

Shattuck (F. C.)

The Home Treatment of
Phthisis.

BY
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BOSTON.

REPRINTED FROM
The New York Medical Journal
for September 26, 1885.



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THE HOME TREATMENT OF PHTHISIS.*

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ABOUT ten years ago, when making a visit in a French hospital, I heard the epigrammatic professor say to those who accompanied him: "For phthisis, gentlemen, there are but two remedies, opium and lies." Of course he did not mean his statement to be taken in absolute literalness, but the remark affords a good illustration of the view which has been held in the past by the profession and the laity alike, but which is undergoing, and will undergo, further modification. Let me quote what another French professor, M. Jaccoud, says in his work, the English translation of which has just appeared: "To sum up what has been stated, pulmonary phthisis is curable in all its stages. This is the prolific notion which presides over the whole history of the disease, and which should unceasingly inspire and direct all medical action." †

There is very little disagreement among doctors as to the fact that the chances of recovery are much better for patients so situated that they can have a suitable change of climate, or, at all events, move from the city to the country; but is removal indispensable to cure? The experience of nearly every physician in active practice answers this ques-

* Read before the American Climatological Association, May 27, 1885.

† "Curability and Treatment of Pulmonary Phthisis," translated by Lubbock, pp. 27 and 28.

tion more or less conclusively. Dr. Flint has shown that a certain proportion of the phthysical recover not only without climatic, but practically without any treatment; that in some cases phthisis ends by self-limitation. But allow me to dwell for a moment on the vital statistics of my own State. In 1857, 39·50 deaths from consumption occurred in Massachusetts for each ten thousand of the population; in 1883, 29·90, the diminution being gradually progressive during this period, as is seen in the accompanying table which I take from the registration reports. These figures show a still larger decrease in the mortality from consumption among the native population, for the decrease has taken place in spite of the constant influx of foreigners, and notably of the Irish, who are proved, by the studies of the late Dr. T. B. Curtis and others, to be especially prone to this disease.*

*Death-rate from Consumption in Massachusetts per Ten
Thousand.*

1857.....	39·50	1871.....	33·93
1858.....	38·42	1872.....	36·26
1859.....	38·85	1873.....	35·36
1860.....	37·02	1874.....	32·80
1861.....	36·77	1875.....	34·73
1862.....	34·28	1876.....	32·35
1863.....	37·26	1877.....	32·93
1864.....	37·89	1878.....	32·00
1865.....	36·79	1879.....	30·42
1866.....	35·33	1880.....	30·81
1867.....	32·55	1881.....	31·50
1868.....	32·20	1882.....	30·10
1869.....	32·88	1883.....	29·90
1870.....	34·33		

* For full details on this latter point, which it is impossible for me here to further develop, I must refer to the very able "Report on the

This decrease is altogether too large to credit to greater accuracy in diagnosis and to the transference of consumptives to other States, but is mainly attributable to the prevention of phthisis by improved hygiene, especially among the native-born. Still it seems to me fair to carry some of the improvement to the account of the arrest and cure or actually developed disease through early diagnosis and more rational home treatment, hygienic as well as medicinal.

There are two classes of consumptives for whom the home treatment is the only treatment—those whose means do not allow a change of climate, whatever the condition of stage of their disease, and those whose condition is such that, whatever their means, they had better stay at home and die among their friends, surrounded by the comforts which are to be found in the homes of the well-to-do, but which can so rarely be secured, especially in this country, in hotels or boarding-houses. It is true that some of the latter class, buoyed up by the hopefulness so often characteristic of this disease, will not be said nay, and succeed in finding a physician who counsels a change or else take the matter into their own hands; these do not, however, immediately concern us. Nor does it come within the scope of my paper to discuss the questions as to the rules which are to guide us in selecting cases for which a change of climate is desirable, or in selecting a climate for any particular case. The fact remains that the vast majority of consumptives must, perforce, remain at home. How can we best aid the recovery, prolong the life, and alleviate the sufferings of these patients?

