Inhalation, a valuable remedy for pulmonary diseases : including laryngitis, or clergyman's sore throat, bronchitis, asthma, pulmonary irritation, and incipient consumption / by E. Halley McCoy.

INHALATION

A

VALUABLE REMEDY

FOR

PULMONARY DISEASES,

INCLUDING

Laryngitis, or Clergyman's Sore Throat—Bronchitis—Asthma —Pulmonary Irritation—and Incipient Consumption.

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INHALATION.

GENTLE READER:

I appear before you as the advocate of a new principle and a new method of treatment in Pulmonary Diseases; and permit me to state in the outset, that the acquisition of Medical knowledge has been the one chief pursuit of my life. During the last twenty years my undivided attention has been directed to subjects of medical enquiry; so that if I have the reputation of knowing anything valuable, it is in connection with medical subjects; for I long since became convinced that it would not suit me to have many "irons in the fire," notwithstanding the opinion of the very learned Adam Clark, that "the more the better, provided we keep them moving"—or, in other language, that in order to excel in any department of human knowledge, we must give it the undivided attention of our minds for a long series of years. Accordingly, I embarked in the Medical profession with a fixed determination to exclude from my mind all extraneous subjects, and to give it my entire and undivided attention for life.

Very early in my professional career, I was led to see the importance of the subject of LUNG DISEASES; for I found that they constituted a considerable proportion of the cases I was called upon to treat in private practice. The studious habits which I had long pursued, added to the hardships and exposures inseparable from the practice of medicine in the country, I soon found were rapidly impairing my physical constitution, which, together with an inherited hereditary predisposition to disease of the Lungs, soon pointed me out, as my friends supposed, as an early victim to this insidious destroyer of our race. I now found myself constantly annoyed with a most harrassing cough, accompanied with occasional hoarseness, amounting sometimes to total aphonia. My pulse became accelerated with hurried respiration, and breathlessness on walking up hill. Yet, notwithstanding the warnings held out by these symptoms, I continued, (recklessly to my own health,) to attend, day and night, to the duties of an extensive country practice; and it appeared to me that the people of my neighborhood almost invariably deferred sending for medical advice till in the night, which per-

nicious practice, although it may enable farming men to spend the day in their fields, is destructive to the health of their Family Physician—indeed, only here and there do we find a medical man possessing sufficient vigor of constitution to withstand the ravages which night exposure is sure to make on his physical constitution.

My pulmonary difficulties continued to increase, and several of my medical friends urged me to resort to some remedial means. But having but little confidence in the course of practice pursued by the most eminent members of the profession in the State of Ohio; it appearing, so far as I had observed, rather to accelerate than retard the progress of the disease, I thought the best course I could pursue would be to trust to the sanitive efforts of nature. Whilst attending Clinical Lectures in the *Pennsylvania Hospital*, I experienced a sudden attack of Hemoptysis, or bleeding from the luugs. I now thought it was high time for me to fall too in earnest to treat my own case. I immediately consulted, by letter, some of the most eminent men, in both Europe and America, on the subject of Lung Disease. Dr. Francis Hopkins Ramadge, Sen., Physician to the Hospital for Diseases of the Chest, in London, advised me to resort at once to treatment by Inhalation, which suggestion I immediately followed, and diligently pursued for some six months, with most happy results. Indeed, all my pectoral symptoms gradually subsided under this method of treatment; so that now, after more than four years of most orduous devotion to the duties of my profession, I enjoy an entire immunity from all pectoral symptoms whatever.

Since my restoration to health, I have devoted the attention of my mind almost exclusively to the investigation of the various diseases of the organs of respiration; indeed, I have spared neither time nor money in trying to collect information upon these subjects. I have collected the writings of the most eminent men in various parts of the world on these diseases, amongst whom I may enumerate the illustrious Lænnec, of France, whose discoveries constitute a new era in our knowledge on this subject. He taught more that was new and useful on the subject of Lung Diseases, than all men previous to his day put together, and in his great work has demonstrated the fact that Consumption of the Lungs may be cured after caverns have formed. Since Lænnec's discoveries have been published to the world, a number of the master-spirits of the present age, have been enlisted in the same field of inquiry, and as the result of their labors, we now possess a number of the most valuable works on this important subject; amongst which, those of Baron Louis M. Andral, M. Grissolle, M. Trousseau, M. Bellock, M. Barth, M. Rogee, M. Rilliet and M. Barthez, are the

most valuable of those emanating from the French Metropolis; while De Vitis and Hase, of Switzerland, and Gilersdit, of Sweden, have also given us their large and valuable works. In the city of London a number of valuable works have been written on this subject, amongst the most valuable of which we may mention one by Sir James Clark, Physician to the Queen; also, works by Drs. Gilbert, Carswell, Ramadge, Walsh, Weatherhead, Williams; Dr. Blackiston, of Birmingham; Dr. Marshall, of Bristol; Drs. Stokes, Graves and Spillan, of Dublin. In America, within the last few years, we have had several valuable works written, viz: one by the great American Pathologist, W. W. Gerhard, of Philadelphia; W. W. Hall, of New York, has written several works, and was the first Physician in America who directed his attention exclusively to Lung Diseases; Dr. S. S. Fitch has also published a volume of Lectures in popular form on this subject. But decidedly the best work that has yet been published in either Europe or America, on this subject is the great work of Dr. Swett on Diseases of the Chest. This volume comprises about 600 pages, and is replete with useful information; indeed, I am compelled to regard it as the very best work that has yet appeared. The author's position of Physician to the New York Hospital, has given him extensive opportunities of verifying the soundness of the principles he advocates. To the Medical Scholar, this work is an invaluable treasure.

In the long catalogue of human infirmities, Lung Diseases are undoubtedly the most deserving the study of the Physician, whether we regard their frequency or mortality. Confined to no country, age, sex or condition of life, they destroy a larger proportion of mankind than all other chronic diseases put together. In England, and over the whole temperate regions of Europe and America, says Sir James Clark, they cause one-fifth part of the entire mortality, and in some districts a much larger proportion. It is calculated by Dr. Wolcombe, that in Great Britain and Ireland, Consumption causes one-fourth part of the deaths that occur from disease. He sets down the annual number of victims at fifty-five thousand. Dr. Dunglisson says, the number of deaths from Asiatic Cholera during the epidemic of 1832, was thirty thousand. Thus it appears from the above statistical facts, that Consumption destroyed twenty-five thousand human lives more in Great Britain and Ireland in 1832, than the terrific Eastern pestilence. Dr. Gilbert, in quoting from the report of Register General of Great Britain to Parliament, says that the deaths from Consumption in the vast city of London, amount to one every hour the year round; which would swell the annual mortality from this disease to the number of 8,760; while the number of deaths from Asiatic Cholera in 1832, were

estimated at 5,000, in the same city. The deaths in the city of New York from Asiatic Cholera, during the epidemic of 1832, are set down by Professor Jackson at 2,782; while the annual mortality of the same city, from Consumptive diseases, exceeds 3,000.

Now it is really astonishing to contrast the terror struck into mankind by the occasional appearance of epidemic Cholera, with the apparent apathy and cold indifference with which they look upon the frightful and more extensive ravages of Consumptive diseases. When Cholera breaks out in one of our large towns or cities, every family possessing the means would endeavor to escape danger by immediate flight, and public measures would be taken to protect human life; but Consumption is permitted to ravage our cities and carry off whole families, without resistance or apparent regret. With the exception of the infirmary of Dr. Ramadge, in London, and the Hospital recently erected at Brompton, the entire civilized world does not possess a public institution besides, devoted entirely to the treatment of Lung Diseases. This indifference and apathy on the part of the public can only be explained by the universal dearth of information on this subject.

"This subject," (says Sir James Clark,) "possesses a degree of importance unquestionably beyond any other in the whole range of medical science, and I do not hesitate to express my conviction that in proportion as the medical practitioner becomes acquainted with the remote and exciting cause of Tuberculous disease, so will he be enabled to treat successfully a larger number of the cases which come under his care."

To those who have not maturely considered this subject in all its bearings, I may appear to attach too much importance to it; but I feel confident, nevertheless, that my opinions will be borne out by future enquirers, and those of my professional brethren who are best acquainted with its pathology.

