

**FACT AND THEORY  
PAPERS, NUMBER  
I. SUPPRESSION  
OF CONSUMPTION**

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Fact and Theory Papers, Number I. Suppression of consumption by G. W. Hambleton

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**G. W. HAMBLETON**

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Fact and Theory Papers.

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THE  
SUPPRESSION OF CONSUMPTION

BY

G. W. HAMBLETON, M.D.,

*President of the Polytechnic Physical Development Society of  
Great Britain*



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## PREFACE.

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AMERICA contains within her boundaries and in her history ample evidence in support of the case adduced in the following pages. Her great cities are the centres of consumption; and far away from them, on the borders of advancing civilization, "Nature's cures" have been frequently accomplished. A great advance in science has been made. We now know in what both processes consist; and the responsibility for the suppression of consumption rests with us.

GODFREY W. HAMBLETON.

LONDON, April, 1890.



## THE SUPPRESSION OF CONSUMPTION.

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WE have in consumption to deal with a disease that causes upwards of 60,000 deaths every year in the United Kingdom; and it is estimated, on the basis of three invalids for each death, that about 200,000 persons suffer from it within that period. This disease pervades all ranks of society, from the mansion of the rich to the cottage of the poor, and it attacks in its course childhood, youth, maturity, and old age. Can we suppress consumption,—a disease that has so wide an area of distribution, and that possesses such a fatal character? I have come, after due and careful investigation of the subject, to the conclusion that we can. The issue here raised is of immense importance. It is a question of life or death for hundreds of thousands; and I earnestly request careful consideration of the evidence I shall adduce in support of the case, which, I say, not only completely justifies, but also necessitates, the conclusion that we now have it in our power to suppress consumption. And I would at once note the fact that there is no essential reason why that should



not be accomplished. Man is not born to die from this disease, and, in fact, from four-fifths to six-sevenths of the race do not. We have unquestionable evidence that consumption has been completely recovered from, that a considerable reduction in its amount has been effected in some cases (for example, among prisoners), that it has been arrested for longer or shorter periods, and that persons with the signs of the disease have been able to completely escape from it:<sup>1</sup> consequently we must sooner or later ascertain the means by which that has been effected, and then we shall apply that knowledge to the prevention and cure of this disease.

What is the cause of consumption, and how does it operate in the production of the disease? The authorities have from time to time propounded theories that were said to give satisfactory information on these points. I take as examples of these theories the following:<sup>2</sup> climate, a certain height above the sea-level, cold, change of temperature, impure air, night air, carbonic acid, bad or insufficient food or clothing, dyspepsia, the non-assimilation of fat, diathesis, disease of the nerve-centre, cough, catarrh, bronchitis, pneumonia, pleurisy, dampness of the soil, inheritance, the *Bacillus tuberculosis*, etc., and ask, Does any one of them afford adequate information on these points? Submit them to critical examination, and the answer to this question is an emphatic negative;<sup>3</sup> for they either have no foundation in fact, or have for their basis conditions that, on the one hand, occupy so wide an area of distribution that they include within their

<sup>1</sup> Sydenham, Walabe, Laennec, Heitler, Roger and Boudet, Ewart, Friend, Fuentes, Blake, Herman Weber, Cruveilhier, Pollock, Austin Flint, Fuller, Stokes, etc.

<sup>2</sup> Williams, Fuchs, Murry, Boulland, Scot-Allison, Briquet, Boyle, Baudeloque, Bucheteau, Shephard, MacCormac, Ruehle, Herard and Cornil, Bonchardat, Bennett, Hutchinson, Brakenridge, Dobel, Lebert, Lugol, Allbut, Roberts, Memeyer, Clark, Williams, Bronsals, Grisolle, Buchanan, Bowditch, Thompson, Cotton, Roberts, Koch, etc.

<sup>3</sup> Louis, Hanot (Jaccoud's Dictionary), Andrew, Pollock, Ziemssen.

sphere of action a large number of persons who have never shown any signs of the disease, and, on the other, are so limited in the field of the disease that they are only found associated with a greater or less number of its cases, and consequently can afford no adequate explanation of its cause and mode of operation. So obviously, indeed, is this the fact, that I shall only note a few of them in passing, and then examine in detail the important, because it is popular, theory of Koch.

Is consumption limited to, or even more prevalent in, any particular climate? No: the disease is co-extensive with the civilized world. Truly, consumption is more prevalent below than above certain altitudes, but within the same limits the vast majority of the human race is living free from the disease. Further, while on the one hand consumption is found at high altitudes, as in Madrid and in certain cities in South America, on the other it is unknown in certain tribes inhabiting districts below the sea-level in Asia. To cold and change of temperature has generally been assigned an important place. That is an error; for in cold climates, as in Canada, Sweden, and such places, as well as in the classes most exposed to cold, there is little consumption, and in the severe winter of 1854-55 more men died from it in the barracks at home than in the camp before Sevastopol; and a similar argument may be held with regard to the causal influence of change of temperature.

The majority of those who breathe impure air, night air, or who have bad or insufficient food or clothing, etc., do not get consumption; and the same fact holds good for the diseases that are alleged to produce it. What an appalling amount of consumption there would be if every one who had a cough, or who caught a cold, became consumptive! Dampness of the soil is another alleged cause of this disease, but in the cases cited in proof of that theory drainage

was not the only factor that was present. We know that as parts of Lincolnshire get drained, ague disappears, and consumption takes its place; and we have the same fact in America and in Switzerland.<sup>1</sup> There was the least consumption in the most wet department of France. Consumption is comparatively rare in pure wet, undrained districts, and a majority of consumptive patients have not been subjected to the influence of dampness of the soil. The theory of the inheritance of consumption is still generally accepted, although no evidence has been adduced in its support. At birth the child of consumptive parentage has the same type of chest, the same proportion of chest-girth to height, as that possessed by children of healthy parents, and there are no means of distinguishing the lungs of the one from those of the other. The fact that some of the children of consumptive parents subsequently themselves suffer from this disease is not evidence that consumption was transmitted from the parents to those children. A large number of children, even where both parents have died from consumption, remain absolutely free from it.<sup>2</sup> Is it so unreasonable to expect the conditions that produced the disease in the parents will later on repeat the process in those of the children that are submitted to their action, that we must resort to a pure hypothesis for an explanation of those facts? The theory is only alleged to account for a small part of the cases of consumption, and we cannot accept an hypothesis where we already have a reasonable explanation of the subject.

I pass now to the theory that the *Bacillus tuberculosis* is the cause of consumption, and I ask, What evidence is there to prove this theory? Koch<sup>3</sup> experimentally introduced the bacillus into a number of animals, some of which were in-

<sup>1</sup> Haviland, Kelly, Groen (U.S.A.), Damaachind.

<sup>2</sup> Thompson.

<sup>3</sup> Report of Koch's Experiments (British Medical Journal), Watson, Cheyne, Spina (Sutler).