by many young females of the middle and upper ranks of society, is also highly injurious, and not infrequently paper by suicide.
degrees into confirmed phthisis.

Impure air may be ranked next in the catalogue of causes. It may act on people of all ages and classes, and is in that, the most pregnant source of phthisis in this country. The clime, the nutritive part of the food, is formed into blood in the lungs, by the oxygen of the air. If sufficient air of a pure quality be not admitted, the system becomes imperfectly nourished, and the foundation of consumption permanently laid. This impure air is produced by a variety of causes by crowded streets, ill ventilated apartments and imperfect sewerage. Boarding schools, hospitals, especially the former, where boys and girls, are obliged to work hard, frequently lay the foundation of disease. Entering them in the morning, the air is sickening, owing to its being repeatedly inhaled and completely loaded, with excreta, which result from sensible and insensible perspirations. Being in thickly-inhabited lanes and alleys of a city, feeling the atmosphere which a dense population breathe, like a leaden weight, and looking at sickly mothers and wan-aged little ones, one is tempted to put the question, Do these poor creatures ever breathe the pure air of heaven a look on nature in
its vote of grace? The exquisitely, although made in
the least-sentimental fashion, will only evoke ghastly
smiles from those, whose misery you deplore. They seldom
think of such things. If they can only satisfy hunger,
appease thirst, they care for little else. But it is
not the lower classes alone, who are brought into
contact with streets and cess-pools, necessarily,
that we find neglecting the laws of health. "Vulgar
and foul air, often fill the gilded salons of the rich
as well as the squalid and deadly hovels of the poor."
That they do so, although their presence is anticipated,
is indeed patent by the lamentable fact that
thousands of them, in these islands, are annually
driven away by consumption. The remedy for this
defective state of things, is an improved condition
of our domestic atmosphere. We find the unhappy
victims of consumption, in a Southwark prison,
death of the virus. When it proves
effectual, however, it is not the climate that effects
the cure, as much as the transmission of the pathy
to an atmosphere uncontaminated. To wonder that
the bones thence onl. The habitual aspiration
of foul unrefined air, I look upon as the only
real cause, of Tubercle. Let us keep the consumption
in fresh air and we shall at once realize a
Pan, a need a madura" better than a mental

Practicity, produces tubercular disease, fail to tend
to check the proper growth, and development of the body.

Uncleanliness. Inattention to cleanliness in children,
improper preservation of the cutaneous function giving
rise to the sudden arrest, or entire suppression of
perpiration, endangers the healthy condition of the
body, and diverts the assimilating processes-hence
well the lungs, kidneys, and intestinal canal, may
have discharged their functions. In dark-skinned
races this is especially seen; for if perspiration is checked
in them, as it often is, by the cold of our climate,
lesions are found in the lungs.

3. Causes which act during and subsequently
to puberty.

These are the following: Excessive Labour, Deep
Occupation and Excessive Sensations.

Excessive labour, whether bodily or mental, tends to
weaken the vital powers of the system. Depression of
spirit-when long continued a source, may of itself
lead, generate disease. How often can we trace the
commencement of phthisis to reverse of fortune, family
affliction.
Luc 10th

"Appan's Medical Dictionary"
affliction, a something which has deeply affected the mind!

Dress, and other physical conditions, bear part in the production of phthisis, at this stage of human existence, to expose parts of the body which require protection a uniformity of temperature—to certain habitually the movements of the thoracic and abdominal parietes, is very injurious to health. Stiff-laced cases are a species of apparel which neither youth nor mature age should put on. They prevent the due exercise of the muscles of the trunk, impair their development in early life, and weaken them at later periods. The movements of the ribs are restrained, the line is carried upwards, presses the thoracic cavity, compresses the lungs, and embarrasses circulation in the heart and large vessels. The functions of digestion are all influenced and impaired by these means, and tubercular deposits produced in the lungs. "No less injurious (says de Lalande) than tight-lacing is the practice of wearing unyielding supports in the stays, especially steel supports, which have well caused, tend to carry electric vital influence from the frame, and to withdraw a salutary stimulus of nervous power from the system."
system? What can lead me to quit my duties more than the present practice of leaving the chest and arms unclothed, wearing thin shoes, for fear of looking clumsy? If we could do away with these follies, what thousands of our most interesting fellow-citizens, would we rescue from the miseries of ill-health, premature decrepitude, and early grave! But the infatuated\textit{ women} of fashion, will not listen to the voice of reason. Vanity, is set by them, upon a throne, and all that is valuable is laid at her feet.