It may not be uninstructive to the unprofessional reader, (for whom this work is chiefly intended,) to take a cursory view of the structure of the lungs, and the important functions they perform in the animal economy. The Lungs occupy the greater part of the cavity called the thorax or chest. In substance, they are little more than a mass of air-tubes and cells, blood-tubes, lymph-tubes, and nerves. If we examine them from above, we find the wind-pipe is the first of these tubes; it begins at the back part of the mouth, and extends down to the Lungs. Physicians call the upper part of this tube the *Larynx*; the middle part, or body of the tube, *Trachea*, and the lower part, or branches the *Bronchia*. This great air-tube has been compared to a tree

with the root upwards and the branches downwards—the root of the tree answering to the Larynx or voice-making organs, the trunk to the Trachea, the branches to the Bronchia, and the leaves to the terminal bladders or air-cells of the Lungs. When this great air-tube has reached the lungs, it divides into two branches, one of which goes to the right and the other to the left lung, which go on dividing and sub-dividing into numerous branches and terminate in the air-cells of the lungs. The number of these cells exceeds all computation; some anatomists estimate their number at one hundred and fifty millions, and were they all split open and spread out upon a plain surface, they would cover more than one thousand five hundred square feet. Now, the blood supplies the elements necessary to build up and keep in repair the tissues of the body. The growth of the body is a series of changes. The molecules which compose the various organs are constantly being displaced and replaced by fresh supplies furnished by the process of nutrition and appropriation, and this process is going on continually, so that in the course of a few years, (some say seven,) the system undergoes an entire renovation, all the old particles having been removed and their places supplied by new ones, derived from our food. This process is carried on through the agency of two great systems of tubes—the *arteries* and *veins*. The arteries carry the pure nutricious blood, which is designed to build up the wastes and sustain the "wear and tear" of the system. The veins carry the black, impure blood, surcharged with matter which must be eliminated from the system, chiefly through the lungs, in the form of carbonic acid gas. The air, when pure, is composed of about twenty parts of oxygen, and eighty parts of nitrogen to every hundred. We inhale the morning breeze and one hundred and fifty millions of little air-cells are filled. The heart contracts, and the small blood-vessels which ramify upon the walls of these little cells, are filled with blood which is black with carbon, and which is separated from the air by a thin membrane, through which the oxygen of the air passes freely, and combining with the carbon of the blood, forms carbonic acid gas, which is thrown out at each expiration, so the temperature of the body is maintained at the same time the blood is being purified by a process somewhat analagous to combustion; hence the necessity of constantly breathing a regular supply of pure air; and the size and capacity of the lungs is a pretty sure index to the health of the body.

Men have lived, says Dr. Hall, three weeks without food, but without air we cannot live three minutes. The lungs of a full-sized man weigh about three pounds, and will hold, when thoroughly inflated, twelve pints of air, but nine pints, or abont 360 cubic inches, are as much as can be inhaled at one full breath

in common easy breathing; in repose we inhale one pint at each ordinary inspiration. We breathe, in health about eighteen times per minute, that is, consume eighteen pints of air in one minute of time, or three thousand gallons in 24 hours. On the other hand, the quantity of blood in a common sized man is about twenty pints. The heart beats about seventy-two times per minute, and at each beat throws out two ounces of blood; therefore there passes through the heart, and from it through the lungs, an amount of blood every twenty-four hours equal to two thousand gallons. The process of human life, therefore, consists in there meeting together in the lungs every twenty-four hours, two thousand gallons of blood and three thousand gallons of air. Good health requires this absolutely, and cannot long be maintained with less than the full amount of each, for such are the proportions which nature has ordained and calls for. It is easy, therefore, to perceive that in proportion as a person is consuming daily less air than is natural, in such proportion is a decline of health rapid and inevitable.

To know, then, by actual measurement, how much air a man does habitually consume, is indispensable in determining the condition of his lungs, and no man can safely say that the lungs are sound and working fully until he has ascertained by actual measurement, their capacity to hold air. All else is indefinite, dark conjecture. This can be done with mathematical precision by a newly-invented instrument called Spyrometer, invented by Dr. Hutchison, of London, and first used in this country by Dr. Hall, of New York.

As it is the air which turns the essence of food into new blood, and renovates and purifies that which is already made, two things are essential to health and life—that the lungs should always work well, and that they should have a regular supply of pure air, and in proportion as they do not work fully, or in proportion as the air we breathe is impure, in that proportion always and under all circumstances, will the blood become impure and disease will invade the system in all its parts. This is the essence of Consumption, beginning as it does at the very fountain of life, poisoning and corrupting all its streams—not a single atom escaping the slow, withering influence. How justly called a decline!

Thus it is that in Consumption the circulation and respiration are always accelerated; because the lungs do not take in enough air to satisfy the thirst of the blood for oxygen, and nature strives to compensate for the deficient capacity of the lungs by compelling the Consumptive to breathe from twenty-five to forty times per minute. This accounts for the hurried breathing in all diseases of the respiratory organs; and when the amount of oxygen consumed is not sufficient to purify the blood, the sys-

tem will run into that cachectic condition called by Physicians Tuberculosis. Beyond all question, then, the very first step towards actual Consumptive disease, is the lungs not taking in as much air as the system requires to purify the blood. And to detect this deficit in its earliest and almost imperceptible beginnings, is to detect Consumption when it is as curable as any other chronic disease; and this we can most certainly do with the instrument of Dr. Hutchison, above referred to.

M. Andral, of France, one of the most learned men of any age or nation, has for several years past, been engaged in analyzing the blood both in health and disease, and in his excellent work on the Chest, and also in a late publication on Pathological Hematology, he has given us the result of his labors on this subject.

According, then, to M. Andral and Gavarat, the composition of healthy blood is as follows, viz: in every 1,000 grains of blood there are—

3 grains of Fibrine,	127 grs. Discs or red Corpuscles,
80 grs. Albumen,	790 grs. Water.

On analyzing the blood of Consumptives, the figures stood—

3 grs. Fibrine,	99 grs. red Corpuseles,
80 grs. Albumen,	818 grs. Water.

The same learned writer says, that from the very commencement of Tubercular Consumption, when auscultation can hardly detect its existence, the red corpuscles of the blood are already diminished. I have never seen them range as high as 127 in any Consumptive case whatever. This condition of the blood, which accompanies the first stages of Phthisis, and which appears to precede it, is the same general condition found in every case where the powers of life are much enfeebled. Who is not familiar with the shrunken, pallid and feeble look which belongs to consumptives, even in the forming stages of their malady, even before the disease has located itself upon the lungs? The hematosic or blood-making process seems to be deranged, so as to produce blood deficient in plastic elements. [See Andral's Pathological Hematology, page 121.] These pathological views, set forth by one of the first of the French Pathologists, are gaining favor with our most talented and learned writers on this subject in both Europe and America. This depraved nutrition and impoverished state of the blood, is present in what is called the Scrofulous diathesis, or what Sir James Clark calls Tuberculosis, which are one and the same disease modified by the particular organ or tissue upon which it locates itself. Thus, tubercles in the membranes surrounding the brain, produce Hydrocephalus; tubercles in the glands of the neck and axilla constitute King's Evil; tubercles on the face and scalp produce

those obstinate sores which form on strumous children. The same cause produces Scrofulous Opthalmia; also, Tetter and Salt-Rheum; tubercle in the loin causes hip disease; tubercle in the joints and periostium of the bones causes White-Swelling; tubercle in the bowels causes tabes, mesenterica, or negro Consumption; and tubercle in the lungs causes lung Consumption.

What is this hateful tubercle which is fraught with such disastrous consequences in the human constitution? Dr. W. W. Hall gives us the following scientific definition: "Consumption is the oxydation of the exudation corpuscle." This little body—this tubercle—this seed of Consumption—is an albuminous exudation, deficient in *plasma* or those elements which are necessary to build up the system—its elementary molecules cannot constitute muclei capable of cell development, but remain abortive, and act as foreign bodies in the lungs, and like any other foreign body there, causes irritation and tickling. This tickling causes cough, just as itching will produce scratching, both being instinctive efforts of nature to remove the cause of the irritation. But why is it that this albuminous exudation should be deficient in plastic elements? Because Consumption is an error of nutrition.

