

Practical letters on the nature, causes, and cure of catarrh, sore throat, bronchitis, asthma, and consumption, with cases / by Robert Hunter.

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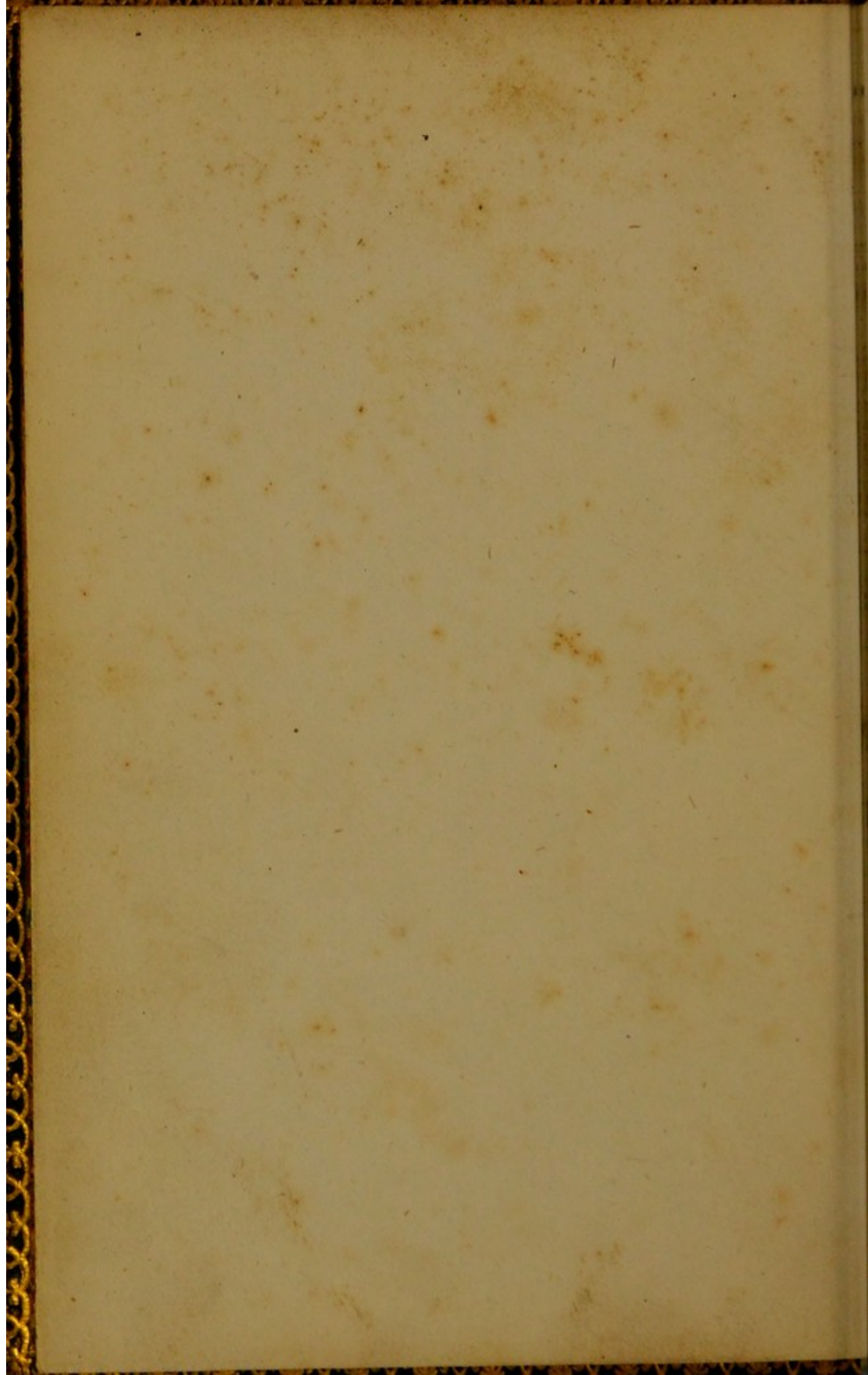
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DR. HUNTER'S LETTERS
ON DISEASES
OF THE
THROAT, LARYNX, & LUNGS.



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CATALOGUE

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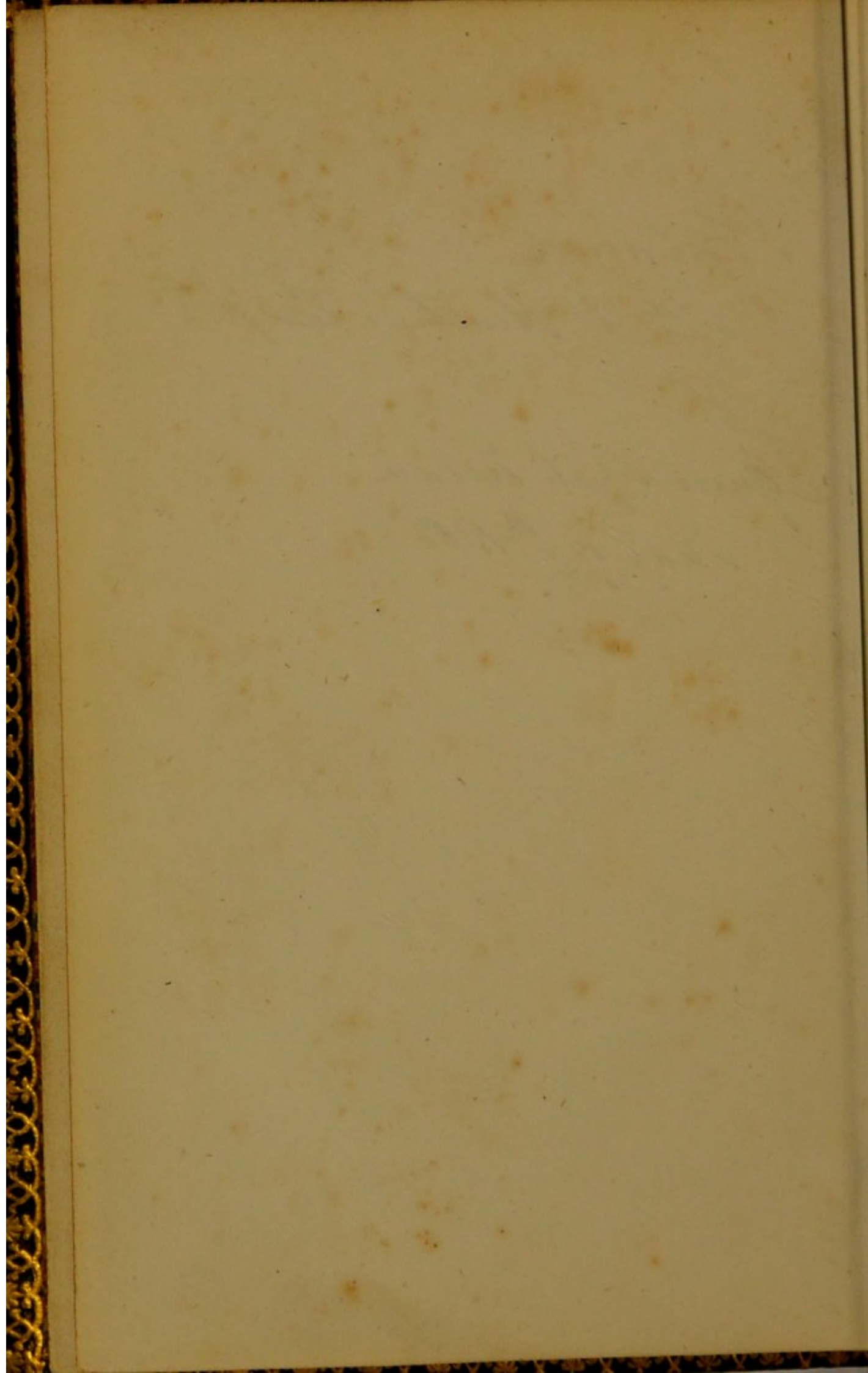
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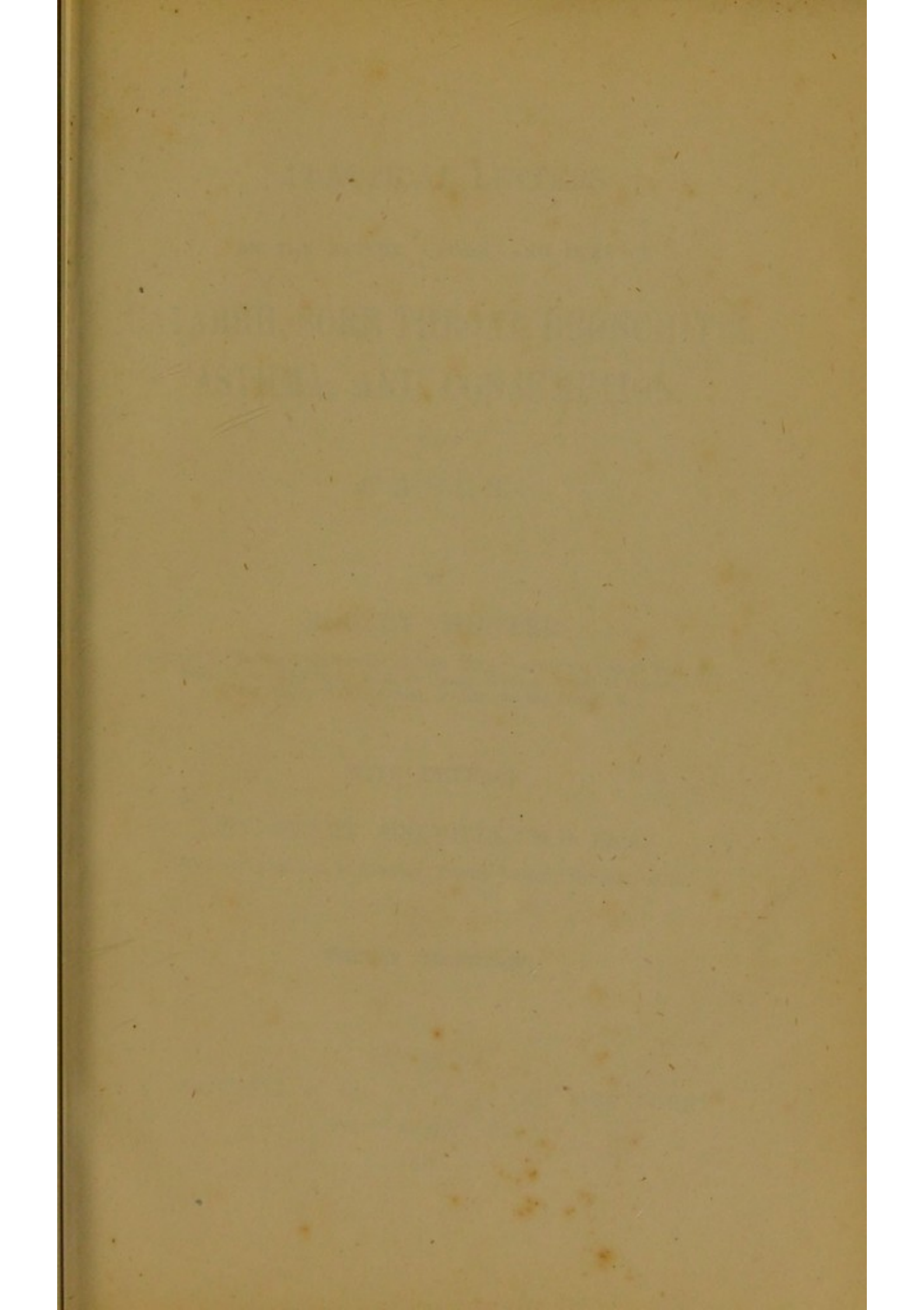
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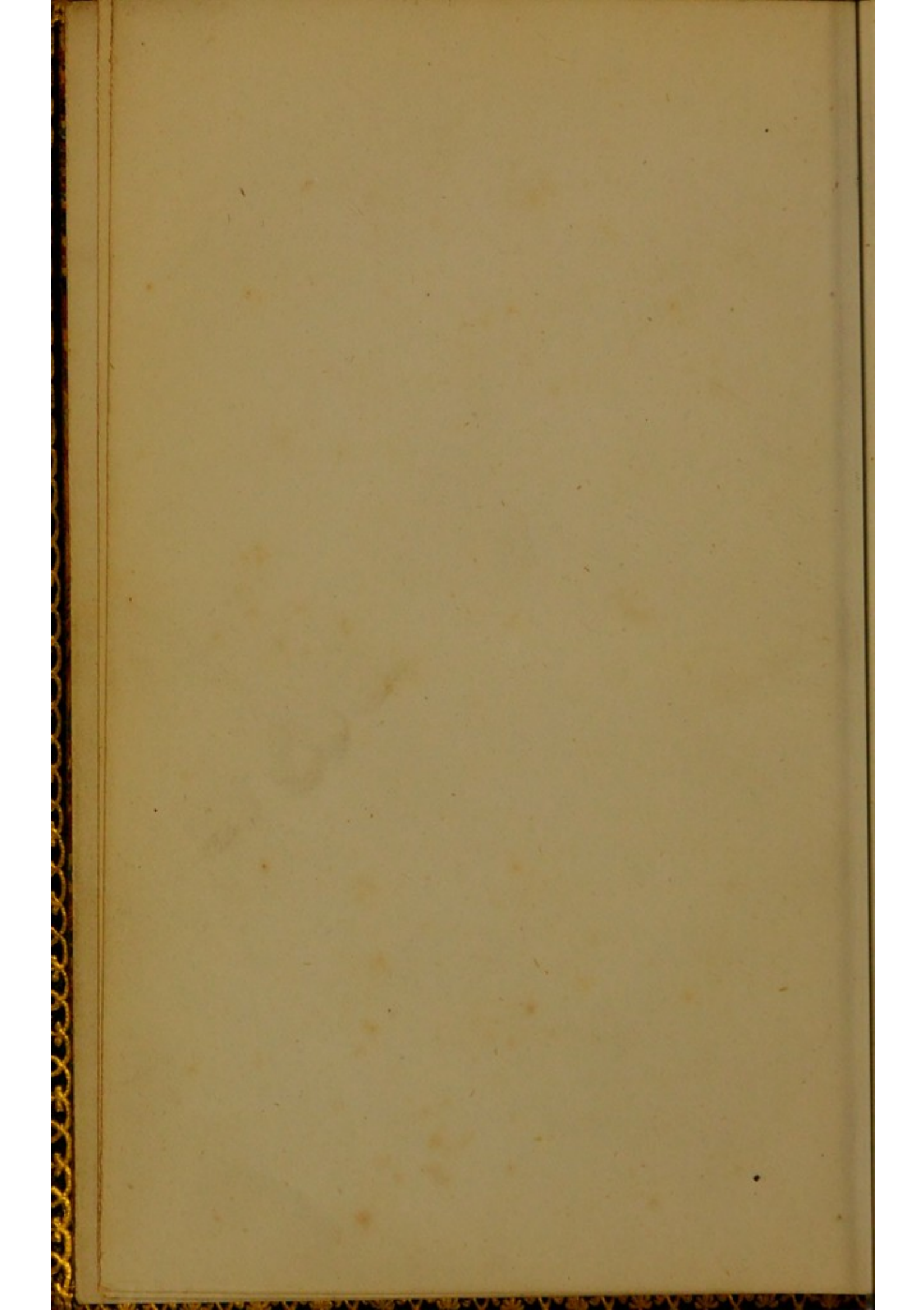
with Di. Hunter's Crusts

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Mary M. 1866







PRACTICAL LETTERS
ON THE NATURE, CAUSES, AND CURE OF
CATARRH, SORE THROAT, BRONCHITIS,
ASTHMA, AND CONSUMPTION.

WITH
C A S E S.

BY
ROBERT HUNTER

Doctor of Medicine, University of New York; Licentiate School Med. and
Surg. N.Y.; Licentiate Med. and Surg. Medical Board of Canada;
Late Editor N.Y. Journal, Diseases of the Lungs, &c.

WITH PREFACE

BY HENRY MELVILLE, M.D. EDIN.

Formerly Professor of Surgery, Trinity College, Toronto, C.W.

FIFTH EDITION.

