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PART I.

ORIGINAL COMMUNICATIONS.

ART. V.—*On Emigration to the River Plate as a Means of Cure or Arrest in Incipient Phthisis.* By ARTHUR E. LEESON, M.A., M.D., Dub.; Visiting Physician to the Infirmary for Diseases of the Chest, Margaret-street, London.

EMIGRATION to more genial climates, and that on a large scale, has been practised for the last thirty years as a means of curing or of arresting phthisis. Few physicians who have seen much of this disease but can record numerous instances in which a valuable life was thus saved, or an existence not bereft of usefulness and enjoyment prolonged to a much longer term than would have been possible in this country. Anything like accurate knowledge of the proportion which the fortunate cases bear to the whole is, of course, not to be obtained, although the main stream of this kind of emigration was directed to our own colonies—New Zealand, Australia, and the Cape—in all which countries there is no lack of intelligent medical practitioners, whose experience would be invaluable to us were it methodically and systematically recorded. From time to time, it is true, colonial practitioners favour us with some communications on this subject, and latterly I have observed a great change in their tone. At first our account from the colonies as to the effect of their climates on chest disease was encouraging to a high degree. Latterly, however, we have received from all

sides warnings to send out none but carefully selected cases; we are told that phthisis is almost as common in all these places as at home, &c. But with regard to all these reports it must be said that they are too vague to be of any use. I have before me a Report on the Prevalence of Phthisis in the Colony of Victoria, drawn up by four medical practitioners at, I believe, the request of the Medical Society there. From this it would appear that in the capital 25, in the rural districts 12, per 10,000 of the living population, die of phthisis—a proportion which at first would seem fatal to the pretensions of the colony to be a sanitarium for chest diseases. There are agricultural districts in England and Ireland in which the proportion of deaths from phthisis is not more than 12 per 10,000 of the living population. But the population of Victoria contains a large number of persons who went there for the sake of their health—many of them in the last stage of consumption. Here is one source of fallacy. Again, are there no classes of the Australian population placed in such bad hygienic conditions as to counterbalance any advantages which can be derived from the climate? It may be safely assumed that this is true of the Chinese immigrants, whose habits of overcrowding, neglect of the simplest rules of hygiene, and, from their extraordinary parsimony, scanty and indifferent food, are well known. On these points the Report above referred to is silent. One fact of importance is incidentally mentioned—that according as the native-born Australians have increased in proportion to the immigrants, the mortality from phthisis has diminished. Now, in the face of this and similar discouraging reports, one thing, as the Germans say, stands fast, that not only do we continually meet persons who have been sent to the colonies by competent authorities for phthisical disease, and who, after some years, have returned, to all appearance, in good health, but almost every returned Australian and New Zealander has one or more such cases to relate. I am not now treating of these colonies, but must record my impression that just as the curative effect of their climates was formerly overrated, so the reaction in the public and, above all, in the medical mind, which has latterly taken place in their regard, is exaggerated.

I shall now invite the attention of those interested in this subject to the Continent of South America, and to that part of it vaguely called the River Plate, but which shall here denote the southern provinces of the Argentine Republic and the entire Republic of Uruguay, sometimes called Banda Oriental. The capital of the

former is the city of Buenos Ayres, situated in the province of the same name, these containing together a population of 700,000, 200,000 of whom, or more, inhabit the city. The capital of Uruguay is Monte Video, with a population of 60,000; about 300,000 inhabit the rural districts of the Republic, whose territory reaches to the southern boundary of Brazil. The population of these countries is mainly of Spanish extraction, largely mingled with the aboriginal Indian. The African element is trifling, but a large European one from other countries than Spain has been added during the last thirty years. The larger portion of these are Italians, but there are considerable colonies of English, Irish, and Germans. The climate of this country may be taken as a typical example of those called warm-temperate, and may be roughly compared to that of Portugal. Neither summer heat nor winter cold, however, is so great as in the latter country, as will appear at once from the character of the vegetation. The olive, the orange, and the lemon are all domesticated in the Plate, but though the trees flourish, the summer heat is not sufficient to bring any of these fruits to perfection; and though a few scattered palms are to be seen in sheltered places, they are sickly specimens. On the other hand, during a residence of fifteen years I never saw snow, nor did I ever know it to freeze in the daytime—a frosty night being invariably followed by a clear day, during which the sun shines with a power which may be expected in the latitude 30° to 35° . This equability is mainly due to the narrowness of the Continent of South America at this part, and the extent to which it is immersed in the ocean. The climate, in fact, partakes of the character of the marine or insular. My knowledge of the country dates from the year 1855, from which time, till 1870, I resided and practised there. Then, as now, I was much interested in the subject of consumption, and endeavoured to acquire some exact information as to the prevalence of this disease amongst the population in general, and the various races and classes in particular. There was at that time no registration of deaths in any part of the country. It was only in 1868 that this was established, and then only for the province and city of Buenos Ayres. I am thus unable to bring forward any formal statistics prior to this date to illustrate the points I wish to establish. Although prior to 1868 I had no means of judging of the amount to which phthisis prevailed amongst the general population, it was not long before I felt convinced that it was in a great degree confined to the natives