Tubercle is so named, from its resemblance, when deposited in certain organs, to a tuber or root, as the squill, the tulip. The composition of this hateful tubercle has been found, after the most rigid analysis by the indefatigable Andral, to differ in some important respects, from coagulable lymph or plasma. Dr. Williams calls this depraved lymph *Cacoplastic*, from its not containing the elements necessary to nourish the system; and the condition favorable to the production of this depraved lymph, obtains in those constitutions in which there is a preponderance of the white tissues and fluids of the body over the red—where there is an unnatural proportion or excess of watery albumen, and a deficiency of red corpuscles in the blood. Indeed, the strength and vitality of all warm-blooded animals, and their ability to resist disease, is in proportion to the preponderance of the red tissues and fluids in the system over the white. It is also a well established fact, that persons who do not possess a strumous constitution, may become scrofulous by the operation of causes which will produce and bring about a preponderance of the white tissues over the red; such as living in dark, damp, ill ventilated dwellings—insufficient nourishment—want of exercise in the open air—excessive venerial indulgence—masturbation—menorhagie—hemorhages—abuse of mercurial medicines, &c. Who ever looks upon the pallid aspect of our artisans and manufacturers, and the youthful inhabitants of cellars and basements in some of our narrow, crowded streets and lanes where the light of the sun scarcely enters, will be at

no loss to understand the operation of these causes in producing a diminution of the redness of health. Another prolific cause of struma is over-taxing the intellect or over-education—too long confinement in school, with insufficient exercise. Our Boarding Schools and Female Seminaries, as at present conducted, are fraught with most disastrous consequences to the health of the fair daughters of our land. In my case book I find a number of cases which date back to the "first six months spent at the seminary." Another prolific cause of Tuberculosis is early marriages, before the constitution is sufficiently matured. Such persons frequently fall victims to the too early indulgence in sexual intercourse, and if they survive themselves and become parents, they bring into the world a puny, sickly, strumous race of suffering beings, who but serve to swell the mighty army of Consumptive victims. Equally pernicious are frequent intermarriages amongst blood relations.

My readers may think that I should have passed over this subject in silence, but as a conservator of the public health I feel it to be my duty to raise my warning voice against the outrages which are perpetrated upon suffering humanity, and try to discourage this prolific cause of physical and mental degeneracy.

We are forced to conclude that Tuberculosis or the Scrofulous constitution is nothing more than a state of general ill health, accompanied invariably with a deficiency of red blood, and a consequent preponderance of the white fluids of the system, and that the different forms of Scrofula are but local manifestations of irritation, modified by the predisposition in question, which, if occurring in a healthy subject, would have been repelled without injury. Upon these principles, we can readily account for the hereditary transmission of this disease from parents to their offspring, and also how an increase of redness and strength may be established in delicate persons by active life in the open air, nourishing, diet, and tonic treatment. This redness is nothing more than an evidence of increase in the store of red blood containing a healthy proportion of red corpuslces. Hence we see why Scrofula may pass over one generation better circumstanced as to air, employment and regimen, than that which preceded it. And we are also induced to hope that much may yet be done, both in the prevention and cure of this scourge of our race.

Sydenham said that "acute diseases come from God, but chronic diseases originate with ourselves." Consumption is unknown to the aboriginies of North America, and to the wandering Arabs of the East. It appears to be a disease of civilization, which was unknown to man in a savage state. Animals taken from a wild state and confined in menageries, frequently become scrofulous and die. Many of the cows confined in the

city of Paris to their stables, become scrofulous and die. While again, in the vegetable kingdom, the deteriorating effects of a want of light and air is manifested by an increase of white tissues in plants reared in our dwellings and cellars. M. Coster, of Paris, placed a number of dogs and rabbits in circumstances favorable for the production of the Scrofulous Deathesis, in order that he might test the effects of remedies in preventing the development of this disease. Those animals were shut up in a cold, damp dungeon, and so confined in cages as to prevent their taking exercise. One half of the animals were fed on their ordinary food, all of which became tuberculous and died; the other half had mingled with their food ½ oz. of the carbonet of iron to every pound, and not one of those with whose food the medicine was mingled showed any traces of turbercle. M. Coster's experiments are published in detail in the *Gazette des Hospitaux.*

Perhaps we have said enough upon the pathology of this disease, as the object of this work is not to instruct my medical brethren, but to enable the common reader to detect diseases of the throat and lungs before they have passed the curable stage; and when he has detected them, to prevail on him to resort to the very best medical aid within his reach—not to wait till he has exhausted every patent Syrup and Cherry Pectoral and Pulmonic Wafer and incongruous mixture, which officious ignorance may suggest; leaving nothing but a ruined hulk for the Physician to operate upon; for those who are threatened with Consumptive disease, must seek relief, and seek it early and perseveringly, or "lost" may be inscribed on the door-post of their dwellings.

I shall now give a brief history of the several affections of the organs of respiration:—

Laryngitis—Is a disease of the voice-making organs situated at the top of the windpipe, in the region of "Adam's-apple." This affection is frequently called Clergyman's Sore Throat.

Tracheitis, or Croup—Is a disease of the body of the windpipe, between the thyriod cartilage and the top of the breast bone.

Bronchitis—Is a disease of the branches of the windpipe below the top of the breast bone.

Consumption—Is a disease of the little air cells or terminal bladders at the end of the branches of the windpipe.

IN LARYNGITIS	IN CROUP	IN BRONCHITIS	IN CONSUMPTION
The voice-making organs are inflamed—hence the voice is always more or less affected. Distinctive Symptom—hoarseness, or chronic impairment of the voice.	The body of the windpipe is inflamed; hence the breathing is more or less obstructed. Distinctive Symptoms—a kind of barking cough—affects children chiefly.	The bronchial tubes are inflamed; hence a fullness in the breast, running from the nose and eyes. Distinctive Symptoms—fullness of the head, breast, eyes and nose. Stricture in the breast, and copious expectoration.	The lungs themselves are diseased; hence an impairment of all the powers of life. Distinctive Symptoms—a gradual wasting of the strength and flesh and breath, with quick pulse and copious expectoration.

GENERAL HISTORY OF LARYNGITIS.

An uneasy feeling in the upper part of the throat, causing frequent efforts to swallow, as if some obstruction might be removed thereby. In other cases there is constant heming or hawking, in order to clear the throat, and the voice has not that clear, ringing sound, as formerly—frequently requiring an effort to speak. At length the voice becomes hoarse or cracked; some soreness begins now to be felt in the larynx. There may as yet be no cough, and for weeks and months the disease may seem to progress but slowly. But sooner or later it becomes worse again; the strength declines; the cough increases; the constitution yields, and death closes the scene. In some cases there is but little cough in this disease, till near the close; the voice becomes discordant and husky, and requires the utmost effort to articulate a word above a whisper. In the progress of this disease, (says Dr. Hall, in his admirable work on Bronchitis and kindred Diseases,) ulcers form in the throat, which pour out enormous quantities of pus blood and mucus, which. if swallowed into the stomach destroys its tone and power of digestion, and the patient wonders where so much corruption comes from, and thinks he must have spit up all his lungs before this time—and still his lungs may be sound all the while.

The exercise of the vocal organs in speaking and singing, is considered a frequent exciting cause of this disease. The frequent occurrence of this disease among Clergymen, has led to the adoption of this opinion; but so far as my experience goes, this opinion is not sustained by observation. Members of the legal profession, who exercise their vocal organs in crowded court-rooms every day in the year, are seldom subject to this disease; and the public auctioneers in our large cities, who are engaged in "crying" goods at all seasons, are seldom subjects of this disease. The truth is, the vocal organs are strengthened by the daily and regular use of the voice, in the same manner as the arm of the smith is invigorated and its muscles strengthened by constant exercise.

The vocal organs of Clergymen remain almost quiescent during six days of the week; on the seventh they are required to do more than double duty, and this, too, when from six days comparative rest, they are less capable of enduring the fatigue than they would have been by daily moderate speaking. If the labors of our Clergymen could be equally apportioned to all days of the week, then, instead of being weakened and disease

by public speaking, the voice would become strengthened and improved.

