THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXXVI.

THURSDAY, FEBRUARY 7, 1867.

No. 1.

OF SOME MEANS USED IN THE TREATMENT OF PULMONARY
CONSUMPTION.

[Read before the Boston Society for Medical Observation, January 7th, 1867, and communicated for the Boston Medical and Surgical Journal.]

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WHETHER we have genius to originate new methods of treatment of disease, or industry and acumen to gather from masters, or from those whom we may consider such, their propositions and dicta, and so adapt them to the cases which present themselves to us for our care, I presume the accumulation of testimony as to the efficacy or inertness or actual harm of certain methods or materials used, is a positive benefit to humanity through our profession. In this communication there will be nothing original, but what is written has been put to the proof.

Of the cases of consumption that have been under my charge within or during the past ten years, I have selected two to report to-night which are the opposites of each other; the first is somewhat at length, the second in brief, and they form the basis of my subject.

In February, 1855, Mrs. B., an Irish widow, resident in this country for fifteen years, and for six or seven of them in Winchester, about 45 years of age, mother of several children, came under my care. She had been a rather hard-working woman all her life, but has always been able to "pay her way and get along comfortably"; "has enjoyed a fair degree of health up to New Year." About the first of January, after imprudent exposure in sloppy weather during Christmas week, she was seized with "chilly turns" and pains in limbs and chest, with, at first, moderate cough, which became, during January, irksome by night as well as by day, with failure of appetite and irregularity of bowels and loss of flesh and strength.

I found her in bed, presenting plumpness of body and limbs, but not firmness of flesh, with considerable emaciation of temporal region and cheeks, which latter were flushed during the first part of my visit and became rather pale during the remainder; the eyes glistening, sclerotica pearly; tongue not clean; pulse 114 at first, after-

VOL. LXXVI.—No. 1

wards at full 96. Condition of catamenia could not be made out clearly, but during the last three months there had been irregularity of some kind. Color of hair black. Eyes very dark brown. Patient agitated and by no means hopeful, a condition of mind strengthened by the inconsiderate babble of her immediate friends and neighbors.

There was dulness of percussion at *both* subclavicular regions—extending a little lower on her right than on her left—some flattening of the walls of the chest below the clavicles, not very marked on left side; bronchial voice; mucous crepitation on right, not made out on left side.

The cough, more particularly at night, was said to cause much expectoration, but of this I had no evidence as to quantity or quality. "Sweat like rain" during night.

The room in which this woman was, was in the second story of a wooden frame building, occupied by her married daughter day and night, and by the husband at such times as he was not at work, and by three children. Precisely what the sleeping arrangements were I could not discover, but they all slept in the same room; a cooking stove, upon which the whole cooking of the family was done, chairs, and two tables, upon which, always, there were the *débris* of a meal, formed the furniture of the room, and the clothing of these young people was hung upon the walls. The situation of the house was unexceptionable, being on the side of a gravelly hill, high, dry, airy and sunny.

In my mind, this poor woman was doomed to death before the opening of the coming summer. She was, however, urged to adopt a certain course of treatment, and assiduously watched and cared for and guided, and the interest of some of her neighbors, the kindest people in the world, being engaged, the care of her medical attendant was much lightened. The management was as follows:—

She was induced to discard the heavy and impervious cotton comforter, so called, which helped to exhaust her strength every time she moved or turned over in bed, and substitute blankets, the best at command; the windows and doors were opened for half an hour several times a day, and this was a difficult thing to bring about; a mild anodyne at night, and a tonic two or three times a day, helped to restore the appetite, for which "extractum carnis" was supplied, and this, for a while, was her principal nourishment; also, after a time, other food of a more wholesome quality than that to which she had been accustomed was supplied. During February there were some pleasant days, and it was seen to that she sat up, at first for a few minutes, by degrees for half an hour, and finally, before the month was out, for two hours at a time.