I have no novel or startling views to lay before you, and shall probably not be able to tell you anything which you

Sanitary Condition of Boston," written by Dr. Curtis in behalf of a medical commission appointed by the city. The report was published by the city in 1875.

do not know already. In the disension which follows the paper, if not in the paper itself, there will be valuable suggestion. What I have to say is, of course, without special referenee to the particuler climate which may belong to the home of the can't-get-away consumptive.

The consideration of the treatment of phthisis falls naturally into two great divisions, the hygienic and the medicinal; let us take up the more important first, including under hygiene food, morals, fresh air, rest and exercise, dress, and bathing.

Phthisis (or the tubercular bacillus, if you will) resembles one of those weeds which grow only on poor or neglected soil, but it also exhausts completely what measure of virtue the soil may have; hence, by every means at our disposal, we should seek to improve the general health of our patients, that we may aid nature in choking out the disease. The key to the position in the present state of our knowledge is in attention to digestion. A patient of mine, a brilliant example of complete recovery, said to me: "As long as my stomach held out I was not very anxious." Every consumptive should eat the maximum amount of nourishing food which he can digest—which he can digest, let me repeat—for, as Lauder Brunton pithily says, we should always remember that food within the gastro-intestinal tract is still practically outside of the body. There are general laws of dietetics, and we know how long it took the stomach of St. Martin to deal with many different articles of food. Certain materials and certain methods of preparation agree better than others with the majority of mankind; but in dealing with patients we give our advice to individuals, not to men or classes of men collectively. In dietetics, as in a Western mining camp, every man is in large measure a law unto himself. I am often reminded of a wretched child suffering from congenital syphilis and

rickets, among other things; the bowels were loose, did not improve readily under treatment which I considered to be suitable, and the weather was characteristic of the season—summer; so I sent the child and its mother to a healthy place in the country, with careful directions as to diet and drugs. After some weeks the mother returned with more of a child than she took away, and, on questioning her, I learned that for a time she conscientiously followed my directions, but was not rewarded by seeing any improvement; blueberries were plenty in that part of the country, the child craved them, the mother with misgivings gave them, and the diarrhœa promptly ceased. Our distinguished member, Prof. Flint, says, in writing of dyspepsia, that sufferers “must follow the dictates of instinct rather than any precise rules.” I was delighted to find this warrant for the assent which my far more limited experience has led me often to accord to the request of patients, and particularly consumptives, for special articles of food, however bad the reputation of such articles as regards digestibility might be; never in the case of a consumptive have I had reason to regret the indulgence. I think we are perhaps oftener called upon to give minute directions as to the frequency with which food is to be taken than as to the form which it is to assume. Much more work can often be got out of the stomach without remonstrance by five, six, or seven light meals a day than by three heavier ones. A glass of milk or the like, with or without a raw egg, and a little alcoholic stimulant, midway between meals and at bedtime, may be of more service than anything contained in the drug-shops; and a cup of hot bouillon, as soon as possible after waking, will carry a patient over his morning cough, bath, and toilet, with a good appetite for breakfast. I have repeatedly seen this simple expedient make a great difference in the comfort of the whole day.

Alcohol, in such form and quantity as careful observation of the individual patient shows is best tolerated, is indicated in most, though not in all, cases. Any toxic effect is to be avoided, and the influence on the appetite and digestion is to be watched; there is room for the exercise of much judgment in the use of this form of food, and that a certain amount of alcohol is, under certain conditions, a food, I have myself no question.

With forced feeding after the manner of Debove I have no personal experience, and dismiss the subject of diet with the repetition of the axiom that in phthisis the physician should see to it that his patient takes all the nourishment he can digest.