Few causes tend more powerfully to depress the vital energies, and dispose the vocal organs to take on disease, than *mental inquietude*, united with intense application to study. To this cause may be attributed the frequency of this disease among the Clergymen of our country, many of whom are compelled to sustain themselves and their families upon salaries reduced to the very minimum of subsistence, and that by practicing the most rigid economy, bearly adequate to supply the plainest necessaries of life. Subjected, as such men are, to constant mental anxiety about their own temporalities, and obliged at the same time to labor week after week, that they may make suitable preparation for pulpit exercises, they fall an inevitable prey to *Laryngeal Phthisis*. I speak on this subject that which I know. Numerous cases of members of this profession have fallen under my observation, who have broken down under the combined influence of mental labor and mental inquietude. I do not wish to advocate fat livings for clerical drones—but the laborer is worthy of his hire, and that people or that community, who employ a Clergyman whose time, talents and energies are consecrated to their service, and yet withhold from him any part of that support which is necessary to place him above these harrassing temporal cares, *rob him of his own* as truly and as criminally in the sight of Heaven, as the house-breaker who despoils him of his goods.

As an exciting cause of Laryngeal disease, the use of Tobacco, in my experience, has proved a powerful agent. Acting as stimulant, directly and constantly, upon the mucous follicles of the throat, and greatly increasing, as it invariably does, the secretion of these glands, its employment has a direct tendency to develop disease of the larynx, especially if a predisposition thereto already exist. Hence it has occurred to me to notice that a large proportion of the cases of throat-ail which have fallen under my observation, occurred in those who were in the habitual use of Tobacco. Not only has the use of Tobacco, in any and all its forms, proved in my experience an exciting cause of Laryngeal disease, but where its use has been persisted in during the treatment of any case, I have found it impossible to restore such to perfect health.

This form of disease I treat by gargles, liniments, fomentations, and *insufflations*, by which my remedies are applied directly to the parts diseased. My method of treatment I obtained from Professor Trousseau, of Paris. [See Trousseau and Bellock on Laryngeal Phthisis.

HISTORY OF TRACHITIS, OR CROUP.

This disease almost always comes on at night, after the child has been sometime in bed, and generally after having been out of doors in a damp, raw day. He seems restless, and gives an unusual sounding cough, without its wakening him—a cough so peculiar that a parent who has heard it once will never fail to recognize it afterwards. After some time the child coughs again and is roused up, and after each cough the breath is drawn in with a hissing noise. The breathing becomes more and more obstructed as the windpipe becomes filled with a thick, gummy, coagulable lymph, which is poured out by the inflamed mucous membrane, gradually filling up the windpipe. The face is now flushed, the eyes red, the skin dry and hot, pulse bounding, the hand of the little sufferer will frequently be carried to the throat, and great uneasiness between the fits of coughing, which now becomes peculiarly characteristic. A mother who has ever heard it once, needs no description to enable her to recognize it again. The first-born are likely to perish with this disease, because the parents have no knowledge of the disease or its danger. Some of the most painful scenes of my professional life have been where I have been called too late in cases of croup, and could do nothing but witness the last agonies of the little sufferer. This is a most formidable and rapidly fatal disease, and no time should be lost in sending for a Physician, and in the mean time Hyve Syrup, or my Pulmonic Syrup, which is similar in composition, should be freely given till the Physician arrives. Families having children liable to croup, should always keep some remedy on hand to be used while they send for their family Physician; for in this disease one hour's delay may be fatal. For the last several years I have been in the habit of supplying families who employ me with my Pulmonic Syrup, and as a consequence I am now very seldom called out to treat such cases. This preparation is similar to the Hyve Syrup of the Dispensatory, and any regular Physician can have the recipe, as I use no secret remedies.

The subject of Croup is one upon which Physicians are generally well informed; a number of valuable publications have appeared on this subject. When the Emperor Napoleon was at the zenith of his glory in France, a child in one of the Bonaparte families fell a victim to croup. The Emperor, who was

always a friend and promoter of science, proclaimed a prize for the best work that should be written on this subject, consequently some of the ablest medical men in Europe were enlisted in a thorough investigation of the subject. The essence of the disease seems to consist in a pseudo-membranous exudation on the inside of the windpipe—the result of inflammation. This production, says Dr. Hall, (to whose writings I am much indebted for some of my clearest views of disease,) collects on the inside of the windpipe, just as the lime in the limestone districts collects on the inside of the tea-kettle spout, filling it up and completely obstructing and rendering it impervious.

HISTORY OF BRONCHITIS.

It begins as a "bad cold;" the eyes are weak and watery; there is a running from the nose; chilliness; appetite fails; general weakness; there is a feeling of fullness in the breast, of being stuffed up; great difficulty in drawing in the breath; cough commences, spiteful, quick and dry at first, then more loose; expectoration begins of a tough, gluey substance; these coughing spells are most severe of mornings, on first waking up. At length, as the patient gets weaker and worse, the expectoration becomes yellow, greenish, black, bloody or rusty colored, sometimes indiscribably fetid. The cough which was at first curative, is now tearing, exhausting, and almost insupportable, aggravating every symptom, and wearing the patient down to a welcome grave. I treat this affection by revulsives, internal medicines, and inhalation, by which my remedies are applied directly to the inflamed and ulcerated surface of the bronchial mucus membrane.

HISTORY OF CONSUMPTION.

In nearly every case Consumption begins with a short, slight, tickling cough in the morning; but as it occurs only occasionally, and is so very slight that only one or two efforts at coughing are made. It is not noticed at this stage. After a while this cough occurs once or twice during the day; it will next occur on laying down at night, or some minutes after going to bed, a single cough or two coming on quite suddenly, as if a particle of dust had got into the throat. Soon the morning cough begins to increase, and the night cough comes on with more regularity; damp or cold increases it, and the person will say he has "caught a cold somehow or other;" but it does not get well spontaneously, as colds formerly did; it hangs on, and is aggravated by every change in the atmosphere. The patient thinks he had now better take something for his cold. He has now simply a dry, short, tickling cough, which keeps him from going to sleep when he first goes to bed at night, and which comes on in the morning before he gets up. He says he feels well enough, having no head-ache, no fever, good appetite, regular bowels, and repeats for the hundredth time, "If I could only get rid of this cough I would be as well as I ever was in my life." He now determines to take something for his cough, and every officious ignoramus, of whom there are some in every place, has a prescription that cured Mr. such-a-one, "who had just such a cough, only worse, and of longer duration, and it is so simple, that if it does you no good it will do you no harm." Some of these do no good whatever, others appear to give temporary relief, but soon lose their effect, and something else is resorted to with similar results. But long before this time a practiced observer will have noticed other changes which are taking place; because every hour the disease has been digging its way down deep into his vitals. The pulse is more rapid than natural, and has more of a thread-like, spiteful beat. His breathing is short and hurried; he is more easily tired than formerly, especially on going up stairs or walking up hill; when he attempts to do anything he soon gives out. About this time, if he walks far he becomes very weak about the legs and knees, and looks round for a place to sit down and rest a while; and if a sofa or bed is near, it feels at first so comfortable that he is inclined to stay there. Now and then

there is a feeling of weight in the breast. At length pain, transient or permanent, is felt in some part of the chest. There is now occasional feverishness; the bowels become torpid and loose alternately, sometimes the feet or hands burn very much, at other times they are uncomfortably cold. He now finds that although his appetite is good, his food does not seem to strengthen him. If the weather is a little cool, he gets very chilly; chills frequently run over the body and up the spine. While these symptoms are progressing, the cough becomes decidedly worse and continues longer, preventing sleep for half a night at a time; then he falls into a doze, from mere exhaustion, and in the morning he wakes up, pale, wan and haggard; and weak and wretched as he feels, the morning cough now attacks him, hard and dry at first, but in a few minutes he is relieved by bringing up a quantity of yellow, creamy matter. As the disease progresses, he emaciates more and more; the weakness of the legs increases; the expectoration becomes more profuse from day to day; there is morning chilliness, with fever in the afternoon, which subsides during the fore part of the night, and goes off towards morning with copious, exhausting, and death-like sweat, carrying damps and chilliness to the very heart. Watery diarrœha now sets in, with horrible griping pains in the bowels. Even yet the patient will sometimes keep about; but his steps are slow and careful; his body bent forward; his shoulders inclining towards the breast. If he sits down, his legs are crossed; his arms laid across his thighs, imposing an unnatural weight on the struggling lungs. Already feeble and wasted by disease, he begins now to feel best in bed; his feet and legs swell; his mouth becomes sore, and soon his mother earth receives him to her bosom, where millions of her weary children have already gone, to be wasted with sickness no more.

