

Diseases of the chest : a treatise on the uses of the lungs and on the causes and cure of pulmonary consumption : designed for general as well as professional readers / by Samuel Sheldon Fitch.

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Dr. Hays

DISEASES OF THE CHEST.

A TREATISE

ON THE

USES OF THE LUNGS

AND ON THE

CAUSES AND CURE

OF

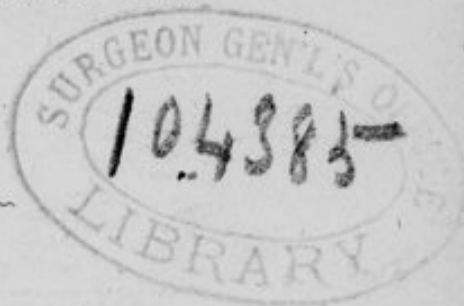
PULMONARY CONSUMPTION.

DESIGNED FOR GENERAL AS WELL AS
PROFESSIONAL READERS.

BY SAMUEL SHELDON FITCH, A. M., M. D.

"A time may come when consumption will be classed with the curable diseases."—*Bute*, 1432.

"Consumption is a curable disease."—*Fitch*, 1841.



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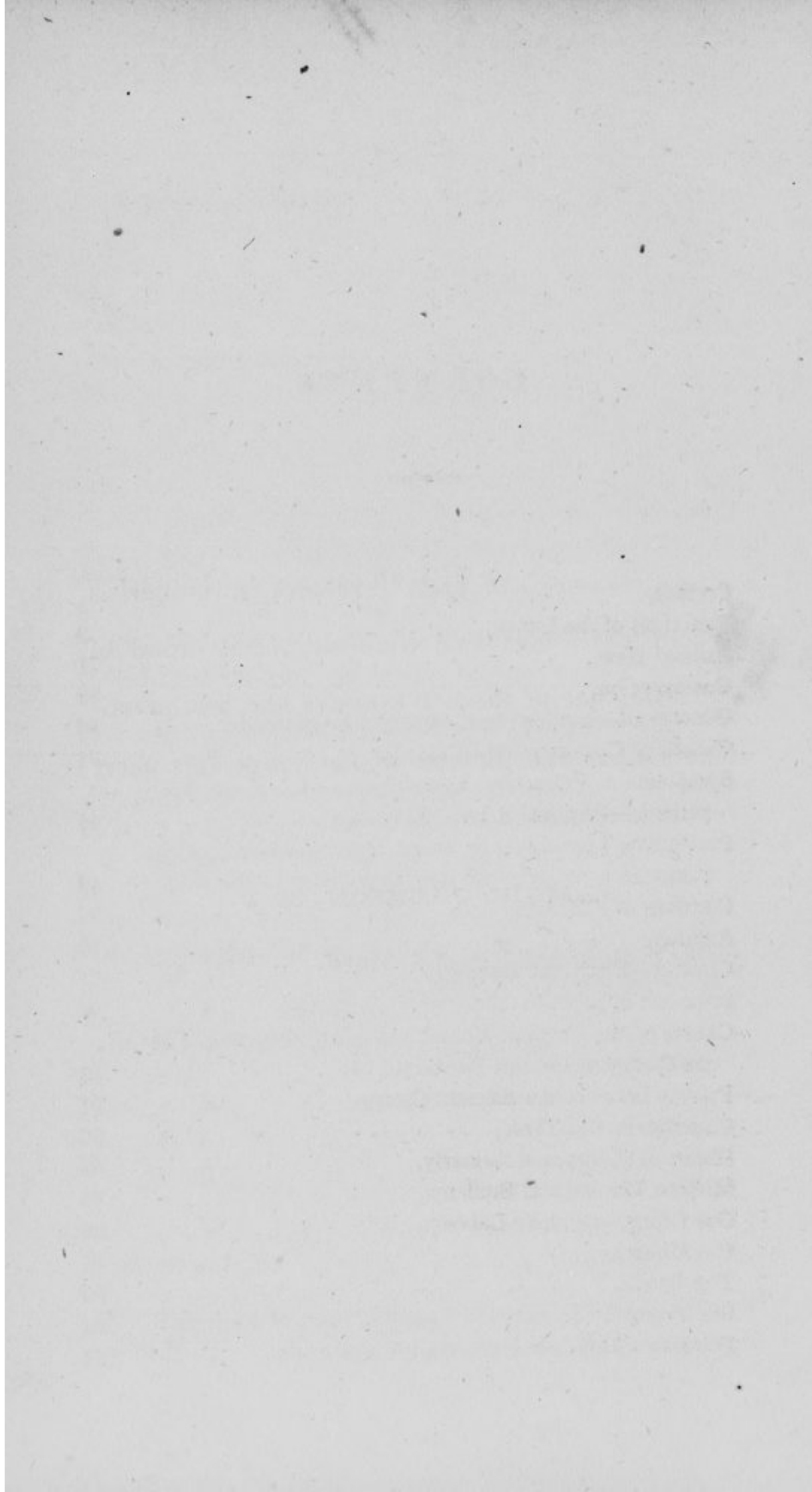
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As a testimony of grateful respect for numerous favours and long tried friendship, and proud of addressing one of the first scholars and best practitioners upon the diseases of the lungs, this short treatise is dedicated to

SAMUEL JACKSON, M. D.

by his zealous and grateful friend,

THE AUTHOR.



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PREFACE.

THE dignity of prophet has more than once been granted to those who only claimed the merit of a full knowledge of the past and present—whose clear perception of objects before them, enabled them to behold the “shadows of coming events.” The man who thirty years ago said, that one day *pulmonary consumption* would take its place among the curable diseases, said so with truth, from having then noticed that Nature herself cured the disease, and, if so, Art might one day imitate her. It was an ingenious conceit of a French criminal, who, under sentence of death, commuted however to allowing him to choose the mode, replied “that he preferred dying of old age.” This reply will find a response in all that great family under sentence of “dust to dust.” In all periods of authenticated history, there have existed fatal diseases, considered incurable, but which increased knowledge has taught us were not so, but only waited the development of clearer truth to baffle and subdue their fatal tendencies. At one time, small pox; at another, nearly all fevers were fatal. Inflamma-

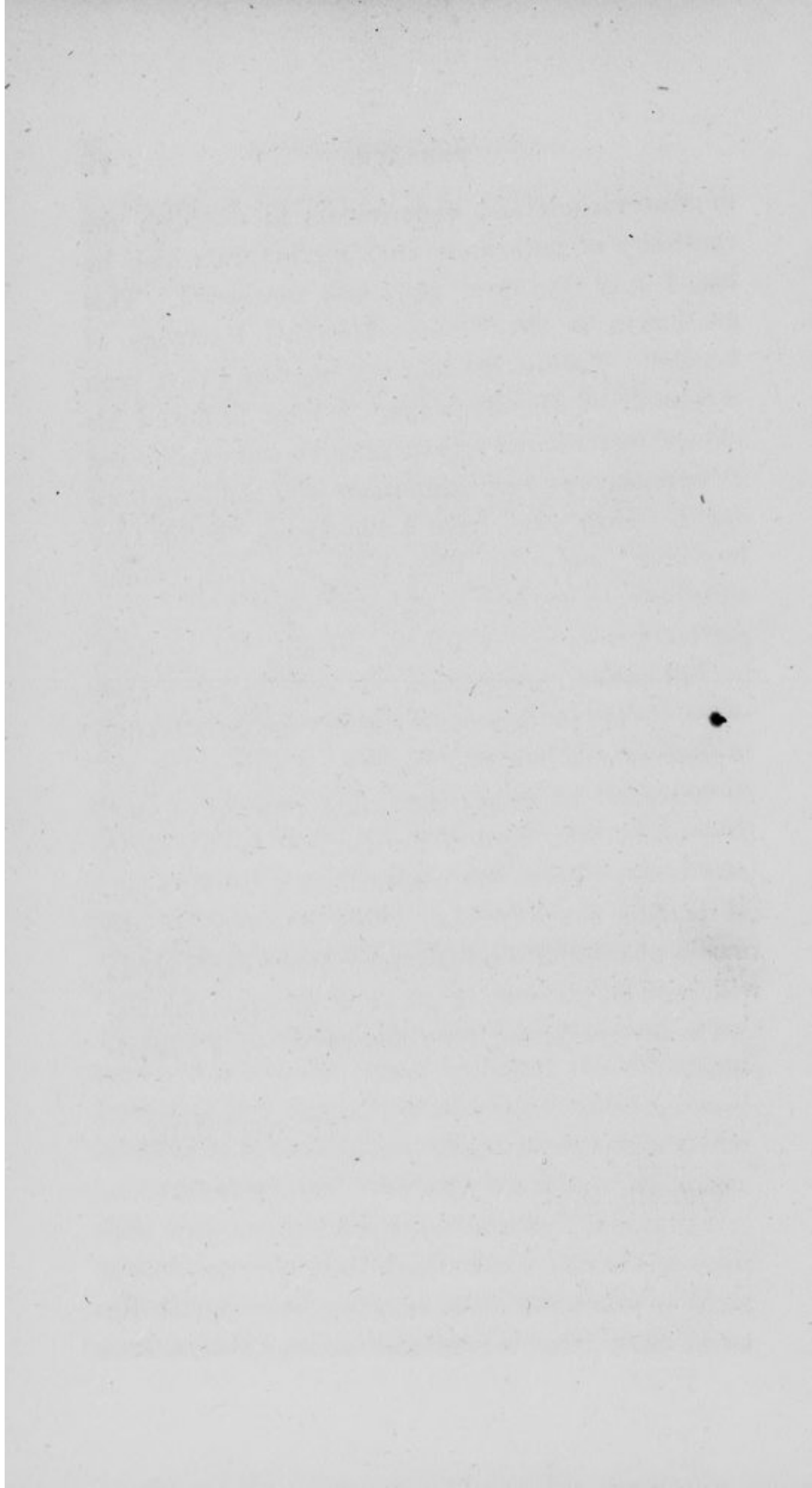
tions equally so; but so rapid has been the progress of truth and knowledge, that few diseases are now considered fatal; and the length of human life in civilized enlightened countries, has doubled its duration in the last hundred years. The great body of the medical faculty in all countries at this moment consider pulmonary consumption as a fatal disease; fatal from its commencement, fatal in its progress, and fatal in its termination. So deeply rooted is this prejudice, that the medical practitioner who asserts pulmonary consumption curable, and that he can cure it, at once incurs the hazard of losing, with medical men, all his reputation, however respectable or well deserved. The writer of this treatise boldly asserts that pulmonary consumption is a curable disease; that it is curable from its commencement, and curable far on in its progress; that hereditary predisposition to this disease is more easily eradicated than a predisposition to almost any other complaint. For fifteen years past I have most ardently pursued a course of studies, observations, experiments, and investigations into the nature and uses of the lungs, with results most honourable to myself, and most valuable to the medical profession. In my lectures in Europe and this country, I have fully put forth these views, and pointed out their truth and vast importance. Whilst I have been pursuing my inquiries into the nature and functions of the lungs, a most illustrious physician in England has been following a course

of observations and experiments to establish the curability of pulmonary consumption, in which he has, I may say, most gloriously succeeded. This gentleman is Dr. Francis Hopkins Ramadge of London. For the last fourteen months, I have been the pupil of Dr. Ramadge. I have followed his clinical lectures and private practice; have witnessed numerous cures; have seen those who had long been cured. How often have I exclaimed, "is this true or false?" and only after long and most painful solicitude, in perfect confidence could I say, it is perfectly true, and will bless, not only the present, but all unborn generations. Humanity and a high sense of duty prompt me to attempt the introduction of this practice into this country. I only anticipate its universal adoption when numerous cures shall have opened the eyes of the medical faculty to its lofty truth. From the reader I ask a careful perusal of this short treatise. Should anything still remain obscure or unsatisfactory, every explanation will, with all pleasure, be given on personal application at my residence, 296 Chesnut Street, Philadelphia.

THE AUTHOR.

Sept. 4th, 1841.





DISEASES OF THE CHEST.

FUNCTIONS OF THE LUNGS.

THE pages on the functions or uses of the lungs, were embodied by me, in my inaugural thesis submitted in Philadelphia in March, 1827. At that time my views had the merit of being new. Since then, I am not aware that any writer has added to these views or assimilated to them. I may remark that, as far as I know, all writers on the lungs have entirely overlooked their ultimate or grand functions. Hence most ideas respecting them have been puerile or obscure. The great part they act in the animal economy I am not aware has ever been hinted at by any body. At its proper place I will endeavour to make the uses of the lungs so clear that a child may perfectly comprehend them.

The lungs occupy the upper lateral and back parts of the chest. They divide into two lobes or sacks; one on the right side, one on the left. Between these lobes is situated that beautiful machine

the heart, whose office it is to force the blood through the lungs, and through all parts of the body. After birth, all the blood of the body passes through the lungs. It returns from all parts of the body to the right side of the heart, and is then of a dark colour. From here, it all goes through the lungs, and returns to the left side of the heart again, but greatly altered in its appearance. Its dark colour is exchanged for a bright vermilion, and it foams along its rapid course. On reaching the heart the second time, it is propelled to all parts of the body along the arteries. Black blood is that which goes to the heart. Red blood is that which returns from the lungs. Red blood alone sustains life; black blood destroys it. The red blood is hurried along the bounding arteries until it reaches their hair-drawn extremities, when it parts with the vital principle it received at the lungs, and becomes black blood. It now takes a sluggish course along the veins, until it reaches the right side of the heart.

The grand mechanical object of the lungs is to present an extent of blood to the action of the air. In this, nature displays the wisdom of nature's God; for she has resolved a beautiful mechanical problem by presenting a vast surface within a small space. The lungs are like a sponge, and divided into minute air cells, and so minutely and universally divided, as to present a surface 2000 times as great as the whole surface of the human body. The lungs

respire about 4000 gallons of air in twenty-four hours, immensely increased by exercise, or diminished by repose. It has been well observed that nature is most simple in all her works; that complicated problems cannot be referred to any acts of *nature*; that man may complicate his explanations, but nature never her works. The blood on arriving at the lungs, is of a dark colour, and always parts with a little carbon; and because this is observed, whole volumes have been written to prove that the grand function of the lungs, is to decarbonize the blood. As much as because in the urine a little earthy matter is nearly always present, we should pretend that the use of the kidneys is to separate earth from the blood, and not water, &c. It has always seemed to me, if separating carbon from the blood was the only use of the lungs, then a small emunctory would have answered all the purpose. Better might it be said that the lungs were like the bellows of the organ, only designed to blow through the larynx, so as to produce sounds.

The grand function of the lungs is to supply a single simple principle. All other offices are entirely subordinate to this. The lungs supply that principle that *supports* the *action* or *motion* of the *animal*. Hence they are the fountain of strength, and the grand column of animal power. Not a finger can be moved, not a foot can be lifted, not a secretion take place, nor one organic function be performed except by assistance from the lungs. It

is the office of the stomach to supply the principles of nutrition; but of the lungs to supply the principle which supports action. A supply to the stomach may be withheld for days and weeks without destroying life; but the principle of action derived from the lungs can be withheld only a few minutes, or life ceases. The supports of nutrition is left to our industry; the support of action is the widely extended gift of the Almighty. So palpable is the fact, that most physiologists now admit that the lungs take great quantities of vital air or oxygen from the atmosphere; but what is done or becomes of this oxygen, or vital air, is a question, if ever asked, has certainly never been satisfactorily answered, as I am aware. The blood in the lungs becomes the recipient of the vital air, which, with the blood, hurries to the left side of the heart, and is thence propelled through all parts of the body. At the fine extremities of the arteries, the fine points of the nerves take off this vital principle received at the lungs; hence it is the grand food of the nervous system. This is the hypothesis, and all the hypothesis, but to confirm it, I will mention a few from a vast field of unexplained facts which demonstrate its eternal truth. First,

The nerves give us the power of motion; it is the lungs which supply the principle that supports the circulation and action of the nervous system. From the lungs all the organs of the system derive their strength and vigour. I may

remark, that it is a general and universal principle from which there is no exception—a universal law of nature, in the animal economy, that any organ which supplies a principle for the support of any other organ, or the action, or the function of any other organ, that the increased action of this last organ, will, in the exact ratio of this increase, stimulate the action of the supplying organ. For instance, it is the function of the liver to supply the bile so important and indispensable to the digestion of our food; consequently, immediately after meals, or taking food when the function of digestion is called into action, then the secretion of bile is at once greatly augmented, and during the absence of the digestive process, the liver secretes very little bile. This is also true with regard to all the other organs. The glands secreting tears become a thousand fold excited when a large quantity of tears are required. So also the salivary glands during mastication.

Advancing these as our grand principles, we will adduce a few examples which fully establish the truth of our assertions, and clearly explain to us the functions of the lungs, which, as we have before said, are to support the action of the animal system. We may say, First, That the consumption of air in the lungs is exactly in the ratio of our action; increased a hundred fold by great exercise, and diminished by profound repose so as to respire only three or four times a minute.

I ask, why do we breathe harder in running up stairs, or in any ascents, than in running down? I pause for a reply. No satisfactory one can possibly be given, except on the principle laid down, that the lungs supply that principle which supports animal action; and consequently, when that action is increased, the action of the lungs is also increased in the same ratio.

I will adduce another instance, which, although never noticed, as I am aware, by the learned in this point of view, is familiar to every stable boy in the world; and that is, that the superior speed of the race horse, results entirely from the relative size and perfection of his lungs. Ask any jockey, he will say to you it is the wind of the horse which confers the superiority. Look at the horse as he flies along the ground; observe his expanded nostrils, his open mouth and panting lungs, as he drinks in the food of his action from the atmosphere? Another curious fact confirms our theory, that in the chase of the ostrich, on the African deserts, if he is driven against the wind, so as to afford a full supply of air to his lungs, he cannot be overtaken; but driven before the wind, so as to diminish his supply of air, he may be captured; which is only explained upon the principle that from the atmospheric air is derived the support of action; and hence the relative power of all animals depends on their ability to consume a greater or less quantity of atmospheric air in a given time.

As an example. Why is a man stronger than a woman? I know of no hypothesis by which this fact is explained satisfactorily except by the present theory, which explains it beautifully. The answer is, that the lungs of a man are one-third larger than those of woman. It is well known to all sculptors, that in the measurement of the male and female person, the chest of the male is three, and that of the female is two; this holds under all circumstances, and is strikingly seen in the proportions of those two statues, the Apollo Belvidere at Rome, and the Venus de Medicis at Florence, considered from their true proportions and perfect symmetry to be the wonders of the world. It is this proportion which enables the anatomist at a glance to detect the male and female skeleton. Now let any one preach the rights of woman—that she should participate in government, join in the strife of politics, mingle in the din of arms, and with man, play an equal physical part on the arena of human action—when it is written in eternal laws by our great Creator, on the very frame of woman, that she shall be for ever the weaker vessel, and forever incapable of physically competing in strength with man.

I will give another fact. Persons with weak lungs never did, and never can possess great physical strength. This characterizes the difference between long-winded and short-winded persons; the short-winded person is quite incapable of great exertion; if urged, his lungs act so violently that he cannot go on,

his lungs being unable to supply as much vital air as to support the unusual action. But on the other hand, the broad shouldered, the wide, deep chested man, if not impeded by fat, and yet used to active exercise, drinks in a vast quantity of air at each inspiration. His large, healthy lungs act on it instantly, and pass into his blood the fullest supplies of that principle which supports his unusual action. We will take another fact. We find the consumption of vital air in the lungs of different animals in the exact proportion of their action or exertion. The hybernating bear, using no exertion in his torpid state, consumes very little air; he breathes not more than three or four times a minute. So it is with toads. They can even live for a short time in a vacuum, because they have the power of suspending all action. So it is with fish. They consume vastly less air than land animals in general, because they use far less exertion. They lay on water, and move through the liquid element with very little effort or fatigue; and although they can dart off for a moment with velocity, yet cannot endure long fatigue. They are not formed for much exertion, have a single heart, and no lungs, properly so called, being merely gills, where a small surface of the blood is acted on by the air. So weak is their nervous system, that the shock arising from the single discharge of a cannon over the water will bring multitudes of them to the surface in a fainting state, so as to be readily taken.