The moral management of the case requires a few words. Here there is scope for the most delicate tact and the most intimate knowledge of human nature. Some patients need to be frightened, some to have their fears allayed. Let science clarify and sharpen our vision; let it not render us so hypermetropic that we do not see distinctly the individual in the patient before us. I think we are sometimes inclined to forget what a powerful therapeutic agent prognosis may be. Let us give the patient the benefit of every doubt, remembering that the prognosis represents our opinion, not inevitably the truth. An unfavorable opinion should often be reserved for a near and judicious friend, if the patient be so fortunate as to have one. All patients are not so tenderly considerate of their physician's mistakes as was the young lady who recovered after she was given up by her doctor, and ever thereafter, when she met him, blushed for shame. Occupation is another branch of moral treatment which must not be lost sight of.

Dress need not detain us long. Consumptives are apt to err on the side of too many and too heavy clothes, keeping the skin in perpetual action and wearying the body by

mere weight. The ordinary house-dress of the average man in our climate in the winter season weighs eight to ten pounds. Let the consumptive wear wool or silk next the skin from the neck to the toes, and let him change them frequently; a change of stockings several times in the day will often obviate the discomfort of cold feet. It is important, especially with the poorer class of patients, to insist on wool, and warn them not to allow the shopkeeper to pass off a cotton for a woolen garment.

Too much stress can scarcely be laid on the importance of fresh, pure air. Carbonic acid and carbonic oxide are poisonous enough to well people, but how vastly more deleterious to those suffering from a constitutional disease manifesting itself in the lungs! Fortunately, sounder ideas prevail on this point than was formerly the case, but there is still room for improvement. The apartments occupied by the patient should face the south if possible; it seems to be thought by some that the exposure of a bedroom is of no consequence, as if a third of the life of a healthy person were not passed there. An open fire of wood or soft coal should be kept up in the living-room if possible, and ventilation should be carefully provided for. In severe or windy weather a simple frame fitted to the window and covered with flannel can be put in at the top, a weather-strip on the lower edge of the upper sash preventing the rush of cold air which would otherwise occur between the sashes. Fresh air can thus be constantly introduced without causing any appreciable draught. Equal solicitude should be given to the ventilation of the sleeping-room. I am often struck by the appearance of the houses in our most fashionable streets. In streets running east and west land is apt to be higher in price on the north side, which, of course, alone gets any sun during more than six months of the year. Of shades and curtains there are often half a

dozen series, and during the forenoon the shades are pulled down and fastened at the bottom that the precious furniture and carpets, more highly valued by the owner than health, may not be faded; the sun is paid for and then excluded for the sake of the furniture. Those who can not afford delicate fabrics are better off.

So much for fresh air and sunshine in the house. Fresh air without the house is naturally considered in connection with exercise. We should insist on out-door exercise in such degree and form as the strength of the patient, the length of his purse, and the season will allow. Driving should, if possible, be in an open vehicle, which for a weak person should have a high back, and in windy weather a veil or a respirator should be worn by the occupant. People are finding out that sleighs are not the only open conveyances which can be used in winter. I believe that with proper precautions there is, as a rule, more risk of catching cold in a close than in an open carriage. Exercise in the saddle, if desirable or practicable, has the great advantage over walking that it distracts the mind as well as uses all the muscles.

We find that a certain number of those who consult us have been doing too much. I have repeatedly seen fever greatly diminish or cease entirely after putting the patient to bed, with abundance of fresh air, for a few days. It is not enough to tell patients to avoid over-fatigue; very few know what this means. I often try to explain somewhat as follows: "A fatigue which passes away after resting an hour or so on the completion of your exercise is natural and healthy, and therefore does you good rather than harm; but if you find that, in spite of a reasonable rest, you are still tired, you have done too much." Such a rule I believe to be safe.

There is a popular idea that there is something about the night air which is particularly dangerous to consump-

tives—an idea which, like many of those bearing on medicine and current with the laity, probably came originally from the profession, which advances in knowledge faster than the public. The night air is all the air there is at night, and in non-malarious regions the danger of going out in the evening does not lie in the quality of the air, but in the fact that persons are at that time often tired and, consequently, more sensitive to alterations of temperature, or any other demand upon the vital forces; the bearing of this observation is sufficiently patent.

