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THE CURE OF CONSUMPTION.

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SIXTEENTH EDITION.

105th Thousand.

THE CURE OF

CONSUMPTION,

CHRONIC CATARRH,

BRONCHITIS, ASTHMA,

And other Diseases of the Chest,

BY AN ENTIRELY NEW REMEDY.

Illustrated by Numerous Cases Pronounced Incurable by the most Eminent Physicians.

BY

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"PHTHISIS, ITS DIAGNOSIS AND TREATMENT;" "SYMPTOMS OF HEART DISEASE COMMUNICATED FROM THE CEREBRO-SPINAL SYSTEM;"
"THE SPECIFIC TREATMENT OF PHTHISIS;" &c., &c.

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PREFACE TO THE SIXTEENTH EDITION.

THE First Edition of this work was published in 1877, since which time it has passed through fifteen editions.

The substance of this Sixteenth Edition is considerably increased. Throughout I have endeavoured to show the correctness of the principles which have guided me in the treatment of Consumption by reference to indisputable facts.

In the following pages I have endeavoured to express myself in as explicit a manner as possible, and I earnestly hope that its contents, founded as they are on personal observations, may not be found useless.

The total inefficacy of all means hitherto adopted for reducing the mortality of Consumption is of itself sufficient inducement to seek for some curative measures, and it is evident to me that this can only be achieved by the agency of which this volume treats.

The subject is one which not only concerns personal feelings and social happiness, but actually involves the well-being of society at large; and when we see year by year the mortality is on the increase, assuredly no higher object than that to which the present volume is devoted can engage the attention of the physician; if a more general interest shall be awakened in the profession, and if I succeed in pointing out a surer path for observation, removing the prejudice which at present exists, my aim will be accomplished.

It will be seen I have avoided entering into any theoretical discussions; my sole object being closely to adhere to the results of *observation*, and that the public may fully understand its meaning, I have endeavoured to divest my language as much as possible of technical terms.

I most confidently hope that when this remedy shall have been more generally and *faithfully* tried, all prejudice against it will cease.

At the end of the present volume will be found a number of formulæ, which have proved most successful in the alleviation of many of the distressing symptoms, which the sufferer from consumption has usually to endure without relief.

Whatever difference of opinion may exist as to the conclusions arrived at, there can be *no* doubt as to the *cases* recorded, which are a faithful representation of *facts*, and eminently suggestive, the subject being one which very nearly concerns the happiness and well-being of mankind.

EDWIN W. ALABONE., M.D., PA., U.S.A.

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INTRODUCTORY.

CONSUMPTION is a disease which has occupied the attention of medical men in every age. From early days, down to the present time, anatomists and physiologists have devoted much time and study to investigate its causes and produce its cure. The numerous volumes we have on this subject are, in themselves, sufficient proof of this statement; yet, notwithstanding, the disease has annually increased, and, at the present moment, more persons are suffering from it than at any other period of the world's history. It is therefore certain that little has hitherto been done to eradicate this great scourge of England; the vaunted specific systems that have been promulgated as a cure for Consumption have been based on a bigoted attachment to old remedial agents, and have proved themselves, not only to be utterly useless, but, in many cases, actually injurious.

It is, therefore, a subject worthy of our greatest attention, and I boldly put forth this treatise as being free from all false theories and technicalities of language, and which, from its simplicity and truth, can be perused by any person.

The perfect success that has attended my investigation leads me to place before the public the contents of these pages, sincerely hoping that the trammels of blind ignorance and prejudice will be overcome. It requires but a fair trial to convince the most sceptical of the efficacy of the treatment. Many of the cases which are recorded on the closing pages were pronounced as incurable by eminent medical men, and are now well. The barrier which so often shuts off the patient from a career of usefulness has been removed, dreams of future happiness and legitimate affection have been realised, and I therefore trustfully hope no prejudice will allow the reader to imagine his case hopeless until he has perseveringly adhered to the *specific treatment* herein advocated. Such is my hope, and every new success but encourages me to persevere, distinctly proving that points in the treatment of Consumption, which were deemed inaccessible, are now within easy reach.

NOTICE.

WHERE it is impossible for a personal examination of the patient to be made, a form of questions has been prepared, which can be filled up by the patient. This form will be forwarded on application, with any other particulars desired.

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CHAPTER I.

PRELIMINARY OBSERVATIONS.

BEFORE entering upon the consideration of disease of the lungs, and in order better to illustrate some important phenomena connected with them, it is necessary to draw the attention of the reader to some points in the anatomy and physiology of the organs of respiration.

The organs of respiration include the larynx, trachea, bronchi, and lungs. As, however, it is with the latter I wish principally to deal, I shall simply refer to the others in a cursory manner. The form, development, and organization of the *larynx* characterize it as designed to fulfil the two-fold function of an organ of respiration and voice. It consists of an expanded cartilage (the thyroid), the two plates of which unite in front, but are considerably separated behind; below this is the *cricoid* cartilage. These two cartilages are connected together by strong elastic membranes and ligaments (the vocal cords). The membranes connect the cricoid cartilage to the first ring of the trachea.

The *trachea*, or windpipe, is the common air passage of both lungs. It is an open tube, commencing at the larynx above, and dividing

below into two smaller tubes, called the right and left bronchus, one going to each lung. The trachea occupies the middle line of the body, and extends from the cricoid cartilage to the third dorsal vertebræ; it is here crossed by the aorta, and immediately divides into two parts (the bifurcation of the trachea). Its length is about four inches; width, one inch. It is cylindrical in shape, rounded at the sides and in front, but flattened behind. The rounded part contains a series of horizontal cartilaginous rings; the flattened portion behind being deficient, and consisting simply of membrane. The two bronchus named, from their relative positions, *right* and *left*, originate at the bifurcation of the trachea, and proceed one towards the root of each lung. The right bronchus is wider but shorter than the left. The left bronchus is smaller in diameter, but longer than the right. The bronchi exactly resemble the trachea, but on a smaller scale, being rounded and firm in front and at the sides, but flattened and membranous behind. The uses of these rings are to keep the trachea and bronchial tubes open—a condition obviously essential to the act of respiration. The whole of these air tubes are lined throughout with a mucous membrane, the surface of which is covered with *ciliated epithelium*. This species of epithelium has the addition of cilia to its free extremities, and they *in every case wave towards the outlet*. These moving filaments act in concert to waft mucus (and any particle of dust that happens to gain entrance) upwards towards the throat. If these are sufficiently small, the upward current of the surface of the cilia gently, but steadily, moves them back; if, however, they are larger and more irritating and injurious, then all the breathing powers unite in an effort to drive out the intruder. This effort we designate "coughing," and is effected by a wonderful combination of powers. First the chest is filled with air, then the glottis is closed, and the muscles of expiration exert themselves to force the air out of the lungs—the muscular fibre of the bronchial tubes contracting and narrowing their calibre. The air is thus compressed until the glottis *suddenly opens* and lets it out; its velocity is greater through the narrowing

of the tubes. At this moment the soft palate, which usually is relaxed on the throat, is lifted, thus closing the way to the nose, so that the air rushes out of the mouth, and usually carries the offending matter with it. Should the annoyance be caused by an excess of secretion, or by the exudation of blood, the method of proceeding is precisely the same.

The *Lungs* are two in number, of almost equal size, and together with the heart fill the cavity of the thorax, their external surface being in immediate contact with the thoracic walls. Each lung is of conical shape, having its apex upwards. The *base* is concave, resting upon the arch of the diaphragm; the *apex* forming a blunt point which extends to the root of the neck. The *external* surface is smooth, convex, and of great extent, corresponding to the cavity of the chest, being deeper behind than in front.

The *internal* surface is flattened, and about the middle is the part termed the *root of the lung,* where the bronchial tubes and great vessels pass in and out.

Each lung is divided into two lobes, the upper and under; this division is caused by a long and deep fissure which is directed from behind and above, downwards and forwards, and nearly penetrates to the root. In the right lung the upper lobe is partially divided by another but shorter fissure. The left lung has a deep V-shaped notch, which receives the apex of the heart.

The right lung is the largest but shortest, in consequence of the diaphragm rising higher on the right side to accommodate the liver.

The left lung is smaller, narrower, and longer than the right, and has but two lobes.

The *weight* of the lungs varies much according to the amount of blood or other fluid contained in them, as also by many circumstances immediately preceding death. Their average weight, however, is from thirty-eight to forty-two ounces; they are heavier in the male than the female.

In *colour* the lungs are at birth of a pinkish white; at manhood they become mottled, having patches of a dark slatish colour, which

towards old age become black. The colouring matter of the lung consists of granules of a carbonaceous substance deposited near the surface of the organ.

The *substance* of the lung is of a light spongy structure, floating (when healthy) upon water; but in the fœtus before respiration has taken place, as also in some cases of congestion and consolidation, the whole, or a portion, will sink in water. It is composed of numerous small lobules, which are attached to the ramifications of the air tubes. Throughout the substance of the lungs the sub-divisions of the bronchi continually divide and sub-divide into smaller and smaller tubes, which are called *bronchial tubes;* these diverge throughout the whole lung, but in no place do they anastamose. After a certain stage of sub-division each bronchial tube is reduced to a very small calibre, and enters a distinct lobule, where it undergoes still more divisions, till it ends in the small cells, called air-cells.

The *pleuræ* are two independent serous membranes forming two distinct shut sacs. They invest the lungs, and are reflected on the inner surface of the containing cavity. They exhale a fluid peculiar to serous membranes, called "halitus." Either pleuræ first invests the ribs, and from thence proceeds to the side of the spine; it is then reflected on the posterior portion of the pericardium, from which it passes to the back of the root of the lung. It then completely invests the lung itself, sending down processes into the fissures already mentioned. From the lung it extends along the upper surface of its roots to the anterior part of the pericardium, to which it adheres; it is then reflected back to the sternum, and so becomes continuous with the line of reflection with which the description was commenced.

PHYSIOLOGY OF RESPIRATION.

Respiration is a process of excretion by which carbonic acid and superfluous water are discharged; it is, however, at the same

time a means by which oxygen is introduced. In plants this action is reversed, carbonic acid being by them absorbed, and oxygen given off.

No organized being can live without food, and this food cannot nourish the body without air. It is a fact not commonly thought of, that air is more urgent a necessity than food, for many cases are known where persons have existed days without change of food; but no person can enjoy active life without a constant renewal of air.

The food undergoes certain preparations in the intestinal canal, and is then brought into contact with the air, from which it abstracts certain properties, and to which it gives others. By this interchange it acquires those qualities which fit it for combination with the body.

The extent and complexity of the respiratory apparatus in the animal are in the direct ratio of the elevation and activity of its structure. The process of respiration may be effected by two media —air and water. Respiration by water is termed "aquatic;" that by the atmosphere, "atmospheric." The blood, after circulating through the body, arrives impure (being loaded with results of the destructive combustion of the tissues) at the right auricle of the heart, and passes from this cavity to the right ventricle, from which it is thrown, by the pulmonary artery, into the lungs; this artery divides into two large branches, which run close to the bronchial tubes into each lung, where the blood-vessels follow the air vessels, dividing with them till they reach the air cells. All round these air cells the blood-vessels spread in a close and delicate web of capillaries, the walls of which are so thin, that the air gains free access to the blood, and its volatile impurities escape to the air cells. Through this web the blood reaches the fine commencing roots of the pulmonary vein, which, by uniting and re-uniting, form into two large trunks, which escape from each lung near to where the artery enters, and goes direct to the left auricle of the heart, in readiness to be again diffused through the body. In this manner the air meets

the blood. The remaining object of the respiratory apparatus is to produce those movements which drive out the exhausted air, and bring a fresh supply. This is accomplished by the action of the thorax and diaphragm. These organs, which act in concert, are so constructed and disposed that when in perfect action they give to the chest two alternate motions, one that by which its capacity is enlarged, and the other that by which it is diminished. These alternate movements are called the motions of respiration. The motion by which the cavity of the chest is enlarged is termed *inspiration*, and that by which it is diminished, *expiration*.

The act of inspiration is essentially muscular, and is ordinarily produced by the action of the diaphragm and intercostal muscles. In animals which possess a diaphragm, it is essential to the respiration, for if the nerves supplying it be severed, instantaneous death is the result. The intercostal muscles, of which there are two sets, also aid in this movement, and as disease may render useless some part of the respiratory mechanism, it is an admirable provision that other parts may compensate for the loss.

Expiration is totally independent of muscular action (under usual circumstances), resulting from the elasticity of the thoracic parieties during the state of rest which succeeds the inspiratory effort; at its completion, the diaphragm, ribs, and lungs return to the state they were in before respiration. The lungs are also decidedly muscular and elastic, and give, according to Hutchinson, an expiratory force of 150 pounds for the male, and 123 pounds for the female. The act of expiration is more vigorous than inspiration, and is wonderfully increased by athletic exercise. In what is termed *forced expiration*, many muscles co-operate. It may be interesting to here notice a few of the *occasional respiratory acts*.

Sighing is caused by some mental emotion abstracting the attention from the breathing efforts, when more air is required, and is admitted into the lung by a deep inspiration.

Yawning, in which inspiration is still deeper, is an involuntary action, and an example of the alternate acts of protracted

inspiration and expiration, combined with a corresponding affection of the respiratory muscles of the face. It is difficult to assign any positive cause for this phenomenon; as is well known it is often imitative.

Coughing is a reflex movement excited by some irritant, and effected by spasmodic contraction of the abdominal muscles, supervening on temporary closure of the glottis; the reflection is from the spinal cord to the glottis and abdominal muscles.

Sneezing, which is generally preceded by a deep inspiration, is in reality an act of violent expiration, the cause in this instance usually arising from some irritation to the posterior portion of the mucous membrane of the nose. The peculiarly explosive effect is consequent on enclosure of the glottis and posterior nares by approximation of the arches of the palate, and retropressure of the tongue. It is in some people reflexed through the optic nerve, sneezing being produced whenever the bright sunlight falls on the eye.

Hiccough, on the contrary, is a spasmodic inspiratory movement, the contraction of the diaphragm being arrested by the sudden closure of the glottis.

FREQUENCY OF RESPIRATION.

THE normal number of respirations is about seventeen per minute, but by attempting to count them oneself they are augmented by the attention to the act. Their relative proportion to the pulse is one to five. In disease the ratio may be decreased or increased, even above the number of the pulse. The respiratory action is perfectly automatic, occurring without our knowledge, but excited by the non-ærated blood contained in the lungs, and probably the brain also. If we abstain from breathing for more than thirty or forty seconds, we are compelled to inspire by most irregular and unpleasant sensations. The amount of air taken in at every ordinary inspiration is about twenty cubic inches. Whatever effort be made,

it is impossible to fully empty the lung of air—a certain quantity will still remain. The amount of air we can expel after a *full* inspiration measures the vital capacity of the chest. An instrument termed the spirometer has been made, which determines the vital capacity of the chest. It consists of two cylinders, one containing water, and the other inverted within it, into which the air is blown through a tube. The average capacity of a man should be about 240 cubic inches, but women little more than half that quantity. The instrument is of considerable value in the diagnosis of chest diseases, as any wide departure from the standard (allowing for height, &c.) is suspicious of pulmonary mischief.

The mode in which air is transmitted to the lungs by the dilatation of the thorax is interesting. The lungs themselves are, as before stated, in immediate contact with the inner surface of the chest, and consequently follow, in a passive manner, all its movements. When the lung is reduced to its smallest, by the lessened capacity of the thorax during expiration, there is, as I have just remarked, a certain quantity of air left, and as the capacity of the thorax enlarges during inspiration, this air expands, consequent upon its occupying a greater space, and being in the interior of the lungs is rarer than the external air. Between this rarefied air in the lungs and the external air, direct communication exists through the mouth, nostrils, trachea, larynx, and bronchi, and, in consequence of its greater density, rushes through these openings and tubes to the lungs; the air vesicles become filled, and the flow of air continues till an equilibrium is established between the density of the air within the lungs and that external to them. In another part of this work I shall draw the reader's attention to the importance of being conversant with the sounds produced by this air in passing to the air vesicles. When the atmospheric air is inspired it passes to the lungs charged with oxygen; when expired it returns loaded with carbonic acid; the essential change, therefore, that takes place consists in the diminution of oxygen and the increase of carbonic acid.

The changes produced upon the blood by the action of respiration are no less striking and important. The blood contained in the pulmonary artery is venous (the pulmonary artery carrying venous blood; the pulmonary vein arterial), and of purple colour. The instant the air comes in contact with it, it is transformed into a bright red colour. The same change is produced by the contact of external air with blood. If a clot of venous blood be placed in a jar containing air, it speedily passes from a purple to a red colour, and, after this change has taken place, the air will be found to have lost a greater portion of its oxygen, and gained considerably of carbonic acid. If pure oxygen be substituted for ordinary air, the change is more rapid and complete; and if the air contains no oxygen, the blood is unaffected. I mention these facts, and would lay especial stress upon them, in relation to the inhalation of oxygen gas, which is a most valuable adjunct to the plan of treatment I bring forward in these pages for the cure of phthisis pulmonalis. The elements of the blood upon which a portion of the air exerts its influence are carbon and hydrogen. The oxygen from the air, uniting as it does with the carbon contained in the blood, forms the carbonic acid that is expelled from the system during expiration. The remaining portion of the oxygen contained in the air unites with the hydrogen, forming an aqueous vapour which is discharged with the carbonic acid. The positive effect, therefore, of the respiration of the blood is to free it from a considerable quantity of carbon and hydrogen.

There is, however, a greater amount of oxygen inhaled than is accounted for by the quantity of carbonic acid exhaled. By many physiologists it is imagined that the oxygen retained by the lungs enters into a state of loose combination with the blood, and that it is in this state carried over the body, becoming intimate only in the system.

Besides the lungs, the liver also is an organ of respiration, being a receptacle of venous blood, loaded with carbon. The great venous trunk which ramifies through the lungs is the pulmonary artery;

that which ramifies through the liver, the vena porta, containing all the blood which has finished its circulation through the organs of digestion. In the lungs carbon is evolved in the shape of carbonic acid; in the liver it is abstracted from the venous blood, and carried through the liver in the shape of bile. The ultimate object of respiration is, therefore, to prepare and preserve in a state of purity a fluid which is capable of affording to all parts of the body the materials necessary to their vital endowment. Therefore, a thorough knowledge of these facts is obviously necessary in the treatment and prevention of the disease under consideration.

CHAPTER II.

PHTHISIS (CONSUMPTION).

Definition.—A special morbid condition of the digestive system, associated with a continuous increase of the temperature of the body (which gradually wastes), and a deposition and growth of tubercles in various parts of the body, more especially the lungs and mesenteric glands of the abdomen.

Of all diseases afflicting the human frame I imagine there is not one to which greater importance can be attached than consumption, standing as it does far beyond and above all others in respect to the victims it claims every year. In all ages it has been the giant foe of life. It spares neither age nor sex, it attacks the infant suckling at its mother's breast, it blights the ruddy hue of joyous youth; and adults at the very time when all their greatest energies are called upon (possibly by mental work) to attain a position for which years of study have been spent, or maybe to maintain a family, are struck down under its withering influence. Old age is not exempt from it, for many a man, after toiling for a lifetime, and having been successful enough in his business or profession to spend the remainder

of his days in quiet and rest, is disturbed from his dream by this phantom of despair, and is hurried to his grave by its relentless force. It invades the domestic circle, the haunts of business, and the paths of pleasure. The light-haired, blue-eyed, fair-complexioned person, with high hopes and elastic spirits, the dark, thoughtful, and ambitious man—every variety of race, figure, and temperament, is alike exposed to its consuming power. Insidious in its commencement, stealing upon its victim so gently, so stealthily, that in the majority of instances he is unaware of its approach, yet so fatal in its termination that it has hitherto left no hope to the poor sufferer. Its ravages extend from one quarter of the globe to the other; no climate is free from its visitation. Whole families, springing up in joy, hopefulness, and happiness; the elder members, full of strength and confidence, pass the age of puberty, and are then struck down; others follow in the fatal wake, until the remaining members become dejected and timorous, seeing death in every shower and in every wind that blows.

But the tables of mortality, awfully real as they are, do not give us a thorough insight into the terrible devastation produced by phthisis. Many and many a sufferer from some disease, such as fevers, &c., would recover his wonted health, did not this enemy make its appearance, just when the patient and his friends were buoyed up with the hopes of a speedy convalescence. After many surgical operations, when all seems progressing favourably, hectic fever sets in, and with it all the dread symptoms of consumption, the hope of recovery being destroyed.

As this book will in all probability be read by those who feel some direct interest in the questions of which it treats, I shall endeavour, avoiding as much as possible all technicalities, to lay before the reader a specific plan of treatment, by which consumption, up to a certain stage, can always be cured, and by which it can very frequently be cured after that stage is passed. But let it be clearly understood I do not, in stating this, wish

to infer that the treatment is *infallible* in the cure of consumption; unfortunately some cases, far advanced in the disease, die, in spite of the treatment; but I do maintain that, by a close adherence to the plan of treatment I shall lay down, hundreds of cases which had been deemed as utterly hopeless by the highest medical authorities of the world, have recovered, and are now well, whilst thousands of cases in the first stage have had the disease arrested and ultimately eradicated. These *facts* speak for themselves.

CAUSES.—There is probably no subject in the whole field of medical science demanding more study than this disease, which may well be designated "The Plague of England." A knowledge of the causes of any disease is of the utmost importance, for even if the disease be of itself intractable, we may be enabled by a knowledge of its causes to adopt at least prophylactic measures. The interest, therefore, attending the study of the causes of phthisis must be very great, yet they have never received as much attention as they deserve, more especially as till now, medicine has been inert in removing this morbid condition. Under any circumstances, and especially under these, the old adage, "Prevention is better than cure," should be foremost in our thoughts.

Now what *are* the *causes* of consumption? Here we are standing face to face with a terrible disease which, in England, kills at least one out of every ten persons, and, in some other places, one in every four. We will endeavour to discuss very briefly the conditions on which this awful scourge depends, with the hope that those which are internal to the patient we shall be able successfully to attack, whilst other causes, as we shall presently see, can in the majority of instances be avoided, the patient himself having them more or less under his immediate control; and, of these causes, I think the one which ranks first is—

Cold.—If, after having damp feet, or being exposed to rain or a draught of cold air, or sleeping in a damp bed, or being

insufficiently clothed, we experience a sense of chilliness, followed by oppression, we have "taken cold." It may be slight, and speedily pass away without treatment of any kind, or it may be more severe, and lead on to inflammation. Much of its seriousness depends upon the organ attacked; and we distinguish colds by noting this fact. Thus influenza is commonly called "a cold in the head;" catarrh, a cold in the nose; quinzy, a cold in the throat; bronchitis, a cold in the chest. The commonest of all these attacks is the ordinary catarrh, which usually manifests itself by a sense of stuffiness in the nose, which in severe cases amounts almost to complete closure; this is caused by the mucous membrane swelling and so occluding the passage. Although this affection is very common, scarcely a person going through the year without an attack, yet it is the least regarded, very few deeming it necessary to adopt any treatment for its removal, the result being that the simple catarrh, from being left to itself, gradually assumes a *chronic* form; and now, although the breathing through the nose may be easier, the membrane is still thickened and congested, a yellowish discharge of mucus taking place, which the patient relieves himself of from time to time during the day. A false membrane may also form in the nostrils, which the patient removes, frequently causing bleeding; or the secretion may become thin and drop into the throat. The smell becomes affected, in some instances being entirely lost. Catarrh affects persons of all ages, and those suffering from it are excessively liable to take severe cold on the slightest exposure. Influenza is catarrh of the frontal sinuses, the mucous membrane being affected, producing headache, and those distressing symptoms over the forehead so well known to all of us.

Œzena is simply a very bad chronic form of catarrh of the nose, occurring principally in scrofulous constitutions. It is a most serious affection, demanding careful treatment. Unfortunately these affections are almost invariably treated with neglect,

until they produce some decided symptom which points to consumption or some other serious affection of the lungs. Its course can gradually be traced by an irritated throat, causing a husky voice when singing or reading aloud, ending in a thickening of the mucous membrane which lines the bronchial tubes; when this has taken place, tubercles are deposited, and we get ulceration of the lungs and all the terrible train of symptoms involved in consumption.

Now all this can be averted very easily if taken at an early stage and properly treated, although till recently little or nothing was done. The nose should be syringed with tepid water containing a slight astringent, such as alum or tannic acid, twice a day, care being taken to use a bent nose-syringe, the ordinary straight one being ineffectual, and so, frequently resulting in disappointment. The bowels should be kept in perfect order, and the diet carefully attended to, so that no irritation of the stomach may arise as a complication. In more chronic cases vapours may be sniffed up the nostrils: this can be done even by a child, and is best effected by using a sand bath over a spirit lamp, and dropping a solution of tannic acid and eau de Cologne, or any other medication that is needed, into a small earthenware vessel placed in the centre. The head being held over the bath, the vapour is given off and received into the nostrils, causing no pain or inconvenience. If properly applied, the combination of these two remedies rarely, if ever, fails in producing the desired end.

Hereditary Transmission.—We will now consider the question of hereditary transmission. There is no idea so firmly fixed in the public mind, and yet so erroneous, as that "consumption is almost invariably transmitted from the parents;" yet it is quite at variance with facts. Such, however, is the strength of this belief, that the majority of cases which come to me for examination positively assert they can have no actual disease of the lungs as their parents were not similarly affected. Now I wish my readers to

disabuse their minds of this idea, for having carefully investigated this matter, I find that out of the last 5,000 cases I have treated, not more than 450 have had parents who suffered from chest disease ; and I believe many hundreds of people annually lose their lives entirely because they consider it impossible that *their* lungs can be diseased, as neither their parents nor relations have suffered in a similar manner. The cough is neglected, other symptoms are put down to false causes, until the lung has become the seat of tubercle, and in many instances their error is only discovered when it is too late.

Now, as I have just stated, at least eighty cases out of a hundred become affected with consumption from some other cause than that of hereditary transmission (and this average I have obtained upon a close study of over 13,000 cases). The reader may doubtless exclaim, "Oh ! but I *myself* have known instances in which whole families have perished from the disease !" Perfectly correct; and so have I. I do not deny the hereditary taint, but I wish to make plain the fact that *too great importance* has been attached to this cause of consumption ; and again, admitted that several members of one family die of the same disease, what does it prove ? Nothing ! except that some families are more liable to the disease than others. Now I argue that it is impossible for a mother to transmit to *her* child that which she herself *does not possess.* A child may be born with small-pox, or any other disease, but the mother *must* have had the same disease, and so with consumption. I admit that many children are born with weak constitutions, deformities of the chest, and other physical peculiarities, which *predispose* them to this disease, but there is all the difference between predisposition and inheritance. Everyone of us, if we are born with a diminished capacity of the chest or any affection of the mucous membrane, may be said to be predisposed to consumption ; but by paying proper attention to the physical training of a child, and by employing judicious means to enlarge the capacity of the chest, I have seen many children who had every *predisposition*, become quite strong

and well. I therefore maintain, *no one* ever had or ever will have any inherited disease which their parents or parent had not at the time of their birth.

Although the hereditary origin in many cases may be doubted, it is certain that it is frequently very great, as proved by the fact that the lungs of fœtuses have been found diseased; therefore the fact of the disease being transmitted from parent to child can admit of no doubt; in fact, like some other diseases, it will pass over a generation.

Constitutionally there are two *predisposing* causes of consumption. One is the ordinary phthisical predisposition, the other the scrofulous habit. Here, again, a distinction must be drawn between phthisis and the phthisical constitution, as also between scrofula and the scrofulous habit, as a person possessing the phthisical habit need not of necessity be consumptive; but some slight cause, which in a healthy person would produce no serious symptoms, with them arouses the disease.

The purely phthisical habit is physically detected by a long, flat, and narrow chest; the spaces between the ribs are wider than usual; the collar bones project, as also the shoulder bones; the skin is fine, the cheeks presenting a rosy and healthy appearance. The eyes, although varying in colour, possess a most remarkable brilliancy; the nails of both the hands and feet are thin; and the muscular system seems to have received a *check*, the limbs being flabby. The nervous system is especially developed; hence it is a frequent thing for consumptive patients to be of a most refined nature, possessing accomplishments of the highest order, being remarkable for the gentleness of their disposition, the amiability of their character, and the great purity of their moral feeling.

The scrofulous taint may be divided into two classes—the sanguine and the lymphatic; the sanguine is characterized by a clear complexion, the eyelashes being long and silky; the lips are usually slightly thickened, and the nostrils wide and dilated; the fingers are usually tapered with beautifully-rounded nails, but

sometimes the joints are puffy, and the nails flat, and curved on the ends of the fingers; the complexion is rosy, but becoming dark or livid from exposure to cold.

In the lymphatic type there is a brownish muddy complexion, the nose being broad and flattened at the base; the hair and skin are coarse, and the intellectual faculties seem imperfectly developed. It is this class which is more especially prone to consumption from some exciting cause.

Depressing Passions and violent emotions of the mind predispose greatly to the production of this disease. Lænnec, in his well-known treatise on the chest, says:—"Among the occasional causes of phthisis, I know of no more assured operation than the depressing passions, particularly if strong and of long continuance. This is, perhaps, the only cause of the greater frequency of consumption in large cities. In these, the single circumstance of the inhabitants having more numerous relations with one another, is in itself a cause of more frequent and deeper vexation; while the greater prevalence of immorality of every kind is a constant source of disappointment and misery, which no kind of consolation, and not even time itself, can remove."

I had under my own care a striking example of the effect of depressing passions in producing phthisis, in the case of a religious association of women, of recent foundation, and which never obtained from the ecclesiastical authorities any other than a provisional toleration, on account of the extreme severity of its rules. The diet of these persons was certainly very austere, yet it was by no means beyond what nature could bear; but the ascetic spirit which regulated their minds was such as to give rise to consequences no less serious than surprising. Not only was the attention of these women habitually fixed on the most terrible truths of religion, but it was the constant practice to try them by every kind of contrariety and opposition, in order to bring them, as soon as possible, to an entire renouncement of their own proper will. The consequences of this discipline were the same in all

after being one or two months in the establishment the catamenia ceased or became suppressed, and in the course of one or two months after that phthisis declared itself. As no vows were taken in this society, I endeavoured to prevail upon the patients to leave the house as soon as the consumptive symptoms began to appear, and almost all those who followed my advice were cured, although several of them presented well-marked symptoms of the disease; the others succumbed.

There is, therefore, no doubt as to the possible effect of despondency and excessive mental emotions in predisposing to consumption; they incline to depress all the energies of the system, and leave them inactive. Some of the worst cases I have treated have been those induced by the depressing passions; they give way to feelings of languor and despondency, resigning themselves to what they are pleased to call *their fate*. We need not go far for instances of cases induced by this cause; the husband deprived of a beloved wife; the wife of a husband; a child losing the tender care of a mother, or the mother her child—are every-day instances. A family loses one of its members in consumption, and grief and despondency seize upon all the others. A notable instance of this I had before me at the commencement of this year: A young lady of more than ordinary personal attractions consulted me with all the symptoms of this disease, and on stethoscopic examination there was evidence of the deposition of tubercular matter in the lung. She told me she knew she must die, as she had lost two brothers and a sister with the same disease, and that she did not feel inclined to *do anything* for herself. After a time I succeeded in disabusing her mind of the idea that the disease *must* of necessity prove fatal, simply because she had lost relatives in consumption. She became more cheerful, and persevered with the treatment I shall presently lay before the reader's notice, with the result that she perfectly recovered, and is at present in sound health. I have no hesitation in saying that, had she continued in her state of despondency, she would now have been in her grave.

I mention this case to show the reader how baneful is the effect of grief. Hope unmixed with fear, is, depend upon it, a very great antagonist to the spread of consumption.

Any circumstances operating upon the manifestations of the mind—whether proceeding from exciting or depressing passions—deeply affect the physical condition, and as life itself is dependent upon the physical condition, it follows that they are capable of influencing the duration of life.

A proper regulation of the intellectual faculties, appetites, and feelings an all-wise Providence has granted for our enjoyment and happiness by laying the foundation of habits of self-control, the pleasant excitement of business, joined with innocent amusements, together with an approving conscience of living in accordance with the conditions designed by the Creator, are the best means not only of preventing disease, but of securing to ourselves happiness and prosperity.

Malformation of the Bones of the Chest.—Under this head I include an abnormally small chest. Whoever has a small chest has an increased liability to consumption. Children who are thus affected are always delicate in their youth. They are unable to walk or run as far as their playfellows; they lack muscular vigour, and are unable to lift as heavy a weight, or endure as much physical exertion, as boys of their own age; yet apart from this they may seem to be perfectly healthy. The age of puberty arrives, and still no sign of disease, until suddenly there is evidence of failing strength, and one after another they succumb to the fatal clutch of consumption. The reader will naturally ask, Why is this? Because when youth emerges into manhood or womanhood, there is a greater increase in the size of the body, as also in the quantity of blood required to nourish it; to sufficiently oxygenate this blood a corresponding addition in the quantity of air is required to be received into the lungs at each inspiration. The lungs being abnormally small, this is impossible; and what is the result? The blood, from a deficiency of oxygen, becomes

impure, tubercles are formed and deposited in the lung tissue, and the train of symptoms induced by consumption follow. Now if due attention were paid by parents to children suffering from small or deformed chests, in the majority of instances the disease would be avoided, for, as I have before stated, cases have come under my own observation where such has been the result. Such children should have *regular* exercise in the open air. The mind and body should be kept amused. Horse and carriage exercise, rowing, walking, gymnastics, &c., may be indulged in to a certain extent, that extent being determinable by circumstances, such as the state of health, strength, habit, &c. Of these means for *young* persons I think *walking* is the most beneficial, as it guarantees a uniform and regular exercise of the muscles and joints, and it promotes a free circulation. To expand the chest, the arms and shoulders should be thrown back whilst standing, and then, when in this position, as much air as possible should be *slowly inhaled.* This exercise should be practised for about five minutes every day, gradually increasing it. At first the inhalation will be small, but it will gradually increase, thus proving greater capacity of the lung. It is surprising the benefit this produces, which can be proved by *carefully* measuring the chest at regular intervals, and in the majority of instances an increase in size will be the result.

Actual deformities of the chest, such as "pigeon-breast," may also be completely cured by careful treatment, provided it be adopted at a sufficiently early period (that is, before the cartilages of the ribs are ossified). Pressure should be applied by the hands one on the projecting breast-bone and the other between the shoulder-blades; the pressure must be firm but gentle. The patient now takes five or six deep *inspirations,* during which time the pressure is gradually increased. If this simple method be followed out twice a day, it is surprising the change that may be effected in one or two months. It will therefore be seen that this cause of consumption can, by careful treatment, be overcome.

Influence of Sex.—Sex certainly manifests some influence in

the production of phthisis, it being more frequently met with in females than in males. In the Paris statistical table it is noted that out of 9,542 cases of phthisis, 5,582 were women, and 3,960 men. Dr. Darwell, in his summary of cases, gives eighty-six cases of phthisis, forty-eight of which were women, and thirty-eight men. To this evidence we might add the opinions of a very great number of medical men, all in favour of the greater liability of females to this disease. Why this should be I am unable to explain. Some writers assign the cause to tight lacing, exposure of the neck in females, deficiency of exercise, &c.; be the cause, however, what it may, there is undeniable proof of *the fact.*

Influence of Dress.—Many authors ignore the possibility of dress exerting any influence on the production of consumption. My own observations, however, lead me to think otherwise. The argument that many persons who suffer from consumption have been brought up in the country, and were not used to wearing stays, and other errors in dress, till they came to live in some city, at which time the chest was fully developed, does not, I think, tend to prove they were not a cause of phthisis, for, as I shall show hereafter, the respiratory and digestive functions may be equally injured by some obstruction to the movements of the thorax *after development*, as by those which would produce the same effect *during development.* It may, therefore, be fairly argued that any article of dress which interferes with the free and natural action of the lungs, be it a posture of the body or a mechanical obstruction, may be considered as a powerful predisposing cause of pulmonary tubercle. For delicate children, more especially, a dress which does not in any way impede the free action of the muscular system is to be desired; and I again state that I have seen cases of phthisis and spinal deformity resulting from the habit of lacing and other extravagances in dress.

Clothing is a most important consideration, for if the body be insufficiently protected against the inclemency of the weather a "chill" is experienced, the result being that the blood, which should

circulate freely over the whole surface of the body, is retained in the internal organs, thereby causing them to be more or less congested, inducing liability to inflammation, and, in case the lung be the organ affected, consumption. The same remarks of course apply to sleeping in damp beds.

There are a great many practical errors committed with regard to clothing, which it may not be amiss to point out. The first is *wearing too much clothing indoors and in bed:* by so doing, the natural powers of the skin are exhausted, and we expose its action to a sudden check on going out into the cold air. This is a grievous objection to the almost universal use of flannel worn *next* to the skin, and by many persons kept on all night; abnormal excitability of the skin is thus induced, and after a time its normal action is either lost or sensibly diminished. It is well known that the skin of some persons is so very irritable, that it is unpleasantly excited by contact with flannel, and, if persisted in, may develop some physical alteration; it does this mechanically by retaining local heat and intensifying reaction. Another frequent error committed is that of putting on summer clothing *too soon* or winter clothing too late. Thin-soled boots are also highly injurious; and here I would say a word on perhaps the greatest error in dress, namely stays: none but an anatomist has the least idea of the horrible misplacement of the internal organs that is caused by tight lacing; unfortunately there are too many signs that this suicidal mania is again becoming fashionable. A great deal has been written and said of this practice, but by recalling what I have stated under the head of malformation of the chest, the reader will see at a glance that it is impossible for anyone to be healthy who practices it. Apart from its murderous effect, it is utterly opposed to symmetry, and is in every point of view absolutely *vulgar*. I speak thus thoroughly on this point, having but recently had cases of lung disease undoubtedly traceable to this practice.

Trades which Cramp and Confine the Movements of the Chest.—In these cases we have an *induced* abnormality. It

matters not how large and well-formed the chest, or how healthy the lungs; if by some habitual posture of the body we cramp and confine the movements of the chest, and so prevent their normal expansion at each inspiration, they must sooner or later become diseased in consequence. As I have already stated, the purity of the blood depends upon the quantity of air taken into the lungs. When, therefore, by cramping the chest an insufficient quantity of oxygen is received to remove the carbon, tubercles sooner or later develop; and wherever we find persons following a sedentary life, demanding a cramped position of the body, there we may certainly expect a prevalence of consumption. This is exemplified in the cases of persons who follow such avocations as shoemakers, tailors, milliners, printers, lace-makers, jewellers, clerks, &c., where a continued and cramped position of the body is demanded. There can be no doubt that many of the cases of consumption imagined to be caused by some general local influence, are in reality produced by these causes. Now to what a vast number of individuals these remarks refer, especially in large cities; its importance cannot therefore be over-estimated, as the fatal tendency has so often been overlooked, and it may to a considerable extent be overcome by the adoption of those means I have just pointed out. There can be no doubt that the increasing fatality of this disease amongst females is to be attributed to the great privations they undergo on account of the *wretched remuneration received for hard and tiring work, the number of hours they are employed, the little exercise they are allowed, the short time allotted to meals, the quality of their food, and the ill-ventilated and wretched work-rooms they occupy;* certain it is, consumption is very prevalent amongst this class of people, and whatever legislation may have effected for their benefit otherwise, little or nothing has been done towards the great necessity of *a system of proper ventilation.* This brings us to consider

Callings which are followed in Close, Ill-Ventilated Rooms.—It is essential to health that the air we breathe should not only be sufficient in quantity, but that it should be pure; for a

constant supply of pure air is indispensable to the arterialisation or preparation of the blood in the lungs, and consequently to the preservation of life. No matter how lofty and large the workshops are, if occupied by a number of people, the air speedily becomes foul, and consequently unfit for breathing, unless a continuous stream of fresh air be allowed to pass through it. Those, therefore, who are exposed to this enervating influence are rendered liable to consumption. To render this plain to the reader it is necessary to premise that atmospheric air is composed of two gases in certain proportions, namely, oxygen as twenty-two and nitrogen as seventy-eight parts in 100, with the addition of a minute portion of carbonic acid. Now atmospheric air when *inspired* consists of these component parts; but after it has passed through the lungs it is *expired* in a very different state, for on reaching the lungs nearly two-fifths of the oxygen enter into combination with the venous blood, the remaining three-fifths being exhaled with the nitrogen, which remains nearly the same as it was originally. Now, in place of the oxygen (which has been consumed) there is *expired* an equal quantity of carbonic acid gas, which has been generated in the system; and when this gas exists in a room in larger proportions than is proper, the atmosphere is poisoned by it and so rendered unfit to be again breathed.

Every healthy adult respires (that is, breathes) from fourteen to eighteen times in every minute, and in each *inspiration* from twenty to thirty-five cubic inches of air are taken in. It will therefore be seen what a quantity is used during twenty-four hours; and when it is remembered that upwards of three per cent. of carbonic acid often exists in the atmosphere of our London theatres, crowded offices and workshops, in which a constant renewal of fresh air is more than ever demanded on account of their being almost universally lighted by gas (one burner of which will consume an enormous quantity of oxygen and give out a large amount of carbonic acid), the reader will see that every breath drawn *must* be detrimental to health.

A paper from the pen of Mr. Watson has appeared in a medical journal, in which he endeavours to prove that the inhalation of impure air cannot be regarded as predisposing to phthisis unless associated with other deleterious influences. He states that after having had fifteen years' experience, he is of opinion that miners are not more liable to this disease than any other class of men. This seems perfectly irreconcilable with the fact that in proportion as the habits of life are artificial, so is the tendency in man to tubercular disease; and it is a well-known fact that in Cornwall and Devonshire (considered amongst the most healthy parts of Great Britain) *one-half of the whole number of miners die from phthisis when deprived of fresh air and light.* It is, besides, well known that the domesticated animal is more liable to tubercular disease than the same animal is in a wild state, no doubt owing to deficiency of ventilation, and the abeyance of the normal exercise of the functions of the lungs. Again, look at the hundreds of victims this disease makes its own amongst those who are employed in cities, and have to work, may be, twelve or fourteen hours in a wretched room, with little or no ventilation; the full face gradually becomes sunken, the robust figure wastes, and other symptoms tell the tale that this dreaded enemy has seized another victim; and as long as misery and filth exist, so long also will the ravages of this disease. All occupations involving active life in the open air must be admitted to present a much smaller proportion of individuals attacked by consumption than any other. Now every room occupied by human beings should be so constructed that there may be egress for the foul air, and ingress for a steady stream of pure air; otherwise the blood becomes carbonaceous, and, the laws of health being disregarded, the penalty is paid.

Trades which produce a direct Irritation of the Lungs.—From careful observation, there can be no doubt that the inhalation of particles of dust, as well as other hard and irritating substances, which must inevitably result upon following such trades as dry grinding, cotton spinning, mining, wool dressing, rice dressing, and

others of a similar kind, from being received into the lung sets up intense irritation and so causes consumption. We find that those persons who are engaged in *dry* filing and grinding are very short lived, dying from twenty-eight to thirty-three years of age, whilst those who grind *wet* live to between forty and fifty years, proving dry grinding to be the most injurious occupation of all: out of 250 grinders, on an average 150 will be found to suffer from disease of the lung, whilst out of the same number engaged in other work, only about 55 are consumptive. Now as the habits of different classes of workmen engaged in the same workshop are pretty much alike, it is evident there must exist a greater predisposition to consumption in some of them, which is entirely due to the more injurious character of their particular employment, and hence that employment must be put down as the cause of their disease. Under the same head may be included stone masons, coal heavers, millers, flax dressers, workers in cotton, and others engaged in analogous operations.

Climate and Moisture.—Under this head we have presented a subject on which, I think, no more divided opinions have ever been expressed, and where so little *real* and satisfactory evidence have been obtained. The cause of this is that there has been too much of "follow my leader" amongst the medical profession, and because one eminent medical man recommends a special climate or voyage, others following suit do the same, without weighing over in their *own minds* the pros and cons of such an important matter. As I have before stated, the suggestions I shall give on this subject are purely the result of *practical experience*, and not of theory. That I am opposed to the views taken by the majority I am well aware, but facts are facts, and after ten years most careful attention on this point, during which time an enormous number of cases have passed under my care, entitles me, I think, to form a moderately decided opinion. The conclusion I have arrived at is this—that the consumptive patient has been hitherto sent to an *enervating* climate instead of a *bracing* one. But more of this when

we consider the *treatment* of consumption; what we wish at present to decide is whether the influence of climate *causes* this disease. The idea of living in a climate whose temperature is incessantly fluctuating, as is the case in England, at once suggests the idea that it must be inseparably connected with phthisis; but the idea is, I think, erroneous. Let us for a moment, without prejudice, look a little more closely into some facts in connection with this subject, and I think after having done so the reader will cast aside the supposition that we as a nation are doomed to this scourge.

Now, in the first place, it is a fact that no climate can be mentioned where consumption does not exist; although it is less frequent in the torrid zones. Strange as it may appear, yet on careful examination it is proved that the very persons in England who are *most exposed* to the vicissitudes of the climate are the very ones who are *least affected* by consumption. The same remark applies to those who are exposed to moisture. This assertion, may, perhaps, startle the reader, but the fallacy of theoretical opinions is strongly opposed when we review the *evidence* on the subject. In proof of my assertion, take, for instance, those who follow the avocation of tanners, dyers, washerwomen, brickmakers, &c. Now some of these persons work with *bare feet* in puddles of water all day, and yet show no liability to chest disease; in fact, on the Continent, men who are employed in "rafting" actually spend the greater part of the day with their legs immersed in water, and are positively less liable to pulmonary affections than any other class of workmen. Take again the few districts *proverbially* hot-beds of consumption; yet by ascertaining *facts* we find the disease is of comparative rarity.

Now the influence of a *dry and hot* atmosphere is a totally different matter, for we find those who are so exposed (as, for instance, founders, smelters, &c.), especially liable to the disease. I believe, therefore, that the induction of phthisis by changes of climate has been grossly exaggerated, and too *exclusively* considered. It is also a strange fact that the more variable the climate the

greater the muscular and intellectual power. This is demonstrated by examining the moral and physical condition of different countries. Therefore, to admit this as a powerful agent in the *production* of a disease which unhappily prevails in our midst, seems to me preposterous. But mark, I do not in stating this for one moment wish the reader to misunderstand me as to the effect of climate on those who *have* disease of the lungs—that is a totally different matter; I have been speaking of it solely as *producing* that disease.

Inflammation, Congestion, and other Diseases of the Lungs.—The influence of these conditions of the lung in producing consumption is a matter of considerable dispute. Some physicians have gone so far as to say that under no circumstances do they in any way influence the development of phthisis. For myself, I can only give my opinion based upon practical experience, and it is, that inflammatory affections of several organs do very frequently lead to tubercular deposition. On reference to my case books I find no less than fifty per cent. of the cases had suffered from either pneumonia or congestion; that previous to the attack they were in perfect health, and that after the attack their lungs became affected by tubercular disease. The error many medical men have committed in judging such a matter is that their experience of chest disease being limited, they imagine because phthisis does not follow these morbid conditions in a limited number of cases successively treated, it *never* does. On the same basis the contagion of small-pox or diphtheria might be denied because all the inmates of the house where the disease existed were not attacked. Unfortunately, assertion is much easier than proof, and the detection of error than the discovery of truth.

Undoubtedly where acute inflammation or pleurisy terminate in deposition of tubercle, there exists in the greater number of cases some predisposition to the disease; but this is not always so, as in many cases no trace whatever can be discovered.

Irregularities of Diet.—The great prevalence of consumption

amongst those who habitually live on either a defective or vitiated diet has led many to class it as a very powerful cause of this disease, but I think there is no evidence to show that any defect of diet *alone* will produce deposition of tubercles in the lungs, yet it is certain that be the diet ever so good or ever so judiciously chosen, consumption is produced by the causes I have already enumerated. The injurious effects of insufficient nutriment, and its tendency to hasten the development of consumption in those who are predisposed to the disease cannot, however, be doubted.

The Excessive Drinking of Spirits.—The abuse of spirituous drink has the effect of deteriorating the physical energies and diminishing the vitality of the blood; the children of drunken parents are as a rule debilitated and weakly organized.

Many writers, especially those who advocate total abstinence, declare positively that the use of spirits is capable of actually producing consumption. There can be no doubt that after more or less time the excessive use of ardent spirits produces emaciation, and this affects the cellular and muscular structures in a somewhat similar manner as does consumption; but, by a careful consideration, whilst owning the direful effects of intemperance, I am convinced that the *formation* of tubercle cannot be in any way associated with alcohol, although undoubtedly it may excite local disease, and aggravate it when it exists.

I think enough has now been said as to the *causes of phthisis*, without tiring the reader by enumerating the long list of supposed causes; *opinions* have very frequently come to be thought *facts* by continuous repetition, and this more especially in the supposed causes of consumption. Superstition and prejudice have agreed in their creation, and it is a task of great difficulty in the present day to separate the real from the unreal.

In closing this chapter, I would impress on the reader that in almost every instance the causes named can be avoided, and that too, with little trouble or waste of time.

CHAPTER III.

IS PHTHISIS CONTAGIOUS?

THIS question is one of the greatest importance to patients, patients' friends, medical men, nurses, and, in fact, the population at large.

By the ancients it was universally believed to be so, and in the present day it is a matter of argument, many medical men asserting that it is communicable from one individual to another, whilst others deny that such a thing is possible.

Morgagni and Valsalva were so impressed with the contagious nature of the disease that they actually refused to perform *post mortem* examinations on persons who had died of phthisis, and in the present day the same feeling prevails in Spain and Italy. The idea, however, of contagion is based upon very meagre, vague, and insufficient evidence. Cases are quoted which do not in any way tend to prove or even support the theory: such, for instance, as isolated cases of the disease occurring in individuals who had been in constant attendance on some person suffering from consumption. In appealing to such cases as evidences of contagion, no allowance has been made for the

situation. Take, for instance, the case of a wife sacrificed through close attention to her husband; have not the wearing anxiety, the loss of exercise, the insufficiency of fresh air, the irregularity and frequently diminished quantity of food, and the confinement to the sick chamber, much more to do with the appearance of the disease? Again, in such cases no consideration is made as to the possibility of the disease being hereditary, or of the predisposition which might have been previously acquired.

Again, for the very few arguments in favour of contagion a host might be brought against it. There can be little doubt that it is injurious to be confined in the vitiated atmosphere of a room occupied by a phthisical patient; as also to sleep in the same bed, especially if there be much expectoration or tendency to night sweats, but from the pathology of the disease, its progress, and causes, and from comparison with other diseases *known* to be of a contagious nature, I am decidedly of opinion that the disease is *not* contagious. Further evidence may be found in the fact that the attendants on those suffering from consumption enjoy a remarkable immunity from the disease. Mr. Edwards, who had been for seventeen years resident medical officer at the Brompton Consumptive Hospital, and consequently an authority on the subject, refuses to include phthisis amongst infectious diseases. In proof of this assertion, he refers to the following facts—that out of fifty-nine medical assistants, whose duration of office averaged six months, all but two are now living, and of the two dead, one fell a victim to aneurism, and the other to some cause unknown. The present chaplain has held office for more than seventeen years, and his two predecessors are still living; the matron has held office for more than sixteen years, and the former two matrons are living; a great number of nurses has been in residence from periods varying from months to several years; the head nurses sleep each in a room containing fifty consumptive patients. Two head nurses alone are known to have died, one from apoplexy, the other head nurse held office for seven months, and left to be married; the

marriage unfortunately proved a most unhappy one, and some time after she died of phthisis; of the nurses now in residence one has held office twenty-four years, two twelve years, one seven years, one six years and a half, and one five years; no under-nurse has died of phthisis. All the physicians who have attended the in and out department during the past seventeen years are living except two; one died from some disease not connected with the lungs, and the other from some unknown cause, after an absence of twelve years from the hospital. Such is Mr. Edwards' statement, and these facts are not easily reconcilable with the idea of contagion.

Again, the friends or relations of those suffering from consumption, who are subsequently attacked with the disease, although living in the same house, and sleeping in the same room, or even bed, do not show symptoms of the disease themselves until the patient is confined to bed, which I think proves that so long as exercise is obtained in the fresh air, and the ordinary duties of life are carried on, there is no predisposition, but when the mental anxiety becomes augmented, and a strain is put upon the physical powers, then we get the disease developed.

CHAPTER IV.

ITS NATURE.

Phthisis (consumption), as before stated, consists of a deposition and growth of tubercles in various parts of the body, associated with a morbid condition of the digestive system.

From a continued excess of acidity in the alimentary canal (which is the case in persons of a consumptive tendency) the albuminous constituents of the blood are rendered easily soluble, and the alkaline secretions of the salivary and pancreatic glands are neutralized. Now these secretions in a healthy body convert all carbonaceous constituents of food into oil, and also prepare fatty matter in such a manner that it is more easily assimilated. The result of this neutralization is that an excess of albumen enters the blood, and the fat which should be supplied by food is supplied at the cost of the fatty tissues of the body, hence the cause of the emaciation so characteristic of the disease. The lungs are organs very susceptible to congestion; and now, should that take place to any great extent, albuminous exudation occurs, which forms the *nucleus of tubercles.* Thus we get a complication of local mischief with the constitutional, and that disease is produced which we designate consumption. It is in

this malady that the most God-like attribute of man (the power of healing the sick) can be exercised with especial benefit.

Consumption is an enemy that spares no one. It claims for its victims alike the rich and the poor, the old and the young, the learned and the ignorant. The duration of, as well as the suffering induced by this disease differs exceedingly. Some are cut down without warning, as grass before the scythe; others gradually, and almost imperceptibly fade away like the autumn leaves; many a loved one has gone to her death so gently, so patiently, that the heart has hoped against hope, till, with inexpressible anguish, the attached relatives and friends have seen, may be, several members of one family droop and die. Nothing, I imagine, can be more heartrending than this; for where the disease is of hereditary origin, not one of the family is safe from the fated malady.

As just stated, consumption is induced by a deposition of albuminous matter in the substance of the lungs. When first deposited, tubercles are small, hard, semi-transparent bodies, of a greyish colour, varying in size from a millet seed to a small marble. As they become softened, the colour changes to a yellowish hue, and they are discharged through the bronchial tubes of the lung; the result is an ulcerated cavity depending in size upon the number of tubercles discharged.

We will now look at the symptoms of consumption, first *generally*, then *individually*. How frequently we hear a person complain that he has a "bad cold," or, perhaps, a "little bronchial affection," very slight notice being taken of it, whereas it is of vital importance, and should, in the majority of instances, excite the greatest anxiety, as being indicative of a deposition of tubercles. Very possibly a medical man who makes no speciality of chest disease has been consulted, and remedies are exhibited by the stomach which, although they alleviate the symptoms immediately complained of, simply mask the danger; for the disease slowly but surely advances until it becomes more fully

developed. Thousands of persons in this way are misled, and mislead themselves, until some decided symptom, such as hæmorrhage, &c., renders self-deception no longer possible, and now the patient finds that instead of returning health, as he had anticipated, his symptoms become worse; he grows suddenly alarmed, and decides to seek the best mode of relief; he finds he is losing flesh, gradually, but surely; that on some little exertion his breath fails and becomes short. He consults another medical man, who advises a "change in the country," or, possibly, a "sea voyage," and is told that he will get well as soon as the spring, or warm weather comes; but, alas! for those who put their trust in these delusive hopes, but too many prove that the "country" means the grave, and that the "spring" is a time they will never in this life see.

The *general* symptoms will best be explained by a brief sketch of an ordinary case; we shall then see the signs by which the disease may be recognised in its early stages, and also the danger of waiting to see if improvement takes place, without resorting to proper treatment. If the patient waits till the expectoration becomes purulent, or streaked with blood, or till night sweats and hectic fever make their appearance, he will wait till the disease is far advanced, and the result of the treatment, to say the least, not so certain; whereas, if the treatment be adopted and persevered with during the earlier stage, a cure can be looked forward to almost with certainty.

The first symptom usually noticed by the patient is a more or less persistent *cough;* for a considerable time this is so slight as to be entirely unnoticed by the patient, and possibly overlooked by his friends; or, if noticed, is attributed to cold, whereas it is in reality caused by a deposition of tubercles in the lungs. It is usually noticed most on rising in the morning, after meals, or any extra exertion of the vocal powers. This cough after some weeks, or, may be, months (dependent upon the condition of the patient and the care taken), is attended by the expectora-

tion of a *little* clear, frothy fluid, which, as time goes on, becomes tinted with a little yellow or *greyish* matter, until it is almost entirely composed of it. Now, whenever a dry cough is noticed which is more or less persistent, the patient being apparently in good health, suspicion should always be excited, and an examination of the lungs made; for although it *may* be of no import, yet it is *suspicious*, and no one who rightly estimates the value of health will disregard its *warning*. But to resume. After a short time *tightness across the chest* is complained of *at intervals*, the breathing becomes *slightly affected*, the patient usually discovering it whilst going up stairs, when respiration becomes unusually hurried. At first this symptom is so slight that little notice is taken of it, but as the disease progresses it becomes more marked. A great number of persons, on being asked if there is any shortness of breath, will exclaim, "Oh, no!" and immediately take a deep inspiration, remarking, "the lungs are all right." Now, this is a false ground to stand on, because, according to the size of the lung, so the sense of shortness of breath is increased or diminished. A person with large lungs is, as a matter of fact, better able to lose the use of a part of the lungs than would those who have small ones. Of course, persons in health have their respiration hurried by exertion, but by carefully looking back, a person with the commencement of lung disease will find he is incapable of undergoing as much exertion as when in health. Normally, the number of respirations per minute is sixteen, and if we find them increased whilst the patient is sitting quietly (and unaware his respirations are being counted), we may be certain there is *shortness of breath*, and with this the circulation becomes disturbed, the *pulse* becoming *quicker*.

If, therefore, we have a more or less persistent cough, a slight shortness of breath on exertion, and an increase of the beats of the pulse, it may be taken for granted there is some lung mischief, and decided steps should be at once taken to remove it.

Pains now begin to be felt in different parts of the chest; the *sleep* becomes uneasy and interrupted by fits of coughing; the *voice* assumes a *husky* tone, the appetite becoming impaired. There is also irregular action of the bowels, and after meals flushing of the face with drowsiness, whilst towards evening the palms of the hands and soles of the feet are hot. And now the disease begins to tell directly on the patient; the muscles lose their tone and vigour, the countenance becoming pale and the nervous system depressed, with an uncertain temper—the patient usually being more or less dissatisfied with everything, yet declaring his disease to be of no importance whatever. As, however, the disorganization of the lung tissue proceeds, the cough becomes more violent, constantly interfering with sleep, and on awaking in the morning there is profuse *perspiration*, gradually extending over the whole body, commencing at the knees; these sweats induce great prostration, especially in the earlier part of the day, there usually being a slight increase of strength towards evening. The tissues of the body begin gradually to waste, the fingers become smaller and more attenuated, the cheek bones prominent, a dark rim appearing under the eyes. And now the first symptom which really alarms the patient occurs. The *expectoration becomes tinged with blood.* As we shall presently see, when examining this symptom individually, it may occur at an earlier stage, being the first warning the patient has.

The quantity of blood discharged varies greatly, depending upon the amount of mischief that has taken place. Occasionally the expectoration is simply tinged with it, whilst at other times it may be so great as to destroy life, and this before the disease has progressed out of the first stage. These cases are designated the *acute form of consumption,* of which more hereafter. Usually the appearance of blood so alarms the patient that, if he has not already done so, he seeks immediate advice; generally it induces nervous shock, with corresponding mental and physical

depression. Towards evening the fatal red blush on the cheek is perceptible—so frequently mistaken for a healthy colour—it is, however, *clearly defined*, the surrounding skin being *pale*. This is termed the hectic flush. The cough now is perceptibly increased, being aggravated by eating, moving, lying down, or getting up; the expectoration assumes a greenish-yellow hue, and is frequently streaked with blood; the breathing becomes much more difficult, respiration hurried, night sweats more frequent and severe, the tissues waste more rapidly, the debility increasing daily. The walls of the chest also fall in, causing a *flattening* of the chest, with diminished movement and an alteration of measurement. Now the most casual observer apprehends danger; yet such is the elasticity of the human mind, that even in this condition, and later on, the patient becomes more hopeful, although the symptoms of approaching mortality are so apparent. He believes the cough to be nothing but what is occasioned by change of weather; the pains in the chest are ascribed to rheumatism, and the sweats owing to too much clothing. In fact, an excuse is found for every symptom.

As the disease proceeds towards a fatal termination, the tubercles, which were at first of a hard character, become softened, forming an ulcer, which gradually destroys the adjacent tissues, until it eats into a bronchial tube, through which portions of the diseased lung are coughed up and expectorated. After this process has taken place the cough usually abates a little, although the expectoration increases and assumes a darker colour (more of a leaden hue), frequently offensive, owing to suppuration of the lung tissue. The pain also decreases, but the sweats become still more severe, the tissues still waste, other symptoms increasing, until another appears, which is most distressing to the patient, and frequently baffles all treatment—an *obstinate diarrhœa*. The feet and legs become dropsical, the tongue and gums sore and possibly ulcerated, thus adding to the patient's sufferings. Hectic fever makes its appearance, the cough now becoming

incessant, the eyes are dimmer, and there is slight difficulty of swallowing. In some cases the mind is clear, the patient dying amid his hopes; in others, the mental powers become clouded and diminish with the physical. All these symptoms, occurring, as they do, in so many degrees, are terrible, not only to the poor emaciated and worn sufferer, but, alas! also to the friends who watch by the bed-side, and it seems a positive relief when the weary, lingering illness is ended by the gentle and welcome approach of death, and life's fitful fever is over.

Such is a very brief outline of this terrible disease, its duration varying considerably; dependent upon the occupation, constitution of the patient, &c.

CHAPTER V.

SYMPTOMS.

We will now look more closely into each individual symptom, and first:—

The Cough.—Many physicians give their opinion that the cough in phthisis is generally of a slight character. My experience is the reverse. Certainly, during the very early stage of the disease it is so slight as not to be noticed by the sufferer, and even as far as the end of the first stage it is not, as a rule, of great frequency or duration; yet as an individual symptom throughout the course of the disease, I have found it most troublesome and harassing. The cough of consumption is very frequently mistaken for the cough of an ordinary catarrh, or that caused by throat irritation or derangement of the stomach. This is a serious mistake, and one that should not be made, as the cough of consumption is totally unlike either of the others. This can be seen by comparison with them; for instance, in bronchitis, which is an affection of the mucous membrane lining the bronchial tubes, which ramify the substance of the lungs; this membrane, being very sensitive to all external influences, is very prone to become irritated by atmospheric changes. It is, how-

ever, usually caused by an ordinary cold, first showing itself in the nose, next in the throat, and from there gradually extending to the bronchial tubes. The more acute symptoms usually subside after a short period (that is, if the patient be properly treated); if not, he finds that he does not return to his former state of health, but has a disposition to flushing in the evening, and on taking exercise finds himself a little short of breath. Still his general health is not affected, and if the weather be mild there may be no expectoration, but as the winter approaches there is a change; the cough becomes troublesome, and a yellow-coloured expectoration makes its appearance; the flushing in the evening assumes a decided hectic character, night sweats occur with rapid loss of flesh, and probably death takes place before the spring of the next year. Now, all these symptoms appear to the untrained mind to be consumptive, and yet it is simply a chronic catarrh of the lungs and not consumption at all. Of course all cases do not assume this serious aspect, but take on a milder form, which is the so-called *winter cough*, coming regularly in winter and vanishing in the summer; although as each winter comes there is a greater severity of the symptoms, and if improperly treated, this disease is ultimately as fatal as consumption. There are several other varieties of bronchitis, but this is not the place to consider them. What I wish to show is, how the *cough* of consumption can be distinguished from the cough of catarrh. The consumptive cough is *persistent* and *continually increasing*, whereas the cough of catarrh is more or less evanescent, the patient losing it *entirely* for a month or six months at a time. Therefore, if a person *really loses* a cough for that period of time, it is pretty certain it is not a consumptive one. At the same time a cough of long standing is a grave symptom, and those who have them and are nursing them, hoping to grow out of them, or for them to disappear of their own accord, should awake from their lethargy. However unimportant it may seem to them, it leads on by slow, but sure steps, to a premature grave. The cough arising from

stomachic derangement ceases immediately that difficulty is overcome.

In consumption, the cough is more or less violent from its commencement, and forms, in the majority of cases, one of the most prominent symptoms of the disease. It is usually noticed, at first, on getting out of bed in the morning; after a time it occurs after meals, and is excited by active exercise; it then becomes troublesome after getting into bed. Mental excitement also increases its severity and frequency, and it often happens that the patient cannot lie on the side of the chest affected, on account of the increase of cough such position entails. In some rare instances, as before stated, the cough does not appear till the last month of existence, although cavities may have been in the lungs for some time. In other cases, few and far between, the cough is very slight; but in the great majority of patients I find the cough most distressing, especially at night, for then no rest can be obtained except under the influence of opium, and, as I shall hereafter point out, the use of this drug is most hurtful, whilst the relief it affords is, at the best, but transient. After the cough has existed for some time, it is accompanied by the expectoration of a *glairy mucus*, thin, and semi-transparent, which, if examined microscopically, will be found frequently to contain opaque bodies, similar to small seeds; this is decisive as to the character of the disease, and as these tubercles soften down, so the cough increases in intensity and duration, occurring at all hours of the day, becoming hollow and reverberating as the lungs become evacuated by ulceration.

The Expectoration following the dry cough is at first scanty, but the transition from the first to the second period of the disease is marked by a notable change in the aspect and form of the expectoration. Instead of being white mucus, and containing bubbles of air, it acquires a yellowish-green tint, becomes opaque, ceases to contain air, and is moderately copious. This is on account of the tubercles being softened, and a greater

disorganization of the lung tissue having occurred. Frequently in the expectoration is found particles of white opaque matter resembling boiled rice. After a variable time the expectoration becomes more solid, sometimes sinking in water, sometimes floating on the surface of the clear fluid which is expectorated with it. The yellowish-green colour after a time gives place to a dirty drab tint, very similar to that found in cavities of old standing; this, I have found generally occurs during the closing days of life. Should the blood-vessels become gradually congested, or should rupture of one take place from the strain of coughing or from the progress of the disease, it will be tinged or streaked with blood (or a large quantity of blood may be coughed up). As the disease advances the expectoration becomes more like pure pus; the quantity varying greatly at different periods of its development. When the disease is rapid there is abundant expectoration in the first stage, the patient filling one or two ordinary spitting-cups in the twelve hours, so that it is possible for him to expectorate his own weight in the course of a few weeks.

Not unfrequently we meet with a peculiarity in the expectoration, consisting of white, chalky-looking particles, which, if taken between the fingers and rubbed, form an opaque fluid precisely similar to that which would be produced by rubbing pure chalk with mucus. This is termed *cretaceous expectoration.* If these particles be detached from the sputa and allowed to dry, they form into small rough granules of a white colour, very much resembling chalk. They vary in size from a pin's head to a small pea. I have noticed this form of expectoration to occur in every stage and condition of phthisis.

Hæmoptysis (spitting of blood) is a very frequent, but not invariable, symptom of phthisis. I find it occurs in about two-thirds of the cases. In some instances it is the first symptom to alarm the patient, and its occurrence either immediately before or after a cough points to some lung mischief. There are, however,

some cases that pass through the different stages without any sign of blood-spitting.

It is a point of great interest to decide whether the spitting of blood before the occurrence of cough or expectoration points to the fact that tubercles will in all probability form in the lung; or that they have already formed. I have most carefully considered this matter, and am satisfied that when a patient has more or less severe hæmorrhage (unless such hæmorrhage be the result of an accident, or in the case of females where the catamenia have been suddenly suppressed), no matter when its appearance, that it most decidedly points to the actual presence of tubercles in the lungs. Many writers, whilst admitting the fact that hæmoptysis is much the most frequent consequence of tubercular deposition, yet think it is principally a symptom of a general disease. It may be so, but my experience leads me to think that even if such be the case, it is a fortunate exception occurring only in *very, very* rare instances. The argument that many persons have had attacks of hæmorrhage at some period of their life and subsequently recovered, without any serious symptoms, is not convincing, for it is not a *very* uncommon thing for persons who have a cavity in one of their lungs to be utterly unconscious of it; they have no cough, no expectoration, or other symptom which would lead them to imagine their lungs were diseased. And how frequently we find on the *post-mortem* table evidences of disease of the lungs where no suspicion of the fact had been entertained during life. Such cases are not, of course, very frequent; but, as I have stated, do occur occasionally. I therefore argue that, unless there has been repeated and *very careful* examinations of the chest made in these cases of hæmorrhage, they afford very insufficient proof that it occurs independently of tubercular mischief. I look upon blood-spitting, however slight it may be, of fearful significance, as indicating the approach of consumption. It is very rarely the immediate cause of death, and as far as I have been able to judge, scarcely ever tends to

shorten life; in fact, amongst the patients who have been cured, I find by far the greater majority have had blood-spitting. If we ask, What is the cause of this hæmorrhage? the answer will be, Anything which causes an obstruction to the free passage of blood through the capillary circulation of the lungs (that is, the fine network of very small vessels interposed between the finest branches of the arteries and commencing veins). At every impulse of the heart a certain amount of blood is pumped into the lungs to be distributed over the air cells; and as we know the action of the heart cannot be stopped without loss of life, it will be seen that a continual and steady stream of blood is passing from the heart to the lungs. As I have before explained, where the lungs are healthy this blood becomes oxygenated, returns again to the heart, and is then sent to nourish the whole system; but if the lungs be the seat of tubercular deposit, or the bronchial tubes become obstructed with mucus, these fine blood-vessels become also obstructed, and with them the air-vessels. The result of this is that the blood (now impure) is impeded in its flow, and produces what we call "congestion;" that is to say, the vessels are full almost to bursting, precisely similar to the vessels of the eye when it is blood-shot. After a longer or shorter duration of this condition the vessels relax, allowing the blood to gradually ooze through their coats, and it is expectorated; the quantity of blood of course depending upon the amount of congestion present; but no matter how slight, it is at least a certain sign that the lungs are not in a healthy condition, and it is the duty of the physician to most carefully determine its cause and effect its removal. It is a very frequent error to imagine that the blood comes from a broken blood-vessel. Many medical men even, entertain this idea, but the blood merely oozes through the coats of the artery; for should a blood-vessel of any size actually burst, as we have no means of applying a ligature or any local styptic, it is therefore clearly evident that the patient must of necessity

bleed to death. Such cases do occur, but fortunately, as just mentioned, are exceedingly rare. The reader will now, I think, clearly see with me that this blood-spitting is a most alarming symptom, pointing to the progress of a treacherous, and what has hitherto been imagined, a fatal disease. The cessation of bleeding is no assurance of safety to the patient; in fact, it seldom lasts for very long (not more than a few days), and, on the other hand, its recurrence does not prove that there is any increased danger. Its *cause* is in the lung itself, and unless we attack it there and lay hold of the evil by its root, little avail is it whatever else may be done. Many persons deceive themselves, and very frequently medical men are themselves deceived, by imagining the blood comes from the gums or throat; the patient is only too willing to believe this, and will frequently think the throat is sore; but let me warn the reader against this idea. If blood be coughed up, depend upon it, it comes from the lungs, no matter *how small* the quantity, so that to delay is but to dally with danger. In most instances it is a comparatively early symptom, so that its cause can be arrested. But it is useless treating the *symptom* alone—this is the great error so many commit. The bleeding, they say, "must be stopped," and remedies are given for that single purpose, may be with effectual result; but of what avail is it if the actual *cause* of it be still left? None at all; in fact, the patient is worse off than before, for the disease has been advancing all the time when it might have been partially eradicated. Let the *cause* be removed and the symptom *must* disappear. As we have seen, there are some causes of blood-spitting other than consumption—viz., injury to the lungs, some organic disease of the heart, and in females owing to irregularity of the monthly flow; but if the symptom occurs in any person where none of these causes exist, the reader may be pretty sure the lungs are unsound.

Dyspnœa (shortness of breath).—In almost every case of consumption the respiration becomes more or less hurried and

enfeebled, producing this symptom which, in extreme cases, is most distressing; the patient being unable to walk a few steps, or read a few lines, without pausing to take breath. Such cases of *extreme* dyspnœa are, however, comparatively rare, and principally occur where the disease is complicated with pleurisy, or inflammation of the lungs. It varies in proportion to the capacity of the chest, but is no correct guide to the actual amount of mischief which has taken place in the lungs, for in some instances there is very considerable disease, yet little or no dyspnœa, whilst in others it is a prominent and troublesome symptom, although the lungs are but slightly affected. It is usually first noticed after some slight exercise, as for instance, walking up a hill, or up stairs, running, &c.; at first it is so slight that the patient does not notice it, but as the pulmonary tissues become more deeply affected, it is usually complained of. In nearly all cases this oppression of breathing is referred to the middle of the chest, no matter what amount of difference exists between the mischief in the two lungs. With this shortness of breath, the pulse becomes accelerated, and the temperature of the body rises.

Pains in the Chest are very common, and is a local condition to which attention should be directed, as it not unfrequently precedes all other symptoms in the early stage of consumption. It is not, however, a symptom which distresses the phthisical patient most; in fact, some patients are altogether free from pain, or only complain of it when their attention is drawn to the subject; but the majority of patients suffers from pain either between the shoulders or in the sides of the chest. As a rule movement does not influence them, although sometimes they become aggravated by it. They occur at various periods of the disease, in some cases only two or three months before death, although cough and expectoration may have existed for two or three years; in others, as I have just stated, they are the first symptom, or at any rate I have frequently had cases where the patient

has consulted me for pain in the chest, and where symptom has been added to symptom until the evidences of the early stage of consumption have become marked; whether, therefore, it is one of the actual symptoms of the disease, or whether it *induces* other symptoms, is a very nice point to determine. There can be no doubt that this symptom, affecting as it does the inspiratory and expiratory muscles, tends to diminish the action of the lungs, and so lessen the movements of the chest, a condition which I have already shown is essentially connected with the early stage of consumption. I myself incline to this belief; at any rate, it is best, if we err at all, to do so on the right side. It at least shows how important it is to adopt every method for their speedy removal. I find the pain, where present, is not proportionate in severity to the amount of mischief in the lungs, and that where cavities exist at the apices, the pain is either absent or greatly modified, even though the excavations are of a large size.