LONDON:
C. MITCHELL & CO., 12 & 13 RED LION COURT,
FLEET STREET, E.C.

1865.



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PREFACE

TO

THE FIFTH EDITION,

WITH A STATEMENT OF ENGLISH CASES.

IN the month of August 1864, the first impression of Dr. Hunter's Letters was issued in England. Since that date four editions, of one thousand copies each, have appeared, and the last is now exhausted. His publishers require and urge the publication of a fifth edition, numerically larger. Such demand renders pertinent some enquiry as to the reason of so remarkable an instance of public favour.

Having been long familiar with these writings, and cognisant of their success in America, as well as the progress of their reception in this country, it is with much satisfaction that I venture to append my testi-

PREFACE TO THE FIFTH EDITION.

mony to their merit, even at the risk of trenching on the domain of the reviewer.

In all the published criticisms of these letters which I have had the opportunity of seeing, even in such as were opposed to the views they enunciate, the simplicity of diction, the terse vigour of description, the close reasoning they display—in short, their intelligibility, have been the subject of just commendation and complimentary remark. There can be no doubt that this facile style of composition has proved a great source of attraction for the general reader, to whom technicality of language, however elegantly expressed, is always a serious obstruction in the pursuit of knowledge. The graphic pictures drawn of the inception, symptoms, and progress of the several diseases treated of in these letters, powerfully arouse the interest and arrest the attention of the reader. We receive daily evidence of this truthfulness of portraiture in the language of applicants for advice—‘You have so clearly and exactly described my symptoms and condition in Letter —, that I can say nothing more about my ailment.’ Who will say that this is not a great boon to the invalid, thus spared much of the apprehension and difficulty which often attend the ordeal of a professional investigation?

PREFACE TO THE FIFTH EDITION.

I am quite aware of, and not indifferent to, the objection sometimes raised against such popular expositions of disease, namely, that they are calculated to awaken the apprehensions of the nervous reader. But it seems to me that the fallacy of such objection cannot escape the discrimination of any intelligent person. A characteristic feature of the present century is the irresistible tendency to popularise ancient mysteries, to reject useless formalities, and to bring into play whatever is practical and useful; to enable men to judge for themselves, not by appealing to their *credulity*, but to their *reason* and *common sense*. Every circumstance and action of life have been influenced and recast by the practical discoveries of modern science; commerce and trade, travel, social intercourse, international communication, scientific research, popular education, have all been carried forward towards a larger and more complete development. Life is a *practical* matter, not a mere *theory*. Life is a *personal* matter, not a mere *proxy*. And the man or woman who lives and learns not, lives to little purpose.

Health is unquestionably a matter of the first importance to every one. It is as practical and as personal as life. It may be called the art of living;

PREFACE TO THE FIFTH EDITION.

or, we may dignify it further as the science of life. If life therefore is valuable—if its objects are desirable, if its preservation be a matter of serious solicitude, can there be more interesting topics to bring under public notice than the principles of health, and the nature and causes of its antagonistic condition, disease? Whose province is it to do this? Surely it is at once the prerogative and the duty of the physician. And how can he better sustain this honourable responsibility and discharge this contingent obligation, than by explaining in familiar language the nature, origin, causes, progress and phenomena of disease, and the means of preventing, alleviating, or subduing it?

That this sentiment, long entertained by the mass of right thinking people, has at length begun to influence the professional mind, is forcibly illustrated by the following passages in an editorial comment of the 'Lancet,' September 20 (pages 378-9): 'Medicine has every reason to court the investigation of men of sense and education. They love to be appealed to in plain clear language. Mystery is magnificent only to the ignorant and uneducated. The man who studies to use it is by that fact under suspicion of incompetency or quackishness.' 'The best medical writers and the most distinguished practitioners are

PREFACE TO THE FIFTH EDITION.

remarkable for the clearness of their diction, and for the constant avoidance of latinised terms when they can be dispensed with. Many a man would cease to write nonsense if he would begin by writing plain English. This is useful for medical men writing for each other; *it is most desirable when they are writing or speaking words which are to be scanned by non-medical persons.*

We believe in the faith which is engendered, as well as the power which is gained by knowledge. We know from experience, that the public justly appreciates every effort made to impart to it information on subjects of which it has been heretofore kept in helpless ignorance; and that while people profit by the lessons taught them in matters of vital importance to their health, they do not fail to recognise the advantage of trusting themselves, for direction and management, to those who are duly qualified to undertake so great a responsibility.

It is not only to the manner in which the subject is put before the reader, that the popularity of these letters can be attributed. Much is due also to the nature of the subject itself. To quote the writer's words, 'Consumption is not only the most common and most fatal disease known to our race, but it is

PREFACE TO THE FIFTH EDITION.

also probably the one least understood'—by those especially for whose information these letters were written. Now, whatever opinions may be entertained, or expressed, on the particular views propounded by the author as to the causes of pulmonary consumption, no one can gainsay the accuracy of his statements as to the phenomena which precede the development of the disease and the signs which mark its progress. The importance of the subject is heightened also by the discussion of the possibility of curing this formidable malady. It is a lamentable commentary on the faithlessness exhibited by medical men in the resources of their art, to affirm that with the majority of them the conviction still obtains, that no choice is left to us but to adopt a palliative course of treatment. Almost every recent professional treatise on the subject contains the records of instances of spontaneous or natural cure of the disease. This information is obtained from a more careful interpretation of the evidence afforded by after-death examinations. Shall we then wilfully neglect the lessons taught us so palpably by Nature herself? Nay, rather let us endeavour to understand these lessons aright. Let us seek to imitate the processes she adopts, to aid the efforts she makes, and turn to

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advantage, by the light she vouchsafes, the means placed at our command by the results of research and experience.

It is in this portion of his work that the writer of these letters, opens up a wide field of fruitful enquiry, and holds forth a reasonable and comforting hope of efficient aid to those who are the victims of pulmonary diseases. He proves by the testimony of those who are universally and justly regarded as the most illustrious authorities in the profession, how inefficacious the system of stomachic medication hitherto pursued has proved to be, in arresting the destructive progress of these diseases, and he points to this defective system as affording an explanation of the common belief of their incurability. He proposes another mode of administering medicinal agents, by which, taking advantage of the natural act of respiration, these can be safely and effectively drawn into the lungs through the natural channels, by proper preparation, suitable apparatus and due precautions, and thus made to act directly upon the diseased organs, and through their agency on the blood itself, thus combining immediate local action with a general constitutional effect.

It would be as futile to say that such a proposition

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has not encountered opposition, as it would have been unreasonable to expect that it should not be assailed. The arguments which, from time to time, have been put forward against it, have been successfully combated in other writings by Dr. Hunter, and all obstruction to the general employment of inhalation, as a systematised method of treatment, springing from this opposition is gradually being removed. As evidence of this assertion, I quote again from the 'Lancet' of September 23 (page 350). After referring to the investigation made by 'the most renowned authorities,' under the prestige of the *Académie de Médecine* in Paris, 'to ascertain by very minute experiments whether fine spray reaches the lungs or not,' the article goes on to state, 'It is a well-known fact that these experiments answered the question affirmatively and indisputably. Very soon, indeed, in different countries, cases were published which had for a long time resisted treatment by internal remedies, but which had been speedily cured by means of inhalation. It cannot be denied that a new era in the treatment of diseases of the pharynx, larynx, trachea, and the lungs began with the invention of Sales-Geron. Since then the employment of the apparatus has become more general, and it is

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probable that it will ultimately be in the hands of every medical man, and of every patient labouring under a disease to which the treatment by inhalation is applicable.'

But there is a difficulty we encounter in this country now, as we formerly did in America, which springs from ignorance of the true character and method of employment of inhalation, among those who, being the subjects of pulmonary disease, would gladly avail themselves of this means of treatment, if fully informed on these points. At page 31, Letter V., the reader will find an explanation which will satisfy this want of information; but there are one or two other points of misapprehension on the subject to which I will incidentally here refer. Some seem to suppose, that as practised by us, it is a mere adaptation of Ramadge's inhaling tube for the exercise and expansion of the chest and lungs. With this instrument atmospheric air alone is employed, and considerable exertion is required to use it properly. Whereas we employ a variety of apparatus, adapted to the requirements of the several cases under treatment, requiring little or no effort beyond the ordinary act of breathing, and we mingle with the air medicinal substances, rendered respirable by phar-

PREFACE TO THE FIFTH EDITION.

maceutic process, and presented in the gaseous form, as dry or moist vapours, and as spray. Thus exhibited, medicines are deprived of many of the disagreeable concomitants which attend their administration by the stomach. Not a few think that in order to avail themselves of this mode of treatment, they must do so at the sacrifice of an absence from home and its comforts, and a consequent increased pecuniary outlay. This is altogether unnecessary; the treatment of chronic disease of the pulmonary organs by this method, can be directed and carried on quite satisfactorily, without the constant supervision of the physician. Some of the most gratifying cases as to result have been thus treated by us entirely by correspondence, on statements of the history and condition of the patient given by themselves or their ordinary medical attendant.

It has been a fruitful source of experience to me, to have witnessed the result of over two thousand cases of various forms of pulmonary disease, treated by this method of medication. I may be permitted, therefore, without presumption, to say that I confidently regard it as the only effective means at present known to us. The large proportion of these cases were treated in America, and the records of

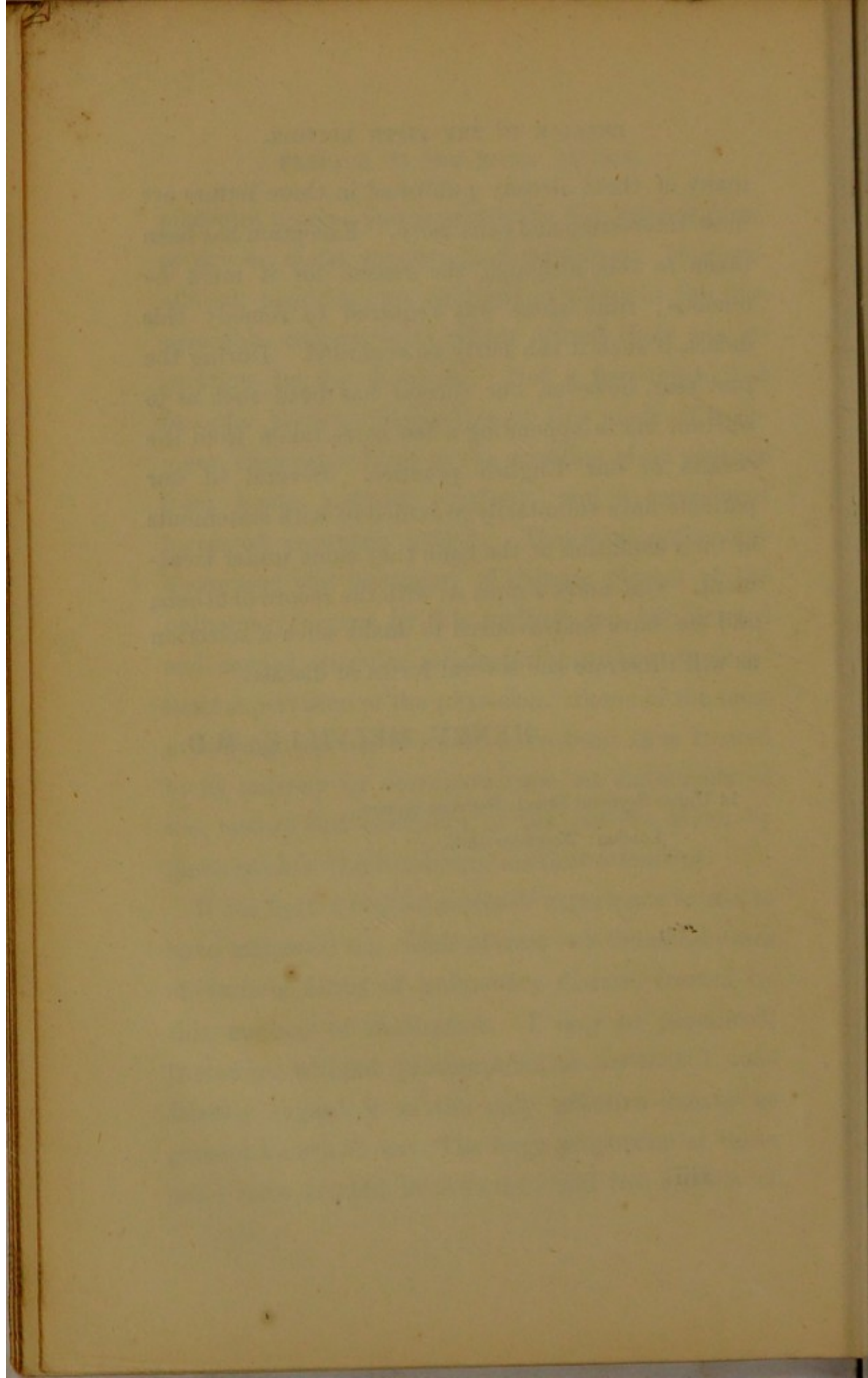
PREFACE TO THE FIFTH EDITION.

many of them already published in these letters are most interesting and conclusive. Exception has been taken to this, although the reason for it must be obvious; time alone was required to remedy this defect, if such it can fairly be regarded. During the past year, however, our success has been such as to warrant me in appending a few cases taken from the results of our English practice. Several of our patients have voluntarily provided us with statements of their condition at the time they came under treatment. Our notes supply us with the record of others, and we have endeavoured to make such a selection as will illustrate the several forms of disease.

HENRY MELVILLE, M.D.

14 Upper Seymour Street, Portman Square,

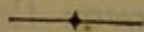
London: *November* 1865.



PREFACE

TO

THE THIRD EDITION.



IF we entertained any doubt of the reception these Letters would have received from the English public when we first presented them to their notice, it would have been removed by the unprecedented fact that, at the end of six weeks, a Third Edition is demanded by our Publisher.

Their great merit consists in their photographic truthfulness and practical tendency, denuded of all mystery and meretricious ornament, founded, as they are, upon the plain principles of reason and common sense.

In no other way can we account for the singular fascination they have universally created, even in the mind of the Medical Profession, from many of whom we have received the most gratifying acknowledgments of their practical value.

PREFACE TO THE THIRD EDITION.

We only trust that the invaluable suggestions, so clearly enunciated by the Author, may lead, by their adoption, to a new era in the treatment of pulmonary disease, and that the night of gloomy despair which has so long brooded over their treatment may yet be dispelled by the cheering and life-giving rays of Hope.

J. J. MACGREGOR, M.D.

14 Upper Seymour Street, Portman Square,

London: Oct. 24, 1864.

PREFACE

TO

THE FIRST EDITION.

THE almost hopeless apathy of the medical Profession, and the despair of the public mind, on the successful treatment of consumption must have aroused the attention of the most casual observer.

This fearful scourge, this insidious foe to the human race, speeds on its fatal course, slaying its tens of thousands annually, notwithstanding the elaborate investigations of the most astute pathologists all over the world.

In vain have such profound observers as Laennec, Andral, Louis, Bayle, Walshe, with a host of others, exhausted their microscopic researches after death, in tracing out the ravages which disease has caused in the delicate organization of the lungs, or trained their ears to discover the minutest aberration from healthy respiration during life.

However science may have profited by those investigations, the great aim of all their labours remains unattained.

The grand object of their pursuit seems as far off as ever, and they all unite in one confession, that they can recommend neither preventive nor cure for consumption.

Having always taken an especial interest in the investigation of pulmonary diseases,—and after an experience of many years, at home and abroad, as well as having read the written testimony of the greatest physicians on the subject, I had fully arrived at the same conclusion, when the writings of Dr. Robert Hunter, of New York, fell into my hands, and new hopes were raised within me by the perusal of his lucid and rational views upon the nature and treatment of this most fatal disease.

This gentleman's labours I found had been long appreciated, and had procured for him a wide-extended fame and an ample fortune in America.

It is, therefore, with real pleasure I am enabled to

present his invaluable monograph upon diseases of the throat and pulmonary organs to the English public; feeling convinced that when his enlightened and masterly views of the *origin, nature*, and, most important of all, *treatment* of diseases of the lungs (borne out as they are by the numerous cases and indubitable testimony of the press, as well as the medical Profession in America), become known to an unprejudiced and impartial public, the distinguished author will meet the reward he so richly deserves.

