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978-1-108-06230-5 - A Treatise on Pulmonary Consumption: Comprehending an Inquiry into the Causes, Nature, Prevention and Treatment of Tuberculous and Scrofulous Diseases in General

James Clark

Excerpt

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A
T R E A T I S E
ON
P U L M O N A R Y C O N S U M P T I O N,
E T C. E T C.

I N T R O D U C T I O N.

THE term Phthisis, or Consumption, was originally applied in a very vague manner to a variety of chronic diseases, having scarcely any character in common except emaciation. As the knowledge of morbid anatomy became more precise, the most frequent cause of the phenomena usually grouped under the name of Consumption, was discovered to be disease of the lungs, and hence pulmonary consumption not only attracted far greater attention than any other form of the disease, but many of the other forms were found to resolve themselves into this, or to be mere complications of it; the primary cause of the emaciation and other

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symptoms, being discovered, on examination after death, to be seated in the lungs. Pulmonary consumption was therefore adopted as the generic name of the disease, and was divided into various species according to the particular affection of the respiratory organs upon which the symptoms were supposed to depend.

At length, Laennec, finding, in the course of his extensive researches into diseases of the chest, that tubercles formed almost the sole cause of consumption, proposed to restrict the term Phthisis to the disease produced by tubercles in the lungs; and since the publication of his valuable work in 1819, which forms an important era in our knowledge of pulmonary pathology, the term has been so restricted in France. The accuracy of Laennec's opinions has been fully confirmed by his countrymen Louis and Andral, whose minute and laborious investigations have given a precision to our knowledge of the subject, which was unattained before their time. But, notwithstanding the great advantages which have resulted from these pathological researches, they have tended to keep up the idea that consumption is a local disease, referable to a local cause; and thus the investigation of the constitutional origin of tubercles,—by far the most important part of the subject,—has been neglected.

Before we can hope to acquire an accurate knowledge of consumption, we must carry our researches

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GENERAL REMARKS.

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beyond the pulmonary disease, which is only a secondary affection, the consequence of a pre-existing constitutional disorder,—the necessary condition which determines the production of tubercles.

An imperfect acquaintance with this morbid state of the system has led to great discrepancy of opinion concerning the nature and causes of tubercles. There are many, even at the present day, who regard tuberculous disease of the lungs as the result of inflammation; an opinion which I regard as not only erroneous, but productive of a very mischievous practice. Inflammation of the respiratory organs may, no doubt, give rise to tubercles, but not, I believe, in a healthy constitution.

Chronic inflammation of the different tissues of which the lungs are composed, is often accompanied with symptoms closely resembling those produced by tuberculous disease; and the distinction between them becomes, in some cases, very difficult,—more especially after the tuberculous disease has existed for some time and become complicated with inflammation. Hence inflammatory and tuberculous diseases have been, and still are often confounded, and even considered by many in the light of cause and effect. This error originates not so much in the nature of the subject, as in a want of correct observation; and I am of opinion

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that when such inflammatory affections are carefully traced to their origin, they may, in a very large proportion of cases, be discriminated from pure tuberculous disease. That the distinction is not more frequently made, is owing more to our own imperfect and careless inquiries into the history of the cases which come before us, and to our negligence in examining minutely all the signs and symptoms which they present, than to any real obscurity in the nature and characters of the diseases themselves:—The truth is, that in the highly-tuberculous constitution, tuberculous disease of the lungs very often steals on in a slow, insidious manner, making considerable progress before it manifests itself by any remarkable local symptoms, or its existence is even suspected by those who regard consumption as originating in inflammatory affections of the lungs. In such examples of latent tuberculous disease, an attack of catarrh, a slight inflammation of the pleura, or of the lungs, or hœmoptysis, is not unfrequently the first circumstance which excites the attention or awakens the fears of the patient and his friends; and to this accidental occurrence, to which the presence of tubercles in the lungs renders the person peculiarly liable, the origin of all the future mischief is attributed. I can readily imagine that an ordinary observer should arrive at such a conclusion; and, ascribing the disease to that which first presented itself to

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ORIGIN OF CONSUMPTION.

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his notice, should consider the 'neglected cold,' the 'inflammation of the lungs,' or the 'breaking of a bloodvessel,' the original cause and source of all the subsequent evil. But, after the light which has of late been thrown upon the nature and diagnosis of tuberculous disease, it may well excite surprise that medical men should still regard these affections as the chief causes of Phthisis. In a vast proportion of cases of this nature, a more minute inquiry into the patient's previous state of health, would have led to the conviction that those affections were consequent upon, or at least subsequent to, the existence of pulmonary tubercles, or that they had occurred in a tuberculous constitution, by which their effects were modified. In another part of this treatise I shall have occasion to state the grounds upon which this opinion rests, and at the same time shall endeavour to show that tuberculous disease of the lungs may be detected long before it generally is,—that what is usually considered the early is in reality an advanced stage of the disease,—and that tubercle is a secondary affection, originating in a peculiar morbid condition of the general system.

One of the principal objects of the present work is to shew that tuberculous disease, whether in the lungs or elsewhere, has its origin in a morbid state of the constitution, in some cases hereditary, in others induced from various causes, independent of any hereditary predisposition; and to attach the

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proper value to those pulmonary diseases which are considered by some as the real causes of consumption, but by others, more correctly, as determining causes merely, and often only complications.