These pains seldom remain fixed, but are of a wandering character, being felt one day in a certain spot, and the following day in another. They are frequently regarded, not only by the patient, but by the medical man, as rheumatic; and this more especially when they occur in the shoulders, because then they are increased by movement. Frequently pain is induced by percussing the chest, more especially if the side percussed is extensively diseased; in fact, in some cases, so painful is the chest, that the patient can hardly bear the gentle application of a stethoscope.

Muscular Power is also lessened, there being an early sense of fatigue, especially if unusual or laborious exertion be attempted, such as running or carrying a heavy weight, the muscular system having lost its *tone*. The thinner layers of the muscles become relaxed, and so hang more loosely. The muscles of the face, also, do not completely respond to the stimulus, hence the expression of the features change, and although the eye may be bright, and the spirits vivacious, there is an unmistakable languor

imprinted on the features, due to the incomplete contraction of these muscles of the face.

Perspiration.—There is a great tendency to profuse perspiration in persons of a phthisical nature. It is frequently imagined that any considerable amount of sweating is a diagnostic sign of an advanced stage of the disease. This, however, is an error; profuse sweats undoubtedly do occur at the latter stage of the disease, but they also are seen at the commencement. In cases of extreme debility, and where the disease is complicated with bronchitis, there is a greater tendency to perspire. The sweatings of phthisis occurs in an intermittent manner, principally in the evening and the early morning whilst the patient is asleep: in some instances they are so profuse that the patient dreads to go to sleep. They also recur whenever the heat is suddenly raised, and frequently when there is a change from hot to cold weather, especially in the autumn; also if the patient receives a shock or surprise, such as hearing any bad news, &c. The cause of these sweats is to be found in the abnormal action of the skin, particularly when the vital powers have become enfeebled; for, as the reader is doubtless aware, there is in health as well as in disease a low state of the vital powers at night, or rather, early morning. Many patients find these sweats aggravated if they go to sleep on their backs, and this is especially the case where weakness has become fully developed. The reason of this is undoubtedly on account of the tongue falling back and producing increased dyspnœa; the patient waking in a fright and bathed in perspiration, but after being awake a few moments the breathing becomes easier, and the sweats gradually disappear.

The perspiration of a consumptive person has a strongly acid smell, which can readily be detected, especially in the morning; in some instances it is so pungent as to be absolutely disagreeable and offensive. I find this odour, however, has nothing whatever to do with want of cleanliness, for it frequently occurs with those who daily wash the whole body, and are most particular

in using clean linen; it is, therefore, evident that there is a great predisposition to acid sweats in patients suffering from phthisis, and I have frequently been struck with the fact that where the perspirations are not of an acid nature they induce considerably more debility of the system.

Loss of Appetite.—This is a very constant and most important symptom of consumption, inasmuch as it so vitally interferes with the nutritive process. As regards this symptom, we must avoid a mistake into which an inexperienced person is very liable to fall. I find that *almost invariably* patients tell me their appetites are very good, and that they eat remarkably well and plentifully; but by making close and careful inquiry I find that in by far the greater majority of cases not only is the amount of nourishment taken most inadequate, but that there is a strong dislike, and generally, a total aversion, to animal food of every kind. It is, therefore, necessary to determine the amount and character of food taken, when it will be found that there is a complete derangement of the appetite and digestive powers; with this there is frequently acid, or other unpleasant tastes in the mouth. This loss of appetite is mostly shown in the morning, the patient being unable to eat more than a slice or two of bread and butter, and drink a cup of tea or coffee. I have carefully investigated the matter of dislike on the part of consumptive patients to special articles of diet, and find that the one prominent article disliked is *fat;* after that, comes meat, then acids, sugar, tea, coffee, fruits, bread, in the order named. With, I think, two exceptions, I have never found milk objected to, unless there has been the same dislike previous to the disease, and in these two cases it could be taken when made in puddings. With loss of appetite there is also some derangement of the digestive functions, the tongue being more or less discoloured, and covered with a brownish-buff fur, especially in the morning, whilst not unfrequently that organ becomes enlarged and flabby. There is a sense of oppression and frequently drowsiness after meals, with a certain amount of

tenderness at the pit of the stomach on pressure, and considerable flatulence. These symptoms become aggravated when a sedentary occupation is followed, as in the case of tailors, dressmakers, shoemakers, &c. In these cases fat is usually so disliked that the sight of it causes retching.

Loss of Flesh and Weight.—The first indication we get of this symptom is a diminished density and tension of the muscular system, rendering the limbs more or less flabby; this is especially noticeable in children, and is frequently the first indication with them of tubercular disease. When there is any tendency to phthisis, and this wasting of the tissues commences, it is a sign which should create suspicion and alarm. It is so important a symptom that it cannot be too closely watched, and direct observation of the weight should be continually taken. There is sometimes a puffiness about the face which the patient mistakes for healthy flesh. Should there be any abnormality of the osseous system, it becomes more apparent as soon as wasting commences, as, for instance, the projection of the back-bone, or contraction of the chest. If no successful means be adopted to prevent this wasting, the emaciation proceeds, the fatty and muscular tissues being rapidly absorbed; the nose assumes a pointed appearance; the eyes become sunken, but possess an unusually bright and liquid sparkle; the jaws become hollow, the gums seem, as it were, strained over the teeth, and not full and soft as in health and when the patient laughs the features assume a species of ghastly smile; the bones show more and more distinctly through the skin, the arms become small, and all development of muscle is lost; the breasts shrink, until there is nothing but the nipple left; the ribs can easily be counted, and their terminations and articulations plainly distinguished; the spine projects; the fingers become tapered, and the joints appear to be enlarged from the shrinking of the flesh; the abdomen falls in, and the whole frame seems to be wasted away, with the exception, perhaps, of the legs, which frequently become dropsical. A slow and gradual

loss of flesh is much more to be dreaded than the quick and irregular loss of weight. Many persons in health frequently lose a fair weight without any serious consequence, but if there be a gradual, so to speak, grain by grain loss, it points to the existence of some serious disease. In ordinary cases of consumption the loss of weight is, at the outset, almost imperceptible; in fact, it would be quite so were it not detected by weighing; if this is not done, wasting of the tissues may proceed to a very considerable extent without it being perceived, and if the deteriorated condition in which the blood is to allow of this wasting continues, so does the loss of weight, constantly yet insiduously take place. If this progressive waste does not develop any decided symptom of the disease, it is rather a bad than a good sign, showing as it does that the blood is becoming affected to such an extent that it is incapable of sustaining the healthy functions of life. One thing in connection with this wasting is peculiar: a person may lose a considerable amount of weight one week, and gain *nearly* as much as lost the next, but as the disease progresses the balance against the patient becomes more and more.

Diarrhœa is a very common symptom throughout the whole progress of consumption; in the earlier stages it is due to the excess of acidity in the alimentary canal, but in the latter stages is principally due to tubercular deposition and ulceration in the intestinal glands. As a rule, this symptom commences in the second stage of the disease, but sometimes is first noticed during the closing days of life; whilst, again, it may accompany the whole course of the disease. It assumes two distinct forms, the one is *continuous*, the other *remittent*. The continuous form may last for twelve or eighteen months, and is usually attended with a considerable amount of griping pain, the bowels acting from two or three to ten or twelve times in the twenty-four hours. In the remittent form there is less colic; the attacks remit about every ten or twelve days, and during their remission there are about three stools during the twenty-four hours.

The Nervous System is considerably affected by phthisis, especially during the first and second stages. There is increased sensibility and excitability. Under pleasing circumstances vivacity is exhibited to a much greater extent than occurs in health, but there is a sudden and unaccountable depression rapidly following the excitement. The depression principally shows itself in the early morning before rising, and on retiring to bed at night. During the day the spirits, as a rule, are good. The patient also becomes very susceptible to all impressions, whether of a painful or pleasing kind. There is an abnormal species of paralysis should fear be exhibited; an undue amount of exhilaration even at the slightest pleasure; pain, which in health would be almost unnoticed, produces more or less exhaustion, and cold is more keenly felt—the temper becoming irritable and the patient fretful.

The Throat symptoms are liable to be entirely overlooked, yet they afford most valuable aid to our diagnosis. On examining the throat of an ordinary phthisical patient, the fauces will be found narrower and smaller than in a healthy person, the whole structures being sharp in their outline. In almost every case the patient complains at some time or another of an irritation or tickling of the throat; in many cases it is very slight, whilst in others it is a most troublesome symptom. There are two conditions of the throat commonly met with, one in which there is a state of bloodlessness over the whole mucous membrane, the pharynx being contracted at its upper part, the uvula being usually retracted, and if the throat is irritable it will be seen to be covered with a kind of frothy foam, and most sensitive to touch. The other condition is where the epithelial glands become enlarged; here the uvula is generally elongated. The mucous membrane looks turgid, and enlarged blood-vessels can be seen. The irritation in these cases seems to be less than in the first condition.

The Pulse is invariably affected in consumption; it becomes

weak, and increased in frequency, but where the disease runs its course without any complications the frequency is not so noticeable as the weakness. The acceleration of the pulse increases towards the evening, and is excited to this increased action by the most trivial causes; the very act of counting the pulse is usually sufficient to raise it ten to twenty beats per minute; after meals it frequently increases thirty beats, and after exercise (according to the amount) from twenty to sixty, or even seventy. It is frequently compressible at the wrist.

Temperature.—The normal temperature of the body is 98°, but it invariably rises, sometimes being as high as 104° or 105°. The evening temperature is greater than the morning, usually by about one degree. The rise of temperature takes place gradually (unless inflammatory action occurs). In the first stage we find it varying from 98°5 to 99° or 100°; in the second from 99° to 101°; and in the last stage from 100° to 104°.

Vomiting is a most distressing symptom, and one which not unfrequently occurs. As a rule, it is the result of coughing, the patient having an irritable spasmodic cough, which continues until retching is produced. It sometimes occurs immediately after a meal, but even then is usually associated with cough. It is not often persistent—usually passing off in a few days—but during its continuance is an urgent symptom, producing considerable prostration of the system.

There are many other minor symptoms of consumption, which need no special comment, these being the main symptoms of this dreaded disease, as, in the majority of cases, it is presented to our notice. But there is another form of consumption of which it would be well to say a few words. I refer to that known as

Acute Phthisis, *Rapid Decline, Galloping Consumption, &c.*—This type of disease assumes a fearfully rapid course, running through its stages and terminating fatally in a few weeks or months. I have frequently seen patients seized with an attack of shivering,

succeeded by feverish symptoms and cough, die in from three to five weeks. The symptoms of such cases are similar to those already described, being unusually severe and rapid in their course; as a rule, the emaciation does not proceed to such an extent as in the chronic forms of consumption. It most frequently occurs in scrofulous subjects, being ushered in by an attack of pneumonia. In other cases the lung becomes completely *crowded* with tubercles, and death takes place before they have softened. In such cases the predominant symptoms are: great shortness of breath, incessant cough, frequent pulse, little expectoration, great feverishness, palpitation of the heart, and sometimes hæmoptysis, the patient dying in from three to four weeks. After death the lungs are found to be thickly studded with tubercles, very few having passed the second stage. There is always more or less signs of inflammatory action. In another type of the acute form of this disease, the patient takes a violent cold in the head and chest, the cough becoming troublesome at once, with night sweats and difficulty of breathing, and an unusual sense of oppression at the chest. In about a week the expectoration commences, and the disease now assumes all the forms of acute inflammation of the lungs, in many cases simulating them so completely, that it is frequently taken for that disease. This type occurs chiefly between the ages of fifteen and twenty years, the subjects being of full habit, with a "blooming" cheek and clear complexion. Should there be an inherited predisposition to consumption, the symptoms vary slightly. The hands and feet are cold, and there is a sense of fatigue on exertion; the patient *hardly* feels ill, there being but little cough, no pain, no hæmorrhage, and sometimes no expectoration, but the disease steals quietly, but rapidly, on its victim, till the countenance becomes paler, the lips lose their colour, the eyes become sunken, and a dark bluish line appears under them. Suddenly diarrhœa supervenes, and the patient frequently dies without any struggle, perhaps sitting in a chair. Those persons who have small chests are peculiarly liable to this type of the disease.

CHAPTER VI.

DIAGNOSIS.

THE correct diagnosis of any disease is of vital importance, and in all cases essential to its successful treatment. More especially is this the case with consumption, for I am convinced that the too general idea of the incurability of this disease is mainly attributed to the fact that it is only when it has far advanced that it is first recognised. There are, I know, cases where the balance is so fine, or where complications of so complex a nature exist, that it is difficult to correctly diagnose some diseases; yet, taken as a whole, there can be little doubt that very few medical men have educated their ear to detect the first sounds of lung disease; and this is not because we are destitute of the means to do so, but because so few practitioners make a speciality of chest disease, and unless this is done, and other cases strictly excluded, it is impossible for the ear to be educated to detect the fine thoracic murmurs and other sounds diagnostic of the early stages of consumption. Many instances of this repeatedly come under my notice, which illustrate great errors in diagnosis; I will quote one or two as examples.

A lady, aged twenty-six years, consulted me in 1881, at which

time she was suffering from distressing cough and expectoration, great shortness of breath, debility, loss of flesh, night sweats, and other symptoms usually met with in consumption. She explained to me that she had been under treatment for two years, and her last medical man declared her lungs to be hopelessly advanced in disease. On examining her chest, I was surprised to find the lungs in a perfectly healthy state, and stated such to be the case, but she would not believe such a thing could be possible. I however persuaded her that we must look elsewhere for the cause of her symptoms, which I presently found to proceed from spinal irritation, accompanied with monthly irregularity. I recommended her to immediately consult a celebrated specialist in such cases, which she did, with the result that in four months she was perfectly well, having lost all cough and other symptoms.

Another instance I recently had, which was that of a gentleman, aged thirty-seven years, whose brother and two sisters had died of phthisis; he himself had for some time been suffering from incessant cough with slight expectoration, and had been attended by his ordinary medical man for eighteen months, with the result that his cough grew worse, and on asking him his candid opinion, he was told it was an undoubted case of pulmonary consumption, and that he must "set his house in order." As in the last case, after careful examination, I failed to detect any disease. On examining his throat the cause of the cough was apparent; his uvula was so abnormally long that it rested on the tongue, thus setting up a continual irritation. His nervous system had become so exhausted by continually dwelling on his case, that when I explained to him there was nothing serious the matter, he fainted, and on recovery begged I would not deceive him. I could, however, promise that he would be better before he left my room, and such was the case. I shortened his uvula, and the result was that at the end of three days his cough left and has never returned since. In these two cases the diagnosis was incorrect, and the mischief *exaggerated*, but unfortunately the majority of such cases I get are the reverse; the

patients perhaps being told there is some slight weakness of the lung, and that they will grow out of it, or that there is nothing the matter but general weakness, and so this insidious disease is allowed to reach an advanced stage before it is detected. Two examples of such cases will suffice.

Miss H., æt. 23 years, was brought to me by her mother on February 12th, 1883, with a report from her medical man that there was some slight derangement of the stomach, associated with amenorrhœa and constipation. Recently a cough had made its appearance, which alarmed the parents. On examination, I found a large cavity on the apex of the left lung, with great dulness extending over the upper half; the right lung was also extensively diseased, in fact, tubercular deposition had taken place over the whole lung.

I explained to her mother the serious nature of the case, and she was so unwilling to disbelieve the statement of her own medical man, that I had great difficulty in convincing her of the fact. Such being the case I advised her to take her daughter to some other specialist in chest disease, which she did, and his diagnosis confirmed mine. She returned home, and at the expiration of three weeks had an attack of pneumonia, which terminated fatally on the fourth day.

J. H., a farmer, aged 36 years, consulted in 1882. He was excessively corpulent, and laughed at the idea of there being anything the matter with his chest. Had it not been for the earnest solicitations of his brother (who came with him), he would not have consulted another medical man. His usual medical attendant stated there was no evidence whatever of chest disease, but that he was suffering from some derangement of the stomach, which induced the cough of which he had recently complained. From his general looks, I certainly was not prepared for any chest mischief, and was therefore greatly surprised to find a large cavity existing at the back of the right lung. On telling him of this, he again laughed, and

stated he was certain there was not. He refused to consult another specialist in London, and so returned home. Three weeks after, I received a letter, couched in anything but pleasant language, informing me his medical man had again examined him, and that his lungs were perfectly sound. Three months passed away, and I then received a telegram, requesting me to visit him at once. This I was unable to do, and on the following day he died from a severe attack of hæmorrhage.

Cases of this kind I could easily multiply, and I firmly believe hundreds of people die annually in England alone, for the simple reason that the diagnosis of the disease had not been established at an earlier period of its development. I have neither time or space at command to enter into a full description of the diagnostic signs of consumption. I shall therefore continue the same idea in this chapter as in the preceding, and point out the *principal* points which may lead us to a definite conclusion, including percussion, auscultation, &c.

The object of percussing is to ascertain the density or size of any particular organ. It may be accomplished directly, that is, by the aid of the fingers, or mediately, through an interposed body: of the two methods I prefer the latter, as being more certain. I use the ordinary ivory pleximeter. The diagnostic signs of percussion can only be detected by carefully comparing the healthy with the diseased portions. To accomplish this, the chest must be percussed on either side in quick succession, care being taken that the blows with the hammer be given with the same force. On percussing a healthy lung, there is a sonorous sound, which differs in intensity immediately after a full inspiration and a full expiration, but should the lung tissue become indurated, either by tubercular deposition or any other cause, this sonoriety is absent, thereby affording a most valuable diagnostic sign. Where congestion of the lungs exist, there is only a slight dulness with increased resistance, but when tubercular infiltration exists, the

resistance is much greater. When percussing over cavities of the lung, if they are of moderate size and filled with air, we get a tympanitic sound, but should they be filled with fluid or mucus, a dull sound will be elicited. Percussion of the lungs must not be performed in a slovenly manner, otherwise it is useless as a means of diagnosis, and it is only by incessant practice that the many sounds can be readily detected, and the ear educated to compare the amount of resistance.

Before auscultation can be of use, it is necessary that the sound of the *healthy* lung should be known, otherwise it is comparatively useless, as our diagnosis by this means rests entirely on the alterations which healthy sounds undergo, or by their being replaced by others. The apices of the lungs are by far the most general seats of tubercular mischief, and excepting in some far advanced cases, we do not generally find the disease extending to the bases. It will, I think, be most convenient to consider the diagnostic signs of the disease in its three stages. The first, where tubercular deposition is taking or has taken place; the second, where softening of the tubercles occurs; and the third, where a cavity has formed in the lung.

In the First Stage we have *weakness* of the inspiratory murmur over the diseased part; that is to say, there is no specific alteration in the character of the murmur, but a deficiency of power, verging in some cases upon suppression; this symptom may remain for some considerable time, but in unfavourable cases speedily passes into some other. It is all important in judging this symptom to compare one side with the other, and unless this be strictly adhered to, it is, as a symptom, unreliable; because there may be a natural weakness of breath sound on both sides. It is extremely rare for tubercular depositions to be so evenly distributed, that an exactly equal degree of weakness is caused on both sides and at corresponding places; in fact, I do not remember such a case, although in some instances the difference was extremely slight. With this *weakness* we frequently

get *harshness* of the breath sound, the expiratory and inspiratory murmurs becoming rough and hard, and where this is very great, it points to some extensive mischief. The respiration also may become *jerky*, being performed in an uneven and divided manner. This symptom is usually met with later on, although I frequently find it at the earliest stage. Should it subside into weakness it is a favourable sign, but, on the other hand, should it pass into the *harsh* breath sound, it is a sign that the disease is making progress, Where tubercular matter is rapidly deposited we may get *bronchial breathing;* this is especially noticeable in cases of acute consumption; it is distinguished by the harsh, dry, and blowing nature of the respiratory murmurs.

A Prolonged Expiratory Murmur is, I think, one of the most constant symptoms of the first stage. In some healthy persons we get an expiratory sound, but when we get it at the apex of the lung, and find that its duration is equal to the inspiratory or exceeds it, we may be pretty sure there is some pulmonary mischief.

In percussing the chest during the first stage, we must be careful not to imagine there is no disease because we cannot detect any decided difference in the two sides of the chest, for very frequently the tubercles are so scattered that they cause no appreciable difference to the resonance of a healthy lung, or in other cases, there is such a small amount of deposition that the same remark applies. However, in the majority of cases, we get a certain amount of dulness, which increases with the disease, and the elasticity of the chest becomes lessened to such an extent that there is a peculiar sensation of resistance or hardness imparted to the finger; as I have already stated, both sides must be carefully percussed and compared with each other.

If we apply the hand lightly over the part affected by tubercle, owing to the increased conducting power of the lung, consequent upon disease, a *vibration* is felt, which is termed *fremitus.* The period at which this symptom presents itself is uncertain; it is usually pretty fairly marked towards the latter

end of the first stage; it must, however, be remembered, that there is in most healthy persons a fremitus, so that in estimating the value of this sign, we must again carefully compare both sides, as also its degree, because if the fremitus be the same on either side, there may not be chest disease, but should it be greater on the left than the right, we may almost certainly say there is lung mischief.

Bronchophony (a sound heard by the ear or stethoscope to the chest, as if the voice of the patient was speaking through a tube, the words being muffled and indistinct).—As this sound occurs in many parts of the chest in healthy persons, we must therefore be guarded in accepting it as a sign of consumption; here, again, our judgment must be formed by comparing the sounds of either side with each other, and if we find there is an excess of bronchophony on the left side under the clavicle, it points to specific mischief there. If a patient in this condition be asked to cough, a painfully loud sound is communicated to the ear, which is termed the *bronchial cough.*

Augmented Heart Sounds.—In a healthy person, the heart sounds are rarely sufficiently loud to attract attention whilst listening to the breath sound, but where consolidation of the lung tissue has taken place, these sounds are heard with more or less intensity at the affected spot; if, therefore, the heart sounds are heard more distinctly under the right clavicle than under the left, it is evident some consolidation of lung tissue must have taken place. It must, however, be borne in mind, that in cases of exaggerated action of the heart, such as occurs in hysteria, &c., the heart sound may be heard more or less distinctly over the whole chest.

Dry, Crackling Rhonchus is clear proof of tubercular mischief. It is a short, dry, crackling sound, heard principally during inspiration. It is usually towards the end of the first stage that these rhonchi are noticed and they persistently continue; sometimes the patient imagines them gone, but upon taking a deep inspiration

they can again be heard, until at last they pass into the second stage of *moist rhonchus*, of which more when considering the second stage of the disease. It is not an invariable symptom; in fact, I think it is not found in the majority of patients. It is under any circumstances a bad sign, as proving that the disease is taking on a more or less active action. It is so very different from any other râle that it cannot be mistaken.

Sub-crepitant râle.—This sound is produced by secondary bronchitis, and is of a moist, *bubbling* character. It is usually found during the latter part of the first stage, after tubercular mischief has existed some little time. It is much more frequent than the *dry* râle; in fact, very few cases run through the first stage without its appearance.

There are many other signs of a more or less intricate nature; but those mentioned are the principal ones. If, therefore, a patient presents himself for examination, and we find there is an unequal expansion of the chest, an augmentation of the heart sounds at a given point, more especially at the right side, a dulness on percussion at the apex of either lung, a jerky or harsh respiration, the expiration being prolonged there is little doubt as to its being a case of consumption in the first stage; but if, in addition to these signs, we have a morbid degree of bronchophony or of bronchial cough, and a sub crepitant râle at the apex of the lung, with a dry, crackling rhonchus, the case is at once decided. It is not at all necessary to go so minutely into every case. From incessant practice the ear and eye become so trained, that the case can be diagnosed almost immediately, and so much time to the physician and fatigue to the patient spared. I mention this as many patients imagine they are not properly sounded because no length of time is occupied in so doing.

In the Second Stage we usually find the same sounds and signs as in the first stage, but in a more complete state of development. The chest commences to be flattened, the expansion

being less on the flattened side than on the other, when taking a deep inspiration.

On percussion there is more decided dulness and resistance. The respiration is usually harsh or bronchial, the heart sound being greatly augmented on the diseased side, bronchophony and especially bronchial cough is much more marked; in fact, the first stage of consumption so gradually *glides* into the second stage that only the practised eye and ear can detect it.

At the commencement of the softening of tubercles, we get the *moist, crackling rhonchus* before mentioned; this is most important to distinguish, as it is proof positive that the softening process has commenced. It is heard with the stethoscope as a *sharp, clear click,* principally during inspiration, occasionally during expiration; its intensity varies considerably, it being sometimes so slight as to be hardly perceptible, whilst at others it is very loud, but in whichever condition it is heard, it never loses the decided *click;* in fact, it cannot be mistaken for any other, excepting perhaps the sub-crepitant rhonchus, and then it must be an inexperienced ear to do so, as the latter is of a bubbling character, and not clicky. As already stated, this moist râle is usually a second stage of the dry, but it is not always so; the dry râle is certain to run into the moist, but we frequently find the moist râle appearing without the *dry.* As soon as softening has commenced, the lung tissue surrounding the parts are very liable to inflammatory action, the most common being bronchitis, which gives rise to the sub-crepitant rhonchus; we find this in almost every case during the process of softening. Should the larger bronchial tubes become affected, there may be constriction or obstruction, and they lose their elasticity, so that the vibrations into which they are thrown by the column of air, produce sounds of an abnormal character; these are termed *sibilant* and *sonorous* râles, the sibilant being a fine, squeaking kind of sound; the sonorous, hoarse and snoring. Pneumonia also is a frequent complication during the

second stage, causing a crepitation. As a rule, we find the softening of tubercles to commence at that part where the earliest evidences of the disease existed, and that immediately softening commences, other portions of the surrounding lung, which showed no sign of previous disease, now become affected; in fact, during this period there seems to be a most decided tendency for tubercles to deposit over other portions of the lung. It therefore frequently happens that one part of the lung is in the first stage of the disease, whilst another part may be in the second, so that the distinctive character of each can be observed.

The Third Stage is where a cavity or cavities have formed in the lung. In the majority of instances, at this stage of the disease, the patient's general appearance and symptoms leave little doubt as to the nature of the disease from which he is suffering; in some cases, however, the symptoms are not at all indicative of the presence of a cavity; it is, therefore, very important that the existence of a cavity (if such be the case) should be ascertained. It is a most extraordinary fact how frequently this is overlooked by medical men. Over and over again I get cases which are put down as being in the first stage of the disease, when, in reality, they are in the third. A short time ago a lady came to me from the North of England to be examined. She stated her medical man could find no disease of the chest, but only a weakness of the lung. On examination, I was surprised to find a large cavity at the base of the back of the right lung. There were no symptoms that would have led to its detection other than the stethoscope revealed. There is one point on which a word may be said, and that is, the frequent practice of stethoscoping a patient, allowing the dress to intervene between the skin and the stethoscope. Such an examination is utterly useless, yet, I am sorry to find, is very frequently practised. Nothing should be allowed to interpose; as the stethoscope must be in direct apposition to the skin; where this is not done, it is little wonder such errors in diagnosis are made.

I shall not enter minutely into the physical signs of this stage of the disease, as they are principally an increase of the ones already mentioned. The chest is observed to be much more flattened, and a sensible diminishment of movement on inspiration is apparent. But this flattening does not always point to the part most diseased, as in some instances, the lungs have been bound down by some pleuritic adhesions, and these becoming loosened by the destruction of surrounding tissue, allow of greater expansion, and consequently, where flattening existed, there may be a partial restoration of the natural movements.

When the tubercles have softened, and a cavity is formed, we get a *cavernous rhonchus*, which is a bubbling, metallic sound, usually occurring during both expiration and inspiration, but louder with the latter. This sound is an undeniable evidence that the disease has passed into the third stage; the respiratory murmur now becomes either very weak or excessively harsh. On percussion over a cavity we may get a variety of sounds, from great dulness to an unusual amount of resonance (amphoric), dependent upon its situation and size; the most frequent sound is of a dull, wooden character; but where the cavity is of great size, or is close to the surface of the lung, the percussion sound becomes amphoric. When this is the case, if the blow be given sharper than usual, a sound of a peculiar character is elicited, which Lænnec described as the "bruit de pot fêlé;" it is exactly similar to striking some empty and cracked earthenware vessel. This *cracked pot* sound is heard plainest when the cavity communicates freely with the bronchial tubes.

Cavernous Respiration is of a dry, hollow, blowing character, very closely resembling bronchial respiration, requiring great practice to distinguish the one from the other; the former, however, is more or less *metallic*. It is important that this sound should not be confused with the other, otherwise a grave error in diagnosis will result. As the disease advances through

the third stage many rhonchi are heard, not only near the cavity, but at other parts of the lung. The most frequent is the *sub-crepitant;* the crepitant rhonchus also of pneumonia is frequently heard about the bases of the lungs, and *pleural frictions.*

Pectoriloquy is an unmistakable evidence of the existence of a cavity; it is a different sound from bronchophony, inasmuch as the word spoken comes direct from the stethoscope with startling clearness, as if the patient were speaking into the very ear. It is proof of the cavity being near the surface, and communicating with the bronchial tubes. Although, as I have stated, it is proof of a cavity, yet it is a sound which is not frequently heard, and which, if not fully developed, so closely resembles bronchophony, that many confuse the two.

Pneumothorax (an accumulation of air in the pleural sac, is not an unfrequent complication of phthisis at this stage; if there has been much pleuritic adhesion, the escape of air must of necessity be limited, but should the lung be free from adhesion, there is considerable bulging of the intercostal spaces, and a lessened movement. On percussion, the sound will be clearly tympanitic, the respiratory murmur being very feeble, and in some instances inaudible. When the cavity of the pleura is large, a sound called *metallic tinkling* occurs, due to the contents of the cavity being discharged into the pleura. This may be heard either during ordinary respiration, or if the patient be directed to cough suddenly and move. It is a clear, sharp, ringing sound, very similar to that produced by striking an empty glass. It is not persistent, being heard one day and not the next.

Hydrothorax (effusion of serum into the cavity of the pleura).—After pneumothorax has existed for a little time, frequently an exudation of serum takes place causing dulness on percussion, the respiratory murmur being inaudible; by very gently swaying the patient from side to side there is heard a distinctly splashing sound, which is peculiarly characteristic to hydrothorax.

Such are the principal characteristic sounds conveyed to the ear by percussion and the stethoscope in cases of consumption, as generally met with, which pass from one stage into another, and so on to a fatal termination. One thing must be ever before our mind, and that is not to mistake phthisis for diseases simulating it. Frequently cases of pleurisy are so mistaken, causing unnecessary alarm both to patients and friends, but it should never be the case. Pleurisy is usually ushered in by severe pain, inflammatory action, cough, difficulty of breathing, &c., but in many cases the symptoms are not sufficiently urgent to induce the patients to seek advice, until there is a complication of local and constitutional symptoms, and these are frequently almost identical with phthisis, there being emaciation, fever, dulness on percussion, augmented heart sounds, a bronchial respiratory murmur, &c., requiring a practised ear to clearly define between the two diseases. *Abscess of the lung* may also simulate consumption, but it is never preceded by hæmoptysis, or accompanied by the same affection of the stomach or bowels. The cases, however, which I have found to be the most difficult to diagnose, are those where consumption is originally ushered in by *bronchitis*, and is completely masked by it; this not unfrequently occurs. From several cases I have had of such a character, I will quote one.

I was consulted, in 1875, by a lady, aged nineteen years, who for some little time had suffered from cough and very slight shortness of breath, which was scarcely noticeable. On examining her chest, there was no dulness on percussion, each side being of equal and natural resonance. The stethoscope revealed a very slight degree of harshness in the inspiratory murmur, the expiration being a little prolonged; the vocal resonance was not increased at any part of the chest, there was no gastric derangement, no loss of flesh, and no other disorder of any kind. I diagnosed the case as one of bronchitis with slight emphysema. Some time passed by, but the cough still continued, the shortness of breath increasing considerably, and, in 1878, I

again examined her, but still found no other trace of disease than previously. Her appetite, however, was failing, and the expectoration becoming more purulent, I communicated my suspicions to her mother, at the same time stating I could not detect the disease by examination. At my request she was examined by Dr. Walshe, who stated there was no sign of tubercular mischief. Another six months elapsed, during which time the languor increased, and gastric derangement commenced, also sweats at night, and an increased debility. Here were external signs of consumption, yet on a most careful examination I could elicit nothing more than before, excepting a slight sonorous râle. I now gave a decided opinion that she was consumptive, and after consulting another medical man, who gave it as his opinion that the lungs were free from disease, she went to the sea-side, where she had a severe attack of hæmorrhage, and returned home, when the disease progressed, and she died in 1880. I obtained leave to make a *post-mortem*, and found patches of crude tubercles scattered over the entire surface of the lungs, with thickening of lung tissue from pneumonia, which was the cause of death.

This case is interesting, inasmuch as during its whole course the physical signs of consumption were absent; there being no dulness on percussion, or any indication of the softening process.

Fortunately, such cases are rare; but from others which have come under my notice of a similar character, it is evident that consumption may exist and even prove fatal, and yet during its whole course give rise to no other signs save those which lead one to the conclusion that the case is one of bronchitis. When, however, these signs are persistent, and are accompanied by symptoms of phthisis, it behoves the physician to be very guarded in his prognosis.

From the foregoing remarks, it will be seen that throughout the entire progress of consumption, from the commencement of the disease to the time when destruction of a considerable amount of lung tissue has taken place, the stethoscope affords us ver

valuable aid. In some cases, the evidence is of a very positive character, leaving no doubt as the existence of tubercle, whilst in others, at the earliest stage of the disease, the evidence is not so positive; tubercles may exist in great numbers, yet give rise to no very marked alteration in respiration, nor furnish any appreciable dullness on percussion, especially if spread evenly over the whole lung. As a rule, however, these depositions are partial, and it is then that the stethoscope is invaluable in the hands of an experienced physician. Before leaving this subject of diagnosis, I would say a few words on the value of

The Microscope in Examination of the Sputum.—The microscope, unfortunately, is greatly neglected as a means of diagnosis in cases of tubercular disease, yet, in some instances, it affords the most valuable assistance. It is quite true that in the greater number of cases percussion and auscultation give us all that we require, yet now and again a case comes before the physician which would entirely alter his diagnosis, were the microscope brought into use. It is also invaluable in determining the changes which from time to time take place in cases of consumption.

To examine the sputum it is necessary first of all to have good objectives on the microscope: a common objective is a common nuisance, let it be used either for pleasure or scientific research. A little of the sputum should be placed on a glass slide, with the usual thin glass cover over it; all dark spots or appearances of tissue should be carefully removed, and set aside for separate examination. We frequently find it to contain small fragments of pulmonary tissue, which are very liable to be overlooked, unless great care is taken; I believe that in many instances these fragments of lung tissue point to the existence of a cavity, and, that too, very frequently before we get any distinct physical sign of such being the case. As I have before stated, tubercles are very frequently expectorated; when such is the case, they are to be found in the sputum, as small, roundish,

semi-transparent spots, which, if carefully examined under the microscope, will be found to consist of small cells, somewhat oval in form and of a granular nature. We also find the small, hard, white masses of irregular form, which are expectorated by some patients, consisting of phosphate and carbonate of lime. They should be examined with a low-power objective, and as an opaque object either with the paraboloid or parabolic reflector; they can easily be mounted as permanent specimens by drying and putting up in either turpentine or Canada balsam. The addition of acetic acid causes them to effervesce, showing the presence of carbonate. Greater energy of research is demanded by those who, like myself, are microscopists, and so bring the microscope into greater repute as a means of diagnosis, not only in cases of consumption, but also in those diseases of a more acute though less fatal tendency.

Recently considerable attention has been directed to the presence of a bacillus in the sputum of phthisical patients, I have gone very fully into the matter, and have come to the conclusion that they have nothing whatever to do with the causation of consumption; this conclusion is based upon the fact that by a specific treatment, the expectoration can be completely rid of any trace of baccilli, yet the patient gets no better but rather worse; now if they were in any way the cause of the disease, and they are removed, surely the patient should get better, but, as I have stated, such is not the case. Many other arguments could be adduced to prove that the germ theory is not based upon any true principle, and is but a passing theory, so many of which one sees spring up suddenly, and as suddenly explode.

CHAPTER VII.

PREVENTION.

THE *preventive* treatment of consumption is all important. The greatest blessing bestowed upon man is health; without that the organs of the body are unable to fulfil their normal functions, and to a greater or less extent the mind suffers with them; for however slight the deviation from health, the capability of the mind must of necessity be lessened. And more especially is this so in regard to the lungs; for how trivial are the pains of tooth-ache, or ear-ache, or headache, when compared with the constant and long-enduring pains that attend consumption. Without health, man is in reality a miserable and suffering being; with health, he is a mighty lord, and not only develops physical powers, but gives out the fruit of his mind, to swell the wealth of the community at large. This applies as much to trade as to science; for no matter what kind of labour a man undertakes, let it be scientific or manual, if he be in ill-health, his trade suffers with him; and, as I have just stated, in no disease is this so forcibly shown as in consumption. It is an impassable barrier, which stops all study, and stagnates all business; hence, to

prevent the occurrence of this disease, or, when it is present, to *cure* it, is a most vitally important matter; but the "prevention is better than cure," and I shall endeavour, before discussing the *curative treatment*, to bring before the reader's notice those means which can be adopted to prevent consumption.

The consideration of these means opens up a vast field of enquiry, and their success depends upon the manner in which they are carried out.

Clothing.—Every person who has a tendency to consumption, would do well to seriously consider his position, and ask himself how he can best be protected against the sudden changes of temperature, to which we are so liable in this climate. This is to be done by judiciously clothing the body; a thing that very few ever set about doing in the right way. I get patients in the summer-time with at least twice too many coverings, and again, in the winter, with not half enough. Now, there should always be enough clothing to maintain a sufficient warmth, without producing a sensation of heat or inducing perspiration. The chest should be protected *back and front*, over its whole extent, more especially the upper part, for it is at the apices of the lungs that disease most often makes its appearance; and yet this is the part most frequently left exposed, or, if not actually bare, only covered by some thin, flimsy material, which is perfectly useless as a protection against cold.

In this fashionable age, ladies seem to me to rush to destruction in obeying the all-commanding dictates of *fashion*; the chest is left bare to the pitiless changes of a variable climate. In every ball-room delicate females are to be seen with chest and arms uncovered, going from the hot room to the street, waiting at the door for their carriage, and this, too, after an unusual strain on the physical system, when they are more than ever susceptible to the least draught. And how common are the results of this imprudence and folly; the hectic flush the

expectoration, the wasting away follows, and many a life that might have been valuable is cut down in the pride and joy of youth, many a beloved friend is lost, and many a parent has had to watch the lingering, struggling death of their daughter, whose life might have been spared had she not exposed her chest to the varying temperature. The responsibility of this surely rests with the parents; "old heads cannot be put on young shoulders," and we cannot expect young persons to avoid fashion when their eyes are not opened to the danger; it, therefore, behoves parents to shield their children from this dreaded disease by acting upon the dictates of a matured judgment.

Woollen vests and drawers should be worn always, but of different thicknesses, according to the season, and changed for thinner ones during the night. The upper and lower extremities should be well clothed, so as to prevent any feeling of cold; but if after these precautions cold is felt, then friction must be used. I have found in these cases that sponging the body (especially the lower extremities) *quickly* with cold water, and then using a rough towel for a short time, is an almost certain method of producing heat.

The excess of clothing I have mentioned is most injurious to the patient, when the sensitive skin is too heavily covered at night-time; the vital actions of the body are always at their lowest ebb from 4 to 5 A.M., hence, if there be a super-abundance of clothing, sweats will most assuredly occur, leaving the skin in the morning relaxed and excessively sensitive.

When the body is unduly covered during the daytime, there is always a great tendency to shock on the least exposure to cold air. I frequently get patients who, on this account, are afraid to undress, lest the air should come in contact with their soft and sensitive skin; and it not unfrequently happens, when they remove their clothing, that a cloud of vapour surrounds the body. Now, in both these cases there is excess of clothing, and it is necessary that the quantity of clothing should be

diminished, and the body sponged with an evaporating lotion daily (equal parts of spirits of wine and white vinegar will be found about the best). Feather beds should be avoided.

With regard to under-clothing, it must be remembered that a closely-woven fabric is the only one that is fitted for the purpose. No amount of loose, external clothing gives the same protection as a bad-conducting fabric which closely fits the body and is worn next to the skin. Hence the weight and thickness of the material is of secondary consideration to its *close manufacture* and tight fit; in fact, unless it does fit closely, it is comparatively of little value.

It will not be out of place here, and may be of use to the reader, to make a few remarks on waterproof clothing. During the last few years the use of clothing which is impenetrable to wet has enormously increased. The wearers of these garments seem to forget that although they may defend the body from external wet, yet they at the same time prevent the exit of the vapour which is given off from the body; the result is, that when the waterproof coat has been closely buttoned, it will be found quite wet *inside,* and the underclothing in the same state. This most materially increases the temperature of the surface of the body, rendering the skin soft and very active. The same remarks apply to the use of goloshes and patent-leather boots; the socks are in a continual state of moisture, causing the skin of the feet to become shrivelled and frequently abraded. It is true that for a short time, when first put on, this class of clothing increases the action of the skin, and, by retaining the heat, increases also the surface temperature; but after a time this passes off, and there is a sensation of cold with increased sensibility. It will be found that all persons who wear goloshes continually suffer from cold feet. It is evident, then that persons suffering from the disease under consideration would do well to avoid the use of waterproof clothing, except under urgent circumstances, and then to discontinue their use as soon as

possible. Recently, it is true, attempts have been made to ventilate coats, &c., but only with partial success.

Diet.—Much injury has resulted from delicate persons following rules which have been designed for universal application. It is impossible for such procedure to be attended with success; each individual constitution has its peculiarities, and if these are disregarded we oppose the dictates of nature. It seems strange that persons who well know no two articles of diet, however closely allied, are precisely similar, should expect that the same diet should be applicable to every person; stranger still does it seem that medical men, whose profession has made them thoroughly acquainted with the marvellously intricate economy of the human frame, should consider they have discovered a diet which is suitable to all persons in almost every stage of the disease.

I am convinced that constitutional peculiarities are too little noticed, and in many instances put down to be mere fancies, or the result of habit, whereas, unless each patient's idiosyncrasy be studied, actual harm may accrue. No universal diet can be laid down to which we can point and say *that* is the most blood-producing in all cases. All of us must know some friend who has a peculiarity in regard to the digestion of food. Some persons cannot bear the smell of fish; others are the same in regard to cheese; and if they eat either of these articles of diet they are sure to suffer for it. The same is also the case with eggs, milk, &c.; the majority of persons can, of course, take either with relish and benefit, but here and there we come across a case where, if an egg be taken, or even any pudding where eggs enter into its composition, a violent bilious headache and sickness is the result. I had a peculiar instance of this natural aversion a short time ago, in the case of a gentleman who, whenever he smelt boiled turnips, almost fainted; he had tried every means to overcome this disagreeable idiosyncrasy, but in vain, and once after eating a small quantity he was uncon-

scious for a quarter of an hour. I wish to lay especial stress on this subject, because so many medical men advise their patients to do things which are absolutely hurtful; for instance, nearly everyone recommends early rising, a good walk before breakfast, and to return home light-hearted and vigorous. I have no doubt this can be enjoyed by many; but I know others, and myself among the number, to whom this would mean a day of languor and enervation. The same also with sleep; you frequently hear it said that so many hours are quite sufficient sleep for anyone, and to those who fail to follow their precepts it is attributed to laziness. No greater injustice could be paid, for many require much more sleep than others; and what brings health and happiness to one person may bring sickness, sorrow, and death to another. But to return to the subject of diet. Many persons who have, perhaps, seen the ill-effects of too great a consumption of meat, go to the other extreme and say meat is not required at all. Now this is a great error; diet should consist of a mixture of animal and vegetable food, the proportions, of course, being regulated according to the circumstances of each individual case.

Other persons, not content with making their stomachs work all day, make them work all night by eating a heavy supper almost immediately before retiring to rest, the meal frequently consisting of about as indigestible articles as could well be found.

Others, again, to save a *few minutes*, eat their meals most rapidly; true, by so doing a few moments may be saved, but how many hours and days are ultimately lost; the seeds of indigestion, dyspepsia, and other diseases are slowly but surely sown, and a bitter harvest has many a man reaped for the sake of saving these few moments of time.

The great thing we have to do in consumption is to get food which gives the highest blood-producing power. I shall presently give a dietary which, *as a rule*, I have found satisfactory, with slight modifications. A diet consisting of large quantities of milk is of essential service in consumption; it is easily digested (or,

if not, the addition of lime-water will render it so), it furnishes more support than vegetables, and it does not raise the temperature of the body as some other foods do, on account of its non-stimulating property; but what is usually termed a milk diet does not, I think, contain really enough to afford the amount of benefit desired. It should be taken for breakfast, in puddings at lunch and dinner, in coffee boiled in milk, and half-a-pint three times a day between meals.

In the night or early morning I have found that milk will frequently lessen the sweating, especially if a little coffee is added—it stimulates the action of the heart just at the moment it is required; and when the vital actions are reduced, a *little* rum or brandy may be added to the milk.

In ordering patients any particular diet we must have regard to the palates, and remember that a meal will be required to-morrow as well as to-day.

We have already seen that the vital actions are greatly diminished during the night, and that this is particularly the case in those who are suffering from consumption. It is, therefore, of the utmost importance that food should be supplied in the night as well as in the day. If there is no great debility, meat should be taken sparingly. In cases, however, which require meat, it should consist of mutton, venison, hare, pheasant, partridge, poultry, &c.; pork, veal, and salted meats, should be avoided; the latter frequently causing a hectic flush of long duration. Arrowroot, tapioca, rice, and sago puddings will be found beneficial. I shall now give two dietaries, the first of which will be found suitable in the earlier stages of the disease, the second in the later stages.

Dietary No. 1.—Breakfast, from eight to nine o'clock, to consist of milk (at least half-a-pint) with cocoa, coffee, or oatmeal; bread and butter, bacon, fish, or a lightly-boiled egg.

At eleven o'clock: a pint of milk with an egg beaten up in it.

At two o'clock: fish and roast mutton, or a mutton-chop, with

as much fat as possible, poultry, game, &c., may be taken, with vegetables, and any of the before-mentioned light puddings. A glass of good ale may be taken, provided it causes no unpleasant symptom, such as flushing of the face, increase of the pulse, drowsiness, &c.; but a good Burgundy wine will in all cases be found preferable—this can be diluted with water, or not, at pleasure.

At five o'clock: fish, with milk and coffee or cocoa; bread and butter, and watercresses (these may be eaten of freely).

At from eight to nine o'clock a *light* meal must be taken, consisting of three quarters of a pint of milk, with oatmeal porridge or farinaceous food, or two eggs beaten up in milk.

During the night: a glass of milk, if the patient wakes.

Dietary No. 2.—Immediately on waking in the morning, half-a-pint of milk (this should be hot if possible), with a small slice of bread and butter.

At breakfast: half-a-pint of milk with coffee, chocolate, or oatmeal; eggs and bacon, bread and butter, or dry toast.

At eleven o'clock: half-a-pint of milk with an egg beaten up in it, or some meat-juice (the directions for making this I will presently give), and bread and butter.

At one o'clock: half-a-pint of milk with a teaspoonful of rum or brandy added, and a biscuit or sandwich.

At two o'clock: hot meat as before described, or game, with vegetables and light pudding.

At five o'clock: hot milk with coffee or chocolate, bread and butter, watercresses, &c.

At eight o'clock: a pint of milk, with oatmeal or chocolate, and gluten bread; or two lightly boiled eggs, with bread and butter, and warm milk to drink.

Before retiring to rest: a glass of warm milk.

During the night: a glass of milk, with a biscuit or bread and butter, should be placed by the bedside, and be eaten if the patient awakes.

These dietaries, it will be seen, are very similar, and by adhering to them a larger quantity of food can be taken than it would be possible to give if the ordinary hours of meals were adhered to, and as it is taken in small quantities, the vital actions are not allowed to subside. It is, however, obvious that alterations must be made in certain cases.

The essential consideration in the dietary of patients suffering from phthisis is, that there should be an abundance of nitrogenous and fatty foods, with additions of starchy matter in such quantities as the consumption of fat demands; this must be most carefully attended to. In the foregoing dietaries, there are, I am aware, many articles which may be added, such as gelatine, isinglass, corn-flour, semolina, pea-flour, &c.

The meat-juice referred to is a most valuable item of food to the consumptive patient. It is best prepared thus: Take about two pounds of fresh beef without fat or bone, plunge it for a few minutes into *boiling* water placed over a good fire; this will harden the outside of the meat, and so afford resistance to pressure. Now cut the meat into small pieces, and pass them through a meat-press, when the juice will be expressed. This must be mixed with equal parts of broth composed of stewed bones and gristle, thickened with vermicelli, and seasoned with salt and pepper.*

No more should be made than is sufficient for one day's consumption. It may be taken at any time through the day, according to the appetite and digestive powers of the patient.

All cough-lozenges and draughts should be avoided, as they invariably injure the stomach, and so diminish the appetite.

The consideration of alcohol as a food is a vexed question, except to some prejudiced minds, who decide once and for all that it is not only *useless in any instance,* but absolutely hurtful, that it contains no nutritive property, and is *never* needed in health or disease. Now, it is a known fact that alcohol can support life, when little or nothing else is taken into the stomach. I believe that it is capable of developing force and energy, and is valuable

* Recently an article has been introduced called "Howard's Meat Juice." I have found this of the greatest value in all cases of aversion to food, and in dyspepsia. It is the pure expressed juice of the meat unadulterated, and can be thoroughly relied on. It can be obtained from Mr. Howard, 21, Queenhithe, London, E.C.

where exhaustion and disintegration of tissue are prominent symptoms. There can be no doubt that persons in good health, and not suffering from any derangement of the *digestive functions*, can do without it; in fact, they do not require it at all; but to those who are weak and suffer from impaired digestion, I have seen it prove a most potent aid to digestion, imparting a power of assimilating food which no other agent possesses.

Let the reader, however, perfectly understand that I am no advocate for the *general* use of alcohol, and the practice of continual sipping; this is the *abuse* and not the *use* of alcohol; as the increase of intemperance, especially among women of the wealthier class, testifies.

It will be seen that I have omitted tea as an article of diet for consumptive patients; my reason for so doing is, that it increases the action of the skin, and such increase, in the majority of cases, is hurtful.

Cleanliness.—One of the most important functions in the animal economy is that of the skin, and this is not to be wondered at, when we consider that it invests every portion of the body; and if attention to personal cleanliness were strictly followed out, a most formidable barrier would be raised against the approach of numerous diseases, consumption amongst their number.

It seems very strange that persons who have charge of animals, and know full well how vital it is that their skins should be kept in good order, do not apply their knowledge to themselves. A groom who spends some time daily in cleansing his horses' skins, because he knows that if he neglects to do so they will speedily get out of condition, will keep his own skin anything but clean; in fact, many persons who would shudder at wearing a dirty shirt, feel no compunction at having a dirty skin.

When we consider that non-elimination of effete tissue is a conspicuous element in the causation of tubercular deposit, the injunction of great cleanliness seems almost superfluous. Yet it

is a lamentable fact that few persons, especially those of phthisical tendency, attend to this point.

At first sight, it would seem that to supply cold water to a skin which is perspiring, and which is very sensitive to cold, must be followed with bad results; but such changes, within certain limits, may be effected with impunity. The great aim in view is not to lessen the temperature, but to remove the relaxed state of the skin, which is always induced by perspiration, and to restore it to its normal tone. Cold water is capable of doing this, for we all know its power in contracting tissues; the chief care must be to apply it in such a manner that we may effect the object without greatly lowering the temperature of the skin. It is, therefore, best to use water that is about the same temperature as the room, say from 50° to 60°, according to the time of year, and either to plunge into the water at once, so as to cover the whole body, or to apply a small quantity, *as quickly as possible*, over the whole surface of the skin. If the former method be adopted, it should be rapidly performed, and friction immediately applied; it is best done either in open water or in swimming baths. If sponging is preferred, it should be done night and morning, and care taken that whilst sponging the upper parts of the body the water does not trickle over the lower part. To avoid this, the sponge or towel, after it has been dipped in water, should be pressed so as to leave little in it, and should be applied quickly to a part of the body. The whole operation need occupy no more than ten minutes; there is little shock in doing it, as, after the towel or sponge has touched the skin, it gradually becomes less cold; it must be dipped several times in the water.

Some persons bathe only the chest and leave the greater part of the body untouched; such a proceeding is useless, and, where phthisis is developing, actually dangerous, for the action we desire can only be obtained by bathing the whole surface of the body, and if only a part is done, there is a very much greater liability to take cold.

Many patients argue that cold water is very liable to give cold; this is pure prejudice. Undoubtedly, if only a part is bathed, and the other part allowed to remain naked for some time, there is some risk; but when the whole body is quickly done, as by a bath, a shower bath, or *quick* sponging, there is not the least danger of this, for in proportion as the skin has been lowered in temperature, so will it recover itself, and a glow of warmth be felt over the whole body.

Some hydropaths precede the use of cold water by a warm bath, but to consumptive patients this is a most dangerous proceeding; the use of the warm water cannot produce the contractile action we desire, and to an already sensitive skin it but increases the activity we wish to lessen.

We all know that the use of salt water is attended with much less risk of cold. It also possesses a stimulating action, which is admirably adapted to diminish the sensibility of the skin. Where sea water cannot be obtained, a solution of rock-salt or Tidman's sea-salt may be used as a substitute. To those who will *insist* that the cold water is too harsh for them, the daily ablutions may be commenced with tepid water, and the temperature gradually lessened until cold water, with its beautiful reaction, is found agreeable.

A shower-bath may be used by all persons who have weak chests, but a word of caution is needed; do not take it at first quite cold; commence with about half a gallon of tepid water in the foot pan, and, by degrees, let the water be colder, but always have warm water to stand in.

If vigorous friction, on coming out of the bath, fail to produce reaction, a small quantity of wine may be taken to induce it, and the temperature of the water raised a little; but let the consumptive patient remember that there is nothing more prejudicial to his comfort and health than the omission of cleanliness. There can be no beauty without health, and no health without cleanliness.

In the proper season sea-bathing may be pursued every other day, and limited to five minutes; but even this should only be done under advice.

Exercise is of all means the most beneficial, for without that even fresh air itself will do little good. If persons confine themselves to their rooms, no matter how well ventilated and aired they may be, the mind becomes fretful, the respiration is affected, and the digestive functions obstructed.

Exercise may be active or passive, and its primary object is to increase the strength of the patient. We must remember, therefore, that we are dealing with vital power, and must carefully consider the existing state of the vital power of the patient to whom this exercise is recommended.

There is, undoubtedly, amongst phthisical patients, a very great indisposition to muscular exertion, or, at any rate, I have noticed this to be the case in a very great majority of instances, and, to overcome this tendency, our proceedings require to be based on the most judicious principles. We must remember that we are dealing with no ordinary disease, but one in which the vital force is inadequately developed, and yet there is a peculiar morbid excitability which may, if misdirected, exhaust what little power the patient may have left; and if this be done we retard those processes which renew muscular power.

Violent temporary exertions must of necessity be most injurious to those who are suffering from this disease, as is shown by those whose occupation and life is attended with such exertion. I believe that many a person would have lived for a long time, and eventually recovered, had it not been for this. What we require is moderate, continuous exercise, which expends a portion of the vital force without exhausting it; in fact, the motto for the consumptive in regard to this should be—*Exercise strengthens; fatigue weakens.*

Keeping this in view, it will be an unerring guide in regulating the amount of exercise to be taken. To retire to bed at night

fatigued is but natural; but if the patient wake in the morning after good rest and still feels fatigued, it is pretty certain that the exercise of the previous day has been excessive, or that it has not been of a proper kind; and if the same result is noticed day after day, he may be sure that the exercise taken is increasing debility.

Precisely the same kind of injury results to consumptive patients by excessive muscular exertion of short duration. A degree of exhaustion to vital force takes place, which will take a long time to recover from. I have frequently seen this happen from an over walk, excessive riding or rowing; in fact, no *violent* exercise ought to be taken by any consumptive person, and this more especially during any approach to exhaustion from want of food. But not only is exercise necessary for the body; it is also equally demanded for the lungs themselves. This is a fact frequently overlooked. It is best accomplished by sitting down and taking several deep inspirations *through the nostrils*, and *gradually* expiring.

This should not be prolonged if uneasiness is felt at the chest; which, at the commencement, is very likely to occur, but after a short period, a greater number, and deeper inspirations can be taken, showing the capacity of the lungs is being enlarged; this is a most important matter, and should be continually borne in mind, as it can be practised whilst walking, riding, or when at rest; but this exercise is subservient to *general muscular activity*.

Having seen that ill results follow exhaustion, the next thing to determine is what kind of exercise is the best. General exercise out of doors is always to be preferred, and the greatest benefit is derived from *horse-back* exercise, as nearly all the muscles are brought into action together, with less fatigue and consequently less exhaustion; besides which the patient gets an opportunity of breathing a greater amount of fresh air with less exertion than can be obtained through any other means, and so a stimulus is given to the nutritive functions, which is most necessary; but *excess* must be avoided.

Many, however, are unable, for obvious reasons, to indulge in horse-back exercise, so that walking must be had recourse to as a substitute; and a very good one it is, as the whole effects which are to be derived from horse-exercise can be produced by walking, but in a *minor degree.* The one great difficulty, however, to contend with in phthisical patients is the fatigue with which walking is almost invariably attended.

This fatigue is a symptom which is commonly overlooked, or to which too little importance is attached; it is valuable as a diagnostic sign, and also of great use in guiding the treatment. The amount of exercise a patient should take daily, must be carefully thought of. In fatal cases the fatigue on exertion gradually increases, and the muscular power seems never to regain what is lost. In other cases that are cured by the treatment, the muscular power gradually increases, and fatigue diminishes. I have had many patients, who, when first commencing the treatment, could not walk a quarter of a mile without great shortness of breath and excessive fatigue, but who, after four or five months, could walk five or six miles without the least feeling of discomfort; but as I have before stated, there must be no complete expenditure of power. We must estimate the effect of exercise not entirely by the fatigue immediately produced, but also by the state of the patient during rest. We frequently see patients enjoy a long walk, and apparently suffer no inconvenience from it at the time, but, after a rest, unfavourable symptoms present themselves. Such a case I have recently had. A young lady, who was progressing favourably, was so pleased at being able to walk a good distance without feeling the shortness of breath and prostration that previously occurred on the least exercise, that she walked regularly five miles every day. Although the state of her lungs improved every week, there was a certain amount of cough and depression of the heart's action which was inconsistent with the amount of pulmonary mischief. When she at last confessed to

walking this distance, the mystery was explained, and, by regulating the walk to one mile a day, the symptoms speedily subsided, and she made a rapid recovery.

Everyone is led to believe that excess of exercise must develop symptoms of fatigue immediately; such, however, is not the case. Too long a walk or excess of exercise may be taken without any unpleasant symptom arising at the time; but subsequent prostration, or other unfavourable symptoms, proves that it has done harm, and must, for the future, be avoided.

In those cases where walking or riding causes too great fatigue, the patient must ride in a carriage. Although this is unworthy the name of exercise, yet it is far preferable to remaining indoors all day long, which many are far too ready to do. Great care is needed to keep the body warm by extra clothing during the drive, and, if taken in a close carriage, draught must be most carefully avoided. When possible, walking exercise should be taken as well, no matter how short a distance is covered at one time. There are many other forms of exercise which deserve notice, and are of much importance; before mentioning them one thing must be strictly enforced, and that is, that every obstacle to the free movements of the chest should be removed, tight garments must not be worn, and stays, particularly in young females, must be peremptorily discarded.

Amongst other classes of exercise may be named *club exercise.* This calls into play the whole of the muscles of the arms and body, and partially so those of the lower extremities: by their judicious use the chest will be enlarged, and the muscular system rendered stronger and more fully developed.

The *chest-expander,* which can now be purchased at almost any india-rubber shop, is of great utility in expanding the chest; as is also the use of *dumb bells,* but they must not be too heavy.

Gymnastic exercises are of very great value to the patient, if they are judiciously selected and here also excessive exertion

must be avoided, as it causes an abnormal impulse of the heart by its having too great a quantity of blood suddenly forced upon it. In all these exercises the first symptom of pain, or of shortness of breath, shows that the circulation is at fault, and the exercise must be either modified or altogether stopped. It is not at all uncommon to find hæmorrhage the result of *over-exertion* during the performance of gymnastic exercises. But the performance of these exercises, beneficial as they are to a person who is already weak-chested, is of far greater value as a preventative.

A gymnasium should be found in every girl and boy's school; in fact, the girls require it more than the boys, as they are naturally more delicate, and get less exercise. It is now considered vulgar, and a girl would be called a "Tom-boy" were she to enjoy a holiday in using her muscles; yet such notions are most absurd, and, could they be corrected, we should find far fewer cases of spinal disease and chest affections than now exist, and the greater part of that lassitude and listlessness so frequent amongst ladies of the present day would be comparatively unknown; in fact, these classes of exercise should form a part of education, and be carried on more or less during after life. We all know how fatigued and exhausted the muscular system becomes after any unusual exercise, as, for instance, the first day's cricket, or tennis, the first day's shooting or long-distance walking; yet after a few games, or days walking, we find no effect from it, except that the same actions are performed with greater facility, and invigoration of the body is the result. By judicious gymnastic exercise the chest is expanded, the muscles become more powerful and are enlarged, and health and strength is found where, in many instances, disease and weakness would have manifested themselves.

These exercises, practised day after day, and month after month, cautiously and moderately, do far more good than the immoderate exercise of boat-racing, running, &c.; for in many

instances I have seen evil results from such exertions, and they are to be studiously avoided.

The time best adapted for these exercises is when the system is not in any way depressed by fatigue or want of nourishment; but they must not be indulged in during the process of digestion. As I have before stated, the robust and strong can take exercise before breakfast, but the majority of persons will find it cause faintness and languor throughout the day; it is, therefore, better to wait till two or three hours after breakfast.

Depend upon it, that out-of-door exercise and sport can do far more for a person than he imagines. You get away from the cankering cares of a profession or business, and the mind is drawn into another channel. I have found by experience that it is not the long holiday which does most good, but rather the continued one or two days a week shooting or fishing. Everyone should endeavour to take this, for the time imagined to be lost is far more than regained by the impetus and vigour it gives to prosecute our studies or work during the rest of the week.

One very common mistake is made by many persons who get only an occasional holiday, and that is overtaxing the muscular system by long walks. Instead of healthy invigoration, debility is the result, and the holiday, consequently, not only lost, but harmful.

The exercise of infants is also as important as that of adults; every freedom should be given to their limbs, and they should be allowed to roll about on a blanket on the floor, and as they get older no exercise dictated by common sense should be stopped.

From what I have stated, it will be evident to the reader that continual rest is enervating to the system, and, unfortunately, a great number of phthisical patients indulge in it, many taking to their beds long before there is the least occasion to do so. I invariably delay confinement to the house as long

as possible, but more particularly to bed; for almost immediately after a patient takes to bed the face becomes pale, weakness is complained of, emaciation proceeds more rapidly, and the disease frequently manifests itself in other organs of the body; therefore every practical expedient must be adopted to keep the patient out of bed.

I have dwelt thus fully on *exercise*, as it is of such great importance in the preventative treatment of consumption.

Ventilation is a subject that very few really think of sufficiently, and yet it is a most important one in preventing the spread of consumption.

During the process of breathing, as I have before pointed out, the air becomes more or less vitiated, that is to say, it loses a third part of its oxygen, and in exchange becomes impregnated with carbonic acid, a gas that not only is hurtful, but actually destructive to life. This is the effect of every breath we draw; therefore if this process is going on in a room occupied by several people, the oxygen gradually becomes less and the carbonic acid more, until the air is totally unfit to breathe; all the actions of the body are retarded, the muscular tissues are enfeebled, headache supervenes, the breathing becomes hurried and oppressed, and in extreme cases life may be lost; and these symptoms, too, in a healthy person; so the reader may imagine its effect when the lungs are already tainted with disease.

The fact cannot be too strongly urged that it is impossible to obtain proper ventilation unless egress is made for the foul air at the *upper* part of the chamber, and for access of fresh air at the lower part. In by far the greater majority of houses no provision whatever has been made for this; the only ventilation obtained is from crevices, consequent upon badly-made doors and window-sashes; in fact, a house with any attempt at ventilation is a rarity.

The close room in which, perhaps, several gas-jets are burning, and late hours in an exciting occupation, is an unfortunate com-

bination for the person so engaged, but a great deal of this can be rectified, and by careful management many a case of consumption prevented.

First, then, the sleeping-room. A well ventilated sleeping-room is almost as essential as food. The reader, perhaps, has never thought that about one-third of our lives, perhaps more, is passed in our bedrooms, which are generally ill-ventilated and too small. I frequently find even then that great care has been taken to close the chimneys and windows, and, in fact, to carefully guard against any fresh air entering the apartment; the consequence is that long before one is awake in the morning the whole atmosphere is absolutely injurious to breathe, on account of the consumption of oxygen, the formation of carbonic acid, and the exhalation from the skin; if this is more than usually bad, the sleep becomes heavy and unrefreshing, in fact more like poisoned sleep. We are all well acquainted with the sad fatality attending the overcrowding of the Black Hole, at Calcutta. There more than half the unfortunate prisoners died in *one* night entirely from the atmosphere becoming deadly on account of the excess of carbonic acid; and many other instances are on record of a similar kind.

It is true no bad effect may be the *immediate* result, but as time goes on disease gradually develops itself, and the disease most often generated is consumption. Now, if we get a bedroom really ventilated, we also get lighter, more invigorating, and shorter sleep. We all know that a sleep in the open air is followed by a bracing effect, and not by drowsiness and indisposition to rise, as is too often the case in a bedroom. In almost every instance the bedroom door might be left a little open at night; if the person is nervous a chain-bolt can be used, or a ventilator may be placed at the upper part of the door.

The window, too, may be down about one or two inches *at the top*, according to the state of the weather. Many persons when told this exclaim, "Oh! there will be such a draught; I shall take cold." There is no fear of this if the bed be so placed as to

prevent any current of air from coming in contact with the face, or by having a single curtain as a protection. Of course during severe frost or fogs this cannot be done, but ventilation can still be obtained by the door.

It seems very strange how persons wilfully shut their eyes to facts; they are very careful to avoid any contact with a person diseased or dirty, they cannot endure the least smell of an offensive character, they are excessively cautious as to any impurity in their diet, and would deem it an abominably vulgar act to drink out of the same glass their friend had used; and yet after dinner they go to theatres and other places of amusement, and draw into their lungs air loaded with the effluvia from other persons' lungs, the exhalations from the skin and clothing of a vast and promiscuous crowd —exhalations which are objectionable even in healthy persons and in good rooms, but which arising as they do from all classes of people, and confined as it is by having, one may say, *no* ventilation, is simply horrible.—Yet of this no notice is taken, and year after year theatres, and other places of amusement, continue to be built without the least thought of ventilation, or, if any arrangement is made, it is notoriously bad.

The same remark applies to schools and churches. In schools, as a rule, the room chosen for the purpose is not suitable, the result being headache, loss of appetite, languor, and the foundation of disease in after life. Many cases I have seen where the symptoms were imagined to arise from excess of brain work, but which was nothing more than a want of fresh air. Let any stranger go into an ordinary schoolroom after it has been occupied two or three hours, and he will immediately find the difference between the atmosphere there and that which he has left, and yet all this might easily be avoided if people would only be convinced of common sense in the matter.

But to resume: As soon as you rise in the morning throw open your bedroom windows. A *good* thermometer should be in the bedroom (and sitting-room) to test the temperature, as without it it is

impossible to be certain of the heat or cold, the *imagined* heat being frequently very different from the *actual* temperature. Some persons object to a fire in the bedroom; this is prejudice; many a person has taken a death chill from leaving a heated room for a cold, chilly bedroom. The very thought is absurd in itself; for what can be more hurtful than for an invalid, who carefully excludes all draughts from the room, and uses wraps to the body, to leave that room for one that is much colder? Nothing could be more foolish; yet is very frequently done, and the patient experiences a sensation of cold and shivering whilst undressing, which not unfrequently causes an attack of pneumonia or pleurisy. If the weather is cold, a fire should be lit in the bedroom at least an hour before the invalid enters it; anything less than this is useless. As the very act of undressing causes more liability to cold than usual, the temperature of the bedroom should therefore be, if anything, warmer than the sitting-room; but let the reader bear in mind that by keeping the room warm I do not mean *over*-heated. I find too often the patient sitting in a badly-ventilated room with a large fire, and the temperature about 70° Such a thing is *most* injurious, producing loss of muscular power, loss of appetite, depression of spirits, and a train of other evils.

In ordinary cases, after the patient is in bed, the fire may be allowed to go out, but must be re-lit in the morning before dressing.

I would here warn the reader against the class of closed stoves, now so frequently used; in nearly every instance they are most unhealthy, and cause more harm than they do good. It is perfectly true they give out a great heat, but there is always a tendency to sulphurous exhalations, which cause the surrounding atmosphere to become close and stifling, causing headache and giddiness; they are undoubtedly also economical, as far as waste of fuel goes, but it is at the expense of the air, and consequently also the lungs, so that in the long run it is a failure. I strongly

advise the open grate and chimney, for there the carbon and sulphur are taken away, and purer air is the result. Houses should be better warmed than they are; by this I do not simply refer to rooms, but to the passages and staircases. The air that enters into rooms should be raised in temperature. To effect this a stove should be in the hall, and if during the winter the air outside the rooms is kept at from 55° to 60°, there will be much less draught and less fire required in the room, and more, the patient can get about the house without fear of taking cold, a thing that cannot be done as a rule, because immediately the door is opened a current of cold air is encountered; and, again, the temperature by this means is more equalized, the room being about the same heat in any part, whereas without it the patient feels chilly unless sitting immediately in front of a large fire.

For some years I have used, both in my hall and consulting-room, an American stove, which answers most admirably; it being possible to raise or lower the temperature many degrees in a short space of time; the air being kept perfectly pure by means of air shafts entering the stoves.

I have had many patients say to me, "But if we get the house so equally heated we shall run great risk of taking cold when we go out of doors." No such thing; it is rather a preventive to cold. In Russia, and other very cold countries, the houses are kept excessively warm, and yet the inhabitants go out into a *very* cold atmosphere with impunity; in fact, colds are almost unknown to them.

We all know that if we start out on a cold day, well warmed, it is much better than going out chilly, and that there is less inconvenience from exposure to cold when the body is of an uniform temperature above the external air.

One very erroneous idea is very prevalent, and it is this—that by living in draughty houses, and by getting accustomed to unequal temperature indoors, one becomes "hardy," and incurs

less risk of cold from damp and cold out-of-doors. This is impossible, and many persons find to their cost that, by pursuing such a course, which is opposed to all physiological theory, they not only do not render themselves proof against cold, but are considerably more liable to attacks of inflammatory action.

Choice of Occupation.—As I have previously shown, all trades which cramp and confine the action of the chest, and all callings which are followed in ill-ventilated rooms, or which necessitate the inhalation of particles of dust, or other irritating substances, are very conducive to chest disease; therefore, to prevent the disease, it is of great importance to select for youths a profession or occupation in life which is not sedentary, but which combines exercise with pure air. Many and many a girl I have seen gradually becoming consumptive, who had some predisposition to the disease, by being engaged as a sempstress; and also youths by being compelled to sit day after day in a close office, frequently lighted by gas, with little or no exercise.

Many lives could be saved if parents, who know their children are weak-chested, were to make this point a matter of serious consideration, but it is unfortunately too often the case that health is sacrificed for money. It is true, as many say when I point this out to them, "We must live;" but in the end money, time, and health will be lost, if a person tuberculously disposed follows an avocation in life which tends to impair the respiratory function.

Marriage.—In the prevention of consumption there is probably no point more pregnant with interest than this. The matrimonial alliance of persons who are suffering from the disease, entails upon the offspring the most deplorable results; this can be, and is, seen by everyone who is interested even indirectly in the matter.

Seeing this, one would imagine great care would be taken to prevent such marriages; but it is a strange fact that not only

the parents and friends, but even medical men themselves, throw the matter on one side with a carelessness that is little less than culpable. This being the case, it cannot be wondered at that the public generally give little attention to the matter.

In many instances a medical man is not consulted at all as to the advisability of marriage—in reality, it is rarely that he is; but the fact cannot be evaded, and I shall therefore plainly state my ideas on this subject, for so much disease, misery, and death has resulted from it, that it is high time some steps were taken to prevent such marriages. If everyone interested were to be well informed on the subject, and medical men were to use their influence, I venture to think very patent results would ensue.

Under the *Causes of Consumption* I stated that hereditary transmission of the disease was much less frequent than has been imagined; but I am now speaking of persons who are in, or who have symptoms of the disease.

I consider it an unalterable rule that, where the disease has developed in a family, there should *never* be any intermarriage with its own members; diseases both of body and mind are the ordinary results of such alliances, but where tuberculous disease exists the mischief is still greater. Fortunately these cases are comparatively rare; what we have chiefly to oppose is the marriage of persons who are personally affected with consumption. Where both are affected, we have but too grave proof that the children become the victims of the same disease, and so it runs on to the children's children.

Many parents who are themselves affected, although fully aware of this danger, allow their children to marry into a phthisical family, on the ground that their child is strong and healthy; such a thing ought not to be, no matter how robust the child may *seem* to be. Marriage in this instance should be made into a family entirely free from the tuberculous taint; where this is done, and proper care taken after marriage, con-

sumption may ultimately be eradicated. Take, for instance, the daughter of a parent who (the parent) is consumptive; she marries a healthy man, and although there may be hereditary taint of tubercles, her children may be almost, if not *quite* free from it; the children grow up, marry, and again *their* children are healthy; but if they become careless of their health, and neglect the ordinary laws of hygiene, the disease may and does frequently re-appear; this is undoubtedly the cause of the disease, as people call it, "skipping" a generation.