The numerous cases introduced by Dr. Hunter, as illustrative of his views and treatment of pulmonary disease, are especially valuable, inasmuch as they each bear a voluntary as well as grateful testimony to the benefit derived from the skill of the physician, and, in many instances, emanate from members either of the press or the medical profession.

JOHN JAMES MACGREGOR, M.D. M.R.C.S.E.

14 Upper Seymour Street, Portman Square, W.

London: *August*, 1864.

present the same in the most graphic manner for
 students and physicians to the English
 public; feeling convinced that when his enlightened
 and masterly views of the system, nature, and mode
 of treatment of the various diseases of the lungs
 (those not already seen by the physician) are
 added to the knowledge of the public, as well as the
 medical profession in America, it will be a
 most important and beneficial addition to the
 author's work, the result he so fully desires.

The numerous cases illustrated by Dr. Hodge, in
 illustration of the theory and treatment of pulmonary
 disease, are highly valuable, especially in the
 early stage of the disease, as well as in the
 to the public, and the value of the physician
 and in many instances, even from the
 other of the cases in the medical profession.

JOHN JAMES JACKSON, M.D. &c.

11 West Broadway, New York, N.Y.

London: 1844.

ENGLISH CASES.



CASE I.

This patient was thirty-two years of age, member of a consumptive family, and had for several years suffered from a distressing cough. He ascribes the origin of his illness to a severe cold, contracted by exposure. He was examined on September 6, 1865, and found to be much emaciated and feeble; had constant harassing cough, with a greenish-yellow expectoration, occasionally tinged with blood; there was hurried breathing, pain in the left side of the chest, and inability to lie on that side, by which his rest was much disturbed; he had slight hectic daily, with copious night-sweating; his appetite was very bad, and the digestive functions were altogether deranged; the pulse was 110, and he had palpitation of the heart on the slightest exertion; there was dulness and loss of respiratory sounds in the upper portion of the left lung, and extensive bronchitis in both lungs. We have not seen this patient since, but received the following letter from him a few days ago:—

1 Beaumont Square, Mile End, E. :
October 21, 1865.

My dear Sir,—I feel it incumbent upon me to acquaint you with the extraordinary results of your system of ‘in-

ENGLISH CASES.

halation' in my particular case, and desire that publicity may be given to my attestation, in the hope that others may thereby be induced to seek so truly wonderful and efficacious a remedy. Two months since I was entirely incapacitated from attending my business, suffering the severest symptoms of consumption—sleepless nights, cold sweats, aching limbs, and hacking cough, with utter loss of appetite. I am now (thankful enough to say) returned to my duties, able to enjoy my food, and entirely a new man.

I am, my dear Sir,

Most respectfully yours,

G. T. DIXON.

Dr. Hunter.

CASE II.

Edward Mounsey, Esq., of Uxbridge, 46 years of age, of tall spare frame and sanguine temperament. When about 14 years of age he was attacked by difficulty of breathing while in a hayfield, and for several years after this the disease presented all the characteristics of hay asthma. Gradually, however, the difficulty of breathing became permanent and more severe, and the paroxysmal attacks of spasmodic breathing more frequent and distressing, until these occurred almost daily. For some time before he came under our observation he had been unable to sleep continuously through the night in consequence of these paroxysms. He had also been subject to periodical attacks of acute bronchitis. As the result of this long-continued state of suffering, his general health began to give way, and on September 14, 1864, he consulted Dr. Hunter, and was immediately placed under active treatment by inhalations. At that time there was a constant sense of great oppression of the chest, with short and hurried breathing, a hacking cough

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with expectoration of viscid mucus, occasional febrile attacks, loss of flesh and strength, inability to exert himself in the ordinary pursuits of life, frequent loss of sleep, and difficulty in retaining the recumbent position. To use his own words: 'From the first day of my using the inhalations, my sleeplessness vanished, and has never since returned; nor have I suffered from my accustomed bronchial attack.' His improvement has been gradual but uniformly progressive; he is at the present date (October 1865) stout and healthy in appearance, able to attend to his occupations, breathing comfortably, rarely has a spasmodic attack, which is short in duration. There can be little doubt that he will ultimately get rid of these attacks altogether.

Here we have a disease of more than thirty years' standing checked in its progress, to the complete relief of suffering and the restoration of the general health.

CASE III.

MOREDAN HOUSE, SWINDON:

September 28, 1865.

Dear Sir,—The only reason I do not give you a full account of my case is, that I know you can so much better write it than I can.

I do not only give you permission to publish my name, but I shall also be very glad to answer any communications that may be addressed to me respecting it, as I am in fact now doing. Any person that has derived so much benefit from your treatment as I have, would indeed be ungrateful not to do this.

Believe me, dear Sir,

Yours sincerely,

H. N. HORNBY.

Dr. Hunter.

ENGLISH CASES.

This patient had been suffering for several months from a troublesome hacking cough, with great shortness of breathing, a thick greenish expectoration, pains about the chest, frequent cold chills, daily feverishness, and copious night-sweating. His pulse ranged about one hundred, and was feeble. He had spitting of blood once. There was loss of appetite, with weak digestion; and his strength was failing rapidly.

September 23, 1864.—On examination of the chest the left lung was found to be the seat of tubercular deposition, and there was extensive bronchitis in both lungs. He was under treatment for four months. From the commencement his system appeared to respond quickly to the action of the remedies employed by inhalation, and his progress towards convalescence was uniform and rapid; and, as his letter shows, he continues in good health.

CASE IV.

Mrs. H. E. Johnson, No. 5 Cornwall Terrace, Colney Hatch, came under treatment October 11, 1864; twenty-eight years of age, of slight frame and feeble constitution; has been in delicate health for nearly ten years, her ailment having commenced with catarrh, which became chronic, and was followed by coughing. Eighteen months ago her suspicions were first awakened with regard to the state of her lungs.

At the time of examination she had a constant hacking cough in the morning attended by the expectoration of a grey and yellow matter, and she had hurried breathing, a sense of tightness across the chest, and occasional pains on the left side of the chest. She suffered from frequent cold chills, and slight feverishness daily, with occasional night sweating. She was much emaciated, and her strength was

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greatly impaired. There was a granular and ulcerated condition of the throat and tonsils. The pulse was quick and feeble; the digestive functions were impaired.

She was immediately placed under active treatment by inhalation, with tonic alterative medicines internally, and appropriate applications to the nose and throat. She persevered steadily during the space of four months, when she discontinued treatment, apparently completely restored to health. In the month of July 1865 she called to say that she was well and had remained so since discontinuing her treatment, and kindly permitted the use of her name and case.

CASE V.

Miss H——, a lady of highly nervous temperament, of a consumptive family, had been suffering since July 1863 from general debility and irritating cough. October 21, 1864, she became a patient; there was great emaciation, languor, and debility; her pulse was 100, and feeble; there was constant cough (which sometimes occurred in severe paroxysms) with copious *thick* expectoration of a greenish colour, great shortness of breathing, hectic with night-sweating, and there had been occasional attacks of blood-spitting. Examination of the chest revealed the existence of tubercular deposition, with extensive bronchitis: it was, in fact, a case of chronic consumption. She was put under treatment by inhalation, with appropriate constitutional remedies. She went to Torquay to pass the winter.

December 17th she writes: 'I have not spat blood since the first week in November, and I think I have gained flesh a little.' February 6th, 1865, she writes: 'My cough has been less frequent since Christmas, and I have had none of the short breathing on first lying down for

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many weeks.' March 11th: 'I have however gained flesh lately, which looks well, and ever since Christmas the cough, *when at its best*, has been quieter and less frequent; it has been more troublesome for the last fortnight, in consequence of some mental excitement. The cough-mixture relieves this nervous part of the cough *directly*, but I have not had recourse to it oftener than I could possibly help. I still feel the pain under the collar-bones *after fatigue*, but it is not permanent, and never lasts long.'

But it is unnecessary to make further extracts to illustrate the progress of this case. She discontinued treatment after using it for nearly six months. On the 26th of July she writes as follows: 'I have just seen my usual medical man, who is considered particularly clever in chest complaints, and I am sure you will be as glad to hear as I am thankful to tell you, that his opinion was a very satisfactory one. First, as regards my improved appearance, betokening a better state of health; and next, as regards my lungs, he stethoscoped me very carefully, and expressed himself much pleased with their better condition, saying "that he could no longer detect *any unhealthy sounds at all*;" and with reference to my breathing he used a technical expression which I cannot recollect, but which he said meant that *it was like the breathing of a child*. At the same time he said that the tubercular deposit was still there, only in a perfectly quiescent state; "no activity about the lungs now," or an expression tantamount to that. I think that towards the winter I should like to see you again, and return to the inhalation or not as you deem advisable. I must add that my cough is still troublesome—the nervous part of it, I suppose. The fact is, these nervous feelings cause so much more discomfort than the actual disease, that I was never aware myself of the improvement which was actually taking place, and which was only shown by the stethoscope.'

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CASE VI.

HARWOOD DOWNS FARM, CHALFONT, ST. GILES :

September 29, 1865.

Dear Sir,—It affords me much pleasure to inform you that my health still continues good, in fact I do not remember that I was ever stronger in my life.

Having found such great benefit from your skill and the treatment you have employed in my case, I have thought it might prove of value to others if the particulars were made public. I therefore send you a short statement, which you are at liberty to use in any way you may see fit.

In my childhood I suffered from inflammation of the lungs, from which it was thought I should not recover. For several years in the winter season I had suffered from attacks of bronchitis, with a severe oppression on breathing the smoky atmosphere of London. In the autumn of 1864 I was attacked with a cough and skin disease, that is an eruption with violent itching. I then visited the Channel Islands for a short time, which restored me for a few weeks; but in November last I again suffered from severe cough in the morning and during the night. The matter coughed from my lungs was thick and of a greyish-yellow colour. I was very short of breath on every exertion, in fact I could not walk over my farm without being greatly out of breath.

A few days before I came to consult you I *spat blood*; my feet were cold, more especially during the night; my throat was sore, and my sleep greatly disturbed by cough and oppression when resting on my right side.

I commenced the inhalation about November 30, 1864, and persevered regularly for a period of four months, when I discontinued because I considered myself restored to health.

ENGLISH CASES.

It is now about six months since I discontinued the use of the treatment, and my health is excellent in every respect.

I believe that no other means could have effected my cure, therefore I think it my duty to say so publicly; I know that such symptoms as I had, especially the spitting of blood, loss of strength, and shortness of breath, could not have existed without something seriously wrong with the lungs, and I cannot therefore feel too grateful for the means which, under Providence, has brought me safely to my present good health.

I am, Sir,

Yours truly obliged,

GEORGE ROBINSON.

R. Hunter, Esq., M.D.

CASE VII.

Mr. Cockerel, Little Euston, Dunmore, Essex; forty-seven years of age, a farmer, of small frame and sanguine temperament: he reports his mother as having died from pulmonary disease. For three years previous to his coming under our care he had been suffering from more or less difficulty of breathing, with a sense of tightness, frequently amounting to pain across the chest, accompanied by pains in the limbs, cold feet and hands, headache, and giddiness. He had lost a good deal of flesh and strength, and was always languid and disinclined to exertion; had slight night-sweating, loss of appetite, and feeble digestion. He was constantly hemming with the desire to clear his throat, but had scarcely any expectoration.

On examination of the chest all the characteristic signs of dry bronchitis, with spasm of the tubes, were found. The case was pronounced to be one of incipient asthma, and he was at once placed under active treatment with appropriate

ENGLISH CASES.

inhalations on the 9th of December 1864. Within six weeks of this date, he had lost all traces of his complaint, began to get stout, and was able to resume his usual active life. On the 25th of September, 1865, he placed his daughter under our care, suffering from pulmonary disease, and told us that he never was better in his life, and had enjoyed perfect health since he had discontinued treatment.

CASE VIII.

The following case was treated entirely by correspondence, having been prescribed for on a statement of the patient's history and condition, forwarded to us by her ladyship's husband, and his letters tell the progress and sequel.

Countess Radolinski, Posen, Prussia. 23 years of age, of a tall but slight frame, a native of India; during infancy and early life was extremely delicate, and subject to winter cough. In the spring of 1863 she had an attack of measles, to which she ascribes the commencement of her present persistent cough, which is much aggravated by any exertion or on exposure to cold air. The expectoration is 'a yellowish phlegm, sometimes white and frothy, sometimes greyish.' She has frequent attacks of catarrh and irritability of the throat. The pulse quick and feeble, and the general circulation very languid, as evinced by coldness of the feet and hands.

The opinion given by her ladyship's ordinary medical adviser was, 'that the mucous membrane of the right lung was a little affected through the catarrh, that the larynx was somewhat inflamed, and that the cough might partly be attributed to this irritation of the larynx.'

We took a somewhat different view of the case, believing

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that the 'affection of the right lung' meant tubercular disease, and that the case was evidently one of chronic consumption, and prescribed accordingly. The appropriate instrument and medicines were at once forwarded, the receipt of which her ladyship acknowledged on the 29th December last. The following letters speak for themselves, and record the issue of the case.

POSEN: *January 17, 1865.*

Dear Sir,—I wish to inform you that my wife has been taking the inhalations as directed, and finds her cough much better, indeed almost entirely gone for the present. Her ladyship brings up more phlegm without any difficulty, which is sometimes frothy, but generally thick and yellow. The cough has never been violent enough to require the cough mixture, and her ladyship has not taken either the tonic or the alterative, as all medicines taken internally always disagreed with her, especially iron and all tonics, of which she was given great quantities some years ago. Her digestion, which was much weakened by the quantities of physic, has only improved since she has given up taking all medicine internally.

As she finds the inhalations *alone* of such *immense* effect, do you think she need take the medicine, having such a great aversion to it? I find my wife retains her susceptibility to take cold, although the cough is so much improved.

I must mention that her ladyship has been suffering from boils, a crisis caused by a mild water-cure course of treatment.

I remain, dear Sir,

Yours faithfully,

HUGO COUNT RADOLINSKI.

Dr. Hunter.

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POSEN: *February 19, 1865.*

Dear Sir,—I beg to inform you that since I last wrote to you my wife *has entirely lost her cough*, through the inhalations, which have had a most rapid and wonderful effect; she has not even required to finish the third bottle of inhalent.

Should her ladyship have a relapse, I would again beg your valuable aid, but at present it seems a perfect cure of a malady of two years' standing, and she now drives in an open carriage in a cold of ten degrees, which she could never do formerly.

I have now to bring before your notice a very severe case of tubercular consumption in a young man, a tenant of mine, in whom I am much interested, and as you have had such a complete success in her ladyship's case, I am sanguine you may save the life of this one.

I remain, dear Sir,

Yours faithfully,

HUGO COUNT RADOLINSKI.

Dr. Hunter.

CASE IX.

Captain Thompson, stationed at Aldershot, applied for advice, by letter, on the 20th January 1865, describing his prominent symptoms to be 'loss of voice for about six months, with sometimes soreness of throat, and at others a great roughness of that part.' He was advised to come to town for a personal examination, and on the 24th he was examined by Dr. Hunter. He stated that he was of a consumptive family, thirty-four years of age, and had been ailing for several months. There was constant hacking cough, very trifling amount of expectoration, but great soreness of the throat with hoarseness, and much difficulty

ENGLISH CASES.

of breathing. There was some emaciation and disinclination to exertion. The functions generally were tolerably well performed. The case was pronounced to be one of laryngeal phthisis, with pulmonary deposits. He was immediately placed under medicated inhalations, with local applications to the throat, and tonics.

The progress of his case will be found detailed in the following extracts from his correspondence while under treatment.

‘January 31st 1865.—For the first two or three days after I began to inhale, I had pain in both sides of my chest, but this is now gone. I have much more cough than when I saw you; it was then only a hard dry cough, but it is now much more severe, with a little expectoration of a white colour, except what first comes up in the morning, which is of a thick ropy kind, and of a light yellow colour. My throat and voice are, I think, better.’

‘February 11th.—I seem to be going on well for the last few days, though my throat is yet far from well.’

‘February 15th.—I sleep well, and am not troubled with any cough during the night. The only improvement I observe is, that my breathing is easier when taking exercise.’