There was a gradual improvement towards health, so that in the following autumn she resumed her usual avocations, viz., the care of her own family of two young men and a daughter; but during the

two following years she complained of a pain in the hepatic region whenever she met me; as she seemed strong and in good case, I took not much notice of it. She is quite well and hearty at this date.

CASE II.—In October, 1861, I took charge of a young lady, 20 years of age, who could command anything that great wealth and unbounded family affection could yield. The father and one sister died of consumption. Up to the age of 18, ambition, unwisely stimulated by her friends, led her to get and maintain the highest rank in all the branches taught at her school. At this age she quite "broke down" in health. During the twenty months of illness preceding my first visit, she had tried various means and systems for relief. In person she was rather tall, with fair hair and blue eyes; generally emaciated, with variable appetite, and much harassed by cough, particularly in the night.

There was flattening of the chest walls, more evident on the upper left front than on the right; on the left there were blowing inspiration and expiration, with gurgling; on the right upper front there was crepitation; percussion could not be practised on account of the pain it gave; near the base of the right lung there was exaggerated respiration, with here and there remote crackling. But the prominent feature of this case was the utter want of interest in anything. It is true she carried out, as faithfully as possible, all the suggestions and requirements of her attendant, such, for instance, as going to ride daily; was even carried in arms to the carriage many times, when she could not walk through weakness. It seemed as though all the ambition and energy of her character had been expended in her school days. Every means that could be thought of were tried to arouse her from her apathy, but in vain. She died in November, six weeks from my first visit, and about twenty-three months from the development of the disease.

Within my knowledge there have been many consumptives who have felt themselves doomed to a brief existence, after having subjected themselves to a careful examination, upon being told that if they take exercise in the open air, use nourishing food, and friction to the chest, they have about all the advice that is necessary. Sometimes awkward questions have been asked, answers to which have been stumbled over, and the matter complicated and made worse.

I believe this to be entirely wrong. I believe the truth should be spoken in these as in all other cases. I do not believe that the truth uttered in these cases will shorten life by a day. Have we nothing to say, truthfully, besides the bare assertion, "You have consumption"? Shall we, by word, or look, or manner, cut off all hope from these victims? Is it not possible for us to say, "although you have such and such a condition of the lungs, yet the resources of our art are great, and you may live longer than the old-fashioned doom of eighteen or twenty months"?

The very beginning of the treatment is at and with the first interview and examination. It will not do, and it is not right, to be careless in the least degree. Of the whole list of diseases we are called upon to treat, no one makes a more powerful demand upon the tact, ingenuity and skill, as well as upon the fortitude and patient endurance and general kindness of the practitioner than consumption. The first care, then, of the physician should be to win the entire confidence of the patient, so that it shall be unswerving; so it should be in all cases, but in this more than any other, for we have to contend, not merely with the disease, but with the variable and oftentimes exacting and unreasonable disposition that accompanies it. The natural disposition being amiable, for one instance in which it is maintained throughout the disease, especially in protracted cases, there will be nine in which it will become peevish, fretful and complaining, sooner or later, and nothing will suit them.

Confidence having been established, unflagging interest in the patient and the case must be evinced quite to the end, and this involves the necessity of the exercise of such tact and ingenuity as each practitioner may be possessed of—tact in withholding or continuing, and ingenuity in changing, so that no harm may come of it. Such an interest is a solemn and difficult task for the physician.

Thus far it may be said the moral elements of the treatment have been advanced, and I must say once more, that they are of the first importance and should be emphasized.

In the first case reported, the means taken to secure sunlight, air and exercise were mentioned. The only drugs used were, for a few nights at bedtime, five grains of Dover's powder, and even with this the report was, "a moderate perspiration," instead of "sweat like rain," and I was convinced the change from the impervious quilt to blankets was a good one for her.

Constipation existing, there were administered pills, each containing one half a grain of ipecac, with one sixth of a grain of calomel, one to be taken every eight hours until there should be an operation from the bowels. The Dover's powder was omitted. After the sixth pill there was the desired effect, and, later still, at any time when occasioned required, one of the pills taken at bed time would secure a response next morning.

