

THE BEGINNINGS OF LUNG MISCHIEF.

BY A FAMILY DOCTOR.



HE disease familiarly known as consumption is one concerning which there exists a good deal of popular fallacy; and one mistake lies in believing that the disease is wholly and solely an hereditary one. That consumption is transmitted by hereditary

influence—in other words, that it descends in families—medical men have no reason to doubt, but quite the contrary. The exact method of such descent or transmission is somewhat obscure, and we can hardly hold with some who believe that there is any positive poison in the blood of the child of a consumptive parent at its birth, if the child and parent are to all appearance healthy at the time. If there were any such poison in the blood, it would not lie dormant for ten, fifteen, twenty, or thirty years, and become fatally fertile at last. It is easier to believe that, as like follows like, the hereditary tendencies to consumption are due to the child inheriting from the parent the peculiar formation of the frame and organs of the body, which shall render him liable to be attacked by the disorder, and unable to repel the onslaught when so attacked.

On the other hand, the disease may be, and is very often, produced from careless habits of life, from errors in dieting, from intemperance, from living what is called fast, and from exposure to damp cold atmospheres and impurity of air; and this, too, where there is no hereditary influence at work—no consumptive diathesis. This latter word “diathesis” is one that I am not fond of using when writing a popular paper on any disease. It is a misleading one, and to many a hope-killing one. I should like my readers to live in such a way as to defy diathesis, and this I am happy to tell them they can to a great extent do. I have no wish, however, to underrate either the very serious nature of the disease called consumption, or to deny that it is extremely prevalent in this country. It may, indeed, well be called the scourge of these islands, for it is computed by statisticians that about 55,000 die annually from phthisis alone. What we ought to bear well in mind, then, regarding it are these two facts: first, that those who may be hereditarily inclined to consumption need not of necessity fall victims to it; and, secondly, that there is the possibility of any one becoming phthisical quite independent of any hereditary influence at all.

Is consumption infectious? This is a question that deserves a well-considered reply. Many believe that the disorder is the result of specific morbid matter, and that the germs thereof may be transmitted from the diseased to the healthy, even in the air that is breathed, by means of floating germs.

This theory was first promulgated about twenty years

ago by a gentleman of high standing in his profession, and it finds many supporters even at the present day. A recent writer calls consumption a parasitical disease, and says it bears some analogy to that dreadful accidental disorder called *trichiniasis*, which is induced by eating underdone pork, ham, or sausages containing the cysts of a small thread-worm called the *trichina spiralis*, which, finding their way into the blood and multiplying indefinitely among the muscles, leads to a painful and terribly distressing death. Dr. Max Schullar would seem to have proved that animals into whose veins or tissues small portions of a solution impregnated with tubercular matter has been injected, fell ill and died of consumption. Others have fed rabbits and pigs with the milk of affected cows, and on killing them found unmistakable evidence of tubercular deposit—consumption, in other words—the disease being caused by the deposition of this tubercular matter in the lungs, &c. This is credible enough, and probably proves the contagious character of the actual tubercle; but after many experiments, and much observation, other medical men have come to the conclusion that consumption is not only contagious, but infectious as well—that it can be communicated by inhaling the air of a room where a person in consumption lives, and in which the disease germs are supposed to be afloat.

While admitting the possibility of the generation of phthisis by contagion, which is only another word for inoculation, I do not think it has much practical bearing on the health of the community; but I shall need to have a deal more proof adduced, before I can believe that the complaint may be transmitted through the air like scarlet or typhoid fever, or that it is thus disseminated over the land, as some think. Experiment can prove a great many things, but it does not prove everything; and experimentalists are too often led by the nose by their own ideas and notions; they sometimes mistake a Will-o'-the-wisp for the true light of science. They, moreover, are apt to go too far afield to look for the *causa morborum*—the causes of diseases—which they might find much nearer home; in this respect they put one in mind of one's grandmother, who spends a couple of hours looking for her spectacles, and finds them at last on her reverend brow.

When one reads the history of cases of so-called cured consumption in medical journals or pamphlets from beginning to end, till he comes to the pleasant finale, “dismissed cured,” one is apt to ask himself the following questions:—Will the individual dismissed cured live happy ever after? Is the cure as perfect as that for the tooth-ache, treated by means of the cold steel of the dreaded dentist? What becomes of the hereditary tendency? Has that been cured, too? Has the peculiar phthisical formation of body been got rid of—the chest expanded, the lungs extended,

the stomach strengthened or re-coated—in a word, has the quondam patient been made over again? Or is consumption one of those diseases which there is but little, if any, danger of taking twice, or “dying of more than once,” as Bidly O’Sheen would say?