At the beginning of March his quarters were moved to Paisley, and from thence his future letters are dated. He had been seen, however, several times during the foregoing period.

‘March 13th.—Since I came here I feel tolerably well, though the pain in the left breast still continues. My throat is better; my general health good.’

‘March 21st.—The pain in the left lung is not so great as it was and not so frequent, but still it is there sometimes. The first expectoration in the morning has of late a very black look, and there seem to be little particles like grains

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of gunpowder through it—is this very bad? The throat is certainly better.'

'March 29th.—I am glad to say that I feel much better, I only hope I may continue so. I have had no cough or expectoration for the last few days, but there is still a little pain now and then in the left lung. The throat is progressing slowly, and I feel that the breathing is much better.'

'April 17th.—I have to report that I feel very well and strong, and seem to be getting more so every day. *I have no cough or expectoration*, and no pain as I had in the chest. Throat getting better by degrees, though slowly, and my voice still weak.'

'May 9th.—I fancy that the disease in the throat is confined to a smaller space; the voice, when not exerted much, seems better than it was.'

June 26th.—As far as I can see, I am still progressing, though, so far as my throat is concerned, rather slowly, but yet it is better than when I last wrote.'

'August 23rd.—I am glad to say that I now feel nearly, if not quite, as well as ever I did, with the exception of my throat, which is not yet quite the thing, though it has improved more during the last month than for months before, and my voice is also much better.'

'September 23rd.—I am glad to say that I now feel quite well, have no cough or expectoration, and feel quite strong. The throat is also, I may say, well, and I have got the use of my voice again quite well. The only thing is that I sometimes feel a little roughness in it. I think myself that I am now so well that I might give up the treatment which has been of such great use to me; in fact, I may say, that I owe my life to your treatment, as I at one time feared I would never feel so well as I do now. I will thank you to tell me if I could safely give up the treatment.'

ENGLISH CASES.

October 2, 1865.

I beg to return you very many thanks for your kind attention to my case, and am glad to say that I now feel quite well, with the exception of a slight roughness now and then in my throat, but which does not seem of much consequence. When I first applied to you, in January last, I felt great pain in my left chest, and my throat had been bad for many a year before—so bad that I was quite unable to give the word of command on parade. The pain is entirely gone, and the voice all right again, and, in fact, I feel as well as ever I did in my life. When I first consulted you, my impression was that I had but a short time to live; but, thanks to the treatment pursued under your direction, I feel quite well again. I think I owe my life and health to your management of my case.

Yours very sincerely,

W. H. THOMPSON.

Dr. Hunter.

CASE X.

156 New North Road, Islington :

October 17, 1865.

Mr. Courtley begs to express the pleasure and gratitude of Mrs. Courtley for the attention and care of Dr. Hunter, as well as the success which has attended his treatment of her complaint. Mrs. Courtley, from a state bordering on utter prostration, accompanied with great difficulty of breathing on the slightest exertion, can now walk with pleasure and without fatigue, feeling the respiration a joy, and not a pain. Considering that this is the work of only three months' treatment, Mr. Courtley wishes that others may be induced to try the same skill and remedial means.

Dr. Hunter.

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This patient was thirty-two years of age, of a lymphatic temperament, the member of a consumptive family. Seven months before coming under our care she had an attack of scarlatina, since which there had been two or three attacks of blood-spitting, with occasional pain over the right side of the chest. She had lost a good deal of flesh and strength, was exceedingly weak, and had irregular attacks of hectic fever, with copious night-perspirations; the pulse was 100, and very feeble, the general functions being also very much disturbed. The nostrils were unnaturally dry and irritable, and there was slight huskiness of voice, with much difficulty of breathing. She had suffered from suppurating glandular swellings, and there was a crusty eruption over the scalp and face. Examination of the chest revealed dulness and loss of respiratory murmur over a considerable portion of the right lung. The result of her treatment was satisfactory from its commencement: all the constitutional symptoms speedily abated, the lung gradually became pervious, the dulness disappearing entirely, and the respiration as natural as in the left lung. She commenced treatment of the 27th of March 1865, and at the end of June went to Wales for the summer. On the 15th of October she reported herself, and was found to be perfectly well in every respect.

CASE XI.

Miss Annie F——, Lower Mall, Hammersmith; ten years of age, of delicate organisation, and scrofulous, with a highly nervous temperament: came under observation at the end of March 1865. She had been failing for more than two years, and the commencement of her illness was attributed to an attack of measles, from the effects of which she was supposed never to have rallied.

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Her complexion was pale, her flesh soft. The expression of her features betokened general languor; she was easily fatigued by the slightest exertion, and the respiration was quick even when at rest: her sleep was much disturbed. She had slight hectic daily, and frequent copious night-sweats. The digestive functions were tolerably well performed, and there had been some loss in weight. She had cough more frequent during the night and after the morning meal; and there was a yellow and somewhat glutinous expectoration. She had occasional nose-bleedings, habitual cold feet and hands, with frequent headaches, so severe as to interfere with the pursuit of her studies. The tonsils were found to be very much enlarged, in fact nearly in apposition. The nostrils were in a state of ulceration, and so were the eyelids. On examining the chest there was loss of respiratory murmur and dulness on percussion at the upper portion of the right lung.

Her parents were naturally extremely anxious about her, and not without cause. It was a clearly marked case of incipient consumption, accompanied by *œzena* and chronic inflammation of the tonsils. She was placed under active treatment by inhalations, and applications were frequently made to the throat and nares by the straight and curved syringe. Her improvement was rapid and uniform. During the month of May she was removed to the seaside, and shortly afterwards her mother reported her as being restored to health.

CASE XII.

GUERNSEY COTTAGE, ST. JOHN'S ROAD, DEPTFORD:

Sept. 11, 1865.

Gentlemen,—The wonderful benefits which my dear child (five years of age) has derived from your treatment

ENGLISH CASES.

of his case by Inhalation are so remarkable, that I give this statement voluntarily, as a duty I owe to those who are suffering from the same complaint. For a considerable period my son had been in a sickly state, and previous to the 10th of July, the date of his first visit to you, he was so reduced as scarcely to be able to walk. My medical attendant examined his chest, and pronounced his left lung in a very dangerous state, at the same time advising me to make up my mind to lose him. Finding that the child was getting rapidly worse, and scarcely able to breathe, I resolved to have good advice, and on Monday, the 10th July, I brought him to you; and, after examining his chest, you confirmed my medical attendant's opinion; and although you gave me very little hope, you thought it advisable at once to place him under your peculiar treatment. On the following Tuesday he became much worse, and we all expected he would breathe his last. On the Wednesday I remained all day with him, that I might coax him with toys, &c. to inhale the medicines, and also to see that he did it properly. He was almost too weak to perform this task but he nevertheless inhaled some portion. At night his chest was rubbed with the 'Embrocation,' and his bedroom filled with the medicated air, which most wonderfully relieved his shortness of breath. The following day he was slightly better, and inhaled exceedingly well. At the end of the week his appetite increased, his breathing was much improved, and we began to think there was a hope of his recovery. I had a second supply of medicines from you, and at the end of the month he was so improved that his breathing was almost perfect, his appetite better than ever, and he was able to *run* about and shout aloud. Since then he has improved most wonderfully: his breathing is now perfect; he has gained flesh, and eats his meals regularly and with a good appetite; he sleeps soundly all night, and

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without exaggeration, I can truly say he is better now than ever he was since he was born.

I am unable to describe as I should wish all the symptoms of his little sufferings previous to my bringing him to you, but I think I have said enough to prove beyond a doubt the surprising benefits he has derived from your treatment.

I am truly grateful that ever I saw you, and I thank God for directing me to you; for I firmly believe that had it not been for your treatment, my dear child would now have been numbered with the dead. Facts speak louder than words, and I shall be most happy to confirm all I have written (if necessary) by showing my child to anyone who may have any doubts about this surprising cure.

May you live long to benefit all who are suffering from this distressing malady, is the sincere and heartfelt wish of

Yours very respectfully,

T. S. COCHRAN.

Drs. Hunter and Macgregor.

CASE XIII.

WINTERBOURNE MONKTON, NEAR SWINDON, WILTS :

Sept. 21, 1865.

Dear Sirs,—Having derived so much benefit from your treatment for asthma, I herewith send you a short history of my case, not only as a proof of my appreciation of your kindness, consideration, and skill, which I experienced during the time I was under your care, but for the good of the public, if you ever think fit to publish it.

I suffered more or less for sixteen years from that distressing complaint known as 'dry asthma,' so much so at times that life seemed almost a burden, and strangers have thought every breath must be my last. During the summer and autumn of 1864, I suffered so much that I lost 12lbs.

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in weight in a very short space of time; and when I heard of the success attending your treatment for asthma, I had been visiting various watering-places, the Channel Islands, &c., without deriving any benefit; in fact, the disease had apparently gained so much upon me that nothing would afford relief, and I began to think mine a hopeless case. However, a friend wrote me from London, enclosing your work 'The Diseases of the Throat,' &c.; after the perusal of which I started for London, and came to you on the 15th November last, commencing your treatment on that day; and although I had a bad attack of asthma on the morning previous to my first consultation with you, I have had no attack since, now ten months, and have *not* had *one* bad night (and until then a good night's rest was a very rare occurrence, my breath always being so much worse in the night and early morning); in fact, I have not enjoyed such good health for the sixteen years I was troubled with asthma, as the last ten months, and I had gained, when I discontinued the treatment some six months since, 13lbs.

These are all unmistakable *facts*, which not only I have experienced, but my friends have witnessed, with, I need not say, very much pleasure and astonishment.

I am, dear Sirs,

Yours very faithfully,

J. HENRY C. REEVE.

Drs. Hunter and Macgregor.

CASE XIV.

The subject of the following report is twelve years of age, and the case, as will be seen, is reported by her father. Any comment on the case is unnecessary, for it is correctly and clearly described.

ENGLISH CASES.

11 LUPUS STREET, ST. GEORGE'S SQUARE, S.W.

October 6, 1865.

Dear Sir,—My daughter having regained health and strength under your care, I have much pleasure in giving you a brief statement of her condition previously to my applying to you, together with the results following your treatment, in the hope that its publication may be beneficial to others.

In the middle of June last she became languid and unwell, and so continued, with slight cough, for about a week; but concluding she had only an ordinary cold, not much notice was taken of her condition, till a sudden prostration with fever and violent inflammation of the lungs occurred. The medical adviser called in stated that she had been suffering from an attack of bronchitis, which had resulted in pleurisy and inflammation of the lungs. The left lung, as described by him, was completely stopped up, and her breathing was short, difficult, and laboured. She had also a severe cough and great pain in the left side, and intense fever. She continued in this condition for a fortnight, and had little or no sleep. About three weeks after her first attack, the cough having continued and increased in violence, the expectoration became of a yellow nature, and was discharged in such quantities that a large dinner napkin was generally saturated in about an hour. We now became seriously alarmed, as she was wasted to a shadow, with scarcely strength to raise herself, and with consumption apparently set in, and, according to medical opinions, altogether in a most precarious condition. Such was her state when I chanced to read some of your letters on consumption, and describing the treatment you applied, which appeared to me to be so rational that I determined on seeking your advice; and you will, I think, confirm my statement of my daughter's condition when she first came under your notice.

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She commenced your treatment with inhalation and other remedies on 2nd August last, and very shortly we began to see a beneficial change in her: the cough decreased, and the expectoration lessened. On the 22nd August she was sufficiently recovered in strength to be removed a short distance out of town, when she made still more rapid advances towards health, was able to take much out-door exercise, and constantly increased in weight. In short her recovery has gone on uninterruptedly to the present date, the cough and expectoration have almost entirely ceased; and I find by weighing from time to time that she gained fifteen pounds from the 24th August to the 4th inst., being an increase upon her weight at the former date of twenty-three per cent. in about six weeks. From my observation of her case, I think the unfavourable symptoms began to abate as soon as she commenced the inhalation; and I confidently believe that to this part of your treatment is owing chiefly her rapid recovery and restoration to health.

You are at liberty to use this communication in any way you think fit.

I am, dear Sir,

Yours very truly,

JOHN TAYLOR.

Dr. Hunter.

PROGRESS OF THE VAPOUR TREATMENT IN
THIS COUNTRY.

If anything were necessary to establish the efficacy of the practice of administering medicines in vapour, in all diseases seated in the air-tubes, cells, or substance of the lungs, surely enough is furnished in the grateful acknowledgments of those who have tried and proved, in their own persons, the curative powers of this treatment.

No man of unprejudiced mind can read the particulars of the cases so graphically detailed by Dr. Melville, who, in association with myself, for several years has had ample opportunity of observing the results of this method of practice, or the voluntary testimony of the accompanying letters from patients who have been restored to health, and yet resist the conclusion—that pulmonary complaints are curable, even after they have reached a confirmed stage, when treated by properly regulated and adapted inhalations of *oxygenated* and *medicated* vapours. I cannot but regard it as a contribution to medical science of inestimable importance to mankind, and one destined

VAPOUR TREATMENT IN THIS COUNTRY.

to exert a more beneficial influence on the practice of medicine than any discovery of modern times.

I do not hesitate to say that no such results as those detailed have ever before been effected in these diseases. All observation and experience, both in and out of the profession, prove the utter worthlessness of the common routine of fish oil, sedative cough mixtures, and acid tonics administered through the stomach, on which medical men have hitherto entirely relied. The people of this country, judging from the results of such practice, have come naturally to the conclusion that consumption is beyond the reach of medicine and human skill. They have seen many cases so treated, but never yet witnessed a well-marked cure.

The truth is, the public has been led into error. Instead of failure having resulted from the inveterate hold of the disease upon the system, it has proceeded almost invariably from the irrational course of treatment pursued. It has proved more fatal than other organic diseases, only because the treatment pursued has been false, and contrary to the best established principles of medicine.

Let me ask the reader to turn to page 4, Letter I. of the following series, and he will there find the candid admission of one of the brightest ornaments of the profession of this country in regard to the usual treatment. Sir James tells us that it is totally with-

out curative efficacy in every stage of consumption ; that it will neither prevent nor remove the disease.

Why then, in the name of reason, should medical men persist in its employment, or the unfortunate sufferers from lung disease be kept in ignorance of the truth ? The issue is one which, to them, involves life itself ; and no consideration can justify the failure of the profession to change the practice or confess their utter inability to combat the disease successfully.

In the following pages I have pointed out the method of treatment under which the foregoing cures were effected. The principles upon which it is based are so plain and common sense, that none can fail to understand them perfectly.

It is thus that I would appeal to your judgment. You have the *principles* of the treatment I recommend, and you have the *testimony* of patients who have been restored to health. I doubt not you will rise from the investigation with a firm faith that, however incurable consumption may have proved under the old system of treatment, it is perfectly amenable to properly regulated inhalations of medicated vapour.

Still you must not imagine that henceforth a new order of things will be immediately established, that the great body of the profession will at once adopt my views and adapt their practice to the principles I

have laid down. No amount of reasoning or weight of testimony will lead them to do that. We may convince them of their error, and demonstrate in a thousand ways the superior efficacy of the new system, but we cannot hope to make them publicly *confess* the fallacy of their practice.

Time, stern *facts*, and the pressure of *public opinion*, will gradually bring about this desirable medical reform. As young physicians go forth into the world untrammelled in theory and uncommitted in practice, they will, one after another, abandon the treatment by the stomach altogether, and not only adopt, but ultimately carry to even a higher degree of excellence the rational and successful system I have laboured to introduce.

To heal the sick is the mission of the physician. The wider the field of his labours, and the greater the number he is able to rescue from the sufferings and perils of disease, the greater is his merit.

Then, surely it is the duty of the physician, possessing knowledge of value to mankind, to proclaim it far and wide, that all may be able to partake of its benefits. What would be thought of one who, having discovered a remedy for the murrain which now devastates our herds and flocks, should hesitate to communicate it to the public? Cholera, which is now sowing desolation broadcast over Europe, probably only awaits the coming of the spring to

shroud these islands in mourning for those struck down by its poisonous breath. Would any man be justified in withholding from the people any information in regard to this disease, which being known might save them from its too fatal grasp? There can only be one answer to these questions; and yet it is of even greater and more urgent importance to the people of this country to discover a means of arresting the ravages of consumption. During the years of former visitations of cholera to England, while people were flying in terror from place to place, and went to their daily duties with cheeks blanched by fear, it did not, *even in those years*, equal by its victims the numbers cut off *every year* by pulmonary consumption. In 1831 the deaths from cholera were 30,000; in 1848, 54,000; 1853, 24,000, in every one of which the deaths from consumption were greater, and, during 1853, fully three times as great.