Meanwhile, during the two weeks of the treatment just mentioned, she was supplied with "extractum carnis" at specific hours and in certain quantities, and of this I shall speak below.

At this time she began to take a tonic consisting of strong infusion of gentian f 3 i. , with two drops of nitric acid to a wineglass of sweetened water, before each meal time. In the last week in March she began to take cod-liver oil, and continued it for six weeks. During the month of August she again took the oil.

I may say here that I stopped the customary Saturday afternoon

floor-washing, and caused to be substituted a tri-weekly process of dry floor-cleaning.

Of the second case, I need not say more than that every means were taken to arouse the patient from her apathy, but in vain. I have cases of lung cavity of long standing, but they are in subjects whose pluck and will are consonant with the interest of the attendant.

I am not ready at the present time to give it as an opinion that consumption, in every instance in which it becomes developed, has always existed in the subject as a diathesis, for we occasionally meet a person among whose ancestors and family connections the disease has been unknown, and who, up to the time of some specific cause of failure in health, has, so far as can be recalled, enjoyed an uninterruptedly excellent physical condition. I cannot yet defend this as an opinion, but I advance it as a strong impression that such is the fact; and with this impression or hypothesis, I now come to some of the causes of the development of the disease, that I may introduce what I have to say about nourishment.

A great proportion, if I may not say all the consumptive patients who have fallen under my care, have declared themselves to be or to have been "not good livers," if the expression may be allowed; hence dyspepsia is rife among them, and this is one of the grand roots of the disease. That they are not good livers, may be accounted for by various causes. Poverty need only be mentioned as one. In many families there is a mistaken economy which leads the providers to procure the cheaper meats, butter, and so forth, so that, although there may be an abundance, yet it is partaken of at the expense of the digestion. What seems to be a "national fault," "bolting the food," is a fearfully frequent cause of dyspepsia. Horrible bread, made with drugs, which of themselves are not always of the purest, is another. Appetite may by degrees fail for even the best and most attractive food, as the first symptom of the yet unknown, unsuspected development. The digestion being impaired by the above-named causes, proper nutrition cannot be afforded, and if the consumptive diathesis exists in never so small a degree, it will assuredly be developed by this faulty nutrition. Briefly, it is not necessary, and it would be almost impossible, to enumerate all the causes of derangement of the digestive organs; there may be added to those already mentioned the custom of many who sleep in little bed-rooms under impervious bed-quilts, thereby having to fight every morning against a languor and unrest which they cannot account for, so as to get to their early labor or business; unrefreshed by sleeping in an unwholesome atmosphere, with their tongues thick and pasty, how can they partake with cheerfulness of such a breakfast as they ought, to fit them for their avocations? Others, for the most part delicate females, are possessed of a fastidious daintiness which leads them to abhor anything like rich, juicy meats. We have mentioned quite enough.

VOL. LXXVI.—No. 1*

If good and sufficient nourishment is of very great importance in the prophylaxis of consumption, the condition of the digestive organs during the disease demands our constant and, I might almost say, our sole care, for, as Chambers says, "if the supplies are cut off, what can sustain the forces?" Those instances in which the appetite is entirely wanting, so far as their stomachs are concerned, are to be looked upon as infants; and they require the same kind of management, with this difference: the invalid must be directed, coaxed, perhaps stimulated to take nourishment; the infant sucks its own, and does so with avidity; but both should begin, the one treatment, the other life, with milk. As the well-ordered infant during its first six or eight weeks should be presented with the breast every two hours, with the exception of the five, six, or even eight night hours in which it is or may be sleeping continuously, the stomach resting meanwhile, so let us present to the failing consumptive—do not let us say, "you had better take a little milk occasionally"; prescribe, let us prescribe—two ounces of milk to be drank slowly every two hours from six in the morning until eight in the evening. Thus the patient gets one quart of milk in fourteen hours. To quote Chambers once more: "Nutrition has a habit like that of arguing in a circle; food creates the desire for food—of course by strengthening the digestive organs, and thus, after a few days of milk diet, the patient will ask for meat." I have not found this last assertion to be quite literally true in my cases, but I have found, most generally, that I could by degrees prolong the intervals of giving the milk so that I could introduce other nutriment alternately with it, or suspend it altogether for other articles.