Now, if we take the case of a man affected with tubercle marrying a healthy woman, different results are obtained. Here the disease is derived from the male parent. The healthier the mother the less liability there will be to the disease in the children; but it is almost certain that in some form or another it will exhibit itself.

It will therefore be seen that this subject is one demanding most serious attention. Unfortunately, persons who intend to marry, as a rule, follow their own individual passions and tastes without any thoughts of the family, or care for the future; higher principles should predominate, and the opinion of the professional adviser be more rigid and exacting on this point.

To sum up the matter, marriages should not take place with members of the same family; they should not take place too early. To fix an exact age would be impossible; some physiologists say a man should not marry before twenty-five. I do not go so far as that, but certainly he should not do so before twenty-one or twenty-two years; in fact, in regard to this, there should be *complete* development of the powers, and completion of the growth of the body before marriage. On the other hand, marriages should not be made too late in life, nor should there be a great disparity of age; this almost invariably leads to weakness and debility of the offspring, and should there be the least trace of tuberculous

disease on either side, there is little chance of the children escaping.

Dwelling-Houses.—To the consumptive patient, or to those who are threatened with the disease, this is a matter of great importance, although it may at first sight appear trivial. On this matter also there is, unfortunately, too little thought given to it by the medical profession, but I have found in many instances a great deal depends upon the selection of the dwelling-house.

I have had cases, which seemed to resist the treatment, get rapidly well immediately they were removed from the small rooms and overcrowded street in which they resided. It is therefore advisable, where the house is situated in a densely inhabited part of a town, to remove to some open locality. This more especially applies to the lower classes; the houses that are now built are a disgrace to England, no regard being paid to ventilation or other requirements of health, the result being increase of disease and dirt.

In choosing a residence, the consumptive patient should look well to the aspect, not only of the house, but of the sleeping-room. This is of great importance. The bedroom should face the west or south, and not the north or east, as attacks of pleurisy, pneumonia, coughs, and colds are frequently the result where the bedroom faces either of the latter aspects.

Around the house there should not be too many trees, as they hold the moisture, and retain it as long as the surrounding air is damp; the result being that immediately the atmosphere becomes dryer, they give out the damp; hence the air is kept continually moist, and, as I have already shown, this is a most serious drawback to those who are suffering from disease of the lungs. Therefore, avoid houses which are closely surrounded by vegetation. Where the choice of a house falls in a hilly district, the sides of a hill should be chosen and

not the lower part, as there is less accumulation of water and less condensation of vapour than there is at the foot of the hill.

The most eligible site for a house is on an elevated position, and a dry, gravelly soil. The house itself should be well built, so that draughts from doors and windows may be avoided. The roof should be quite sound, and the flooring, at the basement, of wood; or, if of tiles or stones, they should be covered with wood. There should be *no dampness* of the walls or floors. There should be plenty of windows, that sufficient light and ventilation may be obtained. A locality should be avoided which is near stagnant water. If the house is not on a slope the drainage should be *perfect*, and the ground also well drained. All fœtid smells from decaying animal or vegetable matter must be strictly guarded against. Three main points must be considered, and they are —pure air, pure water, and dryness.

If living in town be compulsory, the house should face a park or some open square; if this be impossible, the widest and most airy street should be chosen.

These observations may at first sight appear trivial, but it is essential to the well-being of every consumptive patient that they be attended to.

Temperature.—One of the points in the preventive treatment of consumption that is rarely, if ever, sufficiently attended to, is temperature. To the person threatened with this disease, as also to those who are its victims, it is all-important that the body should be kept as nearly as possible of an uniform temperature. There are two means by which this end can be effected, viz., clothing, and regulation of the heat of the surrounding atmosphere.

The normal temperature of the body in health is 98°, and this temperature should be maintained as nearly as possible; to do so, however, the air in the house must be kept uniformly

at a temperature of from 60° to 65°. Every room and passage should correspond to this.

How rarely do we find this the case. In fact I do not think I have ever found an instance where due regard has been paid to this important subject. The bedroom is left cold, the staircases and passages colder still, and the sitting-room hot; and yet the patient, who very possibly dreads going out of doors, because of taking cold, thinks nothing of immediately leaving the hot room for the colder ones. Again, the temperature will be found to fluctuate greatly at different times of the day. As a rule, in the morning the room is much colder than it is at night.

All these changes are *most injurious* to the invalid. A little thought will at once reveal this. Imagine a lady with chest disease; she goes to bed, and for from eight to ten hours the body is kept at a normal heat; she then rises, and immediately on getting out of bed (especially if it be winter time) she is met by an atmosphere which is not very much above freezing point; and not only that, but she occupies herself at her toilet for an indefinite period (the reader possibly may guess about the time most ladies spend over this), and gets the body completely numbed with cold; on descending from the bedroom to the breakfast-room she is met by currents of cold air, and, if a door happen to be open, possibly by a blast of external air; arrived at the breakfast-room, a seat is usually chosen in front of the fire, the result being that from the radiation of heat the front part of the body is in a very high temperature, and the back in a very low one, added to which there is very probably a draught. The result of this is that a general sense of cold and uneasiness is felt, followed by a shiver and chill, and after that there is a far greater liability to take cold through the day, especially on going into the open air.

Now this is a thing that is happening every day, yet no one

seems to pay the slightest regard to it. Colds are taken, attacks of bronchitis, pneumonia, or congestion of the lungs follow, and still no alteration; whereas nothing could be easier than to prevent it, as I have shown whilst considering the subject of ventilation. So much for the temperature of the body *indoors;* but another point must be attended to, and that is to keep up the temperature of the body *out-of-doors.*

As I have already stated, the air being warm indoors renders the patient less liable to take cold out-of-doors; but the fact of the matter is, patients go out-of-doors *far too little.* I am perfectly aware that damp and cold are bad things for a consumptive person, but there has been too great regard paid to the state of the weather, and because there has been a little damp, or the weather is showery or threatening to be wet, they keep indoors, possibly for some weeks; and the longer they do so the longer they want to, until the veriest trifle in atmospheric change is noticed and avoided, and so direct injury ensues.

When exercise is taken in the open air in a damp or cold atmosphere, more caution must be exercised not to leave the house chilled, and also to avoid over-heating the body by exercise. There is more danger in this than is imagined; the exercise should be sufficient to maintain the heat of the body but no more; if this be carried to excess the circulation becomes quickened and perspiration is the result. After this there comes the cooling process, and it is then that colds are taken. How many persons one sees run if caught in a shower of rain, thereby causing a sudden accession of heat. It is much better to walk fast enough to keep up a safe temperature and no more; then, on reaching home, if the wet clothes are changed, and the temperature of the house is as I have advised, there is no fear of even a tubercular subject taking cold. The great cause of the evil of cold is from getting wet, and then sitting or changing ones things in a cold room The greatest caution is

necessary when the skin is perspiring; for if the surface of the body is exposed to any cold during this process, congestion and inflammation are very easily set up.

From these facts we arrive at the conclusion that those who are suffering from phthisis should keep themselves warm whilst indoors, and that they should go out of doors in almost all weathers, taking the precautions already mentioned, being warm at starting, and not remaining out if any sensation of chilliness is produced; hence exercise and clothing must be both duly considered. Any undue exertion must be avoided, especially such as to excite perspiration. Of course the exposure to weather should be carefully watched; but, if properly regulated, I have invariably found it productive of great good, energy of mind and body taking the place of a *ennui* and prostration, and appetite for meals instead of the aversion to food.

Of course, in some cases (but they are few and far between), a patient is unable to bear the fatigue of going out at all; in such cases a change of climate is needed, as I have never seen a case in the earlier stage where such fatigue was really due to the action of the disease alone, but have invariably found that the climate has been too enervating, and that on removal to a more bracing one, the patient has recovered from this excessive lassitude; but I shall speak more of this when we presently consider the matter of climate and voyages.

The Digestion.—We have already seen that in cases of consumption there is a mal-assimilation of food, and an abnormal condition of the mucous membrane of the stomach; if, therefore, this can be in any measure rectified, we shall certainly prevent some fresh mischief. The state of the digestive functions requires to be very carefully watched, and remedies administered immediately the symptoms occur.

The most frequent symptoms is acidity and the sensation of fulness after the patient has eaten even a little food. There is also great tendency to vomiting, especially if

there be much cough; associated with a tenderness at the pit of the stomach. In such cases, tea, coffee, and all stimulating condiments should be avoided; food should be taken frequently but in small quantities; and remedies suitable to the symptoms must be exhibited.

Here I would warn the reader against the habitual use of purgatives; no other class of medicines have been so abused—in fact, some people never seem comfortable unless they are taking some purgative pills. Chronic constipation and piles are the frequent result of this abuse; nor is this the greatest evil, for by their irritating action on the mucous membrane of the bowels, a deposition of tubercle is frequently formed; or, if that deposition has already taken place, the irritation causes softening to occur, which sets up the usual train of symptoms.

The Uterine Functions in females should be most attentively watched; for although irregularity or suppression of the menses is a very frequent symptom in consumption, yet there can be no doubt it is also an exciting cause of tubercle. Therefore, in females of a consumptive tendency, before the disease has manifested itself, it is of the utmost importance to endeavour to prevent this irregularity.

I have frequently found that when this condition first sets in, the patient has an attack of congestion or hæmorrhage from the lungs; the menses, therefore, should be restored by the administration of remedial agents; the patient assiduously avoiding anything which would tend to bring about this cessation, such as coldness of the feet, mental shock, &c.

CHAPTER VIII.

PREVENTION—*(Continued).*

Climate and Voyages.—We now arrive at a method of preventing consumption, which, if judiciously acted upon, is of great value. Unfortunately, opinions as the relative value of climates differ greatly, one medical man recommending one place, another doing just the reverse; one recommending a patient to take a voyage; another advising him to stay at home. The reason of this is not far to find; it is because medical men in general practice get comparatively so very few cases of consumption, that they do not receive the undivided attention which must be given, if we wish successfully to carry out the treatment.

Climate and places are recommended to patients in a most indiscriminate manner, simply because Dr. So-and-so recommends it in other cases; and these cases were in all probability of a totally different character. Such advice is in the majority of cases not simply injudicious, but positively harmful. I say this from my own experience, having so repeatedly seen patients sent away for a sea voyage, who should never have left their home, and

who consequently got rapidly worse, instead of deriving that benefit which they were led to believe would be the result.

I shall in this chapter simply state what I have *practically proved* to be true; all theories on such a subject are not only utterly useless, but many and many a patient who might still be alive, have been sent to their death by acting upon such theoretical advice. I am well aware my opinion differs from many authorities on this subject; that I cannot help, as, having most carefully *proved* the matter, I am reluctantly compelled to come to the conclusion that had I some years ago known what I now do, many of my patients would have been living who were sent away from home, and died abroad; but *experientia docet.*

In a word, I would most solemnly warn the invalid against trusting to a voyage, or a residence abroad, as a *cure* for consumption. No doubt very isolated cases might be brought forward where a patient had been given up to die here, and who may now be living in New Zealand, or some other health resort; but even in these cases it is doubtful if they were of a genuine tubercular character, and even if they were, for the one case thus successful, how many thousands could be quoted, where the patient has either died away from home, or come back considerably worse than he started.

In some cases, the change of air, life, scene, habits, &c., for a time produce good results; I have seen persons take a trip to America, or Australia, and return greatly benefitted, but slowly and surely the symptoms return, till in a few months the hope that filled the heart is dashed to the ground, and the patient becomes despondent, feeling he has done all that can be done and it has signally failed.

Change of climate is a remedy which has been and still is indiscriminately recommended, or resorted to as a last resource; many an invalid is hurried from his native land to linger and die away from home and friends, being denied that consolation

which friends alone can give during times of sickness and on a death-bed; this forsooth, because of the common prejudice that consumption is incurable. To recommend such a course, I condemn as cruel and inhuman. From the many instances of this kind that have come under my immediate notice, I will quote one.

J. C. W., aged 25 years, consulted me in 1879, at which time he was suffering from consumption in its third stage, that is to say, the tubercles had softened down, and a cavity existed in the lung. He had the usual symptoms in such cases:—cough, expectoration (which was frequently tinged with blood), night sweats, loss of flesh and appetite, irregular action of bowels, &c.

He continued with me for three months, during which time he gained eight pounds in weight, had almost lost his cough, and was in every way better.

The cavity in the lung had commenced to cicatrize, and all seemed hopeful for a permanent recovery; but some of his *friends* (?) thought the progress too slow, although he had been given up as incurable by two physicians, and, without my knowledge, took him to another consultant, who, doubtless thinking he was acting for the best, recommended an immediate voyage to Australia as the only means of saving his life; this, too, with the full knowledge that he had been greatly improving under my treatment. Shortly after this advice he again saw me, and explained what had been recommended.

I endeavoured to show him the folly of acting on such advice at present, as he was progressing as favourably as could be wished, and that as soon as the cavity was completely cicatrized he could then go away, and follow on with the treatment till perfectly well. This he was willing to do, but his friends insisted on his going; consequently all was arranged for his voyage and short residence in Australia—all but the one vital point, and that was *treatment*. In this respect

nothing was done, but everything left to the effect of change of climate. Before he went, I pointed out to his friends the almost absurd step he was taking, but it was of no avail, and in July he started.

The first report that reached home was very favourable; he was very much better, and was getting quite well. Shortly after, the report was less favourable; the cough had returned, also the expectoration, and pains had again commenced in the chest, with perspirations at night. His friends still took no notice of this, so certain were they that the climate was going to work such wonders for him. As, however, he became worse and worse, in May, 1882, they consulted me relative to his case, showing me his letters, and asking what could be done; but it was evidently too late, as to get him home again in his weak state was an impossibility, and with great regret I had to say nothing could be done. Six weeks after he wrote home again stating he felt he could not last much longer, and bitterly lamenting the fact that he had been persuaded to leave England, for a strange land to die amongst strangers. The next mail brought the news of his death.

Now I have not the slightest hesitation in stating that, had he continued with the treatment three or four months longer, and then taken his voyage, he would still have been alive. Such cases are by no means isolated ones, but, alas! too frequent; one sees them almost every week, and yet, in the face of this, persons still continue in the same way to send their sons and daughters in many instances to a certain death.

I may be speaking rather strongly on this point, but surely not too much so. It only requires a little careful study of the matter to prove what I have stated. Let anyone go to one of these so-called cures for consumption, and see for themselves. For every *one* case of genuine consumption that is even alleviated, fifty, yes, and probably one hundred, die, or come home much worse than they went. We all know how deceptive

is the exhilarating effect of mountain air; in fact, in some instances it amounts to a species of intoxication; and that is the reason why, at the commencement of the change, such favourable accounts are rendered as to the improvement in health of the invalid, but as soon as they grow accustomed to the air there is, in nearly every case, a retrogression, and this continues until either they leave for home again or die.

The reader may possibly exclaim, "Oh! this is all nonsense, for I know of cases where great benefit has been derived." Very possibly so, but is the benefit permanent? and if so, was the patient's a case of genuine *tubercular* disease, or one of those cases which so simulate consumption that but to a practised ear it would be said to be so. And again, is it only these one or two cases that have been watched? If so, that is no guide; for take one, two, or three hundred cases, and it will be found my statement is correct.

I do not for one moment wish to convey the idea that I do not believe in change of climate at all; on the contrary, I believe it to be one of our most valuable adjuncts in the treatment; but this I do maintain, that, for it to be of benefit, the patient must be in a certain condition; and that it is to be entirely subservient to the treatment; in fact, it is to *aid the treatment*, and not to *be the treatment*.

My experience has been this—that if the disease can be arrested by the treatment, and the patient brought up to a certain point, then the change is all-important. I am now speaking of cases in the second stage of the disease. When in the first stage, the matter assumes another aspect; but in the third stage I rarely, if ever, send patients out of England unless cicatrization had decidedly commenced, and more often wait till it is complete. I will quote an instance.

A. R., the daughter of a lady in high position, was placed under my care two years ago; she was then suffering from an extensive cavity at the back of the left lung, which had been in

existence for nine months. Six months previously she was recommended to go at once to Cannes as the only possible chance of saving her life. Accordingly she went, only to get gradually worse, till at last the symptoms were so alarmingly increased, that it was decided to leave for England, which was accordingly done, and on her arrival I saw her.

After two months of treatment there seemed very little, if any change for the better, but at the end of four months she was stronger, had less cough and expectoration, had gained flesh, but the cavity was still the same. I advised her to go to a bracing sea-side place, and Margate was decided upon; after being there and following up the treatment for two months, she returned greatly improved. On examination I found the mischief had considerably decreased, and that the lung was gradually improving. She stayed near me another two months, and then was in such a condition that I deemed it advisable to send her away. She strongly objected to go to Cannes again, her former experience making her timid of getting worse; but after a little persuasion this difficulty was overcome, and she went, with the result that after spending six months there she returned perfectly well, and remains so up to the present time.

I could mention hundreds of such cases, and from them there is but one deduction, and that is, that the patients, when first sent away, were not in that condition they should have been in, to derive any benefit from it; and that when they were by treatment brought to that condition, they obtained the benefit required.

I have, in many instances, as in the one just cited, sent the patients to the very same place where they got worse, and almost invariably with the same result of improvement.

Another very great error that is daily committed is sending patients, no matter in which stage of the disease they may be, to a too enervating climate. This is incessantly done, and yet it surely is opposed to all reason. We are here dealing with a

disease which, by its influence, enervates the whole muscular and nervous system, and yet a patient so enervated, and with the disease in active operation, is sent to a climate where even a person in ordinary health would feel more or less weakened by it. Take Torquay, for instance: How many patients are sent there who require some thoroughly bracing air! and the consequence is they get weaker and weaker, and, if in an advanced stage of the disease, die, being unable to return home. One has only to look at the churchyards in some of these supposed health resorts for consumptives, to see the number of headstones erected to strangers who, by a well-meant but erring judgment, have been sent there but to droop and die. What is required is a climate sufficiently bracing, but not so much so as to produce cough or irritation of the air passages. Were this done many cases would be benefitted that are now actually made worse by change of air.

The same remarks apply also to voyages. It will, therefore, be seen that for a voyage or change of climate to do that good which we hope, the patient must be in the very early stages of the disease, or must, if in an advanced stage, have so far recovered, that the cavity has commenced to heal. Taking it for granted a patient is in one of these two conditions, we will consider, first, *voyages*, and then those places which are most suitable for residence on land.

Voyages.—The first thing to be considered is—for how long is the patient to be on the water, and then, where shall he go? If a voyage to the East is decided on, it will extend over three or four months, so that with the return voyage it will make nine or ten months' absence. During that time the patient will pass through latitudes greatly varying in temperature; but from the freedom of the air, and the incessant motion of the water, the temperature at sea seems much more uniform than on land. The atmosphere also is very much purer, and its humidity will vary according to the amount of vapour; but

the movement of the air, its humidity, and its temperature, are all more uniform. Therefore, these are conditions which are suited to the case, and from which benefit may be expected to be derived. At some time the heat may be found oppressive, but there is generally a breeze which partially counteracts this, and it can be to a very great extent obviated by an awning over the deck, and a change of lighter clothing.

Sea-sickness is a thing to which a great many persons are liable, but in the majority of cases it ceases or diminishes after the first twenty-four hours. In some cases, however, it is more or less persistent, being a source of very great annoyance, and possibly danger, to the invalid. It may not, therefore, be out of place here to say a few words relative to this unpleasant symptom.

As just stated, the majority of victims to the *mal-de-mer*, actually vomit, and, after feeling nauseated for twenty-four hours, recover themselves; others, however, continue to vomit for two, three, or four days; whilst, occasionally, an unfortunate victim seems never to recover during the whole voyage.

The first-class of patients require no treatment beyond a saline draught, such as Lamplough's pyretic saline, to which may be added a few drops of aromatic spirits of ammonia.

The second-class of patients would do well to keep the body warm and lie on the left side, and take, every four or five hours, the following mixture: half a drachm of bromide of potassium and ten drops of tincture of capsicum. I have found this invaluable in the treatment of sea-sickness. The food must be light and nutritious.

The third class of patients require much the same treatment, with the addition of ice to suck, or sips of iced champagne; they should keep on deck as much as possible, and keep the feet warm by means of hot-water bottles. If the sickness is excessive, ten grains of hydrate of chloral may be taken every two hours.

To those, however, who are troubled much with sea-sickness, prevention is, to a certain point, possible. I have known many instances of patients, who were invariably sick on previous occasions, make a long voyage with either very little or no symptom of it, by taking, two or three days previously to embarking, one drachm of sodium bromide three times a day, and after the voyage had commenced, half doses for a day or two.

To return to our subject. During a long voyage there is generally an absence of all the little worries and cares that fret and wear us on land; there is a sense of freedom, too, which is only known to those who have tried it, and always a charm in being in the open air; besides which, the meals are served regularly, and, in good ships, well.

There are, however, one or two points which the patient must consider well: the first is, How shall he occupy his time? the second is, Where shall he sleep? The first point is easily answered, as he can either pursue some study or enter into the affairs of the ship, and so keep the mind healthfully employed; unless something of this kind is done, a depression more or less lasting will be the result. I have advised many patients to obtain some actual employment on board ship (always, of course, being careful as to the quality of food supplied and the actual amount of labour demanded), and usually with great success; where this is not done, exercise can always be obtained by lending a hand at a rope or climbing the rigging.

The second point is one of great importance to the consumptive patient, and should be most carefully attended to. The sleeping-apartment should be as large as can be obtained, and removed from all smell of the engine-room and the foul odour of bilge-water. Where possible, I should recommend a deck berth to one below.

A good three months' voyage may be made to Melbourne

by way of the Cape, starting from England about the end of May, but in this case the depressing effect of the Australian summer must be most carefully guarded against.

The voyage to the Northern States of America is now so reduced in time that, for the purpose of a long voyage. it is useless.

For shorter voyages, and for those patients who are in an advanced stage of the disease (if they are determined to go). a trip up the Mediterranean is about the best.

In reference to the period of the year when it is most suitable to take a voyage, I would remark that to America it should be taken in May or June to September. If to the East, it is really of very little importance at what time of the year it is taken; it is, however, preferable to leave England in the spring of the year, so as to reach Australia in the winter.

These remarks, as I have stated, apply to patients in the condition I have previously named. The change should be for at least one year, and, if possible, for two or more. Suitable clothing for the climate must be provided, and then, with the exception of a few articles in diet (notably milk), the patient will be able to pursue the plan of treatment I adopt, and that, generally, with the happiest results.

Residences on Land.—In choosing a residence on land for the consumptive patient, whether it be in England or on the Continent, there are several points which claim attention, and which hitherto have been either overlooked or carelessly dealt with. As I have before stated, an enervating climate is *bad;* we must therefore endeavour to find, first of all, a climate that is of a sufficiently cool temperature, but not so cool as to induce any irritation of the air passages, which would be indicated by the cough and other symptoms.

Next we have to select a climate which is liable to the least variation of temperature in the twenty-four hours; by

doing this we equalize the circulation, and so avoid, or at any rate lessen, the liability to congestion and inflammation of the lungs—a symptom which is very frequent, and which is attended with great danger to the patient. With this we must also have a *moderately* moist air, so that fogs do not prevail; and there must be an absence of north, north-east, or easterly winds, especially if we are choosing a residence in England; if abroad, hot dry winds must be avoided. The air, too, must be pure, and free from bad odours and smoke.

In considering this subject, we have to divide the year into winter and summer, and in so doing I shall make the summer from the middle of April to the middle of October, and winter from then onward again to the middle of April.

We will now glance briefly at some of the most suitable summer and autumn residences.

Scarborough.—At this lovely sea-side town there is a decided prevalence of west and south-west winds, and, as the sea faces the town north and east, the greater part of the winds are from the land, which causes the variations of temperature to be much less than would be the case were the wind to come in from the sea. On bright days there is a very great difference between the temperature of the air near the sea and that at the top of the cliffs, hence it is desirable to be at the high level during the summer months.

At Scarborough there is, comparatively speaking, little fog, the temperature being moderate in summer and warm in autumn, with comparatively slight moisture. The mild weather frequently extends into January. We, therefore, have here a locality which is very advantageous to a person in the first stage, or recovering from one of the latter stages, of consumption. There is a beautiful marine parade, and a hilly country all round. One error, however, is likely to be committed, and that is, to choose the south cliff; this may be all well enough as regards fashion and pleasure but we are now speaking of the

invalid, and, as I have before stated, we want to get as much *bracing* air as is consistent with the patient's condition; the north cliff, therefore, should be chosen, the air being cooler and more bracing. There are many sheltered spots to choose from, and every accommodation for the middle and upper classes.

On the same coast there are other places which offer advantages similar to Scarborough, as, for instance, Whitby, Lowestoft, Yarmouth, Cromer, Redcar, Saltburn, and Filey; the latter place is of great value to those who prefer quietude; but, taken altogether, Scarborough is the best place to choose.

Clifton offers a contrast to many other places; it is situated upon the hills by the deep gorge of the Avon, which leads into the Bristol Channel; it is quite exposed to the south-east winds, and is sheltered from the westerly gales. The town portion of Clifton is sheltered, but on the downs there is great exposure, so that some care is needed in choosing a suitable locality. The scenery is very beautiful, and presents a wonderful contrast to the surrounding country. The subsoil draining is remarkably good. The variation of temperature, however, is great, so that in the winter months it is not a suitable spot. The air is of a tonic and stimulating character, frequently inducing cough; in some cases, however, it is of benefit, but the patient should seek a sheltered house, and during the sunny weather keep out on the downs as much as possible.

Torquay is situate on the Devonshire coast, by a stretch of water named Torbay. It has a grand sea view, and offers great facilities for boating or yachting, whilst the scenery inland is most picturesque, abounding in quiet nooks and pleasant retreats for excursions and picnics. It also abounds in geological interest.

From the level of the sea the town rises on the sides and background to a great height, the cliffs having summits which gradually rise in height, and upon which terraces and villas are built, giving (especially from the sea) a most picturesque appearance.

Nicely situate, however, as it is, there are grave objections to the place as a resort for the consumptive patient. It has been greatly extolled, and patients sent there, but I venture to affirm that in very few instances has benefit been derived. In the first place, it is too enervating, and, as I have already stated, this is a point that must be most carefully avoided; in the second place, the roads are almost white, and the glare of the sun on them causes great prostration of nerve power, inducing headache and weakness of sight. Another objection is, that invalids, from the *prevailing fashion*, frequent the town, and the patient is continually meeting others suffering from the same disease in an advanced stage, which has a most depressing influence; this objection may, of course, be raised against any health resort, but I think it is more especially the case with Torquay; at any rate, that has been my personal experience. A great proof of the unsuitability of the place is, I think, as before stated, afforded by the great number of graves of strangers to be found in the churchyards, far in excess of any other resort with which I am acquainted.

I am simply placing before the reader *facts*, and not theories, and to the consumptive patient I should say, Do not make Torquay your residence. It is not the most desirable situation on the Devonshire coast; so we will leave it, and endeavour to find a more suitable spot. Many places may be found between Berry Head and the westward of the Dart superior in every way to Torquay. At the back of Brixham (a great fishing town) is a hill where the Dart can be seen in all its glory, meandering between the richly-wooded banks; and at the foot of this hill we come to a village called Kingswear, which is a very suitable residence for the consumptive patient; it is protected from north and east winds by the hills, and also from the westerly winds, whilst it is fully open to the invigorating sea-breeze from the south.

Crossing the harbour, and passing through the town of Dartmouth, we come to many sheltered nooks protected from

the east winds. The scenery here is very beautiful, being a succession of hill and dale till we come to Salcombe, near which many other places may be found

In all these southern resorts, however, patients are liable to commit one great error: they imagine that because the climate is so mild, they may go out into the open air at any time with impunity. Such is not the case, however; for although the atmosphere may be warmer, it becomes excessively damp after rain, on account of the westerly Atlantic winds which deposit their moisture. It is, therefore, prudent not to be out much during the prevalence of such weather.

November is about the best time to take up residence here, and remain till about April, when the worst of the easterly winds of spring have passed. On no account should the invalid remain here during the summer: it is far to warm and relaxing.

Hastings.—This fashionable winter resort is divided into two portions by an imaginary line, one part comprising the portion known as Hastings proper, the other gradually extending along the shore, known as St. Leonard's. Both are situate nearly on the level of the sea, having the cliffs for a background; the old part, however, runs close to the cliffs, whilst at St. Leonard's they are rounded with houses and terraces at varying elevations; the former, therefore, is more protected. Suitable choice may be made according to the patient's requirement, either a warmer or a cooler position being selected; altogether, I think St. Leonard's the more preferable position; but should the wind cause any irritation of the air-passages or induce inflammatory symptoms, the old part of the town should be resorted to.

Sandown, Isle of Wight, bids fair to become one of the most popular, as it certainly is one of the most beautiful, health resorts on the English coast.

Its bay is simply perfect, the bold white Culver cliffs forming its northern, and red sandy Dunnose its southern, extremity. The shore

is composed for miles of firm sands, which render it all that could be desired, especially for children. For sea bathing and boating it is probably unequalled, the sands gently sloping to the sea rendering the former both safe and luxurious at all stat s of the tides, whilst for the latter it is all that can be desired, being very free from those rough seas which so spoil the pleasure of timid sailors.

Sandown abounds in lovely inland drives and walks. In fact, it would be a difficult task to imagine a more charming resort in this respect—at every turn Nature is represented in her most charming aspect by soft woodland shade and leafy glades. After making most careful personal observations as to the fitness of Sandown for a winter residence of those suffering from weakness or disease of the lungs, I, without hesitation, recommended patients there, and with the happiest results.

Many who have previously tried Ventnor consider Sandown far preferable for many reasons, amongst others the freedom from hills, thus enabling walking exercise to be freely indulged in, which is not the case at Ventnor. At the latter place also, in spite of its supposed protection from winds, there are continual currents sweeping from the high downs, causing continuous draughts of cold air, which are extremely trying to the patient. At Sandown this is avoided. In no single case have I heard any complaint, all speaking in the highest praise both of the climate and of its inhabitants. One other item (which to a great many is of vital importance) is, that the charges both for lodgings and board are exceedingly reasonable, which, unfortunately, is not the case at many other resorts. On the whole, I think sufferers could not do better than go to Sandown. It is, of course, quiet in the winter months—to many this will be an added attraction—but with its increasing residents and popularity that will doubtless be speedily altered, and, after all, it is *health* and not society we are seeking. There are many other spots in the Isle of Wight, but none, I think, more suitable than Sandown.

Ventnor has become a fashionable winter resort for consumptive patients. It is situated a few miles from Sandown, being open to the sea in the front and bounded at the back by high downs.

Bournemouth has recently risen in favour as a watering place, and for a certain class of invalids, capable of taking vigorous exercise in the open air, it is a desirable residence. It especially offers advantages to young persons, who, although having no specific disease, are of weakly and delicate constitutions; as also to those suffering from rickets, &c. It has been, I think, over-estimated in cases of chest disease. The pine trees (which are rapidly disappearing under the builder's axe) are said to exert a beneficial influence, which is, however, doubtful. At the same time, it is far preferable to many other health resorts to which patients are sometimes sent.

Dover has recently risen into favour, not only as a summer, but as a winter resort. It is, however, greatly inferior to Hastings, or Ventnor. It is true, shelter may be found under its towering cliffs; but this is very limited, and Dover is, as a rule, exposed to high winds. The climate is undoubtedly good, and a favourable winter one, when compared with the majority of the sea-side places in England. During the summer it is a very good residence for consumptive patients in the first stage of the disease, but it is not an advisable spot during the winter months. The same remarks apply to *Ramsgate, Margate, and Broadstairs.*

The Isle of Man is a suitable spot for a summer residence to the patient in the early stage of consumption. It is a small island, being but twelve miles in breadth and twenty in length, so that under any circumstances the air from the sea must pass completely over it; the depth of the sea surrounding it is almost uniformly deep, so that there is less variation of temperature than is the case where shallows exist; and, moreover, during the summer the hot air becomes reduced in temperature by passing over the deep water. There are mountainous hills extending over the interior, and from their summits a pure sea breeze can always be obtained. The cliffs from the sea-shore are elevated, and the island together is particularly adapted as

a health resort to those who are suffering from chest disease, during the months of June, July, August, and September. In the winter the winds are very violent, blowing principally from the north, causing great coldness.

The Lake District has been highly recommended by some as a suitable residence in pulmonary disease; my own experience, however, is opposed to this; I think it unsuitable for the cases now under consideration. The great heat in summer, and the moisture of the atmosphere, render the air oppressive and relaxing. True, the mountain air is good, but a considerable amount of exertion must be gone through ere it can be enjoyed, and then only for a short space of time. Many other resorts may be named, but it would be waste of space, as the reader, in all probability, is well acquainted with them; but, taking all things into consideration, I have found that Sandown and Hastings are about the best spots for the consumptive patient.

We now come to foreign climates. In selecting a foreign winter or early spring residence, much more thought is required, as it is, under any circumstances, a troublesome journey, and, if wrongly selected, productive of the most injurious results; of this I get continued proof—patients go to Pau, Cannes, or some other place, because Mrs. So-and-so was there and derived great benefit, with the result that they get worse and worse.

In selecting a place, we must seek for such an one that the patient may spend the greater part of the time out of doors; and to do this, the temperature, the dryness of the air, and the prevailing winds must be taken into consideration. The air must not be too moist, the temperature must not greatly vary, and must not be too high or too low, and there must be no prevalence of easterly winds. I shall not enter into any minute detail, or enumerate many of the places which are suitable to patients, that is to say, those who are in the condition I have previously named as likely to benefit from the change.

Davos Platz.—Not many years ago this resort sprang some-

what suddenly into notoriety as a spot specially adapted for the consumptive patient; in fact, some went so far as to say that nothing but a prolonged residence there was necessary for a *cure*. That these hopes have been shattered, I need scarcely say.

Davos is in the Lower Engadine, and situated in a mountain valley, being 5,352 feet above the sea-level. It is, undoubtedly, as far as climate is concerned, an admirable winter residence. During November the snow usually falls, and continues to do so through the best part of December; by the end of December the atmosphere is usually calm and bright, the air being very cold, but dry. During the day the sky is generally of a deep blue, and the sun very powerful, so much so that invalids can frequently sit many hours in the open air; but immediately the sun ceases to shine, there is a very great fall in the temperature, amounting to perhaps 56 or 60 degrees. Great care must therefore be taken not to stay out of doors during the absence of the sun, or serious consequences may result. So dry, however, is the air, that the cold during the night is not very much felt, even by the invalid. The weather, however, at Davos, is not always so favourable. Recently, many seasons have been most adverse to the patient; in fact, last season was almost as bad as we had in England—winds, fogs, mists, and variable temperature being prevalent.

After a winter spent here in the snow, it becomes a matter of consideration as to when is the best time to leave. I have had some patients remain during the whole year, but have found that when this is done, where the disease is at all advanced, great harm has resulted. It is not advisable, either, to return at once to England, as our spring weather is certainly not *all* that is desirable; it is therefore best to seek some intermediate locality of a lower temperature, and so gradually come down again to the sea-level.

The drainage at Davos is, unfortunately, bad, patients continually complaining of the disagreeable effluvia. It is to be

hoped ere long this will be rectified, as at present many patients refuse to go there on this account.

Patients who suffer at all from heightened temperature, and hectic, or are of an excitable or hysterical temperament, should not attempt to winter at Davos, nor, in fact, at any high altitude.

Pau is situated in the Pyrenees, about 150 feet above the river Gave. The climate is rather cold during the early winter months, but later on, and during the spring, the weather is warm and dry, very much resembling the climate of South Devon. The great point in favour of Pau is the manner in which it is protected from winds, as the neighbouring mountains divide the currents, and direct it far above the town. It is wonderfully picturesque, the surroundings being exceptionally beautiful. The period to arrive at Pau is about the end of October or the beginning of November. Altogether, it is a climate which I have found do little good to patients.

Madeira is a climate of great value to *some* patients, but they require to be carefully selected. The climate is remarkable for its mildness and uniformity of temperature; there is a considerable amount of humidity in the air. During the spring months there is a great prevalence of easterly winds. The degrees of elevation attainable enable the patient to select a great change of climate, by descending to a lower temperature or ascending to a higher one.

Many patients complain of enervation and prostration after a short sojourn here, and there can be no doubt that this is an effect frequently induced.

I have found some cases of consumption complicated with bronchitic attacks derive considerable benefit from the climate; but, taken altogether, I think it is too enervating for the majority of cases. Many authorities have written very strongly against sending any patients there; but this, I think, is owing to the indiscriminate manner in which the cases were chosen. If

great care is exercised, I think, better results would follow a residence at Madeira than at present seems to be the case.

Algiers.—At Algiers, the winter temperature is high, with a moderate degree of daily range of temperature; during the winter months, the winds are mostly westerly, hence the place commends itself to a great many patients. The journey is not a long one, and those who do not mind a sea-passage of about forty hours across the Mediterranean, will find it a very pleasant one in fine weather. Like all other health resorts, it has its bad and good seasons; hence, those who happen to be there during the *good* season speak highly of it, but those who are unfortunate enough to encounter a bad season, speak in the opposite way.

Taking Algiers as a whole, the climate is less relaxing than Madeira, and has a bracing effect.

Mentone is situated about fifteen miles from Nice, and, from the great shelter which it affords, is far preferable to the latter as a resort for consumptives. The climate is very mild, with a tolerably high temperature. It is warm, but not very relaxing, and there is almost an absence of fog; the sun is hot, but the nights cool; there is generally a clear sky, and but few rainy days. The east and the west bay afford great change in temperature. For those who prefer warmth and shelter, and prefer being close to the water, at the east bay they will find what they require; it has a southern aspect, and is almost completely protected from winds. Those, on the other hand, who prefer a more bracing air, and prefer to feel the cooling air lessening the effect of the sun, and to be farther away from the sea (which in many instances proves too great an excitant), will find all this at the west bay. Unfortunately, the walks are mostly hilly, so that those who suffer much from dyspnœa are confined to a few promenades, chief of which is the Promenade du Midi; but to those who are able to face the hills, there are abundant opportunities; and when once the mountain-ridges have been reached, a most magnificent view rewards the effort.

Arcachon possesses a climate which is sedative, yet not relaxing. It is but a few miles from the coast of the Atlantic, between which run forests of pine trees. The atmosphere is not so dry as at other places, owing to the south-west winds from the sea. The soil, however, being very sandy, no accumulation of rain takes place; but the ground is almost dry immediately after a shower. The climate and surroundings are especially adapted to the scrofulous and dyspeptic invalid, and cases of consumption, with a strumous diathesis, greatly benefit by a residence at Arcachon.

The Nile, on account of the dryness of the air, and the elevation of its temperature, is foremost amongst the resorts of the consumptive patient. From November to April its climate is unrivalled. The best time to start from England is the middle of October, either by steamer or through Spain to Cairo. The journey from Cairo should commence at the end of November, and be continued till Thebes is reached; here the atmosphere will be found to reach its highest state of perfection, and the patient will do well to linger awhile. The return journey may be taken in February, and end at Cairo in March. This voyage will be found utterly different to others; it gives a sensation of perfect rest, and, as the weather is almost always fine, the patient can be continually in the open air, either on deck or on shore. The days are very warm, but the nights cool; this is particularly the case on the return journey below Thebes, where, very frequently, cold winds prevail. It is, therefore, advisable that a sufficiency of warm clothing be taken.

To those who are unable to take the Nile voyage, there are many places in Egypt which offer special attractions to the consumptive patient, notably *Cairo, Ismailia,* &c. The return from Egypt should take place in April; but the patient should, on no account, return at once to England, as the sudden change would be most injurious. Italy, therefore, or Greece, should be visited, and the time so arranged that the return to England will be in June or July.

These are a few of the many health resorts, from which the patient suffering from chest disease may expect to derive some palliative benefit by a longer or shorter residence. We will now briefly consider the specific treatment I have mentioned as capable of *curing* the disease.

CHAPTER IX.

TREATMENT.

If the seriousness of a disease is to be measured by the number of its victims, then the most dreaded pests, which have hitherto ravaged the world—plague and cholera included—must stand far behind the one now under consideration. If England were at war, and a great number of our brave countrymen were to be slain in a battle, what wailing and lamentation there would be throughout our coasts! How many hearts would be torn with anguish? How many homes would be for the time given over to grief and mourning? Earnest words of sorrow and sympathy would take the place of light and frivolous chatter in our common conversation, and all our newspapers would give expression, in varying, but always intense forms, to the national grief. Even our pulpits would give prominence to the melancholy topic. If but a single vessel like the *Eurydice*, the *Northfleet*, or the *Captain*, be lost with its crew, the heart of the whole nation is moved. But we have among us an enemy, insidious, but deadly, which, by its slow and silent, but fatal operation, destroys more lives than war, famine, and pestilence combined.

For, whereas these scourges visit us but seldom, this particular scourge is always at work. Its energy is as persistent as its action is sure. A plague that "walketh in darkness, and wasteth at noonday," is consumption.

And yet how indifferent is England towards the grim foe which takes as its victims her fairest sons and daughters. With what composure we see this agent of death stalk through the land, and lay his blighting hand upon our young men and maidens. Nor are we guilty of apathy only. Worse than apathy is despair; and this terrible giant seems to have seized most of us with his tremendous fist, and to hold us in an iron grip. We have ceased to struggle with the foe, and now allow him to have things pretty much his own way. Consumption, we sadly say, *is incurable*, and all that can be done is to smooth the sufferer's path down to the grave.

But surely our physicians, who, to a great extent, hold in their hands the health and life of the community, have not yielded themselves to this false and fatalistic notion that consumption is beyond the reach of the healing art. Well, it must be confessed with sorrow, if not with shame, that the majority of medical practitioners are as much under the dominion of the *common prejudice* as their patients. When consulted by a consumptive patient, what does the doctor say? That all his resources are unequal to the task of effecting a cure; the very utmost he can do is to give relief. Surely, in the eyes of practical and common-sense men, the action of the medical profession in relation to this matter is a stigma upon their otherwise honourable name. That a body of learned men, more highly skilled perhaps in pathology and surgery than the men of any former age, should openly confess their incapacity to deal with this disease is a humiliation, and a satire upon the boasted intellectual development of the nineteenth century. For the credit of medicine, if to the discredit of the orthodox manner in which it is practised, I am glad to say these foolish and, one

may say, superstitious notions about the incurability of consumption, are likely soon to be overcome by the system of treatment I have to propound.

The ordinary treatment of consumption I unhestitatingly condemn as inhuman. What can be more barbarous than to consign a man or a woman to a lingering but certain death the moment the first symptom of this disease shows itself? What more sorrowful spectacle can we behold than that of a noble art, and a powerful profession folding their arms, and confessing their utter helplessness in presence of such a devastating scourge as this? As things are now, the modern consumptive patient is in almost as miserable and hopeless a condition as the leper of old. In both cases medical science meets the piteous appeal of the sufferer with the dread word "*incurable.*"

The ancient pagans were, and some modern barbarians are, in the habit of killing the weak, diseased, and decrepid, and putting them out of the way as useless encumbrances. Christianity, and the system of civilization, which it has established, have done away with those grosser forms of inhumanity. But, in a more confined shape, does not something of the same kind survive, even among ourselves? To allow people to die, *whose lives might be saved,* is only one degree less criminal than to kill them outright. This will doubtless seem to some a harsh saying; but, seeing as I do, so many patients who had been given up as perfectly incurable, and told by the medical men they *must* die, restored to health, and granted a new lease in life by this treatment, makes me speak strongly on the common methods of treating (?) consumption.

I should deem it a cruel mockery of the sufferings of consumptive patients and their friends, could I offer them nothing but the usual counsels of despair. To the victims of this deceptive and deadly disease, I would say "hope." Not that a cure can be effected in *every* case, where the life of the patient has well-nigh ebbed away before the treatment is tried; but these extreme

cases excepted, I have every reason for assuring the sufferer that a cure may be effected, provided the treatment be faithfully carried out. Such compliance is indispensable to success, yet many patients seem to think it a matter of little moment. They expect to be able to use their own prejudices and still get well; such action is highly unfair to any physician, who has made a speciality of a disease, and offers to his patients the benefits of his research. Many persons I find unreasonable enough to expect recovery without the exercise of self-denial; they imagine that having paid the medical man his fee, they have a right to expect health in return; to such persons I would say health is a most jealous mistress, and strict attention must be paid to her demands ere she can be enjoyed. Others again speak as if reason had departed from them; I daily have to combat with the most absurd and frivolous ideas and objections. One refuses to act as directed, because she or he imagines that such and such a course would be equally advisable; another boldly tells you he expects a cure in a given time, and that without inconvenience or interference with usual habits; in fact, sheer impossibilities are expected instead of gratitude for any gradual improvement.

It would be superfluous to say much in favour of a treatment which, resting as it does on its merits alone, cannot fail eventually of becoming general. Were I, as its originator, to greatly advocate its cause, my words might be discredited as those of a prejudiced person, or disregarded as those of an enthusiast. It is, therefore, not my object in publishing these few pages to do anything of that character, but to address myself to those who are endowed with good sense and soundness of judgment, leaving them to form their own conclusions. I do not advocate the treatment for the present day alone, as the force of its beneficial operation is slowly but surely breaking its way through the ramparts of prejudice which have been opposed to it by frivolous and unreflecting minds; and, it will, I feel convinced, surmount the

impediments with which the blind adherent to old and prevalent doctrines, or the timid, half-instructed followers of the opinions of others, may attempt to obstruct its rapid progress.

Many works have lately appeared, both at home and abroad, on the treatment of consumption, some persons having written with the express object of giving popularity to some system of treatment, which is not only defective, but in many cases absolutely injurious and objectionable. The intentions of this book are purely of a practical character. The vast opportunities I have had of gaining experience in this new treatment have proved my labours not to have been in vain; and with these advantages and the acknowledged superiority of this treatment above any other, I think it to be a benefit to humanity to publish the results of my experience, thus making it more widely known.

If we stand still for a moment in the great rush and hurry of the present day, and look both around us on what *is*, and behind us on what *has been*, in relation to the treatment of consumption, three facts are forced upon our attention:—*First*, the vastness of medical knowledge bearing on the disease in a physiological point of view; *secondly*, the immense labour that has been bestowed upon theories of treatment; and, *thirdly*, the utter failure that has hitherto attended the employment of all imagined curative agents.

Tartar Emetic has for years been extolled as a remedy in consumption, some authors having gone so far as to state no other remedy is needed; it is now, however, proved that this drug exerts no specific influence over the disease.

Bleeding, which one would have hoped was a thing of the past, is again being brought forward as a remedy combined with the former; one would imagine it impossible that such remedies could be used in the vain hope of relieving and curing a disease, where strength, and not exhaustion, blood, and not bleeding, are required.

Creasote has been vaunted as a specific in phthisis, but like

other remedies, has proved of little use. It may be of slight value in some cases, but cannot be said to produce any specific influence over the disease, and its use during hæmorrhage or inflammatory actions may lead to serious results.

Chloride of Sodium.—The treatment of phthisis by this salt has been introduced by Dr. Latour, but after having been fully tested and tried, no appreciable effect can be observed on the disease, nor even any amelioration of the symptoms, the idea, therefore, of its possessing any curative power is inadmissable.

Chlorine Gas has, at different times, attracted considerable attention as a supposed means, when properly administered, of curing consumption; it has now, however, fallen into disuse, it having been proved by practical experience that no successful issue can result from its employment.

Prussic Acid.—Some time ago a paper was read on the Continent by a medical man, who stated that by the employment of this acid he had effected some cures of consumption. Unfortunately, only one case was brought forward to substantiate this statement, and even then, incredible as it may seem, it appeared very doubtful if even that was a genuine case of tubercular phthisis; the patient's chest had not even been percussed, and that fact would tend to prove that the stethoscopic examination must have been conducted in a very slovenly and unreliable manner; the remedy, however, has since been fairly tried without any successful result.

Emetics have also had their place as remedies in this disease, but speedily ceased to be spoken of.

Blisters, unfortunately, are again being used, although for years and years they have been tried without the slightest curative effect being produced. It is painful to see many patients' chests who have been treated in this manner by nitrate of silver, tartar emetic ointment, cantharides, &c.; one is at a loss to understand how it is possible for any person possessing

a moderate amount of common-sense to persevere with such a treatment, seeing that year after year no relief is afforded, and yet year after year the same remedy is applied.

Mercury, as may be imagined, has taken its stand amongst the many supposed curative agents; there is no doubt, however, that it is not only useless but positively injurious to the patient. We know its action too well for this to be questioned, the irritable state of the nervous system, the increased susceptibility to external influences, and the constitutional effects which it produces, are quite sufficient to condemn its use; yet it is not discontinued; every year I see patients who have been brought into a most deplorable condition by its administration.

Digitalis has been extolled by some physicians as a cure for consumption; by others it has been condemned. Of late years it has been almost entirely rejected.

Recently the treatment, by the use of the **hypo-phosphites,** has attracted considerable attention. The theory is based upon the assumption that the excessive discharge from, or the deficient supply to the body of oxydizable phosphorus, is the cause of phthisis, through the loss of nervous power and diminution of the vital properties of the blood. The word assumption is used advisedly, for the theory is not based on any experimental inquiries; but it does not of necessity follow that because the theory is wrong the remedy should be equally so. Let us, therefore, look a little further into this plan of treatment. It is affirmed that the increase of nervous force and promoted blood formation are the results of the use of the hypo-phosphites, and that they are curative in every state of phthisis. Now, many physicians, and amongst them those at the consumptive hospitals, have tried this treatment, and pronounce it be *almost inert,* and that there was no result which *in the least indicated that the remedy excited any curative, much less specific action.* It has, therefore, not been proved, and it is highly improbable that this plan or treatment by the hypo-phosphites is in the least beneficial.

Still more recently we have the **inhalation of creasote and carbolic acid, with iodine,** brought forward as an entirely new method of treating pulmonary phthisis. Its advocates cannot lay claim to its being either an original or a new method of treatment, seeing that as far back as 1874 I used this inhalant, and proved it to be useless as a *curative* agent, since which date I have (excepting in certain cases of fœtid expectoration) abandoned its use in favour of one which produces a specific effect in cicatrizing the cavity of tubercular phthisis. Previous to my using it I am not aware that it had been adopted as a remedy for phthisis. Of the inhalation I am now using, more hereafter.

The inhalation of tar has been highly recommended by many medical men, whilst others condemn it; but, from what I have seen, its effects are certainly more beneficial than the majority of remedies in daily use.

Pages might be filled with these unsuccessful methods of treating consumption; bark, hyoscyamus, liquor potassæ, mineral acids, ipecacuanha, arsenic, naphtha, and, in fact, almost every remedy in the pharmacopœa has been, at one time or another, extolled as a curative agent. The amount of drugs taken by patients is something alarming. I find it no uncommon thing for a patient to have been taking such mixtures as squills, morphia, and ipecacuanha for the cough; hydrate of chloral, or some other brain poisoner, to induce sleep; catechu, gallic acid, tannin, and other astringents, to check diarrhœa; acetate of lead and opium, to allay the bleeding; sulphuric acid, to relieve sweating, &c. All these remedies are prescribed and taken at the same time, and in such quantities that the stomach becomes nauseated, irritated, and unable to fulfil its functions in a healthy manner, and this, forsooth, in the vain hope of a cure. Instead, however, of this effect, palliation even cannot be obtained; and, whilst the symptoms remain unrelieved, the hope of cure is in many cases destroyed; the patient being left in a much worse state than he would have been without treatment of any sort.

From a study of the causes and symptoms of consumption, as well as from *post-mortem* appearances, three things are apparent: 1st, that the blood is impoverished; 2nd, that local disease of the lung is present in the form of tubercles; 3rd, that these tubercles soften, ulcerate, and destroy lung tissue, and, ultimately, life itself.

Now, all these symptoms may be primarily traced to an excess of the effects of secondary assimilation; therefore, we have three things demanding our attention in the treatment of this disease:— 1st, the restoration of a healthy assimilation and nutrition; 2nd, the alleviation of all local irritation, and the adoption of those means which naturally tend to lessen the disease; 3rd, to check, and ultimately eradicate, the disease.

1st. *To secure a healthy nutrition.*—To effect this object it is evident we must have a proper mixture of those elements which form the healthy tissues of the body; mineral, albuminous, and oleaginous. Now, in consumption there is, as I have previously stated, an excess of acidity in the alimentary canal, which not only renders easily soluble the albuminous constituents of the food, but neutralizes the secretion of the salivary and pancreatic glands, which secretion should convert the carbonaceous portions of food into oil, and prepare fatty matter for easy assimilation. The result of the neutralization is that an excess of albumen enters the blood, and fat, which should be supplied by food, is supplied at the cost of the fatty tissues of the body; hence the cause of the emaciation so characteristic of the disease. Should albuminous exudation take place in the lung, the nucleus of tubercles is formed. To neutralize these effects it is clear that food containing a great proportion of fatty matter should not only be taken, but assimilated. Unfortunately even in the early stages of the disease this is rendered almost impossible, owing to the diminution of power, both in the stomach and intestines, causing a rejection of food of this class. It is, therefore, to supply this need that

cod-liver oil has been so extensively used. It will be of interest here, briefly to discuss the merits of this supposed valuable remedy, none, probably, being in more general use. From a very careful analysis of its effects on many thousands of cases, we must admit that in no instance does it remove the disease, which progresses, notwithstanding its use. Besides this, the oil almost invariably disagrees with the patient, chiefly from its influence on the organs of digestion, causing sickness, prostration, loss of what little appetite the patient had, oily eructations, biliousness, &c.; whilst in many cases it cannot be taken at all.

As a rule I find these symptoms gradually subside soon after the commencement of the treatment, the acidity of the stomach lessens, the appetite improves; the patient enjoying and assimilating food which before was loathsome; the rapid loss of flesh is checked, and there is soon noticed an appreciable gain of flesh. In some less favourable cases the acidity may continue for some time, accompanied by eructations, and other disagreeable symptoms, where such is the case, the following may be used with great advantage; and that too, not only in consumptive cases, but in ordinary dyspepsia.

℞

Liq. Pepticus
Liq. Bismuth ā ā xxvij. m.
Liq. Strych. m. ij. Dosis i.
Mitte 3 oz.

One teaspoonful in water 10 minutes before meals.

2nd. *The alleviation of all local irritation, and the adoption of those means which naturally tend to lessen the disease.*—Of all the irritation that accompanies phthisis, none is so frequently met with as pleurisy. *Post-mortems* reveal, in almost every case, adhesions of the pleuræ, and it is over these places that patients have mostly complained of pain.

A more serious irritation, however, presents itself in the form

of pneumonia (acute inflammation of the lung). This complication is not at all uncommon, and is frequently manifested without any apparent cause; under proper treatment it succumbs in a few days, but leaves the patient very liable to a recurrence. It undoubtedly aggravates and hastens the progress of the disease, and should it occur in the latter stage, may prove fatal.

It is very frequently the result of some indiscretion on the part of the patient, and should serve as a warning to those who are reckless as to sudden change of temperature, insufficiency of clothing, sitting in draughts, &c.

The heart is frequently affected in phthisis, the patient complaining of palpitation, and an irregular action, with faintness. I have found this complication to be principally functional.

In the more chronic irritations usually met with, great benefit is derived from the careful use of an evaporating lotion; for instance, equal parts of white vinegar and spirits of wine; this, when used at proper periods, has proved of very great value. One thing must be particularly guarded against. I refer to the present practice of exhibiting drugs, which have the effect of lowering the general system. During the treatment under consideration the system is invigorated and not depressed.

3rd. *To check and ultimately eradicate the disease.*—The majority of persons are, in their own minds, so fully impressed with the idea of the incurability of consumption, that they do not hesitate in condemning, as dishonest and absurd, all treatment having the cure of this disease as its object. They tell you that tubercles in the lungs are certain death; and the conviction is so deeply rooted in their minds (combined with prejudice), that even common sense, plain facts, and unimpeachable testimony will, I fear, fail to remove it. So deep is the prejudice, that a clergyman of the Church of England actually stated to me a short time ago that he considered it *wicked*, if not blasphemous, to *attempt* to cure a disease which God had intended in His all-wise providence to be incurable. Doubtless a very conservative

argument; but, unfortunately, an idea held more or less firmly by thousands.

The question is: Can consumption be cured? I unhesitatingly answer—Yes, even after tubercles are deposited; and after they have softened down and destroyed air-cells, so forming a cavity, even then the lung can be healed, and the patient re-gain comparative health. Neither of those conditions precludes the patient from the hope of recovery, and however much this idea may be opposed by the public or the profession generally, I have to substantiate my opinion, *facts*, and "facts are stubborn things." Let it be clearly understood, however, that I do not regard consumption as a disease which can be played or trifled with, or as a disease which can be invariably cured, or that it can be cured as easily in the latter as in the first stages. What I do mean is this, that the disease is not *necessarily* fatal in either of its stages, and that in its first stage by far the greater number of cases can be cured, provided a strict adherence is maintained to the treatment.

I have not the least doubt that medical men in general practice, who have not made a speciality of this disease, have seen many and many cases of consumption, and they have *all* died, and they, therefore, exclaim—It is impossible to cure it; but that proves nothing. Amongst those who have really investigated the matter, many, although stating at the outset of their writings that it is incurable, later on admit its curability. For instance, Dr. Clark states: "That the pulmonary consumption admits of a cure is no longer a matter of doubt; it has been clearly demonstrated by Lænnec and other modern pathologists."

Professor Carswell observes: "Pathological anatomy has perhaps never afforded more conclusive evidence in proof of the curability of a disease than it has in that of tubercular consumption."

Angell, in his admirable work, *A Treatise on Tuberculosis*, states: "An opinion, founded chiefly on pathological anatomy, in favour of the curability of tuberculosis pulmonalis, is gaining ground."

Louis observes: "There is no reason we should despair for the future, or adopt the opinion that we shall never succeed in discovering some agent or other capable of effectually opposing the onward course of phthisis once developed. All that can be said at present is, that redoubled vigour is called for, that greater accuracy of investigation is needed, and that medical men should undertake the joint labour without which the study of phthisis, especially of its causes and treatment, cannot make any great or solid progress for the future."

Alas, with Louis, we know that such *should* be the case, but unfortunately it is not so. The profession of medicine is groaning under the weight of an absurd etiquette; preaching liberty, practising slavery and oppression. This seems a hard saying, but it is easily proved. Let a man sum up his courage, and from conscientious conviction deviate ever so slightly from the *etiquette* of the profession, and what happens? He is designated a quack, and that, forsooth, by those who have not the intellectual attainment or discriminating power to discern a legitimate discovery. There can be little doubt that many men spend a lifetime in investigations tending to the relief of suffering humanity, who, from the conventionality of the profession, conceal their knowledge and confine it to the chosen few, under a cloak of (false) dignity. Truly conservative is the present state of medicine, and until it becomes more liberal in its ideas and actions, we can look for no great improvement or advance.

Many other eminent writers admit the possibility of successfully treating tubercular disease of the lungs; it is, therefore, quite time the cuckoo cry that consumption is incurable should be hushed, and that medical men should *unite* to encourage increased exertion, and so aid those who are zealously labouring in the great cause of science and humanity.

The establishment of hospitals for consumption is a noble undertaking, but the treatment practised in them is of a kind which stands discredited and condemned by failure; it simply

makes the pathway to the grave a little more pleasant. What is needed is not a system of relief, but a system of *cure*. Experience is the most powerful test of any method. The old discredited methods of treating consumption cannot stand this test; the method I shall now bring before the reader, on the contrary, stands by it.

I would impress one thing on the reader's mind—consumption does not remain stationary; true, in some cases its ravages are insidious, but none the less sure. I boldly maintain its curability as long as the pulmonary structure is not diseased to an extent which is incompatible with life; but where the treatment is adopted in the early stages, when the first notification of disease presents itself, the cure occupies less time, and is attended with less anxiety and trouble to the patient.

At whatever stage, however, the treatment to be successful, must be patiently and faithfully carried out, not continued for a time, given up, and re-commenced; such a course is, unfortunately, too frequent, and the cause of many unsuccessful cases. The question may naturally suggest itself to the reader. Why was not this discovery promulgated before? My answer is this; I wished to give it a full and unprejudiced test, previously to placing it before the public. This I have done, and the results have been of a most encouraging nature. I leave the reader to verify the truth of this, after perusal of the cases which I am enabled to bring forward by the kind permission of the patients, many of whom were looking forward to a lingering and painful death, but who, I am pleased to state, are now in perfect health.

In the next chapter I shall first allude to the remedies used, and then to their mode of adaptation; which will best be understood by quoting a few cases, showing the disease in every stage.

CHAPTER X.

TREATMENT—*(Continued).*

ANY discovery struggling into light through the deep shadows of old prejudices, in the majority of instances fails to be recognised, the principal reason given for its non-recognition being that it is looked upon with disfavour by those professors of the science or craft of which it treats. Any new system promulgated for the treatment of a special disease is met on the threshold by the masses with the cry, "We will wait until the profession generally recognises it." Now, the idea that those who have spent long years in acquiring any special knowledge, will be most ready to welcome any discovery calculated to remove errors which may exist in regard to that knowledge is, unfortunately, an erroneous one; the cry against every improvement is, that those who have been educated in the matter are opposed to its introduction.

This fact requires little demonstration. We only have to turn to the history of Galileo—the Professor of Padua, who was persecuted by the "learned men" for having stated the antipodes existed; the introduction of Peruvian bark, when Oliver Cromwell was allowed to die by his physician, rather than permit him to take it; Jenner, being a mark for all to reproach; Gall finding refuge and dying in a strange land; Harvey being lampooned, and a hundred other such cases—to find proof of what I state, and this has continued up to the present date.

How often we hear practitioners, who seem to have an innate horror of anything like progress, because it disturbs them in the indulgence of their own ideas, say, with regard to any new system of treatment, "It is all nonsense;" yet in all probability they know the treatment only by name, and cannot even produce evidence to support their opinion, not having tried the system, or taken the trouble to enquire into its action.

The task of any reformer, be it in science or any other department, is by no means pleasant, but it is, indeed, a thankless one as regards medicine. Where commendation is deserved and expected, frequently censure is given, and ingratitude is but too often the repayment of services cheerfully and successfully rendered; yet, surely it is to those who have had the courage of their opinions, founded on *facts*, that we are indebted for nearly all the great reforms that have taken place. In spite of this, however, motives are misconstrued, and professional status frequently assailed. Such being the case, it was no small gratification to me to receive the decoration of the Red Cross, this high order being accorded for my discoveries, which have been successfully applied in the treatment of phthisis.

Since my discovery of Lachnanthes as a remedy for consumption, I have used it successfully in some thousands of cases, many of which were watched by medical men, and I am pleased to find that, in spite of all opposition, the treatment is being successfully exhibited by a great number of the profession, who are unanimous (after giving it a fair trial) in their assertions that it has opened up a new era in the treatment of consumption, and brought within the sufferer's reach a means of cure.

In the chapter on asthma it will be seen that powdered Lachnanthes is used as an inhalant, with the happiest results.

I have had the pleasure of successfully treating many eminent physicians who had been given up as absolutely incurable, but whose valuable lives are spared. Amongst them I quote the following:—

CASE 187. Book J.

Dr. G——y, L.R.C.S., æt. 41 years, consulted me in 1886, at which time he was in a most emaciated condition, suffering from intense dyspnœa, severe cough and expectoration, with occasional tinging of blood. Had been compelled to relinquish his practice entirely, having been given up as perfectly incurable by a great many physicians and consultants. On examination, a large cavity existed in the left lung, with tubercular disposition extending from base to apex. The right lung was dull on percussion, with cavity at apex. The case certainly seemed a hopeless one, but by persistent adherence to the remedies, after several relapses owing to hæmorrhage, the mischief was overcome, and he is at present living and well.

CASE 9. Book J.

J. C——, Esq., M.R.C.S., Eng., L.R.C.P., Lond., æt. 31 years, consulted me on July 1st, 1885. His sister and uncle had both died of consumption. On account of his illness, he had been compelled to resign his appointment as medical officer in the army, and since then had been pronounced incurable. On examination, there was great dulness on percussion over the upper half of right lung, a cavity existing at the apex, moist râles were audible at back and front. The left lung was consolidated, breath sound harsh, and jerky respiration. Was wasted almost to a skeleton ; great shortness of breath, being unable to walk even a few yards without support. Tongue furred, appetite almost gone.

The treatment was at once commenced, and after three days the temperature which had been at night 104·2 fell to 101·4, other signs of amendment followed, till after six months' treatment, his condition was so improved that he was enabled to resume a little professional work, still continuing the remedies. In April, 1886, the cavity had cicatrized ; he had gained flesh ; his breathing was greatly improved, temperature in evening 98·5, and he stated he felt well ; he, however, kept on with the treatment till November, when he was quite well, and had been for the last four months carrying on a large practice with no inconvenience.

I recently received a letter from this patient stating he is in good health, and enabled to undertake the responsibilities of a very large practice without any recurrence of his old symptoms.

A physician who had seen several cases of recovery from consumption after being considered hopeless, writes as follows :—

"Your treatment of phthisis has rolled away the cloud, and made it possible to grapple with the fell monster consumption on true scientific grounds. You have my heartiest wishes."

Faithfully yours,
C. J. F——d, M.D., F.R.C.P., F.R.C.S.

A great number of medical men who have been successfully treated, have given me the greatest encouragement and support.

It would be impossible within the limits of a book to enter into their details, these, therefore, must suffice.

It may be well to remark here, that speedily after commencing the treatment, the night temperature almost invariably decreases, which is a most favourable sign, and one of great moment to the patient, showing as it does that the disease is being arrested, and that consequently the fever induced by it is decreased. It is advisable for patients to obtain a clinical thermometer, and to carefully watch the temperature, taking it about 8 or 9 o'clock in the evening and morning. These records should be preserved and forwarded to me at intervals.

It remains for me now but to give a brief description of a very few cases successfully treated by this remedy; and although many thousands could be quoted, I think these enough to remove any preconceived ideas that the disease is incurable. To the profession is entrusted a more than ordinary measure of opportunity for doing good to their fellow-creatures, and at the same time ample scope is afforded for the development of medical science; it is also conversant with objects that tend to elevate the thoughts and touch the heart. The sad varieties of human pain and weakness with which we sometimes become too familiar should quicken our charity, and make us cautious how we neglect or abuse so precious a stewardship. We should have before our eyes one end, "the good of our fellow-creatures," disease and pain being their sole recommendation; knowing nothing of national enmities, political strife, or dissensions, but dispensing our benefit without scruple to men of every country and religion, remembering at the same time that in our successful efforts we are but the honoured instruments of a superior power—for "it is God that healeth our diseases, and redeemeth our life from destruction."

In conclusion, let me warn the patient against many of the so-called heroic treatments of consumption, such as bleeding,

the treatment of tartarized antimony, &c. The harm frequently done to the patient in such cases can never, or only in a long time, be repaired. It is truly sad to see a patient's life risked in this way. In the present age of contradictions and jealousy it is no wonder to see a conscientious physician start back from the chasm which yawns before him as soon as he has to practise what he has been taught. Like others, Wunderlick expresses himself in bitter and sarcastic terms as to the hollowness of the present state of medicine. Instead of observations, we usually meet flighty remarks; instead of principles, mere supposition; instead of clear conclusions, dogmatic rules; until many physicians cannot extricate themselves from the labyrinth into which they have strayed, whilst others in their pride consider themselves perfect in everything. To perfect and spread over the world a doctrine that has been proved by facts, is deserving the labours of honourable men, and humanity will not refuse the laurels to the combatants who fight for truth.

A thousand ways cross through life; choose one, it little matters which, if only firm integrity and *tested strength* dwell within your breast.

Here is the path which I have taken, and others must judge it. I know and feel that a living fact has been demonstrated; and that it may live and prove its blissful power, with all inspiring and prolific strength, is the earnest hope of the Author.

CHAPTER XI.

LACHNANTHES.—The Remedy which I have used with such extraordinary success, is prepared in the form of a Syrup, and will be designated as such in the treatment of the following cases.

CASES.

CASE I.

R. S. was placed under my care by his father, late in the evening of July 8th, 1874. I found him in bed, his parents watching, expecting every moment to be his last. On examination, emaciation was extreme—the child being literally a skeleton; cough incessant, with expectoration; intense dyspnœa; on percussion there was dulness over the apices of the lungs—the respiratory murmur being harsh; the abdomen was abnormally distended, and great pain complained of on pressure; the heart sounds were almost inaudible.

The syrup every hour, and a brandy pad to be applied over chest. In three days from this the cough was decidedly lessened in intensity, although as frequent—the expectoration being tinged with blood; bowels relaxed; anorexia almost complete. Ordered syrup in teaspoon doses.

July 14th.—Symptoms decidedly lessened; dyspnœa less; abdomen less distended; has had several hours' quiet rest. Continue.

July 19th.—Cough suddenly increased, with severe hæmoptysis; the eyes sunken; and patient, to all appearance, dying. Brandy pad at nape of neck, and ice bag over chest.

July 22nd.—Hæmoptysis stayed, cough less, and patient decidedly improved.

August 3rd.—Has been steadily progressing; diarrhœa stopped, abdomen less painful and swollen; pain very great over right lung; cough diminished; decided increase of flesh.

August 20th.—Had another attack of hæmoptysis, which greatly reduced his strength, with dyspnœa, and recurrence of other unfavourable symptoms.

August 28th.—Decided improvement; cough troublesome; little or no dyspnœa; bowels regular; abdomen normal; less dulness over lung. Continue.

September 8th.—Marked improvement; gained several pounds in weight; cough rarely troublesome; a much better and clearer sound on percussion; no recurrence of hæmoptysis; bowels regular; appetite good.

From this date the recovery was rapid, being complete in November.

This case was one I deemed utterly hopeless, not only on account of the serious lung mischief, but the bowels also were affected with the same disease. I received a letter from his father, dated December, 1877, in which he states his child is in perfect health (which has been enjoyed ever since his recovery), and expressing the amazement of himself and friends at the cure effected. This patient is at the present time (August, 1886) perfectly well.

CASE II.

J. A., a shoemaker, æt. 34 years, married, consulted me on September 12th, 1876, with the following symptoms:—Intense prostration and feebleness, so that it was difficult for him to walk even a few steps without great dyspnœa; almost complete aphonia, pulse 130, temperature 100 degs.; breathing very quick, and performed in a jerky manner; cough incessant, accompanied with a profuse expectoration of a yellowish green colour, mostly tinged with blood; perspiration succeeded with chills every morning; great dulness on percussion extending over one-third of the right lung, and about a half of the left; percussion immediately produced the cough, which he described as though he had a feather irritating his throat. A moist, crackling rhonchus behind left lung (which I have named a toad's croak, from its similarity to the croaking noise made by that animal). Pectoriloquy on right side, and sonorous rhonchi at base of left lung. He had been seen by Dr. Griffiths, who pronounced his case to be beyond the reach of any treatment. His friends had no hope whatever of his recovery. Family history bad—his father, two sisters, and a cousin having died of phthisis. Ordered teaspoonful doses of syrup twice a day, and to take a teaspoonful of emulsion four times a day.

September 15th.—About the same; complains that the use of syrup causes a sense of constriction at the chest; dose lessened one-half.

September 20th (Morning).—Feels a little better; the syrup causes no unpleasant symptoms.

September 20th (Evening).—Was summoned to his bedside, and found him at the point of death from excessive hæmorrhage (I ommitted to state that he had suffered

from hæmoptysis the last two years) ; ordered ice-bag to chest, to discontinue other remedies, and take ten drop doses of Ac. Phosph., which had the effect of staying the bleeding in twenty-four hours.

September 22nd.—Excessively prostrated; cannot lift his head from the pillow; bowels relaxed, pulse 140, temperature 102 degs.; emaciation extreme. To resume syrup but not emulsion.

September 29th.—Pulse 120, temperature 100 degs. ; feels stronger, but cannot get out of bed; no return of hæmoptysis; cough less, also expectoration. Continue medicine.

October 3rd.—Able to get up ; states he feels better than he has done for months ; complains of headache ; ordered to discontinue the use of emulsion ; chest to be rubbed with phosphorised oil, and to take two-spoon doses of syrup.

October 20th.—Marked improvement ; he is more cheerful ; can eat moderately well ; night sweats but occasionally ; cough less; gaining strength and flesh.

He continued the treatment to December, and then foolishly discontinued, the result being that on

May 17th, 1877, all the old symptoms returned, with slight hæmorrhage. Ordered teaspoonful doses of syrup three times a day.

May 24th.—Symptoms abating ; able to walk to my house.

June 2nd.—Improving ; emulsion and syrup as before.

July 6th.—Cough quite gone ; slight dyspnœa ; no return of hæmoptysis ; night sweats disappeared ; the respiratory murmur is harsh ; slight dulness on percussion ; no moist râles ; bronchophony under clavicle. Emulsion six times a day, syrup twice.

July 25th.—No return of cough, and is quite free from any symptoms of consumption ; wall of chest sunken, showing the extent of the disease.

This patient is now following his avocation of a shoemaker, in good, though not robust health.

CASE III.

Phthisis Pulmonalis in its last stage ; Recovery.

E. C., æt. 43 years, married. Her mother, two sisters, and four brothers died of consumption. I saw her first on October 11th, ——, when her symptoms were as follows :—Emaciation extreme ; excessive cough and distressing dyspnœa, with slight pain in chest, which expands indifferently; the expectoration always tinged with blood. On percussion great dulness over right side, but more especially at the apex of the lung ; the dulness is marked also on the left side. On stethoscopic examination the friction râle is very loud, a cavernous râle and very distinct bron-

chophony in the upper portion of the front right lung; at the back vocal resonance is not so distinct, but mucus râle the same; pulse 120, very weak; temperature, 101 degs. Aortic disease of the heart, there being a sharp murmer over apex at end of the first sound; tongue very furred; great thirst; eyes sunken, and body covered with a cold, clammy sweat; respiration performed in a gasping manner; in fact the patient seemed at the point of death. Had been under Dr. Dobell and Dr. Peacock, who pronounced her case hopeless. To take teaspoonful doses of syrup, chest to be bathed with evaporating lotion.