It is only by statistics that we can fairly estimate our danger from any particular disease. Nobody flies from his home in dread of consumption, and yet we are each of us about *twenty times* as liable to die from it as from cholera. It is always with us, and each succeeding year it is becoming, in the estimation of most authorities, even more prevalent and fatal, while cholera comes only after long intervals, and soon passes away.

That it is the duty of medical men to instruct the

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public on all matters pertaining to health needs no argument or illustration. It is a plain truism which none will attempt to deny. That the principles of medical practice and the errors of medical systems should be hidden beneath a technical jargon made up of bad Latin and worse Greek, of which even people well informed on other subjects cannot understand a word, is worthy only an age of ignorance. No substantial progress will be made in medical practice until this is broken down, and the patients who are to be treated are permitted to bring their plain common sense to the investigation of medical questions, as they now do in politics, religion, and the concerns of every-day life.

The only question is how the people are to be reached. On this point some difference of opinion will naturally arise. The medium must be cheap and universal, or the benefits will be partial and insufficient. For my part, I think the question satisfactorily answered by the practice of medical men whenever we are threatened with an unusual scourge. They write letters to the daily newspapers, and thus, in the most direct manner, bring their opinions and experience before the whole community. What they do for cholera I would do for consumption, and every other common and fatal malady.

I am aware that many persons object to this, and contend that medical questions should be confined to

medical journals alone. Then how would they benefit the public? It surely would not be advised that non-professional people should make a practice of reading purely medical journals. Imagine them weekly poring over the columns of such a paper as the 'Lancet,' filled as it is with details and illustrations necessary to medical men, but entirely valueless and utterly revolting to every modest matron in the land.

Medical journals being unfit for the people to read, we are reduced to the publication of books specially designed for their use, and to the newspaper press.

Acting on these views, a little more than a year ago I prepared and published the first edition of this book of letters. As an humble votary of medicine from the distant region of Canada, I ventured to place my opinions, in many respects differing widely from those held by the great body of the profession in this country, before the public. I had naturally many misgivings as to the reception they might obtain, although I knew that if fairly tested they would ultimately overcome every obstacle which prejudice and error could oppose to them.

What is the result? Why, within one short year, I have had the satisfaction of seeing the practice I advocate commended by the profession and adopted by the public to an extent unprecedented in the

history of the healing art in this or any other country.

Nothing worthy the name of a hostile criticism has ever been attempted. The 'Lancet,' while striving with singular pertinacity to injure me personally, has of late become so great an admirer of the system of practice I advocate, that it now proclaims it '*a new era in medicine.*' Several books have recently been issued by medical men, who avow themselves warm advocates of inhalation. One medical man, convinced by what he had seen of my practice in London, has established himself at Dublin for the purpose of devoting his whole energies to the special treatment of pulmonary diseases; and another, an army surgeon of great ability and high attainments, has resigned his commission to establish himself in the same specialty at Edinburgh.

The practice in London now requires the services of no less than four medical men. Within a few weeks, a physician enjoying a very large general practice, and who has for thirty years held an important medical appointment, has become so zealous a convert to my views, that he has resigned both to associate himself directly with me in the London practice.

Surely these are sufficient proofs of the deep and firm hold which the system of treatment introduced by me has taken of the professional mind? When

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to them I add the grateful acknowledgments of the sick, and the consciousness of doing good in a class of diseases previously without remedy, I cannot but feel that I have enough to satisfy the highest ambition of a human being.

ROBERT HUNTER, M.D.

14 Upper Seymour Street, Portman Square,
London: *November 1865.*

by me has taken of the professional mind? When

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CONSUMPTION

AND

ITS COGNATES.



LETTER I.

THE alarming prevalence and fatality of that melancholy disease popularly known as *Decline* or *Consumption*, and the failure of all the usual methods of treatment employed for its prevention and cure, induce me to believe that a series of plain practical *Letters* on the *causes* by which it is produced, and the best means of arresting its progress and effecting its removal, will be appreciated by all classes.

For the past fifteen years I have devoted myself exclusively to the elucidation and treatment of Pulmonary Complaints, and can therefore speak with confidence on the success of the method of medication I recommend. Every addition to the stock of medical experience is beneficial to mankind, and

especially so with reference to the *causes* which *produce*, the *precautions* which will *prevent*, and the remedial *means* which will *cure*, so great a scourge as Consumption. In London alone this disease each year destroys upwards of ten thousand lives, while in Great Britain and Ireland it annually shrouds in mourning more than *a hundred thousand families!* Taking the published bills of mortality as a guide, I may safely affirm that fully *one-third* of the people of this country are prematurely cut off by consumption and its cognates.

These facts establish, not only the deep interest which all classes have in the subject of these Letters, but also point out the imperative necessity for some change in the treatment employed. So long as the same course of medication is continued, which has hitherto resulted in disastrous failure, no substantial good can result from the ministrations of the physician. Indeed, the question of prevention and cure is one in which fully six millions of the present people of England have the interest of life itself.

Consumption is not only the most common and most fatal disease known to our race, but it is also probably the one least understood by the public. Notwithstanding all the learned treatises which have appeared, even the best informed people are still ignorant of the condition of the system in which it takes its rise, and of the early symptoms by which its

approach may be known. To instruct the people in these matters has long been the duty of the Profession, but not hitherto its policy. The public newspapers may contain speeches, sermons, and extracts from moral, religious, and scientific books—articles on government, commerce, and the laws of trade—but not a word on the *laws of health*. This negative policy may have added to the social status and dignity of the profession itself, but it undoubtedly has proved most fatal to mankind. Thousands each year lose not only health but life itself through the want of knowing those premonitory symptoms which go before and indicate the inception of disease. Particularly is this true of Consumption—a disease which, though marked by distinctive signs, is yet in its early stage unattended by any pain or inconvenience which would induce a patient to seek the advice of a physician.

These considerations have induced me to prepare the following Letters on Catarrh, Bronchitis, Consumption, and Asthma; and, in doing so, to divest my language of technical terms, that they may the more effectually reach those they are intended to benefit. Whatever is *true* and *useful* cannot be too widely circulated. The greatest circulation possible a book may attain will still fall far short of reaching all the victims of this desolating disease.

That the usual treatment of consumption has most

signally failed will not, I am sure, be denied after the frank admission of one of the highest authorities in the profession. Sir James Clark, in the introduction to his work on this disease, says: '*The total inefficacy of all means hitherto adopted for diminishing the frequency or reducing the mortality of this class of disease is, of itself, sufficient incitement to us to seek for some other method of remedying the evil.*'

What shall that other means be? On this point it is not improbable that great difference of opinion will arise; but there cannot be any on the necessity for a change, if we would accomplish the cure of the disease. I am not vain enough to anticipate universal assent to the views I am about to advance: on the contrary, I am prepared to expect opposition from preconceived ideas and prejudices, and to make great allowance for the influence of authority, ever a fruitful source of bias and error in medicine. In all the pursuits of life—in business, politics, and religion—in appreciation of objects and estimate of duties—minds equally honest are found irreconcilably opposed, and it is not probable that medical men will in this instance present an exception to the common rule. But however this may be, all wise and good men must sincerely desire the discovery of a remedy for the existing evil. They have seen enough to convince them of the fallacy of basing any hope on

the common routine: the experience of the past must have led them seriously to doubt the soundness of the old theories; and it is not, therefore, too much to hope that they will bring to the perusal of these Letters a willingness, at least, to be convinced, and a disposition to give a fair trial to the practice recommended.

LETTER II.

ON COLDS, CATARRH, AND ŒZENA

IN considering the *causes* which gradually undermine the strength of the lungs and produce consumption, I shall begin with *colds*, as these are of all causes the most important. When we are exposed to *wet feet*, to *drafts* of air, to sleeping in damp sheets, or to insufficient clothing, a sense of *chilliness* is experienced, followed by oppression of some of the organs of the body. This is a *cold*. It may be slight and soon pass off, or severe and end in inflammation. Much depends on the importance of the part on which it falls, for a cold always manifests itself in some organ, and any organ may be its seat.

We distinguish colds by the part affected. Hence, we have a *cold in the head*, or Influenza; a *cold*

in the nose, or Catarrh; a *cold in the throat*, or Quinsy; a *cold in the chest*, or Bronchitis.

By a *Catarrh* is meant a congested and inflamed condition of the mucous membrane lining the nostrils, generally produced by colds, but often caused by dust and other irritating matters in the air. We breathe through the nose, hence its mucous membrane is more liable to injury than any other part from sudden changes in the temperature of the air and from irritating impurities floating in it. In nine cases out of every ten the first indication of our having taken cold is *a sense of stuffing in the nose*. The mucous membrane swells until it completely closes the passage. This is *Acute Catarrh*, of all affections the most common and the least regarded. Most persons have two or three such attacks every year, but rarely think it necessary to do anything for their removal.

Chronic Catarrh follows the *acute* form, and is the direct consequence of leaving a *simple cold in the head* to cure itself. After a longer or shorter time, the patient finds that, although the difficulty of breathing through the nose has passed off, there still remains a slight discharge of *yellow mucus*. This is *chronic catarrh*. On looking into the nose we now find the membrane thickened, redder than in health, and often ulcerated. Chronic catarrh occurs in several forms. In the *simplest* form we have merely

an accumulation of *yellow* or *straw-coloured* mucus in the posterior nares above and behind the palate, which the patient *haws* out from time to time during the day. In the *second*, small sores form in the nose and the secretion becomes dry, requiring frequent attention to keep it free. In the *third*, a false membrane forms in the nostrils, which the patient removes from time to time. Not unfrequently this membrane is bloody where it has been torn from points of *ulceration* within the nose. In the *fourth*, the secretion is thin, and drops down into the throat whenever the patient throws back the head or forcibly *snuffs up* the air. When the ulcerations are considerable, the secretion becomes *purulent*. There is, moreover, often *loss of smell*; and, when the ulceration has eaten through the membrane to the bone, the discharge has an *offensive odour*.

Catarrh occurs at all ages, being found in young children and in old people. Those suffering from it are much more liable to take cold on slight exposure. It is much worse in the autumn and winter than during the warm months of summer. The best season for its successful treatment is the summer, because then there is less liability to relapse from taking fresh colds.

INFLUENZA is catarrh of the *frontal sinuses*. These are two considerable cavities in the frontal bone just above the root of the nose. If you place your hand

over the forehead, between and slightly above the eyebrows, you will feel the elevation in the bone over these cavities. They are very large in some persons. The frontal sinuses are lined by mucous membrane the same as the nose, and are connected with the nasal cavity by a short duct. When the patient suffers from catarrh, the disease is liable to extend along this duct to the frontal sinus, producing *headache* and that distress over the region of the forehead which is known as *Influenza*.

ŒZENA is only another name for a very bad form of chronic catarrh of the nose, occurring in an unhealthy constitution. When the health is injured and the vitality of the system broken down all local diseases are liable to assume an aggravated character. Not unfrequently Œzena is produced by a vitiated state of the blood. From whatever cause it arises, it is a most serious affection, for if it be not arrested it will assuredly go on to the destruction of the bones of the nose, and may end fatally.

TREATMENT.—Chronic catarrhal affections of the nose and frontal sinuses until a very recent period had no remedy. They remained, like consumption and asthma, a stain and reproach on the page of medicine. And yet, strange as it may seem, the disease itself, if we except œzena, is only a simple chronic inflammation of the mucous membrane, and can easily be reached by all the forces of the Materia

Medica—solids, fluids, and gases. Physicians have failed because they never earnestly and rationally strove to succeed. They were satisfied with spirting a little warm water into the nostrils *from a straight syringe*, and the occasional prescription of an *alterative* by the stomach, which, of course, failed. Some years since, finding it impossible to effect a cure of these affections by such means, I contrived a *curved showering syringe*, by which I was able to make a direct application of any medicated wash to the *whole internal cavity of the nostrils at the same instant*. By daily cleansing the inflamed membrane, and strengthening it by astringent applications, I soon found that catarrh was among our most curable affections. In the more aggravated cases of Œzena and chronic influenza I sometimes found the cure hastened by snuffing up certain vapours, which could not be applied equally well as a wash; and to meet this requirement I contrived a small copper sand-bath, to be used with a spirit-lamp. The medicines are placed upon a glass crystal and evaporated by heat. The patient holds his head over the bath, and receives the vapours as they come off into his nostrils. There is neither pain nor inconvenience in using these remedies. Even little children submit to them from day to day without complaint. By this simple, direct, and rational treatment, I have been able with certainty to break up these trouble-

some and dangerous affections where every other means had failed. When properly applied, the showering syringe and vapour bath will not fail in one case out of a thousand.

Unfortunately, these affections are too generally treated with neglect, and in consequence are soon lost sight of in the disastrous diseases to which they give rise. Catarrh is the first step toward consumption. When allowed to go on, it soon involves the throat in *granulations*, causes the voice to become *husky* in singing and reading aloud, and ends in the thickening of the mucous membrane lining the bronchial tubes. After this latter change has taken place we have the deposition of tubercles, ulceration of the lungs, and the full development of consumption as an almost inevitable consequence. Even were the danger to the lungs less, the public do not require to be told that catarrh is the most common source of deafness, from causing the closure of the Eustachian tubes, and that it frequently extends itself down the gullet to the stomach, causing the most inveterate form of dyspepsia. Chronic irritations of the mucous membrane always extend themselves *downward*. They are mild and easily cured in the commencement, but become grave and dangerous when neglected. I regard catarrh as the great feeder of pulmonary irritation, and by no other

means can we so effectually guard the lungs from disease as by promptly removing the catarrhal affection.

LETTER III.

ON SORE THROAT.

IN my last letter I pointed out the nature of colds, catarrh, and œzena, and explained how these affections gradually lay the foundation of consumption. In the present Letter let us pass from the consideration of affections of the *nose* to those of the *throat*.

Sore Throat is a familiar term used to designate all affections of the *fauces* without discrimination. The fauces or throat is that cavity above and behind the root of the tongue which is seen on directing the patient to open wide the mouth. It comprises the whole space from the posterior nares down to the entrance into the windpipe. The parts liable to disease are, *first*, the *mucous membrane* and the *follicles*, or little glands, which in health secrete the lubricating mucus; *second*, the *uvula*, or pendulous part which hangs down from the curtain of the palate; and *third*, the *tonsils*, which are liable to inflammation, ulceration, and chronic enlargement.

The most common form of throat affection is what is known as *granular sore throat*. It is called *granular* because little points or granulations are seen scattered over the surface of the mucous membrane. These little elevations are caused by the enlargement and disease of the mucous follicles. Most persons are liable to frequent slight attacks of simple sore throat from taking cold. These occur, perhaps, two or three times a year, but appear to pass off without injury to health or interruption of business. After a time, however, the patient becomes conscious of a vexatious *titillation*, producing a desire to *clear the throat* several times in the course of the day. He may even not notice this himself, but it is, nevertheless, observed by his friends. Some months later this disposition is found to have increased, and to be attended with an occasional desire to *swallow*; the patient (to use his own phrase) feeling *something sticking in the throat*. On looking into the throat, under these circumstances, the granulations before mentioned will be found studding the membrane and causing it to appear rough and uneven. Sometimes they exist in irregular-shaped patches, but most commonly are regular in shape, and each one is distinct. When allowed to progress, the mucous follicles within the *larynx* soon become affected, and then we have added to the other symptoms a *huskiness of the voice* in speaking or reading aloud, with

frequent efforts to clear the windpipe, by which a thick, sticky, bluish-coloured mucus is forced off with considerable difficulty.