The character of the employment of the consumptive is also to be borne in mind, and an out-of-door occupation, involving no severer toil than the patient can stand, should be followed if possible. Too often this is impossible; but we must do the best we can under the circumstances.

Patients who are too weak to take any active exercise often derive great benefit from a sun- and fresh-air bath. In the country a little shed can be built, open toward the south and sufficiently deep to keep off the wind from the patient sitting in a chair or lying on a mattress. In the city an easy-chair can be placed near a widely opened southerly window. The invalid should have as many blankets or robes as he wishes. No matter how low the thermometer, if the sun shines brightly there is rarely any difficulty in keeping warm, and a small sun-shade or similar contrivance is often needed to protect the head. No artificial heat has the penetrative power of the sun, and I have repeatedly found patients, who were horrified at the idea when first presented to them, enthusiastic in their expressions of satisfaction at its practical working. In city streets people often object to this measure from a fear of appearing peculiar to their opposite neighbors or passers-by. I have found it a most valuable means of treatment for those who are debilitated from any cause,

Gymnastics, with the view of expanding the chest and promoting the absorption of diseased products in the lungs through the improved circulation thereby brought about, have perhaps not received so much attention from the regular profession as they deserve. Of course, exercise of any kind quickens the circulation; but this is not clearly understood by the laity, and the imagination is more excited by means which are manifestly directed immediately to the seat of the disease. Respiratory gymnastics have thus a double value, and precise directions are more likely to be followed than those which are purely general. I know of a "doctor" who has apparently found it very profitable to teach people how to breathe, and I do not doubt that some of his patients have found it profitable to learn; he thus prevents and cures consumption, reduces the weight of those who are too fat, and augments that of those who are too lean. A grain of truth is none the less precious because it is covered with an investment of quackery.

Another and the last branch of hygiene on which I shall touch is bathing. Cleanliness is desirable in itself, and it is quite as important for the phthisical as for the healthy to maintain a proper action of the skin. After a warm bath, unless it is followed by a cold douche, exposure to cold is to be carefully guarded against. A cold bath is a powerful tonic; but how are we to determine in a special case the proper temperature? Of course, in many cases cold baths are out of the question, but probably not in as many as is generally supposed. It is the reactive power of the patient rather than the thermometer which should decide the temperature of the cold bath; the colder the better, provided that thorough, prompt, and persistent reaction follows, promoted by a brisk rubbing with a coarse towel or a flesh-brush. The use of a cup of hot bouillon before the bath has already been alluded to, and reaction may

often be further aided by the addition of rock salt or some other cutaneous stimulant to the water. That the systematic study of hydro-therapeuties as one of our weapons against debility will receive more attention in the future than it has in the past, I have no question.

The medicinal treatment may be divided into the general or curative, and the symptomatic or palliative, the object of the former being to stimulate and improve the general nutrition, that of the latter to check as they arise such symptoms as militate against the recovery or the comfort of the patient. Such a division may be artificial, but, for our present purposes, is convenient.

If we always bear clearly in mind the fact that our aim in giving general medicinal or tonic remedies is simply to promote assimilation, and thus put our patients into a condition more favorable to recovery or less favorable to the rapid advance of their disease, among other advantages we are apt to choose more judiciously the special form of tonic which is most likely to be of service. Cod-liver oil, either pure or in one of the numberless disguises which it is made to assume, and some of which certainly have their places, needs no commendation from me. It is, perhaps, a food rather than a drug; but a food which demands a certain amount of digestive power, and we all see it prescribed when it does more harm than good, for the very simple reason that digestion is not equal to it. With many physicians the diagnosis phthisis is followed by the prescription *oleum morrhue* as the thunder follows the lightning. "The doctor told me to take cod-liver oil, but I can't keep it on my stomach," said a feverish young girl without appetite who consulted me only yesterday. In my experience this remedy is generally to be avoided if the tongue be coated and the appetite poor; if, in addition, there be fever, the case is still clearer. The fever requires always fresh air,