Now notice the opposite side. The eagle, condor,

&c. have not only vast lungs, but the skeleton is so contrived that the air is made to permeate and fill nearly all the hollow bones, quills, &c. presenting the air to a great extent of the nervous system, without the intervention of the lungs, as it seems that no lungs could be formed that could supply a sufficiency of air to support the enormous exertion of the eagle, the condor, the pigeon, and nearly all the migratory birds. How puny is the muscular effort of any land animal compared to the flight of the eagle as he soars through the elevated regions of the air, sometimes carrying a burden in his talons equal to the weight of his own body. What can compare with the muscular exertion of the migrating pigeon, as he supports a continuous flight of from forty to fifty miles in the hour, and how can we explain the reason of the vast lungs and air receptacles found in these birds, except upon the principle that it is from the air that they derive that which supports their unusual action.

There is another striking fact in our favour, which is, the great difficulty of using much exertion in rarified air.

All travellers speak of the great difficulty and almost impossibility of walking on the tops and sides of lofty mountains.

A British officer, who, a few years since, ascended one of the Himmaleh mountains, and reached

18,000 feet positive elevation, could not then walk more than three steps at a time before he was forced to stop and rest from the excessive panting of his lungs. On our principle it is clearly explained, because the air from its extreme tenuity could not afford to the lungs a sufficiency of vital air to support muscular exertion.

There is another fact familiar to all medical men, that one gill of blood lost by hæmorrhage from the lungs, will produce more immediate and extreme debility than the loss of four times the amount taken from a vein or from the stomach. This can only be explained on the principle that the lungs are the fountains of strength. Another fact. When a man is about to raise a heavy weight, or to make a great muscular effort, his very last act is to make a full and deep inspiration, so as to completely fill the lungs with air. This explains another great truth, why the inhabitants of cold climates have vastly more power and physical strength than inhabitants of hot climates; for it is a fact, that whilst the lungs act with the greatest activity upon cold and condensed air, hot, rarified air hardly changes the blood at all, and is very little acted on by the lungs. Hence the languor, lassitude, and indisposition to exertion observed and felt by the inhabitants of hot and tropical climates. It is plain to us, the reason why they have always been a prey to northern nations, nor do I recollect a single instance where

the southern nations have overcome northern ones. Thus the Romans carried their arms over Egypt, Carthage, and Numidia. The Romans in turn were overwhelmed by the northern nations of Europe, the Goths, Vandals, &c. Our time will permit me to mention but one fact more, which is more particularly directed to the physiologist, and has never been explained, or even attempted to be explained, as far as I am aware. It is that the large arteries, bearing red blood, charged with vital principle, as soon as possible after leaving the left side of the heart, are joined by branches of the large nerves. Sometimes two large nerves will accompany one artery, but never two arteries to one nerve, and never an artery without a nerve. The nerves ramify as the arteries do, branch as they branch, both dividing alike, until their finely minute points terminate together, showing an exceedingly intimate relation between the arteries and nerves. This state of things is beautifully explained upon the hypothesis that the nerves take this vital principle from the arterial blood, which causes a change of colour, and converts it into dark or venous blood.

The blood in the lungs before receiving the vital air or vivifying principle, is dark, and on losing the same principle at the extremities of the arteries and nerves, it again becomes of a dark colour. This fact strikingly corroborates our theory.

I will not detain the reader any longer with the

induction of more facts, but will refer him to a much larger work on the physiology and functions of the lungs, which I propose to publish hereafter, in which this whole subject will be treated in a much more comprehensive manner.

ANIMAL HEAT.

I cannot dismiss that part of our subject which is connected with the use of the lungs, without referring to the subject of *animal heat*, or the natural heat of the animal body, existing without assistance from art.

I am not aware of any subject that has puzzled physiologists more than explaining the cause of animal heat. It is well known that the heat of the human body is the same, or very nearly so, in all parts of the world, and under every variety of climate; if there is any difference, it is in favour of inhabitants of cold climates, whose bodies are usually considered warmer than the bodies of inhabitants of hot climates. The heat of the body is uniform in every part; no perceptible difference can be discovered in the heat of the blood, whether drawn from the extremities or the heart itself.

Two conditions of the system are always requisite to the perfection of animal heat. The one is a healthy condition of the lungs, and the other a healthy condition of the nerves. If the lungs are disordered, the animal heat is diminished; if the

nerves are disordered, the effect is the same. The conjunction of these two interesting facts are beautifully explained by our previous views.

The reader may possibly not be aware that the same principle that supports combustion, is also the same that supports animal life; and that the sensible heat of the common fire is not derived from the combustible material, but from the air that surrounds it, because the oxygen of the atmosphere holds in combination with it a vast quantity of latent heat, and when the oxygen unites with the combustible material, the latent heat is set free from the oxygen, and becomes sensible heat.

Now, this same fact occurs in the production of animal heat, for when the nerves at their extremities take off the vital principle received at the lungs, the latent heat is set free, producing the sensible heat of the animal body.

All the phenomena of animal heat are fully explained upon this principle, and reciprocally confirm our hypothesis. For this reason, if you increase the action of the animal so as to increase the consumption of air and the activity of the lungs, you increase the heat of the animal; this is the reason why we are heated by running; this also explains the reason why those animals who consume the most vital air have the most animal heat.

The heat of birds, for instance, being vastly greater than that of fishes; and the heat of the swift moving animals is vastly greater than the slow

moving ones, as the race-horse compared to the tortoise.

All the phenomena of increased heat in inflammations and in fevers find a lucid explanation upon our principles.

By these, we at once understand why a felon on one side of the thumb, the affected side is much warmer than the healthy side, because the arterial and nervous action is greater.

The limits of this treatise forbid us to dwell any longer upon this part of the subject; we refer the reader to our large work, when it shall make its appearance.

CONSUMPTION.

Having introduced the reader to a general acquaintance with the functions of the lungs, we now proceed with that part of our subject which relates to their grand and fatal disease, *pulmonary consumption*.

I may remark, that there are many diseases incident to the lungs, which are not, strictly speaking, consumption, but which are almost universally confounded with it, especially in the minds of persons not medically educated. In this treatise I only refer to true consumption, which is the most common.

True consumption is that which is produced by the deposit of a curdy or cheese-like matter in the substance of the lungs, forming, in some cases, small bodies, like millet seeds, generally called and known as tubercles. It is the softening of this cheese-like substance and the inflammation of the lungs around it, which produce the disease called pulmonary consumption.

On examining the lungs after death from pulmonary consumption, we find large cavities to exist in their substance, which cavities are produced by a

softening and coughing up of the tuberculous matter. The reason why consumption is so generally fatal is, that these cavities never, as a general rule, naturally heal, but keep running into each other until the substance of the lungs is destroyed. It is to Dr. Ramadge that we are indebted for a knowledge of the curative means by which the sides of these cavities may be brought together and healed, so as to produce a perfect cure of consumption.

I may remark that tubercles may exist for a long period in the lungs, without softening down so as to produce consumption. They, of course, will weaken the lungs and impede their natural functions, but their presence, although dangerous, is not necessarily fatal, unless they soften down so as to produce active disease.

GENERAL OBSERVATIONS

ON

CONSUMPTION.

*“The mortality which annually takes place in this country (England) through consumptive disease, is a melancholy truism, although its extent, familiar as it may appear, is yet imperfectly known. The ordinary estimate, and this, as I shall subsequently prove, far from an exaggerated one, gives one-fourth of the deaths yearly occurring in this ever-varying climate, as consequent on pulmonary consumption alone. Dreadful as this amount seems, yet since, in numerous instances, patients who have laboured under chronic diseases, as dyspepsia, cancer, severe diseases of the bones, joints, &c., or any other affection by which the general system may have been deteriorated, owe the immediate cause of their death, not to these complaints, but to the supervention of consumption, it is evident that the proportion of one-fourth is much lower than the truth.

* Consumption Curable, page 7 to 16.

Again, considering the frequency of cases in which asthmatic or catarrhal complaints arise, in the first instance, from consumption, which, though arrested or finally cured, occasions these very complaints, as its consequences, I may fairly assume that the startling proposition I have laid down, is corroborated by fact. To individuals unaccustomed to extended pathological researches, my assertions will, at first sight, undoubtedly appear rash and hypothetical. The pathologist, who is deserving of the name, will either from his own experience be ready to acquiesce in my views, or at least will candidly endeavour, by further inquiries, to verify conclusions arrived at by the labours of years; and this at a sacrifice both of time and money, which none but the very few who cultivate this branch of science with the zeal and assiduity its importance deserves, are prepared to estimate.

In addition to the reasons I have just given, to show the inaccurate statement presented by the bills of mortality, I could enumerate numerous instances in which the real, as distinguished from the apparent causes of the patient's death, would offer conclusive testimony to my position. Frequent are the cases in which an individual will suddenly expire after violent expectoration of blood, and his decease be attributed to a ruptured blood-vessel, when indeed this hæmorrhage has been consequent solely on latent and unsuspected phthisis. My readers must not misconceive me to state, that every

case of sudden death from spitting of blood, arises from the little suspected presence of this destroyer; but that, in not a few instances, consumption is indisputably the pre-existing cause. It were easy to adduce further arguments corroborative of the soundness of my conclusions; but I have, I should think, stated sufficient to induce conviction of their reasonableness, if not of their entire validity.

The first questions to be considered, are, to what the frequency of this disease is owing, how it is produced, and in what manner its ravages are unfortunately extended? The prevalence of consumption has long been attributed to the proverbial variableness of our climate; but the mode by which this operates upon the constitution has not been clearly explained. It seems to me, however, that the action of the climate on the system may be reduced to three distinct heads, each equally common, and equally fatal: checked perspiration, retaining the superfluous humours, and thus vitiating the fluids of the body—constant fluctuations of health, resulting from constant atmospheric changes—and dejection of the spirits, caused by mental troubles. To these may be subjoined an unfortunate configuration of the body, consisting in an undue narrowness of the chest, especially in its upper part, less observable in foreigners than among ourselves. It is not necessary to dilate upon the process by which checked perspiration lays the foundation of this dreadful malady; since it must be evident to

the tyro, that when those humours which passed off insensibly in a healthy state of the body are retained, and the natural functions thus disturbed, disease more or less extensive will inevitably ensue. With respect to the second of these heads, it may, to the ordinary observer, appear superfluous to insist upon the ill effects generated by constant change of weather in persons not only of delicate, but even of robust habits; still, obvious as these effects are, it is not quite so apparent in what they consist, or rather how they are produced. Now, when we take into consideration the peculiarly delicate conformation of the lungs, and their immediate susceptibility of every alteration in the atmosphere, we at once arrive at a resolution of the question. It is essential, in order to maintain a healthy action and proper configuration of the chest, that our inspirations should be uniformly deep and full; but, from the great inequality of atmospheric pressure, resulting from the constant fluctuations of the weather, the depth and fulness of the inspiration are exposed to frequent diminution; and that play of the chest, which is as requisite to a healthy state of the lungs as exercise to muscular development, is consequently subject to repeated checks. Thus, owing to the want of due excitement, or, more strictly speaking, of proper exercise, the healthy functions of the chest becomes deranged, its expansion restricted, its action languid, and by degrees its shape alters, so that, instead of the bony compages of the

chest being forced boldly out in a somewhat semi-circular form, and the sternum pushed forward, the ribs fall in, drawing the breastbone backward to a position nearer the spinal column than is the case in its natural movement. Now, to bear out and verify the foregoing remarks, by showing how requisite the expansible power of the chest is to the healthy constitution of the lungs, I would state, as an almost invariable law, that the commencement of pulmonary consumption will be found to take place in the superior lobes of the lungs, owing doubtless to the small extension of the upper ribs, as compared with the more complete movement of the lower. Another singular instance, confirmatory of the novel view I am now taking of the subject, is to be found in the exemption of asthmatic patients from consumptive disorder. From the peculiar nature of their complaint, gasping for breath, and forced to respire frequently, their lungs are ever fully exercised; and the expansion of the chest, which follows as a necessary consequence, preserves the sufferer free from the attacks of this still more dreadful malady. To come to the third head—depression of spirits, or mental anxiety—we shall meet with the same cause still producing the same effects. The unfortunate who lives in the world, as if he were not of it, and to whom, whether his cares be the offspring of disappointed ambition, hopeless love, or ruined circumstances, the world displays nothing but a cheerless blank—the tenant

of the sick chamber, whose distemper improper medical treatment has unduly prolonged, or confirmed; in fine, all who, from any cause, labour under prostration of strength or general debility, are prone to fall victims to the insatiable tyrant, consumption, for reasons precisely similar—inability to take inspirations of depth sufficient to keep up the necessary changes produced by the air on the venous circulation. I have adverted to another cause, which, in my opinion, contributes, at least in a degree, to render the inhabitants of this country more peculiarly liable to phthisis—a malformation of the chest, which, after repeated and numerous examinations that I have been enabled to make in considerable manufactories where I had the opportunity of comparing foreigners of different countries with our own countrymen, would seem to be more prevalent in England than elsewhere. As a corollary to the above remark, I may note, that the children of consumptive parents generally inherit the narrowness of chest, and depression of the ribs, which characterize the victims of this malady; and that thus the range of its influence is indefinitely increased.

Following up the tenor of the preceding observations, we shall find that the benefit usually derived from a sea voyage, or change of air, is not so much due to the removal from an impure to a purer atmosphere, *per se*, as to the stimulating effects produced on the respiratory organs, and the increased energy

of the muscular powers of the chest, on which pulmonary dilatation is of course consequent. Let us compare the muscular frame, expanded chest, and robust health of the mariner, or of the husbandman, with the emaciated figure, contracted chest, and general want of vigour betrayed by the artizan of manufacturing cities; and, on attentive consideration, we shall own that these differences are the consequences of the superior expansion and activity of the pulmonary apparatus enjoyed by the former."

"Among the many distressing cases which the medical practitioner has to encounter, the premature and rapid decline of the young of both sexes, more particularly of the weaker, is, without doubt, the most painful. The fragility of woman's constitution, as compared with that of man, the delicacy of her frame, her retired and domestic habits, and the sensitiveness of her mind, all contribute to render her a mark at which consumption too frequently aims his deadly darts. No sight is more painfully interesting than that of a female on the very verge of womanhood, yielding unconsciously to the fatal decree, and, like a drooping flower, nipped untimely in the bud, graceful and lovely to the latest breath. Independently of her greater liability to pulmonary disease from delicacy of constitution, there exist other causes which increase her susceptibility in a fearful manner. The style of her dress, which, in compliance with the fantastic usages of fashion, seems devised to alter the free and graceful outlines, traced by the hand of Nature,

into a wasp-like angularity, alike injurious to the tender structure of her body and unpleasing to the eye of taste—has been pointed out as a pregnant source of disease, and justly so. It has been already observed, that a full and free dilatation of the chest is absolutely necessary to preserve the lungs in a sound and healthy state; but how can a female, her chest compressed by an artificial support, the convexity of the ribs incapable of being extended upwards and outwards, and the sternum consequently without the power of coming sufficiently forward, enjoy this requisite expansion? She is “cribbed, confined,” and “curtailed of Nature’s fair proportion.” However, to counterbalance these inconveniences, it has fortunately happened, that owing to a power she possesses of abdominal respiration, more decided in her than in the male, the unnatural restraint she has imposed upon herself is divested of some portion of its ill effects. Still, so mischievous are the consequences entailed upon woman by her adherence to this baneful part of her costume, that in consumptive cases there is this striking distinction between the sexes, that the female thus deprives herself of the great, indeed, the sole chance of recovery,—a due expansion of the chest. Thus the probability of spontaneous and permanent recovery, which is attended by an increase in the volume of the lungs, is sensibly lessened to the female sufferer; and they who need most aid, may be said “to take arms against themselves.”

CAUSES OF CONSUMPTION.

*“A cold, resulting either from imprudent exposure to the air, when the body has become heated, or from the wearing of too light and insufficient clothing, is deemed one of the most general and powerful causes of consumption. Yet, in many instances, I am persuaded that the real and efficient cause is to be found in the pre-existence of latent tubercles in the lungs; and when these become softened by general indisposition, produced by the action of the cold, phthisis ensues. Frequently indeed, the irritation occasioned by latent tuberculous disease, will determine a catarrh, and the patient will be treated for this complaint without any suspicion on the part of the medical attendant of the real state of the case. Should the catarrh continue, the consumptive disease, masked by it, will be effectually cured; and if a cavity has been formed, this will be obliterated by the increase that takes place in the volume of the lungs. At other times, tuberculous deposits will be found insulated, and rendered innocuous, as I shall hereafter explain, by the secretion of black, pulmonary matter. I have verified these facts by numerous autopsies, and it is very recently, that,

* Consumption Curable, page 17 to 24.

opening the body of an asthmatic individual who died at the advanced age of seventy, I found distinct traces of a former consumptive state, which, having been arrested by the supervention of asthma, had existed unknown to himself, his family, or his physician. Still, where an hereditary tendency to consumption exists, or the constitution has been previously debilitated, taking cold is most certainly a frequent exciting cause of pulmonary phthisis. The transmission of this disease from parent to child, is a melancholy fact, to which I have already adverted. The generic marks of this sad heir-loom may be traced in the sanguine yet delicate hue of the countenance, the unusual brightness of the eyes, the confined and narrowed waist, the sharp projection of the scapulæ or shoulder-blades, and the fragility of the bony structure of the body, not unfrequently united with a disposition to an unhealthy stoutness. In laying down the causes of consumption, it becomes requisite to distinguish betwixt those which are direct and the far greater class commonly confounded with them, but which, in point of fact, are indirect. Amongst the latter may be enumerated inflammation of the lungs, pleurisy, contagious eruptive fever, repelled eruptions, badness and deficiency of food, amenorrhœa, unhealthy localities, affections of the abdominal viscera, (sometimes caused by excessive drinking,) spitting of blood, constitutional syphilis, and a long list of disorders whose sole influence in producing consumption consists in the

debilitated state of the body they induce. I have said that it is requisite to distinguish betwixt the direct and indirect causes of consumption, not that there are any that can with propriety be termed direct, but in order to impress thoroughly upon the mind the grand truth, that phthisis is, for the most part, the sequence of debilitated bodily health alone. When the general health becomes impaired, a total change takes place in the fluids and secretions of the body, and there is consequently an aberration of nutriment; on this, the formation of tubercles soon follows.

Laennec gives an interesting account of the effect of depressing passions in producing phthisis, in the case of a religious association of females, all of whom became consumptive from the ascetic spirit which regulated their minds, rather than the austerity of their diet. Confinement, most likely, contributed to this result. Since this society was bound by no vow, Laennec persuaded the members, as soon as consumption was clearly indicated in each, to change to another place of abode, and he expressly declares that nearly all who took his advice recovered.

The possibility of consumption being cured is even yet denied by many practitioners, although the light of truth is beginning to dawn upon them; and yet the above relation is a proof, that, some years previously to the appearance of the present work, the greatest medical authority on the disease had stated opinions similar to mine. A parallel cir-

cumstance has occurred, in the course of my practice, within the last two years. Two young ladies were removed from a school in the neighbourhood of London, in order to be put under my care for consumption. I ascertained that ten or twelve of their school-fellows had sunk under decline within the preceding twelvemonth; and, on inquiry, I found that the only exercise they were allowed, and this but seldom, was the prim, formal walk, two by two; which pernicious, and false decorum, it is to be hoped, will soon be banished from these establishments.

To such an excess were the fantastical restrictions of the school carried, that the poor girls were not allowed to hold their heads erect, or maintain a proper carriage, being told that so to do was a sign of pride. By this enforced humility, conjoined with the radical error—want of exercise—both my young patients not only stooped, but, I am sorry to add, had contracted chests, and lateral curvature of the spine.

I should mention the sequel of Laennec's account, in order to establish more fully the coincidence between the circumstances, and to direct attention to the ill effects of such absurd confinement. He proceeds to narrate, that he witnessed, in the course of ten years, two or three renewals of the religious society, by the admission of new members to replace the loss of the old ones; and that the only individuals attached to it, who withstood its depress-

ing influence, were the superior, the gate-keeper, and the sisters who had charge of the kitchen, the garden, and the infirmary. In addition to the exercise given by these offices, the same individuals were called upon, occasionally, to visit the city on the concerns of the establishment. This narrative required no comment.