In the treatment of granular sore throat the same course should be pursued as that prescribed for catarrh. Granular sore throat is purely a *local* affection, and can only be cured by a *local treatment*. I usually use the catarrh syringe once daily, and the small fumigating bath described in my last letter morning and evening. When the larynx is also affected, the Inhaling instrument and warm astringent inhalations should be used morning and evening, and the fumigations only once a day. These means can all be used by the patient at his own house, when it is inconvenient for him to attend upon the physician. The old practice of bleeding and dosing in this disease only weakens the system and renders the malady more inveterate. In defiance of such means, it proceeds slowly but surely toward the lungs, and the unfortunate patient soon learns how short is the step from a *sore throat* to confirmed *consumption*.

Some years ago it became fashionable to treat this affection by applying to the diseased parts a strong solution of nitrate of silver, or *lunar caustic*, with a probang and sponge. These applications occasion great suffering to the patient, and burn and disorganise the mucous membrane, without accomplishing

a tenth part of the good attained by milder means. Where the larynx has become affected it is both cruel and dangerous to force into the delicate organ of the voice, designed by nature only for the reception of *air*, strong, irritating *fluid* caustics. Fully one-half of the consumptive patients whose cases have come under my care were previously treated for disease of the throat by these *caustic* applications, and, as they assure me, without any permanent benefit. Indeed, many of them do not hesitate to attribute the disease of their lungs to this practice of *burning their throats*.

There is one rule which experience has taught me to observe in the treatment of the inflamed mucous membrane, and that is, never to apply any remedy so strong as to produce irritation. All washes should *soothe*, and be followed by a sense of comfort. Slight smarting attends the use of all astringents, but decided *pain* is a sure proof that the wash is too strong and ought to be reduced. A strong eye-wash increases the inflammation it is meant to cure; and so also do strong caustics applied to the throat destroy the integrity of the mucous membrane and aggravate the local disease. The more cases thus ignorantly tortured, the greater will be the annual mortality from consumption.

Elongated Uvula. — We not unfrequently find the uvula, or little pendulum commonly called the

palate, so greatly increased in length that it hangs down upon the root of the tongue and keeps up a constant irritation. It may also be increased in thickness and *indurated*, although such is not usually the case. Elongation is produced by repeated attacks of cold, and is often an attendant on catarrh and granular sore throat. The amount of injury and annoyance this condition of the uvula will sometimes occasion is truly surprising. I have seen a strong healthy man get an obstinate harassing cough, and lose twenty pounds in weight in the course of a few months from no other cause. The point of the uvula sometimes intrudes itself into the entrance of the windpipe, causing great difficulty in breathing and loss of tone and power in the voice, with a sense of suffocation. It occasions in many persons attacks of nightmare. When neglected, it commonly ends in permanent injury to the lungs and often develops tubercular consumption.

The treatment is very simple. By throwing a strong astringent wash into the fauces and behind the palate by the showering syringe already described, it will, if recent, gradually shrink up and return to its natural size. It is sometimes overcome by touching with a camel's-hair pencil dipped in a solution of iodine, or with powdered alum and African pepper. But this improvement is only temporary, for if the inflamed condition of the fauces be allowed to remain

it will soon elongate again. When it has become *indurated*, the only effectual means is to snip off the point of the uvula with a pair of scissors. This occasions the patient no suffering or inconvenience, and is always effectual. Some people have a very foolish objection to this simple operation, from a fear that it may affect the voice. My own experience is, that it is often the only means by which the voice can be saved. When allowed to remain, it keeps up an irritation in the fauces which rapidly extends to the larynx, and always ends in more or less complete loss of voice. I am particular on this point, for many persons, from the want of knowing better, actually bring upon themselves or their friends by delay the very misfortune they deplore.

Enlarged tonsils often greatly interfere with the freedom of respiration and lay the foundation of consumption. This affection is also produced by neglected colds, and is very common in children. On looking into the throat the tonsils are seen projecting from each side like two balls of flesh. When they are large they cause great oppression, and occasion a snoring kind of breathing during sleep. The treatment is very similar to that pointed out for elongated uvula. In the recent cases, the tonsil glands can generally be reduced by local applications applied to them with the brush and syringe. And this should always be the first effort of the physician.

When it fails, they are easily removed by the tonsil-otome, a very simple and perfect contrivance, consisting of a circular blade, guarded by a ring of steel, which fits over the tonsil and removes it, without exposing any cutting surface to the surrounding parts. A child might close its mouth upon the instrument without the possibility of any injury. But what I wish to impress most particularly is, that enlarged tonsils cannot be allowed to remain without endangering the health of the lungs. The manner of their removal is of secondary importance.

LETTER IV.

ON CHRONIC LARYNGITIS, AND 'CLERGYMAN'S SORE THROAT.'

I COMMENCED this series of Letters with the consideration of *Catarrh*, *Æzema*, and *Granular Sore Throat*, because these affections are but the forerunners of more serious diseases within the chest. Let us now pass from affections of the *throat* to the consideration of those of the *windpipe*. The windpipe is that tube through which the air or *breath* passes from the throat to the lungs. It commences just

below the root of the tongue, and extends *down to the chest*, where it divides into *two branches*, one of which enters the *right lung* and the other the *left lung*. These branches as soon as they have entered the lungs again divide and subdivide into innumerable smaller branches, which ramify in every direction through their substance, and finally terminate in little clusters of cavities, which form around their extremities like grapes around their stem. The tubes *within the substance of the lungs* are called '*bronchial tubes*,' and the little cavities in which they end are called '*air cells*.' There are no bronchial tubes in any other part, and hence there cannot be '*Bronchitis*' without the *lungs being affected*. I am particular in pointing this out, because many physicians have applied the term *Bronchitis* to affections of the *throat*. When I come to speak of *true Bronchitis*, it will be seen that it is a disease which, in many respects, very closely resembles consumption, and is often mistaken for it.

The windpipe, before described, is divided by anatomists into two parts. The upper part is the organ of *voice*, and is called the *larynx*, and the lower part is called the *trachea*. The larynx corresponds to that remarkable prominence on the front of the neck of man known as the '*Apple of Adam*' (*pomum Adami*), and was so named by the ancient anatomists from the fanciful idea that it represented

the point at which the forbidden fruit stuck in the throat of our primeval ancestor.

The larynx is lined by a *mucous membrane*, and furnished with *vibrative chords* more or less completely under the control of the will. By the harmonious action of these chords the larynx is a perfect musical instrument, and the vocalist and speaker are able to produce that infinity of sound which conduces so much to human enjoyment. The larynx is an *air* passage into which neither food, drink, nor *solid* or *fluid* medicine ever enters, except by violence. Even a few drops of the blandest liquid, as tea or water, when accidentally drawn into the larynx produce irritation for hours afterwards. I mention these facts to show the danger and cruelty of that practice in which *strong caustics* are injected into this cavity, and a coarse whalebone and sponge charged with burning nitrate forced through it, regardless of the melancholy and even *fatal* results which have in too many instances followed. This violent and unnatural practice, although of comparatively recent origin, has already existed too long and cannot be abandoned too soon. *Specific* ulcers of the throat are sometimes *temporarily* benefited by caustics, but simple chronic inflammation of the larynx *never*.

The entrance into the larynx is closed by a little valve—the ‘*epiglottis*,’ which rises up from the root

of the tongue. On the approach of food or drink, this little sentinel closes down upon the opening, and allows the nutriment to pass into the *gullet* or passage to the stomach.

The larynx is often the seat of *warty growths* and of *polypi*. It is also subject to *paralysis* of the vocal chords, attended by a more or less complete loss of voice, but by far the most common form of laryngeal disease is *Chronic Laryngitis*. This, like affections of the throat and nares, usually begins with a severe *cold*, and is always attended by *hoarseness*. It is more frequently a mere extension of *catarrh* or *sore throat* than an original disease. There may be *pain*, but it is more common to find only a sense of *tickling* which provokes cough. Many complain of a sensation as of '*something sticking*' there, to get rid of which they keep up a *rasping* effort to clear the windpipe. The voice is always affected, being *rough* in the early stage, but more *feeble* after the disease is fully established. The effort to *clear the voice* occupies a considerable part of every conversation with a friend. In Chronic Laryngitis the mucous membrane is *inflamed*, and becomes after a time *thickened*, and often ulcers form between and above the vocal chords.

The *causes* which produce Laryngitis are various. It arises in clergymen and public speakers from a too violent use of the voice. The vocal chords

become exhausted, and lose their tone from straining and over-use. Dust and all irritating matters in the air are liable to be drawn into the windpipe and to produce it. It is more often a mere sequel to sore throat, the inflammation extending down into the larynx by reason of the continuity of the mucous membrane, every breath the patient draws passing from the inflamed throat directly to the larynx.

From whatever cause it arises, Chronic Laryngitis is always a serious malady, for it threatens the complete destruction of the voice, and when left to itself rarely ends until it has involved the lungs in disease. It will not die out of its own accord, for every slight cold, every change in the weather, every flight of dust, feeds the irritation and increases the inveteracy of its hold. In all cases it must be treated by the direct application of astringents and alteratives to the affected part. Like *catarrh* and *granular sore throat*, it is a local affection and can only be cured by local treatment. There is no use in torturing the poor unoffending stomach for an inflamed condition of the vocal chords of the larynx. Change of air is equally unavailing, for there is no climate without dust and drafts of air sufficient to feed and keep the disease alive. The patient must use the Inhaling instrument morning and evening, charged with such sedative, alterative, and astringent

medicines as may be indicated by the stage of the disease, and fumigate the larynx every night before going to bed with warm sedative vapours, or he will go on from bad to worse, until cure is impossible. There are few cases so bad that these means will not restore to health and gradually bring back the tone of the voice. The only cases in which they fail are such as are already complicated by extensive tubercular depositions in the lungs. Cure then depends on the possibility of restoring the lungs. When I come to speak of the *varieties of Consumption*, I shall have occasion again to refer to this latter form of Laryngitis.

LETTER V.

ON CHRONIC BRONCHITIS.

HAVING pointed out those chronic affections of the *nose, throat, and larynx*, which go before and prepare the way for disease of the *lungs*, I now come to speak of *Chronic Bronchitis*, the most common form of pulmonary disease. Chronic Bronchitis is a *local* inflammation of the mucous membrane lining the air-

tubes, and is simply a *catarrh of the lungs*. It does not differ from catarrh of the nose in the effects it produces upon the *mucous membrane*. Thickening, enlargement of the mucous follicles and ulceration, take place in the air-tubes of the lungs the same as in the air passages of the nose, but the effect upon the *health* is very different in the two cases. In Bronchitis thickening of the mucous membrane diminishes the size of the air-tubes and shortens the breath. When the nose is obstructed by unhealthy secretions, or so charged by disease as to make it difficult for us to breathe through the nostrils, we can breathe through the mouth; but when the bronchial tubes in the lungs are obstructed or diminished in size we can only find relief by the cure of the bronchial disease.

Bronchitis, then, is a disease of the lining of the bronchial tubes ramifying the substance of the lungs. This lining or membrane is very sensitive to every external influence, and is hence liable to become irritated by sudden changes of weather, by impure air, by the fine particles of matter which fill the atmosphere of workshops or float upon the wind in dusty streets, by the hundred irritating causes which meet our breathing in almost every place. The most common cause, however, is a cold, showing itself first as a *catarrh of the nose*, next affecting the *throat* and *larynx*, and lastly involving the bronchial

tubes, when the disease is known as a seated '*cold in the chest,*' or *Bronchitis*.

The acute symptoms usually subside after a short time; but unless the patient is properly treated he does not return to his former good health. He discovers a slight disposition to warmth in the hands towards evening, and cannot take the same exercise as usual without discovering that he is '*short of breath.*' Still, he is pretty well, and, if the season be summer, he may go on until fall without *expectoration*. But as the winter approaches, he begins to cough, and the expectoration is found to be yellow. He may also find the fever increased to decided *hectic*, with *night sweats* and rapid *loss of flesh*, in which case he will probably die before spring, with all the symptoms of consumption. Still this is not consumption at all; it is simply a *chronic catarrh of the lungs*.

It is very common for Chronic Bronchitis to assume a milder form, when it is spoken of as a '*winter cough.*' It comes on each winter, and as regularly subsides during the summer; but at every succeeding recurrence it manifests itself in greater severity, and the recovery in the following summer is not so complete. This form of Bronchitis, if neglected, will as surely destroy life (and, treated in the usual manner, it is as incurable) as consumption itself. The mucous membrane, sooner or later,

becomes altered in structure and pours forth a matter which has all the qualities of *pus*. Hectic fever supervenes, and the disease tends slowly, but surely, to a *fatal termination*.

Another form of Bronchitis is peculiar to middle life and *old age*. It is distinguished by the *quantity* and the *character* of the matter expectorated. Usually there are two fits of coughing in the day—one on awakening from sleep in the *morning*, the other in the *evening*. There is considerable difficulty of breathing while the paroxysms of coughing last, but it passes off as soon as the lungs are freed from the viscid secretion. The patient is feeble; he may however live, and attend to light duties for several years. But the countenance gradually assumes a pale bluish tint, the body wastes, the blood becomes thin, and death ensues, apparently from the constant drain kept up by the discharge from the lungs. Some patients die from exhaustion in five or six months; but I have known others to survive for as many years.

There is still another form of this disease, called '*Dry Bronchitis*,' the essential character of which consists of chronic inflammation, attended by a *thickening* of the mucous membrane, by which the *air-tubes* are diminished in size, and also in the secretion of a dense *glutinous* kind of matter, of a *greenish* or *bluish-white* colour, by which they are

still further obstructed. The smaller bronchial tubes are often entirely closed, and occasionally a tube of very considerable size becomes *sealed up* by this matter. This affection is so common in this climate that in some degree it is probable two out of every three suffer from it. 'In the most favoured parts of France,' says Laennec, 'fully one-half of those arrived at adult age will be found, on careful examination, to present evidence of a thickening of some portion of the mucous membrane of the lungs.'

The symptoms of *Dry Bronchitis* are not marked by severity. It is the most insidious of pulmonary complaints. The subject of it is conscious only of being *short-breathed* when ascending an elevation or attempting to run. When a large portion of the lung is involved a sense of oppression is experienced after meals and on very slight exertion. By some this oppression is referred to the opposite side of the chest to that on which the disease is situated, or to a remote part of the same side or even the region of the stomach. After a time, *difficulty of breathing* comes on and continues for several days; the patient complaining of *tightness* in the chest, which is relieved by cough and the expectoration of a tough *jelly-like* substance. The cough by which this matter is raised is a mere *rasping effort* to clear the throat, and may probably not occur more than once or twice daily, and almost unconsciously to patients them-

selves. On enquiring if they have a cough, they will, almost without exception, answer 'No!' yet, during your conversation they will, perhaps, *hack* and raise a little jelly-like mucus half-a-dozen times. At intervals the cough is more severe, and comes on in *paroxysms*, when too commonly it is regarded as simply '*nervous*.' If the stomach be at all deranged, it is fashionable to consider it as a mere '*stomach cough*,' or as being caused by '*liver disease*'; while, in fact, the derangements of the stomach, liver, &c., which exist are merely consequences of this very condition of the lungs. There is something so gratifying in being assured by the family physician that there is '*no danger of consumption*,'—that '*this cough is a mere trifle, and will speedily pass away if only left to itself*,'—that it is not surprising the flattered patient entirely overlooks the important fact, that no careful examination of the lungs has been made to determine the health or disease of this organ;—that this gratifying opinion, therefore, is founded on nothing reliable, and, reduced to its intrinsic merits, is simply tampering with human life.

Most '*coughs of long standing*,' unattended by free expectoration, are caused either by this condition of the bronchial tubes or by incipient tubercles in the lungs. The '*NEGLECTED COLD*,' which so often proves the herald of consumption, is but another variety of this disease.

The frequency of this form of Bronchitis—its slow, insidious, and treacherous progress, and the disastrous consequences to which it so often leads—should awaken from their lethargy all who are nursing *dry* coughs of long standing in the vain hope of growing out of them. However slight and apparently unimportant such coughs may seem they lead on by *sure gradations* to a premature *grave*.

In addition to the varieties of Chronic Bronchitis already described, there are several others which are of less importance, because less common in their occurrence. Of these there is a kind of *plastic* inflammation of the bronchial mucous membrane, which is characterised by the formation of a false membrane or false lining to the air-tubes. Patients experience great distress from want of air, because in all such cases the size of the tubes through which they breathe is diminished. I have known patients to expectorate portions of this false membrane shaped just like the tube from which it came.