often rest, with quinine or another antipyretic, and the stomach a bitter tonic, as a rule, combined or not with a laxative, according to circumstances. After a week or two of such treatment the appetite and digestion are often so much improved that cod-liver oil is borne. If there is any doubt as to its toleration, it is better to begin with teaspoonful doses and gradually increase to the full dose as warrant is found for doing so, the full dose being much larger than most of us have been in the habit of using, if the views of Jaccoud are correct. If the pure oil is well borne, I believe it to be better than the more palatable though weaker preparations, and the remedy is not to be thrown aside without a fair trial, inasmuch as a stomach which is rebellious at first sometimes accepts the situation with apparent cheerfulness after a few days' cautious persuasion. It is not needful that I should enumerate or dwell upon the various emulsions, etc.; the advertising pages of our journals, circulars, and the periodical visits of the affable gentlemen with hand-bags, remind us of them sometimes in moments when we would fain forget them. The fact remains that cod-liver oil pure, or never so skillfully emulsified, is worse than useless unless it can be digested; if it can be digested, it is a most valuable form for the administration of fat, a material which long and wide experience has shown to be especially indicated in consumption.

Jaccoud recommends highly glycerin, ζ jss.-ij daily, as a substitute for cod-liver oil when there is fever.

Ferruginous tonics are sometimes of use for short periods if there is notable anæmia, but are contra-indicated by a coated tongue and sluggish bowels. Arsenic, on the other hand, either in solution or pill, has a much wider application than iron in phthisis, and should often be continued for long periods. The dose should be as large as is perfectly well borne, and it is sometimes well to omit it for a week

and then resume. It interferes in no way with the administration of cod-liver oil or glycerin. The diastatic tonics and the hypophosphites also have their place, and often seem distinctly to aid a feeble digestion, thus contributing toward a gain in flesh and strength.

The leading symptoms which call for interference, and to which I shall briefly call your attention, are cough, pain, night-sweats, diarrhœa, and hectic with its attendant nervousness.

Patients often say to us, "Doctor, I have taken your medicine, but my cough is no better," the cough representing to them the disease. In a semeiological sense they are largely right, but in a therapeutic sense very far wrong. When the cough ceases entirely the patient is at the door either of recovery or death; but we know, even if our patients do not, that, as long as there is mischief in the lung, cough must persist. How often do we see consumptives who, generally on their own notion or acting on the suggestion of friends, but, unfortunately, sometimes in accordance with medical advice, are taking cough mixtures to their detriment! In advanced cases, which must sooner or later prove fatal, such an error is of less consequence; but in early cases the effect on the appetite and digestion is often disastrous. Coughing may be very hard work, but before we interfere with it there is one main question we should ask ourselves: Is the cough in the case before us useful or needless? I speak of cases relatively, not absolutely. A cough which is followed by expectoration is not entirely in vain, while that which is simply irritative wears out the patient. The former is not to be checked by any means which involves the risk of impairing the digestive power unless it provokes vomiting or breaks up the night's rest, which is of such vital importance that we are justified in seizing the two-edged-sword opium to obtain it if milder

means fail. The surest way to diminish excessive expectoration is to pay close attention to hygiene and diet, though suitable inhalations will sometimes help. The type of the useful cough is that which occurs on waking in the morning, and which clears out the secretions that have accumulated during the superficial respiration of sleep. The value of a hot drink, which with a spirit-lamp at the bedside and five minutes' time is ready, as an expectorant at this time has been already spoken of. If this is not sufficient, a little alcohol or a stimulating expectorant, like carbonate of ammonia, can be given in addition.