Many writers are of opinion, that various thoracic diseases are fruitful causes of consumption; but I am satisfied that this supposition is groundless. It is merely owing to the loss of health entailed by them, that the development of those accidental productions, called tubercles, takes place. To enumerate the indirect causes of consumption, would be endless; for, in fact, whatever is capable of impairing the constitution, is liable to produce a phthisical state. Thus mental anxiety, or any depressing passion, long continued, as well as chronic diseases of various kinds, engenders a consumptive predisposition. In this country the frequency and prevalence of this disease are attributed, in no small degree, to the great and sudden vicissitudes of atmospheric temperature, and the moist nature of our climate. These, as I have already explained, operate powerfully in effecting changes in the human body, more or less calculated to affect the general health; especially in those who are naturally of a delicate make, and who inherit a tendency to scrofula. Particular employments, in which dusty particles and noxious fumes are inhaled, have long been regarded as producing this disease; but experience has taught me

that some catarrhal affection, and not consumption, is what most frequently supervenes, and that the former complaint is a preservative against the latter.

The distinguished French writer I have lately quoted, denies that *phthisis pulmonalis* is a frequent consequence of pulmonary catarrh; which opinion approximates to, although it does not go so far as my own; but it is strange that so acute an observer, with all the facts before him—facts first promulgated by himself—should have stopped short of the truth just as he was on the point of reaching it. He clearly saw that catarrh was not the cause of consumption, and affirms, “We recognise a thousand instances of catarrh for one of phthisis.” One step further would have led him to the discovery, that catarrh was the remedy of nature for the cure of phthisis. In the same paragraph he alludes to Broussais, as supporting the once established, but I trust now exploded, doctrine of “*phthisis pulmonalis* being the consequence of pulmonary catarrh.” Broussais, indeed, had the temerity, or rather folly, to assert, that a pupil of his used to bring on consumption—in fact, generate tubercles in the lungs of a dog—by irritating the trachea in some extraordinary manner, and thus producing catarrh. The contrary would happen. The catarrh would prevent the appearance of consumption. But what will not writers advance to support a favourite theory!

Contagion has been considered in the southern parts of Europe, especially in the Italian states, as a frequent source by which large families of children

have been destroyed by consumption. For my own part, it has never appeared to me to spread amongst individuals having the same hereditary constitution, by any infectious medium; but by other circumstances operating upon an inherent predisposition to tuberculous disease, which, as I have already said, is indicated by a particular conformation of the body; such as a long neck, slender trunk and extremities, contracted chest, high shoulders, delicate and transparent complexion, weak voice, and great sensibility. The same locality and the same manner of living, no doubt, have often an influence in propagating it in certain families; and to this cause, and not to contagion, we may attribute its remarkable fatality. In my neighbourhood there are many Italian residents, who, for the most part, live huddled together in small and ill-ventilated rooms, and are apparently liable, from their peculiar and not very nutritive diet, a neglect of cleanliness, and misery and disappointment in every shape, to have a consumptive constitution, yet I have not been able to trace any case of the disease being disseminated. Still, notwithstanding my firm belief that consumption is not contagious, I would not be understood to recommend neglect in separating consumptive from healthy persons; on the contrary, for the sake of the personal comfort of the sufferer, and to forward the chances of his recovery, I would have every precaution taken that prudence can suggest or kindness inspire.

THE SYMPTOMS
OF PULMONARY CONSUMPTION,
LOCAL AND SYMPATHETIC.

PHYSICAL SIGNS OF THE DISEASE.

*“It has long been acknowledged that the symptoms on which practitioners generally rely in the incipient stage, as indicative of consumption, are extremely variable and uncertain. Its attack indeed is, in many instances, so deceitful, that before the patient is in the least aware of his danger, the case has become desperate. Again, it seldom happens that pain, or any other uneasy sensation is felt in the part which is well known to be the primary seat of the disorder, although it results from tubercles, disseminated at first in the substance of the upper part of one or both lungs. At other times, we see cases in which its progress is latent and altogether unheeded; still, a slight cough is generally the first symptom, and this is attributed to some uneasiness in the throat, produced by a common cold. After a time the cough increases, and from

* Consumption Curable, p. 25 to 32.

being either hard or dry, is followed by the expectoration of a little mucus, often devoid of colour, as in common catarrh. This is succeeded by some degree of weight and slight pain felt in the chest, along with difficulty of breathing, general weakness, and an accelerated pulse, which seldom ranges below 90; during the hot stage of the hectic fever it is generally 120. A sense of chilliness along the course of the spine, commonly experienced towards noon, is the next symptom; this is followed by an augmented temperature of the body on the approach of evening, and finally by perspirations, which usually come on profusely after midnight, and greatly attenuate the body. When spitting of blood occurs with the foregoing symptoms, or when the matter expectorated begins to assume the appearance of pus, we have strong grounds to suspect the presence of pulmonary consumption. The occurrence of cough in any case, in which the general health has been impaired, ought to be regarded with no small suspicion. Cases are not wanting in which the disease manifests itself most irregularly. For instance, the usual characteristic symptoms are not uncommonly preceded, for a short time, either by mesenteric enlargement, aphthæ, severe diarrhœa, amenorrhœa, or by an affection of the larynx, attended with a slight alteration of the voice. Though in the early stages there may be some doubt as to the existence of phthisis, without the aid of physical signs, there can be, however, little chance of mis-

take in the advanced stages. As soon as hectic fever is fully established, the wasting of the flesh becomes remarkable, and rapidly increases, if perspiration, diarrhœa, and expectoration have been abundant. To me, who have been for so many years accustomed to see this disease daily, the very look of the patient is in most instances sufficient.

The nose and cheeks assume a striking prominence, and the bluish paleness and emaciated appearance of the face are remarkable, when-contrasted with the suffused, and at other times, circumscribed flush, which quickly goes and comes, together with the shining white or pearl-blue appearance of the conjunctiva of the eyes; the shoulder blades project, so as to be likened to wings, while, at the same time, the chest is narrowed in its lateral as well as transverse diameter, in consequence of the increased convexity of the ribs, which has a greater inclination downwards, and which thus likewise admits of the nearer approach of the sternum towards the back. On the upper and anterior part of the chest, the intercostal spaces appear widened and depressed, and the belly is at the same time flat and retracted; the fingers seem lengthened, and the joints of these, as of other parts, are apparently enlarged; incurvation of the nails take place, and where large tuberculous excavations have long existed, an actual enlargement of the ends of the fingers is observable; the neck seems elongated and impeded in its movements,

and the angles of the lips are drawn back, and produce a bitter smile.

Phthisis is not difficult to be recognised in that stage in which the tuberculous mass, becoming softened, finds an opening into some of the neighbouring bronchia, and finally leaves a cavity, whose existence is clearly indicated by its characteristic symptom—pectoriloquy. This peculiar phenomenon is generally first heard in the upper portion of the right lung, when the tubercles which first appear there are softened down; and it may be detected by applying the ear over the uppermost ribs, or over the infra-spinal fossa of the shoulder-blade. When the voice of the patient, on applying the ear, either alone or armed with the stethoscope, to that part of the chest corresponding with the supposed seat of an excavation, is heard much louder than natural, and seems to issue uninterruptedly from within, with a thrilling sound, it constitutes what is termed a satisfactory pectoriloquy, and is an indubitable sign of a tuberculous cavity; the contents of which we even hear not unfrequently by the same method of diagnosis, agitated by the action of coughing. Whenever the walls of an old and nearly emptied excavation are dense and firm, a severe fit of coughing gives to the ear a metallic resonance, or a sound as of some empty glasses slightly shaken against each other. If the excavations are numerous, and communicate one with an-

other, the liquid matter within is heard changing its situation every time the patient breathes.

The plan I always pursue, and indeed a most ready one, to distinguish consumption from pulmonary catarrh, with which it is liable to be confounded, is to apply the ear to the posterior part of the chest, about two or three inches below the inferior angle of the scapula. Should the respiration be almost natural or slightly puerile here, we may at once and early proclaim the case to be phthisical, if the patient have a troublesome cough, though he may present few of the other common symptoms belonging to a consumption. Except near the fatal termination of the disease, when the great emaciation, confirmed hectic fever, diarrhœa, and other bad symptoms manifest themselves, we have no physical sign of any bronchial inflammation, save in cases in which some progress towards recovery has taken place. When the sonorous rattle occurs before the lower lobes of the lungs are affected with tubercles, it is to be considered as a highly favourable symptom. In other cases, however violent and long the cough may be, auscultation gives us no signs of the catarrhal state which precedes and follows complete recovery. Having daily opportunities of seeing new consumptive cases, I readily come to a conclusion, by the absence of catarrh, that they are undoubtedly consumptive, without taking the trouble to ascertain the state of the upper

part of the chest; for if an individual coughs up blood, or muco-purulent matter, is subject to chills, accessions of fever, and night sweats, wastes away, and complains of debility, and no catarrh is heard in the inspirations, we may be perfectly satisfied that tuberculous cavities exist. When there is a cough which is not influenced by remedies, and the sympathetic signs of consumption and the auscultatic results beneath the clavicles are somewhat unsatisfactory, while the lower part of the chest has the murmur of respiration almost natural, I should then, satisfied with the experience derived from exploring the chests of several thousand consumptive patients, unhesitatingly pronounce the case to be genuine consumption. In numerous instances, much to the surprise of my pupils, and of those practitioners who have witnessed my practice, I have pronounced a patient to have tuberculous disease in the superior lobes, while he exhibited no look indicative of such serious illness, but had merely an annoying cough. This prompt decision after I have ascertained by the ear the sanity of the respiratory murmur, and absence of bronchial irritation in the inferior part of the chest, has generally proved correct. In some instances, obscure respiration in the upper part of the chest, arising from tubercles and pulmonary induration; in others, a tuberculous cavity, affording the most perfect pectoriloquism, has been ascertained; and, on closely

questioning the patient, the symptoms he has detailed have usually been corroborative of what might be termed, if we were guided by the apparently unimpaired state of health, latent phthisis.

It were easy to enter into a more full and minute detail of the symptoms which characterize this complaint; but as my present object is to elucidate the preventive and sanatory treatment to be observed, I deem it advisable to reserve many observations of a curious nature connected with this branch of my subject. However, should I have occasion to reprint this work, I may be tempted to enlarge the present chapter, and publish many interesting, and, as far as my knowledge extends, original facts.

I suffer this passage to remain as it stood in the former editions, as a renewed pledge to fulfil the promise thus given. The call made upon me for a new impression, as well as a pressure of literary and professional labour, prevents me from redeeming my word at present; but as I am now engaged in an extensive work on the "Diseases of the Chest," I shall have an opportunity of pursuing the enquiry through all its ramifications. There is no branch of my subject on which more contradictory opinions have been emitted. Facts themselves have been so differently described, as to assume the most opposite aspects. The founder of the science of auscultative examination was induced not unfrequently

into error by over anxiety to complete his system; and too many of his followers have repeated his oversights, or committed fresh mistakes from inaccurate observation and want of a proper field for its exercise.

PROPHYLACTIC TREATMENT,

By which the development of Tubercles in the Lungs may be prevented in persons liable thereto from hereditary predisposition, or a cachectic state of the system.

*“Early in my practice, when consulted by patients of an hereditary predisposition to consumption, it was usual with me to recommend a generous, invigorating mode of living, and daily exercise in the open air, with a caution to avoid every thing calculated to impair the general health. If, too, it were in the patient’s power to avail himself frequently of change of air and scene, I generally found it productive of considerable benefit, both in a physical and mental point of view. The advantages derivable from short excursions, or still better, voyages by sea, always invited my recommendation when circumstances rendered them available. Impregnated as the sea breezes are with saline particles, they act, I conceive, as stimulants of the lungs to deeper and more frequent inspiration, and thus forward the enlargement of the chest, a point to which I have more than once adverted in the course of

* Consumption Curable, p. 55 to 83.

this work, as of primary importance. They may also be regarded as possessed of a tonic power, bracing and invigorating the surface of the body, and, by continuous sympathy, exerting a beneficial influence on the viscera, especially those connected with the digestive functions. Another strong inducement to recommend a sea voyage, in the case of persons labouring under incipient consumption, is the probability of the patient's having his chest expanded in the manner described above, and thus increasing the chances of his contracting some variety of catarrh—hence bidding defiance to phthisis. With reference to a generous mode of living, it is obvious that the tendency to weakness, exhibited by individuals of consumptive constitution, calls for a method of treatment calculated to counteract the commencing symptoms. Particular rules and limitations, with respect to the dietetic management, will be specified under the head of diet. As to change of residence, a singular instance of its preventive effects occurred some years ago in the family of a near relative of mine, formerly colonel of a distinguished cavalry regiment, who, after the afflicting loss of two grown-up daughters and a son, removed with his remaining children to Tours. Here he resided for five years; at the expiration of which period, returning to his native country, and to the neighbourhood of the place in which the disease had first manifested itself in the children he had lost, he had the affliction of witnessing the pre-

mature deaths of three other members of his family, within the short period of two years.

Celsus says, that the worst air for the patient is that which has given rise to the disease; to which we may add, that to consumptive families, the worst locality is that in which the disease has first betrayed itself.

Whilst preparing these sheets for the press, I have met with a very striking exemplification of the value of distant removal, in families consumptively inclined, to those members whom circumstances have called from their native land. Out of a family consisting at one period of eleven individuals, seven remaining here have fallen victims to consumption; whilst two, who, as I have been given to understand, displayed the same phthisical constitution as these, having removed to some of our distant settlements, have enjoyed an excellent state of health for many years, and have continued free from any pectoral complaint.

Of the different kinds of exercise, I would particularize running and riding as the most calculated to forward the purposes of prevention, indeed as the best general prophylactics. After a quick and brisk run, the respiration becomes frequent and deep, and the panting that ensues, by exercising the muscles of the chest, favours a healthy development of that part, and enlarges the volume of the lungs. It has been my universal practice to recommend a constant attention to this healthy exercise,

in those schools I have been in the habit of attending, and to advise the preceptors to promote it by every inducement within their power, and I have never been disappointed in the results experienced. Nor are its happy effects confined to the mere expansion of the chest; by the greater portion of air thus brought into contact with the venous system, the blood becomes more effectually decarbonized, the animal heat increased, the action of the heart more vigorous, and the multifarious secretions are carried on with greater energy.

Riding, which stood so high in Sydenham's estimation, is an exercise of no mean value, for the self-same reasons, with this advantage, that it yields all the good effects of the former, unattended with its fatigue. To those, however, in whom consumption has decidedly appeared, the benefit derivable from this mode of exercise may, perhaps, be enhanced by the tendency to an upward motion imparted to the lungs, thus disposing to apposition the diseased surfaces in the upper region of the chest. Dr. Carmichael Smyth has advocated the utility of swinging as an exercise, and has devoted a treatise to its supposed merits. This, although he does not explain its mode of operation, undoubtedly acts in a manner similar to the foregoing, and, notwithstanding I have never recommended it, it may not be unworthy of trial as a prophylactic. A strong proof of the advantages of exercise may not unwarrantably be sought for in the probable exemption of man, in a

savage state, from the ravages of this disease. Although various disorders are mentioned by travellers as having fallen under their observation, I do not remember, in the course of my reading, to have met with any notice of consumption, recorded by those who have mingled with the savage tribes of either the old or the new world; at least, amongst the more active races of uncivilized man. Indeed, it would be wonderful were it otherwise. Dependant for their subsistence on incessant vigilance and vigorous exertion, constantly engaged in the toils of the chase, or animated to activity by the animosities ever subsisting between neighbouring tribes, however they may lapse occasionally into habits of sloth and indolence, their life from the cradle to the grave must, generally speaking, be calculated to call forth and perfect every bodily energy. Free from the restraints which are the unavoidable consequence of a state of superior intelligence,—neither confined to the manufactory, nor chained down to the desk of the counting-house, untrammelled by dress, and uncramped by the various devices to which either fashion, or the force of habit, renders us subservient despite the dictates of reason,—the savage possesses at least the uncontrolled use of his limbs; and the symmetry usually observed in him, is perhaps the best index of the health he enjoys. If, too, we extend our course of reasoning to the inferior race of animals, and observe the differences existing between them

in their wild and domestic condition, we shall find a singular analogy betwixt man and man. To go no further than the harmless creature, the rabbit, I have found, in the course of my researches in comparative anatomy, that this animal frequently dies of consumption, in its tame state; but I never met with an instance of the kind in the wild rabbit. Perhaps the benefit of exercise cannot be better exemplified than by way of contrast. Swine, proverbially the most indolent of animals, are also the most subject to tuberculous disease; hence the derivation of the word *scrofula* from the Latin *scrofa*, a swine; and consumption and scrofula are identically the same, both resulting from the presence of tubercles. To pursue the analogy, another strong instance of the force and good effects of exercise is observable in the race-horse, the hunter, and indeed in all of this class that are subject to frequent and active exertion. These seldom or ever, I believe, are found to have tubercles in the lungs, so long as they are kept constantly employed. Many illustrations of this nature might be adduced, but sufficient has been said to enable the reader to extend this comparative enquiry, and to confirm the high value which I set on the effects of judicious and well-regulated exercise. In additional confirmation of my reliance on mechanical modes of exercise, as prophylactics, I proceed to relate a few out of numerous cases of the kind I find recorded in my note-book.

CASE 1.—Some few years back I was called in to see the eldest son of a family of rank, a boy of twelve years of age, who, when I first saw him, was in the last stage of consumption, to which a younger member of the same family, whose case I had not the opportunity of witnessing, had previously fallen a victim. As was expected, the case terminated fatally; and on examining the body, independently of the diseased state of the lungs which usually occurs in consumption, the serous surfaces of the chest, as well as of the abdomen, were studded with innumerable tubercles. Some of these, seated in the peritoneum investing the intestinal tube, were of large size, and in a state of crudity; and I traced two minute openings in the ileum, (formed, I have reason to believe, by softened tuberculous matter,) through which liquid fœcal contents were diffused within the abdominal cavity. This part, during life, was of ascitical magnitude, and fluctuated on percussion, but was almost devoid of pain. He had vomited, on two or three occasions, considerable quantities of liquid matter, emitting a fœcal odour, and similar in appearance to what I afterwards found deposited in the peritoneal sac; and subsequent to each vomiting, a perceptible reduction in the magnitude of the abdomen took place. This circumstance would induce me to suppose, judging from the peculiar smell and appearance of the ejected fluid, that a portion had been returned from the abdominal cavity into the intestinal

canal, whence, by inverted action, it reached the stomach, to be discharged by vomiting. The same appearances, in regard to extensive tuberculous deposit, with the exception of the intestinal perforation, were, I was given to understand, presented in the body of the younger brother, whose death, I have already mentioned, preceded that of his elder. From the delicate health of the remaining members of the family, two especially, joined to the foregoing signs of highly-charged scrofulous habit, it was apprehended by their nearest relatives that the disease would successively pervade the whole family.

One, however, I felt assured, from her having had for two years a pulmonary catarrh, would be exempt from the dreaded visitation. Following up the plan which I had ever found so eminently serviceable, I immediately recommended them to commence a course of inhalation. For this purpose, I ordered that tubes, of diameters varying with the respective ages of the patients, should be prepared, through which they were directed to respire twice a day; and the time for this process was gradually extended, until it occupied half an hour, morning and evening. By pursuing this plan of treatment, their chests gradually enlarged, their health became surprisingly amended, and a regularity of bowels, without the aid of medicine, was soon established.

It may here be advisable to explain in what manner the simple process of inhalation, whilst it ex-

pands the pulmonary apparatus, at the same time regulates the most important of the visceral functions. The mere expansion of the lungs, in the first instance, tends, indirectly, to remove congestion of the liver, and also of the stomach, spleen, pancreas, and intestinal canal, all dependent on the more free circulation of the blood in the former.

The biliary, as well as the great salivary secretion, is hereby promoted to a healthy activity. Such morbid irritability of the mucous membrane of the stomach, as may be present, productive of indigestion, is removed; the chyloferous absorption belonging to the small intestines, so indispensable to life, is actively carried on, and the injurious retention of excrementitious matter, in the larger intestines, is obviated by increased mucous moisture, and accelerated peristaltic motion. It were easy, did I deem it essential, to point out at length the beneficial effects produced on other secretions, and to explain the mode by which inhalation acts upon that of the kidneys; but sufficient has been stated to enable the medical man to draw his own deductions in these particulars. To bring the history of this family case to a close; I have the pleasure of saying, that a perfect restoration has attended my endeavours, and that at this moment, these, my former patients, are enjoying all the blessings of health.