It seems natural at this point to speak of the great efficacy of cream, given in these cases, or at those periods in such cases, in which cod-liver oil cannot be swallowed, even by the exercise of a very powerful will, or if it is, there is vomiting or a perpetual flavor of it in the mouth, that utterly defeats the object for which it is administered. Again, there are some who will take oil for four or five weeks and then, beginning to experience approaching disgust to it, are obliged to give it up for a time. It is in these cases that I have found cream of signal advantage. In the first-mentioned cases there is a natural disgust, an abhorrence to anything oleaginous, and it requires address and persuasion to get them to take even cream. I have succeeded best by offering a small cupful, say four ounces, in the middle of the forenoon and also of the afternoon, with a teaspoonful of brandy, of best quality if it can be obtained, or of whiskey; but brandy is the best for the purpose—sometimes two teaspoonfuls may be taken.

For several years I had been educating a number of consumptive patients, as well as others who were anæmic from different causes, in the art of taking proper and sufficient nourishment; beef, roasted or boiled, to be sure, but going through the process in such a manner

that it was only saved from being called raw because of it, being the burden of my teachings, when, in 1857, I read in the Boston Medical and Surgical Journal an article by Dr. Bowditch upon the custom of certain hunters who used, with advantage, raw pork upon their expeditions; and the hint derived therefrom led to my peculiar treatment of the following case of acute dysentery, and after this case to my offering raw beef to many consumptives and others.

In 1859, during September, I attended a beautiful child, with severe acute dysentery. On the fifteenth or sixteenth day there were good reasons for believing convalescence had fairly begun, but on the eighteenth or nineteenth there was a palpable relapse. I caused a quantity of raw beef, of the best quality, to be cut up by a very sharp knife, so that it became a pulp instead of a minced meat. A very little salt being mixed with it, two heaping teaspoonfuls of this pulp, placed upon a small plate, were set by the mother before the child without seeming to care whether the little girl partook of it or not. In a few minutes the little fingers were dipped into the pulp, which, of course, was immediately conveyed to the mouth. Within ten minutes the whole of the pulp was eaten. This was in the middle of the forenoon; in about six hours the same quantity was taken, and also again in eight hours. This plan was continued during three days, for there was a manifest improvement in the disease; but on the fourth day there was an evident disinclination to take the pulp, although some portion was taken, and also milk on this day. On the fifth day no inducements availed for the child to touch or even to look at the pulp. She went steadily on to perfect health; she took nothing, during the three days mentioned, besides the beef-pulp, but, occasionally, a drink of fresh, cool water.

In anæmia from other causes than that of pulmonary disease, as well as in consumption, the virtue of raw-beef pulp, sometimes with, and sometimes without alcohol, has, in my experience, been most signal in making red blood. From many recorded cases, I will give extracts from one which will do more in illustration than twenty pages of eulogy. A lady, 32 years of age, whose mother and an only sister died of consumption, had been under my charge more than eight years, in September, 1865. A large cavity in the upper right lung had been observed for five years, and a smaller one in the left upper for between three and four years; tubercles studded the remainder of the lungs, but there were less in the lower right than elsewhere. Up to the summer of 1864 there had not been much emaciation, but the limbs were always soft. From that time gradual emaciation of the limbs and body supervened, although the face and temporal region remained full and fair up to the time mentioned (September, 1865). Profuse night sweats and expectoration, and consequent loss of sleep therefrom; disgust for all sorts of food or nourishment; a dreadful sense of lassitude from weakness; these were the symptoms which at last caused the bloom and freshness of

the countenance to give place to pallor and wanness, and to a glistening of the eyes, which seemed much larger than natural. I may not say that hope had fled, but I do know that she was perfectly resigned to go or stay, as the case might be.