If I succeed in giving a satisfactory exposition of this, the most important, but hitherto the most neglected part of the subject, I may hope to lay the foundation of a sounder pathology of tuberculous diseases, and to establish a more rational and more effectual mode of prevention, and a more successful method of treatment than has hitherto prevailed. No physician, acquainted with the morbid anatomy of Tuberculous Consumption, can for a moment indulge the hope that we shall ever be able to cure what is usually termed ‘confirmed consumption,’ if we except the small proportion of cases in which the tuberculous deposit is confined to a very limited portion of the lung. We might as reasonably expect to restore vision when the organization of the eye is destroyed, or the functions of the brain when the substance of that organ is reduced by disease to a pultaceous mass, as to cure a patient whose lungs are extensively disorganized by tuberculous disease. The records of Medicine afford too strong proofs of the truth of this statement; for it may be fairly questioned whether the proportion of cures of confirmed consumption is greater at the present day than in the time of Hippocrates; and, although the public may continue to be the dupes

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EXTENT OF THE SUBJECT.

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of boasting charlatans, I am persuaded that no essential progress has been made, or can be made in the cure of consumption, until the disease is treated upon different principles from what it hitherto has been. If the labour and ingenuity which have been misapplied in fruitless attempts to cure an irremediable condition of the lungs, had been rightly directed to the investigation of the causes and nature of tuberculous disease, the subject of our inquiry would have been regarded in a very different light from that in which it is at the present period.

By a knowledge of the causes of the morbid condition of the system in which tuberculous disease has its origin, we may reasonably hope to prevent the occurrence of the latter in many cases, and in a small proportion to arrest its progress during the early stage; and by carrying our researches still further back and investigating the circumstances in the health of the parents which predispose their offspring to tuberculous disease, we may also hope to diminish the hereditary disposition. This is, no doubt, opening a very wide field of inquiry; but it is most certain that, unless we enter into the subject in its fullest extent, we shall do little that will prove effectual in diminishing the frequency, or reducing the mortality of this very prevalent and most destructive malady.

In the long catalogue of human infirmities, tuber-

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culous diseases are undoubtedly the most deserving the study of the physician, whether we regard their frequency or mortality. Confined to no country, age, sex, or condition of life, they destroy a larger proportion of mankind in temperate climates than all other chronic diseases taken together. In this country, and over the whole temperate region of Europe and America, tuberculous disease of the lungs causes probably a fifth-part of the whole mortality; and in some districts, and even in whole countries, the proportion is much larger. It has been calculated by the late Dr. Young, Dr. Woollcombe, and others, from the best data which the bills of mortality afford, that in Great Britain and Ireland, consumption causes one fourth-part of the deaths that occur from disease. If we add to consumption, tuberculous disease of the glandular and nervous systems, of the large joints, of the spinal column, &c. and deduct the mortality which occurs during the first months of life, I shall probably be within the truth in stating that a third-part of the mortality of this country arises from tuberculous diseases: if to this frightful destruction of mankind we add the numerous crippled and disfigured sufferers whom we daily meet with, and couple these results with the painful reflection that the predisposition to tuberculous diseases is transmitted from the parent to the offspring, it will surely be unnecessary to press upon medical prac-

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IMPORTANCE OF THE SUBJECT.

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titioners the claim which this class of diseases, above all others, has upon their earnest consideration.

The subject considered in this comprehensive manner possesses a degree of importance unquestionably beyond any other in the whole range of medical science: and I do not hesitate to express my conviction that in proportion as the medical practitioner is acquainted with the remote and exciting causes of tuberculous disease, so will he be enabled to treat successfully a large number of the diseases which come under his care: this remark applies more especially to the diseases of childhood and youth,—for it is during this early period of life that tuberculous disease is so easily generated, and that so much may be done to destroy the hereditary tendency to it.

To those who have not maturely considered this subject in all its bearings, I may appear to attach too much importance to it; but I feel confident, nevertheless, that my opinions will be borne out by future inquirers, and by those of my professional brethren who are best acquainted with human pathology.

A very important question in the history of tuberculous diseases naturally presents itself to our consideration in this place, viz. their increasing or decreasing frequency. Every member of the profession has too ample opportunities of satisfying

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himself of the extensive prevalence of strumous diseases; but some doubts may exist as to their being comparatively more prevalent at the present time than they were some fifty or a hundred years ago. The labouring classes of this country are certainly in the enjoyment of more comfort in regard to their food, clothing, and lodging, at the present period than they were half a century back; but although this circumstance favours the probability of a diminution of tuberculous diseases, it may be doubted whether such abatement has not been counteracted by the more general indulgence in the use of ardent spirits which prevails at present among this class of the people.* But whether tuberculous diseases have diminished or not during the last half century among the labouring part of our population, I am of opinion that they have increased in the middle and upper ranks. This is a subject of great moment. If it were clearly shown that these diseases were gradually abating among all ranks of the people, we might perhaps leave them in the hope that their diminution would keep pace with the improvement of society. But if, on the contrary, we arrive at the conclusion that scrofulous diseases are on the increase, and that the health of the middle and upper ranks of society is progressively

* This subject will be treated more fully in the chapter on the STATISTICS OF CONSUMPTION.