CASE 2.—A young gentleman was brought to my

house by the secretary of an incorporated literary institution in Lincoln's Inn Fields, labouring, his friends feared, under incipient consumption. His conformation evidently predisposed him to phthisis; and his chest in particular was singularly narrow and slightly deformed. I laid down the plan which I conceived it would be most advisable for him to follow, and pointed out the necessity of strict adherence to my directions. Inhalation, of course, formed a prominent feature in the treatment to be observed. It so happened, that I had only this solitary opportunity of prescribing for him, although I could have wished to have seen him from time to time, since there are circumstances which occasionally render it expedient to suspend inhalation for a short period, and to have recourse to local and other treatment. Notwithstanding the want of this opportunity might be considered unfavourable, it so occurred, to my great satisfaction, that meeting with the gentleman who had introduced the youth, about eighteen months subsequent to his consulting me, and, of course, inquiring into the state of his health, I found that he, having punctually adhered to my instructions, had not only overcome all his consumptive symptoms, and been restored to robust health, but his chest, formerly so flat and confined, had altered in shape, was considerably enlarged, and was, to use the expression of his friend, perfect symmetry.

CASE 3.—Two young ladies, of adult age, were brought to town by their mother in the middle of the year 1832, for the purpose of taking my advice. Four of her children had, she stated, been attacked by consumption within a short period of time, and had fallen a prey to it. Both, when I first visited them, had a short, hacking cough, with undefined pain in the chest. In the eldest, who was in her nineteenth year, the murmur of respiration was imperfect in the top of the right lung; percussion also, on the centre of the clavicle of the same side, yielded a flat sound. My impression from these signs was, that a tuberculous deposit had already taken place. Bronchophonism was distinctly heard by the naked ear, and it was plain from the absence of any variety of pectoriloquy, that no softening of the mass, so as to form a cavity, had occurred. With respect to the other sister—since the sound of her respiration was natural, and no bronchial affection whatever was indicated, yet as she had occasional cough, and had, as I was informed, slight hæmoptysis—I conceived that a few solitary tubercles might possibly exist in her lungs, irritating the pulmonary issue like the thorn of Van Helmont. These symptoms considered, I commenced with local blood-letting, and the exhibition of nitre in doses of a scruple, &c., after which, my chief reliance was on inhalation. They persevered in a course of this for some months, inhaling, according to my customary directions, twice a day, varying the diameter of the tubes

employed, since occasionally pain arose from the expansive process being too powerful. Indeed, the liability to pulmonary engorgement, from using tubes of too small a diameter, points out the necessity for the constant superintendence of the practitioner, skilled in the auscultative exploration of the chest. One circumstance, perhaps, should not be passed over, as exhibiting an additional proof of the good effects of inhalation on the general health. The periodical uterine secretion of the elder of these young ladies having been suppressed for some months, she recovered in the course of a few weeks the usual feminine habit, which subsequently continued underanged. Nothing of further moment occurred in the course of these cases. Continuing gradually to improve, the younger became perfectly restored to health; and the elder, although the respiration in the upper lobe of the right lung is not so perfect as I could desire, still, from the general expansion which the pulmonary tissue underwent in all other parts, and the probability that in time black pulmonary secretion will form round the existing nodules, so as to isolate them in the manner I have fully described in the chapter on morbid appearances, I consider as entirely free from all danger of any new formation of tuberculous matter.

The value of exercise in checking and removing symptoms of incipient phthisis, is, in my opinion, so great, that I am induced to dwell at some length upon this part of my subject. Those musicians,

whose profession it is to play upon wind instruments, are in general supposed to be peculiarly subject to pulmonary complaints, perhaps not inaccurately so; yet, I am not aware that any detailed or circumstantial explanation has been given of the mode through which injurious effects arise from the use of such instruments. Whoever will take the trouble to watch attentively a player on the flute, or clarionet, &c. will find, that although the performer seemingly inspires and expires frequently and fully, yet that, in point of fact, he often makes several consecutive expirations to one inspiration. Thus his breathing, so far from being advantageous, and so far from developing the lungs, as I have previously declared well-regulated mechanical exercise will ever do, is indeed so irregular and furtive, that it produces effects entirely the reverse, narrowing the chest, and confining the volume of the lungs: indeed, it favours that diminished size of the respiratory apparatus which engenders a tendency to consumption. What I may not inaptly term a wholesale case, occurred some years ago, illustrative of the foregoing remarks. The leader of an itinerant band of musicians applied to me, in behalf of himself and followers, to know what method they should pursue to avert the threatening appearances, which they considered would ultimately lead to confirmed pulmonary affection. I advised, that after their musical entertainment for the time being was concluded, they should always take a long and

quick run, or else carry walking-sticks, perforated longitudinally, through which they might respire, and thus compensate their previous irregularity in breathing. Ludicrous as the idea may appear, of a set of men scampering off, after an exhibition of their scientific powers, these poor fellows had the good sense to perceive the advantage of pursuing my advice; and I have subsequently learnt that they have experienced its happy influence. It has been my uniform practice indeed, in similar instances, to recommend a similar proceeding, and the benefit has, I trust, been widely diffused. Before proceeding further in this chapter, it may not be irrelevant to notice, that protracted indisposition, whether arising from mental or bodily causes, is productive of diminution of the chest; the general debility causing local muscular weakness, and this being more particularly the case in the muscles of inspiration. The lungs thus compressed, are of course favourable to the development of tubercles, as well as to pleurisies, which, according to a great authority, M. Laennec, are the cause of permanent contraction of the chest in consumption. But it should be borne in mind, that this writer is utterly mistaken, when he asserts that the endeavours of nature to cure phthisis originate the same phenomenon.

The truth is, the contrary is the fact; since, on examination of the lungs of persons who have recovered from consumption, we almost invariably find their lungs voluminous, and their chests of

increased capacity. When individuals labour under chronic, or incurable diseases of any kind, whether medical or surgical, and the constitution is much impaired by the continuance of ill health, consumption is peculiarly prone to manifest itself; but should they have been subject, for any length of time, to catarrhal, asthmatic, or cardiacal affections, I have long observed that they enjoy a complete immunity from tuberculous attacks; and hence, cannot become consumptive. Therefore, in imitation of my own practice, I would earnestly recommend the physician, as well as surgeon, to exercise the chest by means of inhalation; and the result would be to ward off any secondary complaint, such as consumption, which so commonly supervenes to shorten lives that otherwise might have been indefinitely prolonged. To strengthen my assertions respecting the beneficial results arising from the manifestation of catarrh, in patients suffering from incurable complaints, I could give from my case-book, and, indeed, from memory as well, innumerable cases confirmatory of my views; but a few will suffice to show that I do not exaggerate its happy influence.

CASE 4.—Mr. C. W., from the neighbourhood of Rumford, applied to me in February, 1828, for a complaint of the chest. He had been for some months expectorating muco-purulent matter in considerable quantities; through this, as well as pro-

fuse perspirations, and an occasional febrile state, he had become excessively debilitated and attenuated. After pursuing my advice for a short time, he lost his more formidable symptoms; and there were merely left slight cough, and an oppressive wheezing, which, at times, would compel him to leave his bed about two hours after midnight. Though he considered himself well for nearly five years after this, I have, nevertheless, grounds for belief, as this was a cured consumptive case, and as he exhibited slight symptoms of emphysema, that his lungs must have been more or less affected, throughout this space of time, with some bronchial irritation, though he had but little cough. Being called in to this gentleman about three years ago, as apprehensions were entertained, from certain pulmonary indications, of his relapsing into the state from which I had formerly relieved him, I ascertained by the ear that a bronchial affection had been established, which, from my recollection of the peculiarities of his ailments, and my having regarded his case as one of cured consumption, I felt satisfied, previous to auscultation, would prove to be the fact. Pointing out this condition of his patient to that most intelligent practitioner, Mr. Sewell, I assured him that he need not have contemplated a recurrence of consumption, though such might not unreasonably be apprehended from a malignant schirrous affection, which had made its appearance a year previously, and had committed extensive ravages on the rectum, perineum, and

adjoining parts, for which the most celebrated surgical advice was taken. From the ill-health induced by the foregoing destructive malady, the chances of his having consumption were considerably augmented; but owing to the protection afforded by chronic catarrh, as I have often reiterated, the patient is placed beyond the reach of that most common and fatal of human diseases—pulmonary consumption.

CASE 5.—However anti-Malthusian the doctrine may be, yet, as it is in accordance with the law, and may likewise be regarded as a special dispensation of nature, I do not scruple to advance it as my opinion, that many cases of threatened, or, indeed, actual consumption, in the female, may be warded off by a timely compliance with the first benignant ordination given to our first parents—marriage. In order fully to explain how the benefit arises, and in what manner the blessings of matrimony—for such, I believe, despite the late talented professor just alluded to, they are still called—operate, I shall cite one from a variety of similar cases. Mrs. E. S., aged thirty-eight, made application to me, in the winter of 1827, for a painful state of the chest, with oppressed breathing and severe cough, with expectoration of blood, mixed with frothy, yellow matter. She likewise complained of profuse perspirations, followed by emaciation and extreme debility. Among other physical signs,

pectoriloquism was distinctly heard by the naked ear, underneath the second and third ribs of the right side. When she first came to me, she laboured under much depression and anxiety with respect to her state, not only from her having lost two sisters by the same disease, but from her husband's having inadvertently communicated to her the opinion of a respectable medical practitioner of Great Ormond street, who, to use her own words, had unreservedly stated to him, "that no power on earth could save her life." My opinion, at first, was also of an unfavourable kind. The experience of a few days, however, since the most distressing symptoms of the case yielded to remedial treatment, induced me to entertain hopes. These hopes became certainty, when I discovered that she was in a state of pregnancy; for I had long noticed, that the constantly increasing magnitude of the womb exerts a powerful influence in suspending, and still further, in curing, tubercular phthisis. This circumstance is not brought forward as any novelty to the profession, but simply as affording an opportunity of explaining the process by which the gravid uterus accomplishes so favourable an end. The hitherto received opinion is, that a diversion of morbid action from the lungs takes place, through the necessary afflux of sanguineous fluid to the womb and its embryo, thus arresting disease; but I conceive that this mode of accounting for the cures effected, is utterly vague and unsatisfactory. In such cases, the suspension

of existing disease in the lungs, and, indeed, the permanent removal of the constitutional symptoms of phthisis, are no doubt effected by the encroachment made on the chest from below upwards by the pressure beneath the diaphragm, which has the effect of bringing in apposition the inferior and superior surfaces of the pulmonary cavities, so as to unite them. This view of mine is borne out by the *post mortem* appearances which I have witnessed in those who had recovered from consumption while in a pregnant state. In not a few examinations of this kind, I have noticed that the internal cicatrizations of the healed lungs were transverse or horizontal; thus proving that the progressive pressure upwards, in the direction of the diseased summit, had been the sole cause of that union to which the disease has, in great measure, owed its cure. This mode of explaining the cure appears to me much less hypothetical than the generally received doctrine, since it is based on proofs derived equally from anatomical and pathological research; yet I do not wholly dissent from the customary view of the subject, the cure being indisputably, in many instances, consequent on the determination of blood to the uterus, thus diminishing, to a certain extent, a local disease, and allowing by this diminution, the supervention of sub-acute bronchial irritation. This last accident is, in no slight degree, perhaps, favoured by the horizontal enlargement of the lungs, especially of the lower lobes. Though instances of

recovery, attendant on pregnancy, supervening to consumption, are numerous, yet as cases notwithstanding happen in which a cure has not been effected, I think it essential to indicate one or two reasons for such occurrence.

First, we cannot be surprised, when pregnancy takes place in an advanced stage of the disease, at not meeting with the usual effects; and a second reason that may be assigned for death following, what might otherwise be regarded as a case of cured consumption, may be found in the absence of chronic catarrh, or in the production of a fresh crop of tubercles by ill health, after cicatrization has taken place. Having thus purposely digressed, in order to explain my views of the sanatory influence of pregnancy, I hasten to the conclusion of the present case. Since Mrs. E. S. first became my patient she has had four children, now alive; and with the exception of a discharge of blood and muco-purulent matter, that continued for a week about five years ago, possibly expectorated from some imperfectly-healed cavity of long date, she has had no recurrence of her formidable complaint. During the last two years she has been free from cough; and, with the exception of slight catarrh, for a time attended with abundant puitous discharge, she is in the enjoyment of better health than she has been in for the last ten years. At present, I consider her as perfectly secured against a relapse into her former state, for two reasons—the partial cicatrizations

which evidently took place during pregnancy, and the existence of emphysematous and voluminous lungs—the first discoverable by respiration denoting that state; and the second being its certain consequence. It cannot, I think, be wondered at, that having repeatedly witnessed the fortunate results arising from the pregnant state, I should have some years ago occasionally ventured to suggest to the unmarried consumptive female the propriety or necessity of matrimony, where, from the circumstance of existing reciprocal attachment, such an engagement could be happily entered into.

I have previously mentioned that asthmatic, catarrhal, and cardiacal individuals are exempt from all danger of pulmonary consumption; and to these I may subjoin persons affected with diseases of the convulsive kind, such as hysteria, epilepsy, or, in truth, all in which a prolonged, forcible retention of the breath is frequently seen. This circumstance, in patients of this description, must be accounted for in the manner already explained, when dwelling upon the benefits arising from the mechanical extensibility of the air cells by inhalation.

Before bringing these remarks on the prophylactic treatment of phthisis to a close, there remain a few general observations, which spring as much, or nearly so, from experience in my own person, as from my attention to the cases of others. In the foregoing portion of my work, I have advised a generous mode of living as among the preventives

of this disease; and in peculiar circumstances I would even recommend the use—of course, the cautious use—of wine, sound home-brewed malt liquors, and occasionally of other stimulants. I now allude to a failure of health, the forerunner of consumptive attack, induced by trouble of mind, to which, I lament to say, numbers fall lingering victims. It has been my misfortune to witness, in the course of my practice, but too many instances of the maladies engendered by “a mind diseased.” Well has the poet of nature remarked this amongst his aggregate of human ills, when he mentions “the law’s delay,” than which I know not a greater destroyer of peace of mind, and with it, of the body’s health. We are accustomed to look back with horror on the proceedings, recorded by historians, as having taken place in that iniquitous court, which went under the name of the Star Chamber; how, then, judging by analogy, will our posterity execrate the records left them of the practice of the Court of Chancery! They will there read a piteous tale of justice withheld—of hope, the brightest boon of heaven, extended and protracted, until to look forward is to exclaim with Lear, “Oh! that way madness lies.” The ghastly train of diseases—consumption, cancer, and other fell destroyers of the human race—which I have seen brought on the wretched victims of the procrastination, until recently, the characteristic of this court, leads me, in common with the general voice, to reflect with gratitude on the change that

has been effected by the wise energy of one master-spirit. Had the reforms, introduced by him, been adopted even a few years sooner, how many a fair fabric of human happiness would have been spared, that now lies dismantled and overthrown! To return from this digression. On occasions when the mind is kept constantly on the rack, I consider it not unadvisable to allow a comparative freedom in point of living; but I must add a caution, with respect to patients of the weaker sex, to whom this freedom, limited as I have stated it should be, must be still more sparingly granted. The difference in strength, both mental and physical, calls for strict attention to this distinction."

POSITIONS OF CHILDREN.

In addition to what Dr. Ramadge has said upon the means of preventing pulmonary consumption, I must add that one of the great means of producing a full and perfect developement of the lungs is found in the attitudes in which we place children and young persons at their amusements, their studies, their occupations, or rest.

A confined position, so as to obstruct the circulation, and cramp the chest, is a great cause of future consumption.

While at school, the desks of children may be so arranged as to enlarge the chest instead of contracting it. The table or form at which they sit, for young children, should be elevated as high as the bottom of the neck or the top of the breast bone; then let them set close to the form, the consequence will be an expansion of the chest rather than a contraction of it: and in those children learning to write, the desk should never be lower than two inches below the armpit. The position may at first be irksome, but habit will render it far more pleasant than writing at a lower desk. Of this I had a very

interesting case a few years since. While on a visit at the house of a relative, I was struck with the very round shoulders and flat chest of his only daughter, then about ten years of age. On inquiry, I found that the desk at which she pursued her studies in school was so low as to produce this cramped position of the chest. By arranging her desk as I have previously directed, in two or three years the deformity became almost, or quite eradicated, and her form assumed its natural symmetry.

In this country, we ought to be quite free from consumption, but the defective position of children at school, of clerks in the counting-houses, and of gentlemen at their writing-desks, probably lay the foundation of a vast many cases of consumption that otherwise might never have occurred. To a person who has resided for some time in Europe, particularly in England, or in the German cities, he would be struck with the difference in the formation of the chest and the position of the shoulders, between the inhabitants of this country and those of Europe.

It is comparatively rare to see among the Americans, a straight, symmetrically formed man. The fine, erect, military carriage among the young men in Europe, is rarely ever seen in this country.

It is only by attending to the attitudes and positions of children that this can be obtained. The bed on which they sleep should be hard, flat, and the shoulders not raised at all above the level of the loins and hips; they should be taught to sleep mostly

lying flat on their backs, and not sleep in cramped positions, or lay much on the side in a crooked posture. In walking, the body should be kept erect, and the shoulders not allowed to stoop.

Consumption was once a very rare disease in this country, when every bit of lung was required to support the constant exercise and industry of our forefathers; but now, when indolence, effeminacy, and bad position have caused much of our lungs to fall into disuse, they become diseased, and consumption is very frequent.

ASTHMA.

Asthma is a disease so much more rare than consumption, that it is not my purpose to dwell upon it. I will, however, observe that there are many asthmatic conditions arising from organic affections, produced by disease of the heart and great vessels, which are not cured by mechanical remedies, and cannot be considered as true asthma.

True asthma is caused by a peculiarity of the condition of the nerves of the lungs, and the result is that more air is retained in the lungs than is expired. In other words, there is an inequality between the expirations and the inspirations; the expirations being less than the inspirations, the consequence of which is to inflate the lungs and render them very voluminous, so as to amount to a distressing disease. Such a patient is never subject to pulmonary consumption.

The cure is very soon effected by mechanical means, reversing, however, the mode of application adopted for the cure of consumption.

In consumption there is too little air inspired, in true asthma there is too much. In consumption

we impede the expiration, but in asthma we impede the inspiration, by which means in a very short period we reduce the size of the lungs, restore the equilibrium which should always exist between the inspirations and expirations, and consequently effect a perfect cure.

CLIMATE.

The influence of climate in the prevention and cure of pulmonary consumption and inflammations of the lining membrane of the throat and lungs, as well as the heart, has always been considered of the highest importance. For all these complaints, indiscriminately, patients have been sent to warm climates. It is not until within comparatively a few years, that the different varieties of consumption have been properly distinguished, so as to know which is, and which is not benefited by a warm climate. Enough, however, is known to satisfy us that diseases of the throat, and catarrh of the lungs may often be relieved and cured by a residence in a warm climate.

But true consumption is not benefited by a warm climate. The disease may be apparently stayed for a few days or weeks, and then the patient will sink much sooner than in a cold climate, whilst all the chances of accidental cure are totally lost. During the last five years I have made repeated visits to warm climates, and also to temperate climates, in order to ascertain, by personal observation, the influence of climate on diseased lungs, and either myself, or my immediate personal friends, have

visited almost every part of the globe, and I can speak very confidently of the influence of climate on diseased lungs. Persons affected by true pulmonary consumption are rarely, if ever, benefited by a warm climate. A few winters since, I visited the south side of the island of Cuba, whose inhabitants enjoy one of the finest climates in the world, for the purpose of ascertaining the feasibility of establishing a large hospital in that fine climate for the cure of consumption. Upon making my project known to one of the most respectable American merchants, who had long resided there, he very promptly said, "That it would be far better to purchase land and establish a large *burial ground*, as all the consumptive patients who ever arrived there died within a few months." My own conclusions are, that if a patient selects a dry climate, it is far better than a humid one; and inland situations, not exposed to a mixture of land and sea air, are much better than those on the sea-board. Probably the city of Philadelphia is one of the finest climates we have for the genuine consumptive patient. It is far superior to any of the more northern or eastern towns, exposed to the sea air.