Excessive secunai, also predisposes to tubercular disease, such as mastitation, that debaring lice of youth, and excessive sexual intercourse. Occupations. Some of these produced indirectly, by the application of irritants to the lungs, other indirectly, by lowering the state of the general health, whilst not a few suffer by the operation of both.

It is right before finishing this my second grand head, to state, that some of the causes I have detailed, are set down, as more plausible than true. I would not assert, that none the most potent of them must of necessity produce phthisis. Nevertheless, I doubt not, those who have had extensive opportunities of
of investigating the causes, although in different degrees, will admit the influence of the sexual conditions specified.

III. The Treatment of Phthisis.

Modern Pathology has tended in a great measure to clear away the mist which enveloped this subject. Although as yet no specific has been found, we can, better than formerly, ward off its approach, or having already seized its victim alleviate suffering, and "smooth the stormy passage to the grave."

Treatment may be divided into three parts, Hygienic, Therapeutie, and Pathiatric.

1. Hygienic

This includes diet and Exercise, Change of Air and Climate.

Diet: In persons predisposed to the disease, the food should be of a nutritious quality and of easy digestibility. As the digestive organs are naturally easily disturbed, it should not be over-stimulating, and care should be exercised that their meals be taken at a proper time. At no period of life is greater care required than infancy. By judicious feeding, ample and regular exercise in the open air, and avoidance of continual physicating, the health of children or infants may be maintained.

The diet
The diet should be particularly attended to, and at once, for if not, the work of renewing the constitution will have to be begun anew; and ISIS, rolling the stone onward, which ever returned to the plain, will be the apt emblem of our abortive labor. A fish diet is often of service in phthisis, especially in the more chronic and hemorrhagic states. The white kind are best, and should on all occasions, be boiled. Milk has received great commendation, but cords have differed respecting that, which is most beneficial. Ass is milk generally receiving the preference. The alimentary canal should be attended to—quite certain, only being used. Along with good diet, exercise whenever practicable, should be taken in the open air. Exercise on horseback is best. Attention should be paid to the due discharge of the cutaneous functions. The chest should be sponged two or three times a day with cold water, and vinegar, especially at bedtime. This is an excellent prophylactic as well as curative remedy. Flannel should be worn next to the skin, in all cases. Rest, alike from mental labor, should be enjoined, and plenty of sleep.

Change of air and climate, essentially belongs to
The hygienic treatment. Alteration of residence in summer and winter is commendable. For curing that debilitated state of health, which precedes consumption, a milder climate has many advantages. The functions which are disordered should however be restored, especially the functions of digestion and sleep, so it be had recourse to. In getting them into it—great care should be taken, for it must be remembered that we are dealing with patients having organs exceedingly weak. It happens unfortunately however, that this period is often allowed to pass, and it is not until the true symptoms of phthisis appear, that the patient gets alarmed and consults his physician. When the disease has settled in the lungs, the circumstances of the patient, as regards change of climate are greatly altered. We have the same functional disorder it is true; but we have also pulmonary disease, predisposing to an entirely new series of morbid actions. Removal therefore to a milder climate, if the disease has not gone too far, may be productive of benefit. But if fully established, little can be derived, and a long journey, will almost certainly increase suffering. Under such circumstances, the patient should be advised to remain at home. It is natural for friends to cling to this last refuge.
Know moreover the danger to which they are exposing
themselves, would shrink from it. A medical man
should hesitate to be he expatriates his patients,
who, after having reached a foreign land, do not
find themselves in a worse condition than when they left their own.
The usefulness of any climate, in the more advanced
stages of consumption, entirely depends on the extent
to which exercise in a pure atmosphere can be safely
practised. In a cold and variable climate, the patient
cannot exercise for fear of increasing cough, and in
a hot, he is disqualified by fatigue and exhaustion.
A climate, therefore, neither too hot, nor too cold, is
best. The superiority of Italy, France, and other places,
over parts of England, rests on a feeble basis. Many
have invalids returned from such localities, with
expectations disappointed, and disease increased.
How often, having been cured even when too late, died in
a strange land! The winter residences for consumptives,
in England, are Torquay, Budmouth, Isle of Wight, Hownow
Pensance, Lynton, and Hastings. In Scotland, Rothsay
and Bridge of Allan, are famed. On the Continent
such places are numerous. In Italy, Rome has the
preeminence. Bathica is highly spoken of by many.
Its atmosphere, although moist, has a peculiar salutary
influence.
Line 12:

*“Walks among the poor of Belfast” by O’Hare.*
influence. Rice, Fables, Saloons, and other towns on the Mediterranean coast, are not desirable. Being subject to three winds, Egypt at present is the nest of our nobility. In France, the south has the pre-eminence. Summer residences, for persons predisposed to phthisis, should be obtained near the sea coast, where by change of air, and pleasant company, their thoughts may be lifted off themselves. In large towns, of persons among the lower classes, who cannot change climate, are predisposed we should induce them to leave their dark and dismal abode, where “sulk in sullen apathy and lording over their lot; they have neither eye, nor ear, nor heart, for God’s most beautiful eloquent world.” Induce them I say, for rather (increasing their disease by cold) would they Urdu to the clean shop, and buy in Ohlin their wares, like that the sons and daughters of affluence, the favoured children of fortune, would pity those they cannot but condone, and leave no method noticed, to come one to some enjoyment, and more elevating scenes, their sickly and degraded fellow-citizens.

Educate. To physicians, acquainted with the varied anatomy of this disease, can hope to obtain a cure of what is called, "confluent phthisis." It is only in the
Line 6th

"Bennet's Principles of Practice of Medicine"
incipient stage that benefit can be derived. Various remedies have been vaunted as cures. A

plinn put few, if any, of these ideas. That which is now looked upon as most valuable is the

food-lime oil. To understand the action of the salicylic acid, we must look to a little at the pathology

of phthisis. Its peculiarities consist in this, that an excess of acidity exists in the alimentary

canal, whereby the albuminous constituents of the food are rendered easily soluble, whilst the alkaline

secrections of the saliva and of the pancreatic juice, are more than neutralised, and indeed incapable

either of transforming the carbonaceous constituents of vegetable food into oil, or of preparing fatty matter

introduced into the system, as will render humanly assimilable. Alterations in increased quantity

enter the blood, whilst fat is supplied by the adipose tissues of the body, producing therein characteristic of phthisis. A large quantity of fat

must be supplied, but often, indeed always, the organism is unable to digest it. Hence the benefit

of the albuminous resiliens, which supplies this material in a state requiring no digestion. When given directly,
it saves the digestive apparatus, the trouble of

selecting...
Selecting a manufacturing oil matters from the soap, a liquid composition with the albumen and produces these molecules so essential to the formation of an healthy chyle, from which blood is formed. Physically of all in phthisis, are thus described "to moisten the body which increases in bulk and in vigor, to wash tubercular exudations, and to assist cough, perspiration and expectoration" One tea-spoonful twice a day, is at first sufficient, but it may be increased in quantity, until it reaches two. Much larger doses have been recommended, they lead however to impair appetite. It should be taken between meals, or with milk a light wine. It is never contra-indicated, unless when hemorrhages, a diarrhea occurs. The latter is generally produced by immune a caustic oil. Combining it with soap its value is augmented. This remedy requires a lengthened trial, and disappointment is experienced by patients who will not submit to it sufficiently long. In the extended use of this remedy into practice, we are largely indebted to Dr. J. H. Bennet. Whether we regard the oil therefore, as a means of restoring or simply palliating consumption, it undoubtedly ranks higher than any other medicine with which we are acquainted. Its discovery created a wonder in
in the history of consumption.
In place of cod-liver oil, various remedies have been recommended. Glycyrrhiza may be given with infusion of quassia and I have seen good effects result from this treatment. Because of this oil, may be substituted. Ascaris has had a thing testifying to its in Italy. Chlorio is spoken of as a specific, in the form of suppositories. It may be of use, in relieving expectoration and destroying the factor of death. Jodoine is of service in scrophulous affections, but whether capable of curing consumption is doubtful. The phosphate of lime, carbonate and naptha may, it is said, sometimes be given with advantage.