Throat-Ail, Laryngitis or Clergyman's Sore Throat, is a disease of the top of the windpipe, where the voice organs are situated.

Trachitis or Croup, is a disease of the windpipe itself.

Bronchitis is a disease of the branches of the windpipe.

Consumption is a disease which locates upon the air-cells of the lungs, which are at the ends of the branches of the windpipe as leaves are at the ends of the branches of a tree.

This is to my mind the plainest and most satisfactory theory of these diseases. The medical reader will find a full and masterly exposition of this subject in the writings of Dr. W. W. Hall. Young Physicians, and some older ones, may not accord with these views; but when these older ones shall have fallen into the slumber that wakes no more, and the juniors of the profession shall have acquired a quarter of a centu-

ry's more experience, the above views will have been generally adopted.

We live in an age of progress, and in no department of human knowledge is progression more rapid than in the science of medicine. Our old authorities are fast becoming obsolete, and the medical man who rests satisfied with what he learned from books and lectures twenty-five years ago, will soon have the mortification of finding himself out-stripped by his more industrious but junior rivals. The extraordinary developments of Carpenter, Leibeg, Ramadge, Simpson, Channing, and others, within the last few years, are strongly confirmatory of these views.

PARALLELS.

Laryngitis is characterized by hawking, hemming, by frequent efforts to swallow something away from the throat, which rises back again, with hoarseness and huskiness of the voice.

Bronchitis never exists without distressing, exhausting cough, and with copious and weakening expectoration.

Consumption is a gradual wasting of breath and flesh, and strength, sometimes without any cough or expectoration until within two or three weeks of death.

In *Laryngitis* there are constant forebodings and apprehensions of ill. The patient lounges and mopes about, and when he sits down feels as if he would never want to get up again; has no energy of mind, and wishes he might never have anything to do in his life again.

In *Bronchitis* the cough is so exhausting and distressing that the patient often feels as if death would be a welcome messenger.

In *Consumption*, the spirits are usually good; the patient is full of hope; busy in laying out plans for the future; how he is going to manage his business and take care of his health in future, and will talk complacently of a change of business or profession, within a few days of his death; and to every inquiry as to his health, will generally reply, "I am better."

CURE OF CONSUMPTION.

The important question in relation to this subject, and the one which I sincerely desire to auswer truly and correctly, is—is Consumption a curable disease?—do organs so fragile in their structure, and so essential to life that we can not live three minutes without using them, admit of a cure when ulcerated and diseased? Some veteran Physicians of more than half a century's esperience, have told me it is all in vain for you to talk about healing the lungs while they are in motion; if you could contrive to keep the man alive without breathing, then you might expect to heal his lungs. One fact, says the great theologian, Dr. Keath, is worth a thousand arguments; and the fact that the gallant General Shields, who was shot through the lungs in the late Mexican War, being both alive and well, is a living refutation of this objection.

The curability of Consumption can be demonstrated only by the scalpel, and the revelations of the dissecting room. We will, therefore, refer this question to the post-mortem appearances of persons who early in life were Consumptive, and appeared to undergo a cure, and afterwards died of other diseases. In numerous instances of this description, extensive scars and cicatrizes revealed the extent of the ravages of Consumptive disease upon the lungs. The lungs, when wounded or ulcerated, heal just as a wound or ulcer in the arm would heal, by leaving a scar. And the illustrious Lænnec, who is reliable authority any where, has demonstrated the curability of Consumption beyond the shadow of a doubt. In numerous instances he found extensive cicatrizes, revealing the consequences of the previous disease. And Lænnec's views have been abundantly confirmed by the pathological industry of his English pupil Dr. Ramadge, of London, whose opportunities in the lung hospital have been more extensive, perhaps, than those of any other living man. He says that the dissection of more than 3,000 dead bodies, during twenty-five years he was at the head of the institution, has convinced him of the curability of Consumption of the lungs, even after caverns had formed; the same person dying years after of some other disease, and post-mortem examination revealing extensive scars, in the midst of many of which he found enclosed a small mass of thick, chalky matter, the residue of previously existing tubercle. [See Ramadge's great work on the Chest.]

Sir Astley Cooper, one of the most eminent medical men of modern times, was descended from a Consumptive family, and

when quite a young man, had unequivocal evidence of the development of this disease; but by strict attention to treatment, diet and exercise, he recovered from his pulmonic disease, and lived to the age of seventy-three years, and during the greater part of that time he attended to the duties of a more extensive practice than any other medical man in London, or perhaps in the world. When on his death bed, he requested a post-mortem examination to be made, with particular attention to the previous condition of the lungs. The examination was made by Dr. Hilton, in the presence of a number of medical gentlemen. "At the superior and posterior part of the right lung was a depression, a section of which exposed a mass of chalky, dried tubercle," demonstrating that Sir Astley had been cured of cavernous Consumption.

The late Dr. Parish, an eminent Physician of Philadelphia, had Consumption early in life, but recovered and lived to the age of sixty, a useful and popular medical man, when he died of kidney disease. His body was examined by a number of medical Professors of the city. At the summit of the lungs were extensive scars and deposits of chalky matter, proving that he had been cured of Consumption after caverns had formed in the lungs. These facts are recorded by the great American pathologist Dr. Gerhard, page 199 of his work on the Chest. On the same page he says "Phthisis is, therefore, strictly a curable disease, notwithstanding that in a majority of cases it terminates fatally." All that may be said about Consumption being curable or incurable, except by scientific men, is mere jargon, and the truly candid and intelligent unprofessional reader, will express his opinion on this subject with modest moderation; but when an intelligent medical man has examined a subject thoroughly, and that in connection with the main business pursuit of life, he has a right to speak confidently. Such are the opinions which we are now about to give. They are not mere opinions, but facts which have been demonstrated in the presence of respectable living witnesses. If a Surgeon examines the bones of a dead man and finds certain marks, he knows the bone must have been broken. It is precisely so with the lungs; the fact has been demonstrated time and again.

It has been said that the lungs are never at rest; therefore, it is impossible for them to heal. But the *heart* has been wounded by bullets, bayonets and daggers, and the persons have recovered; and the heart moves twice while the lungs move once. I have a medical friend in the city of Wheeling, who received a wound in the heart a number of years ago, and he is still alive and engaged in the practice of medicine. As the general reader is not expected to know the position occupied in the profession

and in society, by the witnesses I am about to summon, I will state that they are all men occupying eminent situations in the medical profession:—

John Hunter says, certain things "tend much to cure Scrofula, and consequently to cure Consumption, which is clearly scrofula and admits of cure."

Dr. Carswell, of London, says: "Pathological Anatomy has never afforded more convincing evidence in proof of the curability of disease, than it has in that of tubercular Consumption."

Dr. Evans says: "I promise you that by pursuing a proper line of treatment, you will be enabled to cure many cases of Consumption." In commenting on the above passage, the *London Lancet* says: "On this point we entirely agree with the author, that recovery from phthisis pulmonalis is much more frequent than is generally supposed, is an opinion daily gaining ground. The press is at present teeming with works on this subject, and the numerous facts that are daily brought forward, can neither be met nor put down by charging those who publish them with want of knowledge. We deprecate that condemnation which those receive who maintain its curability."

Dr. Weatherhead, a veteran Physician of London, says: "It is now much the fashion with a certain class in the profession, when they fancy lesion of the lungs is present, to condemn the patient to inevitable death, and thenceforth abandon all efficient treatment till the patient glides into the incurable stage."

M. Fournet says, "he has cured fourteen cases of confirmed Consumption in one year."

Dr. James Johnson, Physician to King William IV of England, says, "By such means we may hope to arrest Consumption in not a few cases, which if improperly treated, would hurry on to a fatal termination."

Dr. Stokes, of Dublin, speaks more especially of the curability of Consumption.

Andral, Carswell, Williams, Morton and Rogee, assert on evidence, its curability in advanced stages.

Mr. Wakely, a member of Parliament and Editor of the London Lancet, says, in relation to Consumption: "We never had a doubt of its curability.