As the patient can be perfectly cured of tubercular consumption without the aid of climate, I think it unnecessary to dwell any longer on the subject as connected with the cure of true consumption.

I will, however, observe, that affections of the throat, and chronic inflammations of the lungs, are

often greatly benefited by a residence in a warm climate. Some affections of the heart and the great vessels, especially spasmodic affections, are often greatly benefited by a residence in a warm climate. For a winter residence, the temperate inland cities of our country present many advantages to the consumptive patient, which cannot be acquired in a warm climate. I would never recommend a person affected with true consumption to visit, or at any rate reside, in a warm climate. Consumption originating in a warm climate, runs a most rapid course, usually commencing and ending fatally in three months. It is also a curious fact, that consumption originating with us in warm weather, is much sooner fatal than if it originates in winter.

I add some remarks of Dr. Ramadge on climate, &c.—

*“It has been seen from the preceding pages, how much I am at variance with the common opinions entertained of phthisis; and to none am I more diametrically opposed than to those which respect climate. So far from sending a consumptive patient to the South of France, or Italy, I should, if change be requisite, deem the climate of St. Petersburg a thousand times more beneficial. In the latter case, he has a chance of contracting catarrh, and of thus staying consumption: in the former, any catarrhal state which might exist would assuredly be fatally

* Consumption Curable, page 134 to 140.

removed. When I hear of consumptive individuals being recommended to try the genial climes, as they are absurdly termed in these instances, of Lisbon, Madeira, or other sunny lands: and when I reflect on the evidence given by medical statistics of their deadly influence on phthisis, I long to suggest the fitting answers to such advisers—"Me vestigea terrent omnia adversum spectantia, nulla retrorsum." My experience on this point is full and explicit; and I could substantiate it, were it requisite, at the close of a treatise, the scope of which has been to prove the true nature of this little understood malady, by numerous cases. Two, however, which have come to my knowledge since the publication of the last edition of this work, are, on several accounts, so interesting, that I am unwilling to withhold them. The first of these, which I extract from the letter of an eminent solicitor in the west of England, who had occasion to consult me, bears ample and irresistible evidence to the soundness of my conclusions. It comes with the full weight of authority, for it is a true tale, told by the most unexceptionable witness. The writer commences by stating that the death of three sisters, a brother, and his mother, of consumption, had naturally induced some anxiety on his part, and led him to consult me for symptoms it is here unnecessary to detail; he then proceeds as follows: "I am unacquainted with medical science, but I presume that what you call 'a permanent catarrh,' I vulgarly de-

signate a constitutional cough—if this be so, my own father affords a striking illustration of the correctness of your views. He, when young, was considered very consumptive; and, to use his own words, was ‘sent home from abroad twice, to die among his friends’—the foreign doctors pronouncing his case to be incurable decline.

“The first time he rallied, probably in consequence of the voyage, &c., but relapsed after his return to Italy, where he was when first attacked—(a further corroboration of your opinions). Business then called him to Newfoundland, where he was exposed to the severest weather. He returned to England, apparently without a chance of living many weeks; he, however, soon exhibited indications of amendment; and although a strong cough and expectoration continued, and never left him for sixty years, he attained the age of eighty-four, and never, from the establishment of his catarrh, (if such it was,) knew a day’s illness of consequence, with the exception of occasional attacks of the gout. There are other circumstances,” the writer continues, “which I have not space to mention. My eldest sister has escaped hitherto, and she has a similar cough, and has had it for years * * * * * the other members of my family who have died in decline, had no such constitutional cough.”

The above is, surely, to use the language of Shakspeare, ‘confirmation strong as proof of holy writ.’ The other case to which I have alluded is

not equally valuable in point of conclusive testimony with the preceding, yet is far from foreign to the purpose. It is, indeed, rather curious, that as I had originally instanced the climate of St. Petersburg as preferable to more southern latitudes, selecting it by chance as the representative of cold climes in general, the following should have been sent me as a piece of gratifying news, by a lady of high rank, a patient of mine. "I have now before me a confirmation of your views of the beneficial effects of a cold climate in pulmonary cases, in a letter from Mr. Canning, (the Premier's son,) who has spent the last winter in St. Petersburg, though many of his friends, in consequence of his extreme delicacy and liability to attacks on the chest, dreaded the effects of that climate, and urged him to visit the South of Europe in preference. He says, 'I have never felt so well, or been so free from cough, and every ailment, as since I have been in Russia.' "

The author of the article on "Climate," in the "Cyclopædia of Practical Medicine," a work based on a foreign prototype, but far inferior in original views, has obtruded some crude notions on the subject which, being calculated to mislead the young practitioner, I shall briefly notice. He writes as follows: "the great desideratum in this country is to find a mild climate and sheltered residence for our pulmonary and other delicate invalids during the winter and spring;" and then proceeds to specify the various advantages of our different watering-

places. Now it is lamentable to find in a work of so much pretensions, a writer who, at this time of day, is so obtuse as to advocate opinions which have become the opprobria of the science. If, instead of repeating platitudes which have been handed down from father to son, he had taken the trouble to repair to some of the spots whose salubrity he vaunts, and examine the tomb-stones in their respective burying grounds, he would have discovered from the excessive proportion of deaths occurring in the spring of life, particularly among females, that consumption here, if anywhere, "shadowed the portals of the tomb." As a friend once observed to me—a walk in Clifton church-yard read a finer homily on the vanity of life, than any sermon which he knew. He mentions, to prove the beneficial effects of the climate of Madeira, that out of fifty-two patients who went thither in a given number of years, twenty-three recovered; which, if it proves anything, would indisputably establish, were the cases accurately reported, the efficacy of a sea voyage, since those who died, succumbed for the most part, it would seem, from too prolonged a stay on the island. The truth is, this person is contented with writing, in the usual vague manner, on the efficacy of a warm climate, without condescending to explain how warmth can heal up a cavity in the lungs, as if, indeed, there were a charm in the phrase—warm climate. I have had numerous patients who have returned from these lands of the "myrtle and

vine" with excavations in the pulmonary organs, but never knew a solitary instance in which a cure has been the result, except by the fortunate super-vention of a catarrh, or bronchial affection. Facts are the best and most stubborn arguments.

So decided am I on this head, that I never admit into the infirmary a phthisical patient with recent catarrh, because its wards are heated in winter time so as to resemble a moderate summer temperature. The cases of consumption, that come under my notice in summer, are nearly double the number of those I see in winter. The reason is evident:—the augmented temperature of the weather increases the intensity of two of the most important stages of the hectic paroxysm—the hot and the sweating. To subdue these, then, becomes peculiarly difficult: how likely they are to be aggravated by going abroad, a well constructed thermometrical table will tell. Again, if the disease be latent, removal to a warm climate is the most probable means of making the case one of manifest phthisis. In uniformity with these opinions, I feel no anxiety respecting consumptive patients being kept scrupulously within doors. Whenever the weather permits, they should be allowed to take an airing daily; but be by no means suffered to remain so long as to be sensible of chilliness or cold.

From every inquiry I have made with respect to the influence of climate, I conceive that, all things duly considered, the patient cannot have a more

suitable residence in winter, than in some of the spacious, well-ventilated streets of our own metropolis. Another consideration—a great one to the invalid—is that of comfort, a word indigenous among ourselves. Many of those, who had been led by blind guides to roam abroad in a vain search after that health which, under judicious treatment, they might have preserved here, have assured me, to use the language of Sterne, that they had done better to “have remained dry shod at home:” and I am convinced that the greater number thus sent on a useless errand, make, when hundreds of miles from their own comfortable fireside, the reflection that occurred to honest Touchstone, “Ay, now am I in Arden—the more fool I; when I was at home, I was in a better place.”

THE INFLUENCE OF LIGHT

UPON THE

DISEASES OF THE LUNGS.

I do not recollect of ever seeing any remarks made by any author upon the influence of light upon the health of the lungs. Light is a mysterious agent, the influence of which, upon the animal system, is not fully appreciated. That the whole vegetable kingdom languishes and dies, when deprived of light, is known to every body, or if an existence is continued without the presence of light, still that existence, is always sickly and imperfect. Men and animals brought up where there is but little light, are perniciously affected. If I were asked what countries are most free of consumption, I should say those countries enjoying most light; where the sun is the brightest, where the atmosphere is the clearest. I should make this assertion without the fear of contradiction, for I hold it a universal rule, without an exception, that the presence or absence of light has a vast influence upon the lungs.

For this reason it is that the inhabitants of the torrid and frigid zones are equally exempt from consumption, or it does not occur oftener in the one than the other. The inhabitants of Norway, Siberia, and the countries bordering on the Arctic ocean, are no more liable to consumption, in proportion to their numbers, than the inhabitants of the West Indies. In what respect do these climates agree? the answer is, in one only: and that is in enjoying an equal quantity of light. In the Arctic regions, the vast quantity of snow throwing back the light, the Aurora Borealis continually gilding their nocturnal skies, their brilliant moon, and entire six months without night, give to these regions probably more light than what is enjoyed at the equator. The South of Europe, and the countries bordering on the Mediterranean, are comparatively exempt from consumption, although their climate is very fickle, alternating rapidly from heat to cold; at one time almost smothered by the sirocco, and at another pierced by the cold cutting winds which blow from the snow-covered Alps and their kindred ranges of mountains, which stretch from the borders of Asia to the Straits of Gibraltar, but these countries enjoy a flood of light. These remarks will have an important influence in the selection of those apartments in our houses which we mostly occupy; we should seek the situation which gives us the most light—a southern exposure. From observing the

excellent influence of the sun, it is a proverb in Rome, that where the sun enters the physician never does. This refers to the selection of their dwelling apartments. In the city of Paris, from the vast amount of cloudy weather, the extremely dark and damp apartments, where, in a vast many cases, the sun never enters, it is no wonder that consumption should be extremely common; the same remarks apply with equal force to the city of London, and all Great Britain. It is not the presence or absence of cold alone that determines a greater or less degree of consumption. I should, however, observe, that all dark countries are necessarily damp ones, so that light and dryness are found existing together, and damp and darkness go hand in hand. It is for this reason that the climate of Quebec, although intensely cold, being very light and dry, has far less consumption than either of the cities of New York or Boston. In the summer of 1835, I met the late venerable Bishop Stewart, the Lord Bishop of Quebec, with whom I have been acquainted from my childhood; he told me that his diocese, consisting of the provinces of Upper and Lower Canada, made it necessary for him to reside one winter in Quebec, and the next winter in Toronto, Upper Canada, and so alternate his residence at Toronto and Quebec. The climate of Toronto is comparatively very mild, yet the venerable Bishop told me he much preferred wintering at Quebec, as he there enjoyed much more light and dryness than

at Toronto. I once knew an old lady who went from Philadelphia on account of her health to winter in Quebec. The delicate, and persons of weak lungs should give their sitting-rooms and sleeping-rooms a southern exposure, so as thereby to enjoy the most light. They should never continue in darkened apartments, nor where the light is permanently excluded.

CAUSES OF THE FREQUENT THROAT AND LUNG COMPLAINTS IN THE CLERGYMEN OF THIS COUNTRY.

The question is often asked why throat and lung complaints are so common among the clergymen of this country. I say this country, because the clergymen of no other country are similarly affected, unless the same causes are present. We are often asked why clergymen now are so much more affected than formerly: that they are more affected with pulmonary complaints than clergymen were fifty years ago, is notorious to all our old people. Fifty years ago consumption was a very rare disease amongst clergymen. Now it is very common. It is also a curious fact, and a very interesting one, that public speakers in all the other professions are not a tythe so liable to consumption as the clergy; lawyers, and public lecturers at our different universities, are very rarely attacked with consumption, compared to the numerous cases amongst the clergy. In answer to these several queries I will reply, that the physical education of our clergymen is entirely different from what it was formerly. In the long history of New England, for nearly two hundred

years, their clergy were noted as a long lived race; sometimes the oldest person in the town or parish was the clergyman.

THEIR PRIVATE LIVES.

In their early bringing up, the future clergymen were forced to take a vast quantity of out-door exercise. In nearly all cases, up to their twentieth year, the most of their time was spent in active out-door labour, hard manual labour, such as was practised by all the people; chopping, felling trees, clearing the land, ploughing, planting, hoeing, reaping, making hay, all the labour of the harvest, &c. formed the exercises and physical training of young men, conferring the greatest mental purity, and the highest physical strength. A very aged and venerable clergyman, greatly celebrated in his day for his erudition, his theological, classical, literary and belles lettres acquirements, in answer to an enquiry in regard to his habits, writes: "My garden has always been my doctor; I invariably work in it several hours in the day when the season permits." The powers of these clergymen as public speakers were truly remarkable; whether they addressed their assemblies in the open air or in the churches, they had no difficulty in making themselves heard. Instances are told of some of these clergymen who could raise their voices so as to be distinctly heard one mile.

THEIR CHURCHES.

The churches and places of worship occupied by the clergy of this country, were generally very plain; large windows, abundance of light, and scarcely warmed at all. A great many meeting houses were not warmed in any manner. Yet in the severest weather the clergy would perform their duties undismayed by the extreme cold, bringing up their physical energies to meet any cold, and indure any privation. When a boy, I heard an old clergyman preaching on the subject of missionaries; he said, "we want no young men who require their mothers to tuck up their feet after they go to bed." His meaning being that indulgence, and ease, and luxury, were fatal to physical and mental energy.

*Habits of Clergymen formerly after commencing
Ministerial labour.*

The American Theological Student of former days, bred up in the active exercises and laborious employments to which we have referred, lost none of these exercises after entering upon his ministerial labours. He was generally a farmer, labouring much of his time with his own hands. The duties of his extensive parish would call for a great deal of horse-back exercise, or riding in his carriage or sleigh, and walking. Sometimes, although very rarely, he would be a mechanic, and at all events, both in summer and winter, but particularly in winter, he would spend many and many an hour in the open air, tending his cattle, and chopping and splitting fire-wood, one of the best exercises ever devised for the expansion of the chest, and a full, healthy development of the lungs.

THE RESULT.

The result of these habits was long life, extended usefulness, pulmonary diseases almost unknown. When a boy I knew many of these clergymen—the race is now fast fading away.

In 1814, when the British in great force invaded Plattsburgh, I saw one of these old parochial clergymen assemble his people, inform them of the invasion of their soil by foreign soldiers; he pointed out to them their duty as citizens and christians to defend their homes, their firesides, and their country; although a grey-headed man, he told them that whether he went alone or accompanied by any of his people, he should go and fight the invaders, and concluded by calling for volunteers. A few hours after I saw him with musket and bayonet, bayonet-belt, cartouch-box, and knapsack, marching at the head of his people to fight the battle of Plattsburgh. Nearly all the papers of that day mentioned the occurrence.

Modern Theological Students.

The physical training of the modern theological students, differs very greatly from the ancient theological students of this country. Pride forbids manual labour, fashion forbids active exercise. The rules of the school demand an enormous amount of study, by which the young men generally are greatly effeminated, and greatly reduced in physical strength; pale, thin, dyspeptic; few of them are ever healthy. Those most celebrated for their acquirements are usually the most broken in health and strength. A great many of them are compelled to suspend their studies because physically incapable of pursuing them.

THE RESULT.

Theological students are generally a weak and puny race, require all sorts of nursing to restore them to sufficient health to enable their performance of the common duties of life. The theological student of sixty years ago would look upon them as discharged inmates of the hospital, some of them in actual consumption.

*Our Clergy in the active discharge of the
Ministerial duty.*

It is the ambition of every theological student, upon or before his graduation, to be called to the pastoral charge of some city church; for this purpose he labours most unceasingly and unsparingly; and if his parents or guardians should by chance be residents of a city, they will exert themselves in his behalf. Should he be somewhat brilliant and promising, his teachers will recommend him, so that very frequently young men of the best promise, but physically reduced by their long laborious studies, and without any interim of repose, and time to recruit their exhausted energies, are handed into one of our city churches. A residence in a city is always calculated to debilitate every man, but vastly more theological students. After our young clergyman is inducted into his church, his desire to be useful, and his yearnings after fame, lead him to put forth every effort of which he is capable. The officers and members of the church, because the pastor is a *young* man, think he can perform any amount of duty they may please to impose upon him. In a great many churches he is expected to

preach two and three times every Sunday, beside his week-day lectures, his Bible-classes, his Sunday schools, visiting the sick, and last, not least, visiting all his congregation. I should say, in addition to all this, he has all his sermons to write and prepare, presenting an amount of physical and mental effort quite sufficient to try the brain, limbs, and lungs of a veteran. I have always thought that our city clergymen have to perform at least double of what should be required of them. In addition to all this, their salaries are so limited that very few of them are able to keep horses, or any assistance to exercise. If they take any exercise it is pedestrian.

THE CHURCHES.

Our city churches, how unlike the old churches occupied by the ancient clergymen? They are built in the most costly manner, furnished most sumptuously, and heated most thoroughly, so that any old lady, or young lady, or delicate person, can sit out the whole exercise without feeling the least chill. The pulpit is elevated a number of feet above the floor, where the great body of the audience sit, and where it is so warm that most of the audience will throw off their outside garments. From this floor to the shoulders of the clergyman, the distance is somewhere from ten to fourteen feet. The atmosphere that the clergyman breathes, is several degrees warmer than that respired by his

audience on the floor: if he preaches at night, we must add the impurities arising from the burning of oil or gas. The air that he respire is so impure and so rarified as to afford very little support to his lungs, and compels them to labour at the greatest mechanical disadvantage in forcing sound with such rarified air. The puny voices of the clergymen can scarcely fill a moderate size church. How unlike the thunder that used to burst from the lips of our ancient clergy, who could almost fill a whole square as easily as the generality of our clergy can fill a church.

It is a circumstance worthy of notice, that none of our public speakers, except the clergy, ever address their hearers from tribunes or pulpits elevated above their audience; a vast many public speakers are placed on a level below their auditory—as in the instance of lawyers—the judges and jury are usually placed above them, whilst the speaker is on a level below his auditory; this, also, is the case with many lecturers in the medical schools—they are placed considerably below their hearers. Our lawyers and medical professors usually lead a vastly more active out-of-door life than our clergy. Consumption is very rarely observed among the gentlemen of the bar, or our medical professors.

A pulpit erected high above the heads of the auditory, can have no injurious effect, except in heated rooms. The Roman tribunes were erected high above the auditory, but it was in the open air.

Consumption is comparatively rare among the European clergy; they are not more liable to it than other classes of people; they, in general, lead an active out-door life, especially students and the junior clergy.

THE RESULT.

The result is, in a vast many cases, our promising theological student, now a brilliant young clergyman, is, to all intents and purposes, completely broken down in one single year; symptoms of consumption present themselves in some form or other, and a foundation is laid for the most deplorable consequences—consequences which either force the clergyman from his ministry, or compel him to cease his ministerial labours for a greater or less extended term of time. Frequently his impaired health as a theological student, which is increased and aggravated by his ministerial labours, deprive him of life altogether, or cause him to drag out a miserable existence during the remainder of his few days.

WHAT SHOULD THEY DO?

The theological student, for the first five years after entering the ministry, should reside in the country; his ministerial duties should be light, his living temperate, and his life an active one; this course would subdue all the weakness and debility

engendered by the long novitiate of his academical and theological studies; besides the maturity of his mind, he would prepare the highest physical energies, and fit himself for the noblest spheres of urbane usefulness. Should he pursue this course, he may confidently hope, through the blessing of a kind Providence, to possess a long life of the highest honour and the greatest benefit to our race.

SEA VOYAGES—JOURNEYS BY LAND— CHANGE OF RESIDENCE.

Too much cannot be said in praise of sea voyages, and long journeys by land, either on horseback or in any other convenient mode, to which I may add, a permanent change of residence from our northern and eastern states to the southern and western ones. No climate can be more favourable to persons predisposed to consumption than our western prairies. To a person not actually in consumption, a winter voyage to the different ports of the West Indies is delightful in the extreme, besides being salutary in the highest degree; but it will not cure a person in actual consumption. Voyages from here to Europe, and travelling in Europe—from the change of scene—change of habits—change of diet—change of air—and particularly a vast deal of out-door exercise, all united, will often do much to build up a decayed constitution, will even sometimes stay the progress of true consumption, but will very rarely, if ever, cure it. I should say there are instances where the patient derives no benefit whatsoever from these journeys. Before proposing these long journeys or voyages, the invalid should con-

sult an intelligent physician. Dr. Ramadge remarks, that "he has never heard of consumption amongst the savages of the old or new world." This is true as long as they live in their wild state. But when they become civilized and educated, consumption is noticed amongst them.