Palliative. Bloodletting may be of service, if pleurisy or pneumonia be present, but should never be used unless all other means have failed. In the early stages, counterirritation is useful. It has many advocates. The cactus oil liniment is generally used but should not be applied under circumstances. Lough, suggests palliatives. Hydrocyanic acid, hunts, resorcinol and a confection of ipecacuanha, may be prescribed with a mixture of aqua ammonia, acetas. It should not be treated by squills, a ipecacuanha, as they lead to disorder the stomach.
Dyspnœa, if great, should be treated by analgesic applications to the chest. Chloroform acts efficaciously. Expectoration may be difficult. If so, ippecacuan, squill are generally prescribed. It may be excessive, and if untreated speedily lead to haemoptysis. Galliè acid, a acetate of lead, in doses two grains each with opium, is then of equal service, in checking this excess. The surface of the body should be drench with vinegar and water. Diaphoretics may depend on succulent matter in the bowels. If so, act gently on them by eau de col. It may arise from ulceration in the intestinal canal, a improper food. If from the former, opium should be given by mouth or by injection. I have seen an opiate suppository of great use. Should diarrhœa arising from improper food, return to healthy nutritive diet, is essential. Strong astringents should not be given, in the early stages, chalk, aromatic confection or an antacid are the appropriate remedies. In advanced cases, opium, launin, acetate of lead etc., should be immediately resorted to. Sulphate of copper is an excellent remedy for diarrhœa in the latter stage. The mineral acids are of great service.
Service in the treatment of hæmoptysis. The acerate of lead, a sulphate of copper, in mustard opinion or morphia, a full dose of gallic acid, are most likely to be successful. The patient must be kept quiet, discontinue everything hot and stimulating, and partake of cooling beverages, even ice itself. In the perspiration, diluted sulphuric acid has been well approv'd. The chest should be sponged, especially at night, with cold a tepid vinegar and water. In nausea and vomiting, nuphthi is a useful unedispersed with a little structure of cardamoms. For delirium little can be done. At that solemn period, when the mental alteration manifests itself, neither opium, nor any other narcotic should be given, to the extent at least, as would materially interfere with that preparation for death, which things made for immortality, are required to occupy themselves with.

Phthisical patients frequently complain of an unpleasant taste in the mouth. When this is the case, provided too much medicine has been given, it should be stopped. Soft milk, boiled food, and small portions of meat, nicely cooked, ought to be tried. The steps of Speciosa commune aromatica should
should be prescribed, in a wine-glassful of infusion of calumba, a gentian, every four hours, with a little tincture of orange peel, a cardamom added. The cod-liver oil should be given in small doses.

From this summary it will appear, that no single plan of cure, class of medicines, kind of diet or regimen—no simple medicinal, regimen, or tinct, is applicable to all cases of phthisis. Physicians, having ascertained the malad conditions of patients have to select, and combine, such modes of treatment, as individual cases require.

Such is phthisis—its nature, the symptoms it exhibits, and the treatment it usually receives. Looking at the lands we cultivate, the suffering it produces, and the numbers slain, we are compelled to confess, that, if not one of the worst of human ills, it is certainly the commonest and most difficult to deal with. The debts, in which even the living are involved by it, where die nearly compels, to buy in early years, those whom they expected to inherit their estates, and carry their names and images to distant generations, is itself so great as to elicit the curiosity. Can nothing else be done to assist—
what the faculty has already attempted? It is said, the man who makes
two blades of grass to grow, where only one grew before,
is a true factor of his race, and ought to be remembered.
Yes, the physician, who discovers a cure for plagues,
will deserve a monument more lasting than the pyramids
of Egypt.

I would insufficiently complete this essay,
did I not refer to certain discoveries, which lately
have assumed an alarming phase. When educated
readers are reminded of the chains, spells, &c., had recourse
to in former days, to drive off the Plague of Phthisis,
they view them as melancholy proofs of human credulity,
in ages commonly known as dark, or only partially
enlightened. The "cure of consumption," however, not
proclaimed by placard, and advertisement are so
infallible! the Doctor! falsely so called, who despise
professional etiquette, and education, innumerable!
The people, "the ignoble vulgar," of the ancient poet,
place so much confidence in them, and flock in such
multitudes to their "colleges of health," to receive gratuitous
advice, and purchase, "Patent medicines!" that we
are often tempted to question the superiority of the
nineteenth century—its boasted civilization and
wonderful
wonderful research. The medical profession is founded upon knowledge, knowledge acquired by a
careful and judicious induction of facts; and the wise
and good belonging to it, are daily adding to its
store. Let them preserve, avoiding the extremes of
scientific theory on the one hand, and the manipulation
of illogical quackery on the other—neither for the
sake of gaining notoriety, obtaining practice, patron-
ising prejudice, sanctioning imposture, and the
triumphs they have gained, nor ignorance, error, and
disease, will be as nothing compared with those beneficent
to be won. “Knowledge is power.” More than human
laws, however wisely formed and executed, does it tend,
—
to dismantle hypocrisy, and give honesty its place.

John Dunn Porter

March 1861.