Some beef having been reduced to a pulp, all the bits of membrane and other extraneous matter being carefully picked out and a very little salt mixed with it, three pellets, each of the size of an ordinary marble, were presented to my patient at 7, A.M., of which she ate two, and afterwards drank of whiskey one ounce and water two ounces. Three pellets, followed by the whiskey, were eaten at 11, 3, 7 and 11 o'clock. This was on the 20th, and on the 27th she rode half a mile and back. By the middle of October the amendment was so considerable that she expressed herself as feeling a kind of shock at coming back to life. It must not be supposed that when improvement began she was confined solely to the beef-pulp. She was induced to eat a squab, nicely broiled, or a woodcock, or a piece of rare roast beef—sometimes drinking a cup of cream and brandy. Care was taken that she should not become disgusted with the pellets of raw beef, for I believed it was to be her sheet-anchor during the remainder of her life, and it was. She lived until the end of 1866.

It may be said that all this might have been done by cod-liver oil. I fully recognize the virtues of this oil, but this patient had taken it a great many times during my long attendance upon her, and it was only by the exercise of her will that she could swallow it; she never could overcome her disgust to it. Who can describe how great a blessing the beef was to her!

Let me speak well of Liebig's formula for "*extractum carnis*," viz., "a pound of finely chopped beef to be put into a pint of cold water, which is by degrees to come to the boiling point; boil four or five minutes and strain." Take it for all in all, this is the best liquid nourishment I have ever used; his extract of beef, made near Buenos Ayres, according to his own formula, I have never seen. "Borden's extract of beef" is good and highly nutritious; with boiling water, in a moment, a teacupful or a gallon may be made.

At a future time I may urge what I believe to be the true mode of life for the class of patients under consideration, viz., "tent life." I will say nothing upon the subject of "exercise in the open air" farther than this, for we all know all about the importance of directing it. Does any one of us, in the full vigor of health, with an avocation which calls us out of doors at all hours and in all kinds of weather, know what it is to the invalid, weakened in mind as well as body, to go out for a daily walk? A majority of our patients cannot command a drive twelve times in a year. A little walk of two, three, or even five or six directions, becomes irksome from the sameness. If there is nothing but duty to themselves to call them forth, we must create an emergency for them; it is pretty well if they will

go out, bravely, through this sense of duty; but there are plenty of objects for them to become interested in among the poor and distressed—a garment to one, a bottle of wine to another, a word of comfort to any or many, even although it may be from one poor person to another.

This paper, I fear, is already too long for the occasion. I would speak of the blessings of opium, which I give in small and repeated doses until the proper effect is produced, then stopping it until it is again required; of preparations of iron, of which the best is the tincture of the chloride, but of which every one gets tired very soon, and of a certain combination, as, for instance: *R. Pulvis ferri, gr. ½-iss. (by hydrogen); sulph. quinæ, gr. ¼-i.; ext. nucis vomicæ, gr. ¼-i.; ext. hyosciami, gr. ss.-i. M.*, for a pill to be taken one, two or three times in twenty-four hours, *p. r. n.* This I am in the habit of calling a tonic—a food for the blood, and not a medicine—and it is always taken an hour after eating. I would speak of the tincture of veratrum viride, which even in hectic fever calms the action of the heart; of my many trials of oxide of zinc to check the night sweats, which have seldom succeeded; physical strength increasing, the night sweats diminish in proper ratio; of how, long, long ago I abandoned the train of expectorants—squills, antimony and the like—using only, when something of the kind is demanded, ipecacuanha. There is one formula for an expectorant, however, I will offer: *R. Syr. ipecac., syr. senegæ, aa f ʒ iss.; syr. cimicifugæ, f ʒ iv.; tr. lobeliæ, f ʒ i. M.* One teaspoonful of this mixture for a dose, *p. r. n.*