DISEASES WHICH CURE PULMONARY CONSUMPTION.

Few are aware what a great number of persons are cured, by nature or accident, of consumption, and who ultimately die of other diseases. The treatment of no disease requires such tact and nice discrimination on the part of the medical practitioner as this. To know when to assist nature, and when to let her alone, is a profound science of itself. Woe to the unhappy patient who is not favoured with intelligent medical advice; for oftentimes the treatment of a single week will determine the life or death of a patient. How often are the efforts of nature rudely interfered with when she herself would have effected a cure. I will mention a few diseases that interrupt and cure pulmonary consumption. First,

ALL AFFECTIONS OF THE HEART.

The reader may start at this, and reply, that cutting off the head is a certain remedy against hanging, because almost all persons consider disease of the heart as far worse than disease of the lungs, yet a full and high development of the heart, so as to make it a commanding organ in the chest, will, and does, in a vast many instances, cure pulmonary consumption, whilst the heart itself remains sufficiently healthy to permit the patient a long life. Almost every individual who at an early period of his life was disposed to consumption, as indicated by cough, spitting of blood, &c., if he recover and attain a full development of the chest, it will be found in most cases that he has been cured by a supervening enlargement of the heart and great vessels, if no other apparent cause is present. A striking case of this kind, to which I can refer the reader, is that of the late Dr. Parrish of this city, well known to all practitioners of medicine as one of our most esteemed and most valuable physicians. When young, he laboured under pulmonary consumption, of which he was cured by a development of the

heart. The Doctor always supposed that active outdoor exercise healed his lungs. It did so; but only by procuring an increased development of the heart.

Now suppose any physician had interfered with nature and sent this patient to his room, and discontinued his out-door exercise, and reduced his system, by confinement and depletion; the effect would have been a certain and early death. I know many cases of individuals in early life predisposed to consumption, who have been cured by the supervention of heart affections.

CASE 2.—Mrs. T——, whom I have known from my childhood, was married at sixteen years of age, and after the birth of her first child, gave most evident symptoms of diseased lungs. After lingering for some months, she was attacked with a dreadful spasmodic affection of the heart, which, in a short period, relieved the pulmonary symptoms. She is now about seventy years of age, and during her long life has repeatedly experienced similar attacks, and always been relieved in the same manner. About six years ago she was visiting a sick friend, who was in the last stage of consumption. The attending physician examined her lungs, and pronounced them quite as much diseased as those of her sick friend. The old lady, in the greatest fright, consulted me, when I assured her she was perfectly safe. Her sick friend died in about one month; the

old lady still lives in fair health. I may also add that most of her children, and some of her grandchildren, have died with pulmonary affections. Her oldest son and oldest child, in leading a wild, dissipated, out-of-door life, at times very intemperate, has now reached about fifty years of age, without having any pulmonary disease. I could fill up a whole book with cases of this kind, but deem it unnecessary. In exploring the chests of my patients, with the deepest solicitude I examine the condition of the heart, and never interfere, should I find the heart affected, except to watch the affection, until the pulmonary disorder is relieved, which I know it will be in no long time. Should I find nature struggling to develop the heart, I use every effort to assist her. Woe to the unhappy patient whose medical attendant arrests this salutary process.

ENLARGEMENT OF THE TONSILS.

One of the modes by which pulmonary consumption is prevented, is from enlargement of the tonsils: many persons having originally narrow chests, upon a supervention of enlargement of the tonsils, their chests become full, rounded, with a fine development and voluminous condition of the lungs. No man, woman, or child, has an enlargement of the tonsils whose lungs are not also more or less tuberculated. No operation should be consented to with more reluctance than the excision or removal of the tonsils. In a vast many instances, where they have been removed, the effect has been fatal. It is hardly necessary for me to say that enlarged tonsils never produce consumption.

Many of our best surgeons are in the habit of removing the tonsils without being the least aware of the danger to their patients. Should the tonsils become enlarged, so as greatly to incommode the patient, and his chest at the same time be well developed, we may venture to reduce their size by proper remedies, but they never should be removed with a knife. I believe these ideas will be received

as new, but I fervently hope they may be treated as true for the sake of suffering humanity. Should a patient, having enlarged tonsils, and lungs actually diseased, the removal of the tonsils, as is often done, will awfully hasten the progress of the disease, and never retard it for a single day.

CATARRH.

This is another disease which very frequently cures pulmonary consumption. It never produces it. A person affected with chronic catarrh is perfectly safe from the ingress of consumption. Of this I have seen a vast many examples. I will mention one from my own experience.

CASE.

Mrs. S——, of Liverpool, England, died in that city, of pulmonary consumption, leaving an only daughter, an infant of one year old, her only child. This infant grew up the heiress of a large fortune, of course tenderly reared, and from her consumptive make and appearance, was expected to die the same as her mother. After some development of pulmonary symptoms, she was attacked with chronic catarrh, to which she has now been subject for twenty-seven years, having attained her forty-eighth year, being remarkably free from all pulmonary or pleuritic affections. See pages 80 and 81 for a very interesting case by Dr. Ramadge. Chronic catarrh

very often attacks old people, and although in very advanced life, they may succumb under its effects, yet it never produces consumption.

It is very frequently noticed by medical observers, that parents may be subject to chronic catarrh, and live to an advanced age, and their children will have a predisposition to consumption, and die of it in early life.

ASTHMA.

This is another disease, the supervention of which eradicates consumption. No asthmatic person can die of consumption.



HYSTERIA.

This affection, and indeed all affections which spasmodically affect the windpipe, or in any manner impede respiration, are found to arrest the progress of consumption. If long continued, cure it altogether.

CURE OF PULMONARY CONSUMPTION.

It is a curious fact, that in all ages there has existed a knowledge of medicine and of remedies not possessed by the regular practitioners of medicine, *not taught* in the schools of medical science, or known in the colleges of physicians—of course, preceding them. This curious state of things has existed from the earliest period of authenticated history. It was a custom in Babylon to lay the sick at the city gates, and inquire of the passers by if they had ever known a cure, and what was the remedy. There was more sense in this than at first strikes the reader. It is a custom in all parts of this country, and particularly in England, for families to employ a physician, who becomes emphatica'ly a family physician. This gentleman will be found to be oftener selected for his social qualities, or his family connections, or his standing in society, or belonging to the same church, than for his medical skill.

Should the family or individual be so fortunate as to select a gentleman of talents and high medical acquirements, they are certainly to be envied. If, on

the other hand, the family selects a stupid person, their situation is deplorable. The stupid doctor will bury the whole of them; and very possibly at the last gasp their friends may ask for medical counsel—medical etiquette requires that every thing that has been done should be approved of, even if it were murder in the first degree.

These remarks are true as regards this city, but they apply with ten times the force to the higher circles in the west end of London. These are the doctors who cry aloud against every innovation in medicine, and repudiate the very idea of there being any remedy with which they are not acquainted. Should any new remedy be mentioned, or the name of any physician proposing a new remedy, the epithet quack medicine—empirical remedy—quack doctor—and empirical doctor—are at once unsparingly applied, unless, as a most extraordinary circumstance, the said physician should belong to their clique, when possibly they may pay some attention to the subject, not from any regard to its merit, but from the standing of the physician proposing it. It is but two days since that I met with a young man whom I had long known as a respectable servant in this city. I observed that he looked in impaired health, and, upon asking him the cause, he told me he had had a very bad ulcerated leg, and was for two months in the Blockley Almshouse, that the surgeon could not cure the leg, and, as a last resort, proposed cutting it off. To this the

poor fellow objected, and finally got permission to leave the house. After doing so, he applied to a woman in this city, and she had perfectly cured his leg. I can assure the medical practitioners that the parallel of this is vastly more common than they have any notion of. Some seven or eight years ago, a person exhibited some rattlesnakes in this city, and, to attract visitors, would suffer the snakes to bite him; he would then retire to an adjoining room and apply some remedy so as immediately to cure the effect of the poison. A fool hardy spectator protested that the whole was an imposition, and allowed one of the snakes to bite him. The keeper of the snakes offered to cure the bitten man, but was refused. The unfortunate person bitten went to the Philadelphia Almshouse in Spruce street, where he had the best medical aid of the whole city, but, in spite of everything that was done for him, died at the end of three days. I suppose there are a hundred thousand old women in the United States that could have saved that man's life, yet their knowledge was a secret to our faculty. Almost all of our valuable medicines and valuable remedies have been introduced to our notice, from having been long used as empirical remedies—that is, a knowledge of their virtues existed long before they were known to the medical faculty. Very few new remedies have ever been introduced by the regular practitioner of medicine; it is their business to be well skilled in what is already known,

and rarely supply any thing new. The fact is, the introduction of a new remedy in medicine is so strongly opposed either by the prejudices, or the incredulity, or the *apathy* of physicians, that it requires all the stimulus of avarice, all the pride of possessing an exclusive remedy, all the promptings of benevolence, and all the influence of numerous cures to bring a new remedy before the world, so as to give it such a standing as that it shall always be employed. Take, for example, Swaim's panacea. It was a few years since introduced to our notice—so astonishing were its cures, and so enormous its sale, that the attention of the whole medical faculty was directed to it. Its analysis was soon attempted, and eminent chemists announced that its basis was a preparation of sarsaparilla. Immediately sarsaparilla became a favourite remedy, being in some form or other prescribed in all cases where Swaim's panacea was known to do good. To such an extent was opposition to it carried, whilst they forbade their patients the use of Swaim's panacea, they prescribed for them a medicine which our chemists had pronounced the same as Mr. Swaim's. I am bold to assert, that had Mr. Swaim, after his medicine became famous from its astonishing cures, made known to the world the composition of his celebrated panacea, it would now have been forgotten, and not a thousandth part of its benefits have ever been realized; but by steadily persevering and con-

tinuing it as a secret remedy, he has preserved its reputation and usefulness. Sarsaparilla, from being supposed identical with the panacea, has become a stock medicine in all the shops, and its consumption as a medicine, from what it was twenty years ago, has increased nearly one hundred fold. I would mention another circumstance. There is a root called meadow saffron, (*colchicum autumnale*), well known in all the shops for more than fifty years. A decoction of this root was sold as a secret remedy for the cure of the gout; a small vial commanding as high as ten dollars. That it was a most wonderful medicine no physician could deny. It was continued long enough as a secret remedy to establish its permanent fame, before its composition was discovered. The meadow saffron is now one of our most valuable medicines. It was observed to me a few weeks since by a most eminent English barrister, that mechanical medicine, or remedies employed or acting mechanically, were still in their infancy, but that in their progress and development they would overturn most of our preconceived notions of medicine, and would astonish the world from their numerous cures. In this sentiment I have long concurred.

A few years since, a citizen of New York, in the private walks of life, discovered a remedy for the cure of dyspepsia, which was by manipulating or kneading with the hands the stomach and bowels. The cures performed by this man were absolutely

astounding. Patients were flocking to him from all parts, when, before his remedy had had time to establish a permanent and universal reputation, in an evil day he was persuaded to publish a full disclosure of it, when, from the mere *apathy* of the medical profession, a remedy so valuable in his hands fell into utter disuse—not disrepute, but disuse; in fact it requires a large quantum of enthusiasm, a mind full of this one idea, and a continuance of a long life to give a permanent standing to a new remedy.

What I have already said in these preliminary remarks, will prepare the reader for what I shall further say on the cure of consumption. I have shown him that affections of the heart, chronic catarrh, the supervention of asthma, the enlargement of the tonsils, and, I might add, the growth of tumours in the throat, all and every one of these are constantly curative of consumption, and they do so mechanically. In the instance of these cures a lesser disease is substituted for a greater, and the patient, though he may subsequently enjoy a long life, yet his cure is encumbered with another disease. Now, in the mode of cure adopted by myself and by my illustrious friend, Dr. Ramadge, no disease remains to mar the beauty and the benefits of the cure; but the patient, whether cured of hereditary or of actual consumption, will never again be attacked by this fatal complaint. His or her children, born after such a cure, will never be

liable to consumption any more than the children of any other person not predisposed to the disease. It is not my intention to publish such details of the cure as may induce others, not possessed of the enthusiasm, the confidence, and knowledge to be successful, to adopt this practice in a caricatured form. A great and valuable remedy will find a host of imitators, and so nice is our practice for the cure of consumption, that I will prophecy that nine out of ten of every imitator will be unsuccessful. This will throw the practice into disrepute, and its confident universal adoption be retarded many years, leaving, in the mean time, millions to die of consumption. Every case will have its own peculiarities, each peculiarity to be met by a corresponding practice.

I will not be responsible for this practice in the hands of others. I well know what it can do in my own, nor will I be so fool-hardy as to say that every case of consumption shall terminate favourably; but that as many cases of consumption shall terminate favourably as of any other curable disease. It should be remembered that all diseases are sometimes fatal in their close. Let any person look over the weekly tables of mortality, and he will find that a great majority of cases are made up of diseases usually curable, but which, either from the peculiarities of the case, or the incompetency of the physicians, have terminated fatally.

How few die of old age! Yet, as the duration of

human life has doubled within the last hundred years, may we not hope, by the progress of improvement and discovery, that within another hundred years, all our race will meet no premature end, cut off in the spring time, or in the midst of their days, but shall descend to the earth mature and ripe, as a "shock of corn in its season."

The cause of pulmonary consumption is ultimately a shrinking of the lungs, a condensing of their structure, and a deposite of cheese-like matter in their substance, let this result proceed from whatever cause it may. It is the state immediately preceding open consumption.

Let the chest be measured at this time in its circumference, and it will be found to have shrunk very considerably. The position of the collar-bones and shoulder-blades also show a change in the chest. The flattening of the breast-bone, the stoop of the person, walking or sitting, together with the slightly hurried breathing, perhaps a slight cough, perhaps occasional pains, point out to the experienced physician that his patient is then in the first stage of pulmonary consumption. Could our remedies then be applied, rarely ever would consumption be heard of as a fatal disease. In a very few weeks the chest would be restored to its full symmetry, and the lungs to perfect health. A striking fact to prove that consumption proceeds from a condensing of the substance of the lungs, is that the disease always begins at the top of the lung below the collar-bone,

where the lungs have least play and are most likely to be obstructed. As the disease advances, it progresses downwards, and invades the lower lobes of the lungs, producing large caverns or cavities in their structure. These cavities, from the spongy nature of the lungs, do not heal, but remain gaping open, a frightful suppurating wound. As the disease draws to its termination, diarrhœa is apt to take place, and the bowels become affected. This state of things shows that vast ravages have taken place in the lungs, and very little remains for remedies to act upon. I have known persons in this condition live on from year to year. Their lives may be prolonged, under some circumstances, for a very considerable period, but a permanent cure should not be promised. If the bowels of the patient have not become affected, he may always entertain a hope of cure. The way in which the various diseases heretofore mentioned cure pulmonary consumption, is by rendering the lungs voluminous. The discovery of this great fact, instructs art to produce the same result; the mode of which is by mechanical means to obstruct, for a short time each day, the expiration or outward breathing of the patient. The effect of this is to inflate or blow up the healthy part of the lungs. To such an extent can this be done, that even if one-half of each lung is diseased, the portion of it remaining healthy may be so inflated as to fill the whole chest. In this way the sides of the diseased cavities will all be brought in

actual contact, and so be made perfectly to heal. This was the case in the instance of the late Dr. Parrish, in whose lungs large cicatrices were found, showing that he had been cured of consumption. Thousands of cases like that of Dr. Parrish can be adduced, but I do not deem it necessary. A thousand obstacles are occasionally found to obstruct the progress of the patient to a perfect cure. One of these obstacles, and not an insignificant one, is the interference of physicians who, in a vast many instances, will be prompted by the purest benevolence to inform the patient that as no person was ever yet cured of consumption, his trouble will be fruitless, and his death certain. The very withdrawal of hope hastens the disease. Sometimes obstacles present themselves in the disease itself, sometimes relapses will take place, all requiring the intervention of the physician, and the fullest patience and perseverance on the part of the patient, yet in a vast majority of cases, the progress of the fatal destroyer will be found to be stayed. Enlargement of the chest, the straight position of the shoulders, the absence of night sweats, and hectic fever, the ability to walk and ride in the open air, the cessation of cough, and the decline of expectoration, together with the deepening, strengthening, and fulness of voice, as these symptoms one and all occur, the patient himself will feel the stay of disease, and the assurance of hope of a perfect cure. Should the patient fully obey the instructions of

the practitioner, the time required to perfect his cure will be found to extend through a term varying from three to eighteen months. My object is to obtain the confidence of the patient, from which, if not too far gone, I should augur the happiest results. I subjoin a number of cases with which I close this treatise. I beg the patient to read these cases with attention; their truth and authenticity can be fully sustained by hundreds of living witnesses.

After perusing these sheets, let the reader, if he should feel any curiosity, turn to the different celebrated works upon the functions and use of the lungs, or upon their diseases, with the exception of those of Dr. Ramadge and his pupils, and he will be impressed with the striking contrast. He will observe in the former the most meagre and obscure notions of the use of the lungs; and upon their diseases he will find that they uniformly conduct their patients to a mournful and hopeless end.

CASES OF CONSUMPTION CURED.

I wish to lay before the reader a few cases extracted from my own note book, premising that I do not give the entire names of the individuals, but any person wishing to know their names and directions can have them by calling upon me.

CASE I.

The first case I will mention is that of Mr. C——, a very respectable Scotch apothecary, who came from the Highlands of Scotland, one of the worst climates for weak lungs with which I am acquainted. His in-door occupation rather enfeebled his system. In March, 1840, he sustained a very severe attack of influenza, from which he recovered, leaving, however, a bad cough, expectoration, inflammation, and softening of the tubercles in his lungs, and in fine, leaving him in confirmed consumption. His disease continued to progress from March until October, when fully aware that his end was approach-

ing, he felt that it was his duty to make an effort to save his life, and accordingly went down to Edinburgh to obtain better medical advice than he could have in his own village. In Edinburgh he consulted the celebrated Dr. Allison, one of the medical professors of the university, and also another medical gentleman, whose father was the lord provost of the city of Glasgow. .

After a careful examination of his chest, these two eminent physicians pronounced both lobes of his lungs to be extensively diseased, told him he could not possibly survive a residence in Scotland more than three months, and advised him to leave immediately for the mild climate of Madeira, telling him that that warm climate might possibly benefit him, but they feared nothing would be of any permanent service.

Mr. C—— immediately came to London, where he met an acquaintance who had been cured of consumption by Dr. Ramadge. This friend immediately persuaded Mr. C—— to call on Dr. Ramadge and obtain his advice, to which he very reluctantly consented, thinking that after obtaining the best medical advice in Edinburgh, it was in vain that any other physician should pretend to cure him. About the first of November, 1840, he called on Dr. Ramadge. His situation at that time was as follows:—He had profuse night-sweats, hectic fever, great emaciation of his body, shrinking and falling-in of the chest, profuse expectoration, and constant cough; in fact,

his was one of the worst cases of pulmonary consumption; his strength had so far declined that it was with great difficulty he could leave his room.

When Dr. Ramadge told him that he thought he could be cured, he being very incredulous, and alarmed at the idea of being detained in the bad climate of London, asked Dr. Ramadge in how many days he would perceive an amendment in his situation. The Dr. told him that within one month he would find himself so much better as to be fully sure of continued convalescence. Six weeks after he put himself under the care of Dr. Ramadge, his chest had so enlarged in circumference that he was obliged to send his waistcoats to a tailor to have them let out, as he was unable to button them. His recovery was very rapid. I saw him in February, 1841, three months after he had put himself under the care of Dr. Ramadge, and his situation was then as follows:—

His appearance indicated perfect health, his cheeks were rosy, he had no night sweats, no hectic fever, no cough, and only a very slight expectoration, when rising from bed in the morning. Mr. C—— told me that for one week he had not the least expectoration whatsoever; but on the first days in February, the weather had been very bad, and he had taken cold, so as to produce a slight expectoration on his rising from bed. He boarded at Peckham, about four miles from London, so perfectly had his strength recovered, that he was able to walk into

town and back again every morning that he pleased, without feeling fatigued. The continuance of his recovery as long as I saw him, was of the happiest character. I should add, that on examining his chest and lungs, fourteen weeks after he had been under the care of Dr. Ramadge, the change in the appearance of his chest was wonderful; it was restored to perfect symmetry and fulness; its circumference had increased about four inches.