October 15th.—Friction râles less; had severe attack of hæmoptysis; sweats profuse. To take Ac. Phosph. twice a day in ten-drop doses.

October 20th.—Cough incessant, with vomiting, but no hæmoptysis; patient looks better, although excessively prostrated. To take syrup every three hours.

November 11th.—Cough greatly decreased, but vomiting continues; appetite improving; no hæmoptysis; sweats less severe and frequent; dyspnœa less; continue medicine.

December 6th.—Patient greatly improved; cough almost gone; sharp murmur disappeared; has gained flesh; can sit up in bed, and enjoys her food; appetite good; sickness less frequent. Treatment continued.

January 4th, ——.—Can walk without any dyspnœa; increased in weight; respiration over cavity, accompanied by a blowing murmur; has had no return of hæmoptysis; cough gone, also sickness.

March 10th.—Cough returned, has neglected medicine; the right chest is flatter; expectoration increased, and sibilant râles all over the chest. To take emulsion four times a day, syrup three times.

April 13th.—Gradual improvement since last date; bronchophony and prolonged inspiration under right clavicle, but no moist sounds; can sleep well; the cough is nearly gone; no sweats; appetite good. Continue remedies.

May 20th.—Expiration still prolonged, and considerable vocal resonance on right side; left side normal; states she feels perfectly well. From this date improvement daily took place; she had a relapse about three months after, from which she speedily recovered.

October 15th.—On percussion there is a clear resonance of both lungs, but the right side is slightly dull; on auscultation the inspiratory murmur under right clavicle is slightly harsh, and vocal resonance increased, expiration is prolonged; states she is perfectly well.

This case is one of extreme interest: the evidence of extensive disease being palpable, and complicated with heart symptoms. When first seen, her state was deplorable, and I could hold out but little prospect of relief. I have recently received a letter from this patient in which she states she is still enjoying good health, having had no need to seek advice since her recovery.

CASE IV.

E. W., æt. 7 years, has always been delicate, and suffered from chest symptoms. In July, ——, he was seized with violent pain in the chest, accompanied by a hacking cough and expectoration of a yellowish-green phlegm. He was then attended by two physicians, but grew rapidly worse, and the father was told nothing more could be done except to alleviate his suffering. I saw him on the 2nd of September, and found he had been losing flesh for three months, during which time he had a hacking cough, with nocturnal perspirations; appetite very bad; bowels relaxed five or six times a day; pulse 130; has had two attacks of hæmoptysis. On examination of the chest great emaciation was apparent, it being flattened and sensitive to the touch; sonorous rhonchi were heard at the apex of both lungs; expiratory murmur prolonged; incomplete inflation and dulness on percussion, which immediately caused cough. Hectic fever. To take teaspoonful doses of syrup, emulsion three times a day, the chest to be covered with lint steeped in phosphorised almond oil.

September 20th.—Cough decidedly less, but other symptoms much the same. Continue remedies.

October 1st.—Improved; night sweats less; appetite improved; gaining flesh; has lost all pain at chest, and looks brighter.

October 30th.—Has rapidly gained flesh and appetite; bowels regular; says he feels "all right now;" chest symptoms disappearing.

November 2nd.—Well; to continue remedies one month.

November 16th.—Received a letter from his father stating he is in the country, and quite hearty.

This patient still continues well.

CASE V.

M. J., æt. 25 years. I first saw her at her own house on May 5th, 1885. Consumption had committed terrible ravages in her family, her mother, four sisters, three brothers, and other relations having died from it. In February, the cough (which she had suffered from continually the previous eight months) became worse, excessive hæmorrhage was the result, and her life was despaired of. From this, however, she rallied, but the disease rapidly progressed, and she was entirely given up by her medical attendant, as also by the two medical men called in consultation. When I first saw her she was so ill as to be unable to articulate. On percussion the right chest is tolerably resonant, but there is very marked dulness over the entire left. On stethoscopic examination, there are loud mucus râles and pectoriloquy under the clavicle on the same side. Posteriorly and inferiorly there is tubular breathing, the expiration being prolonged. There is great emaciation. The cough is incessant, with a muco-purulent expectoration, generally tinged with blood.

Pulse 110, feeble ; tongue moderately clean ; nausea and loss of appetite ; diarrhœa. To take teaspoonful doses of syrup every three hours in a tablespoonful of emulsion, with milk. This treatment was continued for two months, at the expiration of which time there was a slight improvement, the sweats being less, as also the cough; the appetite a little better, but the patient still very exhausted.

July 20th.—Has suffered from rigors. Expiration prolonged ; inspiration harsh suffers greatly from nausea ; dulness still marked on the left side, with loud friction sound. Pectoriloquy complete. Says she feels stronger.

August 10th.—General health is much improved ; still complains of nausea. To take teaspoonful doses of syrup every four hours in the emulsion.

From this date she made rapid progress, and on September 15th had gained a considerable amount of strength. Voice normal ; can walk without difficulty ; chest more resonant on percussion ; cough rather troublesome ; perspiration gone ; hard inspiratory murmur disappeared ; no hæmoptysis for three weeks ; nausea subsided.

October 20th.—Chest flattened on left side, but all unfavourable symptoms gone. She still continues to improve, and on November 10th I ceased attendance.

In January, 1886, I received a letter from her father stating she was in good health, and expressing his surprise at her recovery. She has, I find, left England for the Continent, still keeping well.

CASE VI.

Percy Henderson, æt. 2 years, was placed under my care on August 3rd, 1873, having been given up as incurable by two medical men. I found the child almost a skeleton, suffering from incessant cough, accelerated respiration, great heat of skin, and the usual symptoms of phthisis in its last stage. There was also the same disease of the mesenteric glands, the abdomen being tense and painful to the touch ; continued diarrhœa ; child semi-conscious, with a thick film over both eyes. The chest to be greased with phosphorised lard. To take teaspoonful doses of syrup every two hours.

August 7th.—Death seems inevitable ; breathing stertorious ; child unconscious.

August 9th.—A change for the better ; the diarrhœa is less, also cough ; to take half-teaspoonful doses of syrup.

August 13th.—Abdomen less tense and painful ; cough diminished ; breathing improved ; less dulness on percussion ; continue medicine.

August 20th.—Diarrhœa has returned, the stools being watery, green, and very offensive.

August 25th.—Diarrhœa less ; stools healthier in colour ; cough less ; chest symptoms decreasing ; has gained slightly in weight.

September 7th.—A decided improvement; has gained one pound in weight; diarrhœa stopped; cough less; consciousness returned.

From this date he made a rapid recovery, and on December 23rd was well.

CASE VII.

W. H., brother of the last patient, was seized in precisely the same manner, and presented the same symptoms, but less severe. Being able to see the child shortly after its seizure (three weeks), the disease speedily succumbed. He was first seen in June 1874, and was completely restored in September.

These last two cases are most interesting and remarkable; in both, the disease attacked the mesenteric glands, adding the complication of "consumption of the bowels." I heard from the mother on October 2nd, 1877. She states both children were plump and healthy, and have showed no sign of a return of the disease.

CASE VIII.

M. B., æt. 40 years, married, consulted me in August, ——. On percussion there is great dulness under the right clavicle for a distance of four inches. The stethoscope reveals extensive disease; there is bronchophony, and a loud mucous râle heard over the dull portion of the lung. The inspiratory murmur is harsh under the left clavicle, and expiration prolonged. Continual cough with purulent expectoration; a constant sharp pain in right side of chest; pulse 120—weak; tongue covered with sordes; appetite almost gone; each fit of coughing brings on vomiting; there is diarrhœa, and great sweating at night; rapid loss of flesh. Family history bad; father, two brothers, and three sisters having died of phthisis, she being the only survivor. For some time past she had been under the care of two physicians, both having pronounced her case as hopeless. She has just had a severe attack of hæmoptysis. To take ten-drop doses of Tr. Tannin every hour.

September 22nd.—Hæmoptysis stayed. To take teaspoonful of syrup every four hours.

September 29th.—Cough less; persistent diarrhœa; loud gurgling has taken the place of the mucous râle, pectoriloquy, and bronchophony; other symptoms same. Teaspoonful doses of syrup every four hours.

October 20th.—Diarrhœa stayed; cough less; tongue clearer; pain in right side subsided; complains of a pricking pain under left clavicle. Continue remedies.

November 7th.—Had a severe attack of hæmoptysis during the night. To resume Tr. Tannin.

November 10th.—Hæmoptysis stayed, leaving her greatly prostrated. Resume syrup.

December 21st.—Cough less; no pectoriloquy; less dulness on percussion; says she feels better.

January 17th, 1881.—During the night another severe attack of hæmoptysis; pulse 120—weak; complains of intense headache and sinking at pit of stomach; profuse sweats; chilliness and prostration.

March 29th.—Hæmoptysis has stopped; headache and sinking less; stethoscopic signs improved; with the exception of another attack of bleeding she made steady progress, and in July, 1881, was perfectly well, having gained 23lbs. weight.

No case could have appeared more hopeless than this, the repeated attacks of hæmoptysis bringing the patient near death on several occasions.

CASE IX.

H. C., æt. 42 years, single. For some time past he had been troubled with a cough of an irritating character, accompanied with expectoration, more or less copious, and of a yellowish colour; lately they have increased, and been attended with most profuse nocturnal perspirations. He consulted me on August 3rd, 1882, when he presented a most pitiable spectacle. His face was pale, with hectic flush on the cheek; body excessively emaciated; cough incessant, with copious expectoration tinged with blood. The palms of the hands and soles of feet dry and burning. The difficulty of breathing, which three months ago was very slight, has gradually increased, and is now so severe that it is with difficulty he can read or walk a short distance. The bowels are relaxed; tongue covered with a white fur; appetite bad; cannot sleep at night, owing to the cough and perspirations. States he is weary of life, and should be glad to die. On percussion there is a dull sound audible over the superior regions of the chest, the inspiratory murmur being feeble, harsh, and in some places almost inaudible. There is a cavernous râle, with pectoriloquy under the left clavicle. Cannot take cod-liver oil, as it brings on nausea immediately. To take the emulsion, twice daily, and teaspoonful doses of syrup three times a day.

August 10th.—Perspirations decreased; seems more cheerful and hopeful about himself. The cough has diminished in violence, but is still as frequent. He had

two nights' fair rest, which he states is worth "untold gold;" bowels still relaxed; cannot eat; dyspnœa the same; stethoscopic signs unaltered. To continue remedies as before, and the meatjuice as often as he can take it.

September 21st.—A great improvement has taken place. Cough and expectoration less; has slept for several hours the last three nights; bowels not so relaxed; has taken meat juice freely; feels invigorated after the inhalation, also from the use of the evaporating lotion; less dulness on percussion; over the spot where the cavernous râle was heard there is now a dry, blowing respiration; the perspirations have entirely stopped, and the hectic symptoms disappeared. Complains of a dull aching pain under the left scapula, but says he knows he shall get well. Continue remedies.

October 20th.—Has had a return of unfavourable symptoms—the result of injudiciously going to spend the evening with a few friends, and coming home in a cab on a damp night; they have, however, disappeared, and he is now in the same state as on August 21st. To take syrup.

October 27th.—Rapidly gaining flesh; cough almost gone; no hæmoptysis since September 10th. The vomica below clavicle can scarcely be detected; can walk some distance without any unpleasant dyspnœa; bowels regular; can eat a mutton chop daily.

June, 1883.—Respiratory murmur natural, except at the apex of left lung no pectoriloquy can be detected, and percussion elicits a good sound; the movements of the chest are good on both sides. The cough, perspirations, and expectoration have ceased; tongue clear, but thickened at the edges; bowels regular; appetite good. Cured.

CASE X.

M. M., æt. 20 years, consulted me on May 15th, ——. When she was seventeen she suffered from a severe attack of inflammation of the bowels, supposed to have originated from sitting on damp grass. Her mother died of consumption three years ago. For two years past she had been subject to cough and slight expectoration, which in August last year so increased that medical advice was sought. She, however, rapidly grew worse, and in November two Metropolitan physicians were called in consultation, who pronounced her to be suffering from incurable consumption. When I first saw her she presented the following appearance:—Emaciation extreme; hectic flush on both cheeks; eyes sunken and of remarkable brilliancy; palms of hands hot and dry; complains of acute pain over base of left lung; night sweats and continual cough prevent sleep; bowels relaxed three and four times a day, frequently mixed with blood; pain in epigastrium, increased on pressure; great dyspnœa and pain in the pit of the stomach after everything eaten; the catamenia irregular; on percussion a dull heavy sound is elicited over the left lung, the

respiratory murmur being very feeble and harsh ; distinct pectoriloquy ; expiration prolonged, the heart-sounds being loud over the whole of the upper part of the chest ; so prostrated that it is a difficulty for her to raise her hand to her mouth ; can only lie on the back, owing to pain in the abdomen if lying on either side ; appetite almost gone ; continuous headache of a neuralgic character. The whole body to be sponged with evaporating lotion ; meat juice to be taken as often as possible ; teaspoonful doses of syrup.

After twelve days of this treatment, the nocturnal perspirations were less, the cough and expectoration having considerably diminished ; at the end of sixteen days percussion yielded a much better sound ; but the prostration was so excessive that it seemed almost impossible for her to rally ; the diarrhœa keeps the same ; the abdomen being still swollen and painful.

June 10th.—Pain in abdomen less ; bowels act twice a day ; cough diminishing ; respiratory murmur still harsh ; headache less. On the whole the patient is decidedly better, although the prostration remains the same. To take Ac. Phosph. twice a day.

June 25th.—Stronger ; can sit up in bed ; headache gone ; respiratory murmur less harsh ; abdomen not so painful to the touch ; diarrhœa stopped ; expectoration (decreased) of a yellowish-green colour, and streaked with blood ; pain at base of lung gone.

July 5th.—Patient looks decidedly better, is stronger, and in better spirits ; pulse 100 ; hectic flush less ; no return of diarrhœa ; commencing to eat ; food causes no pain ; swelling of abdomen subsiding. Continue remedies.

August 7th.—Out of bed ; can walk across the bedroom without any exertion ; has gained a considerable quantity of flesh ; pectoriloquy scarcely discernible ; all the other unfavourable symptoms either gone or subsiding ; expectoration white and frothy ; no hæmorrhage.

November 25th.—All symptoms disappeared ; is now quite fat ; complains of no pain beyond neuralgic headache ; left side of chest flattened slightly. From this date she progressed favourably, and discontinued treatment in February, 1873.

This case was complicated with mesenteric mischief, and seemed beyond all hope of recovery.

CASE XI.

W. C., æt. 2 years, was placed under my care by his father, in Sept. at which time he was suffering from consumption of the bowels, complicated with congestion of the lungs. He had been given up as incurable by the family medical man.

When first seen the child was almost a skeleton, being unable to take the slightest amount of nourishment without vomiting. Dyspnœa distressing; bowels continually relaxed, the motions being of a dark green colour, and very offensive. The eyes were sunken and dull. I entertained but little hope of his recovery, but after three weeks of the treatment, a decided improvement had taken place. He had gained flesh, and the bowels had become more regular; the abdomen, however, was still tense and painful on the slightest pressure. At the end of two months' treatment a remarkable change was apparent; the child became lively, took its food without any trouble, the bowels being regular, and the abdomen less swollen and painful. From this time he rapidly gained flesh, and at the end of four and a half months was perfectly cured.

When first seen, Master C. weighed 5¼lbs.; at the end of the treatment he weighed 19lbs.

CASE XII.

G. T., æt. 8 years, was brought to me by his mother in January, ——. I had seen his father in 1876 (who was dying of consumption), too late to save his life. The son was evidently falling a victim to the same disease. He had previously suffered from inflammation of the lungs. On recovery, a troublesome cough with expectoration remained. When first seen he was suffering from the following symptoms:—Continual cough, with expectoration, occasionally tinged with blood; breathing very rapid; nocturnal perspirations, and considerable wasting; a hectic flush on both cheeks; palms of hands and soles of feet hot and swollen. On examining the chest, expansion was deficient on the right side, where there was considerable dulness on percussion, also bronchophony; ordered teaspoonful doses of syrup.

February 3rd.—Symptoms improved; perspiration less; cough and expectoration slightly relieved; no hæmoptysis since January 25th; hectic symptoms less. continue treatment.

March 1st.—Has complained of considerable pain in the soles of the feet; cough less; expectoration almost ceased; expansion improved, although still incomplete on the right side; dulness on percussion less; says he feels altogether different. From this date the symptoms gradually disappeared, and he discontinued the treatment in August perfectly well.

I have recently received a letter from his mother, stating her son remains well.

CASE XIII.

B. Locke, æt. 6 years, was placed under my care on July 12th, ——, at which time he was suffering from severe cough, with expectoration of a muco-purulent sputa; rapid loss of flesh, the abdomen was swollen, hot, and very painful on the least pressure; bowels relaxed twice or three times a day, the stools being offensive; complains of headache and nausea. To take Arsen. and syrup in alternation every two hours.

July 21st.—Prostration decreased, less swelling of abdomen, bowels not so relaxed; complains still of headache; nausea less. Continue remedies.

August 7th.—Still improving; expectoration and cough decreased; headache less, but still troublesome; abdomen less painful; bowels open once a day.

August 23rd.—Gaining flesh rapidly, cough disappeared, bowels regular, appetite good, headache and nausea gone. To take Arsen. Iod.

September 25th.—All unfavourable symptoms disappeared. Cured.

I received a letter from Master Locke's father, dated November, ——, in which he states his son is still in a sound state of health.

CASE XIV.

Jane Garner, æt. 22 years, married, consulted me on March 2nd, ——. Her family is consumptive; her mother and three sisters having died of that disease. She had enjoyed tolerably good health till within the last six months, when suddenly she was attacked with profuse hæmoptysis; this was followed by cough and expectoration. Nocturnal perspirations came on and considerable difficulty of breathing. For the last two months loss of flesh has been rapid. She now complains of great exhaustion, severe cough, incessant pain at the chest, nausea and flushing after meals, heat of hands, and cold feet. Percussion elicits a dull sound over all the upper portions of the chest, the respiratory murmur being almost inaudible below the clavicle. Bronchophony exists on both sides. Pulse 110. Appetite very bad; bowels relaxed and constipated alternately. To take teaspoonful of syrup three times a day.

She persevered with this treatment for a month, when the cough was greatly lessened, the night sweats having ceased, and she considerably gained both strength and flesh. On May 5th she had a relapse; spitting of blood excessive, threatening to destroy life; great prostration, and augmentation of other symptoms. To take Tr. Tannin in alternation every hour with Ac. Phosph. Dil. till the bleeding subsides.

May 6th.—Hæmorrhage less, but still copious; night sweats excessive; patient so prostrate she cannot turn in bed. Œdema of lower extremities. To take Tr. Tannin and Apocy. Can.

May 8th.—Œdema increased; to take tablespoonful doses of infusion of Alpine Digital.

May 15th.—Has passed a very large quantity of urine; œdema much less; dyspnœa decreased: hæmoptysis stayed; cough very harsh; expectoration yellow and viscid. Syrup three times a day; chest to be rubbed with phosphorised oil, with a few drops of iodine added.

May 23rd.—Better; has slept well during the night; no hæmoptysis; bowels constipated; stools black, evidently from blood swallowed during the hæmoptysis; cough less; pain over right chest; voice husky, and complains of pain in the throat. To gargle with Potass. Chlor. Continue remedies.

June 7th.—Decided improvement; feels stronger; appetite better; bowels regular; no sweats at night; can sit up in bed, and talk without exertion; bronchophony disappeared.

July 23rd.—Has gained a considerable amount of flesh; pulse strong—90; temperature 98°2; no return of œdema; cough less troublesome; expectoration frothy; pain in chest almost subsided; appetite good, but food still causes considerable uneasiness. Continue medicines; discontinue phosphorised oil.

August 20th.—Getting quite plump; can walk without difficulty; no pain in chest; cough gone; left side of chest slightly flattened; expectoration very slight, requiring no effort to void.

December 7th.—All symptoms disappeared; states she feels better than she has done for many years. To continue syrup another month. Cured.

CASE XV.

F. W., was placed under my care by his father in August, 1877. His symptoms briefly described were as follows:—Intense prostration and emaciation; pulse feeble, 120; dulness on percussion over both sides of the chest, more particularly the right; continual cough with expectoration of a glairy mucus; abdomen swollen and painful to the toueh, bowels relaxed, stools of a dark green colour and very offensive; lies on his back in a semi-unconscious state, rolling his head from side to side; all food rejected. To take teaspoonful doses of the syrup, and teaspoonful doses of emulsion every two hours. The treatment was persevered with for two months, during which time a steady improvement took place; the bowels becoming more regular, the abdomen less painful and swollen, the cough diminished, as also the expectoration, and in November he was quite well. He continued in perfect health till February, 1878, when he was attacked with acute inflammation of both lungs, under which he rapidly sank.

CASE XVI.

ANNIE WHETSTONE, æt. 8 years, was placed under my care in May,——. I found her in bed, suffering from severe cough and expectoration, accompanied by great pain at the apex of the right lung. The appetite was gone; pulse 130, temperature 101 degs.; dyspnœa; noctural perspirations, diarrhœa, and faintness. On percussion there was resonance of the right lung, but great dulness over the entire left. On auscultation there were heard mucous râles over the left lung, and pectoriloquy under the clavicle; the expiratory murmur was prolonged, and at the back of the lung the breathing was harsh and tubular. She was immediately placed under the treatment, but for two months little change ensued; the vomiting was less, but other symptoms the same. From this time, however, rapid amendment took place; the perspiration diminished, and she took food freely; the mucous râles were not so coarse, and the gurgling under the clavicle assumed a splashing character, being more limited. Pectoriloquy, however, was complete, there being no expansion during respiration.

July 20th.—Improving; less dulness on percussion; gaining flesh; pulse 100; temperature 99 degs.; bowels regular; appetite good; no nausea; mucous râles disappearing.

July 23rd.—Taken a severe cold, which has produced symptoms of pneumonia; complains of chilliness, headache, pain in the back, acute lanceolating pain in left chest; heat of skin, tongue dry and furred, bowels relaxed; pulse 120; nausea. To take the syrup every four hours.

July 25th.—Pain in chest increased; slight hacking cough, which produces fainting from excessive pain; bowels still relaxed; pulse 110; delirium. Tea-spoonful doses of syrup three times a day.

July 30th.—Improved; skin cool; pulse 100; pain in chest greatly diminished; tongue cleaner; bowels not so relaxed; has passed a small quantity of blood; headache relieved. To take Ars. Iod., and inhale Ant. Tart.

August 3rd.—Great improvement; all pain gone from the chest and head; cough much less; great prostration and emaciation; bowels regular; eating produces nausea. Continue.

August 10th.—Gaining flesh and strength; cough almost gone; stethoscopic signs improved.

October 23rd.—Can walk about without dyspnœa; appetite good; bowels regular; breathing improved. From this date she made a rapid recovery. In September she went to Devonshire, and in six weeks returned in perfect health, in which state she has continued to the present time.

This case presents many interesting features, especially as the disease was complicated at a critical moment with pneumonic symptoms, the severity of which may be judged from the effect they produced.

CASE XVII.

H. S., æt. two years, was brought to me by his parents with all the symptoms of consumption; he had wasted considerably, and was suffering from an obstinate cough. The left chest was dull on percussion; expiration prolonged and harsh. Placed on syrup

June 13th, 1875.—After one month's treatment, great improvement had taken place; appetite better; less dulness on percussion. Continue remedies.

July 20th.—Symptoms almost disappeared; has gained 8lbs. in weight; eats and sleeps well. Continued treatment till September, when he was perfectly well, being quite plump.

This patient still keeps in perfect health, and has grown a fine lad.

CASE XVIII.

James Henry, æt. 29 years, consulted me on December 3rd, ——. He was a shoemaker by trade. Some time previously his health commenced to fail he complained of continual pain in the chest, profuse sweats at night, constant cough, with expectoration almost always tinged with blood; he was so weak that it was a difficulty for him to stand; he was pale, emaciated, and suffered greatly from hemicrania; tongue covered with a brown fur; appetite bad; bowels open every other day. On stethoscopic examination sonorous and sibilant râles could be heard over the greater part of both lungs, both in front and behind. Ant. T. and Ipecac. speedily removed these bronchitic symptoms, and on Jan. 2nd, 1876, he commenced the specific treatment.

January 25th.—Perspiration almost ceased; pain in chest less, also cough and expectoration; feels stronger. There is still dulness under right clavicle on percussion; vocal resonance increased, and a prolonged inspiratory murmur.

February 2nd.—Great improvement in all the symptoms; he states he feels well, and relinquished the treatment.

June 5th.—Consulted me again, the old symptoms having returned; they, however, gave way to the treatment, but at the end of two months he again discontinued the medicines.

October 1st.—Again presented himself for treatment. On examination of chest a loud gurgling was heard, both with inspiration and expiration. Great dulness on percussion. Below the clavicle very distinct pectoriloquy was heard, and a little lower down ægophony. Moist râles under the right clavicle on inspiration; vocal resonance considerably increased.

October 4th.—Was summoned to his bedside, where I found him unconscious, sinking rapidly, with frothy blood oozing from the mouth. He died the same evening.

By the permission of his friends a *post-mortem* was made, which revealed induration of the right lung at the apex. On cutting into this it was found to contain several cretaceous concretions. On a section being made of the left lung, it was found riddled with cavities, some having become cicatrised, others filled with purulent matter.

This case is of great interest, showing, as it does, the effect of the treatment in healing, or rather cicatrising tubercular ulceration of the lung, and restoring the health. Had he persistently adhered to the treatment, there is little doubt but that his life would have been saved.

CASE XIX.

M. T., æt. 38 years, consulted me on August 6th, ——. Family history bad; has had two or three attacks of bronchitis, with expectoration and sweats. A few weeks before I saw her, she was exposed to the damp, the result being an attack of shivering, &c., followed by cough, sneezing, and pain in the side. A week ago, after coughing, she had hæmoptysis to a considerable extent, which gradually increased till August 5th, when it slightly subsided. On examination, the left chest was dull on percussion, especially immediately below the clavicle; pectoriloquy at apex of lung; puerile respiration on right side; copious and offensive expectoration; pulse 130; bowels constipated; cannot eat fat, or take cod-liver oil.

After two months' treatment her symptoms were relieved, the hæmoptysis stopped, and in three months she was perfectly well.

This case would evidently have proceeded to acute consumption. I received a letter from her recently, stating no unfavourable symptoms had occurred since her recovery.

CASE XX.

E. J., æt. 24, servant girl, consulted me in January, ——, at which time she was suffering from the ordinary symptoms of advanced consumption; had been under several medical men, who pronounced her case to be hopeless.

Her father and sister died of consumption; the least cold produces almost total loss of voice. She complains of acute pain in left chest; there is great debility, loss of appetite and flesh. The cough is of a dry, barking character, preventing sleep, and accompanied with an expectoration of a greenish colour, streaked occasionally with blood; profuse nocturnal perspirations; severe pain in the back; dyspnœa. The upper third of both chests are dull on percussion; movements deficient. On the right side the respiratory murmur is indistinct, but on the left loud. To take syrup

September 2nd.—Cough less, but quite as frequent; expectoration decreased; sleeps better. Pulse 110.

September 9th.—Symptoms unchanged; complete aphonia.

October 3rd.—Cough nearly gone, voice improving; hectic flushes after meals and in the evening; sweats less; has had a sharp attack of diarrhœa, with continued griping pain. Continue treatment.

November 3rd.—Great improvement; is gaining flesh; cough almost gone; voice much stronger; sleeps well; no hæmoptysis; dyspnœa less.

December 5th.—Still a slight dulness on percussion, and indistinctness of respiratory murmur; can walk a considerable distance without dyspnœa or fatigue; cough gone; voice natural; pain in back still troublesome; still gaining flesh. Rhus. Tox. night and morning.

December 3rd.—All symptoms have disappeared. Cured.

This girl is now acting as cook in the family of Rev. J. Barnes, late Vicar of Christ Church, Lowestoft, who watched her case throughout with considerable interest, and from whom I received the following letter:—

"My dear Sir,—It is with very great pleasure I write to inform you of the marvellous success of your remedies in two cases that have come under my own observation. My first was that of a poor man, aged 36, who had been in a consumption for two years. His lungs were seriously diseased. He was greatly emaciated; constant cough; expectoration two pints in the twenty-four hours. Unable to lie down. At times bringing up large quantities of blood. Pain in the side, and breath so short that he could only speak a few words at a time. Had been pronounced incurable. After about five months of your treatment his state may now be thus described:—No pain whatever, no cough, no spitting of blood, very slight expectoration. Appetite very good. No shortness of breath. Rises early. Can walk about with comfort, and is hoping soon to get to work.

"The second case is that of a young servant-maid, age 24, who had been under medical treatment in London for nearly two years. Pronounced to be in a rapid consumption. Was sent home to die, and told she must not expect to live more than three months. After a few months of your treatment she was wholly recovered. She has the place of cook in my own house, and tells me that she never remembers being so well as she is at present.

"Pray use this letter as you please, as I feel such remedies as you prescribe ought to be known far and wide.

"Believe me, dear Dr. Alabone,

"Yours, very truly,

"E. J. Barnes.

"Late Vicar of Christ Church, Lowestoft."

CASE XXI.

Mrs. Coventry, æt. 30 years, consulted me on February 8th, ——, at which time she was suffering from phthisis in its early stage. On examination there was appreciable dulness over the left lung, more especially near the apex; the respiratory murmur was harsh, with prolonged expiration; rapid loss of flesh; has a continual short cough, with expectoration of a greyish phlegm; tingling pain referred to apex of left lung: also a dull pain over right; bowels regular; appetite bad; pulse 135; temperature 100°; increasing dyspnœa; partial aphonia; has had several slight attacks of hæmoptysis. To take syrup in teaspoonful doses.

February 22nd.—Pain less; cough less; no hæmoptysis. Continue remedies.

February 27th.—Excessive pain over right lung; cough still subsiding; also expectoration; less dulness on percussion.

March 14th.—Great improvement; gaining flesh rapidly; cough almost ceased; respiratory murmur smooth; pulse 90; temperature 98°; pain gone.

April 26th.—Cough entirely ceased; is quite fat; all unhealthy sound gone.

May 4th.—Received a letter stating she required no more treatment, being perfectly well in every respect.

This patient is still in good health.

CASE XXII.

R. Townsend, æt. 24 years, single. Father and brother died of phthisis. About seven months ago she was attacked with a severe pain in the back, which extended up to the left side near the heart. This was followed by faintness, hysteria, and nausea; four days after, nocturnal perspirations set in, and have continued more or less up till now. A fortnight ago she spat blood for the first time; respiration becomes hurried and difficult on the least exertion; complains of a slight hacking cough; the flesh has recently become flabby. Suffers from severe pain at the pit of the stomach after food; loss of appetite; palpitation of the heart; the bowels are irregular.

March 18th, 1871.—Right side of chest imperfectly developed, and its motions limited; on percussion a dull sound is elicited over the entire upper part of the chest; the respiratory murmur weak and harsh, with dry, crackling râle over the right clavicular region; expiration prolonged; pulse 130; urine turbid; flushing of face after meals; complains of pains at the shoulder joints; voice husky; continuous speaking causes soreness of the throat; night sweats becoming excessive. To take syrup.

March 27th.—Symptoms about the same; pain rather worse at pit of stomach. Continue remedies.

April 13th.—Evident improvement; nocturnal perspiration less; appetite better; food causes no pain; cough less; can take more exertion with less dyspnœa. Continue remedies.

May 20th.—Great improvement; is gaining flesh; eats well; pain gone; no cough or expectoration; sounds on percussion normal. Eight days from this date she abandoned the treatment, and pronounced herself better than she had been for years.

CASE XXIII.

E. J., æt. 23 years, single, consulted me on February 15th, 1882. None of her friends had ever suffered in a similar way. She herself had enjoyed tolerably good health till about eight months ago, when she was seized with a violent cramp in the stomach, followed by nausea and slight diarrhœa. After these symptoms subsided, a short cough made its appearance, with slight expectoration and difficulty of breathing. For the last four months waste of flesh has been rapid, and she has suffered greatly from nocturnal perspirations. Her appetite was bad, being unable to eat animal food, or fat of any kind; bowels irregular; on percussing the chest a dull sound was apparent over the whole of the superior portion; the respiratory murmur was harsh on both sides, and in some parts inaudible; heart-sounds augmented. To take teaspoonful doses of syrup every three hours. The chest to be bathed with evaporating lotion in the morning.

March 3rd.—About the same, excepting that the perspirations are less; complains of a sharp cutting pain under left nipple.

May 20th.—Cough diminished; expectoration still tinged with blood; appetite slightly improved; chest not quite so dull on percussion; respiratory murmur audible over whole chest. To take teaspoonful doses of syrup.

July 3rd.—Marked improvement, although she has suffered from a cold produced by damp feet; pain under nipple gone; cough less troublesome; expectoration almost ceased, and not tinged with blood; can eat three fair meals a day; sleeps better; perspirations abated; pulse 90; gaining flesh and strength.

November 23rd.—Has progressed favourably; all bad symptoms disappeared; states that she never felt so well in her life. Cured.

CASE XXIV.

Julia Taylor, æt. 24 years, was upset from a boat in June, 1883. Being some distance from any house she experienced a severe chill, which resulted in her being confined to bed for five weeks with acute inflammation of the lungs. On recovery from this attack, a cough of a persistent nature made its appearance, and shortly after night sweats commenced, and were so severe that, to use her own words, she was "completely swamped" every night; the result of this was great prostration with loss of flesh; the appetite now commenced to fail, pain being experienced in

the stomach after meals, as also flushing of the face and hands, and drowsiness. I first saw her on August 7th, when she presented the appearance of a person in rapid decline. There was a hectic flush on both cheeks ; the eye being unusually brilliant and sunken ; emaciation ; continuous cough, with expectoration of a greyish-yellow phlegm. The chest was fairly formed, but its movement somewhat restricted. The superior portion of the left chest yielded a very dull sound on percussion, the respiratory murmur being feeble. Below the clavicle on right side the heart-sounds were very distinct.

August 21st.—Amelioration of symptoms ; still feels very prostrate; night sweats still excessive ; emaciation still continues; but the cough and expectoration is less; bowels regular; appetite bad. Samb. Nig. night and morning, the body to be sponged with evaporating lotion every morning.

August 28th.—Sweats slightly less ; appetite improved ; feels stronger ; pulse 95. To take syrup.

September 20th.—Cough troublesome ; expectoration increased ; no hæmoptysis ; complains of a sore dragging pain under left clavicle ; on percussion, dulness over part.

October 10th.—Decided improvement ; cough much less ; pain gone ; less dulness on percussion ; appetite improved ; is gaining flesh ; can walk without difficulty; shortness of breathing diminished. Continue remedies.

November 3rd.—Says she feels well, but as there is still slight cough and dulness under left clavicle, she is to continue treatment.

December 22nd.—All symptoms subsided; is quite stout; appetite good. Cured.

CASE XXV.

J. G., æt. twenty-two years, placed herself under my care in June, 1880. Her mother and two sisters died of consumption. She complained of severe cough and expectoration. Has spat blood on several occasions. On examination of the chest unequivocal signs of disease presented themselves : the left chest was flattened, and its motions cramped ; on percussion great dulness was elicited ; moist râles and pectoriloquy were revealed by stethoscopic examination. Pulse 120, weak ; loss of appetite ; acid eructations and a sense of fulness after meals, with flushing of the face. To take syrup night and morning, and extract in the middle of the day. Amendment commenced on the twenty-ninth day of treatment, during which period she had gained in weight. Three months after she commenced the treatment decided increase of flesh was apparent ; the cough lessened, as also the expectoration ; the stethoscopic signs of the chest were better, and in December she considered herself well, and ceased to visit me.

CASE XXVI.

JANE A. C., æt. 32 years, married, consulted me on March 3rd, ——. Up to June, 1873, she had enjoyed good health; she then nursed a friend through a long and dangerous illness. Immediately after this she took a severe cold, which induced a cough; this never left her, and up to the present date has gradually become more troublesome. She complains of no pain, but prostration is very great—doubtless induced by severe nocturnal perspirations, which occur every other night. There is a sinking sensation at the pit of the stomach; pulse 120, weak, and intermittent every eighth beat; tongue furred; bowels constipated; catamenia absent. The chest is flattened. Thinks her mother died of consumption. On percussing the chest a dull sound is elicited over the right side, beneath the clavicle, where the respiratory murmur was harsh and tubular. Expiration harsh and prolonged. The left chest was dull on percussion posteriorly, the vesicular murmur being imperfectly developed. Take syrup of Lachnanthes.

March 21st.—Has taken double doses of syrup, which caused great giddiness and symptoms of paralysis. Cough less; perspirations same. To discontinue remedy, and take Ac. Phosp. in its place.

March 24th.—Sweats less; complains of pain over left chest of a drawing, dragging character. Resume syrup

April 17th.—Gaining flesh; still very weak; pulse 100, fuller; vesicular murmur increased; less dulness on percussion over left chest; right chest posteriorly the same. Continue remedies.

April 23rd.—Right chest less flat, a clearer sound being elicited by percussion; less tubular breathing; expiration loud; cough gone; general health vastly improved.

May 3rd.—Reports herself better than she has ever been in her life. To discontinue treatment. Cured.

This case was one of unmistakable phthisis. She had been carefully examined by eminent physicians, whose diagnoses tallied with mine. She is at the present time perfectly well.

CASE XXVII.

REBECCA TOMPION, single lady, consulted me in May, 1875, at which time she was suffering from a slight hacking cough, accompanied with expectoration of a greenish colour; noctural perspirations; rapid loss of flesh; pain over left chest, and shortness of breath; general appearance unhealthy; complexion dingy; all attempts at muscular exertion were attended with dyspnœa; appetite tolerably good; bowels constipated. The respiratory murmur was rough, and respiration performed in a jerky manner. To take teaspoonful doses of syrup.

June 7th.—Improved; complains of soreness of throat. Continue medicine.

July 27th.—Cough and expectoration gone; sound on percussion clear; respiratory murmur normal. Cured.

CASE XXVIII.

S. W. S., æt. 25 years, has lost two relatives in consumption. I first saw him on October 20th, 1878, when he complained of great prostration, dyspnœa, severe pains in the chest; cough; loss of appetite and flesh, palpitation of the heart, &c. Stethoscopic examination proved deposition of tubercles to have taken place in the lungs. The walls of the chest were flattened. Puerile dulness on percussion over the apex of both lungs. To take teaspoonful doses of syrup.

October 23rd.—Slight improvement; appetite better; night sweats lessened, which before had been bad; puerile respiration diminished.

November 14th.—Chest more fully developed; stated that he felt better; cough less; more resonance on percussion. To continue remedies.

December 10th.—Marked improvement. Had gained 3lbs. in weight; felt much better; appetite good. Sounds almost equal on both sides of the chest.

He continued the remedies till February 14th, 1879, at which date he was perfectly well.

CASE XXIX.

Mrs. F. Matthews consulted me on Aug. 29th, 1879, at which time she was suffering from a severe cough, shortness of breath on the least exertion, palpitation of the heart, rapid loss of flesh, &c. On percussion there was dulness below the right clavicle, with a light mucous râle over the upper part of the chest, which was greatly flattened; sibilant and sonorous râles over both lungs, front and back; a vomica over the apex of left lung. To take syrup.

Sept. 23rd.—Symptoms about the same, excepting that she seemed slightly stronger.

Oct. 28th.—Less dulness on percussion; expectoration less; complains of sickness.

Dec. 7th.—Greatly improved; dyspnœa much less; appetite improved; still dulness on the right side, but all evidence of a cavity in the left disappeared.

The remedies were continued till May, 1880, at which date she discontinued the treatment. I have since received a letter from her husband stating that it was thought impossible for her to recover when first placed under my care, and acknowledging his gratitude at her recovery.

CASE XXX.

Miss E. Grant, æt. 28 years, placed herself under my care on Dec. 17th, 1878. Family history bad, her brother and mother having died of consumption. She had enjoyed tolerably good health till about twelve months ago, when she was attacked with hæmorrhage, accompanied with nocturnal perspirations and considerable difficulty of breathing. The bleeding had continued at intervals up to the present time. For the last two months there had been a rapid loss of flesh. She complained of great exhaustion, excessive cough, sickness, and flushing after meals. Had palpitation of the heart; pulse 110, feeble. Percussion elicited a dull sound over the upper portion of the right lung, the respiratory murmur being almost inaudible. Bronchophony existed on both sides. To take teaspoonful doses of syrup three times a day.

She persevered with this for a month; at the expiration of this time the cough was considerably lessened, and she gained both strength and flesh.

April 17th, 1879.—Decided improvement; felt stronger; had gained a considerable amount of flesh; pulse 90, strong; shortness of breath almost disappeared; pain in chest gone; chest resonant on percussion.

The treatment was persevered with till May, at which time she was discharged cured, and has since taken a situation as nurse at a London Hospital.

This case, with others, was watched with great interest by the Rev. M. Baxter, editor of the *Christian Herald*, who has since written me the following letter:—

"My dear Sir,—I feel pleasure in testifying to the efficacy of your treatment in many cases of consumption that I have known, and I hope that the remarkable remedy you have discovered for promoting its cure may be widely made use of, and that consumptive patients may extensively avail themselves of its beneficial influence.

"I am,
"Yours truly,
"M. Baxter,
"*Editor.*"

CASE XXXI.

Charles H. Bowry, æt. 36 years, consulted me on May 19th, 1879, at which time he was suffering from a severe cough, accompanied by profuse expectoration, which was occasionally streaked with blood; breathing difficult; excessive nocturnal perspirations; appetite bad; pulse 110, wiry. On examination of the chest, there was insufficient expansion of the right side, with dulness on percussion, the respiratory murmur being of a tubular character. There was also a slight dulness on the right side, with bronchophony. His mother died of consumption. To take four doses of the syrup daily.

July 1st.—Decided improvement; cough and expectoration lessened; dulness less; appetite good; pain in the side almost gone; pulse 90. Stated that he felt almost well.

At the end of three months' treatment the breathing was natural; dulness on percussion had disappeared. He had gained flesh; cough was gone; and in another week he discontinued the treatment perfectly well. I have since received a letter stating that he has returned to business, and has had no relapse.

CASE XXXII.

Miss M. A., æt. 21 years, consulted me on February 12th, ——. Her family is consumptive, her sister and other relations having died of it. On examination, there was great dulness on percussion over the upper third of the left lung; the respiratory murmur being almost inaudible under the clavicle. Bronchopony existed on both sides. Pulse 110, weak. She had night sweats, palpitation, lassitude, loss of flesh, and other usual symptoms of the disease. To take syrup twice daily, and bathe chest with evaporating lotion.

This treatment was persevered with till

April 15th, when she was greatly improved; the dulness being less, chest more fully developed, palpitation less, and other symptoms diminished.

May 27th.—Great improvement; has gained considerably in weight; cough gone; chest resonant on percussion.

June 17th.—All unfavourable symptoms gone; stethoscopic sound natural; feels perfectly well, and ceased treatment. Cured.

In a letter recently received from this patient, she states she is now enjoying *perfect health.*

CHAPTER XII.

CASE 117. Book J.

Mrs. W., of Reading, whose father died of consumption, consulted me, at the recommendation of her medical man, in October, 1885, at which time she was suffering from spitting of blood, and complaining of cough, expectoration, night sweats, loss of appetite, and depression of spirits. The stethoscope revealed the existence of a cavity at the apex of right lung.

She commenced the treatment, and the improvement was so rapid that she herself, and her friends, expressed their surprise, as no one expected she had more than a few months to live. After continuing till August, 1886, all symptoms of the disease had disappeared, and I received the following letter from her husband, dated October 30, 1886.

"Dr. E. Alabone,—Dear sir, I write to inform you of the effect of your remedy in my wife's case. I was induced to place her under your treatment after seeing the wonderful recovery of a gentleman in consumption in this town. I am thankful to inform you that she is now quite well. When she commenced your remedy she had been given up in consumption, and I little expected that she would ever recover. You are welcome to use this as you think fit. I only hope it may be the means of inducing other sufferers to try the same means of recovery.

"With grateful thanks,

"Yours faithfully,

"THOS. WEAVER."

CASE 505. Book G.

JOHN SHUTER, æt. 34 years, of weak constitution, took cold some years ago, and was seized with pain in the chest and difficulty of breathing. From this he partially recovered; but shortly after was so unwell that he had to give up his work. When I first saw him he was in the second stage of consumption, complaining of great pain between the shoulders, difficulty of breathing, especially if ascending rising ground, inability to lie on the affected side, continual cough; with fever and sweats at night, and continuous expectoration of a greenish-yellow phlegm. On examination, the expiratory murmur was harsh and prolonged; heart sounds augmented; bronchophony at the apex of both lungs, and under the clavicle a well-marked sub-crepitant rhonchus.

After continuing the treatment three months, there was a marked improvement in his condition; the night sweats had disappeared, appetite improved, cough and expectoration less, and less shortness of breath. In the following June he was quite well. In a letter received in October, he states:—

"It gives me much pleasure to inform you of my great improvement. When I first came under your notice, I had tried many Glasgow and London physicians, also hospitals, and tried change of climate, but only received temporary relief. I was a wreck in body, but as soon as I placed myself under your care, I gradually increased in weight and strength day by day. I now enjoy health, to which I have been a stranger many years. I beg to express my sincere and grateful thankfulness to you for the kindness and attention to me during my illness, and it will ever be a duty, as well as a pleasure, to extend the knowledge to others of your power to heal consumption.

"I am, dear sir,

"Yours gratefully,

"JOHN SHUTER."

CASE 22. Book F.

James G——, of Streatham, æt. 32 years, presented himself for examination and treatment in April. Father and brother died of phthisis. About six years ago he was attacked with a severe pain in the back, which extended up to the left side near the heart. This was followed by faintness, hysteria, and nausea; four days after, nocturnal perspirations set in, and have continued more or less up till now. A fortnight ago he spat blood for the first time; respiration becoming hurried and difficult on the least exertion; complains of a slight hacking cough; the flesh has recently become flabby. Suffers from severe pain at the pit of the stomach after food; loss of appetite; palpitation of the heart; the bowels irregular.

Right side of chest imperfectly developed, and its motions limited; on percussion a dull sound is elicited over the entire upper part of the chest; the respiratory murmur weak and harsh, with dry crackling râle over the right clavicular region; expiration prolonged; pulse 130; urine turbid; flushing of face after meals; complains of pains at the shoulder joints; voice husky; continuous speaking causes soreness of the throat; night sweats becoming excessive.

He commenced the treatment, and persevered with it till September, the following letter showing the result:—

"Streatham.

"Dear Sir,—I am happy to state the benefit I have derived from your treatment. When I first saw you I was very bad indeed, and had been ill 5½ years with an incessant cough and profuse expectoration. My breath was very short; I could only walk a very short distance; my appetite was bad, and I could not digest any food. I had taken large quantities of cod liver oil without benefit, and had attended the London hospitals, and also tried the Hydropathic treatment; in fact, I tried everything I could think of, but failed to get any good till I tried your very valuable treatment. I trust that many more may be led to try it, and that you may long be spared to restore sufferers from that terrible disease. Thanks for your kind attention.

"I beg to remain,

"Yours faithfully,

"James G——."

CASE H. XVIII.

George Tane, Kingsland Road, æt. 8 years, was brought to me by his mother. I had previously seen his father (who was dying of consumption), too late to save his life. The son was evidently falling a victim to the same disease. He had previously suffered from inflammation of the lungs. On recovery, a troublesome cough with expectoration remained. When first seen he was suffering from the following symptoms:—Continual cough, with expectoration, occasionally tinged with blood; breathing very rapid; nocturnal perspirations, and considerable wasting; a hectic flush on both cheeks; palms of the hands and soles of the feet hot and swollen. On examining the chest, expansion was deficient on the right side, where there was considerable dulness on percussion, also bronchophony.

In a short time after commencing the treatment, the symptoms improved; perspiration less; cough and expectoration slightly relieved; no hæmoptysis; hectic symptoms less.

At the end of three months the report was—Has complained of considerable pain in the soles of the feet; cough less; expectoration almost ceased; expansion improved, although still incomplete on the right side; dulness on percussion less; says he feels altogether different. From this date the symptoms gradually disappeared, and he discontinued the treatment perfectly well.

I have recently received the following letter from his mother:—

"Kingsland Road.

"Dear Sir,—My husband died of that fearful complaint, consumption, after a lingering illness. At his death, and previously, my son had all the symptoms of his father's complaint, when some kind friend advised me to place him under your care.

"In a short time he improved, and is now, I am happy to say, quite well. I shall take great pleasure in recommending any one to you suffering from disease of the chest.

"Believe me, Sir,

"Yours ever gratefully,

"S. Tane."

"Dr. Alabone.

CASE 194. Book F.

A. H., æt. 45 years, an officer in the 31st Regiment, sent me a written report of his case, with the diagnosis of his medical man, which was conclusive evidence that he was in the last stage of consumption. As it could not be arranged for me to visit him, he commenced the treatment by correspondence. After some few months he gradually obtained relief from the more urgent symptoms; this improvement continued with the result that he discontinued, cured. The following letter, recently received from him, is of much interest:—

"Brighton.

"Dr. Alabone,—Dear Sir, I write to return you my sincere thanks for restoring my health. I feel very thankful to the lady who procured me your valuable advice. Considering my age, and that I served in the army at various parts of the world, viz., in the Russian War of '55-6, from thence to Malta and Gibraltar; then to South Africa, and most of the time in tents; then to East India; from there to the Chinese War, and was two winters in Tein Stein, and then served in the Teaiping Rebellion in and about Shou Chou, I think I am a monument of the cure you have effected. I now feel quite well.

"I am, yours faithfully,

"A—— H——, 31st Reg."

CASE F. 151.

Miss C—— G——, æt. 18 years, a lady nurse, complained of the following symptoms:—Shortness of breath, frequent cough, profuse expectoration, usually tinged with blood; dullness under both clavicles; at the upper part of both lungs there were sibilant râles; well marked hectic in the evenings, profuse night sweats, appetite bad, tongue furred, diminution of respiratory murmur, &c.

After commencing treatment, improvement commenced, when she was unfortunately called away, and neglected the remedies, with the result that in a few months all the symptoms returned.

The treatment was then followed for eight consecutive months, at the expiration of which time I received the following letter:—

"——— Hospital.

"Dear Dr. Alabone,—I write to acquaint you with the great improvement in my health since I have been under your treatment; so much so, that I have been enabled to undertake the situation of nurse in this hospital, which I never again expected to do. I have, and shall recommend your treatment in cases of consumption, as I fully believe in its efficacy, having proved it to the surprise of all my friends.

"Believe me to remain,

"Sincerely yours,

"C—— G——."

CASE CXXXI.

The following letter speaks for itself:—

"Montague Road.

"My Dear Sir,—It is with feelings of deep gratitude I write to inform you that

my daughter, who was suffering from consumption, and given up by three medical men, is now enjoying good health. When we placed her under your care it was as a last resource, not daring to hope a case so far advanced could be cured; however, but a short time elapsed before she was relieved of the cough and spitting of blood, and commenced to gain flesh.

"I remain, dear doctor,

"Yours gratefully,

"B. ROLFE."

CASE XLVIII. Book H.

WILLIAM HENRY BALDAMUS, of 5, Huntingdon Street, consulted me in May, 1875. He then complained of a continued tickling of the throat, inducing a cough, which was accompanied by the expectoration of a thick tenaceous phlegm streaked with blood; hectic flush on cheeks; loss of flesh and appetite; night sweats; pains over both chests; palpitation of the heart; headache; diarrhœa, and other symptoms of consumption; the left chest was badly formed and flattened, considerable dulness being revealed by percussion. After taking the remedy for one month he decidedly improved, although the cough was still troublesome; the expectoration ceased to be tinged with blood, and he felt better. At the end of three months' treatment all unfavourable symptoms had disappeared; he was quite fat and healthy, and discontinued treatment.

In answer to an inquiry, I received a letter from this patient, dated January, 1878, in which he states he is quite well.

CASE 463. Book H.

MRS. N——, of Sunderland, consulted me in May, at which time she was far advanced in consumption. The disease was first noticed two years ago; at present great weakness; loss of flesh; no appetite; fever in evening with rigors, cough incessant; voice hoarse; occasional vomiting; dulness on percussion over upper half of left lung and cavity at upper third; at back, cavernous respiration and moist crackling râles. The treatment in this case was not strictly adhered to, yet improvement took place, and, as the following extracts from a letter received will show, she was ultimately cured:—

"Sunderland.

"Dr. Alabone,—Dear Sir, I have been sounded by my medical man here, and he says the disease cannot be detected. He told me there was no mistake that the disease had been there. I told him I had been under your treatment, and that I was cured. He seemed vexed to think that you can cure what baffles him.

"Yours very respectfully,

"E—— N——."

CASE 165. Book F.

MISS J. J. T—— consulted me in January. Her chest was very badly formed. She had suffered for some time past with a hacking cough, accompanied with expectoration of a greenish-yellow colour, sometimes streaked with blood; profuse night sweats; loss of appetite; extreme debility and loss of flesh. On examination

there was marked dulness over the apices of both lungs; increased vocal resonance and a dry crackling rhoncus at apex of left lung; the heart sounds were augmented. She commenced the treatment, and persevered with it till July, when I received the following letter :—

"Newington Green.

"Dr. Alabone,—Dear Sir, five months ago I came to you suffering from consumption, of which five of my relatives have died, and, to all appearances, I was following their footsteps. I am thankful I was directed to your remedies for relief. I can now say I am quite well, and able to enter upon my duties, which I had been compelled to relinquish.

"I remain,

"Yours gratefully,

"J. J. THOREAU."

CASE 509. Book G.

Phthisis Pulmonalis in its last stage; Recovery.

MISS S—— T——, æt. 30 years. In April she was suffering from excessive cough and expectoration, husky voice, excessive night sweats, loss of flesh, being extremely emaciated, palpitation of heart, rapid and feeble pulse, almost complete loss of appetite, and continual hæmorrhage : two relations have died of consumption.

The stethoscope revealed extensive mischief in the right lung (which was dull on percussion) a cavity of considerable size existing at the apex; after six months treatment she was considerably improved, but still far from well; she, however, continued the remedy, and in the following June I had the satisfaction of receiving the following letter from her :—

"Great Maplestead.

"Dear Sir,—Circumstances forbid my name being used publicly, but use my initials whenever you please, and should my name be required, use it, but not in print, and if any one require it, I will testify the good I have received. I trust your life may be long, and that many others may receive the like benefit as myself. I am enjoying good health and feel you have saved my life, when it was fast drawing to a close, therefore I feel bound to make it widely known.

"I am, dear Sir,

"Yours obediently,

"S—— T——."

CASE 378. Book F.

Consumption, with two cavities in lung; Recovery.

JAMES HEPHER, æt. 19 years, consulted me in February. The right chest flattened, also left; harsh breathing over whole of right lung front and back, dulness on percussion; cavity at apex, and another at middle third of left lung, had lost four relatives in consumption : voice husky, night sweats, loss of appetite, physical and mental enertia—after continuing the remedy for twelve months he was cured. I received the following from him four years after :—

"Haverhill.

"Dear Sir,—It is with deep feelings of gratitude, I now desire to pen a few lines to you as the instrument used in restoring me to health, more than five years ago I was in such an advanced stage of consumption that our own doctor said he did

not think I should live more than a fortnight ; hacking cough, much expectoration, profuse night sweats, extreme debility, and eventually hæmorrhage, such was the unfortunate condition in which I found myself. Soon after commencing your treatment I began to mend, and although I had to continue with it for some time my perseverence was amply rewarded. So miraculous has been the change wrought in me, that many of my native townspeople refuse to believe I could ever have been consumptive at all. Words would fail to express my gratitude to you, therefore I will not multiply them, but my sincere desire is that precious lives may be spared.

"Believe me, dear sir,

"Yours very gratefully,

"JAMES HEPHER."

CASE 644. Book G.

Cavity in left lung ; Recovery.

MISS A——, æt. 28 years, of Liverpool, was suffering, in April, from continual cough and expectoration, with great pain in the chest ; frequent spitting of blood, loss of flesh and debility, the appetite inpaired with continual dyspepsia ; on examination there was a cavity in the left lung, with moist râles at apex, dry crepitant râles at back of lung, respiration jerky. She continued treatment for eight months when she wrote me as follows :—

"Liverpool.

"Dr. Alabone,—Dear Sir, I am writing to wish you good-bye, as I am now quite well again, indeed feeling stronger that I have ever done. I feel very thankful I was led to consult you, I shall always be pleased to recommend your treatment, and indeed I have largely done so already. "I am,

"Gratefully yours,

"S. R. A——."

CASE 508. Book G.

Phthisis Pulmonalis ; Recovery.

G. SHUTER, of Clapham, consulted me in April, for a continuous irritating cough accompanied with profuse expectoration ; he also complained of great shortness of breath, night sweats, excessive prostration, loss of appetite and indigestion ; examination, the chest was badly formed especially on the left side, dullness over the upper half of left lung with harsh breath sound, and augmented heart sounds at apex of left lung a cavity existed, moist râle at back of lung extending to lower third. Had been given up by two medical men as perfectly incurable.

He commenced the treatment and continued for eight months, during which time a serious attack of hæmorrhage occurred, but which was speedily checked : at the end of thirteen months he was perfectly cured and has remained well till now. I recently received the following letter from him :—

"North Street, Clapham.

"Dear Sir,—I have no objection to you using my name, but will always feel it a pleasure to recommend your treatment for the cure of consumption, whenever an opportunity occurs.

"I remain,

"Yours truly,

"H. G. SHUTER.

CASE 183. Book F.

Consumption in its last stage ; Recovery.

Mr. A. Smith, North Britain, consulted me in February, by correspondence. giving the report of his medical man, that there was a large cavity at base of right lung, with excessive expectoration streaked with blood, profuse night sweats, loss of flesh and appetite, great thirst and fever at night, with swelling of the feet. His medical men gave up the case as perfectly hopeless. For some time after commencing the treatment no good results seemed to ensue, but at the expiration of seven months there was a decided improvement as evidenced by the disappearance of dropsy, less cough and expectoration, ability to get out of bed, which he had not done for twelve months, and a slight increase of flesh. By a determined perseverance with the treatment, at the end of eighteen months he was perfectly restored to health.

Two years after, I received a letter from his father, as follows :—

"Craigellachi, N. B.

"Dear Sir,—I am glad to say that my son, on whose account I wrote two years ago, is now quite well ; our doctor had no hope of his recovery.

"I am, yours respectfully,

"A. Smith.'

CASE 104. Book F.

Consumption ; Recovery.

W. Stockbridge, æt. 25 years : for some three years past he has suffered from cough with slight expectoration, shortness of breath, inability to walk up hill, loss of appetite, general debility, loss of flesh, hectic and other symptoms of consumption. When he consulted me there was marked evidence of tubercular disease, the left lung being dull on percussion with harsh breathing, the respiratory murmur prolonged, and performed in a jerky manner, dry crackling râles at apex of lung, with huskiness of the voice. After continuing the treatment for six months he wrote me as follows :—

"Lambeth Square.

"Dr. Alabone,—Dear sir, I am grateful in being able to add my testimony to the efficacy of your treatment of consumption. After suffering for three years, and being unable to get relief from eminent medical men, I adopted your treatment with the result that *I was perfectly restored to health.* You are at liberty to use this letter as you think fit, for I feel everyone suffering as I was should place themselves under your care.

"I am,

"Yours very gratefully,

"W. Stockbridge."

The following letters speak for themselves, being written voluntarily by patients who have been cured by this treatment ; the originals can be seen, and full addresses given if required.

"Nov. 13th, 1886.

"Dear Dr. Alabone,—I beg to add my testimony to the success of your treatment in consumption. I had been given up by an eminent physician of Leeds and other medical men fifteen months ago; both lungs were diseased.

"I heard of your treatment but was very sceptical about it, after being urgently persuaded, I tried it, with the result that I am now able to enjoy life with a fair degree of comfort.

"With sincere thanks,
"I beg to remain,
"Yours very truly,
"T. Young, L.R.C.P., L.R.C.S. Ed., L.F.P., & L.F.S. Glas., L.M.

"P.S.—You may make what use you like of this letter."

"Prospect House, Frome, Dorset,
"Nov. 15th, 1886.

"Dear Dr. Alabone,—It is with the greatest pleasure that I bear testimony to the marvellous success of your treatment in my own case. In May, 1879, I was attacked with inflammation of the lungs, which developed into consumption. My two medical men pronounced my case to be incurable, stating that three months was the outside extent of my life.

"Quite accidentally I heard of your successful treatment of a case in Bristol, which had been pronounced incurable by the local doctors, and I determined to consult you for myself, which I did in 1880. After examination, you pronounced both lungs to be affected, which tallied with what the local doctors said.

"I commenced your treatment, and within two months I gained 2 lbs. in weight, and was so much better in every respect, that I was able to do one hour's teaching daily; I continued to improve rapidly, and in six months was able to undertake the whole of my teaching again, and was a marvel to everyone who knew me; after a year's treatment I was cured.

"Since that time I have kept wonderfully well, and am now married. I lose no opportunity of recommending your treatment to fellow sufferers. I can only add, I can never be sufficiently grateful for all you have done for me, for, humanly speaking, you have saved me from an early grave.

"Pray use this letter as you please.

"I am,
"Yours truly and gratefully,
"J. Cockey."

"Wellington Buildings,
"Nov. 15th, 1886.

"Dr. Alabone, Sir,—I with great pleasure write to inform you I am perfectly well again, after being treated by you for consumption, for about nine months.

"I have now to thank you for the courtesy and kindness with which you have treated me whilst under your care, for which I express my everlasting gratitude, and earnestly hope the efficacy of your treatment will be brought under the notice of all those suffering as I did, from what is considered an incurable disease, but which, I am happy to say, *has been* entirely cured.

"Remaining with gratitude,
"Yours very respectfully,
"T. D."

"209, Brecknock Road, London, N.,
"Nov. 18th, 1886.

'Dear Sir,—I am pleased to add my testimony (although happily not from personal experience), to the efficacy of your treatment in cases of that painfully lingering, and hitherto incurable disease, consumption.

"Several persons that I know in course of business, and who have been regarded as past all hope, are now going on about their work with ease and vigour, one in particular that I am frequently meeting, assures me that you have lifted him from his death bed.

"I consider that your treatment ought to be taken up in this country, as M. Pasteur's treatment of hydrophobia has been in France.

"If this letter is of any service to you, you are quite at liberty to use it.

"Yours faithfully,
"Dr. Alabone. "W. HAMMANT."

"28, College Street, Islington,
"Nov. 20th, 1886.

"Dear Sir,—It was my painful yet fortunate lot to have to consult you in June last year for consumption. Deceiving both himself and me, my medical attendant did not do me any good, for I was gradually getting worse. My professional duties—being in the scholastic profession—were getting very irksome, I did not feel up to them, and I could have stood them only a little longer. Being strongly advised by a former patient of yours to place myself under your treatment, I did so, and have often thanked God for the result. To-day I feel myself able equally with my fellows to do the work which falls to me, and I have every reasonable hope that the disease has been perfectly eradicated.

"From the time of my first consultation I commenced slowly to improve, and with the exception of a relapse about last Xmas, caused by increased hard work, this has been going on ever since. I cannot speak too highly of your treatment.

"I thank you much for all your kind attention to me also, and sincerely hope, that if it please God you may be used more and more for the relief and cure of others similarly affected. One word however I would add in case this should meet the eye of others—perseverance with the treatment may be needed, but reward will almost surely follow.

"Very gratefully yours,
"Dr. Alabone, "J. T."
"Highbury Quadrant."

"10, Chamberlain Street, Regent's Park Road, London, N.W.,
"Nov. 22nd, 1886.

"Dear Dr. Alabone,—Hearing that you are about to publish a new edition of your work on consumption, I take the opportunity in case you might desire to publish my name as one of your successful cases. I also enclose you a letter from Dr. S., of Harley Street, describing the condition of my lungs some time before consulting you. As you know, when I did come to you, I was in a lamentable condition, having had three severe attacks of hæmorrhage in close succession. You then informed me that you could not say but that I should have another attack, which was the case about a week after. This was however the last sharp attack,

which was soon checked by the remedies you prescribed. After getting over that attack I continued your treatmeut, and the rapid strides towards recovery were soon apparent to myself and friends. I gained weight at the rate of 1 lb. per week until reached the weight of 11 st. instead of 10 st., to which I had fallen previously. I am now just upon thirty, and was laid up three or four times a year ever since I was twenty-two, until you took me in hand, so that you may fairly lay claim to having effected a most wonderful cure in my case. I feel sure that had I been able to give up all work, the cure would have been effected in a much shorter time, but unfortunately for me that was impossible, and yet in spite of all the worry and anxiety of my position, you have been able to effect a cure for me. I should mention that before I came to you my chest was contracting, I measured myself and found that I was only 32½ inches chest measurement, instead of 35½, as it used to be, but after being under you for three months, one day feeling that I was able to expand my chest more freely, I measured myself and was astounded to find that I had increased to 36 inches, and now I am a good 37 inches.

"In conclusion, I beg to tender you most heartfelt thanks for the care and attention you have bestowed upon me. By all means publish my full name and address, in case anyone may like to make enquiries, and I need hardly add that I shall only be too glad to furnish anyone with any further particulars, if they will write or see me.

"Yours sincerely,
"W. B. GREEN."

"Dr. E. W. Alabone.

"Highbury Hill, N.,
"April 16th, 1882.

"Dear Sir,—It is with extreme gratitude that we write to thank you for your great kindness and skill, which, by the blessing of God, has saved the life of our dear child, Annie, for she had been given up by two doctors, when through the very great kindness of the Rev. Dr. Parker, who we cannot thank too much, she was placed under your treatment. The wasting soon ceased, and now we are happy to say that she has gained 6 lbs., the cough has entirely left her, and she is cured. All who knew her say that the change is wonderful.

"We hardly know how to thank you enough, but hope you will accept our heartfelt thanks, and allow us to remain,
"Your most obedient servants,
"CHAS. and SUSAN NEWTON."

"Heigham Street, Norwich.

"Dear Sir,—I am pleased to inform you that your treatment has had a permanent effect upon my chest and lungs, and that in spite of very bad weather we have been subjected to during the season. You will kindly receive my earnest thanks, and I hope, to a suffering humanity, your means may be much blessed.

"Yours faithfully,
"W. SAUNDERS."

"Codnor.

"Dear Sir,—I write to tell you that I shall not want any more medicines, as I am quite strong again.

"Yours truly,
"JOHN KIRKLAND."

"Risely, Bedford,
"Aug. 2nd, 1886.

"Sir,—I am very pleased to inform you that my daughter, G. J. King, is now apparently quite well, as she can do her work, and appears to be as strong as ever. As I have before informed you, she was three months in the Brompton Hospital for consumption, and for a long time under other medical treatment, but none did her any good, as she still got worse. She then placed herself under your treatment, and she has been slowly getting better ever since, until she is now quite well.

"You are at liberty to make any use of this, and I shall be pleased to answer any correspondent, who might think well to refer to me.

"I beg to remain, Sir,
"Yours truly,
"J. F. KING.
"Late Sergt. of the Bedfordshire C. Constabulary."

"Madeira Road, Bournemouth,
"March 13th, 1886.

"Dear Sir,—It is with great pleasure I write to inform you of the success of your treatment in my own case. After placing myself under your care for twelve months, I can say, with thankfulness to God and yourself, that I am quite well, never better in my life. I am now filling a place as parlour maid in Bournemouth, and I can do my work with pleasure. I have been in Bournemouth for four months, and find that it agrees with me. I have had a bad cold, and my mistress sent for her doctor to see me, and, after a careful examination, he said there was nothing the matter with me but a cold. It seems wonderful to me when I think how I was when I came to you. and of my health now.

"May God bless you in your labour of love to the dear people that may come under your care, as He did in my case.

"Believe me, dear Sir,
"Yours very truly,
"EMILY BULL."

"Braddon Lodge,
"Oct. 23rd, 1886.

"My dear Doctor,—I am thankful to be able to tell you that my daughter, who was given up by three physicians, is now in a perfect state of health.

"Her mother died of consumption, and she was suffering in precisely the same way, and had it not been for your treatment (after all others had failed), she would not now be living.

"I have witnessed the effect of your treatment in two similar cases with the same results.

"I am,
"Yours most gratefully,
"F. B. MURPHY."

"Prudhoe-on-Tyne,
"April 20th, 1881.

"Sir,—I am glad to say that I am still keeping better. I am getting so stout that none of my clothes will fit me. People all say that I am a miracle. I was so

far gone in consumption, that no one thought I would ever get better. Both Drs. M—— and S—— said there was no way but one for me, but I have deceived them, and they look very surprised to see me doing so well.

"I remain,

"Yours truly,

"W. R. SIMPSON."

"Sutton Road, St. Ann's Road, Stamford Hill,

"June 16th, 1884.

"Dear Sir,—Before I came to you, I was suffering from consumption, and the doctor I saw before I came to you, stated that my only chance was to go to Australia, where I might add a few more years to my life. He could do no more for me than to give me something to ease the pain, and strengthen me for a time. I did not know what to do, until I was recommended to consult you. I am glad to say that I did consult you, and in a very short time I gradually began to get better. I am thankful to say, that, through your treatment, I am now quite well, and I cannot find words in which to express the gratitude I feel, for the good you have done for me, and I hope that others suffering from the dreaded disease, will also derive the benefit of your experience.

"Rest assured that I shall do all in my power to make your treatment known.

"Yours faithfully,

"S. CARHART."

"Merrow Street, Walworth, S.E.,

"July 30th, 1884.

"Dear Sir,—Allow me to express my most heartfelt thanks to you, for the great cure you have effected in my case. When I first visited you, my condition was very critical. I had great difficulty of breathing, my appetite was bad, I was gradually losing weight, and I felt totally unfit to attend to my business; but now, thanks to your marvellous cure, I am able to undertake good walking exercise, and am gaining flesh rapidly. I am decidely improved in spirits, and can attend to my business as well as anybody. I shall always treasure your work upon "The Cure of Consumption," and I thank you most heartily for putting fresh life and hope into me.

"I am,

"Yours sincerely,

"W. H. QUILLENTON."

"Dr. Alabone.

"Hampden Street, Harrow Road, Paddington,

"April 21st, 1882.

"Dear Sir,—I am grateful to say that my little boy still continues strong and well. Indeed he is quite fat, and not the slightest symptom of the return of the old complaint, but continues in good spirits and health.

"Yours tru.y,

"R. SUMNER."

"Dr. Alabone.

"129, High Street, Winchester,

June 15th, 1886.

"Dear Sir,—I have now the pleasure to inform you that I am so far recovered from my recent illness, as to be able to resume my usual occupation. I desire to

thank you for the trouble you have taken with me, and the skilful treatment which has resulted in my restoration to health. I may add that my recovery is generally regarded as marvellous by my friends.

"Yours respectfully,
"C. A. FROOME."

"Dr. Alabone.

"Southport,
"June 5th, 1884.

"Dear Dr. Alabone,—I have great pleasure in stating the benefits I have received under your treatment, after having been attended by three eminent medical men, but to no avail. I have taken every opportunity of making your treatment known in similar cases to my own. I am at present in good health, far better than was ever anticipated.

"Faithfully yours,
"A. E. W."

"Hackney Road,
"Nov. 16th, 1883.

"Dear Sir,—I have great pleasure in adding my testimony to the efficacy of your treatment of consumption. My son, two years of age, had many of the symptoms of consumption, harsh troublesome cough, loss of flesh, loss of appetite, in fact, he was gradually fading away. Under your treatment all these symptoms have disappeared, and I am happy to say that he is now enjoying good health.

"I remain,
"Yours truly,
"C. ELLIOTT."

"Athelstan Road, Margate,
"July 27th, 1886.

"Dear Sir,—I have great pleasure in giving you the following particulars with regard to my little boy.

"He was born December 5th, 1884, being one of two; perhaps he was therefore slightly delicate to start with. His food did not agree with him very well, in fact, he grew thinner and weaker. Our local medical man pronounced him to be suffering from consumption of the bowels. When he was three weeks old he scarcely digested anything. His food was several times changed, but all to no purpose. He grew rapidly worse, cried almost continually, and vomited the little food he could take, while his motions were of a dark green colour, and terribly offensive. At the age of six weeks, he weighed only 5 lbs. 6 ozs. Our doctor at last gave no hopes. Several ladies who saw him did not think for a moment he could live. I happened to possess a copy of your work on "The Cure of Consumption," and was struck with the similarity of the symptoms of one of your young patients, and my little boy's. I therefore determined to place him under your care.

"On January 20th, of this year, you sent me down some medicines, and at the end of 24 hours his motions, which were terribly offensive, had completely changed, and were of the proper colour and consistency. About ten days later you came and visited the child, and pronounced one of his lungs to be also affected. You sent

some additional medicine, and he rapidly improved. He gained weight in the most remarkable manner, in one week adding as much as 17¾ ozs., and at other times, 1 lb. In four months he considerably more than doubled his weight, and in the middle of May, he was completely cured. He is now going on very well indeeed, and getting quite a big boy.

"I have not the slightest doubt but for your treatment he would have been in his grave long ago. I can therefore only express to you my profound gratitude for having saved my child's life. I only wish that your treatment was more widely recognised by the medical profession.

"I am, dear Sir,
"Yours very truly,
"MAX LIEBICH, M.A."

"Washinghouse, Peterhead.

"Dear Sir,—As my father is busy and has not time to write, I thought I would write myself and let you know how I am keeping.

"I am now working the whole day and enjoying as good health as ever I did. I am not much stouter, but my occupation keeps me continually walking, and there are very few in the trade that get stout. Everyone says that I am a different being since I adopted your treatment, and I shall not fail to acquaint anyone with it who I come across.

"Yours very gratefully,
"ALEXANDER MCLEAN, JUNR."

"Church Street, Ton Pentre, Pontypridd,
"Oct. 1st, 1883.