M. Boudet says that in 116 post-mortem examinations, in 97 there was evidence of caverns in the lungs having been healed. He continues, "there can therefore be no question as to the curability of Consumption."

It would seem, from the above authorities, that a belief in the curability of Consumption is daily gaining ground on both sides of the Atlantic. Because the facts are incontrovertible, no sane medical man can resist them, who will acquaint himself with

them. And I have reason to hope that this disease, which now carries off one in every five of the population of New York, Boston, Philadelphia, and other large cities, and an equal proportion in the country, will be as frequently cured as Bilious Fever. The modes and means of cure may be various in different hands, but the *principles* of cure must be forever the same.

Tho populace generally, and many Physicians, believe it incurable. There are, however, many great names bearing unequivocal testimony that it can be perfectly cured by healing, with a scar, just as a gash in the arm would heal with a scar. And these are men who have had the most extensive opportunities of verifying the truth of what they say—men who have examined the lungs of thousands of persons after death; while those who deny the truth of the doctrines they advocate, may never have dissected a human body.

"It is next to impossible," says Dr. Ramadge, "to open a dozen bodies, without meeting with positive proof of the curability of Consumption in the presence of cicatrizes and scars in the lungs."

"The important fact of the curability of Consumption, has been satisfactorily established, and its perfect cure demonstrated."—[Cyclopedia of Practical Medicine.]

Heat is generated in the human system in proportion to the size and vigor of the lungs. Many persons, with imperfectly developed lungs and a predisposition to Consumption, complain habitually of chilliness of the surface and coldness of the feet; and many who were previously in good health, become more and more sensible to cold in proportion as the approach of the disease weakens the functions of the lungs. I have observed this, both in myself and others, before any other evident symptom had appeared; and I have seen its further progress arrested by a timely use of proper means in cases which, no doubt, would have terminated fatally, had this warning not been attended to.

Dr. Weatherhead, of London, writes: "With the superior advantages of treating Consumption on this plan, I was early impressed, from observing more recoveries under it at *Hasler*, one of the largest Hospitals in Europe. And Dr. De Vitis, of the Military Hospital at Capua, states that "between the first of May, 1828, and the 28th of January, 1832, forty-seven patients affected with Consumption in the first stage, one hundred and two in the second, and twenty-seven in the third or last stage, had left the Hospital perfectly cured."

Professor Rokitanski, of the University of Vienna, says; "Tuburcular Consumption is doubtless curable, as may be proven by inspecting the bodies of those who appear to have the disease and recover, and die years after of some other disease. After a part of the lungs is lost by decay, if it leaves but a

small cavity, it may be perfectly healed by bringing the sides together. only leaving a long, fine, white scar; and the walls of this cavity may be made to approximate or come together by dilating or expanding the air cells of the surrounding parts of the lung. But if a large cavern has formed, so much so that the sides of the cavity cannot be made to meet, these sides then become lined by a substance of nature's own manufacture, which arrests the further progress of decay."

So far, then, from Consumption being necessarily a fatal malady, it is here proven by the highest authorities, that it is curable and is frequently cured. Louis, Lænnec, Ramadge, Marshall, Hall, Stokes, Combe, Carrigen, Copeland, Clark, McIntosh, Rush, Bennet, Williams, Trousseau, Rilliet, Andral, Fitch, Gerhard, Swett, and a host of others, alike eminent for their learning, and honored for their talents and their devotion to science and the dearest interests of our race. These are the men in whose company I am found in advocating the curability of Consumption.

While I advocate the curable nature of Consumption, in the most decided manner, I do not wish to be understood as adopting ultra or extravagant views of the subject. My honest opinion, after an extensive examination of the subject, is—that at any stage previous to the actual decay of the substance of the lungs, Consumption is as completely and uniformly curable as any other disease.

2d. That after the lungs have begun to decay away, the disease may be arrested, but that such a result is not of frequent occurrence.

3d. That when the lungs have begun to decay away, that person will most probably die at no far distant day.

4th. That it is wrong to hold out high probabilities of recovery in this class of cases.

5th. That in all stages of this disease, up to the last day of life, the Physician should labor resolutely, perseveringly and hopefully, for the patient's recovery.

But after all the labor and light shed upon this subject by eminent men, I expect the great masses of the medical profession to adhere to their old notions, and still insist that Consumption is incurable in all stages, and therefore there is no use in trying. This objection proves one fact only, and that is, that the objector himself has never effected a cure in any case of this disease, whatever.

I very much desire that Clergymen and Editors, (the two most extensively useful and influential professions in our country—and long may they remain so,) would express their opinions on the above subjects with modest moderation, and leave it to those whose particular business it is to investigate this

subject, to settle the controversy. But we look chiefly to the people as the leaders in all reforms. Some of our leading men have been the most obstinate opposers of all reforms, especially in medicine.

Surgery once staunched the blood by applying *boiling pitch* to a wounded artery. Ambrose Pare introduced the practice of tying the artery with a ligature, and for this the faculty of that day hissed him to scorn, as one that would hang human life upon a thread. Antimony was introduced by Paracelsus, and is now regarded as our sheet anchor in the treatment of *Pneumonitis;* and the French Parliament of that day made it a penal offence for any physician to prescribe it.

Protestant England originally regarded Peruvian bark as an invention of the Devil, because it was introduced by Catholic Jesuits.

Lady Mary Montague, who introduced the practice of inoculation, was hooted at by the Doctors and denounced from the pulpit by the Ministers as one presumptuously taking events out of the hands of Providence.

Jenner, the discoverer of Vaccination, and one of the greatest benefactors of our race, was run down by the Physicians of London, for what they considered his monstrous quackery, and one Errham, of Frankfort, undertook to prove from the Holy Scriptures and the Church Fathers, that Vaccination was the real Anti-Christ.

Harvey lost his practice and was proscribed from consultation with his fellow Physicians, because he discovered and proclaimed the circulation of the blood.

A Reverend Clergyman of New England told Dr. Fitch that God had decreed Consumption incurable, and it was sinful to advocate any other doctrine.

It is much the fashion now-a-days to brand every new doctrine with "its all a humbug." A medical Tyro of this place, with no experience whatever in the treatment of disease, and scarcely a homeopathic dose of medical acquirements, has branded my method of treatment, and use of the spyrometer in diagnosis, as "all a humbug." Again, I have been charged by men laying large claims to respectability, and ambitious of a prominent place in the profession, with Thompsonionism; and as not being a *regular Physician;* because, forsooth, I have been laboring in a field of medical enquiry where their own dear selves have never been able to accomplish anything.

On the other hand, I have encountered many candid and honorable Physicians, who have looked favorably upon my efforts to investigate the subject of Lung Diseases, and who have so far co-operated with me as to send this class of patients to

me for council and prescription, and whose courtesy I will ever be most happy to reciprocate.

This same immense saying, "its a humbug," was applied to the first golden stories told about Caliiornia, and yet they have been more than realized. And within my recollection, Morse's telegraph was declared an impracticability; and yet it has become the glory of the age, and given immortal honor to the men. And such epithets have been more recently applied to Whitney's magnificent project of the Pacific Railway. Yet the Pacific Railway will be built.

CLIMATE.

It has been the stereotyped recipe of the last hundred years to Consumptives by medical men; and now medical men "go to a warm climate," without ever asking themselves the reason why. I have put myself to considerable pains to investigate this subject, and much desire that I may place its claims in a proper light before the intelligent reader. In the first place I shall quote from some authorities in high places in the profession—men who have grown gray in the investigation of this subject. and therefore have a right to be heard.

Dr. Stokes, of Ireland, a man whose fame has gone out into all the world, says, [page 430 of his work on the Chest,]—"This truth is beginning to be better understood, now that it is discovered that warm Southern climates are never beneficial, and hence, also, we can now understand the seeming paradox, that some phthisical patients are benefited by a change from a warm to a cool, even though it be a somewhat inclement climate."

Dr. Gerhard, [page 294 of his work on the Chest,] says—"These [the advantages of a warm climate] are limited. They are not specific in the treatment of Consumption; hence many cases are not at all relieved—some are even aggravated."