A careful exploration of the lungs showed that very little disease remained; that several of the cavities were perfectly healed, and those remaining were all but healed, giving us the fullest assurance that in a few weeks his restoration would be perfect.

CASE II.

The next case that I will mention was that of a young man whom I met with at the Infirmary. He had called there to ask advice for a slight cold. Dr. Ramadge asked him if he had not been there before. Yes, he replied. I was your patient three years ago, and you cured me at that time of consumption. Dr. Ramadge then asked him to relate the circumstances of his case, as he, Dr. Ramadge, had so many cases he could not possibly recollect them all. The young man said that more than three years pre-

viously he was attacked with a bad cough, pain in his chest, and expectoration, which continued for some time, accompanied with a falling in of the right breast. The disease continued to advance, unchecked by any medical aid he could procure, until at last he was attacked with a violent hæmorrhage from the lungs, when, as a forlorn hope, not expecting any relief, his family sent for Dr. Ramadge.

The young man said that when Dr. Ramadge came into his bed-room, there was a full quart of blood in the chamber dish, which he had raised that day, and that no person expected that he could live longer than twenty-four hours. He continued to say, that by the kind and judicious treatment of Dr. Ramadge the bleeding was stopped, and in four months he was restored to perfect health, his chest regained its former size and symmetry, and he had remained perfectly well for three years. We examined his chest, and found his lungs to be perfectly healthy. The slight cold he had was cured in a few days by appropriate remedies. He is now in perfect health.

CASE III.

The next case I will mention was that of a Jewish lady, residing in Finnsbury, a part of London. I went to see her with Dr. Ramadge, also accompanied,

I believe, by a very respectable physician of this city, who was at that time in London. This lady had been cured of consumption by Dr. Ramadge two years before, and at the time I saw her she was in perfect health, surrounded by a family of beautiful children, and had been well for two years. Her case was as follows:—Several months before Dr. Ramadge first saw her, she had been troubled with a bad cough and expectoration, indeed all the symptoms of consumption, when a large tumour made its appearance below her left breast, and continued to enlarge until it was judged advisable to open it; a great quantity of matter was discharged, and to the horror of the attending physician, the tumour was found to communicate with a large cavity in the left lung, so that at each inspiration the air rushed through the external wound, and on applying a lighted candle to the orifice of the wound, the flame would be immediately extinguished or blown out by the current of air from the lungs. To the lady in this apparently desperate situation, Dr. Ramadge was called. Her attending physicians had declared that she could not survive more than forty-eight hours. Now mark the difference between correct knowledge and the reverse. Dr. Ramadge at once told the lady that it was his opinion that so far from dying in forty-eight hours she would probably entirely recover. The medical men in attendance did not coincide at all in this opinion, but Dr. Ramadge assured them that the introduction of the

external air into the lungs would inflate the healthy portion of the lung, bring the sides of the diseased cavities together, and ultimately produce a perfect cure. He particularly directed that the external wound should not be healed until the lung was well. These directions were complied with, and the Doctor had the pleasure of seeing his patient perfectly recovered within four months. She has since had two children, and was in the finest health and spirits when I saw her.

CASE IV.

The next case which I will mention, and the last with which I shall trouble the reader, except those mentioned in Dr. Ramadge's works, is a case treated by myself, unaided by the advice of Dr. Ramadge.

During my short stay in Liverpool in the spring of 1840, I had a number of patients, whom I am happy to say, were all greatly benefited, and, as far as I know, are all now in good health.

Miss F—— resided in the city of Chester, and came from Chester to Liverpool to consult me. She was a beautiful young lady, but one of those slight and fragile forms that consumption usually marks for its own. She had become so delicate, that scarcely a breath of air was allowed to blow on

her person. She rarely ever left the house, she had a most harassing cough, attended with great emaciation, shrinking and falling in of the chest, and extreme difficulty of breathing, greatly hurried by the slightest exercise. She placed herself under my care. After obtaining full and perfect information of her case, and furnishing her with suitable medicines and inhaling apparatus, I gave her full instructions for her physician in Chester, and also gave her all necessary directions for her own treatment, and then suffered her to return to Chester. On returning to Liverpool in the next autumn, Miss F—— came to visit me, and I with difficulty recognised her. She had carefully followed my directions, and was in excellent health; she had acquired rosy cheeks and considerable fulness of person, and was able to go out into the open air and promenade the streets whenever she pleased. I could mention several other interesting cases of my success in Liverpool, but deem it unnecessary to trouble the reader with any further details.

CONSUMPTION CURED BY AN AFFECTION OF THE THROAT.

J—— T——. This case was an in-door patient at the Infirmary. He was at first attacked by consumption, with very great shrinking of his chest, after which he was taken with inflammation of the windpipe and ulceration of the posterior portion. This continued to such an extent as to communicate with the œsophagus; he was in danger of taking food into the windpipe through this opening every time he ate. The inflammation and ulceration were accompanied at times by the most distressing spasms and constriction of the windpipe. The poor wretch would fall upon the floor in fits, totally unable, sometimes for a whole minute, to breathe at all. The consequence of this temporary closing of the larynx or windpipe, was to produce an enormous enlargement of the chest and lungs. Every trace of lung disease disappeared. Of course the affection of his throat was incurable, yet when I left London, many months after, he was still alive, and apparently no nearer dying than when I first saw him.

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APPENDIX.*

CASE I.

*Consumption cured by suddenly supervening
emphysema.*

A young lady, daughter of a highly respectable tradesman in Little Britain, long subject to a nervous disorder, for which various advice had been taken without permanent effect, became consumptive. Her decline was, in my opinion, brought on by an ill regulated use of medicine. After long manifestation of the various symptoms of phthisis, it was proposed to me to meet in consultation a physician belonging to one of the metropolitan hospitals. The view of the case taken by this gentleman was so unfavourable, he unhesitatingly gave it as his opinion to her parents that she could not survive six weeks. Careful exploration, however, of the summit of the left lung, where I suspected the presence of a cavity, convinced me of the probable error of his conclusion. This belief, on my

* Consumption Curable, page 156 to 194.

part, originated in detecting decided indications of emphysema, from a dry crepitous rattle, with large bubbles, manifested by auscultation. This emphysematous state, I conceive, arose from a spasmodic attack of the throat, so violent, as almost to produce suffocation. From this circumstance, combined with the suddenness of emphysema, I inferred that a rupture of several air-cells had taken place, and that in time cicatrization would be effected through the consequent pulmonary dilatation. Nor did my conjecture prove erroneous; since, though five years have elapsed from the period of which I am speaking, I am most happy to state, that this young lady is not only living, but is in the enjoyment of excellent health.

CASE II.

Consumption cured by neglect.

A silversmith, when in good health and circumstances, and nearly fifty years of age, was exposed to one of the most terrible of all paternal inflictions—the misconduct and subsequent legal punishment of his son. The young man, having formed dissolute connections, had been persuaded to pass a forged note; and, on the fact being proved against him, was sentenced to transportation. The disgrace, thus brought on their hitherto unimpeachable family, operated so powerfully on the feelings both of the father and of a daughter just entering into life, that their distress and agony of mind at last entirely undermined their health. The debility, thus induced, terminated in each of them, in consumption. After a few months' illness, the daughter died; and the father, after extreme suffering, both of body and mind, having apparently reached the verge of the grave, and being indeed so utterly reckless of life, which he regarded only as a burden, as to neglect not only recourse to medical advice, but even common care of himself, yet recovered, and survived for many years. It was fully seventeen years

subsequent to this seemingly miraculous recovery, that I attended him on the occasion of his being seized with an apoplectic fit, resulting, as I afterwards had reason to believe, from valvular disease of the heart. During his convalescence from this attack, he was unfeelingly taunted by some brute in human shape with his son's disgrace; and so wounded and humiliated did he feel by this unworthy allusion, and so deeply did it sink into his mind, that I entertain no doubt that it accelerated his death. It was during my attendance on him, that learning from his wife his previous consumptive state and recovery, and perceiving that he laboured under a bronchial affection of long standing, I at once attributed the return to health, which she regarded as so strange, to the ingression of catarrh on phthisis. The *post-mortem* examination verified my conclusions; it presented well-defined cicatrizations, especially on the summit of the right lung; nodules of tubercles, yellow and opaque in the centre, and rendered inert by the secretion of black pulmonary matter in the surrounding tissue; and the lungs were exceedingly voluminous. I will venture one observation on the case, and although it may appear harsh, regard for truth and the advancement of medical science compel me to make it; namely, that had this person, when reduced to a phthisical state, recurred to medical advice, the probability is, that the bronchial affection, which was his safeguard, would have been interfered with, its value being unknown to the profession, and his life, consequently, shortened for years.

CASE III.

Consumption Spontaneously Cured.

Miss M——, about twenty-three years of age, a lady of great personal attractions and highly cultivated mind, consulted me in the summer of 1826 for symptoms of confirmed consumption; for which she had already enjoyed the benefit of Mr. Howship's advice. It was arranged that I should visit her in conjunction with this talented surgeon; and we continued to attend her for several weeks. In all the cases I have witnessed, I never met with such distressing, racking, and perpetual cough. We tried every method of relief we could possibly devise, and administered sedatives of every description, but without effect. Her disorder, instead of receiving mitigation, evidently increased; and not only were the fears of her friends awakened, but we ourselves began to despond. At this crisis, through the importunity of some near connections, her mother was persuaded to try the advice of an individual, who, although I am not aware that he had received a regular medical education, enjoyed some notoriety. On receiving a delicate intimation to

this effect, and being of course inclined to humour the natural anxiety of a parent, we agreed that it might not be totally *infra dignitatum* of us, the more legalized authorities, to hear what this person might suggest, although a formal consultation was out of the question. To do him justice, we found his opinions sensible, and much to the purpose; but he considered the condition of the patient as so hopeless, that he declined interfering with the case. Yet, notwithstanding these grave prognostics, the young lady, to our great satisfaction, soon after this began to exhibit signs of amendment. Her health was gradually restored, and continues, I believe, unimpaired up to the present time. From my further experience, and from cases which have subsequently come under my notice, I entertain no doubt that the cough I have already alluded to, and which was of a convulsive character, like that of the whooping-cough, must have produced a rupture of the air-cells, which caused infiltration of air within their partitions. This variety of emphysema, similarly to the vesicular, renders, while it lasts, the lungs voluminous; and when happening in the neighbourhood of the diseased summit of the lung, would naturally bring the surfaces of any excavation into contact. Indeed, although from my reluctance to put the patient to inconvenience by examining the chest in the latter part of her illness, I could not positively affirm the existence of emphysema, still

all my reflections on the case lead me to the belief that she is in no small degree indebted for her cure to a cough, which in general would be considered highly injurious, and in fact appeared so to me at the time.

CASE IV.

Remarkable Influence of the Protective Power of a Bronchial affection.

I offer this case as one instance out of many, equally as decisive, which I could adduce, of the value of catarrh in preventing pulmonary consumption. An eminent physician of Paternoster-Row, all of whose brothers and sisters have been the prey of consumption, is himself subject to asthma, induced by a catarrhal affection of the chest contracted in childhood. The gentleman to whom I allude, is at present about fifty years of age, of a ruddy, healthy complexion, expanded chest, and excepting occasional inconvenience experienced from the above constitutional complaint, he enjoys life in every respect. It is but fair then to infer that since, out of a numerous family, he is the sole member who has escaped phthisis, this singular exemption has been owing to what might, to a superficial observer, appear an infliction, but which is really in this instance a providential dispensation; namely, catarrhal asthma.

Being thus naturally led to the subject, I take the

opportunity of explaining a very remarkable phenomenon, exhibited in the offspring of consumptive and asthmatic individuals. That consumption is hereditary, I have already noticed; but an additional confirmation, not only of this fact, but of the truth of the opinions I have given on the preventive nature of catarrh, may be found in a circumstance often noted by me;—that when a consumptive individual becomes asthmatic, the children born prior to the supervention of asthma, exhibit a phthisical diathesis, whilst those who are born subsequently are entirely free from any consumptive tendency. Exceptions may undoubtedly be met with, the result of some strong exciting cause; but, generally speaking, the rule will be found to hold good; the exception, indeed, will substantiate the rule from the resistance, in such cases, offered by nature to the inroads of consumption.

CASE V.

The Protecting Influence of Catarrh, supervening on Consumption, exemplified.

Mrs. Hawkes, the wife of a gentleman attached to the Bank of England, who had been under the care of a retired lecturer on midwifery at our largest hospital, without relief of her consumptive symptoms, applied to me about twelve years ago. She suffered from hectic fever, spitting of blood, and, in short, exhibited all the well-known symptoms of phthisis. At this time, my views of the treatment of consumption were not matured. However, I succeeded in rendering her disease chronic; and soon after this change was effected, a bronchial affection supervened. Until the pulmonary cavity was perfectly healed, she was liable at long intervals to sanguineous expectoration; and her health consequently exhibited occasional fluctuation. During one of these temporary relapses, she consented, in order to oblige a friend, whose importunities were unceasing, although at the same time her confidence in me continued unshaken, to apply to Dr. Maton, the late physician to their Royal Highnesses the Dutchess

of Kent and the Princess Victoria. Like other physicians of the same standing, he possessed no very accurate knowledge of the modern improvements in the art, and from the defective education which prevailed when he commenced his studies, had probably never turned his attention to pathological researches. At least, I cannot otherwise account for his mistaken views of the present case. I do not intend reflecting on Dr. Maton in particular, more especially as he is now no more; he was quite equal to any of the practitioners of his day, and having had the honour to prescribe for two successive queens, was known, like most of those who have enjoyed similar posts, by his preferment chiefly. The duties of the station, doubtless, preclude the possessors from making contributions to medical science, or, at least, from extending their fame to foreign countries. A rather singular exception, indeed, to what occurs elsewhere, since we find that abroad, those medical men who hold similar posts, are the most distinguished by their professional attainments. To return to the case, Dr. Maton gave it as his opinion that recovery was impossible. This was accordingly reported by my patient to me, with apologies for the apparent want of confidence in my skill. I soon reasoned her out of her fears, and carefully putting by the prescription, she proceeded in better spirits from my assurances to order mine to be made up. The usual results, attendant upon catarrh in pulmonary con-

sumption, were not belied in her case. She is at this moment ever ready to join in the laugh with me at her former trepidation; and is one, out of hundreds of instances, that have passed under my observation, of the cures effected by the interposition of nature herself.

CASE VI.

Consumption Cured, notwithstanding Exposure to Cold and neglect of Medicine.

Mr. D——, aged twenty-four, had so materially impaired his constitution through irregular habits, as to fall in consequence into a decline. He of course availed himself of the benefit of medical advice, which produced no very visible amelioration of his state of health. Being naturally of active habits, he grew impatient of the confinement to which he was subjected, and, tempted by the return of spring, he suddenly deserted his heated apartment, and determined, since he concluded he must die, to die in the manner most agreeable to himself. Accordingly he betook himself to his favourite sport of fishing. This was in the month of March, a period at which easterly winds are most prevalent. The worst consequence of this apparently rash exposure was, that after a time he caught a cold, which, as it would appear, was confined to the trachea. His respiration was sensibly affected, and he laboured under a distressing fulness of the chest. He continued subject to this affection, with an

apparent increase of the violence of his disorder; but he still rejected all care and medicine, and persevered in going out. After some period, he began to exhibit signs of amendment; he gradually lost his emaciated appearance, and acquired flesh and bodily vigour; but was much annoyed by wheezing of the chest, and loud rattle in the throat. He had remained in this state for some months, when he applied to me. On examination of the chest, and hearing a detail of his complaints, not only from himself, but from the gentleman under whose care he had previously been, I at once perceived that he was indebted for his recovery from consumption to this catarrhal state of the trachea. I may here observe, that recoveries of this kind are more frequent among the lower, than the other classes of the community; owing, doubtless, to what may at first appear a misfortune, but is to the consumptive patient, in numerous instances, a blessing—exposure to cold!

CASE VII.

Case of Consumption, exemplifying the Great Value of Inhalation.

A gentleman, aged fifty, whose house of business is in Hatton-garden, began to exhibit decided symptoms of consumption about three years ago. Originally of delicate constitution, and inclined by his make to phthisical disorder, his health was undermined by family afflictions. Within a very brief period he lost his wife and two grown-up daughters; the two latter through the same destructive complaint, which supervening on the decay of health occasioned by grief for their loss, has since endangered his own life. At the time I was called in, he exhibited the physical signs, as well as constitutional symptoms of the disease. He had inflammation of the inferior and middle lobe of the right lung, and expectorated no inconsiderable quantity of blood. This circumstance, indeed, is no unfrequent concomitant of the above inflammatory state, when it coexists with tuberculous excavations of the lungs. He had been under the care of two able practitioners, his brother-in-law, Mr. Wallace, and Mr. Christie,

a surgeon in the neighbourhood of his country residence. Both these gentlemen considered their patient in a most alarming state; and on seeing him, I fully shared their apprehensions. The first consideration was to subdue the inflammatory state, and for this purpose blood was taken from the arm, and medicines were likewise exhibited to further the end proposed. The pneumonia continuing, it became necessary to repeat the general abstraction of blood, and to follow this up by the application of leeches near the seat of the inflammatory action. By these depletory measures, the pneumonic disease lost its more violent symptoms; but, after displaying a temporary amendment, the active determination of blood to the chest recurred with its former severity. At this juncture, his brother-in-law, Mr. Wallace, who watched the case with great anxiety, considered himself fully justified in bleeding him in my absence, and that to some extent. Leeches were also repeated, and medicines given, whose chief action was determined to the kidneys. Under this plan of treatment, he gradually got rid of the formidable pneumonic complication, and it remained to counteract the phthisical disease alone; which, after a time, began to exhibit graver and more pressing symptoms. In fact, the patient was at this period in so lamentable a condition, and so utterly hopeless of recovery—being rendered additionally uneasy by the discharges of blood again appearing—that he arranged his affairs,

and made every preparation which a conscientious man deems it imperative to do, when looking forward to the awful summons. Having first reduced the spitting of blood, and removed some of the more formidable external symptoms connected with phthisis, I pressed the necessity of recurring to inhalation. The practice was novel to the other medical gentlemen, but I pointed out its *rationale*, and illustrated my opinions by the convincing support of cases. They yielded to my arguments, inasmuch as their reason was convinced; yet so unwillingly, that they could not enlist their hopes on my side. The utmost they at first expected was palliation; but they could not bring themselves, as they have since owned to me, that inhalation could effect the healing of internal ulcers, and prevent the fresh formation of tubercles. The trial was, however, made, and its result, up to the present date, has been attended with marked success. In less than two months from the period of the patient's commencing to inhale, his chest was so much enlarged, as to render it necessary for him to have his waistcoats let out; and his general health was proportionably amended. It is now two years and a half since he began this process, and for the last two he has been enabled to attend constantly to his business in town. He inhaled for many months twice a day, except at such times as slight spitting of blood, arising from the cavities not being yet entirely closed, has called for an interruption. This

is a circumstance, which, although it is apt to occasion alarm in the patient, is to be expected in many instances, so long as the excavation remains. I have already adverted in Case II. to a similar instance of sanguineous expectoration, which likewise proved perfectly innocuous. The cure was in the case of this lady complete; and in that now under consideration, I am happy to be able to say "*finis coronat opus.*"

CASE VIII.

Case of a Medical Gentleman, who has recovered by Inhalation.

Mr. Clements, aged twenty-five, member of the Royal College of Surgeons, did me the honour to solicit my advice, more than two years ago. I found that he laboured under well-marked symptoms of consumption. Since, however, they presented no peculiar features, it is unnecessary to recapitulate the long list of constitutional and physical phenomena which have been so often described in the preceding pages as concomitants of this disease; suffice it to say, that I have enjoyed the satisfaction of seeing him recover, and that he chiefly owes his restored health to inhalation.

CASE IX.

Protecting Influence of Partial Emphysema exemplified in the long life of a Consumptive patient.

