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Dissertation on phthisis pulmonalis

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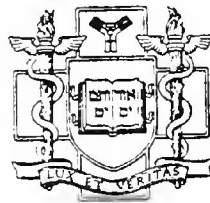


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Phthisis Pulmonalis.

This disease is characterized by emaciation, debility, cough, hæmætic feces, and purulent expectoration,

The causes which produce this disease generally known as Consumption, are very numerous; the following are the most general hereditary predisposition, particular formation of the body, long neck, prominent shoulders narrow and flat chest, light hair delicate rasy complexion, and also those of a sturuous diathesis.

Persons predisposed to Phthisis are those who inherit it at birth from their parents, and it may lie dormant in the system for any length of time until some change takes place in the constitution which may develop the disease, exposure to cold is one of the most frequent exciting causes, alternation of temperature, change of climate sudden

appears of the customary evacuations as
 the mucus &c. a disarrangement of the
 digestive organs; or persons labouring under
 chronic diseases for any length of time
 will frequently terminate in this disease
 where the constitution of the patient
 becomes impaired; under these circum-
 stances it is necessary to consider that the
 nutritive properties of the blood are entirely
 dependent on a proper assimilation of the
 food and without which the blood
 becomes impoverished and imperfect growth
 of the tissues takes place, then it is easy
 to account for the wasting of the bodies
 of those persons who are labouring under
 this disease, and it is the first thing
 that is noticed at the commencement,
 consequently the strength and vigour of
 the system is broken down
 reparation is no longer carried on
 and the balance is lost betw-
 een the various functions of the body

As regards the nature of tubercles, there has been much discrepancy of opinion among different authors; but at present tubercles are generally considered to be a morbid deposit; sometimes it is gray, but more frequently of a yellowish color varying in size and of a cheesy consistence from which sooner or later undergoes a process of softening and coalesce with each other forming one or more cavities by which the lungs become solidified.

The natural progress of tubercular exudation is at first deposited in a fluid state from the capillaries in the same way that lymph is deposited under other circumstances, it may take place in any part of the system, but more frequently it is carried into the lungs through the small vessels and deposited in the air cells; this fluid becomes coagulated and constitutes a foreign body which can only be removed

either by absorption or excretion.

Thus the miliary or infiltrated form whether gray or yellow after a time softens from the ulceration of the surrounding tissues, produced by the pressure of these foreign bodies, upon the neighbouring parts, which excite more or less inflammation and then ulceration follows.

This is the manner in which all tubercles are first broken down, and the ulceration may be more or less extensive according to the morbid deposit.

It is found on microscopic examinations that tubercular masses are composed of filaments more or less mixed up with plastic granular capsules,

Tubercular ulcerations may take place in three ways:

- 1st By the gradual transformation of exudations from the lungs
- 2^d By expectorations and absorption of the exudations and formation of a cicatrix.

and by the ulcerated walls becoming covered by a smooth membrane remaining open and constituting a chronic cavity.

Public Anatomy has shown us the manner in which ulceration becomes arrested and also the process of cicatrization of the cavities, but when the ulcerated cavities are distinct from each other having no communication, the possibility of cicatrization will in a great number of cases take place and which I have no doubt occurs frequently in many patients; under these circumstances I know of no reason why ulcers in the lungs should not heal as ulcers in other parts of the body provided those means can be adapted which will check further tubercular exudations and also to support the strength and nutritive processes of the system; but there is the way in which tubercular disease is arrested and even

6
the deposit at this time of tubercular matter will be absorbed and the patient will recover with a tolerable good use of the lungs.

(Symptoms) The symptoms of this disease vary in different cases according to progress and extent of the part affected and also the manner in which the disease becomes developed; if preceded by inflammation of the lungs the symptoms will be more violent and run its course much sooner than that which comes on without any previous disease; or if preceded by haemoptysis the case will terminate usually in a short time. Sometimes the Sputum comes on suddenly in individuals in whom there has been no previous suspicion of Phthisis; and in whom on careful examinations, no physical signs of the disease can be detected, and in other cases the Sputum may be more a less

47
streaked with blood, and some times
a more severe degree of bleeding occurs at
the beginning, there is not apt to be
much in the latter stage, from the
fact that there is not so much blood
in the system at this time being dimi-
nished by the presence of disease; thus
in ordinary cases the disease is ushered in
with a dry cough that at length becomes
habitual; but from which nothing
is spat up for some time except mucus,
yet as the disease advances the
expectoration becomes muco-purulent,
the breathing is difficult and the patient
is easily put out of breath when attempt-
ing to exercise to any moderate extent.

