

**PULMONARY  
CONSUMPTION  
SUCCESSFULLY  
TREATED WITH NAPHTHA**

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649534500

Pulmonary Consumption Successfully Treated with Naphtha by John Hastings

Except for use in any review, the reproduction or utilisation of this work in whole or in part in any form by any electronic, mechanical or other means, now known or hereafter invented, including xerography, photocopying and recording, or in any information storage or retrieval system, is forbidden without the permission of the publisher, Trieste Publishing Pty Ltd, PO Box 1576 Collingwood, Victoria 3066 Australia.

All rights reserved.

Edited by Trieste Publishing Pty Ltd.  
Cover @ 2017

This book is sold subject to the condition that it shall not, by way of trade or otherwise, be lent, re-sold, hired out, or otherwise circulated without the publisher's prior consent in any form or binding or cover other than that in which it is published and without a similar condition including this condition being imposed on the subsequent purchaser.

[www.triestepublishing.com](http://www.triestepublishing.com)

**JOHN HASTINGS**

**PULMONARY  
CONSUMPTION  
SUCCESSFULLY  
TREATED WITH NAPHTHA**





**PULMONARY CONSUMPTION,**

**SUCCESSFULLY TREATED**

**WITH**

**NAPHTHA;**

**BY**

**JOHN HASTINGS, M.D.**

**SENIOR PHYSICIAN TO THE BLENHEIM STREET FREE DISPENSARY.**

**LONDON:**

**JOHN CHURCHILL, PRINCES STREET, SOHO.**

**1843.**

## CONTENTS.

---

PREFACE . . . . . 3

### CHAPTER I.

CAUSES OF PULMONARY CONSUMPTION . . . . . 9

### CHAPTER II.

SYMPTOMS OF PULMONARY CONSUMPTION . . . . . 14

### CHAPTER III.

COMPLICATED FORMS OF PULMONARY CONSUMPTION . . . . . 21

### CHAPTER IV.

PATHOLOGICAL CONDITION OF PULMONARY CONSUMPTION . . . . . 25

### CHAPTER V.

DIAGNOSIS OF PULMONARY CONSUMPTION . . . . . 30

## CHAPTER VI.

TREATMENT OF PULMONARY CONSUMPTION . . . 37

## CHAPTER VII.

CASES OF PULMONARY CONSUMPTION . . . 55

## CHAPTER VIII.

GENERAL REMARKS . . . . . 111





## P R E F A C E.

---

AMONG the various diseases which afflict and destroy the human race, there are none so unsparingly fatal, or fraught with such direful consequences as Pulmonary Consumption. No country on the surface of the earth is secure from its ravages, and although it more frequently develops itself in adults, at no period of life are either sex exempt from its visitations. Hooping cough, scarlet fever, measles, and small-pox are still severe scourges; although the latter disease has shown itself less frequently and with less violence since the value of vaccination, as a preventitive remedy, struck the mind of Jenner. The diseases enumerated, not even excepting small-pox when unchecked by vaccination, in the majority of cases, occur during infancy; and frightful as are the results, they fall far short in amount of misery with those of Consumption. This dreaded and dreadful malady steals upon mankind at that age when death is least expected, and when it is indeed painful to the living witness. It is unnecessary, however, to enter into detail, for there are, unfortunately, in the history of most families, too many afflicting instances of the loss of relatives and friends, in the prime of life, from Pulmonary Consumption.

Although various and varied in their character were the works on Pulmonary Consumption before Laennec's time, his vast discoveries, by means of auscultation, have spread over it a new light, and created another era in its history. And since Laennec wrote, the press has teemed with works on this and other affections of the chest, embodying his views, and extending his researches. But, extraordinary as it may appear, our means of cure seem to have diminished, in proportion as our knowledge of determining the character of Consumption has increased; for at no period of its history has it been so fatal as since the discovery of the stethoscope. Nor is it difficult to comprehend how this apparently strange state of things was brought about. Prior to the discovery of the stethoscope, our means of ascertaining the nature of Consumption and other affections of the chest, such as chronic bronchitis and chronic pleurisy, were so confined and imperfect, that they were often taken for each other, which, in the case of actual Consumption, invariably led to the disease assuming its most formidable stage before being detected; whilst the existence of chronic bronchitis and chronic pleurisy being mistaken for Consumption, led to the opinion that the hitherto fatal malady was curable, although there is good reason for believing that it was as untractable then as it has been since. This is not mere opinion, it has been reduced to absolute fact, which, of late, has been so evident, that a great and

important change has been wrought in the minds of the medical profession; the vast majority believing it an incurable disease, whilst the small minority consider that cases do sometimes recover, where the constitutional powers are but little impaired; and they are further supported by Laennec's belief in the cicatrisation of tuberculous cavities, and by Carswell and others, who hold a similar doctrine. Whether these cicatrices are the remains of tuberculous cavities, or belong to some other disease, is a question which ought, for the honour of the medical profession, to have been settled long since. Dr. Hodgkin,\* in his work on the Serous and Mucous Membranes, has drawn attention to the puckering of the lung as a consequence of common inflammation of the organ. This appearance bears, at times, no considerable resemblance to the cicatrices attributed to tubercles, and I am strongly disposed to believe that many of the supposed cases of the latter description are really of the former character. For my own part it appears inconsistent with probability, that tuberculous abscess of the lung has ever been cured; for, if it had, how is it that recoveries do not take place upon a repetition of the attested successful treatment? From the vast amount of cases constantly occurring, no difficulty can possibly arise in confirming the fact. It may be

\* Lectures on the Morbid Anatomy of the Serous and Mucous Membranes, vol. II, part 1, by T. Hodgkin, M.D., p. 96—101.