"Dear Sir,—It is with extreme gratitude I write to thank you for your great kindness and skill, by which you have saved my life.

"Yours very truly,
"J. RICHARDS."

"Dr. Alabone.

'Seaton Villa, Gordon Road, Cardiff,
"Jan. 25th, 1884.

"Dear Sir,—I think I may venture to say that I am so far restored that I shall be able to dispense with the medicines, and I will embrace every opportunity of recommending your treatment.

"Yours faithfully,
"E. S. POWELL."

"Dr. Alabone.

"Friday Street, Chorley,
"Oct. 29th, 1881.

"Dear Sir,—I have neglected to write you, informing you that my wife has sufficiently recovered, as to manage without medicine.

"Kindly accept my sincere thanks for having so successfully treated her case. I can assure you that I shall ever remember you, and feel that I am very much indebted to you.

"Believe me,
"Yours truly,
"ROBERT CALDERBANK."

"Dr. Alabone.

"Highgate, Kendal,
June 21st, 1882.

"Dear Sir,—I have pleasure to say that the medicine you sent for my sister, has done a great deal of good, and she is now in the enjoyment of good health, which we attribute to your treatment.

"Yours sincerely,
"J. ILLINGWORTH."

"Dr. Alabone.

"West Stockwell Street, Colchester.

"Dear Sir,—I enclose form filled up as carefully as possible. I will obey your rules carefully and hope for a cure. I know two cases well, as bad as mine, already cured by you in this town, by whom I have been recommended.

"Yours gratefully,
"LYDIA ANDREWS."

"Six-mile Bridge, Co. Clare,
"Dec. 26th, 1884.

"Dear Dr. Alabone,—I am happy to inform you that I am now going to discontinue the medicine. I am better and stronger than I have been for the past two and-a-half years, and I think I may give myself a trial for a few months, to see how I get on. I am only sorry that I cannot present you with a handsome New Year's Gift, which you so well deserve, but as I am powerless to do that, accept my sincere thanks for the health and strength you have restored to me. May God reward you. Wishing you a happy New Year.

"I am, dear benefactor,
"Your obedient servant,
"PATRICK WHILLY.
"Const. R. I. C."

"Glenroyd, Newton Abbot,
"Jan., 1885.

"Dear Sir,—My wife was taken ill in the Autumn of 1881, and on or about Nov. 1st, was placed under the care of her medical attendant, who stated that she was suffering from lung disease. She became rapidly worse and her weakness was extreme. After a time she improved, the cough greatly lessened, and her strength increased somewhat, but the doctor was very emphatic as to the presence of disease in the lungs, and equally decided in his opinion that she could not get well.

"On Jan. 20th, 1882, I put her under your care, and she followed your treatment until the spring of the present year, since which, though three months ago she passed through a severe illness of another kind, there has been no sign of lung irritation. She is undoubtedly of a weak constitution, and has to take great care, but up to the present date, she has absolutely no cough, nor other sign of consumption.

"I am glad to find that your treatment is becoming more widely known. I am convinced that the more generally it is known, the more highly it will be appreciated as a priceless boon to the multitudes who suffer from consumption. I trust you may

have strength for many years to come, to carry on your large and growing practice.

"With cordial good wishes for the New Year,

'I remain,

"Yours very truly,

"J. SELLICKS.

"Dr. E. W. Alabone. 'Congregational Minister."

"St. Antony's Lodge, Broadway.

"Dear Dr. Alabone,—My little girl is really such an altered child that she does not appear to need any further treatment. She is hearty in appetite, and can now walk a long distance out of doors. I can testify my appreciation of your skill and wonderful medicine, which has been quite the renewal of life to my child.

"Yours truly,

"G. K. C. MARCHANT."

"Essex Road, Islington,

"Oct. 31st, 1877.

"Dear Sir,—My little boy, who was suffering from consumption of the bowels, I am glad to say is now in perfect health. Thanking you for your kind attention.

"I remain,

"Yours truly,

"Dr. Alabone. "E. ELVERY."

"Appleby Road, London Fields, Dalston,

"March 26th, 1878.

"Dear Sir,—In 1872, Ernest was suffering from consumption of the bowels. After having advice from several medical men, he was placed under your care. He recovered and is now in good health.

"I remain,

"Yours truly,

"A. J. RIDGWELL."

"Compton House,

"Nov. 9th, 1886.

"Dear Sir,—It gives me much pleasure to testify to the great benefit I derived from your treatment some years ago. When first placed under your care, some six years ago, every duty was a burden, even taking food, from the excessive shortness of breath, and lying down after four in the morning was impossible. However in a few weeks, I found myself waking later each morning, and now I can hurry up a hill as well as most people.

"I may say that I had been told by an eminent physician, that there was a large cavity in my left lung going through to the back, the right being also affected. After having been under him for some time without benefit, a friend told me of such wonderful cures effected by your treatment, that I determined to see you, and faithfully adhere to your directions, and certainly the result has been wonderful, for I feel as well as I ever remember doing. Be assured I shall mention you to all sufferers known to me, and if you like to refer anyone to me, it will give me the greatest pleasure to give them further details of my case.

"Yours very gratefully,

"E. H. THWAITES."

"Essex Road, London, N.,
"July 8th, 1884.

"My dear Sir,—I am sure you will be pleased to know, that through the efficacy of your treatment, I am still in good health, and have been so for two years. I was suffering very much with my left lung and bad cough when I called upon you, and it is truly gratifying to give you my testimony and thanks. I know of other cases where your treatment has proved successful, and shall have pleasure in always recommending your invaluable treatment.

"Yours gratefully,
"Dr. E. W. Alabone. "E. C. DYER."

"Poynton House, Dunoon,
"August 28th, 1882.

"Dear Sir,—I am thankful to say that I am now quite as well and strong as I was before I had the acute attack of pleurisy last winter, consequently, I do not see the necessity of continuing the medicine.

"I remain,
"Yours truly,
"Dr. Alabone. "L. MALCOLM."

"Salisbury,
"April 18th, 1886.

"Dear Sir,—When I first went to you in July, 1884, I was suffering from consumption of the lungs, I had a very bad cough, and expectorated a large quantity of matter each day; my breath was short, and I was much distressed if I walked or moved quickly; I was troubled too, with a tiresome wheezing in the chest. Day by day the bad symptoms increased, and I was losing flesh. After commencing your treatment, the symptons gradually began to disappear. Now I feel perfectly well and strong, I have gained flesh, have a healthy colour, and can do a good amount of night and day work, without being more fatigued than others, have a good appetite no cough or expectoration, in fact, reckon myself quite well.

"Yours truly,
"A. M. SHOESMITH,
"Professional Nurse."

"I have watched this case from beginning to end, and can vouch for all the particulars as being perfectly correct.

"E. BARNES,
"Professional Nurse."

Miss Sharman, well known in connection with the benevolent work which she is carrying on at the Orphan's Home, South Street, Southwark, London, S.E., in one of her annual reports, says: "We are much indebted to Dr. Alabone, of Highbury, whose remedies for Consumption *have proved successful in several cases which had been pronounced hopeless.*" Besides this, Miss Sharman has sent me the following letter:—

"20, West Square, Southwark, S.E.,
"December 18th, 1879.

"Dear Dr. Alabone,—It is now more than a year since I first tried your remedies for some of the delicate children under my care, and the good results have been so marked that I feel anxious to express my gratitude.

"The first little girl for whom I sought your advice was in *an advanced stage* of consumption, and though her recovery has been very gradual it has steadily progressed, and *she is now quite well.*

"The second case was that of a child who was suffering from an acute attack. The doctor who was attending her pronounced it rapid consumption, *and thought sh would not live six weeks.* Directly she began to take your remedies the worst symptoms abated, and *she also is now quite well.* Both these children are orphans, and *inherit consumption from their parents,* which makes their recovery the more wonderful. I have also found your medicines most successful in many cases of a less serious nature.

"Heartily thanking you for the kind care you have bestowed, and earnestly praying that God may bless your useful work more and more,

"I am,
"Dear Dr. Alabone,
"Yours faithfully,
"CHARLOTTE SHARMAN."

A missionary in Newfoundland describes two cases which have come under his own observation in the North of Scotland. I quote from his letter verbatim:—

CASE I.

"A young man, twenty-seven years of age, a plasterer. Consumption hereditary; mother, two brothers, and a niece died of it. He had been suffering from cough, pain in the chest, and excessive expectoration for a number of years. In September, 1878, was confined to the house entirely, and suffered frequently from copious discharges of blood from the lungs. I was in the habit of visiting him regularly, and witnessed the steady progress made by the disease. He was regularly visited by the local physician, a very skilful man, who *prescribed the popular alleviations, with the usual result.* This went on for *fully a year,* when he was reduced to a state of complete emaciation (face excepted); he could take no food, and for a number of weeks he simply swallowed a few drops of wine, and was even so weak as not to be able to raise the spoon containing *this last of stimulants* to his lips. About this time he experienced an excessive hæmorrhage, which prostrated him so completely that *his death was expected every hour.* The local practitioner refused to see him any more.

"I left the north for the capital, expecting weekly to hear of the death of my acquaintance. I returned from Edinburgh in December, 1879, and was not a little surprised to hear that A. S. B., *whom everybody had given up for dead,* was recovering. I determined to know the cause of this *almost resurrection,* and found out that *as a last resource* he was induced to try the treatment of a London physician, Dr. E. W. Alabone. He had been under the treatment *only seven weeks* when I saw him, and yet he had increased in flesh, had little or no cough, and was able to walk half-a-mile and back with me on that cold December day."

CASE II.

"A merchant's wife, living in the same vicinity. Consumption hereditary. Reduced to a state of complete prostration. After the local physician, a man of well-accredited skill, *had pronounced her case hopeless, and had refused to attend her any longer*, your treatment was tried. Result of treatment: recovery rapid; was able to attend to household duties in about six months. The local practitioner, who lived at a considerable distance, bade his assistant inquire *when the consumptive patient died!* When his assistant brought word of her recovery, he refused to believe it, and drove to town, a distance of ten miles, purposely to see for himself.

"You can give these sketches all the publicity you deem proper, in order that the most sceptical may be convinced, and poor sufferers hear of the 'Balm in Gilead, and the physician there.'"

"Whithorn,
"Feb. 19th, 1880.

"Dear Sir,—I am thankful to be able to say that I am in good health again, I have neither cough nor expectoration, my stomach is better than it has been for years, I can eat anything now, I have gained in weight for the last sixteen days, 16 lbs. I weighed myself on Monday and had gained 14 lbs. in the fortnight, I weighed myself to-day, and I have gained the other 2 lbs., I have never exceeded my present weight and have rarely ever reached it. It is a matter of great thankfulness to me, that I noticed your book in the '*Christian Herald*,' as I am sure by this time I should not have been alive. I felt myself getting weaker every day. I may say that I had doubts myself of getting better till Christmas week. I believe but for the statement you made that I need not expect much improvement for five or six weeks, I should have given up, but I must also add I did not feel myself getting any weaker after I commenced your treatment, and but for the indigestion setting in, I believe I should have recovered sooner. Within the last month my friends never saw me look better, they did not expect to see me out again. I will conclude by thanking you under God's blessing for the cure, and hope you will be the means of curing many more.

"Yours very truly,
"THOS. MARTIN."

"Watford Road, Stoke Newington,
"July 23rd, 1878.

"Dear Sir,—I have much pleasure in adding my testimony to the efficacy of your treatment, for the cure of consumption.

"Whereas when I first came to you for advice my cough was incessant, not able to rest at night. I could not walk but a few yards without resting to regain breath, no appetite, and wasting away of the whole system. Now I have no cough, can enjoy my rest and food, my breathing is free, have gained flesh, and can attend to my business with little or no inconvenience.

"I am, dear Sir,
"Yours very respectfully,
"J. RANSOM."

"Dr. Alabone.

"Stuttgart, Germany,
"June 4th, 1879.

"Dear Dr. Alabone,—I write to tell you of my recovery, I should have done so some time ago, but thought that waiting two or three months would enable me to speak more confidently. The benefit I have derived from your treatment is indeed very great, I have no trouble now from the once frequent hæmorrhages, and the other very painful chest symptoms which caused me so much anxiety when I first saw you, in fact, I am feeling more healthy and vigorous than for years past, and am grateful to you beyond words. I only wish that all who are sufferers from chest disease had knowledge of your treatment. It will be one of the greatest pleasures of my life to make it known.

"I am,
"Yours very truly,
"JOHN OGLE, M.A.,
"Wesleyan Minister."

"Ashford Street, Pitfield Street, Hoxton,
"May 8th, 1878.

"Dear Sir,—Allow me to congratulate and thank you for the very successful means used in restoring my health, having suffered with my lungs. After two months of your treatment my cough left me, and all the other symptoms subsided. I am now enjoying most excellent health.

"Believe me to remain,
"Yours respectfully,
"H. COVENTRY."

"Dr. Alabone.

"Hotel Belvedere, Davos Platz, Switzerland,
"March 12th, 1881.

"My dear Sir,—I apologise sincerely for not writing sooner, I have been waiting to try the truth of the Davos Platz doctors' report of my condition, that I might not be misleading you or myself, and now I think I may tell you. It is that my lungs are as well as they ever can be, quite dry and healthy, though not as strong of course as before I was ill, therefore I shall need no more medicine. I shall see you in London as I pass through in April, and you may judge for yourself. With very many thanks for your kindness.

"Believe me, dear Sir,
"Ever truly yours,
"C. C. CARTER."

"Well Street, Hackney, E.,
"Nov. 21st, 1877.

"My dear Sir,—I beg to say that I have had spitting of blood, but by your treatment am now perfectly well, so that I have effected an Insurance on my life and without any question.

"With regards,
"Yours faithfully,
"A. G. BIRKITT."

"St. Leonard's,
'Jan. 7th, 1884.

"Dear Dr. Alabone,—I felt I must take this opportunity of thanking you for all your kindness, and with God's blessing for all the great good your treatment has done me. When I think of what I was two and-a-half years ago, I can hardly realize that I am the same, and I now consider myself well.

"May you be abundantly prospered and helped in your work and experience the fulfilment of the promise, 'Inasmuch as ye have done it unto one of the least of these My brethren, ye have done it unto Me.'

"My father remits with me in kind regards.

"Believe me,
"Very sincerely yours,
"L. F——."

"Whapland Road, Lowestoft,
"Dec. 21st, 1883.

"Dear Sir,—I am happy to say by your treatment and the blessing of Divine Providence, my daughter has recovered from her illness so as to be able to fulfil her usual duties and she does not need any more medicine. Please accept our most grateful thanks for the kindness you have shown.

"I am,
"Yours truly,
"Thomas Rose."

"Winston Road, Stoke Newington.

"Sir,—I have great pleasure in testifying to the pleasure I have derived from your treatment. For several years past I have suffered from pains in the chest, accompanied with (at intervals) spitting of blood. I tried several medical men but obtained no relief whatever until I was recommended to you. The spitting of blood has now entirely ceased and the pains are gone.

"Yours truly,
"R. E. Gentle."

"Pontypridd,
"June 22nd, 1881.

"My dear Sir,—I have now the pleasant duty to inform you that my dear wife seems to have been cured by your wonderful treatment. When I first made known to you her condition, she seemed to have reached a condition beyond the skill of our local medical men to deal with. She coughed and expectorated pus frequently, both day and night, and was often drenched in perspiration. For about a month there was no perceptible change in her condition whilst under your treatment, but after that period improvement gradually set in, and while before taking your medicine she could hardly walk a dozen yards owing to shortness of breath, she can now walk any distance without being troubled with that distressing symptom. Our local doctor who has been attending the children, is quite astonished at the change in her condition, and says he cannot detect any indication of mischief in her chest. She

has increased 5½ lbs. in weight during the last month, being now 121½ lbs. Our gratitude to you is unbounded.

"I remain, my dear Sir,

"Yours faithfully,

"Dr. Alabone. "OWEN M——."

"Bethnal Green Road.

"My dear Sir,—I think it is only due to you that I should write, acknowledging your skill in that dire disease, which takes off so many of our dear little ones, viz.: consumption of the bowels, for, humanly speaking, we owe to your skill and the success attending the knowledge of the disease, the restoration to health of our dear little fellow. He weighed when you first attended him only 6¼ lbs. at four months, he now at fifteen months weighs 19 lbs. These facts speak for themselves. You may make what use you please of this. Wishing you every success.

"I am,

"Yours truly,

"JAS. COWLAND."

"Wool Mill, Knockards, Craigellachie, N.B.,

"Nov. 10th, 1879.

"Dear Sir,—I have now taken your medicines twenty-five days, and it is with great gratitude I have to say with marvellous effect. Cough almost gone, no expectoration, in short it has been as life given to the dead. I have had some enquiries about the treatment from parties, one a physician, to whom I sent my copy of your book. If this can be of any service to any sufferer, please use it at your discretion, for I can testify that a cough of nine years standing, and at a time of the year when it was always worst has almost wholly given way to a treatment of twenty-five days, and that too, when I was getting worse and spitting blood in small quantities.

"I am, dear Sir,

"Yours truly,

"ALEX. SMITH."

"2, Spenser Road, N.

"Dear Sir,—I am pleased in being able to state that the pains in my chest, cough, and other symptoms of consumption from which I was suffering have, under your treatment, entirely gone.

"I am, yours respectfully,

"Dr. E. W. Alabone. "MARTHA TURNER."

"Kingsland Road, N.

"Dear Sir,—I take this opportunity of writing to you to testify my gratitude for the skill and attention which have, in so remarkable a degree, been instrumental in restoring my little boy.

"A few months back to all appearance he was dying from *consumption of the bowels,* and no doubt, long ere this, would have succumbed to it but for the medicine you prescribed. I am very pleased to add he is thriving well.

"Feel yourself quite at liberty to make what use you think proper of this letter

"I remain, Dear Sir,

"Yours truly,

"Dr. Alabone. "E. WILMOT."

"8, Calif Street.

"Dear Sir,—It is with much pleasure I write to acknowledge the great benefit I have derived since I have been under your treatment; after so long suffering from consumption I feel it my duty and privilege to acknowledge my thanks to you.

"I am, yours respectfully,

"M. Dyer."

"Belgrave Road, S. W.

"Dear Sir,—I have much pleasure in thanking you for your kindness and effectual treatment of my little girl during the many months she has been under your care. I shall be very glad to answer any questions from any of your patients who are suffering from the same complaint—consumption of the bowels.

"I may say we were only induced to place her under your care after being some considerable time under other treatment which *quite failed to benefit her.* I am pleased to say she is quite cured, and I cannot speak too highly of your treatment.

"I am, dear Doctor Alabone,

"Yours faithfully,

'Dr. Alabone. "E. D. Hook."

"Frederick Road, Lorrimore Square.

"Dear Sir,—I must write to express my thanks for having effected a complete cure of my son, who was suffering from consumption of the bowels.

"While he was under your treatment he improved rapidly, and I may now say he is in perfect health and vigour of body.

"I am, Sir, yours respectfully,

"James Stoner."

"Hackney Road.

"Dear Sir,—I have much pleasure in stating that my son, who was under your care for consumption of the bowels, is now quite recovered, and in a sound state of health.

"I consider your skill in such cases cannot be too highly circulated.

"I am, yours respectfully,

"Dr. E. W. Alabone. "Thomas Lock."

"Palatine Road, Stoke Newington.

"Dear Sir,—I have much pleasure in testifying to your skill and ability in the treatment of consumption, having witnessed the good effects in my daughter's case *when all other treatment failed to relieve her*, her health being now better than for years past.

'Respectfully yours,

"Dr. Alabone. "A. M. Lowe."

"Osterley Road, Stoke Newington.

"Dear Sir,—I am pleased to add my testimony to the efficacy of your treatment in consumption. Seven years ago I was under a physician who pronounced my case *hopeless.* When I sought your advice I was on what was

thought my death-bed, suffering from violent cough, emaciation, and spitting of blood. I am thankful to say, however, your treatment proved perfectly successful, and I am now enjoying good health.

"I may add that several of the family have died of consumption.

"Believe me,

"Yours respectfully,

"E. CHILDISH."

"14, Prince Edward Street.

"Dear Sir,—It affords me the greatest pleasure to inform you that my son, *who was given up in consumption*, is now quite well. He was under your treatment but a short time before his cough left and he began to gain flesh.

"I am,

"Yours gratefully,

"S. WOOD."

"South Street, New North Road, N.

"Dear Sir,—I beg to return you thanks for the improvement and perfect recovery of my daughter's health after a serious and protracted illness from consumption. I feel persuaded that your method of treatment has entirely uprooted the disease above named. I am pleased to say for some considerable time past she has enjoyed most excellent health.

"I remain, respectfully yours,

"To Dr. Alabone. "F. J. WHETSTONE."

"Avenue Road, Camberwell.

"Dear Sir,—I must thank you for the improvement there is in my son, who is under your treatment for consumption. The short time he has been attended by you, we find he has greatly changed for the better.

"I am, sir, yours truly,

"Dr. Alabone. "JOHN STONER."

"Herrick Road, N.

"Dear Sir,—It affords me much pleasure to bear testimony to your great skill in restoring my children to the perfect health they now enjoy.

"When I called you in to my oldest boy, it was that I might feel satisfied I had done everything in my power to save my child, and as a last resource; in fact, it seemed to everyone who saw him impossible that poor wasted frame, to all appearance a skeleton, could ever rally. How thankful I was to see him, under your treatment, restored to perfect health.

"The next year my second boy showed decidedly the same symptoms. I confidently applied to you, and had the gratification of seeing you treat him with the same success.

"Neither of them have ever showed the slightest symptoms of a return of the disease since.

'I shall ever feel that, under God, I owe my children to your very great skill and attention. With the deepest gratitude,

"Believe me, Dear Sir,

"Yours truly,

"Dr. Alabone. "ANNIE HENDERSON."

"Park Street, Islington.

"Dear Sir,—It affords me the greatest pleasure in testifying to the efficacy of your treatment in consumption and diseases of the chest. After a few months of your treatment my cough left me, and the other symptoms subsided. I have since had no return.

"I am, yours gratefully,

"Dr. E. W. Alabone. "R. TOMPION."

"Venetian House.

"Dear Sir,—Allow me to thank you for your kind attention to me. Having been suffering with my chest and bringing up blood, but am now restored to health through your very skilful treatment, I shall have great pleasure in recommending it to anyone suffering from consumption, feeling sure you can cure that distressing disease

"I am, yours most gratefully,

"Dr. Alabone. "L. CHANDLER."

"Hackney.

"My dear Sir,—I can indeed testify with very much pleasure and gratitude to God for the way in which he used you in raising up my child, and in restoring him to perfect health, which he has enjoyed since (now nearly four years). Well do we remember with what anxiety we watched him night and day for three or four months without any hope of his recovery; and neither myself nor the many friends who visited us at the time ever remember such a case, and all were amazed at his recovery, and to this day are continually speaking of it.

"Yours very truly,

"C. STRANGE.

"You are free to use this letter as you please."

"Howard Road, Hornsey.

"My dear Doctor,—I know not how to express my gratitude to you for my recovery from disease of the chest. Your remedy acted speedily and effectually, and saved me from dying of consumption.

"Believe me, yours truly,

"E. B. BUSH."

"Highbury New Park, N.

"My dear Sir,—I have much pleasure in writing to inform you that I am again restored to health. In May last I was suffering from severe bleeding from the lungs, combined with cough, pains in the chest, difficulty of breathing, and general symptoms of consumption. As both my brother and sister had died of this disease, I was naturally nervous, but now after three months' treatment I am restored to health. I would rather you did not publish my name or address, but should you please to refer to me personally I shall be only too pleased to do that which I shall not fail to do amongst my own circle of friends—recommend the efficacy of your treatment. Once more thanking you for having saved my life,

"I remain, dear Sir,

"Yours truly,

"To Dr. Alabone. "W. O."

"Wandsworth.

"Dear Sir,—I am pleased to bear my testimony to the efficacy of your treatment in consumption. Three months since my son was a victim of this terrible disease, but now through your skilful treatment, I am happy to say he is perfectly cured, and is daily gaining strength. I shall endeavour to recommend it to any one suffering in like manner.

"I am, dear Sir,

"Yours gratefully,

"Dr. Alabone. "E. Weeks."

"Tunbridge Wells.

"Dear Sir,—I am pleased to bear testimony to the efficacy of your treatment in consumption, having seen its effects in two very marked cases, both having been pronounced incurable, but who are now apparently *perfectly restored to health*. It is a boon of great value, and should be known by all suffering from this dread disease.

"I am, dear Sir,

"Yours faithfully,

"To Dr. E. W. Alabone. "George Cheverton, F.C.S., F.L.S."

"Tachbrook Street, S.W.

"Dear Dr. Alabone,—It is with feelings of great satisfaction that I am able to say that my daughter, who was placed under your care in January last, *has quite recovered*. Previously to her seeing you she was evidently in a dangerous state, so inactive and depressed that it was most distressing to see her. Even going upstairs would bring on palpitation of the heart, and render it necessary that she should rest before proceeding further. My usual medical attendant stated *she was undoubtedly in consumption, and gave no hope that she would recover*. It is, therefore, more than ordinary thanks that I beg you will allow me to offer you for your kindness and attention to her case.

"Believe me, yours faithfully,

"E. W. Alabone, M.D., &c. "Fred Burt."

"Park House.

"Dear Sir,—It is with great pleasure I am able to write and bear testimony to the efficacy of your treatment. My daughter aged 20, has been under your care since August last, and is now perfectly restored to health ; says she has not felt so well for years, and this notwithstanding the severity of the winter we have just gone through. Previous to seeing you she had been under our medical adviser for some considerable time, I also consulted two physicians of high standing who both informed me the left lung was radically diseased, she remained under their treatment some time but obtained no relief. Her symptoms were constant diarrhœa, a most distressing cough with great expectoration and spitting of blood ; great shortness of breath, heavy night perspirations and entire loss of appetite, in fact she was becoming a perfect wreck and so weak that the exertion of dressing was too great for her. I need not give you the result, in less than two weeks you (by God's blessing) were able to stop the diarrhœa as well as the nocturnal perspiration, and I think I am right in saying that at the end of a month the cough had almost entirely left

her; she has spit no blood since under your treatment. Whilst thanking you for all you have done, you are at perfect liberty to make whatever use you please of this letter, as I feel that too great publicity cannot be given while there are so many thousands suffering in a similar manner. Again thanking you for your great kindness and attention.

"I am, Dear Sir,
"Yours faithfully,
"J. J."

"To Dr. Alabone.

"My dear Sir,—It is with great pleasure I write to inform you of the marvellous success of your remedies in two cases that have come under my own observation.

"The first was that of a poor man, aged 36, who had been in consumption for two years. His lungs were seriously diseased. He was greatly emaciated; constant cough, expectorating two pints in the twenty-four hours. Unable to lie down. At times bringing up large quantities of blood. Pains in the side, and breath so short that he could only speak a few words at a time. Had been pronounced incurable. After about five months of your treatment his state may be thus described:—No pains whatever, no cough; no spitting of blood, and very slight expectoration. Appetite very good. No shortness of breath. Thus early can walk about with comfort, and is hoping soon to get work.

"The second case is that of a young servant-maid, aged 24, who had been under medical treatment in London for nearly four years. Pronounced to be in a rapid consumption, was sent home to die, and was told she must not expect to live more than three months; used to spit about a pint of blood a day. Had a dreadful cough and frightful perspirations. After two months of your treatment she has wholly recovered. She has taken the place of cook in my own house, and tells me she never remembers feeling so well as she is at present.

"Pray use this letter as you please, as I feel such remedies as you prescribe ought to be known far and wide.

"Believe me,
"Dear Dr. Alabone,
"Yours truly,
"E. J. Barnes, M.A.
"Late Vicar of Christ Church, Lowestoft."

"To Dr. E. W. Alabone.

Dear Sir,—I am in receipt of your letter, and have much pleasure in stating that after two months of your treatment, my child, who was suffering from consumption of the bowels, was restored to good health, and has since continued so. He is now eight months' old, and is quite a jolly little fellow and of fair average size. I shall be happy if I can at any time add any further testimony respecting the case of my own child.

I am, dear Sir,
Yours very truly,
F. W. Mitchell.

11, Crawshay Road, Brixton, S.W.

From my own personal experience I recommend all who are suffering from any form of chest disease to consult Dr. Alabone. It is now eighteen months since I first consulted Dr. Alabone. Being then in a very weak state, with a troublesome cough and other serious symptoms, medical aid was thought necessary. From a friend hearing of Dr. Alabone's skill and marvellous cures, we went to him. On examination, he confirmed the fact that the disease was there, but stated that he had no doubt under his treatment not only relief could be given but in time a perfect cure effected. Since that time I began slowly but surely to recover, and am now enjoying better health than for many years past.

Hornsey. Martha Ann Johnson

Dear Dr. Alabone,—As a grateful father I desire to give you my deepest thanks for the wonderful treatment and recovery of my son Arthur, entirely under your skill and care. His age in May, 1885, was 19; he fell ill and was given up by Dr. ——— as being incurable, suffering from consumption, who stated he could not live twelve months. He was sent to Brighton for a time, but derived no benefit, getting worse and worse, and on his return was found to be in an almost helpless state, he rapidly declined, but in August a friend brought your name to my notice, and I resolved to try you as a last expedient, as you were represented as a special physician for the treatment of his disease, immediately your treatment commenced he improved, the night sweats ceased, and he rapidly regained flesh and strength, and in a very short time was able to take part in a game of cricket. This improvement continued, and at the present time his weight has increased by over two stone. He is now, I believe, completely recovered and able to resume employment. I write this to you in the interest of my fellow-creatures, as I think it but right it should be made known. I shall be very pleased to give any information to any one requiring it. Again thanking you, I beg to remain,

Dear Sir,
Obediently yours,
W. T. Humm.

86, Belleville Road, Wandsworth Common.

Dr. Alabone.

Dear Sir,—It is with no small degree of pleasure that I am enabled to bear testimony to the efficacy of your treatment of consumption. My husband, who had been a sufferer from this terrible disease, had been under medical aid for a long time, but in spite of all the attention he received, got gradually worse, until no hope was entertained of his recovery; it was at this period that I first sought your advice, and I am glad to be able to record the fact that after persevering with your treatment you then suggested, my husband gradually improved in health, and is at this time quite well and strong. I can assure you that nothing shall be wanting on my part to make known to others a knowledge of your treatment, for I feel convinced that had it not been for it, my husband would not have been spared to me, and is now a living testimony that consumption can be, and is, cured by your treatment.

Yours faithfully,
M. Foster.

7, California, Aylesbury.

My Dear Sir,—I feel it incumbent upon me to express to you by letter what I have been unable to do by word of mouth, my heartful thanks for your kind and

beneficial treatment to me whilst under your care. You doubtless must be inundated with such expressions of gratitude from your other patients, yet I trust you will accept the assurance of my profound gratitude for the thorough cure you have effected in me. I can only say in conclusion, that when I first came to you after having consulted other physicians and received no benefit, I thought, as I had done for two years past, that my days were comparatively numbered, yet I now enjoy thorough health, and live in the full belief that my span of life will extend to that of most men. For this happy change in my health I feel my indebtedness to you, and sincerely trust you may long be spared to continue dispensing the benefits of your most wonderful treatment. Believe me to remain, my dear Sir, with great respects.

Your faithfully and obliged,

Leadenhall Street, London, E.C. EDMD. F. COSTE.

I HAVE been under the professional treatment of Dr. Alabone for about the past eighteen months, and during that time have received great benefit from his advice and remedies. I was placed on the retired list of the Royal Navy in 1882 as unfit for further service owing to phthisis. Under Dr. Alabone's treatment I have been able to resume to some extent the practice of my profession, and have now been actively at work in a provincial practice for six months, and now in good if not quite robust health.

JOHN D——, M.R.C.S., L.R.C.P., Lond.

DEAR SIR,—I have very great pleasure in testifying to the efficacy of your treatment of my case of consumption. For a long time before consulting you I had been under several medical men and found no relief, nay, was even told by them that my case was hopeless. Under your care and special treatment, however, I rapidly improved, and am now in tolerably good health. I hope and trust that the remarkable remedy you have discovered for the cure of consumption, may be widely made use of, and that consumptive patients may extensively avail themselves of its beneficial influence, and may derive as much profit from it as I have done.

I am, dear Dr. Alabone,

Yours very truly,

St. Fidelis, Erith. FATHER F. VINCENT.

EDWIN W. ALABONE, ESQ.

MY DEAR SIR,—On my return from Algeria in June of the present year, I was induced to place myself under your treatment on hearing of what seemed a miraculous change of a neighbour of mine who had been under your care. Prior to this I had wintered in the Riviera, and also lived a second winter in North Africa without material benefit, although I had the advice and prescriptions of eight doctors during two years. Since coming to you I have greatly improved, my weight which had slowly but steadily decreased from 12st. to 9st. 8lbs., has gone up to 10st. 2lbs., the cough and expectoration have decreased, and I feel considerably better in every way, and with ordinary care have no difficulty in spending the winter in England. My own medical attendant reports me at the present time remarkably better, and says all active disease in the lungs is at a standstill. I feel I owe this change to your care and treatment, and it affords me much pleasure to bear my

testimony to your skill. I shall be glad to give what information I can to anyone residing near Manchester, if you care to give them my name and address.

Faithfully yours,
W. ——.

Dear Dr. Alabone,—It affords me very great pleasure to inform you that since February last, when you pronounced me cured, I have continued in satisfactory health, and I can assure you that I am exceedingly grateful to you for the benefit derived from your most invaluable treatment. I shall at all times esteem it a privilege to advise any one suffering with chest complaints to go to you, as I am sure that you have discovered the secret of success. Taking this opportunity to once again thank you for all your great kindness and attention, and wishing you every prosperity.

Believe me and remain,
Faithfully yours,
Percy R. Thwaites.

Crouch End.

Dr. Alabone.

Dear Sir,—Trusting you will pardon my delay, but I thought I had better see first how my little boy progressed. It is with heartfelt gratitude I tell you, that in one month of your skilful treatment (the month of June) my dear little son is perfectly restored to health. And he, who to all appearance was dying, is now quite well and fat, and can run about anywhere, appetite exceedingly good. Surely such efficacious treatment cannot be too widely known. Mr. Sumner is also considerably better. I have given my last book away; if you will kindly forward me one or two I will circulate them. You may make whatever use you please of this. Wishing you every success.

Yours truly,
R. Sumner.

Harrow Road, Paddington,

Dr. Alabone.

Dear Sir,—It is just twelve months since I called upon you so urgently to come and see my young wife, whom we all thought was dying. You will remember how terribly ill she was, and what solid ground there was for our fears, the incessant cough, severe pain, expectoration highly coloured with blood, and so fœtid as to cause distressing vomiting, the appetite almost gone, her flesh wasting and strength sinking, when you were called in. The result of your treatment is hard for people to believe. While looking with distrust upon the hackneyed phrases of the testimonializing public, I am bound to say my wife's recovery is "miraculous." Moving among many friends, they are surprised to find her able to visit them without inconvenience, even though the weather be cold, and to walk quickly with so little dyspnœa as to be almost unnoticeable; while we at home are thankful to find her able now, with the same comfort as before her illness, to dine heartily, having an appetite that does not much fluctuate, to sleep peacefully, uninterrupted by cough, and, in fact, to be restored to her usual health. And as this has been the happy result which your specific treatment has brought about within twelve months, I am obliged on taking this retrospect, to tender you my sincere and grateful thanks for that treatment, and the sympathetic and kindly interest with which it has been administered.

Yours sincerely,
H. J. Shirley.

35, Lennox Road, Finsbury Park.

DEAR SIR,—I am much obliged for your letters of enquiry respecting my son, who is, I am happy to say, quite well, with the exception of a little palpitation and nervousness now and then. He has been from home for nearly the whole of the time since our return in the country, and as he eats, sleeps, and walks well, and for long distances, without fatigue, I have thought there was no need to go on with the medicines, especially as he intends going to school after the vacation. Should I find that he does not go on satisfactorily, I shall again gladly put him under your treatment, which I am satisfied has been of great benefit to him.

I am, dear Sir,

Yours very truly,

1, Millicent Terrace, Gateshead-on-Tyne. H. PICKARD.

DR. ALABONE.

DEAR SIR,—My father wishes me to say to you that my health being now so good and completely restored through your medicines, I intend to discontinue the treatment. But if I ever need advice in any way, I shall know where to apply. I wish to express my heartfelt thanks to you for the care of me through the past year, and to say how grateful I feel for restored health and strength. I shall always take pleasure in recommending your treatment to any whom I may hear of suffering in the same way as I have been. I had not much hope of ever being well again when I began your medicines, nor did any one else think it of much avail to enter on the treatment, but I think I can now fully vouch for the efficacy of the medicine from my own experience. With many thanks.

Believe me, yours gatefully,

Islandderry Lodge, Dromore (Down). M—— P——.

DR. E. W. ALABONE.

MY DEAR SIR,—It is not only a pleasure, but a duty, to acknowledge your kindness and the *marvellous* cure I so soon enjoyed by your advice and medicine. I believed myself a dying man, and I am now free of my cough and the spitting of blood. I delight to tell my friends of you. With many thanks and very best of wishes.

Yours sincerely,

Essex Road, Islington. S. T. RIDLEY.

DEAR SIR,—It is with very great pleasure that I pen these few lines to inform you that I am alive and well (thanks to your skill). You will no doubt remember having treated me for consumption and vomiting of blood from about January to August, 1879, and from that time until now I have continued in good health, and have taken no medicine with the exception of a little cod liver oil occasionally, and as a further proof of the good health I now enjoy, I may say that I am now seeking employment, otherwise than my small business, which I have not been able to do for nearly three years. I could not resist writing to thank you for all your kindness to me when I was so ill, and to tell you how thankful I am my life has been thus prolonged by your wonderful remedies. Trusting you are in good health yourself, and may long be spared to dispense your invaluable medicines.

I remain, yours faithfully,

Ellesmere. J. W. PRITCHARDE.

My Dear Sir,—I have much pleasure in writing to inform you that I am again restored to health. In June last, I was suffering from severe bleeding from the lungs, combined with cough, pains in the chest, difficulty of breathing occasionally, and general symptoms of consumption; as both my brother and sister had died of this disease, I was rather nervous, but now after three months' treatment, I am restored to health. Once more thanking you for having, as I believe, saved my life.

I remain, dear Sir,

Yours very truly,

Leconfield Road, Highbury New Park. W ——.

Dear Dr. Alabone,—I have much pleasure in testifying to the good you have done me. When you first came to see me a year ago, I was very ill indeed, and my friends thought I should not recover. I had entirely lost my spirits, and felt too weak to walk; my cough was distressing and kept me awake at nights. From the time I commenced your treatment I at once rallied, and now I can sleep well, eat, walk, and feel quite well enough to return to India. I am most grateful to Dr. Alabone for his care and attention, and for his valuable specific treatment.

Gloucester Terrace, Hyde Park. A. G. Ogilvie.

Dear Doctor,—It gives me great pleasure to give a poor outline of your great kindness and marvellous skill in the treatment of my long and serious illness, in the earnest hope some poor fellow-sufferer may reap encouragement in reading my case, and at once seek your advice and receive the benefit your invaluable treatment alone affords. In the year 1881, I was taken seriously ill, and bringing up a quantity of blood caused me to seek the best medical opinions. After some months' treatment, various medical gentlemen pronounced my case hopeless; I then sought the advice of a specialist in the treatment of consumption, in unison with this treatment, change of air, but I did not improve. In despair I tried herbal treatment, but became so seriously prostrate I could not move about, and the agony of pain no tongue can tell n this awful condition. A physician was again consulted, who, after careful examination, pronounced my case beyond medical skill, saying he did not think it possible I could live more than three months, consumption of the bowels having set in, and in this serious condition a friend advised me as a last hope to seek your kindly help; you may remember, Sir, you did not think it possible you could assist me, but at my wife's earnest request you said you would try one month. I need not say how thankful we all are that we heard of your great skill, for we did not think it possible for anyone to be alive and be in a more hopeless condition for many months, first worse, then a little improvement, then at times desirous of improving, I would try to do more than my complaint would permit, and thus undo much you done for me; then friends would say, surely you cannot possibly recover, but, through your treatment, *I did recover*, and have attended to my business earnestly for over two years. Hundreds can testify how serious my illness was, and are amazed at the benefit I derived at your hands. I shall be happy to answer any inquiry, and also beg to say I know another case of cure in Reading which was given up hopeless before it came under your notice. Again thanking you for your great kindness to me.

Believe me faithfully,

Your humble servant,

87, King's Road, Reading. Henry George.

DEAR DR. ALABONE,

I have just had a visit from the doctor who has attended me for several years, and who, of course, knows my constitution well. He examined my lungs carefully, and you will be pleased, I am sure, to hear his report. He says the left lung is quite sound and strong, no delicacy left now; he expressed himself astonished at the improvement, and wishes me to continue the treatment that has already done me so much good. I had been feeling so weak lately, that we had not hoped for such a good report. I lose no time in repeating it to you, to whom under God I owe so much.

Believe me to remain,
Yours truly,

T—— Park. LADY E—— M——.

DR. ALABONE.

DEAR SIR,—Many cases of undoubted consumption having been cured through timely recourse to your invaluable discovery, I cannot refrain from writing to inform you that I shall be only too pleased to report the actual facts which have come to my knowledge to any inquirer. My avocation brings me in contact with men who have regained health and strength after hope had been abandoned, and their testimony to your treatment is overwhelming. No impartial person would hesitate about seeking your advice were but a tenth part of what I have seen brought to their notice. The rapid changes for the better which one and all acknowledge to have taken place in their condition soon after adopting your treatment is aptly described as like "exchanging old lamps for new." That your system may become even more widely known and adopted to the benefit of the hundreds of thousands of now hopeless sufferers is the sincere desire of

Yours faithfully,

11, Chetwynd Road, N.W. C. BROWN.

I HAVE great pleasure in stating that a near and dear relative of mine was in an advanced stage of consumption (several members of her family having died of that disease) when I commenced to treat her by Dr. Alabone's method, and that she is now wonderfully improved in all respects, and has almost entirely lost the cough. I have every hope that she is in a fair way towards recovery. I found the cough remedy prescribed by Dr. Alabone specially efficacious. I was much pleased to be allowed to add my name to the testimonial recently presented to Dr. Alabone by those who have adopted his treatment and proved its extraordinary merits.

B. WATSON DAVIES,

Kingston, Jamaica, W.I. M.D., L.R.C.S., Edin.

DEAR SIR,—Having so frequently to witness young people waste away in consumption, and hearing of your treatment, I determined to make enquiries into the cases you have treated in our town. The first was a young man who was given up as beyond recovery, through your treatment he was restored, and is now married and doing well. I carefully questioned a thoughtful man only last night, who took special interest in the young man, and his remark was, "His cure was simply marvellous." The second case is a lady with a distressing cough, which was wearing out

her life. She has tried your treatment with the most gratifying results. In making careful enquiry into the case, her husband said to me, only the other day, "So far, Dr. Alabone's treatment is eminently gratifying. I would have paid £50 sooner than have missed the relief given to my wife already." A third case is that of a young man with hæmorrhage of the lungs, whose life was several times despaired of. As the gentleman is now away for the winter, I have not seen him personally. But from all I can hear from trustworthy sources, your treatment has set him on his feet. I write these lines from a sense of duty, as any treatment which successfully treats consumption, cannot be too widely known and practised.

Yours faithfully,

The Manse, Haverhill. JOHN COTTINGHAM, M.A.

DEAR SIR,—It is with deep gratitude that I am able to testify to the very great benefit I have received from your treatment after suffering for years from chest disease.

Believe me, dear Sir,

Yours thankfully,

Aden Grove, Stoke Newington. E. MASTERS.

DR. ALABONE.

DEAR SIR,—I have much pleasure in informing you that since beginning your treatment, my sister has improved very much. Her appetite has improved, and she has gained a stone in weight. Her cough is not now so troublesome, and altogether she is in a favourable condition. Her throat, which was *very bad*, seldom troubles her now, and she looks forward with confidence to a continuance of the great improvement.

I am, yours truly,

T. H——T,

M.D., L.S.A., F.S.Sc., London.

"1A, Broad Green, Croydon, Surrey,

"Sept. 3rd, 1888.

"Dear Sir,—I am very glad to be able to tell you that my friends as well as myself now consider me quite well. I had been hoping to be able to call and see you before now for all the help you have given me, and your kindness and attention to my case. I can now enjoy working quite hard, and feel better than I ever remember before. In fact, I am a new creature. The first opportunity I have of a day in London I will call upon you, that you may see for yourself the great improvement. Again thanking you most heartily for all your help and kindness,

"I remain,

"Gratefully yours,

"Dr. Alabone. "J. W. WHITBREAD."

"Farringdon, Alton, Hants.,

"Sept. 14th, 1888.

"Dear Sir,—I am very pleased to inform you that I am still keeping better, and feeling stronger. The chest trouble I think has now quite left me, as I am able to walk six miles daily, and do a day's work besides.

"Yours very gratefully,

"Dr. E. W. Alabone. "JAS. EDWARDS."

"Tower Hill, East Looe, Cornwall,

"Sept. 16th, 1888.

"Dear Sir,—I am glad to say that I am getting quite well; my cough and expectoration have both disappeared. I also feel stronger. I cannot fail to express to you my kindness ever since I have been under your treatment. I am now quite a wonder in the eyes of the people.

"Yours faithfully,

"ANNIE ANGEAR."

"Victoria Terrace, Ackroyd Street, Morley,

"Sept., 1888.

"Dear Sir,—It is with great pleasure that I write you. I feel sure your treatment has cured me, as I have no cough or expectoration, and feel better than I have done for a long time, so that I shall not require more medicine.

"Thanking you for past favour,

"I am,

"Yours truly,

"F. W. HARDCASTLE."

"42, Bank Street, Hillhead, Glasgow,

"July 3rd, 1888.

"Dear Sir,—I have to return thanks for the kindness you shewed me in sending your book. I am very proud, sir, to inform you that I am progressing rapidly; I had lost since first taken ill (about 18 months), 2st. 5lbs., but have gained 5lbs. since taking your Syrup. I feel myself very much better, and my friends could scarcely recognise me in seeing me last. Before I commenced your treatment I never stopped coughing and spitting from morn till night. Night sweats used to run from me so that in the morning I could wring the perspiration out of my night clothes. I also used to have pains in my chest. All these symptoms are now no more. I scarcely ceased spitting blood, and by two doctors given up as incurable.

"Yours gratefully,

"WILLIAM STRACHAN."

"Radley Cottage, Binstead, Ryde, Isle of Wight,

"June 14th, 1888.

"Dear Sir,—The medicine has entirely removed the Bronchial Asthma that so troubled me last winter, and my breathing now is as good as ever. I must express my gratitude and thanks for all your kindness during the time I have been a patient of yours, and in doing so I only repeat the sentiment felt by hundreds who have benefitted by your treatment.

"I remain,

"Dear Dr. Alabone,

"Yours very sincerely,

"H. JACKSON."

"Alabone Cottage, Clifton Hill, Victoria, Australia,
" Oct. 26th, 1887.

"Dear Sir,—It is with great pleasure that I am now able to give an honest opinion of your treatment. Being in consumption, and given up as incurable by three Melbourne doctors, I gave your treatment a trial as the last resource, and now testify to the curability of it, as it has rescued me from an early grave.

"Believe me,
"Dear Dr. Alabone,
"Ever gratefully yours,
"Dr. Alabone. "WM. W. HILL."

"P.S.—You may use this as you choose. I shall be willing to give sufferers any information in my power."

"99, Cromwell Street, Collingwood, Victoria,
"Nov. 16th, 1887.

"Dear Sir,—In gratitude for your kindness to my son, and the benefit he has derived from your valuable treatment, we as a family tender to you our sincere thanks.

"I remain, Dear Sir,
"Yours most sincerely,
"To E. W. Alabone, M.D. "JAMES HILL."

"Gourock, near Barnet,
"March 12th, 1888.

"Dear Sir,—I am pleased to say I am much better, and my friends do not think I require any further treatment. I have recommended a friend of mine, who I hope will derive as much benefit as I have done.

"Yours sincerely,
"Dr. Alabone. "R. A. BOOTH."

"North-Eastern Reading Room, London Road, Carlisle,
"Feb. 15th, 1888.

"Dear Sir,—You will no doubt think it careless after all your kindness in not replying to yours of last week, but the reason was, we waited to see if my daughter kept on improving, which I am now thankful to say is the case. She is entirely better, all symptoms of consumption having disappeared, and she is stouter than she has ever been in her life before. I cannot find words to express my gratitude to you for the wonderful cure you have effected; and for your generosity, I can only say that I shall never forget it, as you have saved my child's life, our medical man having pronounced her case hopeless, and you have restored her to health in three or four months. She is a marvel to all who know us, many people coming to see her, having heard from others about the case.

"Again thanking you,
"I am,
"Yours very respectfully,
"Dr. Alabone. "ANNE MOORE."

"The Laurels, Weldreth, Royston,
"Jan. 10th, 1888.

"Dear Sir,—I have yours of 6th inst., and think I may say with great pleasure that I am very much stronger, and altogether better. I believe your medicine has done me a great amount of good.

"Yours obediently,
"W. BOWMAN."

"Dr. E. W. Alabone.

"29, Pigott Street, Limehouse, E.,
"Dec. 7th, 1887.

"Dear Sir,—I am happy to be able to state that my health has so improved that I no longer feel in need of medical assistance.

"With thanks for your kind attention,

"I am,
"Yours faithfully,
"E. MOON."

"E. W. Alabone. Esq., M.D.

"35, Median Road, Clapton,
"Jan. 6th, 1888.

"Dear Sir,—I am glad to inform you that my son seems quite well now, and has gone from home to spend his holiday.

"Thanking you very much for the benefit he has received from your treatment,

"Yours truly,
"M. SORRELL."

"St. Leonard's Terrace, Streatham,
"Dec. 1st, 1887.

"Dear Sir,--I am happy to say that I keep better. I have not felt so well for two years, and do not think there is anything the matter with me now. I am very thankful that I was induced to try your treatment.

"Yours faithfully,
"J. RUSSELL."

"Rosendale, North Hill, Highgate.

Dear Sir,—I am very pleased to tell you that I am feeling much better, not having had any medicine for a month, and still I keep well.

"Thanking you for your medicines, which did me so much good when others failed.

"Yours truly,
"N. FIELDER."

"16, Maitland Park Villas, Haverstock Hill,
"Aug. 5th, 1887.

"Dear Dr. Alabone,—I am quite sure you will be pleased to hear that, thanks to your excellent treatment, both myself and children are quite well and strong again; so much so, that I intend to discontinue all medicines. Allow me to thank you very much for your kindness. Considering the weak state of health both myself and children were in when I first consulted you three months ago, and the wonderful change now, I can only say I shall ever feel grateful to you.

"Yours sincerely,
"J. HARRIS."

"Brockley, Woburn Sands,
"Sept. 9th, 1887.

"Dear Sir,—My little girl continues to improve in health; indeed, I may say she is well. She has no cough, her appetite is good, and she sleeps well. I feel very thankful for the good you have done her.

"Believe me, Dear Sir,
"Yours faithfully,
"ELLEN ARMSTRONG."

"Dr. Alabone.

"29, Josephine Avenue, Brixton Hill, S.W.,
"Sept. 8th, 1887.

"Dear Sir,—I returned from my visit to Devonshire on Saturday last, and am looking forward to begin my school duties again this week. My voice, the loss of which was the original cause of my coming to you, is now quite restored.

"With kind regards,
"I am,
"Yours faithfully,
"K. HERBERT."

"42, Morgan Street, Pontypridd,
"Aug. 12th, 1887.

"Dear Sir,—I must tender my very best thanks for your kind attention to my case. Friends who saw me before I commenced your treatment, and who see me now, are surprised, and say I am altogether a new man. It will be my duty to tell everyone of you.

"I am,
"Yours thankfully,
"JOHN RICHARDS."

"Dr. Alabone.

"Bwlchydwfr, Llanfyrnach,
"June 29th, 1887.

"Dear Sir,—I am glad to say that I am now sufficiently recovered to resume my duties. Receiving an intimation that I was urgently wanted back at my work, I went yesterday to our local doctor to have myself examined as to my present condition. After sounding me, he said that my lungs were now perfectly free from disease, and that my chest was quite sound.

"Allow me to tender you my best thanks for the benefit I have received through you and the blessing of God.

"I am,
"Yours truly,
"J. W. JONES."

"Mount Gilead, Campbell Town, near Sydney, New South Wales,
"Feb. 6th, 1888.

"My Dear Dr. Alabone,—I last wrote you on Dec. 15th, and since then, I have only to repeat that I am getting stronger and stronger every day. I am now far

stouter than I ever was in my life, and weigh 12 stone; I never felt better, and consider myself quite well. My friends all say they never saw anyone look as well so soon after a severe illness. The days are short, and this month is one of our warmest; yesterday 100 degrees in the shade; to-day it is 96 degrees at 8 p.m.; yesterday the glass was only 65 degrees. I have given several of your books away amongst my friends, and will do all I can to extend a knowledge of the treatment.

"With kind regards,

"Believe me,

"Yours faithfully,

"T. R. WOODHEAD."

"Ramsbury, Wilts,

"Jan. 22nd, 1887.

"Dear Sir,—I wish to send you a few lines to thank you for what you have done for me. About the beginning of 1885 I was in very bad health. My doctor told me I was in consumption, and as my father, a brother, and sister had died of consumption, we had every reason to fear it would be the same with me; more especially as I had an attack of pleurisy and inflammation of the lungs when I was 17. I was never strong on the chest after, and had, especially in the winter, a bad cough. I first heard of you through our minister. After perusing your book, my husband without delay took me to London to consult you as to my case. My cough was then very bad, and so was the expectoration. My appetite had almost gone, and the simplest duty was a burden. I also suffered severely from night sweats. The general opinion was that I was not long for this world. When you examined my chest you informed me that tubercules were formed in the lungs, and I was already in the second stage of consumption.

"I persevered with the treatment and gradually began to mend, and after having been under your care for about 10 months was discharged cured, and I am thankful to say I now feel stronger than I ever did. I shall ever feel deeply indebted to you for what you have done for me. My sister has just, by our advice, placed herself under your treatment, and I trust you may do her as much good as you have done to me.

"Yours faithfully,

"Dr. Alabone. "ANNIE HARRISON."

"Rio de Janeiro,

"March 11th, 1888.

"My Dear Sir,—My daughter continues to do well, and I have great pleasure in enclosing you a note from Dr. Fairbairn, as to her present condition. He is the first medical man who has seen her since your treatment was begun, just seven months and nine days ago, having had no need to seek medical advice for her, which is saying a deal, considering that previous to giving her your remedies she had been seen almost daily by medical men for nearly two years.

"Yours faithfully,

"W. PECK."

"Rio de Janeiro,
"Sept. 14th, 1888.

"My Dear Sir,—I am very happy to inform you that my daughter's progress has continued in a most satisfactory manner. Dr. F. saw her a few days ago, and after close examination considered her quite restored.

"Dr. P. de A————, who was my daughter's principal medical man and who pronounced her 'lost' called on me a short time ago, and I am sure that you will be pleased to know that he found your treatment had produced such effect in my daughter's case, that he handed over to Dr. Fairbairn to undergo your treatment, a relative of his, who was as far as his skill was concerned a lost case. I give you as near as possible a translation of his words:—'I could not subdue the fever; it would always return. I made up my mind to examine the patient only at the expiration of 30 days, but he came to me in a shorter period, stating that he was very much better, and insisted upon my examining him. I could scarcely credit my own senses. His condition had improved in every respect; fever gone, expectoration less; in short, the young man was quite another person. For my part I consider Dr. Alabone's discovery most extraordinary and astounding.' Dr. P——— has a large practice and is a clever and most worthy man.

"Yours faithfully,
"W. Peck."

Mr. Craig, of Herinstown, Lobinstown, Slane, Ireland, writing, under date Oct. 23rd, 1888, states:—"My son's health is greatly improved, the pain in the chest gone, and the appetite very good. The parish priest came this morning, and said there was more than a miracle worked on him."

Miss Lovegrove, writing from Ekojo, Sweden, on June 22nd, 1888, says:—"I am pleased to tell you that Miss T———— is feeling herself well. She wishes me to send you her hearty thanks for your great help in her affliction. Several Swedish physicians have examined her chest, and they have found that the lungs are now healed in a marvellous manner."

Mr. S. Fletcher, writing from the Estate Office, Dunchurch, Rugby, on April 21st, 1888, states:—"I have got quite rid of the pains in the chest; the bronchitis has quite left me. I shall have much pleasure in recommending the treatment to anyone suffering from bronchitis or chest disease."

James Allen, Esq., of Park House, Shepton Mallett, writing on Sept. 6th, 1887, states:—"For the last fortnight I have felt considerably better, and this morning my son has examined my chest, and is of opinion that the lung has now healed."

Mr. J. Jones, of Vulcan House, Pontrefelin, Amlwch, writing on Aug. 16th, 1887, with reference to the case of his son, states:—"I have often thought of writing you, to let you know that my son is now quite cured by your treatment, and as he intends to go to town for a few days I should like you to see him."

Mr. Gatliffe, residing at 4, Main Street, Stapenhill, Burton-on-Trent, writes on Aug. 30th, 1888, as follows:—"My case has been declared miraculous by several persons, some of them related to medical men in the town, and I am quite an advertisement for you. According to their ideas and my own opinion my case is wonderful."

Mr. Harvey Beales, writing on June 28th, 1887, from 12, Lidney Street, Grantham, with reference to a friend who was consumptive, states :—"I might mention that I was induced to write you from personal observation, of a case you had in hand five years since, and which left a great impression upon my mind as to the value of your treatment."

Mr. Brett, of 87, De Beauvoir Road, Kingsland, N., writing on Aug. 10th, 1887, says :—"My daughter having improved so much under your treatment, I think she may now safely discontinue."

Mr. Dunn, of Coseley, Bilston, Staffordshire, writing under date, April 18th, 1887, says :—"I am pleased to inform you of the improvement of the daughter of Mrs. Wilkes, under your most skilful treatment. It is indeed miraculous, for it appeared a most hopeless case."

Mrs. Stobart, of Ash Holme, writing on Dec. 19th, 1887, says :—"I am very happy to be able to tell you that I feel well again and shall not require any more medicine."

Mr. Dunn, writes as follows from St. James' Dining Room, Long Row, Nottinghamshire, on April 18th, 1887 :—"I have improved so much that I do not think it necessary to further continue the treatment, and, before parting, allow me to thank you for setting me on my legs again."

Mrs. Bengough, of Upton, Poole, writing on April 20th, 1887, with reference to the case of her daughter, states :—"Thank God the patient continues to improve. She has gained over 1½ lbs. since March 25th, and the improvement in every way is marked. People are struck with the change in her appearance."

Mr. Bolton, writing on the 22nd of Jan., 1887, from 12, Via Carintia, Trieste, Austria, states :—"I can truthfully say that I feel much better and stronger since my visit to England last summer, and I can only attribute it to your treatment."

In the former edition of this work many more cases were quoted, but I think these quite sufficient to demonstrate the efficacy of the treatment; as will be seen, many of these cases were treated some five or ten years ago, thus proving that the treatment is not simply palliative, but *curative*.

It will also be seen that the addresses of patients are not given, as they previously were, for the reason that frequent change of residences take place, which is calculated to be misunderstood should a letter addressed to a patient be returned to the writer.

CHAPTER XIII.

CATARRH.

All catarrhal affections produce some abnormal condition of the air passages, thereby causing an increased amount, and altered condition of the secretion of the mucous membrane lining the bronchial tubes.

According to the part attacked so their names differ; although they are frequently embraced in the one word *cold*. Thus, when the nasal membrane is the seat of attack, we designate it as *cold in the head* (coryza) or nasal catarrh; when the throat, *sore throat*, &c. From the throat the inflammatory action may spread to the Eustachian tube, causing *ear-ache* or *deafness*; or to the lacrymal duct, producing *ophthalmia*, or *cold in the eyes*. When the larynx or trachea is affected we get *catarrh*, or *cold in the chest*, with the usual train of symptoms; the leading one of which is cough.

CORYZA (cold in the head) often affects the upper portions of the air-tubes producing *mild bronchitis*.

The premonitory symptoms of this disagreeable affection are doubtless well-known; the nostrils feel full and obstructed, accompanied with irritation and tickling of the throat; there may also be tightness and uneasiness of the chest, accompanied with hoarseness in varying degrees. Chilliness is also complained of, and, possibly, some rheumatic pains. Up to this point it is difficult to say what character the trouble will assume; but the sufferer can usually form a pretty correct estimate, knowing but too well the course of previous attacks.

If it develops into *coryza*, or cold in the head, one or both nostrils become obstructed, a thin colourless fluid being secreted. This discharge generally suddenly increases in quantity. The increase being attended with sneezing, a sudden rush of tears to the eyes, a most annoying sense of fullness in the head. The end of the nose becomes sore and, possibly, excoriated, as also the skin of the upper lip. The senses of taste and smell are more or less affected, the latter being frequently quite destroyed, the head aches, and the voice becomes husky from tumefaction of the laryngeal membrane. In ordinary cases this is the climax of the cold, but should the attack be severe, there will be considerable fever, pains in the back and limbs, loss of appetite, dejection of spirits, and an unusual sensibility to cold or draught, the sufferer being conscious of the least breath of cold air.

As the attack passes off the discharge from the nostrils assumes a thicker consistency, and lessens in quantity. The eyes cease to be filled with tears, the swelling with sense of obstruction diminishes, and the other symptoms abate.

Very frequently, however, a fresh cold is taken from the most trifling cause, the symptoms again appearing or becoming augmented. More frequently still the throat and larynx become affected as the irritation of the nasal passages subside, causing sore throat, and not uncommonly gastric dyspepsia, but, most common of all, it gradually attacks the bronchial tubes, setting up some form of bronchial catarrh, of which more presently.

Coryza attacks persons of all ages, not sparing infants at the breast, who, when suckling, frequently become discoloured in the face, being unable to breathe through the nostrils, causing them frequently to leave the nipple for a few seconds. These efforts are not uncommonly the cause of convulsions, and invariably cause the little sufferer to become very fretful.

When this catarrhal inflammation encroaches on the upper portion of the bronchial tubes, we get what is termed a *mild bronchitis.*

This disease commences as the fore-going symptoms diminish, but in persons who are habitually troubled with cough, it may be the first result of exposure to cold or wet. Usually the first symptom complained of is a sensation of coldness over the top of the sternum, followed by dryness and roughness of the throat, which causes frequent attacks of cough, which *scrape* the throat. Then follow in rapid succession, heat, great soreness of the chest, cough, and a sense of constriction. The cough is first of a short, dry, harsh character, but quickly becomes more severe, and accompanied by a glairy expectoration, which, instead of relieving the patient, seems to aggravate his trouble by setting up irritation and tickling of the larynx. In fact, produces very much the same effect here as the discharge does to the nose in cold in the head. Toward evening there is a heightened temperature, increased pulse, dry, hot skin, high-coloured and scanty urine, and more or less dyspnœa.

The stethoscopic sounds revealed by auscultation, are, in the early stage, sonorous and sibilant rhonchi, the respiratory murmur being diminished, clearly proving there is some lessening of the calibre of the bronchial tubes. These signs are frequently present before even the cough is noticed. In some cases I have noticed an almost complete absence of sound at parts of the chest. This is frequently mistaken for consolidation, but percussion gives a resonant sound, proving that the vesicular structure is free, the absence of sound being the result of complete obstruction of the air passages at these parts, doubtless owing to the tumefied and swollen state of the mucous membrane. This symptom is not of long duration, a *mucous rhonchus* soon becoming apparent, which is the sign of a commencing secretion. This sound is usually the one least loud, and should it occur when the disease attacks the deep seated bronchial tubes, may be hardly discernible. According as to whether this secretion occupies the small or large tubes, so the sounds vary, being either coarse and unequal, or fine and uniform. In cases of mild bronchitis, as now under

consideration, the middle parts of the chest are usually attacked. Frequently the sound may be so loud and sonorous as to produce *vibration*, which can be distinctly felt on applying the hand to the spot where it is produced, the patient beîng himself able to locate it. These sounds are heard either during expiration or inspiration, or both.

As the attack commences to decline, the cough becomes of a much looser character, the expectoration changing in consistency, becoming opaque, thick, and of a yellowish colour (not unfrequently mixed with greyish masses). This is more noticeable in the morning. When this takes place the whole train of symptoms improve. The sense of constriction at the chest is appreciably relieved, the pulse is less frequent, the skin becoming moist with perspiration, the urine is greater in quantity, and the expectoration is coughed up with little difficulty. The sounds of the chest now assume more of a whistling character, and the clots of mucus may occasionally plug up one or more of the tubes, but this is speedily removed, a cough or deep inspiration sufficing to shift it.

This is a sketch of an ordinary attack of mild bronchitis. It may continue for a few days, or for two or three weeks, or a longer period still; but if neglected becomes more serious, assuming a chronic form.

The most common *cause of catarrh*, in whatever form it may appear, whether affecting the air tubes or the nasal passages, is exposure to cold, or sudden transitions of temperature. The effects of these conditions are accelerated and augmented where they only occur partially. That is to say, by standing or sitting in a draught there is much more liability to catarrh than by facing the open air out of doors. The same also applies to damp clothing, wet feet, &c. As we all know, ordinary cold in the head frequently assumes the form of an epidemic, doubtless dependent upon atmospheric changes. Catarrhal affection of the eyes and nostrils accompanies some diseases, such as measles, small-pox, &c. All irritating gases, dust, vapours, &c., may excite catarrhal inflammations, but these speedily subside on removal of the exciting cause.

Treatment.—How often we hear people say: "It is only a cold." Yes, "only." Yet, common disease as it is, trivial as it may appear, how formidable and fatal are frequently its results.

In the earlier stages of a cold in the head, great relief is experienced by sniffing the vapour of eau de Cologne, a little of which has been sprinkled on a handkerchief. Should the head feel full and congested, and the nasal passages irritated, the face may be held over the steam of hot water. In children, who are too young to do this, a sponge squeezed out of hot water will often give great relief, enabling the little sufferer to breathe freely. Barley-water or thin linseed tea may be taken abundantly, and, where possible, confinement to one room until the attack subsides. Very many people object to stay indoors for a simple cold, but I can assure such people it is well worth the doing. How many have lost their lives, or laid the foundation of some lung disease, by letting a cold run its course, or by possibly adopting what one may term a half treatment, such as taking diaphoretics and diluents, and at the same time exposing the body to transitions of temperature; or, even worse than this, by nursing themselves and inducing perspiration one part of the day, and exposing themselves to draughts and changes of temperature at another.

The treatment recommended by many of taking a full dose of opium at bed-time, followed in the morning by a brisk cathartic, does not in any way commend itself to me, and it is very liable to prove injurious, more especially where the digestive organs are weak.

Another method of curing a cold is known by the *dry treatment.* In many cases this has proved of great benefit; but to be successful it must be applied in the very earliest stage. The effect of abstaining from liquid food is to reduce very perceptibly the mass of the circulating fluids, but if fluids are taken before the disease is thoroughly eradicated, the discharge from the nose will return as violently as ever. Although total abstinence from liquids is the

most efficacious, yet I have found about half a wineglass of milk in the morning and evening, and a little water on going to bed, does not prevent its success. The time occupied in the cure by this method varies, but, as a rule, about 48 hours is sufficient. One advantage of this treatment is that it does not necessitate confinement to the house. In fact, open air exercise, provided no chills are taken, and the body sufficiently clad, accelerates the cure. Whereas, if a cold is treated indoors by slops, the least variation of temperature is felt, the patient being "chilly."

CHAPTER XIV.

BRONCHITIS.

THIS disease is essentially an affection of the mucous membrane of the bronchial tubes, arising from any cause which excites congestion or inflammation of that membrane. The disease may assume either an acute or chronic form.

ACUTE BRONCHITIS differs from the milder form described in the last chapter in the greater extent of the bronchial tubes which become involved. The early signs and its location are nearly the same, but the system is affected to a much greater degree. There are many variations of this disease but, for all practical purposes, it may be conveniently divided into two—viz., *sthenic* and *asthenic*.

STHENIC BRONCHITIS.—In this form of the disease the inflammatory symptoms are very early developed; the patient complains of pain and a sense of constriction over the chest, accompanied with a hard cough, and difficult expectoration of a gummy character; there is much fever and headache, furred tongue with red edges, hurried breathing, and the cough is aggravated on the least exertion. As the disease progresses the expectoration, at first scanty, becomes more copious, frothy in character, and sometimes tinged with blood. The cough, however, is not relieved by its expulsion. All these symptoms become aggravated in the evening, especially the fever, shortness of breath and cough.

The stethoscopic signs are similar in character to those of the mild form, but much more extensive. The rhonchi at first are sibilant and sonorous, speedily becoming mucous and sub-mucous, and are heard down to the bases of the lungs. The respiratory murmur is weakened, but the percussion sound is still clear, showing that as yet the vesicular structures are unaffected.

If the expectoration does not now increase, the disease passes into another stage. There is great difficulty of breathing, depression, weak and quick pulse, and great loss of muscular power. The countenance assumes an anxious expression, sweats occur *partially*, and resonance on percussion is a little diminished. Other symptoms supervene, the secretions being scanty, tongue coated with a brown fur, great thirst, &c. In favourable cases the disease lessens about the sixth day, the shortness of breath diminishing, but being worse during the evening. The expectoration is not so tenacious, and becomes opaque, giving more relief to the cough, the fever abates, and the disease completely subsides or passes into the chronic form.

ASTHENIC BRONCHITIS differs from the foregoing variety in the early appearance of depression, generally associated with considerable gastric derangement, irregular wiry pulse, heat of skin, towards evening, headache and thirst. The dyspnœa, in this form, is one of its earliest symptoms, and a wheezing sound is distinctly heard. The stethoscope reveals mucous rhonchi over almost the entire lung, showing how profuse the secretion is in all the tubes. The dyspnœa is often so excessive that the patient can only rest by assuming the sitting posture. There is slight dullness on percussion. The expectoration may be little at the commencement, but ere long becomes frothy and very abundant. As a rule, elderly people are attacked with this class of bronchitis.

In children a most dangerous type of this disease is frequently seen, and from the insiduous manner of its approach is to be much dreaded. The little one seems to be suffering from ordinary cold in the head, without any very marked symptoms or derangement of

the system, and no fever. By careful watching, the breathing will be observed a little more frequent and laboured than usual, and after a cough a little wheeze. The face becomes pale, and the child shows by its want of spirit that there is something the matter beyond an ordinary cold. Sometimes no cough is present, and as there is no expectoration the disease may not attract attention, till suddenly an attack of dyspnœa comes on, so severe that danger to life is imminent.

The *causes* are the same as in the milder form of the disease. In fact, it differs from the milder more in the *severity* than in the difference of symptoms. The disease frequently co-exists with small-pox, scarlet and other fever, and forms then the chief point of danger.

It is of a great importance that a correct and early diagnosis should be made of this disease. The most dangerous symptoms arise from interference with respiration, caused by the circulation of imperfectly oxygenated dark blood through the system, a corresponding change being noticed in the colour of the lips and cheeks —a symptom noticeable sooner in bronchitis than in any other inflammatory disease of the lungs.

This disease is perfectly amenable to treatment, as will be presently illustrated.

CHAPTER XV.

CHRONIC BRONCHITIS.

THE milder form of chronic bronchitis is indicated by continual cough and expectoration, both of which are increased by sudden changes in the weather. It is most prevalent in winter and early spring, principally attacking those advanced in years. In fact, it is the exception to find an aged person who is not more or less a sufferer from it. In its mildest form the disease may continue for some years without actually injuring the patient.

The more severe form usually succeeds an attack of acute bronchitis, especially where improper treatment has been applied, the disease having been allowed to last long enough to permanently injure the membrane of the bronchial tubes. In this type of case, although the expectoration may have assumed the opaque character, and the fever and other symptoms abated, yet the disease seems stationary, the cough does not cease but occurs in paroxysms. There is also dyspnœa, soreness and tightness of chest, with occasional pains, and a more or less general derangement of the health. Sometimes hectic fever is apparent, accompanied by night sweats and other symptoms of pulmonary consumption, but the physical signs, however, should prevent any mistake being made in the diagnosis.

In chronic bronchitis of the simple character, the chest expands and contracts equally, there is no dullness on percussion, the sibilant râles are heard, but they continually shift their position, no cavernous respiration is present, nor is there any permanent absence of respiration at one part. The voice is not unusually resonant, and although the expectoration is copious and of a puriform character,

no signs of a cavity will be found. Therefore, no matter what the general symptoms may point to, the stethoscope at once ends our fears as to the disease being consumptive. It, however, requires great experience in auscultation to pronounce confidently.

A most troublesome kind of chronic bronchitis is found amongst persons who continually inhale air loaded with foreign particles of dust; needle-pointers, leather-dressers, stone-cutters, sifters, those employed in making artificial flowers, &c., being the chief sufferers. In these cases the earliest symptom is shortness of breath, which continues for some considerable time before any other symptom is noticeable; after a few months the dyspnœa greatly increases, a cough ensues with considerable expectoration, not unfrequently mixed with blood. The constitution now becomes affected, there is a quick pulse, thirst, fever, furred tongue, and lividity and swelling of the face. This class of case, unless successfully treated, is very prone to develop into pulmonary consumption. The work should at once be given up, or a cure is out of the question.

The diet in all cases of chronic bronchitis should be nourishing, yet easily digestible. Farinaceous foods, milk, light puddings, chicken, and game is adapted to most cases, but where there is great prostration of power more animal food is necessary, and Howard's meat juice may be advantageously taken. All sudden changes of temperature must be carefully avoided, the body must be warmly clad, and all the exciting causes of the disease avoided. In many instances change to a warmer climate is of great advantage. Daily sponging the chest with equal parts of spirits of wine and white vinegar decidedly lessens the susceptibility to cold.

The adherence to the treatment by Lachnanthes, coupled with these precautions, rarely fails in completely subduing the disease, as will be seen on reference to the following cases.

