

**THE SHATTUCK LECTURE:
THE PAST,
PRESENT AND FUTURE OF
TUBERCULOSIS**

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The Shattuck lecture: the past, present and future of tuberculosis by Frederick C. Shattuck

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FREDERICK C. SHATTUCK

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THE PAST, PRESENT AND FUTURE
OF TUBERCULOSIS.

By FREDERICK C. SHATTUCK, M.D.
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THE PAST, PRESENT AND FUTURE OF TUBERCULOSIS.

THERE are obvious reasons why the honor of being asked to prepare the Shattuck Lecture is peculiarly grateful to me. The terms of the will under which the Society has established that Lectureship provide that the income of the bequest shall be applied to the "collection and publication annually of historical or other essays on the climate of said Commonwealth, on the diseases of its inhabitants and on such other subjects as the said Society or its government may select."

It is just one hundred years since Dr. Shattuck, having taken the degree of M.D. at the University of Pennsylvania, at that time the chief medical school of the country, settled in Boston. His father, Dr. Benjamin Shattuck, was a country practitioner in Templeton, Worcester County, an A.B. of Harvard in 1765, but apparently had no degree of M.D., there being no institution in the country at that time capable of granting it, and his circumstances not permitting him to cross the water to secure it.

His life was arduous and was brought to an end at fifty-three, I believe by tuberculosis. This disease also proved fatal to Dr. George C. Shattuck's first wife, probably to one or more young children, certainly to a daughter of twelve. Of seven children, the eldest alone grew up and married. Families of old New England stock are smaller to-day than formerly; but infant mortality is far less among

them, so that the actual decrease in this stock is probably not as great as the smaller number of children would seem to indicate. However this may be, certain it is that the rigorous, changeable climate of New England has long had an evil reputation as being favorable to tubercular disease. This fact, in connection with the loss which consumption inflicted upon Dr. Shattuck's family, his desire to do what he could to make his beloved State healthier and happier, and the prominence which the prevention and cure of tuberculosis has assumed of late years in this community, as well as throughout the world, determined me to choose as my subject for the evening, "The Past, Present and Future of Tuberculosis." The subject may be well worn. It is, however, of vital interest, and I do not feel that I shall wear it out whatever the effect of my remarks may be upon you.

Tuberculosis is no modern disease, its most frequent form and localization in the lungs—consumption—having been recognized and dreaded alike by the profession and the laity in the remotest times of which we have written record. And yet so universal and constant has been its presence in settled and civilized communities, so steady, sure and apparently unavoidable its ravages, that familiarity, although it did not breed contempt, did breed a certain indifference. Until the most recent times it was regarded as one of the manifestations of the inscrutable will of God, almost inevitably fatal,—a part of the necessary order of nature.

Kismet was on the lips of Christian, Jew and Mohammedan alike with regard to consumption. Thus, although dreaded, it was—and is—far less so than those infections which visit us only from time to time and to whose presence and effects we have thus not become so accustomed.

Hippocrates defined consumption as the disease the most difficult to treat and that which proves fatal to the greatest number.

Isocrates, about 400 B. C., is said to have been the first to write on the transmissibility of consumption by contagion.

Aræteus, about 250 B. C., recommended sea voyages for consumption.

Two hundred years later Ariteus, the Cappadocian, thus described the appearance of the consumptive: "voice hoarse, neck slightly bent, nose sharp and tender; cheeks lean, prominent and red; eyes hollow, brilliant and glittering; swollen, pale or livid in the countenance, the slender part of the jaws resting on the teeth as if in smiling, otherwise a cadaverous aspect."

Celsus, early in the first century A. D., advised change of air and outdoor life for phthisis. Let us note in passing that Celsus was a layman who set forth the medical knowledge of his time and of whose encyclopædic writings those on medicine have alone come down to us.

Galen held that phthisis is an infectious process; that there is danger in living with those affected by it. Then came the long, dark night of the Middle Ages when learning, so far from advancing in Europe, fell into a decline, barely kept alive by the monks until the Renaissance. Even the monks, however, devoted themselves to the Latins rather than the Greeks, and were interested in theology and religion, scarcely at all in natural science.

The Arabs, however, revered and tended the lamp of science lighted by the Greeks, and passed it on to the Moors of Spain, and the influx of Byzantine scholars into Italy after the fall of Constantinople greatly stimulated the awakening interest in Greek thought in that peninsula whence it spread northward.

Avicenna, the Arabian, in the first half of the eleventh century, believed consumption to be one of the diseases which spreads from man to man.