Dr. Swett, [page 299 of his large and valuable work on Diseases of the Chest,] says: "Indeed, it seems to be established, that when phthisis is well developed, a continued residence in a tropical climate exerts a decidedly unfavorable influence. Formerly, it was supposed that if a person predisposed to phthisis, or with the disease actually developed, could reside permanently in the West Indies, for instance, that his chance of life would be materially increased. This has been proved to be a mistake. The British soldier who leaves home apparently in good health, for the West Indies, dies much more frequently of phthisis than if he had remained at home. The American soldier quar-

tered at our South-Western posts or along the Southern shore of the Atlantic, dies more surely with phthisis than when exposed to the chilly and changeable climate of our Northern and North-Eastern frontier. No one would believe this, did not facts prove it beyond all question."

The British Government sends their Consumptive soldiers from the West Indies to Canada.

Dr. Swett says, [page 305,] "If we now turn our attention to the colder regions of the globe, we shall find that the influence of cold upon the production of phthisis, is much more limited than might be expected. In the Northern regions of Europe the disease seems to be comparatively unfrequent.

"One of the most successful cases of phthisis which has ever fallen under my observation occurred in a gentleman, a merchant, of this city, who passed the winter in the Northern part of Pennsylvania, engaged in draying logs of wood from the forest through the snow. Another gentleman who had a decided attack of phthisis, left this country and returned to Stockholm, his native city, and there, as I am informed, his health rapidly improved."

Dr. Hall says: "I have resided for eight consecutive winters in the South, spending considerable time amongst the islands of the Gulf of Mexico; and, taken altogether, the testimony is overwhelming that the South is no place for persons having Consumption."

It is an easy matter to advise Consumptives to go South to a milder climate, far away from all the endearments of home and kindred, there to pine away and die. If one must die, home is the best place to die at. It is a terrible thing to die among strangers—to have no friendly look, no kindly smile—no tone of tenderness from the voice of a wife, a sister, or a mother, to go down with us to the dark valley of the shadow of death; and instead of their angel-like ministerings, to have to extract from voracious hirelings their impatient attention. There is a beautiful sentiment in the Eastern salutation—"May you die among your kindred." It is true, that heaven is as near one place as another; and if we are only prepared for admission through the great atonement, when the last struggle shall have been passed, it matters but little after one is gone where the last agony was endured. But there is much suffering which might be mitigated before the last moment arrives; and it leaves bitter regrets in the hearts of surviving friends, that they were not present to cheer the last hours of those they tenderly loved. Home has comforts and palliatives and anodynes, which are not to be found among strangers—even in the most genial clime on earth.

In London, two hundred and thirty-six persons out of every

thousand die of Consumption; in Sweden, only sixty-three in every thousand, although six hundred miles further North; the number of Consumptives in the cold ice-bound regions of Russia is much smaller in the same population than in Great Britain.

Dr. Dajat says that he saw as many cases of Consumption in the hospital at Rio Janeiro as in those of Paris. And Sir James Clark says phthisis is as frequent as any other disease at Madeira. And as for Italian skies, about which so much has been written, Baron Louis says, "I have seen entire wards of Consumptives in the city of Naples." Indeed, the idea of benefiting Consumptives by sending them to a warm climate is becoming obsolete, at least among medical men of learning and experience.

In Consumption there is a deficiency of lung action or lung substance, or both, Now, to send a person whose lungs do not consume air enough to decarbonize his blood, to a warm climate where the air is rarified, and consequently contains less oxygen, which is the vitalizing principle, does to my mind appear absurd in the extreme. If he must be sent anywhere, send him to the North, where the air is cool and dry and bracing—where it contains more oxygen per cubic inch than in the South, and where it is not surcharged with vapors and miasmatic exhalations.

An opinion has prevailed that malarious districts are exempt from Consumption, but Drs. Swett and Hall have shown that this opinion is erroneous. Since I have directed my attention to this subject a considerable number of my patients have come from the agueish regions of the Tuscarawas valley.

IS CONSUMPTION ON THE INCREASE?

Dr. Heberdeen says that Consumption was on the increase during the eighteenth century; which fact is indisputable, as statistical tables furnished by Mr. Marshal, Esq., show the annual mortality of the city of London for two hundred years, and the proportion of deaths produced by Consumption. From the united observation of professional men on this subject, it would seem that Consumption is on the increase in both Europe and

America, among the middle and upper classes of society. The increased comforts enjoyed by the laboring classes, and the invigorating exercise most of them are compelled to take, in a great measure exempts them from Consumption. While the wealthy, to gratify the morbid fancies of the times, indulge more and more in pernicious and enervating luxuries, which gradually produce a tendency to this disease.

In the very commencement of life future, health is often sacrificed in our Schools to the barbarous methods of the present day, adapted with a view of teaching refinement. The confinement in school is as injurious as that of a prison. Dr. Good says indigestion is indemic in the Boarding School, and it is an affection almost invariably the forerunner of acquired Consumption. But to make bad worse, this disease seldom receives any attention, and is allowed to undermine and destroy the health. Young ladies especially, suffer from confinement in School; their exercise is too limited; they walk out, it is true, but scarcely at a rate to warm their feet. Their time for amusement is too limited, and full romping exercise, which brings all the muscles into action, is discouraged. It is considered vulgar to use the limbs as nature designed; it is vulgar to take food which nature requires, and young ladies must not do anything that is vulgar.

Persons engaged in sedentary occupations, such as milliners, dress makers, tailors, shoemakers, &c., are all liable to Consumption, from want of exercise and the bent position of the body consequent upon the nature of their employment.

Let us turn our attention to the delicate frames of those ladies who move in the higher circles of refined society. Here, instead of the rosy hue of blooming health, we too often meet that pallid countenance, the unerring forerunner and inseparable attendant of Consumption—a pallor which is only relieved by the periodical accesion of consuming hectic, which soon dries up the very fountain of life. Nor is it difficult to trace these sad effects to their real cause, viz: Late hours—want of natural rest—insufficient exercise in the open air—to which may be added tight dressing, by which the all-important functions of respiration, and consequently the conversion of venous into arterial blood, are so materially interfered with.

"With step as noiseless as the summer's air,
Who comes in beautiful decay. Her eyes
Dissolving with a feverish glow of light;
And on
Her cheek a rosy tint, as if the tip
Of beautie's finger faintly pressed it there—
Alas! Consumption is her name."

TREATMENT OF CONSUMPTION.

The reader may think that it is time I would say something of the treatment of Consumption. I am not writing a book to instruct my medical brethren, but for the people, in order that they may become familiar with the symptoms of this scourge of our race, and apply for the best medical aid within their reach, before they shall have passed the curable stage. I am not writing this work to induce men to tamper with their own lives or become their own Physicians from any knowledge they would acquire in half a day or half a year; but to advise them to resort at once to a reputable Physician—not to wait till they have exhausted every expectorant or cherry pectoral or patent nostrum, which ignorance or cupidity may present, for in this disease there is no hope for the invalid from the use of any expectorant, for the lungs are expectorated away too fast without them. Besides, all these preparations contain opium in some of its forms, which invariably deranges the digestive organs, and inflicts irreparable injury upon the patient. Equally useless and injurious are Seaton's issues and pustulating liniments—not even the famous linament of St. John Long will benefit the Consumptive.

"Antimony, Digitalis, Iodine, have all had their day of imaginary success, and all been forgotten; and *Cod Liver Oil*, the present popular remedy, (says Dr. Swett, page 309,) is destined to share the same fate. It has not in my opinion, any specific influence in phthisis. It has not in my experience performed any wonderful cures."

Dr. Hall, in speaking of the same remedy, [page 242,] says: "It has no direct effect upon the lungs in any way. It sometimes causes spitting of blood; it often produces looseness of the bowels; it deranges the stomach, and it is so disgusting that many patients cannot be prevailed on to take it, and I have never known a case of Consumption cured by it."