and to the immigrants from the South of Europe. I judged from the following, to me, convincing proofs. The rural districts of the province of Buenos Ayres contained some eight or ten thousand Irish, almost exclusively engaged in sheep-farming. The vast majority of these were my patients, and I was accurately acquainted with the state of health of the whole community. Now, with the exception of a few cases of neglected pneumonia (chiefly amongst the intemperate), which had become chronic, and terminated in a group of symptoms which might be fairly classed as phthisis, I never saw one single case of this disease amongst this large number of persons. The few cases I saw amongst English or Irish were amongst the inhabitants of the city. So much for the Irish—now for the Germans. In 1861 I was elected physician to the German Krankenverein or Sick Union, and continued to act in that capacity till 1867. The members—seven or eight hundred in number—were all artisans or small traders, and inhabitants of the city. Amongst all these I knew of but five or six consumptives, and but two died during my period of office. The Germans of the town were thus almost as free from phthisis as the Irish of the country. Buenos Ayres was then a very healthy city, and especially free from chest diseases. This arose from the plan on which it was built, and the construction of the houses. The streets, all of good width, intersect one another at right angles, each block being entire, without lanes or alleys. The houses, at that time almost all of one story, are built in the old Roman style, all the rooms opening into a succession of open court-yards, and seldom have any covered passages. A house of this description, if of one story, enjoys a maximum of light and air, and such a town must cover a large extent of ground in proportion to its population. In fact, Buenos Ayres was then as large as Dublin, with the population of Cork. Latterly, however, things have changed rapidly for the worse. The immense increase in emigration from Europe, and the great development of the trade of the city have led to a greater economy of ground, and consequently to the construction of vast numbers of houses of many stories, the lower parts of which, often densely crowded, are insufficiently supplied with light and air. The effect of this on the health of the city has been disastrous. Within the short period of seven years it was visited by two epidemics of cholera, and a like number of yellow fever. The latter carried off in one year 20,000 persons. Phthisis has likewise increased alarmingly. From the commencement of registration in

1868, till the end of 1870, it caused annually $4\frac{1}{2}$ per cent. of the total number of deaths.

In 1871	-	-	-	$2\frac{1}{2}$	per cent.
1872	-	-	-	$10\frac{1}{2}$	„
1873	-	-	-	13	„
1874	-	-	-	9	„
1875	-	-	-	$12\frac{1}{2}$	„
1876	-	-	-	$14\frac{1}{2}$	„

The low percentage in 1871 arose from the fact that it was the year of the great epidemic of yellow fever. There appears to be no increase in the rural districts, the deaths from phthisis varying from three to four per cent. of the whole number. If we rate the total mortality at 25 per mil. of living persons, or 250 per 10,000—a fair average for a pastoral community—this will give an annual mortality from phthisis of 8 per 10,000 of the living population, or one-third less than that of the rural districts of Victoria. This rapid deterioration in the health of the city commenced shortly before my departure in 1870. I visited the country again in 1875, and endeavoured to ascertain amongst what classes of the population the great increase of phthisis had taken place. I had been recommending the place hitherto to pulmonary invalids, without laying very much stress on their leading a country life, and indeed many, perhaps most, of the persons who consult me on this subject are constrained by their occupation to live in or near town. I found reason to believe that the increase had taken place mainly amongst the poorer strata of the population and in the densely over-peopled quarters of the town. Amongst the British community I observed no increase, and I took very considerable pains to ascertain the fact. I am inclined to think there has been none amongst that part of the population which lives under good hygienic conditions. During the absence of a medical friend I took charge of his practice—a very large one—for nearly two months. The patients were exclusively of the well-to-do classes inhabiting the better quarters or the suburbs of the town. Amongst upwards of two hundred persons seen by me at that time I found but four consumptives, only one of whom was in the second stage, and had been attended by me seven years before, being then phthisical.

Yellow fever has never extended beyond the cities of Buenos Ayres and Monte Video, the suburbs having remained free. In

the former immense drainage works have been constructed, which cannot fail to have a good effect on the general health. During epidemics of this kind the city is almost abandoned. The British and German merchants and shopkeepers come to town for a few hours in the day only. Those who do so seldom contract yellow fever.

From the foregoing I think I am justified in thinking that Northern Europeans transplanted to the River Plate show little proclivity to phthisis unless placed under unfavourable sanitary conditions. It is, therefore, a suitable place for those to emigrate to who show a strong tendency to the disease, hereditary or acquired.