Six hundred years later, Fabricius Acquapendente writes, "Celsus amongst the Latins, Paulus Ægineta amongst the

Greeks and Albucasis amongst the Arabs form a triumvirate to whom I confess that I am under the greatest obligation."

Montani in 1550 called consumption one of the most contagious and easily contracted of diseases. With the Renaissance came dissection illuminating anatomy and pathology.

Silenius first demonstrated the association between tubercles or nodules in the lungs and phthisis.

Morgagni would not perform an autopsy on one dead of tuberculosis, and was influential in having regulations passed by the municipal authorities to control the disease.

Antonio Cocci in the first half of the eighteenth century advised the use of sputum cups, and urged the whitewashing of all close, small rooms in which a consumptive had lived. If the room was large and sunny less rigorous measures were deemed necessary.

Lazarus Riverius dwelt on the contagiousness of phthisis and notes its spread throughout an entire family by heredity or contact.

Michel Peter, writing about 1600, says, "I know of nothing more hideously fetid than the bedroom of a rich consumptive. It is a spot carefully enclosed where both air and hope are alike forbidden to enter. There are sandbags to doors, sandbags to windows, thick curtains envelope the bed where the unfortunate consumptive swelters in perspiration, and an atmosphere twenty times respired, twenty times contaminated by contact with his own diseased lungs."

The Dauphin of France, only son of Louis XV. and father of Louis XVI., died in 1765 of consumption. About a year later his wife died of undoubted consumption as shown by the autopsy, probably contracted through her devotion to him. About two months before her death Tronchin, the favorite pupil of Boerhaave, the physician and friend of Voltaire, a man who applied common sense to

medicine, relying on hygiene rather than on bleeding, purging and puking, was called in. In the palace at Versailles it was the custom to close as tightly as possible all windows from November first (All Saints' Day) to Easter. Tronchin found the air of the room so foul that he ordered the windows opened, exclaiming, "The Princess is poisoned." Malice and jealousy perverted the meaning of this remark, which won him the implacable hatred of the Duc de Choiseul. Tronchin was put in charge of the case, fed her generously, insisted on fresh air, made her walk and drive. At first, she improved, the fever abated, and she slept without drugs; but the disease was too far advanced, lighted up afresh, and she did not long survive a large hæmoptysis. A storm of abuse was heaped upon him by the profession. He was called the "worst of charlatans," and was accused of cutting short the life of his august patient by a treatment "as fantastic as murderous." Tronchin is not as well known as he deserves to be, having published nothing on medicine except a monograph on lead colic, which might have been better done. A memoir of him by a descendant was published in 1906 and should be widely read.

In 1760 a hospital was erected at Olivuzza for the accommodation of phthisical patients. In much more recent times the Italians especially, their country being sought by well-to-do consumptives from Great Britain and America, were accused by us of superstitious cruelty towards these patients, the friends of one who there succumbed to his disease being put to great inconvenience and expense during the last illness and the freshness of their grief.

In 1803 Chateaubriand wrote from Rome to a friend concerning the death from consumption of Madame de Beaumont: "I am in great difficulty. I had hoped to get 2000 crowns for my carriages, but phthisis is declared in Rome a contagious disease, and as Madame de Beaumont drove two or three times in my carriages, nobody is willing to buy them."

The great Laennec himself succumbed to the disease, the recognition and pathology of which he had done so much to further. There seems no doubt that Goethe also had consumption and finally died of it.

It may be broadly stated that until within fifty years both the public and the medical profession regarded phthisis as incurable. Efforts were practically confined toward making the patient comfortable and prolonging his life, in a small way toward preventing the spread of the disease, seldom toward curing it.

Early in the nineteenth century, a French doctor, more hopeful than the rest, wrote, "there are two kinds of consumption: that of the rich which is sometimes, and that of the poor which is never, cured."

It is an interesting fact that the two men who stood at the head of medicine and surgery in this community during my student and early professional life had both been tubercular as young men; but both lived to the due age of the Psalmist, and both died of other diseases. I was privileged to hear from the lips of the late Dr. Edward H. Clarke an account of a massive pulmonary hæmorrhage he had between Bagdad and Damascus while travelling for the benefit of his health.

Very great importance was attached to hereditary predisposition, and, diagnosis being less prompt and treatment less rational, the outlook for recovery was indeed gloomy.

I well remember in 1874 hearing a French physician, with whom I was making a visit at the Hotel Dieu at Lyons, remark, "Messieurs, pour la phthisie il n'y a que deux remèdes, l'opium et la menterie."

I also heard the late Dr. H. I. Bowditch say that he valued his service at the City Hospital especially for the reason that it helped and strengthened him to see patients get well under his care. You remember that he was the first and leading specialist of his time in Boston in thoracic disease.