Again, we have the very opposite of that form of Bronchitis of which I have just spoken or an enlargement (dilatation) of the tubes. This occurs in several forms. The bronchial tubes of *one lobe*, or of a *whole lung*, may be *dilated* throughout their entire length, or swollen out toward their *extremities*, or alternately *contracted* and *dilated* along their course.

Lastly, the mucous membrane lining the bronchial tubes is liable to *ulcerations*, and these often secrete a *purulent matter* resembling the *pus* expectorated in confirmed consumption, when the lungs are the seat of *softened tubercle*. Indeed, none but the physician who has carefully observed the sputa of pulmonary invalids can detect the difference, and yet it is most desirable that it should always be detected for the life of the patient often hangs upon the question: *Does the matter expectorated indicate simple ulceration of the mucous membrane, or the breaking down of the substance of the lungs and the formation of a tuberculous cavity?*

Let us now pass to the consideration of Treatment.

If you have read carefully what I have said on the seat of Bronchitis, viz. that it is *within* the lungs, you will readily understand how inadequate for its cure must be any remedy which does not penetrate the lungs as deeply as the disease itself. Applications of *nitrate of silver* to the throat are utterly useless, since they do not reach the fountain of the evil. Many physicians erroneously ascribe the bronchial disease to the affection of the throat, and straightway you submit to the cruel torture of having caustic applied 'every second or third day to your throat.' If the unnecessary suffering you thus undergo was the only evil consequence which sprung from it, it would be of less

importance, but the disease within your lungs is all this time gaining a firmer hold, the mucous membrane is becoming *thickened* and the smaller bronchial tubes *closed up*. These obstructions go on increasing until sufficient air cannot be drawn through the air-tubes to produce the change in the blood from *venous* to *arterial*. It is the object of respiration to change the blood from a *dark* to a *bright red colour*. This change is produced in the lungs by the air we breathe, and cannot occur unless that is received in sufficient quantity. When considerable obstructions exist in the bronchial tubes the *carbon* which constitutes the impurity of the blood is not wholly removed, but a part is retained and sent again through the system, impeding the circulation, irritating the brain and nervous system, and deranging digestion. Under this condition of the blood, tubercles are deposited in the lungs. There is no warning given of the fearful change which is taking place. Without pain, without cough, without expectoration, the seed of this most insidious and mortal disease is sown, and soon brings forth its fruit in the melancholy changes which mark the progress of consumption. Thus consumption arises as a consequence of neglecting or maltreating Bronchitis, by placing reliance on applications to the throat or palliatives through the stomach. It is a grand desideratum in the treatment of all diseases

to get the remedy to the organ or part affected. We use washes, injections, blisters, purgatives, and so forth, on this principle. In pulmonary diseases the same rule holds good; but how are we to apply it? We cannot use solids or fluids, for this is an *air cavity*. No; but by Inhalation, we can reach, *thoroughly* and *naturally*, all diseases situated within the air-tubes and cells of the lungs.

What, then, is Inhalation? The word itself merely means the act of inspiring or drawing in a breath. In medical parlance it means a *mode* of administering medicines by breathing them. Thus we say, 'I inhale a medicine,' as we would say, 'I take a medicine'; the difference being simply that one is *inhaled* or breathed while the other is *swallowed*. I am thus explicit in order to show that *all* medicines inhaled into the lungs are not alike any more than all medicines taken into the stomach; and hence, that the benefits to be derived from inhalations must depend upon the experience and skill of the physician who prescribes them. I should have deemed this explanation unnecessary, but for the fact, that many who write to me regarding the treatment appear to have got the erroneous idea that 'inhalation,' instead of being a mode of practice, or administration of remedies, is simply some *specific* remedy, alike applicable to the most opposite forms of pulmonary disease. To make it such would be to degrade it to

the base level of quackery. It can never be honestly employed without a full knowledge of all the symptoms and peculiarities of each case, and the adaptation of the remedies accordingly.

The first object of treatment is to cleanse the air-tubes of the lungs by expectorant inhalations. Having attained this object, we next seek to allay the irritation on which the secretion depends—to soothe and heal the inflamed surface. The manner of administering medicines by inhalation, in Bronchitis, is as follows: The inhaling instrument, which is made of glass, and holds about a pint of fluid, is half filled with cold, hot, or warm water, according to the nature of the case. The medicines prepared for a dose are then added, and the patient directed to inhale gently, but deeply, into the lungs; being careful to expand the chest well, without straining or violence. The fluid being medicated thoroughly impregnates the air with its properties. Each inhalation is continued for five, ten, or fifteen minutes, as may be necessary, and taken three times a day, before meals, or twice a day, on rising and retiring. In this manner every effect that can be produced by medicine is *obtained in the lungs*, and with a degree of certainty unattained by any other method of treatment.

LETTER VI.

ON PULMONARY CONSUMPTION.

IN my last Letter I concluded my observations on the diseases of the *Nose, Throat, and Bronchial Tubes*, and I now come to speak of *Pulmonary Consumption*, that dread malady in which these affections, when neglected, invariably *end*.

Consumption is the most fatal disease in the long catalogue of bodily afflictions, and hence appeals more strongly than any other to the physician for help. In this and indeed in all countries lying within the *temperate zone*, it causes *one death in every four* which result from disease! The deep interest and great importance of everything which promises to mitigate the ravages of this scourge cannot, therefore, be over-estimated. The weekly bills of mortality point us to the startling fact, that of those who have passed the age of puberty fully one in every four persons we meet in the great thoroughfares of business and pleasure is under the ban of this terrible disease, and destined to fall a sacrifice to it, unless saved through the prompt adoption of more rational means than those usually employed. No man however strong of constitution is proof against its silent and treacherous approaches.

In this and subsequent Letters I shall endeavour to

explain those points on which it is necessary for the public to be informed regarding the *nature* of this disease—the *causes* which produce it—the *symptoms* by which its approach may be known—the several *stages* and *forms* it assumes—the *ages*, *classes*, and *callings* most predisposed to it—and, lastly, those *principles of practice* which, if adopted in time and faithfully employed, will lead to its prevention when not yet established, and to its successful treatment when it is. To do justice to a subject of such wide range and vast importance will necessarily embrace many Letters; but the reader will have in the complete series a practical history of this scourge, to which he can in the future confidently refer for guidance and instruction.

Consumption is caused by *tubercles in the lungs*. For a long time this term—Consumption—was applied indiscriminately to all diseases of an obscure nature attended by *wasting* or emaciation of the body. They were called consumption because the body slowly *consumed* away. When the study of *pathological anatomy*—that is to say, the *condition of the organs in disease*—became more general it was soon found that disease of the lungs was more frequently the cause of *wasting* than all other chronic affections combined, and, in course of time, the term Consumption became limited to pulmonary disease alone. When, therefore, I use the term I wish the reader

to remember that I mean not only a disease of the lungs, but a particular *kind* of disease, characterised by the deposition of *tubercles* in their substance.

Tubercles are little granular bodies deposited from the blood. They are most frequently located beneath the mucous membrane of the air-tubes, but they are also deposited in the air-cells and on the free surface of the mucous membrane. When they are formed on the mucous membrane of the air-tubes, it is not uncommon for small particles to become detached, and expectorated by the patient, long before any ulceration has taken place in the lung.

Tubercles are found in *three* different stages. In the *First*, they are grayish, half-transparent, and feel firm and rough when the finger is passed over them. They vary in size from millet-seed, to a common pea, and are known in medical parlance by the name of *miliary tubercles*. In this stage they cause very little disturbance of the system. All we usually find is, that the breathing is slightly *shortened*, and perhaps there is a disposition to *hack* and clear the throat frequently; but beyond these indications the patient has no warning of what is taking place in the lungs.

Second Stage.—The miliary tubercles increase in size by the accretion of fresh particles, thrown off from time to time by the blood, and also undergo a

change in colour. They were, in the first stage, *half-transparent*; they are now opaque, and becoming *yellow*. If we cut through a portion of lung in which tubercles in the second stage exist, we find it studded here and there with what looks precisely like lumps of *cheese*. You can separate these, and they break down between the fingers just like bits of old cheese. In size, tubercles in the *second* stage vary from a pea to a filbert, but it is also common to find here and there a tubercle of much larger size. If there are a great many tubercles, there will be a good deal of *shortness of breath* and some *loss of flesh*. Tubercles cause shortness of breath by closing the air-tubes and cells of the part of the lung in which they are situated. There may also be *cough* and *mucous expectoration*, arising from the irritation they produce.

Third Stage.—Having reached the stage of *cheesy tubercle*, the disease may remain stationary for weeks, months, or even years, awaiting a sufficient exciting cause to carry it on to the last change. Sooner or later, the *pressure* produced by the tuberculous matter, or a *fresh cold*, produces inflammation in the surrounding tissues, and the whole *breaks down*, forming an ulcerous *excavation* or *cavity* in the part of the lung diseased. The *matter* or *pus*, formed by the destruction of the walls of the air-tubes and cells and by the *softened tubercle*, is poured out into

the bronchial tubes, *coughed up* and *expectorated*. As all the tubercles are not formed at the same time, but in successive *crops*, so *softening* does not take place in all at the same time. After the first shock to the system, caused by the ulceration and breaking down of a part of the lung, has passed, considerable improvement takes place in the symptoms, and the patient naturally thinks he is getting well; but soon a second crop of tubercles softens, and another part of the lung breaks down. This successive softening, followed by temporary amendment, slowly but surely undermines the patient's strength. As soon as the first softening of tubercles takes place we have all the worst symptoms inaugurated—*hectic fever*, *night sweats*, increase of *cough*, profuse *purulent expectoration*, *loss of flesh* and *strength*.

Such is a brief outline of what takes place in the lungs in the *three* stages of consumption. Before death supervenes, a considerable portion of one lung becomes destroyed, and usually the other *affected*. Sometimes several distinct cavities are formed in the same lung, but it is more common for the intervening tissue to become obliterated, and the several small cavities to unite and form one large excavation.

I have told you that consumption is produced by *tubercles*. Now what is the cause of tubercles? It is necessary that this question should be answered before you can clearly understand how it is that

other and apparently trifling diseases can produce this fearful malady. In former Letters I pointed out the danger of neglecting 'Catarrh,' 'Sore Throat,' and 'Bronchitis,' and told you that these are the common causes of consumption; it would have been more correct to have said that they are the cause of tubercles, and end in consumption. *Tubercles* result from *imperfect decarbonization of the blood*. Whatever prevents the *free* admission of *pure air* to the air-cells will produce them. Softened tubercle is nothing more than *carbon* united with the elements of the tissues in which it was deposited. Mark, now, the effect of a *catarrh* in its influence on the lungs. I have told you that catarrh is a chronic inflammation of the mucous membrane lining the nose. The secretion which forms in the posterior nares falls down into the throat, and rapidly extends the irritation to the entrance of the windpipe. When once it has reached this point, every slight change in the weather, every exposure to dust, increases the irritation and carries it onward into the larynx, producing slight *hoarseness*, and into the bronchial tubes, causing the secretion of a *sticky*, bluish-white mucus. You see then that a catarrh produces the irritation on which this mucus depends. The windpipe and bronchia in which it forms are the *tubes* through which the lungs receive the air necessary for the removal of the *carbon* from the blood. Do you

suppose you can *obstruct* those tubes and yet not *diminish* the air drawn through them at each inspiration? This sticky mucus not only obstructs them, but often completely seals up a bronchial tube of considerable size. And if you diminish the air received into the air-cells you cause a portion of the carbon to remain in the blood. The moment the air is shut off from a cluster of air-cells the capillaries of those cells become gorged with imperfectly decarbonized blood, and are liable to become *tuberculous*. Kind nature is indulgent, and may bear with us for a long time, but sooner or later a deposit of carbon takes place in the obstructed part, and from that moment the disease has changed from a simple catarrh or bronchitis to the most fatal disease known to our race. It is the obstruction of the air-tubes by mucus which causes the formation of tubercles, and hence it is, that until tubercles are actually formed the patient has no warning of his danger, beyond the presence of the sticky mucus which he *haws up* from time to time.

LETTER VII.

ON THE SYMPTOMS OF CONSUMPTION.

I NOW come to speak of the *symptoms* which indicate that the lungs have become 'affected'—that is to say, that *tubercles* are deposited. It is no unusual thing to hear designated as '*a mere cold,*' or '*a slight bronchial affection,*' symptoms which should excite the greatest anxiety, as indicating the commencement of *tubercular deposition*. When the physician prescribes anything by the stomach to allay such symptoms he only *masks* the danger, and gives temporary relief, while the disease itself progresses in the lungs and becomes more *firmly seated*. Thousands in this way mislead themselves, until the ravages made by the disease render self-deception no longer possible. Instead of the promised return to health, the poor invalid finds all his symptoms steadily growing worse, and becomes importunate for relief. He finds that the least exertion increases his *shortness of breath*, and that he is slowly, but surely, *losing flesh*. To quiet his fears, he is now advised to '*visit the country,*' to '*take a sea voyage,*' or to '*go to a warm climate for a season.*' If it be *spring*, he is told he will get well so soon as he can enjoy the '*pure bracing air of the country;*' and if it be *winter*, that he must be patient and wait

for the '*ensuing spring*.' But alas! for those who put faith in these delusive promises. Too many learn when too late that the '*country*' referred to lies beyond the grave, and the '*spring*' is a season which '*cometh not until life's fitful fever is over*.'

Permit me, then, by a simple narrative of the signs by which consumption may be known in its *early* stages to point out the danger while there is yet *strength* enough in the system to throw off the disease, and under proper treatment to restore health. If the invalid waits for '*purulent expectoration*,' '*hectic fever*,' and '*night sweats*,' he waits for the arrival of the *third* stage, and I need not tell him, that when disease is *far advanced* cure is always difficult and the result uncertain. If, on the other hand, he is treated in the *early stage*, while the system is yet *strong* and the lungs not *broken down*, he may look forward to cure, under proper treatment, almost with certainty.

One of the earliest signs of consumption is *cough*. For a considerable time this is so slight as to be entirely overlooked by the patient, and may scarcely be noticed by his nearest relatives, it being in reality little more than an occasional *dry hack*. It is most commonly observed *in the morning*, on first getting out of bed, but it may also occur *during the day*—after *meals* and after *walking* or *conversing*. Some weeks or months later, varying with the progress of

the disease, the morning cough is attended by the *expectoration* of a *clear fluid*, like saliva, and generally *frothy*. After a time little points of *pale yellow* or *grayish yellow* matter make their appearance in the frothy mucus, and as the disease advances this increases until it almost takes the place of the clear mucus. There is no uniformity in the amount expectorated in this disease. Occasionally, the quantity is very small even where there is extensive disease of the lungs; while, on the other hand, it may be profuse, steadily increasing from the commencement, until it reaches in the last stage *half a pint* or more in twenty-four hours. In many advanced cases, the sputa looks like *little balls of cotton or wool* and in others is of a *greenish yellow* colour. Now, when a *dry hacking cough* steals upon a person in apparent health, and without the occurrence of a *cold*, it should always excite apprehension, and lead to an immediate examination of the lungs. It may possibly prove unimportant, for *dry* cough does not always end in consumption; but it is suspicious, and no man who values health will disregard its warning. When consumption follows *chronic bronchitis*, the expectoration is in the early stage, a *bluish-coloured sticky mucus*, or phlegm, mixed with more or less of *frothy saliva*.