The inhalant of the Compound Powder of Lachnanthes is of great value in relieving the cough and removing the most distressing shortness of breath.

CASE C.

Acute Bronchitis; Recovery.

J. C., æt. 21 years, was exposed to a heavy shower of rain, and remained in her wet clothes for some time. In the evening she complained of shivering, and the next day of great difficulty of breathing, accompanied with cough and a sense of oppression in the chest. On percussion there was slight dulness; the stethoscope revealed harshness of the respiratory murmur on both sides of the chest, and a coarse crepitation.

Under the use of the Specific Syrup the pulmonary symptoms rapidly disappeared; in four days the coarse crepitation was almost gone, the expectoration decreased in quantity, and at the end of a week she was well.

This was a case of acute bronchitis uncomplicated, which was arrested and speedily cured.

CASE CIV.

Acute Bronchitis; Recovery.

Henry J., æt. 34 years, after sitting in damp boots, had a severe shivering fit followed by profuse sweating. Two days later a cough commenced, accompanied by a thick yellow expectoration, with great shortness of breath. On stethoscopic examination, the inspirations were shortened, and accompanied by râles of a sibilant character. He complained of great prostration and a great dread that he was going to die. After continuing the treatment for three days, he was much improved in condition, the expectoration being less, and of a lighter colour; shortness of breath less, and appetite improved. He continued under treatment for another fortnight, when all trace of the trouble had gone.

Chronic Bronchitis, with Emphysema; Recovery.

E. T., æt. 27 years, suffered from an acute attack of bronchitis two years ago consequent upon exposure to damp. From this attack she never really recovered, although she had been under various treatments. On auscultation the expiration was prolonged, snoring sounds accompanying inspiration and expiration, on both sides of the chest; vocal resonance distinctly diminished; paroxysms of cough and shortness of breath; expectoration free, of a frothy nature mixed with a gelatinous mucus; appetite almost gone.

She commenced the treatment with the result that in about two months she was so far relieved that she discontinued. A short time after, however, the symptoms returned in a slight degree; but after persevering for some three months she was perfectly well, and has continued so till now.

Chronic Bronchitis appearing after Pneumonia—severe cough. Recovery after all other remedies had failed.

J. H., æt. 37 years, the daughter of healthy parents, unmarried; has always been liable to colds and cough not accompanied by any expectoration. A year ago the cough assumed a serious aspect, being incessant and very severe, more especially in the morning, with a feeling of great soreness. She was losing flesh and consulted

me, fearing she was in consumption. On examination, there was evidence of vesicular emphysema; a rough breath sound at apex of right lung, with considerable rattlings; appetite bad, tongue furred, bowels constipated. Has tried many remedies without relief. To take Syrup twice a day, with another remedy night and morning.

After three weeks' treatment the expectoration was lessened, cough easier, and she felt better. The remedies were continued without intermission for another two months, when she was quite well.

Chronic Bronchitis of several years standing—Cure.

R. P., æt. 55 years, married, has enjoyed fair health till about five years ago, when in travelling he took a severe chill, the result being a cough with copious expectoration frequently tinged with blood; after about a month's treatment from his medical man he seemed well, but a relapse speedily occurred, the cough became exceedingly troublesome, the expectoration excessive, of a frothy character and of a yellowish grey colour. He was again treated and relieved, but the symptoms returned after a short time and became permanent, weakening the patient very much, causing great loss of flesh. The quantity of expectoration was excessive, being about a pint a day, frequently tinged with blood, and very difficult to bring up. Could hardly walk upstairs, appetite impaired, sleepless nights and a sense of suffocation. All this time he was under medical treatment, but without any benefit.

He first consulted me on the 3rd of July, 1886, at which time he was very emaciated, voice slightly hoarse; the vocal chords on examination were covered with mucus and slightly œdematous. On examination, the breath sound was harsh, and the inspiratory murmur prolonged; whistling and bubbling noises audible over the left lung. Had been ordered a very spare diet, which I at once altered into a generous one.

After adopting the treatment for one month he felt stronger, and expectorated with less difficulty, the expectoration being less in quantity.

At the end of three months he had gained eleven pounds in weight; could walk with ease, felt stronger and better in every way; the expectoration had greatly decreased, and was not tinged with blood; at the expiration of seven months treatment he was quite well, and continues so up till now.

There can be no doubt but that for the timely administration of the Syrup, this would have proved a fatal case.

Severe case of Chronic Bronchitis successfully treated.

R. C., a tailor, æt. 45 years, suffered when a child from scrofula, but this seemed to disappear, and from the age of ten years up till six years ago he had enjoyed fairly good health. At that time he was seized with a cramped sensation in the chest, accompanied with a violent cough and expectoration, and frequent attacks of suffocation. The expectoration gradually increased in quantity until it became enormous. His walking powers failed, there was great shortness of breath, and he was unfit for any work. All methods of treatment seemed to give him no real relief, and he gave up in despair thinking nothing more could be done.

When he consulted me his spirits were much depressed, and he stated he knew he should never get well. Cannot speak more than a few words at a time without gasping for breath ; the expectoration was very copious of a dark yellowish colour, no night sweats, appetite precarious, great thirst.

He persistently adhered to the treatment for three months, during which time he made considerable progress ; he then unfortunately took a severe cold from being out in the rain and getting wet feet ; which caused a return of some of the symptoms, which, however, speedily succumbed to the treatment, and at the end of nine months he was perfectly restored to health with the exception of a slight irritation of the throat ; this by the judicious use of a gargle also disappeared.

An immense number of cases could be quoted, but these will be sufficient to give the reader a fair idea as to the efficacy of the remedy recommended; it invariably produces speedy relief in the most aggravated form of the disease, and if persevered with, a cure can confidently be expected.

CHAPTER XVI.

ASTHMA.

THE effect of this treatment, combined with inhalation of Compound Powder of Lachnanthes, is of a most extraordinary character, the most distressing cases being immediately relieved, and the disease ultimately eradicated.

This dire malady may be of two kinds—congestive or spasmodic.

Congestive asthma occurs in varying degrees of intensity. A slight attack simply induces a little shortness of breath in the morning, which is relieved by the expectoration of a small piece of tough, thick, grey semi-transparent mucus. In severer cases a larger portion of the bronchial membrane is affected, the shortness of breath being much greater, occurring in paroxysms, and ending in a dry, harsh cough, with the expectoration of a little mucus, In other cases there is no cough, the shortness of breath being almost persistent. Should an attack of bronchitis occur the symptoms are greatly aggravated. The chest in ordinary cases of asthma feels constricted and stuffy. There may be considerable gastric disturbance, furred tongue, and a relaxed condition of the throat.

The stethoscope reveals a more or less complete suspension of the respiratory sound, caused by thickening of the membrane of the bronchial tube, which, together with the mucus before mentioned, obstructs the passage of air. Frequently a violent cough will produce a wheeze, showing the obstruction is not complete.

The disease may be caused by excesses of diet, a chill whilst perspiring, the sudden disappearance of some eruption of the skin, and from anything that immediately checks a free secretion.

SPASMODIC ASTHMA.—The shortness of breath in this disease occurs in paroxysms, and may be of a purely nervous character, sufficiently indicated in the temperament of the individual atacked, the suddenness of the paroxysm, its irregular duration, and the rapid suspension of the symptoms. This type is most commonly found amongst nervous and hysterical subjects. An attack may be excited by the inhalation of *dust*, either from the roadway, flour mills, threshing-floors, bakehouses, and all fine dust which lodges in, and irritates, the bronchial tubes; *vegetable irritants*, such as ipecacuanha, and the pollen of various flowers and grasses; *chemical vapours*, such as may arise from sulphur, chlorine, sulphurous acid, &c.; also from sudden changes in the atmosphere, a morbid condition of the blood, irritation of the stomach, more especially where this is due to indigestion produced by late suppers, &c., hence a rigid dietary whilst undergoing this treatment is of great importance. I shall presently speak of this matter.

Any of these causes may bring on an attack, which, if it is severe, causes the patient to lean forward, the elbows usually upon the knees. The chest is contracted, and a sense of great weight is felt, or as if a cord were tightly tied round the chest, the face is red, and the countenance assumes an aspect of great distress and anxiety. There is usually free perspiration, and all the muscles of respiration are called into use, yet, in spite of this struggle, but little air is received into the lungs through the bronchial tubes, as is proved by the stethoscope revealing scarcely any sound of passing air, there being but a very weak respiratory murmur, with occasional whistling and wheezing. It seems in cases of this character that the very strained action of the muscles of inspiration actually diminish the passage of air. If the paroxysm declines or the efforts to breathe are less violent, air can be heard to enter freely, but at the next hard

breath there is the same loss of sound. This is evidently accounted for by the *spasm* of the bronchial muscles, for if a patient be told, during an attack, to count as many numbers as he is able to in one breath, during the time he is counting, air can be heard freely to pass, but immediately he breathes again, the respiratory murmur becomes almost lost ; therefore, a very important and distinctive physical sign of the disease is the imperfect respiratory murmur, except immediately after holding the breath. The spasm is often of long duration, and is liable to be increased, causing more decided fits of asthma, in which case the symptoms before described are considerably augmented.

Persons who suffer from spasmodic asthma are rarely free from some shortness of breath during the intervals of the attacks, and the more frequently the spasms occur, the more this is noticeable. There is no doubt the continuance of these attacks, which produce spasmodic contraction of the tubes, ultimately lead to a permanent lessening of their calibre.

This disease is frequently mistaken for others, but the absence of fever serves to distinguish it from any of the inflammatory diseases. From spasmodic diseases of the larynx it may be known by the total absence of that hissing kind of sound resulting from the rush of air through a contracted glottis.

This disease, although most distressing and alarming to the sufferer and his friends, rarely proves fatal, unless complicated with some organic trouble; the spasm, although sufficient to cause a most painful sense of suffocation, relaxes before any great injury is done by the blood being imperfectly oxygenated. Should, however, any disease of the heart or lungs be present, these continual attacks may produce emphysema, pulmonary congestion, hemorrhage, hypertrophy of the heart, &c.

Treatment.—DURING THE ATTACK, very frequently relief may be obtained by placing the hands and feet in very hot water; smoking Stramonium in some cases gives relief, very strong

coffee without milk or sugar is sometimes palliative; but as before stated, the inhalation of Compound Powder of Lachnanthes acts as a charm. About half a teaspoonful should be placed on a plate, a match applied until it is lighted, the fumes arising from it can be inhaled through the mouth directly into the lung and retained there as long as possible, being afterwards omitted through the nostrils. In very severe cases this can be repeated hourly, but, as a rule, one inhalation is sufficient to check the attack and afford immediate relief. The effect is *so certain* that a very great number of patients speak of it as an infallible remedy. It will also be found useful in cases of *chronic bronchitis* associated with great difficulty of breathing, especially where the attack arises during the night, in these cases a teaspoonful of the powder can be burnt in the bedroom on retiring to rest, the door of the room being closed, the patient thus inhales the atmosphere which has become medicated, and relief is speedily afforded. Many other palliatives might be named did space permit. A word of caution is needed that the reader may avoid many of the so-called *asthma cures* which, consisting principally of lobelia, are unreliable as to their effect, which is not in any case *curative*, and in many cases absolutely harmful.

Whilst continuing this treatment, as I before stated, great benefit is to be derived from a rigid diet. The one I usually recommend is as follows; to be successful it must be rigidly adhered to.

Breakfast at eight to half-past: half-a-pint of tea or coffee with a little cream or milk, no sugar, and two ounces of stale bread.

Dinner at one to half-past: two ounces of beef or mutton, no fat or skin, two ounces of dry bread, or well boiled rice; three hours after dinner, not sooner, half-a-pint of weak brandy and water, or whiskey and water, may be taken, or toast water when wished.

Supper at seven p.m.: two ounces of meat as before, and two ounces of dry bread. No fluid should in any case be taken within one hour before dinner or supper, and not till three hours after the meals. No malt liquors must be taken. After persevering with this for about a month, two ounces extra meat may be taken.

A perseverance with the syrup and other remedies, with this diet, very rarely fails to ultimately eradicate the disease.

The following case will give an idea as to the effect of the treatment in these distressing cases :—

Asthma, associated with Bronchitis; Recovery.

A. K., of Croydon, consulted me in January, at which time he was suffering very severely from chronic bronchitis and asthma. For the last fifteen years he had been subject to these attacks, which usually came on in the early hours of the morning, with great difficulty of breathing amounting to almost suffocation, causing him to fly to the open window and gasp for breath. These attacks have lately been more frequent, and in the intervals between, the breath has become gradually worse, so that, as he expresses it, his life is a burden and a misery. When I saw him first he was extremely despondent, and said he knew nothing could be done, as he had been given up as incurable by several physicians, and at severals hospitals. I, however, encouraged him to try the treatment, which he did, and at the expiration of four months the attacks, although still occuring at frequent intervals, were decidedly less severe. This state of things continued for some two months longer, when an attack occurred, which, he said, was the most severe he had ever experienced, and which quite disheartened him. Spite of this, however, he still continued, and very shortly after had the satisfaction of reporting a decided improvement; the attacks were less frequent and less severe. In a short time after this he resumed his usual occupation (which he had been compelled to relinquish), and steady improvement took place until the attacks ceased altogether, and although the breathing was a little (as he expressed it) tight, he suffered from no inconvenience whatever. That is now four years ago, and he is still in the enjoyment of good health.

Spasmodic Asthma treated by Lachnanthes—Cured.

J. C., a minister, æt. 52 years; his father and brother both suffered from asthma. Had an attack of pneumonia some years ago consequent upon prolonged exposure in the cold air. From this attack he recovered, but it left him with occasional difficulty of breathing, and a slight cough. Two years ago he was suddenly seized at 3 o'clock in the morning with a distressing sense of suffocation which lasted about two hours, and then gradually subsided, whilst there was a copious expectoration of a glairy mucus. After this for three months he seemed quite well, but another attack then occurred, and from that time to now he has suffered the most acute pain, continually being suddenly taken with intense shortness of breath, and a feeling as if he must be suffocated.

During the last year he states he has taken an enormous quantity of medicine, and tried all the various so-called cures with no effect whatever, and now states he has decided to leave England and go to Australia. I speedily however gained his promise not to do this, but remain here and quietly give the remedies a fair trial, which he did. At the end of the second week's treatment he had an attack, which he stated, was much more severe than any he had hitherto experienced ; but which immediately yielded to the inhalation of the Powdered Lachnanthes. After this he had no relapse for some five or six weeks, and then the attack was a very slight one.

He continued perseveringly with the treatment, and at the end of twelve months was perfectly well, not having had any sign of a recurrence for six months. I recently received a letter from him stating how thankful he was at not having had to break up his home and leave England.

Inherited Asthma, continuous attack—Successful treatment.

F. T. consulted me in April, 1884, at which time he was in a very weak and emaciated condition, the chest was flattened considerably, there was emphysema of the left lung rendering breathing very difficult ; his father and grandfather were both sufferers from asthma. Scarcely a night passes but that he has an attack, and they are gradually growing in intensity, his sleep is disturbed, and he dreads going to bed.

After two months' treatment a great change is noticeable, he has lost the anxious look on his face, his cough is less, and the attacks although as frequent, are much less severe; he says he has new hope now, and feels he shall be cured. At the end of six months' treatment the attacks became irregular, not exceeding more than two a week, and these gradually lessened till at the end of fourteen months' treatment he was perfectly well, and has remained so since.

Numerous such cases could be quoted, but they are needless. It only requires a month's trial to prove the value of the treatment, even in the most chronic cases.

CHAPTER XVII.

SCROFULA.

So closely allied is this disease with consumption, that at present it is quite an undecided question whether they are not one and the same. I myself, think it more than probable that the condition of the blood which leads to the growth of tubercle, and that which leads to all the evils of scrofula are identical, in addition to this, it is an undoubted fact that very many of the ills to which mankind is liable can be distinctly traced to scrofula. It would be well in giving a slight definition of this disease, to look at it in two forms—first, scrofula directly associated with tubercles; secondly, scrofula where tubercle does not exist.

1ST. *Scrofula associated with tubercle.* As before stated in this book, tubercles are about as large as millet seeds; they are of two varieties, the grey and the yellow. The grey tubercle is semi-transparent, and of a somewhat firm consistency; the yellow tubercle is of a dull yellow colour, and of a cheesy nature; this latter is by far the more serious of the two, as it softens down quicker, and is generally found in larger masses than the grey: not infrequently we see the two classes mixed together, but ultimately the yellow predominates; it has been thought that this yellow tubercle is simply the grey in a greater state of advancement, an opinion I am in no way inclined to believe. These tubercles are deposited without any pain, and slowly, frequently during some illness or indisposition, and after remaining quiescent for an indefinite period, ultimately soften or form abscesses. Now if

we can arrest the further growth of these tubercles (and that this treatment does so *is an indisputable fact,*) those already deposited will, in the majority of instances, diminish in size, and gradually become absorbed. Unless this occurs, they continue to enlarge, and, like any other foreign body, excite inflammation, suppuration, and ulceration; this is a vomica or cavity, and when the lungs are the organs involved in this michief, the matter is discharged into a bronchial tube, and so expectorated. Unless the disease is here arrested, other abscesses form, until the lung substance becomes actually diminished in volume, and the patient dies.

2ND. *Scrofula without tubercle.* Commonly called "King's Evil," is usually found attacking the glands of the neck, below the jaws, in the armpit, groin, and other parts of the body. These swellings are at first soft, and hardly painful, but as they enlarge inflammation supervenes accompanied by pain, and they eventually suppurate and form scrofulous ulcers. These glandular swellings occur chiefly during childhood, and is unfortunately usually the heritage which consumptive patients leave to their children; it does not necessarily follow that it leads to consumption of the lungs. A scrofulous child is known in many ways, he is pale, broad across the upper part of the nose, inclined to dullness, and may suffer from curvature of the bones of the legs, arms, and spine. Amongst the causes of this disease are hereditary tendency, want of pure air, unhealthy occupations, improper food, &c. In this disease the treatment I have promulgated exerts an almost specific influence, case after case that had been deemed beyond the reach of medicines, have recovered and continued well. Accessory means must be followed out as nearly as can be done, viz: exercise in the fresh air, nutritious and digestible food, bathing in salt or fresh water, sufficiency of, but not too much clothing, &c. These, combined with the remedy, very rarely fail in bringing about a healthy state, which when once procured, with ordinary care can be relied on as permanent.

THE FOLLOWING

OPINIONS OF THE PRESS

ON THE

SPECIFIC TREATMENT

OF

CONSUMPTION,

DISCOVERED BY

E. W. ALABONE, M.D., Pa., U.S.A.,

HAVE APPEARED AS FOLLOWS:—

"St. Stephen's Review" (with portrait), June 12, 1886.

Dr. Edwin W. Alabone.

"Since the inception of St. Stephens' Review, now three years ago, there has been published in its pages some 200 portraits of men and women who have made their mark in some distinctive sphere of political or social life. That Dr. Alabone should have been omitted from this list is due rather to his own modesty than to our deferring the recognition of the inherent merit which gives him an indisputable right to be placed before our readers as a representative man of the time.

"In that pleasant neighbourhood which may be called the hillside of Highbury, where one can easily fancy that the inhabitants enjoy the salubrity of a fashionable health resort within the distance of a short drive or a few minutes' railway journey from the attractions of London, stands the residence where the subject of our sketch is to be seen alternating his professional duties with the pursuit of the arts which he follows as a recreation, and in which he has attained a skill seldom exhibited by any one who is satisfied to be called an amateur. Edwin

Alabone was born at Newport, Isle of Wight, and was educated at the Castle College, Taunton. He early evinced a taste for physiological pursuits, and at an age when it was necessary to choose his future profession, he eagerly embraced that of medicine. After a successful matriculation at the Royal College of Surgeons, the youthful student was duly entered at Guy's Hospital, where, before he was nineteen, he had performed a difficult operation in surgery, which obtained for him the unusual distinction of a testimonial presentation of plate, and foreshadowed to some extent the triumph which awaited him. A believer in thoroughness, Dr. Alabone, after passing successfully his examination as a member of the Royal College of Surgeons of England, settled down to a private practice, but came to the conclusion that life was altogether too short for an exhaustive study of the entire anatmoy of the human frame, so, like many another eminent man, he devoted himself to one specialty, viz. diseases of the chest and lungs, and on this subject began to excite the attention of the medical world by advancing opinions which, though they had been verified by careful investigation and experience, were regarded with that feeling of hostility which is too often displayed by those reputed representatives of the medical profession who prefer the "wise saws" of precedent and even of prejudice, to the "modern instances" of scientific discovery and research, however well sustained by practical examples. An almost unreasoning horror of innovation, however well founded, still characterizes many otherwise eminent members of a profession which has notwithstanding been compelled to accept the discoveries of Jenner and of Simpson, and are now completely committed to the practice of vaccination and the use of anæsthetics. Yet despite the professional opposition which Dr. Alabone felt sure would ensue, he publicly advanced his heterodox views, and boldly announced that phthisis, the disease which is above all others the dreaded malady of Great Britain and Ireland, was frequently curable in almost every stage. Renouncing his position of consulting physician to one benevolent institution, as also that of physician to a well-known orphanage, he set about demonstrating the truth of what he claimed as a great discovery, and for fifteen years, in spite of attempted depreciation and to the astonishment of his

opponents, *he has placed on record such a list of cures where patients have been pronounced incurable and beyond all hope*, that at last people are beginning seriously to ask themselves the question: Is this man right after all, and is the section of medical talent arrayed against him persistently upholding an exploded tradition? The question is pertinent enough. It is one which imperatively calls for an answer. Scarcely a homestead in our country which has not a direct interest in such an answer, and Dr. Alabone, on his part, courts enquiry. Any competent inquirer visiting Dr. Alabone, Lynton House, Highbury Quadrant, on either of the four first working days of the week, may have *primâ facie* evidence of the successful treatment by the aspect of the numbers of patients who attend for consultation and treatment, where the progress of fell disease has been arrested, and the sufferers have entered upon a new lease of life. Dr. Alabone has unhesitatingly declared not that every case of rapid consumption can be cured, but that an exceedingly large proportion of cases of consumption are certainly curable if the means which he uses be adopted; and the proofs of his assertion are to be found in the evidence of the patients themselves, and those who, being deeply interested, have anxiously watched their rapid improvement and ultimate restoration. Here is food for reflection. One man who has earned his spurs in the severest school of medicine reversing preconceived notions, and braving the opposition of the profession of which he is a distinguished member. The spectacle is enough to make the veterans of the old school pause at all events. Let it not be supposed that we have devoted so much of our space to Dr. Alabone's career without a reason. Dr. Alabone gives hundreds of instances of successful cures. He numbers his patients by the thousand. Some of his own professional brethren, stricken down themselves by consumption, come to him as a last resource. Among his patients are to be found many of our leading public men. Dr. Alabone has by letter to most of our leading hospitals asked if a consumptive ward for six months could be placed at his disposal for the treatment of patients by his method of cure. In every instance his proposition has been coldly vetoed, in most cases no reason being given, and where a reason has been accorded it has been ambiguous. We fail to see what benefit can be expected from such an action.

"For the rest, Dr. Alabone is a courteous gentleman, with a genial, frank, unpretentious manner. He is an ardent sportsman, an excellent musician, and a follower as well as a lover of art.

"We cannot conclude without a final word to those who may feel a more than transient interest in what we have imperfectly set forth. Let no one surmise that this exceptionally gifted man makes any secret of the means which have earned for him so wide a reputation among people of all classes. He has published a book, replete with convincing facts, which bears testimony of another kind, and we cordially recommend its perusal."

Article from "Christian World," August 2, 1882.

"This interesting volume has now reached a third edition, and we need not wonder at it, seeing that it is illustrated by fifty cases, the names of the patients being given. Points in the treatment of consumption, which were deemed inaccessible, the author says, are now within easy reach, and the perfect success that has attended his investigation has lead to the revelation in this book of the specific treatment. What we like best about it is, that Dr. Alabone shrouds nothing in professional mystery; he gives for the benefit of the profession generally, not only his diagnosis of each case, but extracts from his medical journal, specifying in detail all the symptoms, and also the specific made use of. *Some of the cases given in the volume are most remarkable, and when we read that these persons are about their ordinary avocation again, and able and willing to bear testimony to the reality of their cure, we are able to put away from our minds the last relic of a suspicion about quackery.* Dr. Alabone considers the cases he has detailed to be quite sufficient 'to remove any preconceived ideas that the disease is incurable.' When we know what a fearful scourge consumption is, when we realise that often a kind of *laissez faire* policy is adopted till the disease has deepened its hold, and when we have guaranteed evidence of successful treatment in some very desperate cases, we feel that the discovery of true remedial means is, as Dr. Alabone says, 'a precious stewardship.' It is quite certain

that Dr. Alabone has confidence in the treatment; but although he lays claim to no superior authority than that of scientific results, he considers that the induction from facts is now broad enough in its generalisation to enable him to speak with confidence, and this is what he says: 'A patient who perseveringly adheres to the treatment, and bravely struggles against pain and nervous dread, will rarely be disappointed with the result.' To aid in the removal of this great scourge of England would indeed be a glorious boon to the community, and nothing more than a fair trial of his remedies, Dr. Alabone considers, is necessary to convince the most sceptical that consumption is not incurable. The volume may be had direct from Dr. Alabone, Lynton House, Highbury Quadrant, N."

"*Christian World*," *February* 28, 1879.

"The review we gave of the last edition of Dr. Alabone's work on Consumption has had its favourable criticism justified by the continued success of Dr. Alabone's entirely new remedy for consumption. We see that he has appended to this new edition some remarkable cases, and in their treatment he assumes to be no possessor of a secret which it is impossible to reveal. It is true that he admits that his medical combinations are delicate and difficult in their amalgamation, and have been the result of constant costly experiments in the laboratory, but he has succeeded, and furnishes the non-professional and the professional public too with an interesting account of the treatment in the volume before us. Some persons only go to specialists when they are already dying, and their case of course is hopeless. Persons suffering from symptoms of this fell disease will be wise, at all events, to consult this book. We believe from good testimony that there is now hope in what used to be considered the incurable disease of consumption. We welcome this remarkably lucid and interesting volume, which can be had from the author, Highbury Quadrant, London, N."

'*Kent and Sussex Courier*," *August* 17, 1878.

"Probably no disease has occupied the attention of eminent medical men more than consumption, but with the result that nothing has

hitherto been done towards curing this fell disease. It is, therefore, with no ordinary amount of interest we have read the third edition of the book before us, written by Dr. Alabone, in which the author describes not only its causes and symptoms, but gives 'ITS CURE,' illustrated by fifty cases, many of which had been pronounced incurable by eminent medical authorities. *We have met with those who have corroborated several of the cases given*, and when we find they are now well, and following their ordinary avocations, *we can earnestly and confidently recommend all who are afflicted with this disease to adopt the treatment.* The work is a valuable addition to medical literature, and will be widely read at the present time, as proving the curability of a disease which, till now, has defied all treatments."

"*Christian Globe*," *August* 29, 1878.

"The favourable reception which Dr. Alabone's work has received from all sections of the public, while in some degree a matter of surprise to mere casual students, cannot fail to be rightly interpreted by those who profess even the most elementary knowledge of medical science. The aim of the author throughout has been to express himself in language clear and distinct, with a view to place the specific treatment, which he so ably advocates, within the reach of all. No disease has occupied the attention of so many medical men of eminence as that of consumption, and it will be readily admitted that the man who, with a desire to alleviate the sufferings of his fellow-creatures, devotes his best energy to the cure of a malady so distressing, is entitled to the highest praise. *A more remarkable publication we have rarely met with, and can, without hesitation, cordially recommend it to the notice of all persons suffering from this insidious disease.* Sufferers, who alone know the bitterness through which they have passed, will be only too thankful to consult so admirable a work, issued at the small cost of 5s. each. We again earnestly recommend it to their notice, believing as we do that the author is not actuated by motives of a pecuniary character, but with a generous desire to relieve and benefit his fellow men."

"*Christian Globe*," *December* 2, 1880.

This paper, on the curability of consumption, says: "There are few family circles into which one fatal and unbidden guest does not enter, and winter is above all other seasons the one chosen for his unacceptable visitation. There are, indeed, few families whose happiness and social endearments have not been broken by the shadow of this mysterious visitor called consumption. At one time the belief prevailed that this disease was incurable. It is not! Let any of our readers quietly and without prejudice read what Dr. Alabone puts before them in his very interesting work on this question, and they will see that, after all, consumption is curable. And what a consolation the knowledge of such a fact must bring to the minds of tens of thousands who have an affectionate interest in the subject. There is, as everyone knows, a wide difference between facts and figures. Dr. Alabone does not appeal to figures but to facts, and by these facts he takes his stand. It is upon the *rationale* of his treatment that the doctor relies. The treatment of Dr. Alabone has the very rare and exceptional method of being simple. It is a well-known fact that, so far as medicinal treatment is concerned, the simpler it is the better. If the public generally knew that they could avail themselves of such a treatment they would do so without loss of time. We can fully testify that the Doctor's mode of treatment has been attended with very encouraging success. An immense number of cases have testified to the value and importance of Dr. Alabone's discovery, and we earnestly recommend any of our readers who are suffering from chest disease to immediately obtain his work."

"*The Christian Circle.*"

"In the book before us, Dr. Alabone discloses the long-looked-for remedy : by his treatment many cases pronounced hopeless have recovered."

"*The Chelsea News and Kensington Post*," *August* 31, 1878.

"This work, illustrated by fifty cases of cure, is in its third edition, and issued from Lynton House, Highbury Quadrant, London, N. The

writer treats of consumption. He shows the symptoms of the malady and what causes them. The word 'consumption' is a sound of dread with most people, to say nothing of the fixed idea that if not taken at the onset the disease is incurable, beside the notion that if the parent is consumptive the children must necessarily be so too. The writer discusses these questions, and also the one whether consumption is contagious or not, and he decides against the belief that it is. He tells us what this disease is, and among the causes enumerated we find 'depressing passions and violent emotions of the mind.' . . They (the patients) give way to every feeling of languor and despondency, resigning themselves to what they term their fate'—damp clothes clothes not suited to the weather, tight lacing, impure air, insufficient nourishment, and improper ventilation. We read, 'take England as a nation, there is no more robust community; even animal life is more fully developed than elsewhere; and it is a remarkable fact that the more variable the climate, the greater the muscular and intellectual powers. This is fully demonstrated by examining the moral and physical condition of different countries.' . . . 'I do believe that climate is a far less powerful agent in the production of that disease than we imagine; rather let that be ascribed to the unreal (yet fashionable) mode of life so frequently met with in England.' To prevent consumption, flannel shirts should be worn next the skin, the feet kept warm. Ladies should cover the chest and neck. The diet should consist of animal food, fish, milk, arrowroot, tapioca, rice, and sago puddings. The author is liberal in his dietary scale, and suggests in the way of drink: 'a good glass of ale may be taken (at dinner), provided it cause no unpleasant symptoms, such as flushing of the face, increase of pulse, drowsiness, &c., but good Burgandy wine will be found in all cases preferable.' If the reader, after having gone through this book, thinks he is ill, he had better see the writer without delay."

"The Guardian."

"Sufferers, or the friends of sufferers, should send for the pamphlet, and weigh for themselves the statements and testimonials contained in

it. Dr. Alabone's work deals plainly with that dreaded disease consumption. He holds many public appointments, which preclude the possibility of his being insincere, besides which *many cases have come under our own notice that have been either cured or relieved after being pronounced incurable.* We confidently recommend the treatment to any who may be concerned."

"*The Arcade,*" *April* 2, 1878.

"We have submitted to us a very interesting book on the 'Cure of Consumption,' by Edwin W. Alabone, M.D., F.R.M.S. Nothing would be further from our purpose in promoting the welfare of our journal than leading ourselves to the encouragement of quackery. Dr. Alabone's work is, however, so entirely removed from this category, that it is to be feared he has commenced his observations and remedies too freely, so as to leave himself at the mercy of unscrupulous persons at home and abroad. *We fully commend Dr. Alabone's treatise to the notice of sufferers.*"

"*Christian Age,*" *June,* 1878.

"This book is intensely interesting, from the variety of the cases illustrated and the forcible reasoning of the author as to his mode of treatment. *We would urge parents who have a mournful interest in the subject to peruse this work.*"

"*The Fountain,*" *June,* 1878.

"We are glad to notice that Dr. Alabone's treatise on consumption has reached a third edition. The treatment of this terrible malady is one of the most difficult tasks of the physician; and from its lamentable frequency is such climates as ours, a concise manual from the pen of a competent authority who has made this and kindred diseases his especial study in invaluable. *We recommend a perusal of the work to all* who have not means, time, or inclination to study abstruse medical works."

"*Christian Union*," *February*, 22, 1878.

"Consumption has well earned its title of the scourge of English life. Nearly half the deaths that occur between the ages of fifteen and thirty-five years are caused by this disease, and the total number of deaths yearly caused by it averages one-seventh the number produced by all other diseases put together. This statement may read glibly enough to the careless reader, but the more we think of it the more deeply will its solemn importance engrave itself upon our mind. Science has done much in other directions for the promotion of our happiness and healths, *but in regard to consumption our scientific men have hitherto seemed powerless.* They have had to stand by and witness the disease carry off its victims in spite of all their efforts to the contrary. Only one conclusion is forced upon us by this fact, and that is that the remedies which our medical men have for so long a time prescribed for this malady had been totally inadequate. We are not among those who rush after every new thing in science, but the case before us is of so grave a character that we confess we should hail with pleasure any new and authenticated treatment which might be put forward. That treatment could not well be worse than its predecessors; and it might prove to be infinitely better. We therefore extend a hearty welcome to a pamphlet on consumption which has just been issued by Dr. Alabone, in which that gentleman places before the public the results of a new treatment which he has originated. The first chapter of this pamphlet deals with the causes of consumption, amongst which Dr. Alabone places hereditary taint, depressing passions, insufficiency of fresh air, deficiency of nourishment, exposure, and injurious occupation. The second chapter contains in graphic language a sketch of the usual progress of a case of consumption; the picture which Dr. Alabone draws is a very harrowing one, but at the same time it is a very true one. In the third and fourth chapters the various symptoms are analysed, but it is with the treatment of the disease that we are more particularly interested, and we therefore hasten on to that division of the pamphlet. There we read that 'from a study of the causes and symptoms of consumption, as well as from *post-mortem* appearances, three things are apparent. First. That the blood is

impoverished. Second. That local disease of the lung is present in the form of tubercle. Third. That these tubercles soften, ulcerate, and so destroy lung tissue.' All these symptoms, we are told, may be primarily traced to a mal-assimilation of food caused by defective digestion. It is therefore obviously of the first importance to secure improved nutrition and its necessary accompaniment, richer blood. Various means are advanced by Dr. Alabone to accomplish this purpose, among them being an emulsion of cod-liver oil and phosphorus, which he has himself succeeded in perfecting, and which is entirely free from the disagreeable effects arising in some cases from the use of ordinary cod-liver oil. Considerable attention is given to the question of diet, and a bill of fare is drawn up for every meal during the day, which we think might be consulted with benefit even by those who are not consumptive. Fresh air and exercise, clothing and climate, and other means which tend directly or indirectly to lessen or prevent the disease, are also dealt with, and the last chapter gives us information as to the new medicines. Here we must again quote the Doctor's own words—'The remedy I have used with so much success in the treatment of consumption is Lachnanthes. This remedy, according to Dr. Benthorp, has been used as a medicine by the Florida Indians for the purpose of flushing the face, and causing "eloquent speaking." I use the remedy in the forms of infusion, tincture, extract, and powder, the preparation and dose varying according to the symptoms and condition of the patient. The question may naturally suggest itself to the reader: Why was not this discovery promulgated before? My answer to the question is, *because I wished to give it a full and unprejudiced test previously to placing it before the public.* This I have done, and the result has been of a most encouraging nature. I leave the reader to verify the truth of this, after perusal of the cases which I am enabled to bring forward by the kind permission of the patients, many of whom were pronounced incurable and looked forward to a lingering and painful death, but who are now in perfect health.' The cases referred to above are forty in number, all of which bear testimony to the successful character of Dr. Alabone's treatment. *It is a good rule to speak of a thing as we find it; Dr. Alabone's patients have done this, and their opinion is unanimous. There must*

be a merit in a remedy which has accomplished such striking results, and we cordially wish Dr. Alabone every success in the further prosecution of his researches. Opposition he will doubtless receive at the hands of his fellow-physicians, who are, as a rule, ultra-conservative in these matters, but we trust Dr. Alabone will not look back, nor allow his hand to fail him, as it is high time some decisive steps were taken to cast aside at once and for all our old mis-called 'remedies for consumption.' *Dr. Alabone's discovery comes upon us like a rift in the clouds,* and we trust it may be the precursor of that bright and longed-for day when the power of consumption shall be broken."

"*Weekly Review,*" *October* 26, 1878.

"We generally receive opinions that consumption is incurable, and when once it has taken hold of the system, the only thing that can be done is to alleviate the remaining days of the suffering. Dr. Alabone, in this work, maintains that consumption, like other diseases, can be cured by a specific treatment, which he explains and illustrates by cases in which he has been successful. To aid in the removal of this disease is a great blessing to the community, and the treatment that is urged deserves a fair trial."

"*Tunbridge Wells Fashionable Visitors' List,*" *August* 21, 1878.

"Consumption is probably the commonest and most fatal malady to which England is subject, occurring at every age and in every rank of life, selecting the most beautiful and gifted for its victims, entailing months of weary suffering, and ending in death. In the book before us ('Consumption: its cure by an entirely new remedy,' by Dr. E. W. Alabone, M.D., F.R.M.S., Eng.), we are introduced to a remedy for this terrible disease. The author, who has exceptional advantages of investigation, first briefly describes the anatomy and physiology of respiration and the 'Causes of Consumption,' many of which are clearly avoidable. After a brief discussion as to whether the disease is contagious, the 'symptoms' are clearly and definitely stated, and then very many valuable hints are given as to the means of 'Preventing the Disease.'

This chapter is one of no small interest, for 'prevention is better than cure,' and the many means given that every person may adopt to prevent the disease are in themselves of immense value. We would especially note a dietary which is drawn up, and would suit the most fastidious appetite. After reviewing some of the present unsuccessful methods of treating consumption, the author speaks of an emulsion which has proved of immense value to him as an adjunct to his treatment. He then introduces to his hearers, without reserve, the remedy which he has used so successfully in treating this insidious and fatal disease. The last chapter contains fifty cases of patients cured, many of whom had previously been 'given up to die' by eminent medical men, but who are now perfectly restored to health, and very willingly add their testimony to the efficacy of the treatment that saved them from a lingering death. *Some of these cases are known to us, so that we are fully enabled to substantiate their cure.* The work embodies the sincere convictions of the author, who has evidently given the disease his patient and earnest study, and has advanced a method of treatment which is eminently successful in the cure of consumption. We wish Dr. Alabone every success in the arduous task he has undertaken, and have no hesitation in stating that, if his views are strictly, conscientiously, and persistently carried out, many a cheek that is now blanched will become roseate, many a tottering frame made firm, and succour and hope carried to many a desponding family. We would, therefore, recommend all who may be suffering from symptoms of consumption to obtain the book, and, after a perusal, to judge for themselves of the efficacy of the new remedy proposed for its cure."

"*City Press.*"

"The sufferers themselves bear testimony to this successful treatment, and the pamphlet is commended to all who are concerned."

"*Kentish Mercury,*" *November* 30, 1878.

"This book, which points to a remedy for one of the most terrible of the diseases to which mankind is liable, is worth the perusal of those

who are suffering, or who have friends suffering from this insidious and deadly malady. Dr. Alabone is a gentleman of high qualifications as a physician, and holds several appointments, which are guarantees of his good faith. He states with perfect openness his mode of treatment, which certainly has no flavour of quackery, and does not conflict with the dictates of common sense. He cites at the close of his book sixty of the many cases he has cured, and which were rescued by his treatment out of the jaws of death."

"*The Devon Express.*"

"Dr. Alabone has conferred a boon on his fellow-creatures."

"*The Observer,*" *January,* 1878.

"*We have seen cases that were pronounced incurable, before and after the treatment, and its effects are simply marvellous.* It should be known and adopted over the wide world."

"*The Methodist,*" *August* 2, 1878.

"'Consumption: its cure,' is the title of a book issued by Dr. E. W. Alabone. Many instances are given showing how very successful the treatment has been upon persons far advanced in consumption. *The book is well worth the attention of those afflicted.*"

"*Methodist Recorder.*"

"Dr. Alabone gives the result of extended personal observation and practice, and gives the particulars of cases in which his treatment has been thoroughly successful. *We have met with those to whom cases were known, and who have corroborated the statements given.*"

"*Liverpool Courier,*" *November,* 10, 1878.

"Consumption is such a proverbially fatal disease in England, that any attempt to solve the medical problem of its proper treatment must

be considered well worthy of public attention. We therefore note with satisfaction Dr. Alabone's work on this subject, which has already reached a third edition. And it may be hoped in public interest that it will obtain a still more extensive circulation. Although Dr. Alabone announces that he cures consumption by an entirely new remedy, and though to most people such an announcement would seem to savour of empiricism, it would be a mistake to form any conclusion on the subject without examining the evidences he brings forward of the successful treatment of apparently hopeless cases. He writes, too, in a simple and untechnical style which is well calculated to secure attention for what he has to say, and that he does not write without sufficient knowledge is proved by the position he holds in his profession, and the works on medical subjects he has previously given to the world."

"*Isle of Wight Times*," *August* 15, 1878.

"The author has just issued the third edition of this work, in which it is shown that the scourge of the English people can be effectually dealt with, and that the worst cases of consumption need no longer despair of a permanent cure. The Doctor is evidently no charlatan, but has a most intimate and practical acquaintance with the subject upon which he treats. We have not space to quote at length from the book, but we may affirm that *no one who personally suffers from pulmonary disease, or who has friends so afflicted, should say he has no hope until Dr. Alabone's treatment is tested.*"

"*Public Opinion*," *August* 31, 1878.

"A well written book. *Dr. Alabone has well mastered a very difficult subject*, and his ideas as to the causes and cure of consumption are of a high, philosophical order."

"*Hackney Gazette.*"

"Dr. Edwin Alabone gives, in the third edition of his work, an elaborate treatise of this fell disease, with its causes, symptoms, pallia-

tions, *and, beyond question, its curability.* This treatment he sets plainly before the reader, entering into all the details as regards diet, exercise, clothing, and medicine. Upwards of fifty cases are deduced, to show the efficacy of the system, and amongst them his own experience, after having been given up as incurable. The Rev. Vicar of Christ Church, Lowestoft, gives two recent instances of wonderful cures from Dr. Alabone's treatment, which is as simple as it is invaluable."

"*Guernsey Telegraph*," *August* 31, 1878.

"We have read with great pleasure this lucid and exhaustive treatise on consumption, its causes, its symptoms, and its cure. It requires but a fair trial to convince the most sceptical of the efficacy of the treatment. Many of the cases which are recorded on the closing pages were pronounced as incurable by eminent medical men, and are now well. 'The barrier which so often shuts off the patient from a career of usefulness has been removed, dreams of future happiness and legitimate affection have been realised; and I therefore trustfully hope that no prejudice will allow the reader to imagine his case hopeless until he has preseveringly adhered to the specific treatment herein advocated. Such is my hope, and every new success but encourages me to persevere and distinctly proves that points in the treatment of consumption which were deemed inaccessible are now within easy reach.' Dr. Alabone then goes on to consider, and very clearly to explain, in the successive chapters of his book, a general view of human physiology, more particularly as bearing upon diseases of the chest—the physiology and frequency of respiration, phthisis (or consumption), its nature and transmission, the various symptoms which denote it, the means most likely to prevent its development, and the method which he has found so successful in effecting its cure. The so-called incurability of consumption has long been one of the standing reproaches to the skill of the medical profession. Dr. Alabone, however, believes that it need continue so no longer, and we think that most of those who follow the common-sense deduction of his argument, and read the repeated success of his many cures, will be strongly inclined to agree with him. We cannot, in the course of a single article, go into the

details of his mode of treatment, and must refer our readers to the pages of the book itself. *But we may say that there is nothing at all empirical about this method, and we can confidently recommend a consideration of its principles to all those interested in the matter.* Genial as our climate in these islands is, yet our populations are largely subject to the scourge of pulmonary consumption, which annually cuts short many a promising career. Every discovery, therefore, which bids fair to lessen this lamentable percentage of suffering, ought to be warmly welcomed and fairly tried. And it is with much pleasure that we bring Dr. Alabone's treatise under the notice of our readers, as being one likely to do a great deal towards the attainment of this desired end."

"*Canonbury Times*," *September*, 1878.

"A work by this gentleman on the treatment of consumption is brought before us in a book just published, and the title of which is given above. It is of great importance, because the number of persons interested in the treatment of consumption is very large. Consumption is a terrible disease, the scourge, it may almost be said, of this country, laying its remorseless hands on the fairest and sweetest, the brightest and best, of our families, and sweeping them off, some in childhood, some in the early bloom of man and womanhood, and others in the very prime of life, when the pang of separation must be so keenly felt. 'It is a frequent thing,' our author says, 'for consumptive patients to be of a most refined nature, possessing accomplishments of the highest order, being remarkable for the gentleness of their disposition, the amiability of their character, and the great purity of their moral feeling.' And once consumption has laid its hand on one, it is almost universally considered that the case is hopeless. There may be some alleviation of symptoms, some putting off the last sad end; but the hollow cough continues, and the evidences of its wasting character are to be seen in the hectic flush of the face, which has lost its former beauty and roundness, and in the attenuated hands. There is little hope, as in other diseases, of a cure being effected, of the patients being again restored to health and strength. Such is the way in which this disease is regarded, and it must be confessed, with abundant reason,

for such has been the history of cases which have come before the eyes of almost all of us. Our author, however, puts a new hope into our hearts. At the end of his work he gives the details—a complete diagnosis of the state of the patient when first seen, the remedies prescribed, the changes that followed in the state of the patient, and the ultimate result—of fifty cases which have been treated by him. *These were of all ages, and all are reported as cured, while some had been previously given up, and, as in one case, attested by the Vicar of Christ Church, Lowestoft, sent home to die. In cases such as this, where doctors so greatly differ, we can know nothing except facts,* AND SUCH A FACT AS THIS SPEAKS FOR ITSELF, AND IS WORTH A HUNDRED THEORIES. The earlier pages of the book deal in what appears to us as an exhaustive manner with the physiology of the disease, presenting the unprofessional reader with a clear view of the organs, of the manner in which these are attacked, with the predisposing causes, the nature of the disease, its symptoms, and the means to be adopted to affect a cure. We cannot profess to criticise it on its merits, as these would present themselves to a professional man. But on its merits as it comes before us in black and white, knowing nothing *pro* or *con*, except so far as it deals with facts, which may be verified—for names and addresses are given in almost every case—we can only say that it appears a most important work, one that cannot fail to be instructive and interesting to all, while to any who, from being sufferers from this disease, may have the best reason to take advantage of the advice here given, it may be of the utmost possible service, and the means by which once again they may regain health and strength, which possibly they have almost despaired of doing"

The following leader by Dr. Parker appeared in the columns of the "*Christian Chronicle*," of March 16th, 1882 :—

"Some time ago, a very sweet looking little girl, suffering from consumption, was pointed out to us as 'given up' by the doctors. The medical men said it was impossible she could live through the summer. Under such conditions people may be willing to try remedies of a novel or even heterodox character, and doctors themselves are not unwilling that their incurable patients should follow the inclination of

their own fancy. A ministerial friend of ours had so often drawn our attention to the supposed remedy for consumption administered by Dr. Edwin W. Alabone, that we determined to ask permission to put that remedy to the test. It was certainly rather too bad to ask any medical man to take up a case which had been abandoned by his professional brethren, but under the circumstances we resolved upon the policy of despair, which is simply to fight death with any weapons that may be available. Dr. Alabone was far from certain about the result. He thoroughly endorsed the opinion of his brethren that the usual methods of treating consumption were useless in such a case, but he was willing, without fee or reward, to do what he could for the suffering child. To make the story short, the child is now living, active, and happy; her hands and arms are no longer emaciated and all but transparent, and her father and mother are rejoicing over her as one who has been brought back from the very brink of the grave. We know nothing about Dr. Alabone's remedy, but whether it is allopathic, homœpathic, or hydropathic, there is the fact open to the observation of the whole world that a child given up as incurable is now the wonder of all who knew her in her abandoned condition. Congratulating Dr. Alabone on his success, he said: 'Send me twenty such cases, and let medical men examine the average results.' As we took the case to Dr. Alabone, and secretly doubted the very remedy which we invoked, and as the doctor did the whole of the work without taking one penny for his trouble, we should consider ourselves wanting in common gratitude and justice if we did not distinctly acknowledge in this case the efficacy of his remedy, whatever it may be. Persons who wish to make further inquiry upon the subject should read 'The Cure of Consumption, and other Diseases of the Chest, by an entirely new remedy, by Edwin W. Alabone, M.D., 12, Highbury Quadrant, London.' The book was sent to us for review, but in the absence of qualification for criticism we place before our readers a *fact* within our own knowledge which is better than all description and literary praise."

Extract from "Christian Herald," November, 3, 1880.

"No disease has occupied the attention of so many medical men of eminence as that of consumption; and it will be readily admitted that

the man who devotes his energies to the cure of that distressing, and hitherto, certainly fatal disease, with the result that hundreds of cases left to die a lingering and painful death have been rescued by the treatment he has promulgated, is entitled to the highest praise and gratitude from his fellow-creatures. Such a treatment, we are thankful to say, has been discovered by Dr. E. W. Alabone, of Lynton House, Highbury Quadrant, London, N. We have before brought his method of successfully treating consumption before the notice of our readers, stating that cases had come under our immediate notice which had been given up as incurable by eminent medical authorities, but which had been cured by adopting Dr. Alabone's treatment. It is gratifying to state these cases still continue well, and that others are added to their numbers, thus proving beyond doubt that this dreaded disease is not only curable in the early, but also in its advanced stages, so that none affected need despair of an ultimate cure if they but perseveringly adhere to the specific treatment which Dr. Alabone advocates in his work. We learn that Dr. Alabone has adopted this treatment for the last six years, during which time several thousands of cases have been treated with most encouraging results, case after case having been cured where it was deemed an impossibility for the patient to recover. We, therefore, most earnestly commend this book to the notice of any who may be suffering from disease of the chest, and can confidently assert that, if the treatment be conscientiously adhered to, the results will be health and strength to many who would otherwise sink and die."

Miss Sharman (the founder) in her Report of the Orphans' Home, South Street, Southwark, S.E., says :—

"We are also much indebted to Dr. Alabone, of Highbury, whose remedies for consumption has proved successful in several cases which had been pronounced hopeless."

"*The Kent and Sussex Courier*," *August* 17, 1878.

"It is with no ordinary interest we have read the third edition of the book before us, written by Dr. E. W. Alabone, in which the author

not only describes the causes and symptoms but the cure of consumption. *We have met with those who have corroborated several of the cases given*, and when we find that they are now well and following their ordinary avocations, we can confidently and earnestly recommend all who are afflicted with this disease to adopt the treatment. The work is a valuable addition to medical literature, and will be widely read at the present time, as proving the curability of a disease which till now has defied all treatment."

Second Article in "Christian Herald," May 9, 1883.

"Probably no disease has occupied the attention of so many medical men of eminence as consumption, yet all methods of medication hitherto employed have signally failed to afford more than temporary relief. The highest authorities in the profession frankly acknowledge that no treatment is efficacious for the removal of tubercle; and certainly hitherto, cases of consumption have been left to die a lingering and painful death. There is, however, now a rift in the dark cloud, and to the question, *Can consumption be cured?* we unequivocally answer. *Yes.* A specific treatment, we are thankful to say, has been discovered by Dr. Edwin W. Alabone, of Lynton House, Highbury Quadrant, London, N., and, by this treatment, thousands who would otherwise have been in their graves are now alive and well, and willing to testify to its efficacy. We have before brought before our readers' notice Dr. Alabone's method of curing consumption, *having ourselves witnessed its curative effects on several cases which had been pronounced absolutely hopeless by the most eminent medical authorities; these cases are still well, proving beyond doubt that it is a curative and not a palliative treatment.* We have recently seen the testimony of Dr. Parker relative to a case which was deemed so hopeless that two physicians stated *nothing* could possibly be done. Dr. Parker, however, wishing to put the treatment to the severest test, asked Dr. Alabone to take the case in hand, with the marvellous and gratifying result that the patient recovered, and is now in good and robust health. In the face of such *facts* as these, we feel it imperative that we

should again bring our readers' attention to this treatment, as it proves beyond all manner of doubt that this dreaded 'scourge of England; is not only curable in its early but also in its advanced stage, and that none need despair of recovery if they will conscientiously persevere with it. For further particulars we must refer our readers to Dr. Alabone's work, entitled, 'The Cure of Consumption by an entirely new remedy.' In it will be found a great many valuable hints to consumptive patients, and also a history of sixty cases which had been pronounced incurable, but which have recovered under his treatment. We most earnestly commend this book to the notice of any who have symptoms of chest disease, and can confidently assert that instead of a lingering and painful death, health and strength will be the reward to those who adopt this method of treating what has hitherto been considered an incurable disease."

"*The Maidstone Journal*," *December* 19, 1881.

"Dr. Alabone is to be congratulated on the extended circulation which his work, 'The Cure of Consumption,' has already obtained: the 6th edition and 35th thousand of the *brochure* are, we notice, now in circulation. Dr. Alabone writes lucidly and tersely for the benefit of the sufferers of the causes, symptoms, and cure of the terrible disease, which effects so large a section of our population. That the peculiar treatment he advocates is well worthy of consideration and trial is evident from the long list of remarkable cures in cases apparently hopeless, to which Dr. Alabone can point with pardonable pride, and we have no hesitation in recommending a perusal of his work to all directly or indirectly interested in the treatment of this widespread, and too often deadly malady."

"*The Hastings Times*," *June* 19, 1880.

"The work is earnestly and plainly written, and should receive the considerate and careful attention of all suffering from pulmonary consumption."

"*The Rock*," *September* 20, 1880.

"'Consumption: its cure, by an entirely new remedy,' is the title of a most important work by Dr. Edwin W. Alabone. After describing at some length the symptoms of the disease, and his mode of treatment, he adds, by way of encouragement to those concerned, *remarkable instances of cures resulting from the course which he has adopted.*"

"*City Press*," *September* 21, 1878.

"Dr. Alabone's work on 'Consumption' has reached a third edition, and from the numerous testimonials furnished as to the efficacy of his mode of treatment *its pages will afford great comfort to the sufferers from the terrible disease in question*, the details of which he has studied to good purpose."

"*Weekly Times*," *December* 1, 1878.

"This is the third edition of a work upon one of the most difficult medical questions of the age—the treatment of consumption, so as to secure the restoration of health to those suffering from it. *Nor does he make any secret of his mode of dealing with his patients, but states everything openly and boldly for the criticism of his brother professionals.* The preliminary observations show the author to have made a profound study of the parts most deeply affected by this disease, and he wins confidence at once by this frank discussion of the symptoms accompanying the presence of consumption. *The illustrations given furnish very remarkable proof of the value of the course adopted by the author*, and we recommend his work with confidence to the thoughtful consideration of all who look with apprehension upon the appearance of consumption in their family or amongst their friends."

"*Folkestone News*." *October* 11, 1879.

"To those who are suffering from that scourge of England, consumption, we strongly recommend a perusal of this book, the fifth edition of which is just published. Dr. Alabone appears to have

been so eminently successful in his treatment of that complaint that the friends of all sufferers should at least consider the propriety of giving his system a trial, and so inspiring fresh hope in the hearts of those who may have found other appliances of little avail. Details are here given of sixty cases which have been pronounced incurable, and which certainly merit the attention of all who are interested in this painful subject."

"*Boston Flag*," *United States, January* 18, 1879.

"This is the third edition of a work upon one of the most difficult medical questions of the age—the treatment of consumption, so as to secure the restoration to health of those suffering from it. Having experimented on himself with success, Dr. Alabone has at once become celebrated in the metropolis for the wonderful results which have followed his treatment of consumption. Nor does he make any secret of his mode of dealings with his patients, but states everything openly for the criticism of his brother professionals. The preliminary observations show the author to have made a profound study of the parts most deeply affected by the disease; and he wins confidence at once by his frank discussion of the symptoms accompanying the presence of consumption."

"*South Australian Register*," *January* 9, 1879.

"The book is written in a popular style, and will prove of especial interest to all who are in any way affected with pulmonary disease."

"*European Mail*," *August* 7, 1885.

"Doubtless many of our readers will have heard of Dr. Alabone's treatment for the cure of consumption, and, having had no personal experience of this physician's method, may not unreasonably have ranged themselves among the sceptics who doubt the possibility of their being any radical remedy for this malady. To such, however, a perusal of the doctor's work on the 'Cure of Consumption' may be recommended as likely to throw an entirely fresh light upon the conditions and treatment of this terrible affliction. It is certain that the non-success even of our leading

physicians in grappling with the disease has given deep impression to the belief that the malady is irremediable, and from this impression the patient is induced to place his sole hope upon the restorative virtues of residence in milder climates, or to expect a new lease of life from the benefit which a sea voyage may bring. In the 'Cure of Consumption,' Dr. Alabone gives a history of the disease in a succinct and readily-comprehensible form, and, in addition, fully explains the principles of the new treatment."

"*Christian World*," *January* 14, 1886.

"Dr. Alabone's name is now so well known as a specialist, that we are not surprised to find his book, entitled 'The Cure of Consumption,' originally published in 1877, has reached a Ninth Edition, with a total sale of 78,000 copies. Dr. Alabone's design is not, like that of some writers, to excite unnecessary alarm by exaggerating the significance of symptoms, but to indicate to all his readers certain premonitory circumstances which should put them on their guard against neglect that may be fatal. As regards the question: Can consumption be cured? he unhesitatingly answers, 'Yes, even after tubercles are deposited; and after they have softened and destroyed air-cells, so forming a cavity, even then the lung can be healed, and the patient regain comparative health. Neither of these conditions precludes the patient from the hope of recovery. And, however much this idea may be opposed by the public or the profession generally, I have, to substantiate my opinion, facts—and 'facts are stubborn things.' But Dr. Alabone is careful to explain that he does not encourage the idea that, because consumption is curable, it is, therefore, a disease that can be trifled with; neither is it one that can be invariably cured, or cured as easily in the later as in the first stages. In his tenth chapter Dr. Alabone makes a clear statement of the treatment he adopts, thereby making impossible against him the imputation of using a secret remedy which is not submitted to professional criticism. We can speak from personal observation of the advantages of his methods, cases having come within our own knowledge where undoubted benefit has been derived. It is, perhaps, useless to ask certain of our friends, always ready to detect mercenary motives, to believe us when we say that we make these remarks solely in the interests of the public, and from a sense of personal gratitude. Any sceptic who still believes Dr. Alabone to be other than he represents himself, should do him the justice to send for this book and read it."

"*Newry Reporter*," *July* 5, 1884.

"No one that reads Dr. Alabone's latest work on consumption can peruse it without being the better for receiving the instruction contained therein. The work is intended to explain the new treatment of consumption, and is priceless to the consumptive, while to those who are predisposed to this distressing malady, the chapters on prevention will be especially suitable. The medical profession have, as a rule, preached up the incurability of consumption, but Dr. Alabone has proved a shining exception to the rule, and, doubtless, jealousy of the high name he has earned for himself has had something to do with the insane opposition to his work, which, far from hindering, has only accelerated his efforts in his noble calling. The Press has championed the public right to a full investigation, and Dr. Alabone's treatment has been illustrated as successful in numerous editorial articles, which have conclusively established the facts on which alone the estimation of Dr. Alabone's work is properly held. No words of ours can add more in commendation of what he has achieved, and as our readers can make every enquiry of any of the well-known authorities named in the 'Cure of Consumption,' there is no question of doubt as to the validity and importance of this crusade against the fell disease, consumption. Dr. Alabone is a thoroughly qualified physician, holding high public appointments, and having a practice that extends all over the United Kingdom. The high reputation in which he is held as a specialist in consumption is a further reason why we should heed the cogent advice given in the 'Cure of Consumption.' In reading an account of the Orphans' Home, Southwark, we are struck with the grateful thanks that are bestowed upon Dr. Alabone for his successful treatment of the consumptive children there. Space will not allow of our quoting any of the many testimonies which endorse all that can be advanced in favour of the treatment. The subject is one of such vital importance that we feel constrained to suggest to our readers to apply direct to the author for a copy of the work."

"*Islington Gazette*," *April* 17, 1885.

"Discoveries in Medical Science.—The destructive influences on life and health, and, consequently, on human happiness, engendered and multiplied by most of the scientific inventions and discoveries in the materialistic world and manufacturing science, have, happily, been kept pace with by the advances of that most humane of sciences, the study and practice of medicine and surgery.

"That prevention is in all cases of evils better than cure, is an old and well-proved proverb, and in no instance is this proved of greater import and efficacy than in the observation and treatment of that scourge of England—consumption.

"During the centuries elapsed since this terrible wreckage of human life was recognized as an incurable disease, consisting of the wasting of all vitality, aggravated by painful local sufferings attacking lungs, chest, throat, and other organs, no specific cure or prevention of this terrible malady was discovered or practised.

"The hapless victims, attacked by what was called at one time the wasting death, lingered amongst their fellow creatures, marked out like pariahs or lepers with the seal of doom. Palliative remedies against the most painful symptoms, or exile to other climates—involving frequently more suffering, and that under the painful circumstances of isolation—were the only weapons employed against this dreadful foe of mankind. Not till the discovery of a specific and successful treatment of actual, and prevention of incipient consumption, by entirely new and well-proved remedial measures, by which Dr. Edwin Alabone has conferred a priceless boon on suffering humanity, was consumption classed amongst curable and preventible diseases.

"The moderate price of 5s. places this popular treatise on 'Consumption and its Cure and Prevention' within the reach of all. The medical profession, though slow, has been sure in its entire approbation of Dr. Alabone's theory and treatment; and the day when the annual losses of life by consumption uncombatted will fall to a minimum of the figures which for so many years have headed the deaths from this disease is not far distant, and Dr. Alabone's book and life-work will remain one of the most telling landmarks in the history of medical science and discovery."

"*Beverley Recorder*," *August* 9, 1884.

"CONSUMPTION: IS IT CAPABLE OF CURATIVE TREATMENT?—This question has been ably and satisfactorily answered in the latest edition of the 'Cure of Consumption and other Diseases of the Chest,' by Dr. Alabone, of Lynton House, Highbury Quadrant, London, N. The work is published at 5s., and can be had direct from the author. The facts detailed in this exposition of the curative treatment are so overwhelming, that the surprise awakened by consideration of the awful character of the disease, and the futile efforts hitherto made to check its progress, is agreeably changed to a feeling of admiration of the man who has done so much to enhance the value of healing art to the great mass of sufferers in consumption. The specific treatment is fully explained in the work, and many absolutely certain curative conditions clearly explained. A different view of the state of the consumptive than we have previously been taught to see is opened up before us; and were the undeniable facts of, we may say, almost miraculous cures not within our grasp as it were, we should hesitate to pronounce an opinion on the book. The same genius, however, that has discovered and proved this marvellous treatment, has not shrunk from accepting test cases which have been subjected to the most searching scrutiny; and as these test cases have invariably ended by the patients being restored to health, we should be neglecting a pleasing duty if we did not point out this great advance in medical science. Facts are stubborn things, and the facts detailed in the 'Cure of Consumption' are sufficient to warrant an extension of the knowledge of this new treatment to the widest limits. None suffering—or having any acquaintance with a sufferer in consumption—should hesitate about procuring the 'Cure of Consumption.'"

"*Christian Leader*," *May* 8, 1884.

"CONSUMPTION.—Our attention has been particularly directed to this, undoubtedly the most insidious and destructive of all diseases, through perusing a work on this subject by a celebrated London physician. We have been informed of some remarkable cures effected by the treatment introduced by the author, Dr. Alabone. A subject of such eminent importance demands the most searching investigation: we are, however,

thoroughly satisfied of the *bona fide* of Dr. Alabone; and we feel that the success that has been achieved by his treatment deserves to be widely known, to save impending victims, and even sufferers on whom the disease has, to all appearances, taken a lasting hold. We are glad to be able to point out to our readers this latest advance in medical science, and to urge all those whom it may concern to obtain a copy of the book, and follow the advice given therein, as it would be folly to lose the golden opportunity of regaining health and strength, either for ourselves or our friends. In passing, we cannot help saying — Who among us, if not nearly brought in contact with consumption, have not beheld friends and acquaintances literally fade under this dread disease before our eyes? For the most part the medical profession have tacitly admitted their incapacity to grapple with it; and readers of Dr. Alabone's book will note that the author has had to combat a great deal of prejudice in following the principles which are the basis of the special treatment. For some time past the London newspapers have contained articles on Dr. Alabone's book—public attention having been especially directed to this new treatment, which is likely to effect a revolution in medical science. We are constrained to think that many hundreds of our readers will feel a similar interest. Doubtless, a large number of consumptives are to be found among all those associated with sedentary pursuits; and we would say to these: 'Do not hesitate to procure a copy of the book without delay.' The work contains valuable and instructive advice as to prevention and means of cure; and compared with the results which may be reasonably expected—even from an outside point of view—the trifling cost (5s.) will be amply repaid. The untold blessings of health are too priceless to be weighed against monetary considerations."

"*Bournemouth Visitors' Directory*," *June* 25, 1884.

"Dr. Alabone, of Lynton House, Highbury Quadrant, London, has proved to the satisfaction of the medical profession, to divines, to eminent literary men, and scientists, and the world at large that the new treatment of consumption discovered by him is able to cure consumption

in all its stages. The Eighth Edition of the 'Cure of Consumption' has recently been issued. As this standard work contains records of over sixty cases which have been cured, many of which were quite given up as hopeless, every likely means of restoration having apparently been tried, the well-authenticated facts are conclusive in themselves, and were it not for the absolute and unimpeachable testimony therein contained, we should be inclined to think that the doctor was giving us his impressions of what things ought to be and not as they are. So much has been said about the incurability of consumption and other chest diseases, by members of the medical profession generally, that it is really leaving the beaten track for a physician to boldly face the danger and the sneers of his self-satisfied brethren, and endeavour to stamp out this monster hitherto deemed invulnerable. That Dr. Alabone has successfully grappled with this insidious disease there can be no manner of doubt, and the success which the new treatment has invariably met with leads us to urge those of our readers whom it may concern to obtain the book. The cost is really not worth consideration, for the valuable information contained in the book, as to the means of cure and prevention of consumption cannot be estimated at a money valuation. The space at our disposal is so limited that we cannot give extracts or even quote the main features of the work. To all who are interested in the cure of consumption we would say: 'Send at once and read the plain facts and receive the benefits which experience, study, and vigilant research have brought to light you from the present maze of darkness and possibly of death.'"

"*Citizen*," *June* 7, 1884.

"CAN CONSUMPTION BE CURED?—This question has been pronounced upon graphically and successfully in the 'Cure of Consumption,' by Edwin Alabone, M.D., Lynton House, Highbury Quadrant, a work recently noticed in these pages. If a man comes to the front boldly and declares he has discovered a remedy whereby this fell disease may be cured—by a remedy that has been proved in many hundreds of cases to be eminently successful—it is at the outset an inevitable consequence that the public should shake their heads, and the pro-

fession coolly say, 'Impossible.' But when this man brings forward cases which are beyond contradiction, and which are substantiated by high authorities—cases which had been given up as perfectly incurable, but which are now well, owing to the adoption of this specific treatment, it behoves the public as well as the profession to lay aside all prejudice and accept facts as facts. The percentage of patients cured leads Dr. Alabone to hope that ultimately this scourge will be almost eradicated, and he goes so far as to state that the result of his treatment in preventing and arresting the development of that disease in children whose parents were consumptive is in every case successful. We have had some most remarkable letters from gentlemen who have written to bear witness to this extraordinary treatment; these gentlemen are too well-known in public life for their veracity to be doubted, and they do not shrink from giving their names and addresses, although hesitation in such a matter might only naturally be expected; we are, therefore bound to look upon their evidence as unimpeachable. There is ample ground for believing that at last the ravages of this terrible disease will receive a check. The position assumed by us is very simple. To give the due acknowledgment which merit justly deserves, and to draw attention to what is undoubtedly a subject of public interest, and provided those of our readers who are interested in the subject avail themselves of the opportunity to read Dr. Alabone's book, we shall feel that we have been able to bring about a better state of things, and shall consider our labour has been expended wisely."

"*London Figaro*," *August* 9, 1884.

"The idea that consumption cannot be cured has so widely prevailed in our midst that it has come to be an acknowledged fact, and this simply from the fact that all previous efforts to effect a cure have met with complete failure. It is true, hope has from time to time been raised by supposed cures from the adoption of certain remedial agents. These hopes, however, have been speedily destroyed because the cures were proved to be of a non-tubercular nature, and because the application of the remedy in genuine cases of consumption

was a complete failure. But some years ago, Dr. Alabone, who is a specialist in diseases of the chest, announced that he had discovered a remedy for consumption. He made no secret of what the remedy was, and gave many facts in support of his theory; but, as is, alas! too frequently the case, the medical world was deaf to his arguments, and not only deaf, but opposed and sneered at the very idea. Only a limited few received his arguments, and their success was so marked that they admitted the truth of his observations. The volume before us is the Eighth Edition of Dr. Alabone's work, 'The Cure of Consumption,' which can be obtained from the author, price 5s. (Lynton House, Highbury Quadrant, London, N.), and is the latest work issued from the press on this subject. As we look at the teaching and proofs it adduces, and to the cases of cure it records, we cannot doubt that a cure for consumption has at last been discovered; *besides this, we know of individual cases far advanced in the disease where health has been restored and life spared by the adoption of the treatment brought forward in its pages.* When Dr. Alabone first discovered this remedy, he, regardless of his own interest, well knowing the golden harvest he may have reaped by secrecy, put the benefit of his discovery within the reach of everyone, and gave a full description of the method of his treatment; and its acceptation, or rather, we should say, rejection, by the medical world, forms a humiliating chapter in history; but after years of opposition and prejudice the Press has unanimously declared the treatment a success, and a satisfactory conclusion has been arrived at—a conclusion which possibly would have been come to before had it not been obscured by that professional jealousy which it is to be feared has too often obstinately refused the due recognition of discoveries of the greatest possible value to suffering humanity. It is not our intention to go into the details of Dr. Alabone's treatment; his work fully explains this, and in it will be found chapters dealing with many vital points to the consumptive patient which are of inestimable value, and to which we earnestly recommend our readers' perusal. Dr. Alabone has the gratification of knowing his treatment has saved valued lives, and many of his patients, who

rank among the foremost of our scientific and learned men, are only too willing to give their experience of a treatment which has saved them from a premature grave, and it is to be fervently hoped the day has dawned when the power of this fatal disease will be broken for ever."

"Western Figaro" (with portrait), May 23, 1884.

"When Jenner announced that he had discovered a cure, or at any rate a palliative, for small-pox, the statement was received with the greatest incredulity by the medical profession and the general public, and, although clearly demonstrated, medical men were not only very slow to adopt the method, but actually ridiculed and lampooned the illustrious discoverer. Consumption is the worst possible disease of our age; thousands upon thousands of our sons and daughters annually die of this dire plague, in England alone, and the invariable answer of physicians to the earnest inquiry of the sufferer is 'Your disease is incurable.' Medicine confesses itself, in the presence of this scourge, helpless. But for the last few years one medical gentleman has consistently and persistently maintained that he has discovered a remedy for this disease—this, too, in spite of great opposition and discouragement. Dr. E. W. Alabone has made consumption a special study, and, as a specialist, has during the last eight years treated with an extraordinary amount of success many thousands of cases. Many of these patients were sent to Dr. Alabone by medical men, editors of the daily press, and others who were interested in the subject, and their verdict, after having put the treatment to the severest test, is, 'It is successful not only as a palliative, but as a cure for consumption.' We have been favoured with a copy of the Eighth Edition of Dr. Alabone's work, 'The Cure of Consumption' (published at 5s.), which has been principally re-written; and will be found of the deepest interest to those who have friends or are themselves sufferers from this terrible malady. Many hints are given in plain language as to prevention; and the curative treatment is fully entered into. It is proved beyond the possibility of a doubt that when consumption is submitted to the specific treatment adopted by Dr. Alabone, the prognosis may in the great

majority of cases be certainly equal to that of any curable disease. For further particulars we must refer our readers to Dr. Alabone's work. In it will be found a great many hints to consumptive patients, and also a history of sixty cases which had been pronounced incurable, but which have recovered under his treatment. This book should be read by all who have symptoms of chest disease, and instead of a lingering and painful death, health and strength may be the reward to those who adopt this method of treating what has hitherto been considered an incurable disease."

"*Bacup Times*," *June* 14, 1884.

"The work on 'The Cure of Consumption,' written by Edwin W. Alabone, M.D., F.R.M.S. (Price Five Shillings), has now reached its Eighth Edition—and no wonder. No person suffering from consumption ought to be without this volume, which can be had of the author Lynton House, Highbury Quadrant, London, N. The work is divided into eleven chapters, which treat, respectively, of—physiology of respiration phthisis, its nature, symptoms, diagnosis, prevention, and successful treatment. The doctor gives a very careful description of the lungs in health and disease, then he shows how to detect the presence and the stage reached of phthisis, how to prevent its approach, and how to cure it. The chapters on the prevention of consumption are of the utmost importance to all men, and they are worth far more than the five shillings charged for the whole book. The chapter, however, which all will read with the greatest avidity is the one which declares that consumption can be cured—that, in fact, Dr. Alabone has cured it. We recommend our readers to get this remarkable volume for themselves. It is really a work of great value, and will prove serviceable in every household."

"*Blackpool Times*," *July* 16, 1884.