(Emaciation) This is an early symptom
and is generally the first thing which
attracts the attention of the patient or
his friends by the continual wasting of
the body from the commencement even
until the termination of the disease.

8

It does not depend on the amount of
infection in the lungs, but on a general
state of the system. There is more tension
felt in the breast and back between the
clavicle and scapula arising in different
persons. The pain may be of a neuralgic
sort, or there may be some amount of
pleuritis which is generally the case.

Loss of appetite precedes to a great ex-
tent, being one of the first changes which
takes place in the former habits of the
patient, yet in some cases it is much in-
creased, but when the appetite is interferred
with the nutritive processes of the system
is no longer sustained; however in the state
already mentioned, the patient continues
a considerable length of time - during
which he is more readily affected with
slight colds, and upon every other occa-
sion the cough becomes more troublesome
and severe particularly at night
and

The expectoration is sometimes streaked with blood, the breathing is more difficult as the disease advances.

Adactic fever accompanies the latter stage of the disease when the tubercles commence to soften, acting violently on the constitution of the patient, diminishing the strength and vigor of the body generally when this form of fever sets in, commencing with a chill. The pulse is more frequent than in the former stage. The skin is hot and dry. The pain which was felt at first, is now much increased varying in different cases. The paroxysm of fever comes on in the evening and during the night the patient perspires freely but the perspiration is out of all proportion to the previous chilliness and heat of the body; it also has a close connection with the sleep of the patient, it seldom comes on while he continues to be awake, but the patient is found in the morning

drenched with perspiration. Such then are the various changes which a person undergoes labouring under this disease.

(Treatment) The indications in the treatment of Phthisis are as follows,

- 1st To moderate inflammatory action,
- 2^d To support the strength and promote the healing of ulcers in the Lungs.
- 3^d To palliate urgent symptoms.
- 4th To prevent further deposit of tubercular matter and to produce absorption of the tubercles already formed.

In some cases the disease may be arrested in the beginning by judicious treatment paying strict attention to the constitution of the patient and to improve the faulty nutrition which exists in these cases

Animal diet should be freely given in all cases in order to change action and to invigorate the System and I consider this of more importance than any thing else in the treatment of this disease,

1
The first to enquire of this class of patients that they are those who from their early life have not been in the habit of using oily food in any shape, and this I might say is a general thing of those individuals who are subjects for this disease; then in order that animal diet should be digested and assimilated, the powers of the stomach should be attended to, and we find that some patients are unable to digest animal food that it lies undigested in the stomach or is sooner or later ejected, under these circumstances the Cod Liver oil will answer a good purpose, and is considered by the profession to be a very important remedy in the treatment of this disease.
(Loss of appetite)

The appetite of the patient may be improved by the use of some of the tonics, either Gentian,

1-
It can be seen from the preparations
of Iodine may be used to a good
advantage when the stomach will
tolerate their use.

The deobstruent narcotics are sup-
posed to act very well in these cases,
and of these are the Conium, and
Hyoscyamus, have been more used
than any other of this class; they
act in the glandular system generally,
and tend to change action and to
overcome the morbid basis which
exists in these cases.

Hydrocyanic acid may be given when
the cough is harassing, expectorants
are generally required to facilita-
te the excretions from the lungs;
these are the Senega and Spicuevaca, which
may be used according to circumstances.

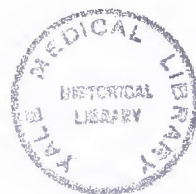
The Symp. of the Sootle of Iodine is also
used and the tincture may be used
externally to produce a moderate degree of

irritation over the part affected; the chloride of gold is a valuable remedy as an attenuative and a deobstruent, and is used a good deal at the present time in strumous diseases generally. 12

Diarrhoea occurs frequently in the latter stage from ulceration of the intestinal glands, and to counteract this, the acetate of lead opium combined will frequently prove serviceable to control the discharges from the alimentary canal. The same will answer very well for haemorrhage from the lungs. If nausea and vomiting occurs, all those substances which are likely to occasion disturbance of the stomach should be avoided sometimes there is acidity of the stomach when calcined magnesia or the carbonate of ammonia may be used to overcome that peculiar state of the stomach (Counter Irritation) This sometimes retards the progress of the disease very

much in the early stages but when ^{is}
used in the latter it does more harm
than good, and should not be resorted
to except when there is some local irri-
tation which calls for its use

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