In the treatment of this disease I am governed by principles familiar to all educated Alopathic Physicians—principles founded on the observation and experience of ages, and which governed Hunter, and Abernethy, and Gregory, and Sydenham, and Rush, and are now embodied and illustrated in the many massy volumes comprised in modern medical literature. Did I say in the outset that I advocated new principles and a new method of treatment? New they appear to the public, but they are as old as the first principles of our science. The method and the means of cure may differ in different hands, but the princi-

ples of cure must forever remain the same. I first labor to secure the highest possible general health for my patient. I reject blood-letting, blisters, mercurials, and in fact everything tending to debilitate the patient. I labor to build up, not to pull down the system. I do not smother up the cough by giving syrups and opiates, but labor to remove the cause which produces the cough. I do not confine my patient to the house, but send him out to exercise in the open air. When a Consumptive is once confined to the house, there is but little hope of recovery. I give no purgative medicine, but try to regulate the action of the bowels by attention to diet. Many Consumptives are hurried to an untimely grave by the injudicious administration of Calomel and other drastic medicine, which bring on exhausting diarrhea. Mercurials diminish the plasticity of the blood under all circumstances. It is for this purpose that we prescribe them in the Phlegmasie. So, any intelligent Physician will see they are contra-indicated in this disease.

I do not send my patients from home to pine away and die among strangers, in the inhospitable South.

And in all cases I try to bring about—

1st. *A greater consumption of pure fresh air.*

2d. *A greater digestion of nutritious food.*

Consumptives are always short of breath. This I ascertain by actual admeasurement with the Spyrometer. This instrument measures the amount of our breath with mathematical precision. For instance, I was consulted by the amiable Miss Rachel Moore, whose vital capacity in health was 260 cubic inches of air, but I found it diminished to 96 inches. This was the amount of air or breath her lungs would now contain, and I felt it to be my duty to tell her she could not live two months. She died within six weeks, in the confident hope of a glorious immortality.

Consumptives are deficient in flesh, and in blood, which is fluid flesh. They must therefore, have more blood, more flesh, more strength; and in order to get these, their digestive organs must be brought into that healthful play in which they will digest a larger amount of plain nutritious food—not by drenching the patient with putrid nausious fish oil and cough syrups and balsams, but by a proper application of those general principles familiar to all well read physicians.

I was consulted by Miss C. J., several of whose relatives had died Consumptives. Her vital capacity in health was 270 cubic inches; but now her lungs would contain only 132 cubic inches of air. By diligently pursuing my method of treatment for eight months, (for she regarded it a matter of life and death,) her lung capacity had increased to 248 cubic inches; and after six months further use of remedies her lung measurement came up to 264

cubic inches, when I dismissed her cured, and she remains well.

My admiration of the Spyrometer is increased, when I find that by its assistance I can detect Consumption in its curable stages; and I also can decide whether the disease is in the lungs or merely confined to the Bronchia or throat. Indeed, I regard this instrument as far superior in diagnosis to the Stethoscope, Pleximeter, or any other means heretofore in use.

I labor to subdue irritation, and even ulceration of the mucous surface of the bronchia and lungs, by insufflation and inhalation. This method has this advantage: my remedies are applied directly and immediately to the diseased and ulcerated surfaces.

Now, we all treat disease of the mucous membrane of the eye or the mouth, by applying our remedies directly to the part affected, and our success proves the correctness of the treatment. The mucous membrane of the eye and the mucous membrane of the lungs are both of the same character, and the secretions in purulent opthalmia and in chronic bronchitis, are the same, and if we would carry out the same principles of treatment in the one case that we do in the other, the result would be the same. Professor Trousseau has shown that the most formidable cases have been cured by this method.

If we have truly stated the pathological condition and symptoms in these affections, and no well informed Physician will say we have not, then the treatment by *inhalation* will follow as a necessary consequence, and will occupy a prominent place in the general plan of managing these cases. The medicines used by inhalation are alteratives, astringents, tonics and antispasmodics. The modus operandi of these agents, is sufficiently well known. The greatest amount of comfort is experienced after each inhalation; the morbid secretions are removed—the shortness of the breath gradually diminishes—the chest feels free, and the air-cells of the lungs are inflated, and the volume and capacity of the lungs is gradually enlarged. This we have known to occur by actual measurement from time to time, with the spyrometer. This admirable instrument enables us to measure with precision the gradual improvement of a patient. It also measures with equal precision his gradual failure of lung capacity, and consequent descent to the tomb. When judiciously combined these agents have proven more successful than any other method. The lungs present an absorbing surface of fifteen hundred square feet. The average quantity of blood in the body is twenty-five pounds; ten pounds of this blood passes through the lungs every minute; so that in two and a half minutes all the blood in the body must become impregnated with any substance carried into the lungs. If it be a poisonous gas its effects are sudden and immediate, as is seen in the choke-

damp in mines and wells. And if a poison produce effects so powerful and speedy, why may not medicines of a curative nature, inhaled intentionally, and properly regulated by an enlightened experience, produce powerful and speedy sanitive action? There is no argument against it. This, then, constitutes the basis of my treatment for lung diseases; and its simplicity, safety, and the success attending its administration, must recommend it to the common sense of every man.

I might bring a number of high authorities in support of this method of treatment: I will quote a few only.

Dr. Ramadge of London says, page 100: "I have never known Inhalation fail, when resorted to in the incipient stages of consumption, and am firmly of the opinion that when pursued under the eye of a skilful practitioner, who knows how to apply according to circumstances the other inferior, but still accessory remedies, it never will." "By persuing this plan of treatment, their chest gradually enlarges, their health becomes surprisingly amended, and regularity of bowels without the aid of medicine was soon established."

This quotation is from a man whose experience in lung diseases has been more extensive, in all probability, than that of any other living man. At page 117, he says he has frequently prescribed for one hundred Consumptives in one day. On the same page he says he has never found the use of mercury advantageous in a solitary instance.

Dr. Swett recommends inhalation on page 177, of his large work on the Chest.

At page 307 of Tweedie's Library of Practical Medicine, the writer says: "It is not unlikely that by very judicious management, the inhalation of various agents may sometimes conduce to a healthier and healing action in the interior of ulcerated lungs."

At page 141, Dr. Gerhard speaks of the value of inhalation.

Inhalation is recommended at page 433 of Stokes on the Chest.

At page 396, of Williams on the Chest, the treatment by inhalation is thoroughly discussed, and a host of opinions given from eminent men in various parts of the globe, amongst whom are Sir Charles Scudmore, Sir James Clark, Baron Louis, M. Gannal, Dr. Forbs, Sir A. Chrichton, Drs. Hufeland and Newman.

The great medical patriarch Dr. Dunglisson, one of the most learned and voluminous writers of the present age, at page 333 of his work on practice, says: "There is a mode of administering narcotic and other substances so as to cause them to come in contact with the seat of the disease, and to afford remarkable relief in many cases: that is by *inhalation*. Also, at page 270 of the same work he says: "The most valuable mode of exhib-

iting many agents so as to act effectively on the mucous membrane, is by *inhalation.*"

At page 564, of the fourth volume of the Cyclopedia of Practical Medicine, one of the best and most extensive works in the English language, and one which forms a part of the library of every medical scholar, the inhalation of remedial agents, as practiced by various observers, is noticed at length by the writer of the article, Sir James Clark.

Professor Trousseau, of Paris, and M. Bellock, in a work on Laryngitis and Bronchial disease, advocate topical treatment by insufflation, which they illustrate by numerous cases.

It will be seen by the above quotations, that this method of treatment is advocated by our very best and most approved authorities; and notwithstanding all this, a majority of our Physicians reject the subject altogether, by the immense saying "it's all humbug;" and continue the old routine practice of bleeding and blistering and mercurializing, and then send their patients off to die in the inhospitable and malarious regions of the South. This has been the stereotyped treatment for the last two hundred years, and it possesses this one advantage: it is easily learned, and saves the practitioner the labor and trouble of further research, and enables them to indulge in that listless indolence which will not involve the labor of reading or thinking.

In addition to the topical treatment by inhalation, I use such medicines as the indications in each particular case seem to require; and in the administration of these remedies, I am governed by those general principles with which every medical scholar is familiar. I do not wish it to be understood that I am invariably successful, or that I cure every person who applies to me. a considerable number of cases do not apply to me till they have passed the curable stage. Others who might be cured, lack that energy and perseverance essential to success. But I will merely state that I am extensively consulted in pectoral diseases, and that my practice, when diligently and perseveringly carried out by my patients, has been attended with encouraging success.

I might publish from my Case Book a number of interesting cases which recovered under my method of treatment. But no reputable Physician would consent to such a method of extending his reputation or acquiring practice.

E. HALLEY McCOY.