The teasing and irritative cough, on the other hand, it is our duty to check if we can, but by the mildest means at our disposal which will accomplish our object. Oftentimes I have found chloroform-water stand me in good stead; but there are cases in which the narcotics, and especially morphia, must be used; the great danger of morphia is that it is so efficient in relieving cough that we are tempted to use it indiscriminately, thus doing great harm. One of the most distressing forms of cough met with in the phthisical is that hard variety which leads to vomiting, consuming the patient like a candle lighted at both ends; this generally calls for opium in some form, though it is well to try the effect of an alcoholic stimulant first. Especially in those cases with sharply localized pulmonary lesions, counter-irritation over the seat of the disease will often economize drugs and the stomach alike. The ammonia blister is a favorite form with me.

For the thoracic pain which is apt to be more or less pronounced at times in nearly all advanced and some early cases, and which is sometimes rheumatic or neuralgic, sometimes pleuritic, we are called upon to prescribe. Counter-irritation with mustard, chloroform, a liniment, croton-oil, and the like, generally proves sufficient, though here again

we are sometimes forced to use opium. When the pain is fairly localized I find that the application of a dry cup or two, a simple remedy which has gone too much out of fashion and of which any untrained attendant can readily be taught the use, is often followed by marked relief.

Another symptom which demands interference is night-sweat, sapping the strength of the patient and marring his sleep. Sometimes it is a very easy matter to control this overaction of the skin, sometimes it is very difficult. Hence it is well to have many strings to our bow; we are not infrequently compelled to try successively aromatic sulphuric acid, oxide of zinc, ergot, atropia, quinine, or Dover's powder internally, or dusting powders, sponging with acids, alkalis, alcohol, or tincture of belladonna externally, before we meet with success. If the patient can bear it, active friction or shampooing of the skin is often desirable. I have given a good deal the pill used in the Victoria Park Hospital containing morphia and atropia, combined with a little capsicum and a laxative if required; night-sweats and cough are both controlled by it, but my objection to atropia lies in the difficulty of so adjusting the dose that the desired effect on the skin is obtained without producing an undesirable degree of dryness of the throat. In two cases I have succeeded with pierotoxin after having tried in vain every other remedy of which I could think.

There can be no more question as to the propriety of trying to relieve diarrhœa than there is with regard to pain and night-sweats. When the loose discharges depend on ulceration, and still more when they depend on amyloid disease of the intestine, they are apt to be difficult to restrain; and yet in some cases of tubercular, as of typhoid ulceration, so far from diarrhœa being present, there is constipation. It is needless to say more than that the treatment is by astringents and opium, the particular remedy in

any given case depending on the urgency of the symptom, trial, and any known peculiarity of the patient. In cases where there is any hope of recovery, if we give opium we should strive, while we give enough to attain our end, to give no more than is necessary.

For nervous irritability, whether manifested by a worried but healthy adult, a teething child, or a phthisical person, a plentiful supply of cool, fresh air is the first indication.

Against the fever of phthisis antipyretics have, as far as I know, been but little employed in this country. I certainly have made no systematic use of them myself. The fever is not the disease, and the cases must be very rare in which a diminution of the pyrexia for a few days may make all the difference between recovery and death, as is sometimes true of the more acute infectious diseases. At the same time fever works to the detriment of the patient in two ways—diminishing his income and also squandering his capital. Therefore, if we can combat it without destroying what little digestive power it is apt to leave, clearly our duty is to do so, and I propose to give the method which Jaccoud thinks has yielded him admirable results a thorough trial. It is perhaps scarcely fair, either to him or to you, to try to describe in a few words what his method is; but the gist of it is the administration of large doses of quinine for inflammatory fever by the mouth or under the skin, the hydrobromate being always chosen for the latter avenue of introduction into the system, while for the fever of absorption large doses of salicylic acid by the mouth or salicylate of soda hypodermically, if the stomach is irritable, are chosen. Whether we shall all find it as easy to differentiate the forms of fever in phthisis as does Jaccoud I do not know, but the subject of fever is far too large for our present opportunity.

My slight sketch of the home treatment of consumption

is now finished. The different aspects of the question afford material for a dozen detailed pictures, and there are two important lines of treatment of which I have purposely omitted all mention—inhalation, notably by antiseptics and oxygen, and the use of artificially compressed and rarefied air. Perhaps I am wrong, but the published reports of the experience of Pepper, Beverley Robinson, and others, has not encouraged me to try antiseptic injections into the lungs; nor have I ever practised the free incision and drainage of pulmonary cavities.