"One great point in favour of Dr. Alabone's treatment of consumption is, that by its judicious adoption, all persons who labour beyond their strength, such as literary men, &c., get their system, so to speak, renovated, and all feeling of exhaustion ceases. The appetite is improved, night sweats, and the inability to sleep, cease. Of course, single cases do not logically

prove a great deal, but when, after having being despaired of by eminent doctors, cases have been taken in hand by Dr. Alabone and cured, the inevitable conclusion, at least to a non-professional mind, is that Dr. Alabone has done something that other doctors failed to, or could not, do. But beyond this there are others whose testimony is undoubted and unbiassed: as, for instance, that of Dr. Parker, who, disbelieving the treatment, sends a case of consumption, far gone, to Dr. Alabone, with the result that the child gets well, and yet she had been given up as perfectly incurable by several doctors. And, again, Miss Sharman, the founder of the Orphans' Home, states, in her report of that institution, that many cases of consumption given up as incurable, have been cured completely by Dr. Alabone's treatment. In the face of such facts as these, and many others too numerous to mention, every one must believe that this dreaded 'scourge of England' is not only curable in its early, but also in its advanced stages, and that none need despair of recovery if they will conscientiously persevere with it."

"Public Opinion," February 1, 1884.

"Facts are not wanting to bear out Dr. Alabone's cheering words; and, marvellous as it may appear to a casual reader, the treatment has been so cordially received by the public, that many thousand cases have been under the doctor's *régime*. The Press, always the first to acknowledge merit and expose quackery, has yielded a just tribute to the almost miraculous results obtained by the system which Dr. Alabone has evolved. In the 'Cure of Consumption' (price 5s.) the disease itself is simply and faithfully described. Its true indications are given, while those symptoms frequently regarded as indicative of its presence, but which in reality are no proof whatever, are also clearly defined—a correct diagnosis of the disease, and a full and complete description of the treatment, which has already been found so truly efficacious, and to the sterling value of which so many can testify, is given. This is done in a common-sense way; and by the proposed treatment it is asserted (and, as we have stated above, this assertion is undeniably borne out by facts) that this enemy we have amongst us, which, by its slow and

silent but fatal operation, destroys more lives than war, famine, and pestilence combined, and which almost every family in England has to mourn, in one way or another, can be *absolutely cured* by a purely simple (although at the same time scientific) treatment, which will be found an inestimable boon, not only to the general practitioners of medicine, but to the public at large."

Extract from "The Echo," March 5, 1884.

"With the facts before us, we dare not hesitate, in our duty through the public Press, to intimate to readers the sources from which, humanly speaking, they or their friends can obtain a new lease of life. In conclusion, it may be said, encourage hope and anticipation, treat the patient on the lines laid down in Dr. Alabone's able work, and health to the sufferers may, with the sanction of a higher Power to the means used, safely be expected."

"*Batley News*," *June* 21, 1884.

"Dr. Alabone shrouds nothing in mystery: he tells us in the plainest English his method of cure. He has the names and addresses of hundreds of most respectable persons who are willing to testify that they were at death's door, and that now, through the doctor's treatment, they are following their usual avocations. Rev. Dr. Parker, of the City Temple, London, did not review the work under consideration till he took test cases to Dr. Alabone, and actually waited till those persons (far gone in consumption) were cured, before he would express an opinion on the work. The persons were cured, and Dr. Parker laid the facts in plain but thrilling language before the public. The Rev. M. Baxter, the editor of the *Christian Herald*, acted only on the same principle; as did also the editor of the *Christian World*. Both these gentlemen of eminence and character testify unfalteringly that they *know* persons who have been cured of consumption by Dr. Alabone. The editors of many other of our religious and secular press did the same thing, and all were satisfied that consumption can be, and is being cured, by Dr. Alabone's treatment. At the end of the volume the doctor gives

us the opinions of scores of our daily and weekly journals, and all seem to testify to the main fact that the doctor really cures consumption. With this mass of evidence before us it is difficult to disbelieve. Persons, therefore, suffering from this fell disease, ought not to despair. They can be cured. It would be a very sad thing indeed if any disease should baffle for ever the skill of man."

"*Methodist Recorder*," *February* 1, 1884.

"The Cure of Consumption.—Coming out of a dark room suddenly upon the daylight is a slight analogy to the effect upon the mind of a perusal of Dr. Alabone's wonderful book. In many sufferers hope had died, and some have even looked complacently towards the sad termination of the unsubstantial tenure on which this house of life is held. Indeed, they have precedent in this woeful belief, the stolid acceptance by many old practitioners that the disease was the scourge of humanity, and that medical science, powerful and all mighty in all other forms of disease, in this admitted its incapacity to do more than alleviate the sufferings it failed to cure. The young, the beautiful, the gay, mercilessly led in crowds to the guillotine during the French Revolution, had almost as much shrift as this dread fiat often gives to the best and bravest amongst us who come beneath its ban. Consumption—a disease of the worst possible character as to its ultimate results—has for so long a time occupied the attention and absorbed the best energies of the highest medical authorities without any practical benefit, that any statement of a true and efficacious remedy having been discovered through the aid of scientific research will naturally be regarded with a certain degree of scepticism; this awful disease—which so ravages the land that one in every ten is claimed as its victim—being, through the non-success of those who have hitherto devoted themselves to its study, looked upon as the Egyptian kine in Pharaoh's dream, the condition of which it was impossible to improve. In the 'Cure of Consumption' the disease is simply described; its true indications are given—a correct diagnosis being absolutely essential to the successful treatment of any disease of vital importance, and then, after timely advice as to its prevention, a full and complete description of the treatment, to the sterling value of which so

many can testify, is given. This is done in a common-sense way, and when we have such reliable testimony as that afforded by the proprietors of the *Christian Herald*, who, before venturing to recommend this new remedy to their readers, awaited the treatment of six cases at the hands of Dr. Alabone, and found that out of these six cases four were fully restored to health and returned to their former avocations, we dare not hesitate, in our duty to intimate to our readers the source from which, humanly speaking, they or their friends can obtain a new lease of life, and to request them, in the interests of all, to obtain from Dr. Alabone a copy of the work itself."

"*Methodist*," *August* 4, 1884.

"Although no disease has claimed so many victims as consumption, it is remarkable that professional men in the medical world have hitherto shrunk from doing more than attempting to soothe the downward path of the sufferer, and even frequently (shunning a palliative course) have advised their patients to try the benefit of some milder climate, thereby practically admitting the futility of medical science to attempt a cure. Were there really no hope for the consumptive, a contemplation of this subject would be painful indeed. A light has, however, been shed upon the whole matter, which appears to be capable of quite a different view. The world is indebted to Dr. E. W. Alabone for a better state of things than under the usual medical dictum could have possibly been expected. Not only has the curability of consumption been demonstrated to the satisfaction of despairing sufferers and their friends beyond a doubt, but sceptical persons have sent test cases of an advanced type to Dr. Alabone, who has had the satisfaction of receiving unqualified acknowledgment from eminent men, professional and non-professional, as to the value of this curative treatment to suffering humanity. Our columns would be filled over and over again were we to relate a tittle of the enormous mass of corroborative evidence as to the *bona fide* of this new treatment in consumption and chest diseases. Looking at a letter before us, under date June 16, 1884, the writer says:—'Before I came to you I was suffering from consumption, and the doctor I saw before I came stated that my only chance was to go to Australia, where I might add a few

more years to my life. He could do no more than give me something to ease the pain and strengthen me for a time. I am thankful to say that through your treatment I am quite well; and I cannot find words in which to express the gratitude I feel for the good you have done for me. I shall do all in my power to make your treatment known.' This patient was recommended by the editor of the *Christian Commonwealth*, and is only one of scores of other similar instances. The whole treatment and full details, with names and addresses of well-authenticated cures, is fully given in the Eighth Edition of the 'Cure of Consumption,' which is published at 5s., and which, we understand, can now be obtained direct from the author Dr. E. W. Alabone, Lynton House, Highbury Quadrant, London, N. As no secret is made of the means used, our readers will see that Dr. Alabone is not a pretender in any way, and we may therefore accept the fully corroborated facts as they stand, and, by timely attention to the system of treatment laid down in the work, we may help to arrest the progress of the disease, and see, in place of consumption and wasting disease, smiling health and cheerful looks. The 'Cure of Consumption' has reached an issue of over 55,000. This will give our readers some idea of the wide-spread interest that is felt in this special treatment of consumption, and is eminently satisfactory."

"*Manchester Scholastic Journal*," *August* 7, 1884.

"Consumption Capable of Cure.—Every vestige of doubt as to the curability of consumption, even in its advanced stages, is now dispelled by the facts which have been commented upon far and wide in relation to the new treatment propounded by Dr. Alabone, and a point hitherto deemed inaccessible by many eminent medical men has been gained, and further proof is being accumulated day by day as to the remedial measures employed being of a character to reduce the awful mortality caused by this terrible disease, which spares neither infancy nor age, and, strikes the worker and the slothful alike in an unlooked-for moment, and with a cruelty which leaves an undying feeling of anguish in the breasts of the sad survivors, hurries its victims to their certain goal in an almost imperceptible manner. That this disease should have held its

sway unchecked for so long a period is undoubtedly due to the temerity of many ardent reformers in everything else, but who, when approaching a disease like consumption, which appears in almost every conceivable form, have been met not only with almost insurmountable intricacies in its diagnosis, but have had to face the opprobrium of the whole medical profession, who have long been content to consider the disease as passing human skill, and have satisfied themselves with recommending sufferers to deluge themselves with cod liver oil and all kinds of nostrums to strengthen them for a time, and then have ended by advising the patient to eke out a prolonged though unhappy existence in some milder climate, quite regardless of the fact that the disease was still preying upon the system and its ravages remaining unchecked. Doubtless this opposition has retarded the efforts of men like Dr. Alabone, but this has happily had no weight with the great specialist in question. If it has been proved possible, and it assuredly has, in cases of physical deformity, that the muscles of the arms can be increased in size, and the chest heightened by exercise and a proper discipline, and other vastly important scientific truths to be incontestably established, it is surely possible to arrest that internal decay when taken in time and subjected to skilful and masterly treatment. That all this is not only possible, but has actually taken place, can be seen at a glance by any unprejudiced mind open to receive such facts as are contained in the 'Cure of Consumption.' (Price 5s.) This work has now reached the Eighth Edition, 55th thousand, and our readers will do well to obtain it and become acquainted with the curative system, which is fully explained. Although the book is an excellent guide to the medical profession in the treatment of this monster of disease, it is written in plain language so that all can understand, and as no secrets are withheld it is safe to say that all who consistently persevere with the specific treatment can confidently expect the blessings of returning health and a new lease of life. Numerous records of well thenticated cures are given in the book."

"*Weekly Budget*," *March* 1, 1884.

"Those who are suffering from consumption, or who are predisposed towards that dreadful complaint, should at once procure this

invaluable treatise. It has generally been understood that comsumption is incurable, but Dr. Alabone says he trustfully hopes no prejudice will allow the reader to imagine his case hopeless until he has perseveringly adhered to the *specific treatment* advocated in his book. The First Edition of this work was published in 1877, since which time it has passed through Seven Editions. We trust it will reach many more editions, for such a work is calculated to alleviate a vast amount of suffering, by inspiring hope in the despairing breast. The author, who is no quack, but a *bona fide* medical man, who has made the cure of consumption a *spécialite*, writes in plain understandable language, using as few technical terms as possible. He also gives, in the closing pages of his book, a number of most remarkable cases which he has cured."

"*Evening News*," *March* 15, 1884.

"Were the treatment put forward by Dr. Alabone shrouded in mystery, there would be only reasonable grounds for scepticism and doubt. But when we have facts to bear out the statements made, and facts which are numerous and undeniable, and which can, moreover, be enquired into in detail, then we are forced to the conclusion that, at least, the new treatment is worthy of a trial. The Press, by numerous editorial notices, has yielded a just tribute to the almost miraculous results obtained by the system; and when we remember that between the ages of seventeen and thirty-five a large majority of the deaths are traceable to consumption, we may be sure that Dr. Alabone's success will be heartily welcomed.

"*Oldham Chronicle*," *June* 7, 1884.

"CONSUMPTION: CAN IT BE CURED?—The mortality in England from consumption alone is annually about sixty thousand, a far greater number than the whole of the killed in the Franco-Prussian War, yet we seem to fold our arms and allow this scourge to ravage the country without so much as trying to check its fatal march. We have before us a volume entitled 'The Cure of Consumption,' written by

Edwin W. Alabone, M.D., in which the author not only claims to have discovered a remedy for this terrible disease, but brings forward such undeniable and trustworthy evidence of the success of the new remedy that we should be compelled to accept it as true even if we were not aware of cases that have been cured after having been pronounced incurable by the highest medical authorities. In addition to this, we have the testimony of many eminent men as to the specific effect the new treatment exerts over consumption. In the face of such facts as these the most sceptical must at least pause and consider. If we mistake not, the contents of this book will mark a new era in the treatment of this fell disease. It is impossible to resist the evidence the author adduces, and we know that many intelligent men who have been themselves cured fairly believe that Dr. Alabone can verify all the professions he advances, and must be considered a benefactor to his race. Dr. Alabone distinctly states he can by his method of treatment stamp out consumption. The astonished reader may say 'Nonsense,' but that is precisely what the contemporaries of Jenner and other discoverers said. Nonsense also the profession may call it, but Dr. Alabone has proofs, accumulated from day to day, and to any candid reader of his book these proofs are irresistible. It is clearly demonstrated that consumption can be always cured in its first and generally in its second stage, whilst many cases recover in the last. Looking at the book before us, and to the scientific teaching and proofs it adduces, and the cases of cures recorded, even had we not ourselves known cases that had been restored to health after having been deemed hopeless, we could not doubt that a cure for phthisis had at last been discovered. Dr. Alabone has had a very hard battle to fight, but his triumph has come; he has had to contend with the sneers and opposition that is the common lot of all those who get in advance of their brethren and discover some previously unknown truth, but he will receive gratitude and admiration, and his name will live long after he has completed the work of serving his generation. We would advise all to get the work for themselves; its cost is 5s., and it can be obtained from the author, Lynton House, Highbury Quadrant, London, N. The worth of the knowledge that will be

obtained is inestimable to those who suffer from chest disease. It is an appalling thought, but if this treatment were adopted, from fifty to sixty thousand lives might be annually saved in Great Britain alone. The mind is overwhelmed at the idea, but it is too true. What, then, does the man deserve who discovers and publishes a cure, knowing he will have to meet and fight against the prejudice of a profession who have invariably stigmatized any pioneer of reform?"

"*Lancaster Gazette*," *August* 9, 1884.

"In favour of this treatment we can say that out of six friends of ours who went to Dr. Alabone after having been given up by some of the most eminent physicians, four of them have been completely cured. Of course, single cases do not logically prove a great deal, but if we find that after having been despaired of by eminent doctors, a case is taken in hand by Dr. Alabone and cured, the inevitable conclusion is, that Dr. Alabone has done something that other doctors failed to do."

"*John Bull*," *August* 8, 1884.

"Consumption's Terrors Stayed.—Tuberculosis has found an inveterate enemy in Dr. Alabone, who for years past has persistently advocated a treatment, which, although partaking in nowise of a secret formula, has called forth a great deal of opposition from a section of the medical profession, who, probably, have stuck so long to their old belief that 'there is no method of cure for consumption,' that they, although facts are decidedly against them, prefer to discourage the praiseworthy efforts of those who have prosecuted their labours with more success than has hitherto been the lot of the ordinary medical practitioner when called in to advise in a case of consumption. Frequently patients have been recommended to try cod-liver oil, and change of air and scene, to avoid excitement, &c., &c., and all to no purpose; the disease itself has remained unchecked in the system, and so the inevitable time has come round when the deadly character of the disease has become apparent, and the harrowing surmise has

become a stern reality. To chronicle the work of the *par excellence* specialist in consumption (Dr. Alabone) would take more space than we can devote to this purpose; we can, however, recommend our readers to procure the 'Cure of Consumption' for themselves. It can be had from the author direct, price 5s. This book explains minutely the treatment adopted in the cure of some sixty cases of an advanced type, and, as these cases are fully authenticated by medical and other competent authorities, there need be no hesitation in applying the principles of the special treatment, which bids fair to break the long reign of terror which consumption has held, and which, as far as many of Dr. Alabone's professional brethren are concerned, might still continue unchecked. The means of health and strength should be sought by all those predisposed to consumption and any disease of the chest, as not only a necessity, but a duty we owe, not only to ourselves and our friends, but to the world, which may be made the better in some part for our existence in it—at least, this should be the hope and attainment of all."

"*King's County Chronicle*," *July* 3, 1884.

"Consumption Vanquished.—Some of the highest medical writers have held that under certain conditions consumption is capable of curative treatment; but a contemplation of the extent of the ravages of this dreadful scourge proves conclusively that the doctors have done little more than smooth the downward path of the hopeless sufferer. How many physicians, eminent in their professions, have boldly sent their patients abroad to linger out their existence in milder climates, thereby admitting that their knowledge of the healing art availed them nothing in 'a case of consumption.' Happily we live in an age when progress is not confined to one particular branch of medical science, and the consumptive can now take heart that, humanly speaking, a new lease of life can be obtained by adopting the curative treatment which has been promulgated by Dr. Alabone for some years past. This special treatment

is fully explained in a recent work from the pen of this celebrated specialist in consumption; and our readers who, from any cause, are interested in this distressing disease, should procure a copy of the work for themselves. There is no secret about the treatment, and the test cases are all properly authenticated by medical and other competent authorities. In the 'Cure of Consumption' there are upwards of sixty cases recorded where the patients were undoubtedly in a most serious condition: indeed, the records of cures of extreme cases are marvellous. Dr. Alabone has been indefatigable in following up the successes which have resulted from his special treatment; and, in spite of opposition of every kind, has made quite a new departure in medical science, which promises to enhance the status of the practice of medicine, and to eventually stamp out this fungus growth consumption, which has made such inroads into society as to be truly designated 'the national scourge.' Our readers can procure the 'Cure of Consumption' direct from the author. The price is 5s. With the opportunity of procuring benefits for ourselves or friends, it would be folly to hesitate about sending for a copy. The book has been reviewed by the principal newspapers, and unanimously pronounced to be invaluable to all who unhappily suffer from consumption or other diseases of the chest."

"*Christian Million*," *February* 28, 1884.

"'The Cure of Consumption.'—This is the title of an able work on this painfully-interesting disease by Edwin W. Alabone, M.D., F.R.M.S. (Price Five Shillings), Lynton House, Highbury Quadrant, London, N. We are glad to draw attention to this work, as the system of treatment is not based on purely theoretical principles, or shrouded in mystery; and is therefore to be considered without the scepticism and doubt natural when considering a new mode of treatment. We have facts before us to bear out the statements made, facts which are numerous and undeniable, and which can, moreover, be enquired into in detail. Then we are forced to the conclusion that at least Dr. Alabone's mode of treatment is worthy of a trial."

"*Court Journal*," *August* 9, 1884.

"CONSUMPTION AND ITS CURE CLEARLY DEMONSTRATED.—When Dr. Alabone first commenced his crusade against this inveterate enemy of social happiness, he was, in turn, subjected to the opprobrium which necessarily attends any departure from those unwritten laws that compel men to be the mere puppets of time-honoured institutions which have grown to be regarded as the Alpha and Omega of all that which has been considered capable of being learnt and practised. This persecution took various forms, such as to insinuating that the cures effected were other than cures of tubercular consumption; but such petty annoyances as these were boldly met with the challenge: 'Send me cases as tests, and let medical men compare the average results.' This was taken up by many eminent editors of London newspapers, who believe in helping the men who help the world; and so, from one well-authenticated success to another, Dr. Alabone has conclusively proved that consumption is capable of curative treatment, if taken in time and with reasonable conditions. The progress of the new treatment has been of such a marked character, that it has completely placed Dr. Alabone in the fore-front of all specialists in consumption, and caused the enormous number of upwards of 21,000 patients to be placed under his care. In the latest Edition of his work, 'The Cure of Consumption' (fifty-fifth thousand), the *modus operandi* of the treatment is fully given, together with many golden rules as to prevention and cure, and also a record of extreme cases which were anxiously watched by eminent and unimpeachable authorities,—these extreme cases being treated with invariable success. It is only by comparing the fearful havoc which consumption makes in all the ranks of the human family, that we can correctly estimate the value of the labours of such an eminent physician as Dr. Alabone, and it is only common justice to give the tribute of commendation to that which, sooner or later, must be universally acknowledged. For those of our readers who desire to inform themselves of this special treatment in consumption we say, procure 'The Cure of Consumption' for yourselves. Indeed, all suffering from chest diseases would derive benefit from the adoption of the treatment. The prospect of a new lease of life to the hopelessly-despondent is now within measurable distance, and it would be ridiculous folly to hesitate about

availing ourselves of that which has proved such an inestimable boon to thousands."

"*Nottingham Guardian*," *August* 1, 1884.

"'The Cure of Consumption' is a work that should be in the hands of all that are in any way interested in this fell disease. The means adopted in the successful treatment are fully explained; and none, humanly speaking, need now despair of a cure. The facts in favour of the new treatment are overwhelming, and all interested in this subject should send to the author for a copy of the work. The value to all suffering from consumption or other chest diseases is incalculable."

"*Norwich Argus*," *August* 9, 1884.

"CONSUMPTION.—This insidious disease, which makes such frightful havoc in our midst, has received a most important check by a new mode of treatment discovered by a well-known London physician. Full particulars, and authenticated testimony of medical men and others, which space will not allow of here, are contained in 'The Cure of Consumption, price 5s. The author has overcome the disease of consumption in its very latest stages; and from every quarter of the country grateful testimonials bear witness to the hundreds of lives he has, as it were, snatched from the very mouth of the grave."

"*Coventry Times, August* 6, 1884.

"The new system of treatment and results are fully explained in a work entitled, 'The Cure of Consumption,' which can be obtained for 5s., post free, from the author. When we remember that between the ages of seventeen and thirty-five a large majority of the deaths are traceable to consumption, we may be sure that Dr. Alabone's success will be heartily welcomed. In 'The Cure of Consumption' the disease is simply described; its true indications are given, and, after timely advice as to its prevention, a full and complete description of the treatment is given. This is done in a common-sense way, and when we have reliable testimony, as is fully recorded in the book, none need despair of a cure if the treatment is adopted in time."

"*Wisbech Constitutional Gazette*," *August* 2, 1884.

"Dr. Alabone does more than point to his successes in the past. He boldly announces his conviction that consumption, except in its very latest stages, is curable; and in his book, 'The Cure of Consumption,' offers hope to those born of consumptive parents by stating that only a comparatively small number of people suffering from chest affection can point to a similar disease in their immediate ancestors. Full particulars, and authenticated testimony of medical men and others, which space will not allow of here, are contained in 'The Cure of Consumption,' price 5s., post free, from the author."

"*Aberystwith Cambrian News*," *August* 8, 1884.

"The Eighth Edition of the volume entitled 'The Cure of Consumption' has recently been issued by Edwin W. Alabone, M.D. This work can be obtained from the author. Amongst the many who have given their testimony in favour of the new treatment, the Rev. M. Baxter, editor of the *Christian Herald*, before venturing to recommend this new remedy, awaited the treatment of six cases at the hands of Dr. Alabone, and found that out of these six cases four were fully restored to health, and returned to their former avocations. This is but an instance of the marvellous success which has invariably attended Dr. Alabone's labours, and we would earnestly recommend our readers to procure the book, as it contains a full description of the curative treatment."

"*Hereford Times*," *August* 2, 1884.

"'The Cure of Consumption, and other Diseases of the Chest, by an Entirely New Remedy.' By Edwin W. Alabone, M.D., F.R.M.S.—Those who are suffering from consumption, or who are predisposed towards that dreadful complaint, should at once procure this invaluable treatise. It has generally been understood that consumption is incurable, but the facts as detailed in Dr. Alabone's work point conclusively to a new era in this dire disease, and all interested should at once procure 'The Cure of Consumption.' The facts instanced are numerous and undeniable, and can, moreover, be enquired into in detail. With this in view, we are forced to the conclusion that, at least, the new mode of treatment is worthy of a trial."

"*Leighton Buzzard Observer*," *August* 5, 1884.

"CONSUMPTION. — Competent authorities pronounce that a decided success has been attained in the treatment of this disease. A work has been written, giving particulars of the marvellous cures effected. These are testified to by eminent medical men and other authorities. The work is entitled 'The Cure of Consumption,' and is published at 5s. Our readers are requested to procure the work, either for their own benefit or the benefit of friends."

"*Berrow's Worcester Journal*," *August* 9, 1884.

"CONSUMPTION.—For some time past the London papers have referred to a new and most successful treatment of this fell disease. The marvellous cures—in even advanced cases—have astonished the medical world, who admit the success of this treatment. The system and results are fully explained in a work entitled 'The Cure of Consumption.'"

"*Lynn Journal*," *August* 21, 1884.

"To those whose mournful experience has been to behold the almost perceptible and certain decay of friends or relatives marked out as victims to this disease, the advent of an incontestable curative treatment will be of intense interest; and before allowing any deceptive feeling of hope to stimulate such interest, it is wise to enquire scrupulously as to the merits of such special treatment, and the grounds for confidence as to the probability of the stated cures being repeated under similar conditions. What is this special treatment in consumption that has been so marvellously successful? Who is its originator? What authority is adduced to recommend it to our confidence? These are the natural ideas that occur to all who give the subject a second thought, and were Dr. Alabone's (the discoverer of the new treatment) name and experience alone adduced in support of the method adopted, it would certainly command our respect, although it might excite natural scepticism and doubt. As the 'Cure of Consumption' will in all probability be read by those who feel some direct interest in the questions of which it treats, Dr. Alabone, avoiding as much as possible all technicalities, lays before his

readers a specific plan of treatment, by which consumption, up to a certain stage, can always be cured, and by which it can very frequently be cured after that stage is passed. But it should be clearly understood that he does not, in stating this, wish to infer that his treatment is infallible in the cure of consumption; unfortunately some cases, far advanced in the disease die in spite of the treatment; but he maintains that, by a close adherence to the plan of treatment laid down, hundreds of cases which had been deemed as utterly hopeless by the highest medical authorities of the world, have recovered. and are now well, whilst thousands of cases in the first stage have had the disease arrested and ultimately eradicated. These facts speak for themselves. Had there been any question as to the *bona fides* of the man or the treatment, we should not have given the matter the slightest attention, but coming as it does before us so ably supported by facts, we cannot withold a pleasing reference to the good results obtained by Dr. Alabone's persistent and arduous labours."

"*Jersey Express*," *July* 24, 1884.

"CONSUMPTION AND ITS CURE.—In an age of deceit and imposture, when 'pedantry gulls folly,' and where statements of every description are made broadcast, regardless of substantiation, it becomes a real pleasure to review a work which has the best and highest of competent authorities to verify and recommend its adoption. Particular reference is here made to the book published by Dr. Alabone, which records so many cases of cures in consumption that the sufferer can now take heart and boldly consult the advices as to the means of cure propounded therein. 'The Cure of Consumption, by an Entirely New Remedy by Edwin W. Alabone, M.D., of Lynton House, Highbury Quadrant London, N., has now reached its Eighth Edition, 55th thousand, and as the treatment has been vouched for to the satisfaction of medical, clerical, and lay authorities of high standing, nothing more can be added to what has been gratefully subscribed by those whose very existences have depended upon the efficacy of the scientific and rational means adopted. No secrecy or jargon has been resorted to, and wherever human efforts could avail at all the disease has found an inveterate foe

in Dr. Alabone. Humanity at large cannot but feel that there is a debt of gratitude due to the man who has, despite of the powerful opposition of his medical brothers, persisted in advancing a successful crusade against the dreadful onslaughts of this insidious disease. To those who are acquainted with a sufferer marked out for an apparently certain death from consumption, what better advice can be given than to urge them to procure a copy of 'The Cure of Consumption?' Dr. Alabone's name stands high in the medical profession, and readers will not be disappointed in perusing the book, as its language is concise and understandable, and the treatment is comprehensively clear and worthy of adoption, as the numerous successful cases detailed testify."

"*Perthshire Advertiser*," *July* 30, 1884.

"CONSUMPTION SUCCESSFULLY TREATED BY A NEW METHOD.—'The Cure of Consumption, by an Entirely New Remedy,' we wish to refer our readers specially, as in it Dr. Alabone most emphatically states that consumption, even in its latest stages, is perfectly curable by a determined and consistent perseverance with the specific treatment he has discovered. A more remarkable publication than 'The Cure of Consumption' (price 5s.) we have never met with, and the revelations therein contained of the means employed to effect the cures, which have excited such general interest, show that the author is not afraid of taking the public into his confidence. The awful extent of the ravages of this disease, which has long been considered incurable, is a sufficient reason for a physician like Dr. Alabone devoting his entire study to reduce the mortality from this scourge. Sufferers and all interested will be only too thankful to consult such a work, and we earnestly recommend our readers to send 5s. to the author for a copy.

"*Morning Advertiser*," *August* 28, 1884.

"CONSUMPTION TAKEN IN TIME PROVED TO BE CURABLE.—The art and practice of medicine has been stimulated to further progress through the efforts of Dr. Alabone, who has boldly pushed his researches until the

masses far and wide begin to see that the disease which has baffled so many is capable of being stamped out—slowly possibly, but nevertheless an unprejudiced mind will, on perusal of the work, 'The Cure of Consumption,' say surely that cures of cases in an advanced state of consumption have been accomplished. These facts have been vouched for by many unimpeachable and uninterested witnesses—that is, so far as in stating one way or the other what method of treatment was adopted — but interested deeply in the cases which were under treatment, and scrupulous in their acknowledgments of that which was justly due to the physician's labours. These tests were duly commented upon in the public journals, and some of these particular cases are cited in the 'Cure of Consumption.' No amount of reasoning or argument will displace the fact that the treatment discovered by Dr. Alabone has been proved to be of priceless worth, and has caused an amount of attention to be directed by the medical profession to the treatment of consumptives from a more humane and rational point of view The consumptive patient as a rule is unable to understand the serious character of the disease. The varied forms with which it lays hold of the victim are each of that stealthy character that seems to blind the sufferer to the advances made by each successive stage. Only the friends are alive to what is wrong, and they invariably can do nothing. To consult the ordinary medical man, the advice is to try a less changeable climate, to avoid excitement and live plainly, to take copious draughts of cod liver oil, &c., &c. But hope of eradicating the disease? None! And the average medical man, acting according to his lights, is right. There is no hope for the consumptive while the disease is allowed to increase and strengthen its hold upon the patient. Therefore it behoves all who have an interest in this disease, either personally or relatively, to obtain such information as to their condition as will conclusively help them to regain their wonted health. In Dr. Alabone's book, 'The Cure of Consumption,' this desideratum is found, and it is really a moral duty for all who value health to seek such beneficial means as are presented to them with such overwhelming testimony as the work in question contains. We have

pleasure in drawing our readers' attention to 'The Cure of Consumption (price 5s.), and would urge those interested to procure a copy without delay. The advice and full instructions as to the treatment of the disease in its various stages is beyond price. Space will not permit us at present to give further details, but the book itself will be found sufficient to answer any doubts in the matter."

"Men of Note" (with portrait), Sept., 1884.

"Our object in these pages is to place on record the lives of those men and women who are representative personages amongst others following the same avocation, and no one who knows anything of Dr. Alabone will venture to deny that he deserves a prominent place amongst the foremost members of his profession.

"Of all the forms of disease which have baffled the skill of medical men, perhaps none has received greater attention and its treatment been attended with less satisfactory results than the chest affection known as consumption. With this fact before him, and with the knowledge that there are at the present time more people suffering from consumption than at any other period of the world's history, it is a worthy ambition for any physician to attempt the cure of that which has baffled all his predecessors in the medical profession, and to devote his life to the investigation and treatment of a disease before which the ordinary professional skill of his brethren stands paralysed. When a man comes forward and announces publicly his *modus operandi*, and can state that he has (in the main successfully) already treated many thousands of cases, we are bound to give him a fair hearing, and his methods a trial; and the united testimony of those who have entrusted themselves to Dr. Alabone's care at a period when his medical brethren had pronounced their cases as utterly hopeless, and actually sneered at the very idea of their being even benefited by his treatment, is unanimous, in that they *were* in consumption, and that they *are* cured.

"The subject of our biography was born at Newport, in the Isle of Wight, and educated at the Castle College, Taunton. At a very early age he evinced a great liking for the study of medicine, and almost immediately after his college education was finished he entered Guy's Hospital as a student of medicine and surgery, having previously passed mathematical and general science examinations at the Royal

College of Surgeons of England. His hospital career was a brilliant one: by incessant study he held the successive appointments at the Hospital, and obtained no less than six certificates of merit, besides which, he, at the early age of nineteen, became possessed of a valuable presentation of plate for his 'skill in surgery,' having performed a major operation successfully, after the case had been abandoned by three eminent country surgeons.

"After obtaining by examination his M.R.C.S. Eng., the subject of our biography entered into private practice, giving his whole attention to medicine. After a very short period he commenced specially to study chest affections, and since that time has been known as a specialist in all cases relating to the lungs. So complete a specialty has he made of this, that we know he absolutely refuses to see any other cases, and entirely gave up the many appointments which had been fought for and earned, amongst which were 'Consulting Physician to the Home for Reclaimed Females,' 'Physician to the Clapton Orphan Asylum,' etc., etc.

"He was, and is, ever busy with his pen. During the short time he laboured as a general practitioner, many articles of his appeared in the medical papers, notably a series of papers entitled 'The Symptoms of Heart Disease Communicated from the Cerebro-Spinal System,' 'The Treatment of Fever,' etc. However, after having decided to make consumption a special study, he published works relative only to the treatment of this fell disease; and in quick succession there came into print, 'The Curative Treatment of Consumption,' 'Inhalation of Oxygen Gas in the Treatment of Consumption,' 'Phthisis, its Diagnosis and Treatment,' 'The Specific Treatment of Phthisis,' etc. His recent book, entitled 'The Cure of Consumption by an entirely New Remedy,' is the one to which we wish to refer our readers specially, as in it Dr. Alabone most emphatically states that consumption, even in its latest stages, is perfectly curable by a determined and consistent perseverance with the specific treatment he has discovered; and from every quarter of the globe he has received grateful testimonials—some, by the way, very substantial ones—which bear witness to the hundreds of lives he has, as it were, snatched from the very mouth of the grave.

"It may be interesting here to note a few facts from the date of

Dr. Alabone's first cure. These facts we can vouch for as being perfectly accurate, the names and addresses being known to us, and in some instances the persons themselves.

"From the effect of a given treatment which Dr. Alabone philosophically mapped out, he found that in the condition of the lungs termed consumption—that is to say,where tubercles had formed and had softened into a cavity—a decided influence was manifest, and this led him still further to pursue his investigations, with the result that in the year 1871 we have the first record of a case cured by this new method. The case was one of the worst possible types, in its very last stage. Of this there can be no doubt, seeing that such eminent authorities as Dr. Dobell and Dr. Peacock had pronounced her case utterly hopeless, and the patient was left to die. Dr. Alabone (to use his own words) found her in the following condition: eyes sunken, and body covered with a cold, clammy sweat; respiration performed in a gasping manner;—in fact, the patient seemed at the point of death. He then states the stethoscopic signs, which discovered two cavities in one lung and very extensive disease in the other. The case certainly seemed hopeless. But mark the result. After 12 months' treatment, which is fully described in his work, page 156, this lady was in perfect health, and has continued so up to the present date. This marvellous recovery led the doctor to redouble his efforts, and in a short time he had reports of no less than thirty cases of cure, each one being well attested and authenticated.

"This went on for some four or five years, when the treatment was fully explained in a small work published in 1876. And then came a trying time for the author, as has happened (and we fear ever will happen) to the pioneers in science—he met with great opposition from the medical profession; this, too, in spite of the fact that some of their own members had been successfully treated by him. But Dr. Alabone is not the kind of man to be discouraged: he resolutely worked on, in spite of all malignant criticisms and senseless opposition, until he made further discoveries, which, combined with his first, not only accelerated the cure, but rendered it more certain. There is no lack of testimony as to the efficacy of this new treatment: besides the enormous number of letters written by patients who have been cured, we have many most remarkable cases

reported by others. One, for instance, given by Dr. Parker, who states that, whilst distrustful of its success, and feeling, as many others have done, that the disease was incurable, he nevertheless wished really to test the treatment, and asked Dr. Alabone to attend a case which had been pronounced hopeless by two leading London physicians. This case was so far advanced that it seemed impossible for anything to be done; yet she ultimately recovered, and is now in perfect health. The record of this case was given in a leading article which appeared in a London paper last year. The following are Dr. Parker's own words on this case. 'Some time ago, a very sweet-looking girl, suffering from consumption, was pointed out to us as 'given up' by the doctors. The medical men said it was impossible she could live through the summer. Under such conditions people may be willing to try remedies of a novel or even a heterodox character, and doctors themselves are not unwilling that their incurable patients should follow the inclination of their own fancy. A ministerial friend of ours had so often drawn our attention to the remedy for consumption administered by Dr. Edwin W. Alabone, that we determined to ask permission to put that remedy to the test. It was certainly rather too bad to ask any medical man to take up a case which had been abandoned by his professional brethren, but, under the circumstances, we resolved upon the policy of despair, which is simply to fight death with any weapons that may be available. Dr. Alabone was far from certain about the result. He thoroughly endorsed the opinion of his brethren that the usual methods of treating consumption were useless in such a case; but he was willing, without fee or reward, to do what he could for the suffering child. To make the story short, the child is now living, active and happy. Her hands and arms are no longer emaciated and all but transparent, and her father and mother are rejoicing over her as one who has been brought back from the brink of the grave. We know nothing about Dr. Alabone's remedy, but whether it is allopathic, homœopathic, or hydropathic, there is the fact open to the observation of the whole world that a child, given up as incurable, is now the wonder of all who knew her in her abandoned condition. Congratulating Dr. Alabone on his success, he said, 'Send me twenty such cases, and let medical men examine the average results.' As we took the case to Dr. Alabone, and

secretly doubted the very remedy which we invoked, and as the doctor did the whole of the work without taking one penny for his trouble, we should consider ourselves wanting in common gratitude and justice if we did not distinctly acknowledge in this case the efficacy of his remedy, whatever it may be. Persons who wish to make further inquiry upon the subject should read 'The Cure of Consumption and other Diseases of the Chest, by an entirely New Remedy,' by Edwin W. Alabone, M.D., 12, Highbury Quadrant, London; post free from the Author, 5s. The book was sent to us for review, but, in the absence of qualification for criticism, we place before our readers a *fact* within our own knowledge, which is better than all description and literary praise.'

"Again, Miss Sharman, the founder of the Orphans' Home, Southwark adds her testimony by stating that many of the little ones whose lives were despaired of by the medical attendant have recovered, under Dr. Alabone's treatment. Dr. Baxter, too, was sceptical as to the possibility of curing this scourge; yet out of six cases sent for treatment (two of which were in the last stage), four perfectly recovered.

"We could continue quoting such instances, but these suffice to prove that Dr. Alabone has done that which has not been done before, and we only trust the medical profession and the public will recognize his work. He has worked in a direction in which the chances of success were few; he has worked in the face of professional opposition and general discouragement; yet he has achieved a most remarkable triumph. After reading his book, we are fain to say that we feel we have been studying the work of a life well spent; and trust the remedy he places before the world will be adopted, and that no feeling of professional etiquette or jealousy will prevent his brethren following in his wake.

"Dr. Alabone does more than point to his successes in the past. He boldly announces his conviction that consumption, except in its very latest stages, is curable; and in his book, 'The Cure of Consumption,' offers hope to those born of consumptive parents by stating that only a comparatively small number of people suffering from chest affection can point to a similar disease in their immediate ancestors. And he goes still further by stating his belief that the disease can, and he trusts will, ultimately be stamped out.

"On a recent visit to Lynton House, Highbury Quadrant, we were much impressed by the number of patients in the waiting room, and marked the absence of that anxious, doubtful look, so noticeable generally amongst patients consulting ordinary physicians; and, from the sufficiently audible conversations which were being carried on, none could fail to comprehend that the conversants had good and substantial reason for light hearts and cheerful looks. Verily the disease has a most inveterate foe in Dr. Alabone.

"We therefore think that among all names which ought to be consecrated by the gratitude of mankind, that of Dr. Alabone stands pre-eminent. It would be difficult to select from the catalogue of benefactors of the human race any individual who has more largely contributed to the alleviation of suffering and the preservation of life. No improvement in physical sciences can bear a parallel with that which ministers in every part of the globe to the prevention and cure of a most terrible disease.

"Nevertheless, a painful reflection is forced upon us in writing this biography that Dr. Alabone has not received from his countrymen that consideration which he merits. It seems that, among nations called *civilized*, the persons who contribute to amusement, and to the immediate gratification of the senses, occupy a higher share of attention than the gifted and generous, who devote their existence to the discovery of truths of vital importance. The sculptor, the painter, the musician, the actor, engrosses the thoughts of citizens, who, perhaps, only once in their lives consider the merits of a physician.

"Real genius, however, should not be dismayed by this indifference which clouds the dawn of their exertions, and which sometimes nips the bud of noble aspirations; for great truths there will always come a time and a place. The man who, like Dr. Alabone, works for the benefit of his fellow-creatures, can afford to await the hour allotted for the full development of his labours, and bequeaths in tranquil confidence to posterity the reputation which he may have failed to obtain from his capricious contemporaries.

"Dr. Alabone has effected a real revolution in the treatment of pulmonary consumption, and no one can lay a more just claim to the title of a restorer of medical science. His eminence is not to be ascribed to mere patronage, nor to any capricious revolution of fortune's wheel: it is a just

and natural attainment of great talents. These talents cannot be subjected to the scrutiny of literary criticism, because he was too early engrossed by pressing occupations to find leisure to commit any very great amount of his observations to paper; but the accuracy of his diagnosis and prognosis and his fine sagacity are well known. His sound judgment in things pertaining to the specialty he has made has enabled him to outstrip all others in the competition of this department of science.

"The cheerfulness of his nature, and the power he possesses of infusing it into others, enables him to exercise over his patients an authority very beneficial to themselves; and in this respect, as in some others, he leads a good example to be followed by those who seek to inspire the object of their care with a train of animating thought. The chamber of sickness and death is no animating scene to those who enter it; but cheerfulness of manner is not the less agreeable to the sick, although it may seem repugnant to the attendants: it is a sure mode of gaining the confidence of the patient, and Dr. Alabone possesses this quality to an extraordinary degree.

"We have heard from many patients that Dr. Alabone's examination of a patient for the purpose of learning if there be any disease, and if so, to what extent it has advanced, and the few questions asked, give an impression of haste and carelessness. In meeting medical men in consultation he is also very short, but clear. This impression, however, is speedily dispersed when he speaks to a friend, and communicates to him the result of his investigations. Then he appears to full advantage: his explanations are concise, practical, and to the point, and the simplicity of the language he uses in such cases excites attention. All technical terms he seems studiously to avoid, and so renders himself perfectly intelligible. Practice makes perfect; and it is to this exclusive study of one disease and the enormous number of cases treated, that he is able so speedily to form a correct diagnosis. We can fully substantiate the opinion we heard expressed of Dr. Alabone a short time since, to the effect that 'the principles which guided his private life guided his public life. He is kind, generous, and sincere; his punctuality is a proverb amongst his patients, and we know many instances where he has incurred great inconveniences to himself by his punctual observance of appointments.' Speaking to him

one day, a patient remarked that the appointment seemed to have been kept rigidly, and the Doctor's answer was, 'Yes, I think I can safely say I have never yet broken an appointment, and what is more, have never been behind my time.' We must candidly confess it must be allowed that although this rapid method of diagnosis may prove eminently successful in the skilful hands of Dr. Alabone; yet it is an example of a dangerous tendency to those who have not had his means of acquiring knowledge, nor enjoyed the advantages of his great experience, nor have learned by the previous steps of education and good discipline to reason and judge correctly. The quickness with which a physician of keen perception and great practice makes up his mind on the character of a disease, and the plan of treatment to be employed, differs as widely as possible from the inconsiderate haste which marks the decisions of the rash and uninformed.

"Space does not permit us to say more of Dr. Alabone's accomplishments as a microscopist and artist: we can only wish him God speed on his errand of mercy, and trust his life may long be spared to carry on his noble mission of saving life. We trust also that the stimulus his successes have awakened in the medical profession will be suitably recognized by the nation for which he has already done so much."

"Whitehall Review," Sept. 28, 1884.

"'The Cure of Consumption and other Diseases of the Chest, by an entirely New Remedy, Illustrated by Numerous Cases.' By Edwin W. Alabone, M.D., F.R.M.S. (Price Five Shillings). Eighth Edition. 55th Thousand. (Kemp.)—We strongly advise every one suffering from this dire disease to read Dr. Alabone's book. It is extremely well written, and is free from all unnecessary technicalities. It describes the nature of the disease with great clearness, and its directions as to treatment seem strongly marked by common sense. He claims to have discovered a new mode of treatment, which in his hands has produced the most wonderful results, and, although it has been met with much prejudice, there seems unquestionably to be some efficacy in it. He gives a large number of cases carefully detailed where complete cure was effected, although the

patients were given up by their friends and medical advisers. All interested in the subject—and, alas! a very large number are—should get Dr. Alabone's book, or, better still, consult the doctor himself. We are not surprised to notice that the book is in its eighth edition and fifty-fifth thousand."

"*Primitive Methodist*," *Sept.* 11, 1884.

"Consumption and Chest Diseases.—Those of our readers whom this subject concerns who have not read Dr. Alabone's book, entitled 'The Cure of Consumption,' should certainly become acquainted with the special treatment in consumption which is there described in such a concise and intelligible manner that all can understand and put in practice the same means of prevention and cure which have proved to be effectual in numerous cases in which the patients were pronounced by medical authorities to be 'in a hopeless state of consumption.' That the disease known as consumption is capable of curative treatment is now an established fact, and although the time is hardly ripe when the great body of the medical profession will endorse this statement, yet there is no doubt that this view is gaining ground, and as opposition to any advance in the perfection of medical science is sure to cause a corresponding energy and activity on the part of those who are the friends of progress, the contest between them and the adherents of old-fashioned exponents of the dread word 'incurable' is likely to be short-lived, the facts (which have been thoroughly tested) weighing far above any preconceived opinion on the matter. However, Dr. Alabone has explained the *modus operandi* of the treatment, and incontestably shown that a great advance has been accomplished in the right direction; and, unless circumstances are in every respect dead against the physician's skill, a cure in the majority of cases in consumption is possible. The average medical man who has not made a special study of this disease will tell you that he knows of no means of curing consumption, but will also probably state that it is not without the bounds of possibility that some means yet unknown to him may be successfully employed and adopted by the profession in the future. So also were the statements of Jenner and Harvey met with a similar incredulity, and yet their discoveries are now cherished articles of belief

by the profession. Space will not allow of our quoting any of the many instances in favour of this new treatment; the book itself, however, can be had for 5s. either from the publishers, or direct from Dr. Alabone. His address is Lynton House, Highbury Quadrant, London, N. The opinions of the press are unanimous in favour of a more wide circulation of the treatise; at present it has reached an issue of fifty-five thousand."

"*Christian Chronicle*," *Aug.* 28, 1884.

"Our readers have, doubtless, noticed that during the last few months articles have appeared in many papers of a somewhat startling character, as they point to the fact that a cure for consumption has at last been found by a known specialist in chest diseases. The credit of this discovery is due to the researches of Dr. E. W. Alabone, who, during the last few years, has successfully treated many hundreds of cases which had been pronounced incurable by the highest medical authorities.

"Some three years ago, we ourselves drew attention to this specific treatment, and brought before our readers' notice the fact that we had seen a case of consumption, which had been given up by two eminent medical men as absolutely incurable, restored to health under Dr. Alabone's treatment. It is gratifying to state that this case still continues well, and is a living monument to the fact that consumption *is* curable. Since then, however, many other cases have come under our notice of a similar character. Hence we feel that Dr. Alabone has made good his claim to a second hearing. Our readers do not need to be informed that the views he originally propounded encountered a very formidable opposition, and were, in fact, totally rejected by a large number of authorities on the treatment of phthisis, the principal objection being that they were unsupported by a sufficient number of cases and observed facts; that, however, was some eight or nine years back, and since that time many thousands of cases have passed through the doctor's hands, and have been, in the main, successfully treated. We have before us the eighth edition of his work, entitled, 'The Cure of Consumption by an entirely New Remedy.' It can be obtained from the author, Lynton House, Highbury Quadrant, London, N., its cost being but 5s. In this volume we have a

mass of information with which every consumptive patient should be conversant; and at the end a *résumé* of many cases which, although abandoned by their medical attendants, had been cured; some of these cases are persons well known to us; and in addition to this we have the authority of many eminent men who make it no secret that they have seen typical cases of consumption cured by Dr. Alabone's treatment. We would earnestly recommend our readers to obtain a copy of this work and judge for themselves as to the merits of the treatment therein promulgated.

"How well we know the fearful ravages this disease is making amongst us, and how often the cruel scourge of our race has blighted the harvest of our noblest lives, turning our hopes to darkness at the meridian of life. Strange but true is it that the fairest and finest natures are its usual victims. Hitherto science has been able to give no consolation, and only in one corner of this valley of death has consolation been found, in the steady but irresistible triumph of Dr. Alabone's method of treatment.

"We are pleased to see that at last he is reaping the rewards of his perseverance and courage, and that the press candidly acknowledge the views which some years ago they looked upon as fallacies as in reality substantial facts, they having proved them to be such by sending test cases to the doctor for treatment, with the result that many have been as it were, snatched from the very jaws of death. Space does not permit of our going into the details of the treatment, but if this article should be the means of restoring even one to life and health, who has been looking forward to nothing but a wearisome and fatal termination of their sufferings, our object will have been accomplished."

"*Blue Ribbon Gospel Temperance Chronicle*," *Sept.* 13, 1884.

"The past history of this disease has been shrouded in hopeless mystery, and it is safe to say that any one who has watched the dreaded changes which take place in the condition of a sufferer who passes through the various stages of consumption until some sudden shock shall consummate the slow and certain tendency to decay, but will feel an interest in any discovery that is made in the world of medical science that can offer a gleam of hope or point a way to the recovery of the apparently lost. To such, and also to those who have the knowledge that they are

born of consumptive parents, and are tortured by the agonies of uncertainty, and are losing the spirit to undertake even their normal functions, the knowledge that the day of despair has gone by, and that even cases that were pronounced hopeless have been cured, must awake a deep interest to avail themselves of the means of cure which have been propounded freely and fully for their benefit by those who have made a special study of the disease. We allude particularly to the 'Cure of Consumption,' which explains the treatment of consumption laid down by Dr. Alabone, of world-wide fame. This work has been so often acknowledged by the public press that we do not consider it necessary to say more than to refer those of our readers whom the subject concerns to obtain the book for themselves. No secret is made of any of the remedial measures employed, and in addition to the actual instances of cases of consumption cured by the treatment which are recorded, advice is also given as to the regulation of diet, dress, exercise, and precautionary measures to be adopted. No sufferer need hesitate in the matter. Beyond what has been accomplished there remains much more to be done: the length and breadth of the land which suffers more than any of the nations of the earth from consumption should know all that can be known of whatever curative treatment has been effected, and, without waiting for the tide of progress to sweep away the prejudices of the general body of medical practitioners and the hopeless cry of 'incurable,' avail ourselves of that which appears to be a straightforward and unimpeachable system of cure. The book in question has—without any adventitious aids, and entirely on its own merits—reached the eighth edition, 55th thousand, in a short space of time. It can either be obtained from the author's publishers, or from Dr. Alabone direct. The cost is 5s. Entirely as a guide to those who wish to peruse the 'Cure of Consumption," we quote the address where it can be obtained, viz., Lynton House, Highbury Quadrant, London, N. The incalculable benefits which attach to those concerned alone guide us in giving prominence to this work on Consumption and Diseases of the Chest."

"*Fireside News*," *Sept.* 12, 1884.

"It is computed by statisticians that about fifty-five thousand persons in the British Isles die annually from phthisis alone. To contemplate

this vast number, and to stamp the reality more firmly on the mind, one must imagine an immense crowd of human beings such as are assembled in the largest centres of population on the occasion of some eventful gala or political manifestation, and then to grasp (if possible) the fact that within the space of one year all have been swept to the shores of Eternity by the overwhelming tide of consumption. This is no highly-drawn picture, but a statement of the simple facts, of the verity of which many amongst us, alas! are only too painfully conscious. A reference has been made in this and many other publications to a new treatment in consumption, of which Dr. Alabone, of Lynton House, Highbury, London is the author, and many remarkable cases have been instanced wherein the treatment has been curative. This is in every way satisfactory; and it is to be hoped, in the interests of all who are seeking for a means of restoration, either personally or for others, that this special treatment will prove a veritable barrier to the further progress of the disease, and ultimately abolish consumption from the land. Indeed, all who have the welfare of humanity at heart must agree that whatever merit rests in the treatment, it cannot be too widely promulgated. A proof that it has stood the test of time is seen in the fact that over 21,000 cases have been taken in hand with invariable success within the last few years. And as a proof that the author is sincere, and has no wish to make a secret of the treatment, the whole matter is laid bare to the common sense of every impartial reader in a work entitled the 'Cure of Consumption' (5s.). The results of actual experience must go far beyond any theory, and it is pleasing to note that this view is gaining ground. The book has been partly re-written, and has attained a large circulation. It can be had direct from Dr. Alabone, whose address we give above.

"No stone should be left unturned to save impending victims. How widely different would the state of society have been had this disease—consumption—become more of a study in our schools of medicine, and not have been regarded, as it has been, as too subtle and incomprehensible for an ordinary physician."

"*Lancaster Gazette*," *Oct.* 28, 1884.

"The reader who knows anything at all of consumption and its devastating power, will feel an interest that a casual reader of a subject which

has not been practically brought before him, cannot possibly feel the full force of the words we are about to use. The 'Cure of Consumption' is a book which gives the practical method for curing consumption and other chest diseases. The remedies employed are such as have commended themselves to the highest medical and other authorities, and the fact that large numbers of the human family have been snatched as it were from the brink of the grave by the timely application of Dr. Alabone s published discoveries, goes far beyond any theoretical argument that can be presented to the reader. No charms, or spells, or nostrums are relied upon, but a practical method—which has proved to be curative treatment—is plainly laid down, and providing the disease has not made the irrevocable step, a cure can be confidently expected. The work can be obtained from the author's publishers, or from him direct, price 5s. While there is life there is hope, and even in numberless hopeless cases the result of the treatment laid down by Dr. Alabone has caused the despairing to hope, and has granted to thousands a new lease of life. Much might be adduced to show that this new treatment is worthy of general adoption, but we think the few lines we have given on this subject will have weight with our readers; and while leaving the subject temporarily, we again urge all interested to procure a copy of the 'Cure of Consumption' without delay."

"*Stockport Advertiser*," *Oct.* 24, 1884

"Why should the world wait until demonstrations ot practical science have been forced into acceptation? Possibly and probably because a great amount of prejudice exists in favour of the old well-worn theories that have become so pronounced as to cause them to stand almost in the light of actual facts. This as it may be. It is nevertheless true that potent discoveries—either in the physiological or mechanical domain—are invariably attended with many struggles before they are in a sense 'born to the world,' and the genius who inaugurates the change is usually a mark for envy if successful, and a by-word for ridicule should his labours fall short of practical utility. It is noteworthy that the ultimately successful discoverer is keenly alive to the taunts and sneers of the

captious and undiscerning, and estimates these exhibitors of paltry spite at their proper value. Arkwright, when taunted by his avowed enemies with 'Here comes the barber,' is stated to have replied, 'Yes, with a razor that will shave you all.' The attendant penalty on the exposition of truth in any form seems to take the form of envy, hatred, malice, and all uncharitableness. Respecting 'consumption,' and the new treatment of which we hear so much, there is no earthly reason why strife should be engendered because a physician who has had extraordinary opportunities of diagnosing the disease has proved in most severe and hazardous cases that 'consumption can be cured.' Naturally, physicians who have had no practical experience of the new treatment might, speaking according to their own knowledge, say that they know of no cure for consumption, but why decry the success gained by a professional brother? Happily, public opinion is not to be cajoled, and whatever difference of opinion may exist in medical circles as to the special treatment, the fact of a new lease of life to sufferers from consumption being within the bounds of possibility will be still further tested, the voice of the self-imposed duty that the friends of consumptives obey urges such to leave no stone unturned to save the victims of the most calamitous destroyer that medical science has until now vainly struggled to combat. All praise is due to Dr. E. W. Alabone, of Lynton House, Highbury Quadrant, London, N., for clearly stating in his 'Cure for Consumption' the means and method by which these marvellous cures were arrived at, and only those wilfully prejudiced can ignore the sound advice and instruction therein contained. Thousands have gladly given their testimony to the efficacy of the special treatment; and when we consider that Dr. Alabone has for years past confined his attention to the treatment of consumption entirely, and that some 21,000 cases have in the main been successfully treated by him, we cannot withhold our commendation, and would suggest to those readers who are interested to know more of Dr. Alabone's treatment to procure the 'Cure of Consumption' from the author direct. No uncertain language is given to mystify, but clear and concise is the rule and the verdict of the work. To the many who are unable to obtain professional advice of this special character, this book will furnish what they require. We can only wish the author continued success.

"*Oldham Chronicle*," *Oct.* 18, 1884.

"Reading over the 'Cure of Consumption,' by Dr. Alabone (which, by the way, has been referred to by this and other journals in a commendatory manner), we are struck with the entries in the chapter on prevention, which treat of clothing, diet, cleanliness exercise; also gymnastic exercise, ventilation, choice of occupation, dwelling houses, temperature, digestion, etc., and notably marriage. Seeing, as we do, so many matrimonial alliances taking place every day amongst families having a pronounced scrofulous taint, what untold misery is being manufactured for future generations! What says the Doctor? 'In many instances a medical man is not consulted at all as to the advisability of marriage. In reality it is rarely that he is, but the fact cannot be evaded, and I shall therefore plainly state my ideas on this subject, for so much disease, misery, and death have resulted from it, that it is high time some steps were taken to prevent such marriages. If everyone interested were to be well informed on the subject, and medical men were to use their influence, I venture to think very patent results would ensue.' 'I consider it an unalterable rule that where the disease has developed in a family there should *never* be any intermarriage with its own members. Diseases both of body and mind are the ordinary results of such alliances, but where tuberculous disease exists the mischief is still greater. Fortunately, these cases are comparatively rare. What we have chiefly to oppose is the marriage of persons who are personally affected with consumption. Unfortunately, persons who intend to marry as a rule follow their own individual passions and tastes, without any thoughts of the family or care for the future. Higher principles should predominate, and the opinion of the professional adviser be more rigid and exacting on this point.' Much evil will be averted by timely reference to such an admirable work as the 'Cure of Consumption.' Unquestionably, the labour of Dr. Alabone has been in a wide and neglected field. The public have, however, been the gainers from his discoveries. The reader, if interested in a case of consumption, should procure the 'Cure of Consumption and other Diseases of the Chest,' by Edwin W. Alabone, M.D., Lynton House, Highbury Quadrant, London. Many a life has been saved by adopting the method laid down in the book; and, without any semblance of quackery, Dr. Alabone can fairly be

described as one of the greatest benefactors of the human race. The happy results form a pleasing contrast to the oft-repeated and melancholy response frequently heard from the lips of the ordinary medical man, 'There is no cure for consumption.' Facts are stronger than unsupported statements; and the public, we believe, will agree with us that it is better to accept Dr. Alabone's well-attested facts, than to listen to the croakings of the unsuccessful and the prejudiced."

"*Evening News*," *Oct.* 16, 1884.

"Without detailing the diseases that are known to be contagious, we have in our midst a disease called 'consumption,' which is more death-dealing than either cholera, small-pox, pestilence, or famine; a disease which strikes at the heart of society, and spares not. Is consumption contagious? This is a moot point. Opinions differ. Dr. Alabone, a well-known specialist in consumption, quotes in his 'Cure of Consumption' a statement made by Mr. Edwards, who has been for seventeen years the resident medical officer at the Brompton Consumptive Hospital, and consequently an authority on the subject, that he (Mr. Edwards) 'declines to class phthisis amongst the infectious diseases, and in proof of the statement refers to the fact that out of fifty-nine medical assistants, whose duration of office averaged six months, all but two are now living, and of the two dead one fell a victim to aneurism and the other to some cause unknown; and further, all the physicians that have attended the in and out department during the past seventeen years are living, except two—one died from some disease not connected with the lungs, and the other from some unknown cause after an absence of twelve years from the hospital;' and Dr. Alabone himself says, in reference to the friends or relatives of consumptive patients, who are subsequently attacked with the disease, that 'so long as exercise is obtained in the fresh air, and the ordinary duties of life are carried on, there is no predisposition,' but 'when the mental anxiety becomes augmented, and a strain is put upon the physical powers, then the disease is developed.'

"How necessarily it behoves all who have friends or relatives suffering from consumption to avail themselves of the directions given by those most qualified to advise in such a complex disease. The 'Cure of Consumption'

has been alluded to as an authority frequently in the columns of the newspapers; and as medical men recognise the numerous successfully-treated cases by the new method, it is not the writer's intention to dilate upon this (although it is the most pleasing feature yet instanced of the advance of medical science) in the present article. The claims of health have been advocated for months past in nearly every journal; but, with such an inveterate foe as consumption stalking through the land, no effort should remain untried to save not only the present but future generations from its fatal grasp, and stay the progress of a disease which has baffled the skill of some of the brightest ornaments of the medical profession."

"*Catholic Times*," *Sept.* 15, 1884.

"The vast army of victims of the distressing disease consumption cry out for some consideration at the hand of the disciples of Æsculapius, yet how vainly has the fond parent, or perhaps almost heartbroken friend, invoked the aid of the medical profession? The result has been only to hear the invariable death-warrant in the one word, 'incurable.' This view —perhaps the most humiliating to our ideas of progress—is to behold a body of trained believers in the insufficiency of any remedial measures to effect a cure in a pronounced case of consumption. Until Dr. Alabone's theories were demonstrated to the satisfaction of men of eminence, whose opinion was not likely to be affected by any considerations of interest, there was little chance for a patient in consumption to recover, as the medical profession were certain to pooh-pooh the idea of any method of cure being of any avail. In writing thus, we do not wish to draw any inference derogatory to the medical profession. It is scarcely to be marvelled at that the average medical man looks with disfavour upon any statements of consumption being curable. The appalling list of deaths from consumption, and a cursory glance at our graveyards show whole families swept away in a few years by the ruthless destroyer, and the symptoms which have been carefully noted by the medical man, have made such an impression on the mind that consumption has appeared to be the bane of the profession; but to refer to Dr. Alabone particularly, and the cures which his treatment has effected. this is a really gratifying subject;

the facts are placed beyond any question, and we can only give the tributes of just commendation to the physician who has, by making a study of consumption for a number of years past, so successfully established a system of treatment which will bring great advantages to humanity at large, and cause Dr. Alabone's name to be classed with the pioneers of progress and with the men of history who deemed nothing beyond the bounds of possibility where skill, foresight, and energy were concerned. The reader who is interested to know more of his successful treatment in consumption should not fail to procure a copy of the 'Cure of Consumption.' This book contains in simple language the results of the experience of a large number of cases which were pronounced incurable, and which were cured by the treatment, the means employed being fully described in the book, and in addition, many valuable hints as to prevention and cure which cannot fail to alleviate the sufferings of all who are afflicted by this terrible disease. The 'Cure of Consumption' can be obtained direct from the author, and it is interesting to note that already it has passed through eight editions, and is now in the 55th thousand. There is every reason to think that the work will become a book of reference and a guide to health for all who suffer from chest diseases."

"*Bacup News*," *Dec.* 6, 1884.

"The new discovery by Dr. Alabone, the celebrated specialist in consumption, deserves to be added to the accepted scientific truths which have stamped the present age as being the most remarkable in the world's history. That an unmistakable and successful method of treatment has been established beyond the sneers of scepticism or the opposition of the enemies of change or progress, is a matter for which the unbounded gratitude of all sufferers in consumption will ever be attached to the eminent physician whose many victories over this dreaded disease have called forth not only wonder, but appreciation, from almost every quarter of the globe. Let us pause and consider what this important discovery means to the well-being and happiness of the community at large.

"Statistics show that after the age of puberty has been passed, the mortality begins to increase, especially amongst women, and consumption

claims the lion's share of the items in the bills of mortality; and appalling as it is, it is nevertheless true that between the ages of twenty and twenty-five nearly one-half of the number that die succumb to that fatal disease—consumption. Between twenty-five and thirty-five—the period which includes the prime of life and manly vigour—two-thirds of the deaths are from consumption. Between the ages of thirty-five and forty-five, consumption still holds its fatal prominence, and more than one-half are victims to this dread disease. The passing generation has, meanwhile, produced the succeeding one, and the same melancholy experience is gone through. From fifty-five and onwards, diseases of the lungs destroy the largest number of lives, and of 1,000 lives but two survive to the age of ninety-five, and only one of 4,000 born ever reach the age of 100. This great age has been considered by many as the proper duration of life.

"Doubtless, the unsanitary conditions of many of our large towns, and an artificial mode of living, has caused such diseases as consumption to be more deadly in effect; but painful as is the acknowledgment, it must in justice be confessed that while the medical profession have done all that could be done in the way of palliation, they have till now been powerless to effect a cure in a case of consumption, and the want of success has consequently given colour to the despairing cry—'incurable.' Happily, Dr. Alabone has been able to place the actual facts before the public in his work, the 'Cure of Consumption,' and none need now despair of a cure, provided the conditions are such as to give the treatment a fair trial. But even where sufferers have been pronounced beyond the reach of medical treatment, cures have been effected by the aid of Dr. Alabone's discovery. This tells, beyond anything that can be said in a newspaper review, that Dr. Alabone's book is worthy of being disseminated broadcast throughout the land; indeed, no one who feels the importance of a complete insight into the causes, the prevention, and—what is most essential—the cure of consumption, should hesitate a moment about procuring the 'Cure of Consumption.'

"The work is essentially a guide to health, as it is not based upon theories, but the results of practical observation in the treatment of thousands of cases of consumption; and furthermore, the author, with a liberality which stamps his genius as being of the highest order, and

untrammelled by selfish interests, places his discovery before the reader, and furnishes such details of the methods employed in more than sixty severe cases, that any doubt as to the authenticity of these remarkable cures is dispelled.

"In conclusion, we can but hope that the remedy now available will be accepted generally, as the plain teachings of science undoubtedly point to a sound and certain treatment of consumption. Whatever failures medical men in the past may have made, or however hopeless the condition of the consumptive may have been, or is supposed to be, there is an opportunity to make ourselves acquainted with the most remarkable work which has yet been placed before the public on the cure of consumption."

"*English Churchman*," *Oct.* 16, 1884.

"How cheering to the disconsolate and almost heart-broken friends of a consumptive must be the welcome news that a cure has really been found for this most inveterate of all diseases, for without doubt it is now clearly established that the new treatment propounded by Dr. Alabone is of a curative character. Many specious and misleading arguments have been used to endeavour to give some hesitancy to the general acceptance of the special method of cure, but the reader who has an anxious duty to perform to a sufferer in consumption will reason with Dr. Parker, who when sending a test case of an unusually severe character to Dr. Alabone, says:—'It was certainly rather too bad to ask any medical man to take up a case which had been abandoned by his professional brethren, but under the circumstances we resolved upon the policy of despair, which is simply to fight death with any weapon that may be available.' In the instance referred to, 'Dr. Alabone was far from certain about the result. He thoroughly endorsed the opinions of his brethren, that the usual methods of treating consumption were useless in such a case, but he was willing, without fee or reward, to do what he could for the suffering child. To make the story short, the child is now living, active, and happy; her hands and arms are no longer emaciated and all but transparent, and her father and mother are rejoicing over her as one who has been brought back from the very brink of the grave.' Persons who wish to become acquainted with the method employed in curing consumption should send

to the author for a copy of the 'Cure of Consumption and other Diseases of the Chest, by an entirely new remedy,' by Edwin W. Alabone, M.D., 12, Highbury Quadrant, London, N. It is now some years since Dr. Alabone's researches attracted such special attention, and the results now of his practical experience in cases of consumption alone—this disease being treated by him especially—that the period of hopelessness and sore trial can be averted, and that with a proper regard to the directions given, will not fail to stamp this venom consumption from the land. Dr. Alabone is no ordinary man, and his qualifications as a physician are sufficient to stop the ready sneers of those of his brethren who are unsuccessful. By unbroken energy he has placed a remedy before the world of suffering, and caused a better state of things than the wildest dreamer could have conjectured. Many an ordinary mind would have considered the task too laborious and exacting, and the reward too uncertain and trivial, to pursue to success what we may term the 'forlorn hope' in medical science. Happily, Dr. Alabone is a man who sees far beyond the trifles of the moment; and, while giving the results of his experience freely to the world, he knows that the blessings of health will by the aid of its teaching be disseminated far and wide, and thus associate his name and fame with a more pronounced and able treatment of the dire and calamitous disease—consumption. Thousands of cases have been already successfully treated, and it is a public duty to draw attention to the great and glorious movement that has now changed the practice of medicine, and seems almost—to use the words of the sublime Milton—'to create a soul under the ribs of death.' Many who are not actually consumptive can gain much priceless knowledge from a perusal of the 'Cure of Consumption.' The means of restoring a debilitated constitution, of repairing internal weakness, and giving strength to the brain, and freedom from exhaustion and night sweats, and the return of refreshing sleep are fully described, and none who value health and its attendant blessings should be without such a faithful guide-book to health as the 'Cure of Consumption.'"

"*St. James' Chronicle*," *Oct.* 18, 1884.

"The oft-times protracted struggle of an invalid in the meshes of this mammoth disease is rendered doubly bitter by the fact that the ordinary

physician has no hopeful words of counsel and encouragement to offer to the distressed sufferer or to the anxious friends who see more evidences of the decay of what should be the stronghold of health and physical endurance. Nature abhors a vacuum, and no human being at any time seems wholly destitute of hope, least of all the sufferer in consumption, who fondly dreams of returning health. 'If the chest will get better,'—'if the cough will disappear,'—'could he or she make flesh instead of losing it,'—and the long train of possibilities in turn, give the victim sufficient inducement to welcome a delusive hope to reign until the inevitable collapse closes the painful scene. It is not strange that medical men are divided upon the question as to the curability of phthisis; the majority prefer, however, to believe that the disease is beyond the limits of their art. Happily for the times in which we live, one eminent physician has, from a long-extended experience, placed the matter, as far as his treatment is concerned, beyond the doubts of the most sceptical. We refer to Dr. Alabone, the specialist in consumption, whose success has attracted considerable notice, both in the medical world and also from the Press. The latest issue of his work, the 'Cure of Consumption and other Diseases of the Chest,' gives a clear diagnosis of the disease, and the means which Providence has blessed in his hands of curing even cases of consumption which were given up as hopeless by celebrated doctors. These extreme cases have been attested by Dr. Parker, the Rev. M. Baxter, also the editor of the *Christian World*, and others whose names are of sufficient guarantee of the genuineness of the test cases being actual cases of an advanced type of consumption. Medical testimony is also given, so that the general public are not asked to take any evidence upon trust. This ray of hope in the history of a disease which has its victims in every clime, and slays without mercy the rich and the poor, is a worthy subject to bring to the notice of our readers, and those whose interest is excited should procure the work. Almost every journal we take up contains some specious announcement of so-called remedies, and the gullibility of the public is so marvellous, that, when an absolute and potent fact has been established, it runs the risk of being classified with the numerous 'cure-alls' that abound on every side. With respect, however, to the 'Cure of Consumption,' this must be viewed in quite a

different light by the impartial, as the author is a duly-qualified physician, and his practical experience has been entirely gained in the close study of over 21,000 cases in consumption and diseases of the lungs. We trust some public recognition will repay the labours of the eminent specialist who has gained a point hitherto unattained by his *confrères*, many of whom heartily appreciate, as we do, the praiseworthy efforts which have met with such signal success."

"*Court Journal*," *Nov.* 11, 1884.

"For some time past articles have appeared in many of our contemporaries calling attention to a new treatment of consumption which has been promulgated by an eminent specialist in chest disease. Hitherto, it has been almost impossible to cope with this dire malady, or even to throw any solace on its fatal rule. We have, therefore, perused with some curiosity the eighth edition of Dr. Alabone's work, entitled, the 'Cure of Consumption.' The facts stated are certainly beyond denial, and the book contains matter of vital importance, not only to those who may be suffering from consumption, but to many who may be threatened with it. Although the work is an excellent guide to the medical profession, it is written in plain language, so that all can understand. There are no secrets, and the reader after perusal feels that this scourge of our country is robbed of its terror; and in the future, when scepticism is entirely broken down, we may be sanguine enough to hope that consumption will be banished from this fair land of ours."

"*Blackpool Times*," *Aug.* 13, 1883.

"The 'Cure of Consumption' is a work which should be in the hands of all who are in any way interested in this distressing disease. The book can be had direct from the author, Dr. Alabone, Lynton House, Highbury Quadrant, London, N., for 5s. In this remarkable work there are numerous instances detailed of cures which have been a matter of surprise to those who have opportunities of critically viewing the whole course of treatment, and the testimony of such unimpeachable authorities as are cited in the work will convince the most sceptical. That Dr. Alabone is

pre-eminent as a specialist in consumption those who are in any way acquainted with his treatment will gladly admit, but to those who know no more of him than we have mentioned, and are interested in this matter, we would say, consider the facts that are given. Also bear well in mind that Dr. Alabone is not appealing to the credulity of mankind to believe in any secret preparation, the means of treatment being fully explained in the 'Cure of Consumption,' which is written in simple language, free from the usual professional technicalities. Further, this special treatment has saved thousands, and has caused an enormous number of sufferers to be placed under Dr. Alabone's care; and lastly, it is especially satisfactory to note that Dr. Alabone is a thoroughly-qualified physician, and that he has risen to his high position through a long course of persistent and successful study of the diseases of the lungs. There is ample evidence for all unprejudiced persons to correctly estimate the enormous value of such a man's efforts to the well-being of humanity at large. While it is an easy matter to discredit labours, however exhaustive, it is well to remember that the man who discards all personal feeling, and boldly and straightforwardly places the results of his investigations before the public, is sure to attain a higher position in the world's estimation, no matter what carping objections may be made by the unsuccessful and unscrupulous. In conclusion, we would urge our readers to procure the book for themselves; and, after putting aside all preconceived ideas on the subject, read carefully the directions as to treatment, &c., and practise what has proved to be a sure means of cure. Not only to the general public, but also to the medical profession this important work must prove a priceless boon."