The reader can answer these questions for himself, but no doubt he will come to the conclusion that if a case of incipient consumption yields, as it often will, to careful and unremitting treatment, the person so relieved must be more careful than ever in his habits of life, in what he eats and drinks, and how he dresses. The enemy has made one assault at the strongholds of his life, and been repulsed, but that is no reason why he should not return to the attack, especially if he sees the gates left invitingly open for him. I am talking now of individual cases of consumption, where the patient himself has to do most of the battle against the foe. But the disease is a national one; nor is it altogether the result of our probably too humid and certainly cold and changeable climate. That the climate has a good deal to do with the perpetuation of phthisis, no one denies; but it is more the exciting cause than anything else. Consumption is, apart from all hereditary influence, the disease of the ill-fed, the badly clothed, the breathers of impure air, the dwellers in crowded cities with drainage at fault, the labourers and toilers in crowded shops and factories where ventilation is imperfect, and where the atmosphere is impregnated with obnoxious vapours or dust.

It is a disease, therefore, that may be prevented, and can be prevented, to a very large extent. I shall therefore, I think, be doing the best by my readers if I lay down some simple rules for the guidance of those who may be consumptively inclined, premising, however, that at the first alarming symptom or sign the advice of a medical man be taken.

Consumption, then, is a blood disease, or disease of a constitutional nature, and its first symptoms are stomachic in their nature. There is a peculiar kind of dyspepsia, characterised by the inability to digest, and probably a distaste for, certain articles of diet, such as fatty meat, butter or sugar, and beer or alcohol in any form. These turn soon on the stomach, and heartburn is the result, and a variety of other distressing symptoms, not the least painful among them being flatulence. A form of dyspepsia of this kind could not long exist without producing disease of some kind, and in those who have a tendency to the disorder, the result is too often consumption, set up or excited, perhaps, by an attack of catarrh from exposure in some way to cold and damp. But indigestion, even in those of strong constitution, should always be taken as a warning of something impending. Dyspepsia is the dark shadow cast before many a coming event, that may end in death to the sufferer from this simple but insidious complaint; it should

never, therefore, be neglected. But it must not be supposed that it can be removed by a few boxes of pills, a few bottles of mixture, or by medicine alone of any kind. The indigestion will yield only to regulation of the whole system. A change should be made in the method of living. Begin with the food; the diet should be wholesome, simple, and well-cooked. Made dishes of any kind should be avoided. For breakfast, which should be taken by eight o’clock, preceded by a short walk if possible, weak coffee with plenty of milk will be found better than tea, and cocoa is better than either; toast, with butter, is preferable to bread, and fish, eggs, ham, or cold meat may be eaten therewith. The meals must not be hurried; if there be no one at the table to carry on an agreeable conversation with, a book or a newspaper should be the companion; so will the food be taken slowly enough to produce that due admixture with the salivary juices, which prevents the formation of acidity. If breakfast be taken at eight, at twelve or one some luncheon, however light, should be taken. A dyspeptic patient should never fast long, nor ever eat much at one time. Dinner may be preceded by that light and pleasant refection called the afternoon tea. I think soup for dinner is, as a rule, better avoided. Variety of dishes at any one meal is to be avoided, while fish, game, mutton, beef, and fowl, with well-boiled potatoes and green vegetables used sparingly, should form the staple of diet. Condiments, rich sauces, pork, fatty dishes, and pastry should not be taken, nor cheese; but a little ripe fruit may, avoiding nuts as poison. Wine, and even beer, should be done without, if possible.

The supper should be light and not sloppy, and so-called nightcaps should be avoided. The best tonics are—exercise in the open air, the soap-bath, an occasional Turkish bath, and, whenever it can be borne, a cold, or at all events a tepid, sponge-bath before breakfast.

Cod-liver oil will do good if it can be borne, but I question the judiciousness of what I may term cod-liver oil cramming. A bitter vegetable tonic, such as calumba infusion, with some mineral acid, does good by increasing the appetite, but it should be taken in small doses often repeated. Good is done by the use of the extract of malt, or maltine; it may be mixed with milk, or even water, to which a little lime-juice is added. If good lime-juice cannot be had the pure juice of the lemon should take its place.

The bed-room should be quiet and well aired. The bed-clothes should be light and warm, but not so much so as to cause sweating. Flannel should be always worn next the skin, and draughts, damp, fog, night air, and east winds avoided like the pestilence.

As to change of climate to other lands, let me just warn the incipiently phthisical to look well before they leap; they may do far better by staying at home.