DISCUSSION.

Dr. P. KRETZSCHMAR indorsed the remarks of Dr. Shattuck. There were some points which perhaps deserved further consideration. One related to the sleeping-room. As we all knew one third of the time of every human being was spent in the sleeping-room, and he therefore thought that more attention should be given to this matter in the hygienic treatment. He had in mind particularly the question of the size of the sleeping-room, the question of the consumptive sleeping with other persons, and the question of leaving the windows open at night. The home treatment of consumptives related especially to the poor, and here we were apt to find five or six persons sleeping in a small room badly ventilated. He thought more could be done by the administration of pure air if attention were given to the ventilation and size of the sleeping-room, where the patient spent a third of his life, than by other means. He, of course, approved of the author's remarks concerning the ventilation of the sleeping-room during the day. The second point was, Should we not advise our patients, especially those inclined to phthisis, against sleeping with others? A third point was, we did not usually pay sufficient attention to the frequent and thorough removal of the sputa from the sleeping-rooms. In addition to the remedies mentioned, he recommended cold sage-tea before going to bed.

Dr. ROBINSON said he did not wish in any wise to criticise

the paper as far as it went, for he agreed with Dr. Armour, who considered the paper an admirable presentation of the subject, but he regretted that the author had not mentioned three modes of treatment which he believed physicians might find of advantage in the treatment of phthisical patients at their homes after other methods had failed. The first was forced feeding, giving patients more food than they craved, and even more than the stomach could digest if the food was swallowed. The second method related to intra-pulmonary injections; the third to antiseptic inhalations, with regard to which he had presented his views in a paper to-day. These methods had been tried in St. Luke's Hospital during the past winter. A young man came into the service of Dr. Ball six or eight months ago, afterward into Dr. Kinnicutt's service, and finally into his (Dr. Robinson's). On admission, there was evident pulmonary infiltration at the apices, and the stomach was absolutely intolerant of the smallest quantities of food. Nearly everything was vomited. By washing out the stomach and pouring food into it through a soft tube they were enabled to give the patient nutriment, and increased his weight at least six or seven pounds. Beyond this increase in weight, the patient's phthisical condition was in no sense ameliorated. We had to take such a case for what it was worth. We certainly could not take it as showing that phthisis was made better even by improved nutrition; but it showed that we could increase the patient's weight and thus better his condition.

With regard to injection of infiltrated lung areas, he could only repeat what he had before endeavored to emphasize, namely, that there were certain cases in which we were unable to arrest cough by other means, while this treatment benefited cough and local congestion.

One more word, which he knew to be heterodox, but which he believed nevertheless to be true. He had had charge of a good many phthisical patients at the Out-patient Department of the New York Hospital, and he could say that certainly very few of those persons having infiltration of the lungs were benefited to any considerable degree by ordinary methods of treatment.

Dr. SHATTUCK, in closing the discussion, said he cordially agreed with all Dr. Kretzschmar had said. He had found it hard to tell, in so short a paper, what to say and what to leave unsaid. With regard to what Dr. Robinson had said concerning forced feeding, he was glad to hear about it, and to know that it had been tried in New York. He had not mentioned it in his paper because he had had no personal experience with it. Inhalations and treatment with compressed and rarefied air he had left out purposely, because they were large subjects and he knew there were to be papers specially devoted to their consideration. With regard to injections into the lungs, he had read one paper on the subject by Dr. Robinson, and the impression which he got from it was that he did not do the patients any harm, but he could not say that he did them any good, and it was not pleasant to have the needle stuck into one unless it promised some good result.



The New York Medical Journal,

A WEEKLY REVIEW OF MEDICINE.

PUBLISHED BY
D. Appleton & Co.



EDITED BY
Frank P. Foster,
M. D.

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