Martha Henderson, of Cherry Garden street, Bermondsey, first came under my care about thirteen years ago; she was at that time fifteen years of age. It appeared that phthisical symptoms first supervened after an attack of the small-pox, which had seized her naturally the year preceding. The ill health engendered by this, it is probable, gave rise to the formation of tubercles in the lungs. She exhibited no signs of consumption in her person. Her countenance was florid, not flushed; and the emaciation, usually witnessed in consumptive patients, was not observable. The hectic symptoms were very irregular and undefined, recurring at uncertain intervals, and those far distant. She was subject to cough and shortness of breath, influenced by changes of weather; but the most remarkable symptom was the quantity and the fetor of her expectoration. It resembled the matter discharged by a phlegmonous abscess, and she could bring it

up at will. She imagined, from the peculiar sensation she felt there, that it proceeded from the right side of the chest; and, in point of fact, a great sympathy was discernible betwixt the external and internal parts on this side. A swelling and induration of the mamma invariably took place whenever the matter collected to any great extent within. I have alluded to the fetid odour of the expectorated matter; it was of so rank and sickening a nature that her parents, although she was their favourite child, needed every excitement that a sense of parental duty could give, to enable them to live with her. It is no exaggeration to say that it contaminated the whole house, and was perceptible as soon as the street door was opened. I have seen my own pupils ready to vomit at the disgust it occasioned, and have, used as I am to such scenes, been affected by it myself. When I first examined her, she exhibited the following symptoms. The sound of respiration was barely audible over the right side of the chest, with the exception of a space about two inches square between the clavicle and the third rib, where a loud gurgling rattle was heard, caused by the intromission of air into a cavity containing a quantity of puriform sputa. A mucous and sometimes sibilous sound was occasionally heard in some of the bronchial tubes, in the inferior region of the same lung. The opposite side of the chest gave out an asthmatic wheezing, from the clavicle downwards, as far as the fourth

rib. The inferior part of the same side, both before and behind, yielded a dull sound on percussion; and the respiration was nearly inaudible over the same region. When she spoke, I could discover on the same side distinct pectoriloquism in the midst of this imperfect respiration. After examination, I recorded the following diagnosis:—Large excavation in the superior lobe of the right lung, containing a quantity of liquid matter; the rest of the lung, on the same side, tuberculated; cavity in the middle of the inferior lobe of the left lung, the remainder of the lobe in a state similar to the opposite; the upper lobe of the same lung emphysematous throughout.

I augured, no long period after this, that she was likely to live many years; feeling assured that the asthmatic condition of the one lobe of the lung would counterbalance the defects, alarming as they were, of the rest of the pulmonary apparatus. I caused her to attend on several occasions when lecturing on Diseases of the Chest, to point out the phenomenon of a person's existing so long under such ravages from consumptive disease. She was seen several times at the Central Infirmary, as well as at the Infirmary for Diseases of the Chest; was well-known to the two apothecaries of those establishments, and must have come under the notice of above one hundred professional individuals. I was not aware for some short time after her first attendance on me, of the value of that emphysematous

state, which I now recognise as the preserver of her life for so long a period. Hers was at first considered by me as a remarkable case, from the circumstance of her displaying most of the external signs of health, in spite of her really distressing condition. Of late years, however, I have learnt to estimate properly this strong corroboration of the truth of those views, which I have at last systematized, and reduced to proof:

A singular peculiarity, connected with the history of the patient, is, that from the age of fifteen to twenty-two her personal appearance exhibited no change. She displayed the same girlish look throughout these years; and it was not, indeed, until she had turned her twenty-second year that she underwent the catamenial crisis. After this, it was astonishing how quickly she acquired the aspect and proportions of womanhood. She was an occasional patient of mine, as I have already stated, for the space of ten years; applying to me from time to time, whenever she was in London. In the course of these years she experienced several severe inflammatory attacks. The immediate cause of her death, was, in fact, a violent pleurisy, which seized her when on a visit to some friends about forty miles from town. She endured this as long as she could hold up, without taking any medical advice, and at last hastened home, and sent for me. But she had delayed till too late. Her tongue was thickly covered with aphthæ, her lips livid, her

respiration so impeded as to prevent her from lying down, and accompanied with extreme pain in the side; her extremities were cold, and she had occasional hiccough. I saw that she was beyond the reach of medical aid; and the poor girl expired within thirty hours after reaching home.

CASE X.

Cure of Hereditary Consumption.

Mr. S——, a gentleman of middle age, attached to one of the government dock-yards, applied to me more than twelve months ago, after having been under the care of a physician in large practice in the west end of the town. He presented all the usual symptoms of consumptive disease, and had a cavity in the summit of his right lung, where was well-marked pectoriloquy. He was considerably emaciated, expectorated abundantly matter streaked with blood, was harassed by incessant cough, and perspired profusely. His cough, which had made its appearance simultaneously with the first symptoms of illness, had constantly remained unrelieved. Having ascertained by auscultation that the entire of the left lung, and the lower part of the right, from the third rib downwards, were perfectly healthy, I felt no doubt, notwithstanding his reduced state, and the time he had been seriously ill, which was five or six months, that these were firm grounds for hope. In conformity with my usual plan, I advised the application of leeches in order

to lessen the hectic symptoms, and mitigate the violence of the cough; they were applied at times beneath the clavicle, at others between the right scapula and the spine. The medicines ordered were chiefly diuretic and sedative. After the leeches had been employed a few times, and the hectic symptoms reduced, I recommended him to begin inhaling, which he accordingly commenced at the rate of eight or ten minutes, three times a day, and extended the period by a minute daily till he reached the term of half an hour. After continuing at this rate for a short time, he complained of a feeling of soreness in his chest, possibly created by it, and I advised him to lessen his term of inhaling in the same manner as he had increased it, by a minute each time, until he gradually dropped down to the ten minutes with which he had originally begun. I may observe that this course of alternate increase and decrease is often advised by me, with the best results. In about four months after consulting me, he had become quite an altered man. During this time, his health had occasionally fluctuated, the hectic and other unfavourable symptoms recurring; being, however, always promptly met, they produced only slight interruptions to the steady course of his amendment. These alternations, indeed, must generally be expected; and the occasional returns of hectic fever are sometimes owing, I conceive, to the softening of tubercles which have reached, or are nearly arrived at a state of maturity,

when the patient commences inhaling, and which, forcing their way into some of the bronchial branches, produce an irritation with which the constitution sympathizes.

It is now a year since I first prescribed for this patient. On last exploring his chest, I could not discover the slightest sign indicative of the presence of the cavity I have spoken of above; there was a slight indistinctness of the respiratory murmur perceptible in the summit of the right lung, but no remains whatever of pectoriloquism.

The above is a case of hereditary consumption; and several of this patient's brothers and sisters have fallen victims to the disease. He is now actually in the enjoyment of better health than he remembers his ever possessing; and is perfectly competent to the active discharge of business.

I may conveniently place under the same head several other cases of the cure of hereditary consumption; and I adduce them as so many proofs that the possibility of the cure of consumption in this, its worst form, does not depend upon an isolated or fortuitous instance, but has been effected in various patients of both sexes and of different ages. I do not propose entering into any particular detail of the progress of the complaint in the respective cases, but shall cite them as facts that may easily be ascertained by any of my readers.

A young gentleman, grandson of a late celebrated financier and member of parliament, whose theory

of rent is well known to the political economist, was brought to consult me about a year and a half since. His family were in the greatest alarm respecting him, as a sister of his had died not long before, who had presented symptoms precisely similar to those he was then labouring under. Such was their alarm, and their nervous apprehension of having his fears excited, that they begged me, if possible, to examine his chest in an apparently unconscious manner, as if going through a mere matter of form, so as to avoid awakening suspicion in his mind of his real state. This youth, who is now about eighteen years of age, is quite well.

Miss G——, whose father is a fashionable ladies' shoemaker in Soho Square, had been deprived of her mother by consumptive disease, and had likewise lost a brother and a sister by the same scourge, all three within the two years previous to her consulting me. When she applied to me, this young lady was in a most enfeebled state, and could hardly walk a dozen yards. Passing over other symptoms, it is sufficient to say that I ascertained the existence of a cavity in the summit of the right lung. Miss G. is, at the time I now write, in the enjoyment of excellent health.

Mr. M., a gentleman well known in one of our large manufacturing districts, came to town to consult me, about a year ago. His case had been pronounced desperate by the most eminent medical

men of the city in which he resides; and indeed, there was a cavity in his left lung so extensive as almost to preclude hope. He was daily visited by me for about two months, and remained in town until the constitutional symptoms were removed. Returning to the country, he continued a regular course of inhalation. Five months afterwards he revisited London, and I begged him to have the kindness to call on Dr. Waller, lecturer on midwifery, who had then a deep interest in whatever related to consumptive disease, in order to let him hear the history, and examine into the state of the case. The cavity was not then entirely healed up; but its size had been reduced by one-half, and Mr. M. was so far restored, as to be able to attend to the business of his factory. My last accounts from him are of the most favourable nature.

This gentleman, I must state, has lost a mother and sister through consumption.

Some short time since, Messrs. Man, the celebrated surgical instrument makers, put a domestic of theirs under my care, who was labouring under far advanced phthisis. I received the subjoined letter from them the other day, in which her present state of health is satisfactorily alluded to.

“SIR,—The bearer of this, W. B——, a young man in our employ, seems much in the same state as the female servant of ours whom you kindly attended a few months since, and who, we have the

pleasure to inform you, is now enjoying a good state of health. As he is not able to pay for medical advice we enclose a fee, and shall feel obliged by your kind attention to him.

“We remain,

“Your obedient servants,

“J. & S. MAN.”

CASE XI.

Consumptive Disease Supervening on Dyspepsia.

Mr. C——, a highly respectable tradesman, resident at Brighton, naturally of delicate constitution, fell into a most distressing state of health through long protracted dyspeptic disease. The consequences of this debilitated condition manifested themselves in the expectoration of muco-purulent matter, often streaked with blood; in harassing cough; in night sweats; in gradual and almost complete prostration of bodily strength; and in fine—in confirmed consumption. To so alarming a state was he reduced, that the prayers of the congregation had been publicly requested in his behalf, in the church which he attended. When he had himself conveyed to town to consult me, he was, as may be supposed from the above account, apparently a complete wreck. On exploring the state of his chest, I ascertained the existence of a well marked cavity in the summit of the right lung; in that of the left, the respiratory murmur was highly obscure. It is unnecessary to detail the varying symptoms that presented themselves, and the treatment by which

they were met; as this would be a mere recapitulation of much that has gone before. During the time that he remained in town under my care, he suffered several temporary relapses from the softening down of the tuberculous deposits previously formed, and underwent all the fluctuations common to the most trying symptoms of consumptive disease. These constitutional symptoms had, of course, to be treated as they arose, at times by antiphlogistics, at others by sedatives, and occasionally by tonics. At the proper juncture he commenced inhalation; and here I must again insist upon a point to which I have several times adverted in the course of this work, that although inhalation is of vital consequence in the cure of phthisis, yet it is likewise essential that the constantly changing constitutional symptoms be treated as they occur by the proper remedial measures. Hence the necessity for the watchful superintendence of the physician skilled in all the minutiae of consumptive disease, to counteract the ingression of every unfavourable symptom, to take advantage of every circumstance calculated to forward recovery, and to regulate the treatment, medical and diatetic, according to the emergency.

No case that ever came under my care has afforded more satisfactory proof of the remedial powers of inhalation, combined with proper constitutional treatment, than the present. The patient was naturally delicate, had had his health so impaired by indigestion as to pass into a phthisical state, which,

becoming confirmed, had brought him to the brink of the grave, and—he is now well. Conscientiously can I affirm, and I do it from no impulse of vanity, (for there is too much yet to be learned for any right-thinking physician to feel vain,) that death must have been the result under any other system than mine.

CASE XII.

Inefficacy of Removal to a Warm Climate.

Mr. A., a deputy alderman of one of the city wards, was recommended to consult me in the spring of 1835, by Alderman Harmer. He had but lately returned from Italy, whither he had been recommended to repair for the benefit of his health by his former medical adviser, who was an assistant physician to one of our London hospitals. This advice had been given after the ascertaining the existence of a cavity in the summit of the right lung, and the presence of a very slight catarrh. It was well meant, but was attended by the usual nugatory or worse than nugatory results, since during a residence of some months his complaint got worse rather than better. Singularly enough he first heard my name mentioned abroad, and the recommendation he there received to apply to me, was supported, as I have just stated, on his return to England by Alderman Harmer. On exploring his chest, I found the cavity above mentioned still existing, and that the summit of his left lung likewise was in an unsatisfactory state. His catarrh

had yielded to the influence of a warm climate, and the interposition of Nature in his behalf had thus been entirely superseded. His deterioration had of course been sensible to himself, but he was not a little surprised to be told that the only safeguard, artificial means excepted, which he could possess against the inroads of consumption, was the catarrh on whose removal he had congratulated himself. It recurred not long after his return; but since, as I have already had occasion to observe, the expansion of the pulmonary tissue necessary to heal up a cavity, is much more agreeably and equally effected by inhalation, I of course would not trust to the dilatory results of a catarrhal cure, and ordered immediate recourse to the above mechanical process. The constitutional symptoms have presented the usual variations in the course of this gentleman's attendance, and some time back, finding himself much better, he was tempted to comply with a call upon him for a song at some civic festival, and a hæmorrhage was the result. About three months ago he had an attack of what now goes under the appellation of influenza, and I seized the opportunity of once more examining his chest. The cavity had nearly disappeared, and the state of the rest of the thorax was in the highest degree satisfactory. This favourable result was, for the most part, owing to his steady perseverance in inhalation; since, with this exception, he has been a very careless patient, negligent of himself, and seldom

letting me see him; a circumstance originating, perhaps, in his acquaintance with a clergyman who cured himself by the use of this means alone. However, this is an unsafe example, since constitutional symptoms will often arise to call for the immediate, though temporary, suspension of inhalation.

I may here observe, that notwithstanding the supervention of catarrh on phthisis is the mode by which Nature endeavours, and often does effect a cure, still it is so far imperfect in its operation, inasmuch as it substitutes for the consumptive state a difficulty of breathing, which often terminates in confirmed asthma. Hence the superiority of inhalation, which both acts more efficiently, and entails no troublesome consequence. Hence too, although catarrh have set in so as to afford the benefit of its protection to a consumptive patient, I at once order recurrence to inhalation, not only for the beneficial agency it exerts in phthisis itself, but as a means of curing the catarrh. Its influence over the last is partly owing to the completeness it gives to the expirations. In catarrh the air is imprisoned, as it were, in the air-cells, and embarrassed breathing is the result. Inhalation here steps in as an auxiliary, and not only renders the expirations more perfect, but contributes in other respects to the removal of the catarrh.

Another benefit of inhalation, and this is a physical fact no less novel than important, is the security it affords against the ingression of pleurisies, so fre-

quent, according to the testimony of Laennec, in the consumptive. The same exemption from pleurisy is observable in the asthmatic.

Again, if from any cause there exist emphysema, or a collection of matter in one side of the chest, (even for months,) a state in which the lung of this side is compressed, the lung of the other side undergoes increased expansion. Now the lung thus expanded, if previously healthy, never becomes the seat of tuberculous deposit. I have verified this in several instances; and this is a strong collateral proof of the inestimable value of inhalation.

To return to the "Inefficacy of Removal to a Warm Climate." I have never known a cavity healed by a residence in a southern clime, though I have known many a consumptive case fatally confirmed by it. Three times did an officer in the army, to my knowledge, try a residence in Madeira; the voyages certainly did him temporary good, but he ultimately returned with the deadly enemy in his bosom—the cavity as distinctly marked as ever.

To the above cases, which bear a slight proportion indeed to the number I have at this moment lying on the table before me, detailed as well by the thankful patients themselves as minuted by me, I append two letters from medical gentlemen illustrative of the happy results of pulmonary expansion. The first of these stands in need of no other explanation than my observing that the writer has omitted, that, on exploration of the chest, the physi-

cal signs of consumption were distinctly marked. Mr. Graves, the brother-in-law of my patient, who enjoys an extensive practice in the east end of the town, and has been long accustomed to auscultative examination, fully concurred with me in the opinion I expressed of the existence of cavities, and entered into my views as to the plan of treatment I had laid down.

“Dear Sir,—In compliance with your request, I beg to give you the following statement relative to my health:

“In the winter of 1832, I was troubled with a cough, after which my health continued indifferent, and in the month of May last I had a violent attack of pain in my chest, for which a blister was applied and medicine taken, apparently with great effect; but in about eight days the pain returned with increased severity. After being twice bled copiously from the arm, and the local application of leeches and a blister, the pain was allayed so as to allow of free respiration. I was now, of course, extremely weak. In about four weeks the pain again returned in my chest. Leeches and blisters were again repeatedly applied, without effecting its removal, and although the general state of my health was of course attended to, my strength of body soon so much decreased that it was thought I should not recover. Under these circumstances, I applied to yourself in July, and am happy to say, that under

your skilful treatment, I soon began to amend, and that for the last two or three months I have entirely left off taking medicine, being now stouter and stronger than before the commencement of my illness in 1832. I have been for some time without any cough.

“Hoping these particulars may be useful to you, believe me to be,

“Dear Sir,

“Your much obliged, humble servant,

“CHARLES ROSE.

“24 Beaumont Square, }
Feb. 5, 1834. }

“TO DR. RAMADGE, Ely Place, Holborn.”

It affords me much pleasure to state that this gentleman is in the enjoyment of excellent health.

The following is from a gentleman of the name of Langley, a general practitioner, and, as will be seen, a former patient of mine.

“DEAR SIR,—The bearer appears to me to have incipient phthisis, and has been suffering from an indomitable cough, with dyspnœa and nocturnal perspirations. I have taken blood from him, used counter-irritants very freely, and attempted to abate the pulmonary irritation by sedatives, combined with epicacuanha and nitre. His ill state of health has reduced him so much in circumstances, that he approaches you as a gratuitous patient. Any suggestion you may be kind enough to advise, shall be

strictly attended to. Under your direction I have myself recovered my health, and with many thanks for your kindness, I remain,

“Dear Sir,

“Very faithfully yours,

“JOHN LANGLEY.

“36 Tottenham street, }
Fitzroy Square. }

“To DR. RAMADGE, Ely Place.”

CASE XIII.

It is about twelve months ago that Mr. Ward, a gentleman practising in the vicinity of London, took my advice for consumptive disease, at the suggestion of Dr. James Blundell. I detected a well marked excavation in the summit of the right lung, and was informed by him that he had had several attacks of hæmoptysis. Without entering into any details, which indeed would present no novelty, either respecting symptoms, or my usual practice, I at once give the satisfactory result, which is—restoration to health. I shall conclude these instances of cure among my medical brethren by adducing the name of Mr. Paine, son of the ingenious inventor of the illuminated dials now becoming common in our churches, who consulted me about three years since, and has been enabled to resume his profession, which he had then abandoned as beyond his failing strength.

TESTIMONIAL TO DR. RAMADGE.

“Dawlish, Devon.

“MY DEAR DOCTOR,—

“I have just purchased and read your book on Consumption with much gratification. I perfectly coincide with your views, in every particular, and am satisfied of their accuracy. It is, perhaps, paying myself a compliment at the expense of my professional brethren to say, that I have, ever since I had the pleasure of knowing your sentiments, differed from them as much as you do. With regard to their treatment of that plague-spot in the English constitution—consumption—it has ever appeared to me founded on false principles, or dictated by the hereditary prejudices of our profession. Of you they are particularly jealous, and would gladly rob you of your dearly-earned knowledge and fame. I call it dearly-earned, for I remember the many unpleasant situations we have been placed in, amongst the haunts of London disease and misery, particularly in the purlieus of Saffron-hill. I must say honestly, and without flattery, that I never knew one of your profession who laboured so zealously and constantly as you did in *post-mortem* examinations; or who

was so thoroughly conversant with morbid appearances, and their anatomical detail and minutiae. I have myself experienced the accuracy of your observations in the persons of several of my own patients; and so nearly have our ideas coincided, that I have been in the habit of making my patients inhale through an œsophagus tube, to oblige them to inspire deeply. I am quite certain I have cured two cases of tubercular phthisis by your means.

“Believe me to be,

“Dear Doctor,

“Very sincerely and truly yours,

“R. B. BOWDEN.

“TO DR. RAMADGE.”