Is it equally to be recommended where unmistakable evidences of consumption already are present? Now, *à priori* there is little doubt that conditions which are unfavourable to the development of a disease are also unfavourable to its further progress when already developed, and in no disease is it more essential to gain time than in this. I have tried, however, to bring the matter to the test of experience. I have seen, professionally or otherwise, a large number of persons who had emigrated to the Plate for chest disease. With regard to some of these I had no means of verifying the original diagnosis, while with the subsequent history of others I am not perfectly acquainted. Putting aside these, I have pretty complete histories of twenty-nine cases. I have also excluded some who arrived in a hopeless condition, and some who, though arriving rather well advanced in the second stage, have prolonged their existence to an extent which I have never seen equalled in the South of Europe. These notwithstanding, I shrink from the responsibility of advising removal to such a distance in advanced cases. Of the 29, 15 were my own patients; the rest were only casually, or not at all, seen in my professional capacity, but continually under my observation. At the end of 1876, when I compiled these statistics, 5 had died; 3 were more or less rapidly tending to the same fate; 7 had remained stationary; 14 were more or less cures—some very complete ones, while others rather approached the stationary cases.

One word about *cures* in phthisis. A man emigrates to Australia or South America, and recovers from all his pulmonary symptoms; lives for years in the country, and considers himself, and rightly, as cured—does this warrant him in returning to his own country and remaining there? This question has been put to me on more

than one occasion, but I have declined to give an opinion. I know persons who have returned in these circumstances, and who appear to expose themselves to all the vicissitudes of the climate with impunity. But I know of but too many cases of relapse after long intervals of excellent health, not to speak on the matter with the greatest reservation. Let the following case serve as an example:—A lad, aged seventeen, from an English public school, was sent to Buenos Ayres as consumptive in the year 1858. He had had considerable hæmoptysis, had lost flesh rapidly, and the right apex was the seat of considerable deposit. After loitering about the town and its suburbs for some months with only indifferent benefit, he turned sheep-farmer, and settled in a remote part of the Banda Oriental. His cure was rapid and uninterrupted. Four years later I examined him, and found not a trace of disease. For thirteen years after this he continued to enjoy perfect health, and became a very robust and powerful man. In 1876 he returned to England, and proposed to pass the winter there. Autumn was not over before he found himself attacked by a succession of slight colds. A remembrance of his former experiences induced him to consult an eminent physician, who, on examination, found matters so serious as to advise his instantaneous return to South America. Before his arrival in the River Plate his state had become most critical, but after a little he rallied, and is now fairly restored to something like his former health. This not a solitary instance.

If South America has advantages in a medical point of view, it has also one which is not of little importance. It is nearer England, and is not only easier reached, but those settled there can more easily visit Europe than if they lived in Australia. Thus the sense of expatriation is not so much felt; the patient feels himself nearer home and friends. The voyage to the River Plate is performed by the Royal Mail and Pacific Steamers in less than a month—at least a week of which is spent in the various ports touched at on the way. On the other hand, the long and dreary voyage to Australia has deterred many a patient from taking the only step that could have possibly saved him.

I shall conclude this paper with a few practical hints which may be useful to patients and their advisers.

The best time to arrive in the River Plate is in the month of September or October. The winter is then over, and, mild as it is, it had best be avoided. If practicable (and to those of independent means, or who take with them good introductions, this is easy), a

country life should be adopted, but not in circumstances which would entail much hardship or exposure. The great industry of the country is sheep-farming, and the life on a sheep-farm is the best conceivable for a pulmonary invalid—one spent almost entirely in the open air, with plain and wholesome food. But the immediate charge and tending of sheep occasionally entails great exposure and exertion, and should not be undertaken until such an improvement has taken place in the patient's state as to inspire some confidence in his powers of resistance. The greater part of our patients will, from necessity or choice, take to a town life, and fortunately they can do so without being at all affected by the growing unhealthiness of Buenos Ayres and, I have no doubt, of Monte Video. Both these places are well supplied with the means of communication. In the former four lines of railway and five tramways radiate from the city in all directions. Within a few miles a number of suburban towns have sprung up, where reside the greater portion of the British and German merchants and shopkeepers, who only come to town during business hours. Amongst these are found nearly all the cases of cured or arrested phthisis which figure in the third and fourth lines of my table of cases. The artisan (at least in certain trades) is better off than the man of business. The whole country is studded over with small, and therefore still healthy, towns, where work is easy, and pay great.

It will be perceived that in the preceding article I write in the interest of the emigrant properly so-called—that is, for the person who has to gain his livelihood, and must therefore settle permanently in the place chosen for him. It is only given to the few to pass their lives at Cannes, Nice, or Mentone, with an annual “Kur” in the high Alps. I have, of late years, had very considerable experience amongst those who have all these advantages, but the results fall far short of what we are accustomed to observe in South America. The necessity of exertion under which those find themselves who have not independent means, is, to a certain extent, not an evil, or is, at least, a less one than the *ennui* which generally besets those who pass their lives in a continual struggle to avoid death.