"*Norwich Argus*," *July* 18, 1884.

"CONSUMPTION AND CURATIVE TREATMENT.—The victims of tubercular disease have hitherto not only been without the prospect of hope, but, on the contrary, a certainty of the disease increasing upon them and suddenly cutting their existence short, has been propounded to them. Amongst the varied phases of incipient consumption, patients are never thoroughly conscious of the serious nature of their malady, and it is for the experienced physician to detect what is to them a sealed book. Probably

the reason why the medical profession generally have failed to cure consumption is that doctors are too frequently ready to pander to the whims and feelings of patients. This in the treatment of an intricate disease is about the last means that should be resorted to. But especially reviewing consumption, is it not an absolute fact that thousands of medical men have so learned their art as to state that they can do nothing to effect a cure? This statement is not and cannot be the result of practical experience; it really results from incompetency and apathy. Like other diseases which were formerly treated by spells and charms, consumption has reigned rampant until the medical world have been content to take things as they found them; and while the science of healing has progressed rapidly in the case of most diseases, the condition of the consumptive remains as hopeless as formerly—at least, so far as the general medical practitioner is concerned. That there is happily a new departure in progress in the treatment of consumption is instanced by the recent publication of the eighth edition of Dr. Alabone's work, the 'Cure of Consumption.' The labours of this eminent specialist have been attended by remarkable instances of cures even in the last stages of consumption. These cases are fully reported upon, and details given, together with the names and addresses of all concerned, and the whole attested by unimpeachable witnesses. Case after case taken resolutely in hand, and subjected to the special treatment discovered and formulated by Dr. Alabone has been completely cured, and there are now many hundreds of living testimonies to the value of Dr. Alabone's researches and untiring work. In passing, we may record that Dr. Alabone has had to combat a vast amount of opposition from his medical brethren—so bigoted can an intelligent body become when one of their own order steps forth as the pioneer of a new and successful system of treatment. Our object is easily stated, and we shall be glad if we can interest those of our readers who are concerned either for themselves or for their friends to make themselves acquainted with the facts, and to rationally adopt the treatment as fully explained in Dr. Alabone's book. To all who are desirous of learning more about the cure of consumption we would say send at once, and read the plain facts, and receive the benefits which experience, study, and vigilant research have brought to aid the application of modern

science to a disease which has sapped the springs of life to an untold extent, and which casts the shadow of the tomb upon both young and old, grave and gay."

"*Warrington Guardian*," *Aug.* 30, 1884.

"CONSUMPTION: CAUSE AND CURE.—The inroad the disease called consumption makes annually in the list of those who join the great majority is appalling to anyone who reads the statistics furnished by our registrars, that are so frequently commented upon in the public journals. Indeed, one would imagine that this direful scourge, placed face to face with a vast army of the disciples of Æsculapius, would provide a larger scope for their energies than the enthusiasts of the past had in searching for the philosopher's stone. Not so, however; it is the same in our day as in former times. Prejudice has ruled it that consumption cannot be cured; and therefore it is almost a breach of medical etiquette to assume the 'curability of consumption,' for the simple reason that the disease has baffled the ordinary medical procedure. The advent of a thoroughly-qualified physician who has made the curability of consumption an established fact is, however, likely to disturb the many time-worn theories in reference to this disease, and to those who are interested in the successful treatment of cases of consumption and other diseases of the chest, no better advice can be given than to read Dr. Alabone's work on the subject. Not only is the reader placed in possession of full particulars of the means employed in the cures which have been undeniably established, but advice is given as to prevention, and to enable the debilitated to regain health and strength. The chapters on diet, dress, ventilation, healthy houses, &c., &c., should be carefully studied by all who are jealous of their health and comfort. In addition to giving us the means within our reach of adopting the specific treatment of consumption, Dr. Alabone quotes a number of instances of severe cases which have been watched with great interest by the medical profession and by editors of the well-known journals and many unimpeachable witnesses. The 'Cure of Consumption' is the title of the book we have referred to; and although it is undoubtedly a work that will add to the store of information which the medical student aspires to attain, yet it is written in bold and

unmistakable language, and the ordinary reader cannot fail to grasp the meaning, and to derive benefit from its perusal.

"Sale and Exchange" (with portrait), Nov. 6, 1884.

"What marvellous instances of cures effected in consumption are given in the 'Cure of Consumption,' the 'Magnum Opus' of Dr. Alabone, the celebrated specialist in consumption! Were it possible to cast a doubt in any way as to the authenticity of any of the cases cited, probably Dr. Alabone's enemies (for the exposition of truth has in all times been the provocation of enmity) would have slaked their animosity, and have pronounced the physician as no better than the numerous host of empirics who fasten on society. Happily, however, for the large class of sufferers in consumption, for whom the sympathies of all well-wishers to humanity at large must ever be open, the cases cited are all authenticated by competent and unimpeachable authorities; and, with the facts and details fully corroborated, no one in their senses can honestly cavil at, or make any reasonable objection to accept the statements which have been testified to by eminent public men. The secret of the means whereby these marvellous cures have been effected has been laid bare to the general public in the work we have alluded to; and the results of the labours of the most eminent of all physicians who have ever made a study of chest diseases a life-long object is now within the reach of all. That those of our readers who are interested in some cases of consumption should wish to have every proof possible of the truth of the cures alluded to is but natural; and as every detail is fully given in the 'Cure of Consumption,' each particular instance can be fully enquired into by anyone. By obtaining the work in question our readers will secure much valuable information as to prevention and cure of the dreaded scourge.

"No one need despair of securing a new lease of life, providing the treatment is adopted in time. For further information our readers had better consult the book itself, as space will not permit of our doing more than just to call attention to the new treatment employed by Dr. Alabone, and to suggest to our readers the importance of availing themselves of the present opportunity of procuring the 'Cure of Consumption' without delay."

"Christian Herald" (with portrait), Nov. 25, 1884.

"Dr. E. W. Alabone, the Successful Specialist in Consumption."

Dr. E. W. Alabone was born in the year 1845, at Newport, in the Isle of Wight, and received his education at the Castle College, Taunton During his boyhood he evinced such a liking for chemistry and anatomy that it was decided he should embrace medicine as a profession. Consequently, at a very early age, he passed successfully the preliminary examination in general science at the Royal College of Surgeons.

"After passing successfully through his hospital career, obtaining a large number of well merited certificates for practical, surgical, and medical offices which he filled, he decided to make an entire study of medicine. This he did on entering into private practice, but even this seemed hardly to satisfy his specific taste, and he therefore determined to make a sole and complete study of chest disease, which from that time up to the present has been the one aim and object of his life. Of all diseases which have baffled the skill of medical men, it is well known that consumption certainly stands first. With this fact before him, and knowing that then, as at the present time, more persons were suffering from this dreaded disease than at any other period of the world's history, Dr. Alabone, with an honourable ambition, devoted his life to the investigation of this scourge before which the medical profession seemed to stand absolutely powerless.

"After unceasing labour, he at length discovered a remedy which proved eminently successful in some thirty cases of consumption, the patients being rescued from the very jaws of death. This was certainly satisfactory and encouraging; so much so that he published a small work entitled the 'Curative Treatment of Phthisis,' which contained a *résumé* of these cases. No great time, however, elapsed ere other discoveries were made, and so little by little has been built up the method of treatment which Dr. Alabone now, with the Divine blessing, so successfully employs in the treatment of consumption. He has, we find, recently published a work entitled the 'Cure of Consumption, by an entirely New Remedy,' price 5s. It can be obtained from the author, Highbury Quadrant.

London. In the treatise will be found the method of treatment, and the remedies used, as also a great many illustrations of the result of the treatment in cases apparently hopeless. Besides this the reader will find a mass of information and guidance.

"But Dr. Alabone not only points to successes of the past, but boldly states that he believes the time will not be long before the dreaded scourge of our land will be stamped out: we most heartily trust this may be the case. From our observations of the treatment, we must say it has proved an undoubted success. We can point to several instances of consumption which were supposed to be incurable, but through the doctor's skill—humanly speaking—the patients are not only alive, but in good and even robust health. At first, one is not only naturally doubtful, but stands prejudiced when such a thing is mooted as a *cure* for consumption; but when cases are known that have recovered, all prejudice should be put on one side, and facts accepted as facts.

"We could continue quoting many instances, but this is sufficient to show what Dr. Alabone has done. He has struggled against opposition and discouragement, and against a disease where his chances of success seemed almost impossible, yet he has achieved a most remarkable triumph; and, whatever may be the feeling in the medical world, we can only say he has earned the gratitude and prayers of a large number of persons over the whole globe, who have been either themselves, or have had those dear to them, restored to life and health.

"Family Churchman" (with portrait), Oct. 15, 1884.

"Dr. Edwin W. Alabone.—Specialists are *par excellence* the successful men of the nineteenth century. The easy times have nearly gone when the energy of one man could make its abiding mark on more than one department of life. The average of attainment is so high, that only those who, 'while their companions sleep are toiling upwards through the night,' in their one selected field of operations, attain to eminence in the eyes of their generation. It is the specialist who makes those investigations in the quiet corners of the scientific field, which the man of broad vision will afterwards marshal in their place as fragments of wider laws. The discoverers in most of our modern departments of life are of necessity

specialists. Particularly is this the case in regard to applied sciences such as physiology and nosology. The patient and plodding student, with his microscope and stethoscope, is alone master of these domains.

"Dr. Alabone's name is now well known to the public as a specialist in a peculiarly difficult line of medical science. His record is one which can be truthfully described as a distinguished one. He was born at Newport, in the Isle of Wight, and educated at the Castle College, Taunton. At a very early age he evinced a great liking for the study of medicine, and, almost immediately after his college education was finished, he entered Guy's Hospital as a student of medicine and surgery, having previously passed mathematical and general science examinations at the Royal College of Surgeons of England. During his hospital career he obtained a great many high certificates, besides which he, at the early age of nineteen, became possessed of a valuable presentation of plate for his skill in surgery, having performed successfully an operation of an extremely delicate character.

Completing his hospital studies and passing his examinations, he entered into private practice, giving his whole attention to medicine. After a very short period he commenced specially to study chest affections; and published in quick succession a series of works on consumption, which—whatever may be the state of opinion as to the value of the specific mode of treatment recommended—are at least a monument to Dr. Alabone's indefatigable research and thorough mastery of the subject.

"The testimonials to Dr. Alabone's success cover a wide area of cases in every stage, and the value of the evidence adduced is certainly very much higher than that of the majority of published testimonials in favour of the low class specifics so commonly advertised in our newspapers of to-day. It must be remembered that even a small percentage of success in dealing with a disease which is well called 'the scourge of England would entitle a medical practitioner to the gratitude of the nation. In his *magnum opus*, the 'Cure of Consumption and other Diseases of the Chest by an entirely New Remedy,' Dr. Alabone publishes testimonials telling of the results of his treatment in some thousands of cases. Many of these are of the most startling character, and seem certainly to give

solid grounds for the author's belief that consumption can, and he believes will, ultimately be stamped out.'

"It may be added that, to Dr. Alabone's proficiency in his special field of work, he superadds a literary power which is far from common, while as a microscopist and artist his abilities are of no mean order."

"*Life*," *June* 18, 1885.

"Consumption Cured by a New Method.—Consumption has hitherto maintained its fatal prominence in the list of diseases which have been considered 'incurable,' and although many praiseworthy efforts have been made to combat the destroyer, yet we venture to think that practically no dependable system of treatment had even been attempted prior to Dr. Alabone's discoveries. The author of the 'Cure of Consumption,' Dr. Alabone, is looked upon by the suffering thousands of consumption's victims as a benefactor to his species, and it would be a wilful and obstinate prejudice that would endeavour to gainsay or under-rate the marvellous records of actual cures of desperate cases of consumption which Dr. Alabone took in hand when no brother physician would endanger his reputation by treating a case which was considered hopeless. These are irrefragable facts, and should have due weight with those of us who have to face the enemy consumption, either for ourselves, or when brought in contact with it by kinship with others.

"The 'Cure of Consumption' is a work plainly written, and dealing with plain facts, and the directions given therein as to the prevention and cure of consumption and the exposition of the treatment, the diagnosis, definitions, symptoms, hygienic rules, etc., are simply the result of actual observation and experience. The Doctor has for many years been known as the most successful physician in the treatment of consumption, and the advice given in the 'Cure of Consumption' must of necessity command—as it does—the attention of all who are in any way interested in a sound and certain system of cure for this deplorable disease.

"It has been the painful lot of many to find that their lives are, in the eyes of the medical man, scarcely worth a day's purchase. The seal of consumption has been set, perhaps, at the period when most hopeful

changes were anticipated. The merchant has thought of retiring; the man of strength and purpose enters the married state; the fond parents see their sons or daughters grow past health, and precariously lingering until some function shall cease its office or the whole structure suddenly collapse.

"Without professing utter impossibilities, Dr. Alabone has undoubtedly gained a point in the treatment of consumption which has never been reached before, and, as the new method of treatment is fully explained in the 'Cure of Consumption,' our readers will do well to procure the work for themselves. The price of the book is 5s.; it can be obtained of the author direct—Dr. Alabone, Lynton House, Highbury Quadrant, London, N.

"Such a work as the 'Cure of Consumption' is of incalculable value. When we consider that the germs of consumption are everywhere rife, and that its fatal character is undisputed, and that the new treatment is fully explained in the pages of this remarkable book, it is a matter on which all whom it concerns need not think twice. We have scarcely space to give more details of this work in this issue, but its importance cannot be overstated, and its effect upon the treatment of consumption must certainly be widespread, as the position of a consumptive or delicate person suffering with chest disease is now of a hopeful character.

"A perusal of the particulars of many of the instances of cures named in the 'Cure of Consumption' cannot fail to disabuse the minds of any who are in doubt on the subject."

"*Boston Guardian*," *September* 19, 1885.

"The fact that generation after generation has been allowed to continue in hopeless ignorance of the true causes and character of the disease called consumption, may be a sufficient excuse for the blind indifference with which many foolishly regard the supreme question of the possibility of a curative system of treatment for this most cruel of all maladies. Not that a reckless do-nothing policy is shared by most people; on the contrary, thousands are only too painfully interested in the subject, and those who are so fortunate as to be either the witnesses or the subjects of restoration from the terrors of consumption, are seeking

earnestly to extend the all-important information to all who are doubtful as to the condition of their health, and especially to such as are aware personally of the hereditary tendency to phthisis. The appalling truth of the great annual sacrifice of human life from chest diseases evokes from the most brilliant essayists and novelists touching and piteous lamentations over the wreck of happiness and home. The striking of this sorrowful chord meets with a vibrating echo in the hearts of tens of thousands who have practically been taught 'not to hope for a cure.' It is some years since Dr. Alabone, the eminent specialist in consumption, first made known his discovery of a remedy for phthisis, and it need scarcely be told that at that time his labours in this field of medical science were doubtfully viewed, and many of his theories disregarded. It is due to this physician's pertinacity in searching out the actual causes, and attacking the disease with a view to its extermination, that the condition of a sufferer in consumption is to-day, to say the least, of a hopeful character. Many persons that were most sceptical as to the new method employed—men well known in medical, literary, and scientific circles—have expressed their astonishment at the absolute cures which they have witnessed under Dr. Alabone's treatment, and such undeniable facts have, undoubtedly, awakened a general feeling of interest and relief that, at last, a pronounced curative treatment has been established. Not that Dr. Alabone states a cure can be expected in every case, although success has been met with in even the latter stages of consumption, and thousands whose lives were despaired of are now happy in the full enjoyment of health. Yet the life that has well-nigh ebbed away before a proper trial of the system of cure is made may die, when, indeed nothing short of a miracle could save the sufferer. It is interesting also to know that many cases that have been restored by the treatment were considered extremely doubtful by Dr. Alabone when taken in hand. Diseases of the lungs destroy the largest number of lives at every age, and under varying circumstances. This fact alone is sufficient to justify a physician of Dr. Alabone's attainments in devoting his life to ameliorating the condition of consumption's victims. As a specialist of the highest order his works on the treatment of pthisis command general attention; his latest works, 'The Cure of Consumption and other

Diseases of the Chest, by an entirely New Remedy,' illustrated by numerous cases pronounced incurable, has reached a sale of 95,000 copies, and is now in the ninth edition. 'The Cure of Consumption' is peculiarly suited to the exigences of the time, and conveys in a succinct and readable form a full diagnosis of the disease, its definitions and predisposing causes, its nature, symptoms, prevention, and treatment."

"*Brighton Standard*," *November* 28, 1885.

"Who that has known the feelings of utter despair that take possession of the mind on hearing the solemn words, however kindly or sympathisingly uttered—'There is no hope, your disease is incurable.' Whether spoken of oneself or of those we love, how bitter is the feeling of anguish as day by day the symptoms take a deeper hold, and the patient becomes noticeably weaker and weaker. All this would be trying and harassing enough were the cases few and far between, and the ailment short and rapid in its action, as in some of the malignant fevers or attacks of smallpox. But this is not all. How great a proportion of the inhabitants of this highly-favoured land of ours suffer in one form or another from that deadly foe to health and happiness, which slays without mercy the most promising of our sons and daughters—the hitherto considered incurable disease, consumption. Do we not too often see one member of a family after another sicken—gradually fade before our eyes—droop and die? Some go off in childhood's sunny hours, while others are spared to manhood's prime before the fatal symptoms appear. Mother and child, brother and sister, husband and wife, are thus ruthlessly torn asunder; and is it consistent with the march of progress that the efforts of a whole profession should be always kept in check by such an insidious disease? Most assuredly, No. While scientific skill is exercised with such marvellous success as has happily attended Dr. Alabone's labours, the inveterate foe is likely to experience a thorough defeat. By most important discoveries which have been made known to the medical profession Dr. Alabone has shown that the supposed victim need not now despair under the new method of treatment, and this physician is indeed the object of gratitude from all classes and generations. Dr Alabone is the author of a work entitled 'The Cure of Consumption,

published at 5s., which can be obtained of all booksellers or of the author Lynton House, Highbury Quadrant, London, N. In this volume will be found most clearly set forth the nature and varied symptoms of this terrible scourge, together with full directions as to its prevention and treatment. It is there clearly demonstrated, both by theory and numerous undeniable cases of cure, that, if taken in time, there is, humanly speaking, no reason why the disease should not only be checked, but eventually stamped out. Numerous test cases have been sent to Dr. Alabone, some of which were in the last stages of the complaint, by his professional brethren, as well as by others of undoubted authority and competence, who have gratefully testified to the efficacy of the treatment, and the marvellous nature of the cure. This treatment, as it becomes more widely known and appreciated cannot fail to elicit the gratitude of the nation towards so great a public benefactor as Dr. Alabone. All those who who have either a dread of this fearful complaint, or who, from witnessing its devastation around, may feel interested in this work, should procure at once a copy of 'The Cure of Consumption,' and they will find themselves amply rewarded by its perusal."

"*Newcastle Guardian*," *May* 30, 1885.

"To the most remarkable discoveries of the age is now added the pronounced and accepted fact that consumption is capable of curative treatment. Many readers who have beheld the apparently blooming and healthy friend or relative sink beneath the fell scourge of humanity, and pass away, as so many of the most charming flowers of the human family have prematurely withered before our eyes, will start at the stated fact, and view it with a certain incredulity which is only natural when a bitter experience has led to an opposite opinion. Facts, however, point to the hopeful possibility that a future generation may be as ignorant of the fatal character of the disease as we have unfortunately been led through a former incompatibility of medical science to properly cope with the disease, to surrender our belief in the resources of the medical world. To Dr. Alabone, whose name stands out at the present time foremost amongst physicians who have succeeded in this special department of the divine art of succouring and healing the sick, we owe more thanks and

gratitude than words or emoluments can adequately acknowledge. The treatment propounded and established by him is now acknowledged, and to those of our readers to whom the subject is of vital importance, we would suggest the perusal of the new method of treatment in consumption which is fully explained in the 'Cure of Consumption.' (This work can be had from any bookseller, or from the author direct—price 5s. Dr. Alabone, Lynton House, Highbury Quadrant, London, N.) The disease in all its forms is not only explained and diagnosed, but the actual means of cure, and also prevention, is clearly given, and no secret is made of the principles of the treatment which proves to the most disingenuous reader that Dr. Alabone has studied the question in the cause of suffering humanity, and freely gives the result of an unequalled experience, leaving the method of treatment to stand upon its own merits. Much has been said in the newspapers as to the effect this method of cure laid down by Dr. Alabone would have upon the future history of medical science, and many editors of influential journals have conscientiously taken up the matter on public grounds, and, before drawing the attention of their readers to the merits of this new remedy in consumption, have personally inquired into the matter, with the result that overwhelming testimony has been furnished as to the remarkable cures effected. Further, over twenty-one thousand cases have in the main been successfully treated, and astonishing cases of extreme seriousness are quoted and attested in the 'Cure of Consumption.' To procure the book, and place it before the notice of those it would benefit, is an act which becomes a bounden duty when we, who profess to have an interest in the well-being of acquaintances who, we cannot but see, are likely to fall victims to consumption's devastating power. Space is too limited to give a proper outline of the 'Cure of Consumption,' but we hope to give more particulars at a future date."

"*European Mail*," *August* 3, 1885.

"CONSUMPTION AND THE NEW REMEDY.—Doubtless many of our readers will have heard of Dr. Alabone's treatment for the cure of consumption, and, having had no personal experience of this physician's method, may not unreasonably have ranged themselves among the sceptics

who doubt the possibility of their being any radical remedy for this malady. To such, however, a perusal of the doctor's work on the 'Cure of Consumption' may be recommended as likely to throw an entirely fresh light upon the conditions and treatment of this terrible affliction. So far from being anxious to shroud his method in secrecy, Dr. Alabone desires to court the closest investigation into the merits of his discovery, and with this view he recently asked of all the principal London hospitals, if a ward could be set apart for him to treat consumptive patients for six months. In no case, however, was this accepted, and it is certainly to be regretted that such an opportunity was lost of fixing once and for ever the claims of this new medical discovery, and of stamping it with the sanction or disapproval of the medical profession, who in the hospital wards would have enjoyed ample facilities to weigh and criticise it. Dr. Alabone's own willingness to subject it to this public inquiry forms, however, sufficient evidence of his full personal belief in his discovery. Consumption, with its dire train of attendant evils, is, Dr. Alabone contends, in reality fostered and disseminated by causes generally preventible, while ignorance and neglect of sanitary laws, and the prevalent idea that phthisis is incurable, tend to develop the disease when the germs are once engendered. It is certain that the non-success even of our leading physicians in grappling with the disease has given deep impression to the belief that the malady is irremediable, and from this impression the patient is induced to place his sole hope upon the restorative virtues of residence in milder climates, or to expect a new lease of life from the benefit which a sea voyage may bring. These, the cut-and-dried prescriptions upon which the consumptive patient places his trust, come too late, in ninety-nine cases out of a hundred, to be of any permanent value to the invalid, whose disease remains unattacked, and whose health and spirits fade, whatever scene or circumstances may surround him. In the 'Cure of Consumption,' Dr. Alabone gives a history of the disease in a succint and readily-comprehensible form, and, in addition, fully explains the principles of the new treatment. Its price is 5s., and it can be obtained through any bookseller, or direct fron the author at Lynton House, Highbury Quadrant, London. Already it has reached its 77th thousand, and it may be mentioned that at its close is to be found a

lengthy list of testimonials as to the curative and palliative nature of this remedy for consumptive sufferers who have reached the advanced stages of the disease."

"*Halifax Courier*," *December* 24, 1885.

"The consensus of public opinion has fully endorsed all that has been said in favour of Dr. Alabone's treatment by the highest medical and lay authorities, and the publication of the ninth edition, seventy-fifth thousand, of the recognised standard work, entitled the 'Cure of Consumption,' is a matter which the invalid world will fully appreciate. Unlike every publication of this kind, no mystification of medical parlance is attempted, and the principles of Dr. Alabone's system of treatment are fully expounded, and the results of scientific research laid bare for the benefit of the consumptive sufferer. The ravages of tuberculous disease have been often deplored and dilated upon by sympathetic souls, who would gladly have given relief if it were possible. But Dr. Alabone's work is not of this doubtful character; the system of treatment which has been inaugurated by him has its object in effecting a certain cure; how far this has been successfully accomplished the well authenticated record of cures under this new treatment will testify. The perusal of the 'Cure of Consumption' can safely be commended to invalids; as, far from adding a sorrowful tinge to their already chequered existence, it cannot fail to inspire hope that there is a well-defined system of cure, and point the way this end may be attained, It must be apparent to all that the invalid's lot is, as a rule, doubly worthy of sympathy. Not only is the sufferer doomed to certain pains consequent on the ailment, but in many instances the medicines resorted to have actually augmented the disease. Several of these fallacious remedies are severely commented upon by Dr. Alabone, who, speaking personally, 'regrets that early in his career (acting under the usual precedure of his profession) he ordered consumptive patients abroad. Some of these would probably be alive at this moment had the new treatment been discovered then.' The incipient symptoms of consumption are fully diagnosed in the 'Cure of Consumption,' and many erroneous impressions as to the contagiousness of the disease fully disproved. Great care is

given in this work to state the causes of true consumption, and to point out the method of prevention. It is as true as fire is hot that there are thousands upon thousands of our fellow-creatures in the United Kingdom alone, who are called away every year, whose lives would be saved to society did they but take the precautions that are set forth in this work. Dr. Alabone has given great attention to sanitation, ventilation, and the subject of dress, and his golden hints will not be lost on those who would guard against this inveterate foe. Those who have had the care of a relative or friend in consumption must have been sorely perplexed as to the diet suitable and necessary. The hollow, languid eye, the prominent cheeks and dejected looks, all appeal to friends with no uncertain voice. The method of preparing the diet most acceptable and nourishing to the patient is fully described. The various phases of the disease are accurately detailed, and full directions given as to the treatment; no secret is made of the system of cure, which has been largely adopted by many physicians with their patients. Dr. Alabone has had but one object in view—the amelioration of his fellow creatures from the disastrous advent of consumption—and he has undoubtedly succeeded where many hundreds of his professional brethren have failed. The history of the discovery of this system of cure, and its effect upon the old systems of treatment—which merely had a palliative object—has been frequently alluded to by the Press, and those of our readers who are interested in any way in learning how this marvellous treatment has developed and succeeded should procure 'The Cure of Consumption' —its price is five shillings, and will well repay the perusal. It can be obtained of the author direct, Lynton House, Highbury Quadrant, London, N., or it can be had through any bookseller. All who feel the importance of arresting the progress of this hitherto considered incurable disease, should make themselves acquainted with the work, which is undoubtedly the *vade-mecum* to health, and of the utmost value to those who suffer in any way from chest disease."

"*Daily Chronicle*," *April* 23, 1886.

"Preventible Deaths.—At the meeting of the Balloon Society, held in the Lecture-hall of the Royal Aquarium, Westminster, last evening, a

paper by Dr. Robertson, entitled 'Preventible Deaths,' was read, in the unavoidable absence of the author, by Captain F. S. D. Bisson. After referring to the ignorance which prevailed as to the means by which disease might be rendered less disastrous, the paper went on to treat upon the number of preventible deaths arising from consumption. It was undeniable that many children died yearly from culpable neglect of the common laws of health, and that many others who survived suffered severely in after-life in consequence of this neglect. Frequently, children were killed by being fed with pure milk instead of milk and water arrowroot contained little or no nourishment, and infants were often starved through its constant use. Passing on to other causes of disease, it was asserted that the seed of consumption and of other dire complaints found a ready soil where hygienic rules were disregarded. Consumption, which had hitherto been considered absolutely irremediable and fatal, was shown by Dr. Alabone to be curable, though this opinion had not been formed without watching the results of years of labour. In 10 years 20,000 cases had passed under his treatment, and in the main success had followed. Though undoubtedly there were cases which could not be cured, yet, unless a lung had been destroyed to such an extent as to be incompatible with life, a remedy existed. Anyway, it might fairly be said that notwithstanding the peculiar atmospheric conditions prevailing in this country, a considerable number of the deaths which occurred were preventible. Dr. Alabone did not believe that consumption was contagious, and it was highly essential that the air breathed by all should be pure, and of sufficient quantities. In large factories the air often became foul, and, as every adult required from 20 to 35 cubic inches of air every 24 hours, it would be seen what a quantity was necessary. It should be remembered that upwards of 3 per cent. carbonic acid existed in the atmosphere of our theatres and crowded offices, and every breath of such was detrimental to health. Again, the inhalation of particles of dust and hard irritating substances, which are attendant on such trades as stonemasons, millers, and coalheavers, on being received into the lungs became an acknowledged cause of consumption; but this evil might, by adopting greater care and using ordinary precautions, be, in a great measure, mitigated. As to drowning, another phase of preventible deaths,

was it not a great satire upon 'Britannia ruling the waves' when the majority of her sailors never learned to swim? The paper also referred to the use of chloroform as a cause of danger, and the medical evidence recently given on the point would, it was urged, enlighten many whose ideas of the nature and influence of this poison had been of an entirely opposite character. In conclusion, the author contended that too little attention had been paid to the causes of disease, the means of prevention being thereby little known, and the hopeful result of a healthful and contented people was a goal that would, it must be admitted on all hands, gratify the highest ambition of the most ardent reformer, and win the approval of the most devoted adherent of the friends of law and order.—The usual votes of thanks to the chairman (Mr. Le Fevre), the author, and reader, terminated the proceedings."

"*Le Moniteur de la Mode*," *October*, 1885.

"There is no disease which strikes more terror to the heart of the patient or his friends than consumption. Such dread epidemics as cholera and small-pox create panics in multitudes, but no other complaint so terrifies the individual; its only rival, perhaps, in this respect, is cancer. Both diseases represent an insidious wasting and perishing of the tissues of the body which no nourishment can replace, and the patient is sunk in deep depression at the notion that he is hopelessly dying by inches. What adds to the horror is that both are considered to be incurable. But is this so? Half a century ago many diseases were regarded as incurable; many epidemics were looked upon as unpreventible, both ideas being now negatived. There are skilled physicians now who declare that, if consumption be effectively dealt with before the disease has advanced too far, a complete cure is possible. Dr. Edwin W. Alabone, who has made consumption and lung disease a special study, has written an excellent treatise on 'The Cure of Consumption.' This gentleman is decidedly entitled to write on the subject, as he has worked some extraordinary cures with patients of both sexes and all ages, many of whom have been given up by their own doctors. In this book he suggests preventives,

describes symptoms, and gives the various treatments as to diet, remedies, exercise, ventilation, etc. By taking due precautions, by a carefully regulated diet, he has snatched from the grave little children who displayed unmistakeable signs of advanced consumption. His true and wise remarks on exercise, diet, ventilation, cleanliness, etc., will benefit the reader who has no trace of consumption in himself or family."

"*Birkenhead News*," *May* 23, 1885.

"CONSUMPTION.—A NEW DISCOVERY.—Dr. Alabone's researches have attracted considerable attention, and those of our readers who have a special interest in this painfully inveterate disease will be glad to hear that this new system of treatment is now acknowledged as the successful treatment. In the 'Cure of Consumption' the public are not asked to believe in any indefinite or secret means, and the principles of the method are such as will readily commend themselves to professional as well as non-professional readers, and the simple fact that over twenty-one thousand sufferers in consumption have been treated in the main successfully goes more to establish this system of cure in the minds of the community than any written testimony that could be furnished by the discoverer himself. All who view the progress of medical science with doubt or uncertainty as to the possibility of a cure for consumption being established, need only read Dr. Alabone's book to have those doubts relieved. It is a sign of a great hopefulness for the times in which we live, and points to the possibility of a future when the now dreaded word 'consumption' will be meaningless as regards the fatal character it has borne for centuries past. Dr. Alabone's name as a well-known physician of large practice and high standing is a sufficient guarantee of the solid and sterling character of the contents of the 'Cure of Consumption,' and a perusal of this work, even as an ordinary guide to health, is commended—the principles are explained lucidly and with much force. This book has, we understand, reached an issue of fifty-five thousand, and it can be procured from any bookseller—price 5s.—or from the author, Dr. E. W. Alabone, Lynton House, Highbury Quadrant, London, N. The disease consumption embraces such a complication of disorders, and assumes such various guises, that when a doctor (who has made

consumption a life-long study with a view to establish its cure) comes forward and lucidly explains the disease and its treatment, thereby placing valuable information within the reach of all, we can heartily wish such a work as the 'Cure of Consumption' a wider range of readers, as the author deserves the thanks of the entire human family for his efforts to stem the tide of what has been known as the 'incurable disease,' consumption."

"Gateshead Observer," June 13, 1885.

"The art and practices of medicines has been stimulated to further progress through the efforts of Dr. Alabone, who has boldly pushed his researches until the masses far and wide begin to see that the disease which has baffled so many is capable of being stamped out—slowly, possibly, but nevertheless an unprejudiced mind will on perusal of the work, 'The Cure of Consumption,' say surely that cures of cases in an advanced state of consumption have been accomplished, as instanced by the publication of the names and addresses of over sixty cases which were considered hopeless. These facts have been vouched for by many unimpeachable and uninterested witnesses—that is so far as in stating one way or the other what method of treatment was adopted—but interested deeply in the cases which were under treatment, and scrupulous in their acknowledgements of that which was justly due to the physician's labours. These tests were duly commented upon in the public journals, and some of these particular cases are cited in the 'Cure of Consumption.' No amount of reasoning or argument will displace the fact that the treatment discovered by Dr. Alabone has been proved to be of priceless worth, and has caused an amount of attention to be directed by the medical profession to the treatment of consumptives from a more humane and rational point of view. The consumptive patient as a rule is unable to understand the serious character of the disease. The varied forms with which it lays hold of the victim are each of that stealthy character that seems to blind the sufferer to the advances made by each successive stage. Only the friends are alive to what is wrong, and they invariably can do nothing. To consult the ordinary medical man, the advice frequently is to try a less changeable climate, to avoid excitement and live plainly, to

take copious draughts of cod liver oil, &c., &c. But hope of eradicating the disease? None! And the average medical man acting according to his lights is right. There is no hope for the consumptive while the disease is allowed to increase and strengthen its hold upon the patient. Therefore it behoves all who have an interest in this disease, either personally or relatively, to obtain such information as to their condition as will conclusively help them to regain their wonted health. In Dr. Alabone's book, 'The Cure of Consumption,' this desideratum is found, and it is really a moral duty for all who value health to seek such beneficial means as are presented to them with such overwhelming testimony as the work in question contains. We have pleasure in drawing our readers' attention to 'The Cure of Consumption' (price 5s.), and would urge those interested to procure a copy without delay. The advice and full instructions as to the treatment of the disease in its various stages is beyond price. The book, which is in its 55th thousand, can be obtained from the author, Dr. Alabone, Lynton House, Highbury Quadrant, London, N., or any bookseller can procure it. Space will not permit us at present to give further details, but the book itself will be found sufficient to answer any doubts in the matter."

APPENDIX.

In making public these formulæ, I am actuated by the desire and hope that it will place within reach of the patient means of dealing with the more general and distressing symptoms, which consumptive patients, alas! too well know, and which are looked upon generally as things which *must* be endured.

Linseed Meal Poultice.—Simple as may appear the preparation of this invaluable remedy for inflammation, &c., it is astonishing how very few really understand the proper method of preparing it. *Boiling* water should be poured into a *heated* bowl, and into this water the meal should be *sprinkled* with one hand, whilst with the other holding a spoon or other implement also heated, the mixture is continually stirred till a thin smooth mass is formed; if water be added to the meal, the result will be lumpiness. This should be spread quickly on *warmed* linen. If made in this manner, it will retain its heat for a very long time. Some skins cannot bear the application of linseed meal. In these cases a

Bread Poultice should be used. It is made by slicing the bread in a basin already heated, and pouring over it boiling water. It should then be placed by the fire for a few moments, the water poured off, and replaced by fresh boiling water; this is again poured off, and the bread beaten in a strainer with a fork, and made into a poultice as above.

Constipation.—This very frequent symptom can usually be overcome by the use of enemas. For this purpose a pint or more of water should be used; the rectal portion of the instrument well greased, and all air worked out of the enema before introduction. The best fluid will be found *tepid* water (not hot,) to which has been added either a little glycerine or soap. The judicious use of this injection will, in the majority of cases, not only overcome the difficulty, but ultimately cure it.

Dyspepsia.—The following will be found of great value in cases of dyspepsia, especially where associated with flatulence:—

℞

Liq. Pepticus
Liq. Bismuth. ā ā m. xxxv.
Liq. Strych. m. v.
Aq. ad. 2 drachms.

To be taken in a little water quarter of an hour before meals.

Sickness after Meals.—Vomiting of food is a very frequent and most distressing symptom. It can usually be checked either by the above, or by

℞ Bismuth Nit. 2 drachms.

Divide into twelve powders: one powder to be taken after meals three times a day.

The powder is best taken between a piece of bread, cut open; it is comparatively tasteless.

Ordinary indigestion, with no violent symptoms, can be treated successfully with two to three grain doses of Pepsine (Morson's in preference) taken immediately after or with a meal. There are many preparations of Pepsine, such as Pepsine wine, &c. Let these be shunned, and the pure Pepsine taken. Many patients I have seen, say they have tried Pepsine, but it does no good, simply because they have not tried it properly. In all things, but more especially in drugs, the best are the cheapest in the end.

Diarrhœa.—A very simple remedy for this troublesome symptom is to be found in half a teaspoonful of powdered cinnamon, mixed in a wine-glass nearly full of port wine, or brandy, with a *little* water: take every two or three hours, as required; or four to five drops of spirits of

camphor on a piece of sugar. Where this symptom is caused by tubercular deposition and irritation of the bowels, other methods must be adopted, according to the condition of the patient.

Sore Throat is a sympton very troublesome and difficult to get rid of. One of the following gargles will generally produce almost immediate amelioration of the worst symptoms.

℞ Pot. Chlor. pulv. 2 drachms.
Glycerine 1 oz.
Aq. ad. 8 oz.

The throat to be gargled three or four times a day. Should there be ulcers, the following must be used :—

℞ Pot. Chlor. pulv. 2 drachms.
Ac. Sulph. Dil. 2 drachms.
Pur. Tannin gr. vj.
Aq. ad. 8 oz.

To be used as above.

In many cases the throat will be found not actually sore, but an uneasy sensation of fulness, causing a continual hawking and huskiness of voice. For this, the throat can be painted twice a day with glycerine of tannin ; the relief usually afforded by this simple means is remarkable. Should this fail, others must be used. Whilst stating this, I would add that it is from no desire of secrecy I do not give *the others*, but that they are only safely used in the hands of the physician ; this applies wherever the remark is made.

Tickling of the Throat, inducing Cough.—When this symptom first occurs, it can be relieved by continually sipping a mixture of *glycerine and water*, or by sucking a small piece of gum Arabic. Lozenges (except glycerine or gelatine) should be avoided, for reasons before given. Should these means fail, it is well the throat should be examined with a laryngyscope. Many cases I see of consumption of the throat, and other serious troubles, might easily have been checked had this been done by some one thoroughly conversant with the instrument, and the abnormal conditions it reveals.

Post Nasal Catarrh.—Many persons suffer from this affection till it becomes chronic, or gradually finds its way into the lung, and there sets

up serious disturbance, if not consumption. It is by no means difficult to deal with, although usually supposed to be so. When first noticed, the throat should be gargled once a day (see sore throat), and the following mixture sniffed up the nostrils twice a day, having previously sniffed up lukewarm water :—

℞ Glycerine ½ oz.
Pur Tannin gr. iij.
Pot. Permang gr. j.
Aq. ad. 6 oz.

Should this fail to relieve the symptoms, to the above may be added a little carbolic acid. Where the disease has become chronic, more energetic means must be applied, and specific treatment adopted.

Night Sweats, so enfeebling and distressing to the consumptive patient, can almost invariably be relieved by daily sponging the body with an evaporating lotion, composed of equal parts of white vinegar and spirits of wine, and taking 10 drops of dilute phosphoric acid in half a wineglass of water twice a day. In usually severe cases, I use a remedy which would be unsafe in inexperienced hands, but which is almost infallible.

Hæmorrhage.—This symptom may occur at any time and to any degree. In the less severe attack, the patient should lie down and refrain from speaking. Ice in a sponge bag may be applied over the chest; cold drinks given, but not too much ice to suck; this has been, and still is, a grave error. A lemon may be sucked, and 30 to 40 drops of dilute phosphoric acid taken every two or three hours till relief is obtained. Should the bleeding still continue, other means must be resorted to in the way of sub-cutaneous injection, &c.

Sleeplessness is a symptom which, if allowed to go unchecked, produces great exhaustion and depression. The use of actual narcotics must be avoided, as they not only produce serious gastric disturbances, but utterly fail in producing real *rest*.

A very simple and generally efficacious method of producing sleep is to saturate a handkerchief with Eau de Cologne, and tie this round the neck; over it tie a dry handkerchief; after a short time a sensation as if the skin were being irritated is produced, and sleep is obtained.

This failing, the following dose may be taken at bed-time, and another dose one hour after, if no effect follows the first dose :—

Pot. Brom. 2 drachms.
Aq. 6 oz.

One tablespoonful at bed-time.

Soreness of the Tongue and Mouth very frequently troubles the patient, and prevents the enjoyment of food. Borax and honey will usually remedy this; but should it fail, the following should be used :—

Pur Tannin gr. v.
Glycerine ½ oz.
Boracic acid gr. x.
Aq. ad. 1 oz.

The mouth and throat to be painted twice a day; other more serious symptoms must be met by the remedies used, in conjunction with the specific treatment I have mentioned. I shall have much pleasure in answering any questions that sufferers may see fit to ask relative to the treatment of other symptoms.

USEFUL ARTICLES OF DIET TO THE CONSUMPTIVE PATIENT.

Lime Water and Milk. A tablespoonful to a tumbler of milk, and a little sugar to taste, will often be retained when the stomach rejects all other kinds of food. The same may also be said of Howard's Meat Juice, see page 89. Milk and soda water in equal proportions are also useful in some cases.

Egg and Wine. Beat an egg with a fork till it froths : dissolve a little sugar in two tablespoonfuls of water, mix well, pour in half a wine glass of sherry, or half the quantity of brandy or whiskey, and drink at once ; or beat an egg to a froth with a tablespoonful of cold water make a glass and a half of water, and a glass of sherry hot, *not boiling,* pour this on the egg, and stir well, and add as much sugar as required, put this into an enamelled saucepan on a gentle fire, and stir round *one way* till it thickens, care being taken that it does not boil. It can then be taken in a glass with a few fingers of toast.

Suet and Milk. Into half a pint of fresh milk, put a tablespoonful of shredded beef suet, beat it sufficiently to dissolve the suet, then skim and pour into a warm glass, *drinking it before it cools*; or chop an ounce of suet very fine, tie it loosely in a muslin bag, and boil it slowly in a quart of new milk, sweeten with sugar.

Suet and Barley Water. Chop an ounce of suet as in last recipe, and place in muslin bag; place this in a pint of *thin* barley water, add quarter of an ounce of isinglass or gelatine, and a little sugar; boil it all together for an hour adding a little warm water as it boils away. Pour the barley water on about a dozen sweet almonds pounded fine, well mix and strain.

Artificial Goat's Milk. A very good substitute for this can be obtained as follows: dissolve half an ounce of gelatine in half a pint of hot barley water, to this add an ounce of pure sugar, and mix with a pint of fresh cow's milk.

Bread Crumb Pudding. Place a thin slice of bread into the oven, which must not be very hot, when dry, roll it till fine dust is obtained. Beat up a new laid egg with a dessert-spoonful of powdered loaf sugar, add to this about three tablespoonfuls of new milk, put in the bread crumbs, and beat the mixture for at least five minutes, place this in a basin which has been rubbed with butter, tie a cloth tightly over, place it in boiling water, and boil for half an hour.

Macaroni. Two ounces of this should first be well washed, then boiled in quarter of a pint of milk, and the same quantity of good beef gravey, till it is *quite tender*: drain and place the macaroni on a hot dish before the fire; get ready the yolk of an egg well beaten up with about two tablespoonfuls of cream, and two tablespoonfuls of the liquor in which the macaroni was boiled in, add half an ounce of butter: make this sufficiently hot to thicken, *but it must not boil*, pour it over the macaroni, and strew over the whole a little finely gratered parmesan cheese, or the macaroni may be served as an accompaniment to minced beef without the cheese, or it may be taken alone with a little good gravey.

Tapioca and Cod Liver Oil. Boil in two quarts of water a quarter of a pound of tapioca till tender, drain, and put back into pan; season with

a little salt and pepper, add half a pint of milk, and a pound of cod liver cut into seven or eight pieces. Let this simmer near the fire for about half an hour till the liver is quite cooked, then press the liver to get as much oil as possible into the tapioca; after taking away the liver mix the tapioca, if too thick add a little milk, then boil a few minutes, stir, and add pepper and salt to taste.

Pearl Barley Jelly. Boil pearl barley for six hours, strain, and the water when cool will form a nutritive jelly, this will dissolve in warm milk, and is adapted for delicate infants and children.

Bread Jelly. This also forms a very nutritious article for children, especially during acute disease, it is made by taking the crumb of a loaf, cover it with boiling water, and soak for some hours; then strain away all the water which will contain any adulteration, fresh water must now be added, and the mixture placed on the fire, and allowed to boil until it is perfectly smooth, then press the water out, and the bread on cooling will form a thick jelly; it can be flavoured as desired.

Nutritive Jelly. Isinglass one oz., gum Arabic half an oz., white sugar candy one oz., port wine one pint, gratered nutmeg. These must be put into a jar to stand for 12 hours covered tightly to prevent evaporation, then place in a saucepan with sufficient water to simmer till the contents of the jar are dissolved; stir and allow to cool.

Lentil Soup. Mix a tablespoonful of lentil flour, and a teaspoonful of corn flour with a little milk till as thick as cream; boil three quarters of a pint of milk sweetened and flavoured to taste, pour this *slowly* on the flour and milk, continually stirring: a whipped egg added after will improve the soup; or salt may be added instead of sugar. This is a most nourishing and digestible soup.

Minced Fowl and Egg. Remove all skin and bone from a cold roast fowl, mince and stew, put the bones and trimmings into a stew pan with a small onion, if agreeable to the patient, and half a pint of water, this must stew for half an hour, and the liquor strained off; now chop a hard boiled egg small, and mix with the mince, salt and pepper to taste, three tablespoonfuls of new cream, half an ounce of butter, a tablespoonful of flour, and a teaspoonful of *lemon juice,* to this add the gravey, let it all just boil, and serve with toast.

Toast is very rarely made as it should be, if burnt on both sides and the inside spongy it is most unwholesome food. It should be of medium thickness, slowly and thoroughly baked through, nicely brown on the outside, and not toasted too fast.

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A CORRESPONDENCE

WHICH HAS RECENTLY TAKEN PLACE IN THE

CHRISTIAN WORLD

CONCLUSIVELY DEMONSTRATING THE

CURABILITY OF CONSUMPTION.

THE following article appeared in the *Christian World*, January 27th, 1887.

DR. ALABONE ON "CONSUMPTION."

It is impossible to read the record of cases, and especially the letters of patients, which are appended to the twelfth edition of Dr. Alabone's now well-known work, *The Cure of Consumption*, without being impressed with the remarkable success that has attended his treatment of this supposed incurable disease. From all classes, *including the members of his own profession*, testimonies to its efficacy are forthcoming, and these have been voluntarily given in order to reassure any one who may have had doubts about it. One medical man, with more letters after his name than we care to print, writes:—"*I had been given up by an eminent physician of Leeds, and other men, fifteen months ago; both lungs were diseased. I heard of your treatment, but was very sceptical about it. After being urgently persuaded, I tried it, with the result that I am now able to enjoy life.*" We might occupy columns with similar extracts. We are surprised that Dr. Alabone's question to the principal

hospitals, asking if a ward could be set apart for the treatment of consumptive patients by the specific method, was in each case negatived; as it would have given his system an open public trial. The only way in which the same trial could be obtained would be by opening a hospital specially for the purpose. We have not heard whether this has been proposed, but it would be worth the consideration of any philanthropist on the look-out for a mode of doing good to his suffering fellow-creatures. His treatment has proved eminently successful, and that it is successful WE HAVE OURSELVES HAD UNDENIABLE EVIDENCE. Those who desire to benefit by it must undergo his treatment; the book will serve as a fair guide to their judgment on the important question whether or not they will entrust themselves to his skill. It would be useless, in nine cases out of ten, to consult an ordinary medical attendant on *this* point. But that Dr. Alabone has many enthusiastic friends and followers is shown by an illuminated testimonial, recently presented to him, couched in the following words:—

"We, the undersigned friends and patients, who have witnessed the success which has ever attended your treatment of Consumption, take this opportunity to place on record our great appreciation of your researches, which have culminated in the promulgation of a remedy that has been widely and eminently successful.

"We would express our utmost confidence in your great experience, believing your opinion and advice in all cases of chest disease to be of incalculable value to suffering humanity.

"By your disinterested actions and integrity you have shown yourself entitled to the respectful admiration and gratitude of all with whom you have been brought into contact, whether professionally or otherwise.

"That your distinguished services may meet with that extensive recognition of the community at large which they so greatly deserve, and that your life may be long spared for the continuance of your valuable and beneficial labours is the sincere and earnest hope of your well-wishers."

Conspicuous amongst the number of signatures attached to this testimonial are those of two eminent bishops, and other representative men amongst the clergy and the law; also many well-known physicians and surgeons, showing that Dr. Alabone's labours in the treatment of this fell disease have not been unnoticed and passed by without reward.

In consequence of this article, the following letters appeared on the dates given:—

FEBRUARY 3RD, 1887.

DR. ALABONE AND CONSUMPTION.

(To the Editor of THE CHRISTIAN WORLD.)

SIR,—It was with very great pleasure I saw that Dr. Alabone's treatment on consumption had received recognition in your paper. I happen to be the medical man referred to with so many initials to my name. *I can assure you it has done nothing less than a miracle in my case.* Twenty months' ago I was literally within a few weeks of my grave. I had the best advice that was possible, and all shook their heads over me and said *I could not possibly recover*, and I felt what they said was true; and but for my father urgently persuading me to try Dr. Alabone's treatment, I should have been dead, I feel sure, long ago. But for the wretched jealousy which, I am sorry to say, is so rampant among the medical professsion, Dr. Alabone's name would before now have rung through the land quite as strongly as "Pasteur," or "Jenner on Vaccination." When I look around and see the terrible scourge consumption is throughout the world, I feel one cannot do enough in making his treatment known. I had previously lost two brothers and a sister from the same disease.

Yours very truly,

T. YOUNG, L.R.C.P., L.R.C.S., ED., L.F.P., & L.F.S., GLAS., L.M.

FEBRUARY 10TH, 1887.

DR. ALABONE'S TREATMENT.

(To the Editor of THE CHRISTIAN WORLD.)

SIR,—I notice with great pleasure your article upon Dr. Alabone's treatment of consumption. Some eighteen months' ago I was thoroughly prostrated by several severe attacks of hæmorrhage from the lungs (from which complaint I had suffered for a period of several years), and as a last resource resolved to place myself under his treatment. Since then I have only had two very slight attacks, and now feel sure that I have no need to fear any more. I had been under many doctors before I went to him, but none of them seemed able in any way to cope with the disease beyond giving me medicine to stop the hæmorrhage when an attack came on. I have persuaded several friends since to place themselves under his treatment, and *in every case there has been a marked improvement in their condition.* I would urge you to use the enormous powers of your paper to promote a scheme and open a fund to start a hospital where consumptives may have the chance of being treated by Dr. Alabone's system.

Yours obediently,

Regent's Park Road, N.W. W. B. GREEN.

(To the Editor of THE CHRISTIAN WORLD.)

SIR,—As consumption is daily making such ravages in families, it is well such a case as that of your correspondent, Mr. T. Young, L.R.C.P., &c., should be widely known. There are, no doubt, others who could give facts equally striking in regard

to Dr. Alabone's treatment. For the benefit of other sufferers I hope such facts may be published. I have a son who, in all human probability, would have *been years ago in his grave*, struck down by this fell disease, but who, through God's blessing on this treatment, is still spared to us.

Yours very truly,
ROBERT S——, M.A.

(To the Editor of THE CHRISTIAN WORLD.)

SIR,—From the facts that have come under my own cognisance in relation to Dr. Alabone's treatment of consumption, I feel sure that the testimony borne by Dr. Young in this week's issue, as to the marvellous cure effected in his own case, *could be re-echoed by hundreds of persons* throughout the length and breadth of the land who are now enjoying health and strength, and who, but for Dr. Alabone's skill, would long ere this have been in their graves. With such an array of indisputable evidence as to the efficacy of the treatment within reach of any one who cares to examine it, I think it is a crying scandal that so many members of the medical profession should wilfully shut their eyes to the facts, and seek to disparage the efforts of one who is grappling bravely and almost single-handed with this deadly disease with such good results. I trust that your example, in giving prominence to Dr. Alabone's treatment, may be followed by many of your contemporaries, who would thereby be doing noble service in the cause of suffering humanity.

Yours faithfully,
Mildmay Park. J. H. LUMB.

(To the Editor of THE CHRISTIAN WORLD.)

SIR,—In your impression of February 3rd, I notice a letter from Dr. Young, L.R.C.P., referring to Dr. Alabone's successful treatment of consumption. In conjunction with him, I have pleasure in bearing testimony to the same result in my own case of tubercular disease. Two years ago I placed myself under Dr. Alabone's care, and then *could scarcely walk* 100 *yards without great pain*, now I am enjoying health, strength, and activity, and able to follow the arduous pursuit of a traveller. Hoping that Dr. Alabone will be successful in overcoming the prejudice of his professional brethren as he has undoubtedly been in the treatment of this destructive disease.

Yours truly,
Hackney. STOWELL B. KING.

(To the Editor of THE CHRISTIAN WORLD.)

SIR,—In your last week's issue, Mr. Young, himself a physician, successfully treated by Dr. Alabone, bears emphatic witness to the "Curability of Consumption." The phrase used to be a paradox. To many Dr. Alabone has made it a familiar truth. The fact is of such vital national concern, far outrivalling many a grave political issue of the hour, that I would crave brief space to add my testimony which, though not founded on personal experience, is substantial, and which I am ready to make good to any inquirer. Within the range of my own knowledge are several indisputable cases where *permanent benefit* has been derived from Dr. Alabone's treatment even when, as in Mr. Young's case, appealed to as a *last resort*, after the failure of all the usual means.

That Dr. Alabone's attack on this malady should have succeeded is not surprising to any one who has studied his work on the *Cure of Consumption*, and has noted the

complete absence of empiricism—the rigorous adherence to scientific method—evinced therein. What is surprising is that it should have been heretofore coldly "passed by on the other side" by the Levite majority of his medical *confreres*. The surprise is less when one thinks of Galileo and Harvey, and the reception accorded to their discoveries by the authorities of their day. But one had hoped the nineteenth century was beyond that. Inch by inch, through sheer advocacy of those it *has actually blessed*, this treatment is forcing its way into the fierce fire of public criticism. When tried by that fire and found, as those who know it are confident it will be found, true, the current of professional opinion will have to follow that public opinion which it ought to guide.

Yours faithfully,

Torquay. A. MACONACHIE, M.A.

MR. H. C. HERBERT, Crown Street, Reading, gives particulars of *four serious cases which have been successfully treated* by Dr. Alabone. He is of the opinion that the establishment and endowment of a hospital as a Jubilee memorial would do more good than any scheme yet suggested, and would be prepared to assist to the best of his means.

The letters of this date being for want of space curtailed I am enabled by the kind permission of the editor to give them in full, as under—

(To the Editor of THE CHRISTIAN WORLD.)

DEAR SIR,—I feel I cannot speak too highly of Dr. Alabone's kindness to me as a patient, and also of the great benefit I received from his treatment. I feel anxious for all those who are suffering from consumption to lose no time in trying his remedies.

Yours truly,

Carlton Street, Cheltenham. S. L. HUNT.

(To the Editor of THE CHRISTIAN WORLD.)

SIR,—I believe you are conferring a boon to your numerous subscribers and the public, by permitting a correspondence concerning the wonderful successes of Dr. Alabone. I trust you will find space for my further testimony. Prior to consulting Dr. Alabone I had the advice and prescriptions of *eight medical men of high standing*, both in this country and abroad, without any noticeable result. The last six months I have been under Dr. Alabone, and the change (*confirmed by my own medical man*) *was marvellous*; my weight has increased steadily six lbs., the breathing is much better, the expectoration one-half, and instead of wintering in Africa or the Riviera (as I have done the two previous winters) I have remained near Manchester, and feel in every way better. Considering the high mortality caused through lung disease I feel it is a kindness on your part to allow opinions to be expressed in your journal, and should these letters be the means of directing sufferers to one who has done so great a service to mankind you will have performed a useful public duty.

I do not wish my name to be published, but enclose my card, and should anyone apply to you I would have pleasure in giving them any further details.

Yours very truly,

Authenticated by J. S——, M.D. W. ——.

(To the Editor of THE CHRISTIAN WORLD.)

SIR,—I shall be obliged if you will allow me to bear my testimony to *a most marvellous cure of consumption* by Dr. Alabone. My wife had been ill for a long time, and she had been to a number of doctors and to several hospitals, and had *been given up as incurable.* I chanced to hear of Dr. Alabone in the beginning of 1885, and took her up to see him. She was then in such a state that she could scarcely walk across the room. After a thorough examination he prescribed for her, and treated her all through that year. She speedily improved, and after 12 months treatment she was enabled to go about as usual, and for six months she has not required any medicine, and is now apparently as well as ever she was. I can only hope that this letter may meet the eyes of all suffering from that dreaded disease, and that they will apply at once to the doctor, for I have no doubt they will receive the kind and *successful* treatment that my wife has received, and but for which she would be now in her grave instead of alive and well.

I am, yours truly,

Devonshire House, Reading. THOMAS WEAVER.

(To the Editor of THE CHRISTIAN WORLD.)

DEAR SIR,—Allow me to add my testimony to the efficacy of Dr. Alabone's remedies for consumption. A large proportion of the children under my care in the Orphans' Home inherit consumption from their parents, so that we have been able to give Dr. Alabone's treatment a fair and somewhat extensive trial. We have had some cases of *cure*, more of *alleviation*, and most of *prevention*, for now when we see a child beginning to show signs of consumptive tendency we administer the medicine at once. If all who have derived benefit from Dr. Alabone's treatment would combine in a hearty and generous effort, a hospital might soon be established which would be a great boon to the suffering poor.

I am, dear Sir,
Yours faithfully,

Orphan Asylum,
20, West Square, London, S.E. CHARLOTTE SHARMAN.

(To the Editor of THE CHRISTIAN WORLD.)

DEAR SIR,—The recent correspondence concerning the treatment of consumption that has appeared in the columns of your influential paper, has only just been brought under my notice. I hasten to write, and beg you to allow me, as a favour, to add my testimony to those who have already written concerning the very successful treatment of this terrible malady by Dr. Alabone. I have had the pleasure of seeing many of his cures, two especially that came under my notice both declared at Brompton Hospital *as incurable*, who, after spending their all on physicians, rather grew worse, were then taken in hand by Dr. Alabone and are now in *perfect health.* I look forward to the day when all those prejudices that prevent its general adoption shall be swept away. Surely any treatment that not only alleviates but cures this dire disease, *and this is proved in hundreds of cases,* should receive from one and all a hearty reception, and I fully endorse the views of one of your previous correspondents, that it would indeed be a grand memorial of the Queen's Jubilee to erect a hospital for his special treatment, towards which I would willingly subscribe.

I am, Sir,
Your obedient servant,

Tunbridge Wells. GEORGE CHEVERTON, F.L.S., F.C.S., &c.

(To the Editor of THE CHRISTIAN WORLD.)

SIR,—With your permission I would like to *confirm* Dr. Young's testimony, in your issue of the 3rd inst., as to the efficacy of Dr. Alabone's treatment of consumption. I was greatly struck with its *success in the case of a relative who had been given up as hopeless by her own and other medical men who saw her.* A case like this needs no comment and speaks for itself.

I enclose my card, and am, &c.,

"ANOTHER MEDICAL MAN."

(To the Editor of THE CHRISTIAN WORLD.)

SIR,—I was pleased to see Dr. Young's letter in your last issue, and can myself fully endorse all he says. I have seen the most advanced cases of consumption recover by Dr. Alabone's treatment, cases which seemed beyond all human aid. It seems incredible to me that such bigotry should exist in our noble profession, yet such is the case; but we must hope for the day when all prejudice will be laid aside and success recognised, no matter how it may wound our pride to confess we have erred. Were this the case, as Dr. Young states, Dr. Alabone's name would have been as familiar as "Pasteur's," although I am not sure it is not so already.

Yours truly,

J. HENSON, M.B., C.M., L.R.C.S.

(To the Editor of THE CHRISTIAN WORLD.)

SIR,—Having seen the letter from Dr. Young, of Hastings, in your issue of the 3rd inst., respecting Dr. Alabone's treatment of consumption, I have great pleasure in adding my testimony to its marvellous efficacy. Some seven or eight years ago my case was pronounced *quite hopeless by two medical men, who told me I could not live three months*—both lungs being badly diseased. Quite by accident I heard of Dr. Alabone's successful treatment of a very serious case in Bristol, and in spite of medical and other prejudice I determined to seek his advice. On enquiry I found he was a physician of great skill as a specialist in chest diseases. I consulted him personally, and placed myself under his care, with the result that *I am now, and have been for some years, perfectly well* as far as the chest is concerned. Besides my own, I know of *several* other cases pronounced hopeless, where the patients are now in good health. I should have the greatest confidence in recommending the treatment to any one suffering from chest disease, even though it be far advanced. I may add that I lost a sister and brother from lung disease.

I am, yours faithfully,

LOIS COCKING.

Prospect House, Frome.

(To the Editor of THE CHRISTIAN WORLD.)

SIR,—Will you permit me to add my testimony to what has already been said in your columns respecting Dr. Alabone's treatment of consumption? Five years ago my wife was very ill, and our then family doctor declared the malady to be consumption, adding, emphatically and repeatedly, that unless she went to reside in a warmer climate she *could never be well again.* This, of course, was easier said than done, and for a time the matter was a trouble to us. Acting on the advice of friends,

however, she placed herself in the hands of Dr. Alabone, and for many months persevered in taking his medicine, the effect of which was marvellous. The result was that all sign of the disease disappeared, and has never returned. She is now leading as busy a life as most pastors' wives, and is fairly well. Many inquiries have been received from persons far and near, and my invariable advice has been, "Go to Dr. Alabone, and follow up his treatment patiently and perseveringly."

I have known several cases in which this *following up* has been wanting. What an unspeakable boon to thousands would be a hospital for the treatment of consumption on Dr. Alabone's lines, especially if it could be so supported by a benevolent public as to admit free of cost the suffering poor, who, with the terrible malady upon them, and no means of obtaining other than the ordinary "parish" treatment, are doomed to an early grave! If you, Sir, would use your great influence in favour of such a scheme, so as to secure its success, you would be a public benefactor indeed, and the blessing of many now "ready to perish" would be given you.

Yours sincerely,
J. SELLICKS,
Congregational Minister.

Newton Abbot, Devon.

FEBRUARY 17TH, 1887.

DR. ALABONE'S TREATMENT.

WE have been led to depart from our custom in this instance *by personal experience of Dr. Alabone's treatment*, and a sense of the duty of making known what we are satisfied may prove a blessing to multitudes, who may otherwise not hear of it.

Besides the letters published last week we have received many others of equally emphatic testimony, from which we can only give extracts.

MR. SAMUEL STEER, of Exeter, writes:—"Five years ago my eldest son, then about 12 years of age, was pronounced by two medical men to *be hopelessly consumptive*. I placed him under Dr. Alabone's care, and after six weeks a very marked improvement showed itself. After 12 months Dr. Alabone advised that the treatment might be discontinued, and from that time, with one short exception, my son has enjoyed good health, has grown rapidly, and has followed his occupation without a break."

MR. CHARLES A. BAKER, M.A., of Balham, says that he recovered from a bad attack of hæmorrhage of the lungs four years since by Dr. Alabone's treatment after his own doctor had pronounced him incurable. Making allowance for age, he now seems as well as though he never had the attack. He thinks it would be a great boon to the poorer classes and those in reduced circumstances if a hospital were established where Dr. Alabone's treatment could be obtained gratis or for a nominal fee.

REV. HENRY GOWARD, M.A., L.L.B., of Tenby, tells that seven years ago, one of his sons, a boy of seven, was so ill that a physician from the Consumptive Hospital said *there was no chance of recovery*. Under Dr. Alabone's treatment he became sturdy and athletic, *and is now captain of his eleven both at football and cricket.*

Goward wishes so great a blessing could be made much more widely available.

MR. SIDNEY G. GOSS, of Torbay Terrace, Paignton, has known *many patients, given up by their medical men, who have been literally drawn from the gates of death by Dr. Alabone's skill, and are now living and healthy.* No suggestion for celebrating the Jubilee Year seems to him so appropriate as a hospital devoted to the treatment of consumption on Dr. Alabone's methods, and he adds, "If you would open a subscription list in your paper, I have little doubt that numbers of grateful patients who have been restored to health would gladly help their poorer brethren to obtain that benefit which now is debarred them. No one would be more pleased to assist than myself."

(To the Editor of THE CHRISTIAN WORLD.)

SIR,—I desire to add my testimony to the success attending Dr. Alabone's treatment of chest diseases. I have been under this treatment during the last six months, and now feel that I need it no longer. I have often to thank God that my steps were directed to Dr. Alabone, though when first advised to consult him *I thought it would be useless*, and it is to remove this thought from the minds of other well-nigh desponding sufferers and their friends, and to inspire them with fresh hope that I venture to address you. It would be a good thing indeed if the success of this eminent specialist were still more widely known, and if the many poor sufferers unable to pay for his skill were in some way enabled to avail themselves of it.

Yours faithfully,

Post Office, Thornton Heath. J. SMORTHWAITE.

(To the Editor of THE CHRISTIAN WORLD.)

SIR,—It affords me inexpressible pleasure to see published in your estimable paper the letters from correspondents with reference to Dr. Alabone's treatment on consumption, more especially as I am able from *personal experience to state its marvellous efficacy.* Many years since I fell a victim to consumption, and was assured by eminent doctors that mine was *a hopeless cases*, and my parents were informed that it was *impossible for me to live more than three months.* When I was merely a living skeleton I heard of Dr. Alabone, and as a last resource consulted him, with the result that in six months I was able to accept an important business engagement which I have now held for more than three years, and during that time have never had occasion to absent myself from business for a single day through ill-health, and have been getting stronger weekly. After such facts as these I consider it worse than a crime if through jealousy this marvellous treatment is not adopted by those who have the power of saving so many lives, and too many thanks cannot be given to you for bringing these letters before the public.

Very faithfully yours,

Brighton Road, South Hornsey, N. J. HURN.

(To the Editor of THE CHRISTIAN WORLD.)

SIR,—Deeply grateful for the benefit received in my own family from the treatment, I feel it my duty to add my testimony to those which have been already given, and which seem to place the efficacy of the remedy beyond doubt. Three years ago, as a last resort, I took my wife to Dr. Alabone. She had been previously treated by several medical gentlemen to no purpose; they all agreed *that both lungs were diseased* and that she was a victim of the fell disease for which *there was no remedy.*

The expectoration brought up a quantity of blood. She could hardly walk, and had wasted away to a mere shadow. To all appearances unless the disease were arrested she had but a very short time to live. After the first six months under Dr. Alabone she was considerably improved, and had increased 20lbs. in weight; she has been able to attend to home and other duties since, with a degree of comfort which she had not known for years. She has discontinued the medicine for nearly 12 months and has been comparatively well during that period with the exception of an occasional cold. We have recommended the treatment to several since, in various parts of England and Wales, and, as far as I can ascertain, *with satisfactory results in every case.* That Dr. Alabone is able to cope with the disease seems evident, and that he has effected most marvellous cures is well attested, and why should the profession, as intimated in your columns, feign to ignore or attempt to boycot such a valuable and welcome discovery. In ignoring a remedy admitted on all hands to confer so much benefit, the medical profession, by its narrow conservatism, inflicts a cruel wrong on a multitude of sufferers among the poorer classes, who call for the tenderest consideration. I am glad to find a few noble exceptions. Now failing to secure a ward in one of our hospitals for the special treatment of consumption on Dr. Alabone's principle, are there not among the readers of the *Christian World* a number of philanthropic gentlemen who are in intense sympathy with the suffering poor, and whose means will enable them to promote a separate institution for this special purpose? At a time when so many schemes are projected for the celebration of the Queen's Jubilee, I venture to suggest as a most appropriate and worthy object the founding of such an institution.

Yours faithfully,

D. LLOYD JENKINS,

Chichester. Congregational Minister.

(To the Editor of THE CHRISTIAN WORLD.

SIR,—I have known Dr. Alabone's treatment in one case, and I must plainly say that the result *was simply marvellous.* The little girl was wasting away, and had been given up by the doctors, but now she is comparatively strong, and looks really well. Dr. Alabone paid as much attention to her as if she had been able to afford the highest fees, yet he knew well that he was not to receive one shilling. In the whole case Dr. Alabone was as generous as he was successful.

JOSEPH PARKER, D.D.,

21, Daleham Gardens, Fitzjohn's Avenue, N.W. City Temple.

In reply to these letters, I wrote the editor as follows:—

(To the Editor of THE CHRISTIAN WORLD.)

SIR,—The correspondence which has taken place in your paper relative to my specific treatment of Consumption having been brought under my notice, might I trespass on your valuable space to offer a few remarks thereon? Of the success of the treatment I need not speak; the many thousands who have recovered by its adoption (the majority of whom had been given up as perfectly incurable) being sufficient demonstration of the fact. I would, however, wish your readers to form no false opinion as to its being *infallible.* I am continually asked, "Are you certain to cure

me?" My answer is, Certainly not. Unfortunately, many cases do not recover; but by far the greater average *do*, and this average would be still higher were the treatment rigidly adhered to and persistently persevered with. The length of time required to effect a cure must of necessity vary considerably. Remarks, too, have been made suggesting that the benefit derived may be of a transitory character. This is contrary to my experience. I have known many patients insure their lives in the same office where some years previously they were refused altogether. A relapse taking place after a patient is once cured I find of very rare occurrence. Some of your correspondents regard the expense as being a drawback to the poorer classes adopting the treatment. It, however, has always been, and, I trust, always will be, my aim to exclude no sufferers. I invariably willingly endeavour to meet the need of every case. Regarding the suggestion of a hospital, where such cases could undergo my treatment gratuitously, I fully agree with your correspondents, and should be only too glad to enter heart and soul into any scheme for the relief of the many thousands of poor sufferers who have hitherto been left to die.

I am, yours obediently,

Lynton House, Highbury Quadrant, N.

EDWIN W. ALABONE,
M.D., Pa., U.S.A., F.R.M.S.

NOTICE.

WHERE it is impossible for a personal examination of the patient to be made, a form of questions has been prepared, which can be filled up by the patient. This form will be forwarded on application, with any other particulars desired.

HOURS OF CONSULTATION.

MONDAYS, TUESDAYS, WEDNESDAYS, and THURSDAYS, from 10 a.m. to 1 p.m.

Patients are particularly requested to note that the above hours will be STRICTLY ADHERED TO. For consultations at any other hour an appointment is necessary.

Patients residing in the Country can be visited on FRIDAYS and SATURDAYS.

All communications to be addressed :—

EDWIN W. ALABONE,

Lynton House,

12, Highbury Quadrant,

London, N.

Patients are particularly requested not to write on the outside of this Paper.

*No.*_____

Name _____ *Date.* _____

Date.	*Progress of Case.*	*Treatment.*

FORM TO BE FILLED UP BY PATIENT.

———:o:———

*Date*_____ *Age*_____

*Name in full?*_____

*Address in full?*_____

*Occupation?*_____

*Married or Single?*_____

*If married, what family?*_____

*Have any relations been affected with Consumption?*_____

*If so, name them:*_____

*When was the disease first noticed?*_____

*Can you account for the disease?*_____

*When is cough most troublesome?*_____

*Color and quantity of expectoration?*_____

*Does it sink in water?*_____

*Have you spat blood?*_____

*If so, give date of first and last attack?*_____

*Have you night sweats?*_____

*Can you lie on both sides?*_____

*Is there pain in chest?*_____

*If so, at what part?*_____

*Is the chest at all flattened?*_____

*Have you lost flesh?*_____

*Present weight?*_____

*Have you palpitation of the heart?*_____

*Is the appetite good?*_____

*Can you eat fat?*_____

*Is the urine clear?*_____

*Have you flushing of face after meals in the evening?*_____

*Number of beats of pulse per minute?*_____

*Have you diarrhœa or constipation?*_____

Has there been any swelling of the legs or feet? _____

*Have you shortness of breath?*_____

*What previous treatment?*_____

Other particulars you may deem necessary:

_____

_____

_____

_____

_____

If the patient is a female, kindly state any particulars peculiar to the sex which may be deemed necessary.

_____

_____

_____

_____

_____

This form must be filled in carefully, and, when received, a reply will be sent stating the requisite course to be adopted.

Hours of Consultation—

MONDAYS, TUESDAYS, WEDNESDAYS, AND THURSDAYS,

From 10 A.M. to 1 P.M.

Patients are particularly requested to note that the above hours will be strictly adhered to.

All communications to be addressed—

EDWIN W. ALABONE,

LYNTON HOUSE,

HIGHBURY QUADRANT,

LONDON, N.

Date.	*Progress of Case.*	*Treatment.*

Result _____