Upon external applications, also, I would like to enlarge, for, especially in protracted cases, they are demanded, not only for the pains arising from the dyspeptic troubles, but for the chest-pains, and also as derivatives; in these, opiates are not always sufficient. Mustard is of essential service—strong tincture of iodine in some conditions; various liniments are also in use and are good. The following, I think, I learned from Dr. Wyman: *R. Ol. monardæ, acid. aceticæ, tr. cantharidis, p. c. M.* It never vesicates, is always stimulating, and ultimately soothing.

My observations of the benefit derived from the inhalation of certain substances by their nebulization are yet too crude for me to say more than that I have reason to place great confidence in their efficacy. I have used in this way iodine, tannin, nitrate of silver, and hope, at a future time, to report concerning these and other substances administered by this process.

Excepting certain cases of limited subclavicular tuberculosis, discovered at an early stage and treated judiciously, it may be said consumption is never cured. I have it in my power to assert, however, that in quite a goodly proportion—I cannot now give statistics—even in those in which cavities have been formed, life may—and with some still is—prolonged and rendered useful; and as to treatment, the deductions from what has gone before may be summed up

as follows:—Excite and keep alive hope. Stimulate, if you can kindle it, pluck—pluck to endure, with a determination to live and be useful. Make the invalid fearless of the sun and air and of the weather generally. Let there be occupation for the mind; if possible, let it not dwell on self. Attend to the digestive organs, and keep them in such order that nourishment of the most red blood-making kind shall be taken in sufficient quantity. The physician may be earnest, wise, skilful; unless he acquires the hearty coöperation of the patient in assiduously trying to restore that which has become impaired, he will labor in vain.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE NORFOLK DISTRICT MEDICAL SOCIETY OF MASSACHUSETTS. BY Z. B. ADAMS, M.D., OF ROXBURY, ASSIST. SECRETARY.

A STATED quarterly meeting of the Norfolk District Medical Society was held at City Hall, Roxbury, Jan. 16th, 1867, at 11, A.M. The President, Dr. Cotting, in the chair. The records of the last meeting were read by the Secretary, Dr. Jarvis, and approved.

The Censors reported that they had examined and accepted Dr. C. C. Hayes, of Hyde Park. Dr. Hayes, being present, signed the By-laws, and was introduced to the Society by the President.

The President showed some splints made and used by himself since the last meeting, after the plan of Dr. Campbell (see this JOURNAL, Nov. 22d, 1866, p. 346), of book-cover and hoop-iron; one for Colles's fracture of the radius, treated according to Velpeau's method, by strong flexion of the hand—to which treatment the splint was admirably adapted by its lightness and strength.

The President also showed Dr. Sheraton's steel rotary fillet, which he had just received from London—an instrument intended to supersede the forceps in some cases of labor requiring instrumental aid.

A letter was read from Dr. Nelson, of Bellingham, regretting his inability to attend the meetings of the Society, in which he expressed a lively interest—adding that, "Seventy years would not keep me from attendance, had not a severe injury years ago nearly disabled me. 'I practice what I do,' said he, 'from pecuniary necessity.'"

Thereupon the President made an earnest appeal in behalf of the Massachusetts Medical Benevolent Society, which was instituted, a few years ago, to assist aged and needy physicians, and the families of such as might be left destitute, and urged the members to join or otherwise interest themselves in increasing its funds. Subsequently, four members offered their names for life membership, and others intimated a readiness to join the Society.

In the absence of the author, Dr. Robinson, of Roxbury, read a paper written by Dr. Noyes, of Needham, on the Botany of the County, in which he advocated the use of native plants, all around us, which he specified, instead of foreign ones that were no better.

Voted, unanimously, on motion of Dr. Burgess, of Dedham, that