Shortness of breath is first noticed by the patient on running quickly up a flight of stairs or walking

up a hill. In the early stage this is very slight, for the amount of obstruction in the lungs is small ; but it keeps pace with the progress of the disease. In some it is less a shortness of breath than a sense of *tightness* and *oppression* in the chest on any active exertion. Many persons when questioned in regard to this symptom will draw a deep breath and forcibly strike the chest with the fist, remarking '*there's nothing the matter there.*' But unfortunately, this is no test of the strength of the lungs. Persons who have small lungs experience the sense of shortness of breath much more than those who have naturally large lungs, because the latter can better bear the loss of capacity. This term, *shortness of breath*, is used in the same sense as *hurried* or *rapid* breathing, or *want of air*, and is often indicated by *sighing*. All persons have their breathing hurried by exertion, but it is easy for the patient to distinguish between the amount of exertion he is now able to undergo and that he could endure when in perfect health. The number of respirations in health varies from 16 to 17 in the minute. If a person, supposed to be healthy is found to breathe more frequently than this, when quiet and not aware that the number of his respirations are being counted, set it down as a sure sign that he has, more or less, *shortness of breath*. The blood requires for its purification that we should take into the lungs a certain quantity of air in a

given period of time. The union between the *oxygen* of the air and the *carbon* of the blood is a chemical union, and can only take place in definite proportion—that is to say, we require sufficient air to cause the removal of the carbonaceous impurity of the blood; and if, owing to obstructions in the lungs, we do not respire, in from 15 to 17 respirations a minute, the required quantity, we must make up the deficiency by breathing more often; and if we increase the number of breaths taken in a minute we necessarily *shorten* the length of *each breath*. This, then, is what is meant by *shortness of breath*.

Each additional respiration, as a rule, increases the pulse about *five beats*. Hence, in consumption the pulse keeps pace with the shortness of breath. If a person is found to take 20 respirations in a minute, his pulse will be about 80 or 85: if the number of respirations be increased to 25, the pulse will range from 105 to 110. This is not invariably the case, but the exceptions are rare. In health the pulse should range from 60 to 68, the average being about 64 beats in the minute. If, therefore, you have a hacking cough and slight shortness of breath on exertion, accompanied by an increase in the frequency of the pulse of *ten* or *fifteen* beats per minute, you cannot doubt the existence of mischief in the lungs, and should instantly set about its removal.

LETTER VIII.

ON THE SYMPTOMS OF CONSUMPTION.—Continued.

I HAVE said that in the early stage the most common symptoms of consumption are '*dry hacking cough,*' a sense of '*shortness of breath on exertion,*' and '*increased frequency of the pulse.*' Another symptom which should lead us to suspect the health of the lungs is *pain*. During the course of the disease it is usually present in some degree, but varies very much in intensity. It may be the first indication of tubercles in the lungs, or not appear until after ulceration has taken place. In one case, it is a *sharp stitch* in the side; in another, a *dull aching* under the breast-bone; in a third, a sense of *burning*; while in a fourth we have only a feeling of *weight* and *oppression*. Its seat, too, is often distant from the part of the lung affected. It may be in the opposite side of the chest, or *low down in the side*, whereas tubercles are always deposited at the *top of the lung*. Sometimes we find the pain immediately over the part affected, but this is not usual. The reason for the *vagrancy* of this symptom will be understood by bearing in mind that the pain is not actually in the lungs, but in the *walls of the chest*, or in the *pleura* lining them. It is at best a mere *sympathetic irritation*, and as such may be caused

by disease remotely situated from the point at which it is manifested ; just as disease of the *stomach* frequently causes *pain in the head*. At times the pain has very much of a *rheumatic* character ; and at others resembles neuralgia. From this it will be understood that *pain* is a very unreliable symptom. It is no proof of the soundness of the lungs that the patient has never experienced any pain ; since more than *one-third* of those labouring under this disease never have the least indication of it. The lungs as a rule do not manifest injury by pain ; even *acute inflammation* is very rarely attended by any suffering. If there is *pain, soreness, aching, weight, or oppression*, however, it should be regarded as a suspicious circumstance, and the lungs immediately ‘*sounded*’ to discover its cause. When considerable disease exists in *one lung* patients sometimes find it uncomfortable to *lie on that side*, and the *sense of discomfort* produced by doing so is the only inconvenience they experience.

The ‘*losing a little flesh*’ is often an early symptom of consumption. It takes place in many cases even though the *appetite remains good* and the food is abundant and nutritious. When a patient grows *thinner* without any appreciable reason the lungs should always be suspected as the cause. The same is true of those who *rapidly gain flesh* and then as suddenly *lose it*. These changes merely indicate the

changes taking place in the lungs. Still we do not always find *apparent* loss of flesh in the *first stage* of tubercles. In young women particularly I have very often found the lungs seriously affected while they still retained their colour and plumpness. But, as a rule, if we reduce the matter to a certainty by weighing, we shall find a few pounds of difference between their present and former weight. If with the loss of weight, there is a disposition to *sigh*, a dark *discolouration below the eyes*, and a *quickened pulse*, with some *heat in the hands*, set it down as almost certain that the lungs are affected. Still I have, in a few instances, known persons to *gain* flesh during the whole of the first and second stages of consumptive disease, and that even where the tubercles were rapidly undergoing changes which, if not arrested, must soon have ended fatally. Strong nourishment will sometimes improve the weight of persons who are hopelessly affected, though the increase in weight exerts no beneficial influence on the disease itself.

The irritation produced by tubercles, even in the first stage, will sometimes give rise to a sense of *chilliness*, followed by *slight fever*, in the after-part of the day, and *perspiration* toward morning; but we do not *generally* have *hectic fever* and *night sweats* until *after* the tubercles *begin to soften*. As a rule, when the third stage commences the patient

feels chilly as evening approaches. 'After he gets into bed, he discovers that his hands and feet *burn* or feel *hot*, and toward morning he *perspires*.' For a time the perspiration is slight; but, as the disease advances, often becomes so profuse as to drench the bed. About *one* in every *ten* escape *night sweats* altogether, while fully *two* out of every *three* escape them until *after the softening of the tubercles commences*.

In young females *irregularities* almost always occur sooner or later, and often this is the *first* and only evidence they have of disease. We examine the lungs, and are surprised to find them the seat of miliary tubercles. Too frequently in such cases strong medicines are given to restore the suspended function, and the careless physician only discovers his cruel mistake when his administrations have aggravated the pulmonary disease. The tubercles are then attributed to the suppression, when in reality they are the cause which produced it. When any doubt exists, the proper course for a patient is to submit the lungs to careful examination by a physician specially skilled in pulmonary cases. It would be too much to expect the medical attendant to confess an error of diagnosis, and yet few are so learned and experienced that they do not make many mistakes in the early stage of obscure cases and in distinguishing between *purulent bron-*

chitis and *tuberculous ulceration of the lungs*. Much of the mortality caused by consumption results from the hesitation and delay in adopting a proper treatment in the early stage. And this evil will continue so long as medical men resist the division of medical practice into specialities. It is only by devoting exclusive attention to a class of diseases so intricate and important as those of the lungs, that the physician can acquire the experience essential to correct diagnosis and successful treatment. I mean no disparagement of my professional brethren when I say, that the general practitioner, however skilful, has neither time nor sufficient opportunities to become a good stethoscopist, and yet while he continues to treat consumption the lives of his patients hang upon his skill in this respect. The remedies employed depend on the *stage* and *form* of the disease; and no physician can successfully treat a patient while he is in doubt and uncertainty as to the *nature* and *extent* of the pulmonary affection.

LETTER IX.

ON SPITTING OF BLOOD AND HEMORRHAGE FROM THE LUNGS.

OF all the symptoms which indicate the approach of consumption there is none of such fearful signi-

ficance as the occurrence of '*streaks of blood*' in the mucus expectorated. If this symptom does *not* tell us that *tubercles* are now actually deposited, it *does* tell us that the lungs are *obstructed* and *congested*, and in a very precarious condition. The quantity of blood brought up from the lungs may vary from a few streaks to one or more pints of pure blood, but the *quantity* does not increase the danger to the patient. The danger lies in the *tubercles*, which this symptom tells us are *now*, or about to be, deposited in the delicate air-tubes and cells of the lungs; and a few streaks of blood in the sputa are as strong a proof of this as the loss of a pint. It is very rare indeed that life is shortened by reason of the loss of blood from the lungs. The alarm which patients feel at the first sight of blood is natural enough, for they cannot know what is the fact that *those who spit blood from time to time have a better chance of cure than those who do not lose a drop.*

Spitting of blood is *sometimes* the first symptom of consumption apparent to the patient. More commonly, it does not occur until the disease is fully established. Many consumptives never spit blood at all. Baron Louis found it in *fifty-seven* cases out of *eighty-seven*, Andral in *five* cases out of every *six*, and Dr. Walshe in *eighty-one* cases out of every *hundred*, so that we may set it down as a rule, that the loss of more or less blood from the lungs occurs,

during some period of the disease, in about *four* cases out of every *five*.

What is the cause of spitting of blood? It is caused by whatever *obstructs* the free passage of the blood through the pulmonary capillaries. Every pulsation of the heart pumps into the lungs, to be distributed over the air-cells, a certain quantity of blood. As the heart never ceases its action, and could not without stopping the whole machinery of life, it will be understood that a steady stream of blood is flowing *from* the heart *to* the lungs. Now, if the lungs are healthy, this blood becomes *purified* and *vitalised* by exhaling its *carbon* into the air-cells, and absorbing *oxygen* from the air we breathe, and is then returned again to the heart, from whence it goes to nourish and sustain the system. But let us suppose the lungs *obstructed* by the presence of *tubercles*, or by what is quite as prejudicial, viz. *sticky, tenacious mucus* in the air-tubes. In the first case, the vessels through which the blood must pass are obstructed, and in the second, the tubes through which the air passes. The consequence is, that the impure blood flows with difficulty and stagnates in the delicate vessels of the obstructed part. We physicians say, the lung is *congested*; by which we mean that the vessels are full almost to bursting, like the vessels of the eye when it is *bloodshot*. This condition continues for a longer or shorter period,

and then the vessels relax, and allow the blood to ooze through their coats, as fluids do through a *filter*, and the patient coughs it up. If the congestion is considerable, the quantity of blood will be greater; but no matter how much, or how little, it indicates that the lungs are in an unhealthy condition—in a word, that they are *obstructed*. It is the business and the duty of the physician to discover the *nature* of the obstruction, by a careful examination of the chest, and then to prescribe proper means for its removal.

It is a common belief that the blood comes from the *breaking of a blood-vessel*, and this idea is entertained by many physicians. This is no more true than it would be to say that *bleeding from the nose* comes from the breaking of a blood-vessel. The blood *merely oozes through the coats of the relaxed vessels*—in medical phrase we say it is *exhaled*. Should a vessel of any size actually break,—and such cases do occur, though extremely rare—the patient necessarily bleeds to death, because neither medicine nor surgery affords us any means by which we can apply either a *styptic*, *tortion*, or the *ligature*. But as this misfortune has never occurred to me in the treatment of many thousands of cases of consumptive disease its danger is not worth considering.

From what I have said it will be understood that

spitting of blood is an alarming symptom, as showing the progress of a treacherous and most fatal disease within the lungs. Either *tubercles* are already deposited when it occurs, or from this time their deposition will commence. The stopping of the blood gives no assurance of safety, for it seldom continues more than a few days at a time, nor does its recurrence indicate any increased danger to the patient. Its cause lies deeply within the chest, and no remedy which does not go to the root of the evil and remove the obstructions within the lungs is of the least permanent value.

Physicians too often cheer their patients by the assurance that the blood *only comes from the throat*. Let me warn the invalid against being deceived. The throat seldom bleeds—never, unless it be struck by some hard substance and wounded! If blood is coughed up, however small the quantity, it comes from the lungs, and delay is dangerous. Fortunately, it generally occurs before the disease is far advanced, and if proper treatment be employed, it can generally be arrested. The great error committed by physicians is in treating the symptom itself, while the cause which produces it is left in undisturbed possession of the lungs.

It will be asked if hemorrhage never occurs where the lungs are not diseased? Yes, there are *three* causes which may produce it: *First*, injury to the

lungs, as from a violent blow; *second*, organic disease of the heart; and *third*, in females it may occur every four weeks, instead of the usual periodic excretion. But if a person spits blood in whom none of these causes exist set it down as a sure sign that the lungs are unsound. Bear in mind, also, that palpitation of the heart and irregularity are far oftener the *effect* than the *cause* of spitting of blood. Patients will understand the fearful import of this symptom when I tell them that Baron Louis, an eminent French authority on consumption, *did not meet with a single instance out of twelve hundred cases in which the loss of blood was not preceded or followed by the development of tubercles.*

With this I close my observations on the *symptoms of consumption*, and shall, in my next Letter, describe the varieties of this disease.

LETTER X.

ON CHRONIC CONSUMPTION.

HAVING pointed out the usual *symptoms* which occur in consumption, I purpose to explain in this and subsequent Letters the several *kinds* of this

disease, for it must not be supposed that the same symptoms exist in all cases.

The most common form of this disease is known by the name *Chronic Consumption*, and generally begins with a slight *dry cough*. It is called *chronic* because of its slow progress. The old physicians used to regard *cough* as the *cause*, because it usually precedes consumption, but we now know that it is but the *effect*. It would be quite as sensible to say that pain caused decay in the teeth, as that cough produced disease of the lungs. Cough is but a symptom of irritation in the lungs, and for a long time is scarcely more than a *dry hacking*. Its cause is the presence of *tubercles* in their first stage of development; and if the patient were to die suddenly of an injury or an acute disease we should find them studding the *upper part* of one or both lungs, and looking precisely like millet-seed. It is very common to find the lungs of those dying of fevers and inflammations filled with fine tubercles, and that, too, where the health of the lungs had never been suspected. Indeed, many of those friends with whom we are in daily intercourse, and who regard themselves as perfectly healthy, are thus carrying about the seeds of their own destruction, deposited in the lungs during some recent cold, and only awaiting some future exposure to render them active, and develope the disease of which they are the germs.

Chronic Consumption begins differently in different cases. A person apparently in perfect health has an attack of *catarrh*, or *sore throat*, and when this subsides it leaves the *dry hacking cough* before alluded to. Or the first symptom is a *spitting of blood*, which may be considerable, and of a bright red colour, or only a *slight streak* in the mucus. In many cases the first sign is a *chilly* sensation in the back, followed by more or less heat in the *palm* of the hands, or an afternoon *flush* on the cheeks. Then again in many cases we find the hands and feet colder than natural. At this season, the patient probably does not feel this; but those in health, when shaking hands, immediately detect the difference. Should the flushing of the cheeks or the feverishness of the hands be followed by *perspirations* at night, the patient is often thought to be suffering from *masked ague*.

The stomach in Chronic Consumption is not usually much disturbed until after the disease is firmly established. It is by no means uncommon for the appetite to remain *good* until diarrhoea sets in, when it becomes capricious and poor. In females, *monthly irregularity* is common from an early period of the disease, and arises from the *debility* produced by the bad state of the lungs. After *hectic fever and night sweats* are fully established, the loss of flesh and strength takes place rapidly, and the body may truly

be said to *consume* away. In a severe case, the joints soon show the loss of flesh, by appearing larger than natural, the chest becomes contracted, the features sharpened, and the eyes attain more than their wonted clearness and brilliancy.

The *matter* expectorated changes with the different stages of the disease. In the commencement, there is *no* expectoration, for the cough is *dry*; but after a time the patient coughs up a *frothy* mucus. This is usually *clear*, but now and then contains a little point of *yellow* or *straw-coloured* matter. Still later, the sputa becomes *yellow* or of a *greenish yellow*. When the deposit of tubercles follows *dry* bronchitis, the mucus is like *starch*, *glue*, or *bluish* jelly. After the tubercles soften, the sputa is always *yellow*, and parts of it may sink in water. Sometimes the matter expectorated has a *sweetish*, and in others a *saltish* taste. There is little *pain*, often none at all in the part affected. There is, however, commonly some *oppression* in breathing, and perhaps an occasional *stitch* in the side.

In this form of consumption patients are *always* '*getting better*,' if we credit their statements; but, unfortunately, to the eye of the physician they are steadily growing worse. That they do apparently improve, from time to time, cannot be denied, but it is only in appearance and for a little while, and is always followed by a relapse, during which they sink

to a worse condition than before. If we take the case of a patient with *softened* tubercles, he spits *pus* for a time, has *fever* and *night sweats*, with loss of *appetite*, *flesh* and *strength*, *coughs* incessantly, and can scarcely sleep at night. Then the cough gradually abates, the expectoration becomes less and of a better colour, the fever and perspirations vanish, and he very naturally imagines himself rapidly getting well. Should he gain several pounds in weight, which is frequently the case, his physician probably confirms the error into which he has fallen, by pointing to it as an evidence of improvement under treatment. Follow such a case, for a few months, and all the old symptoms return—*hectic fever*, *night sweats*, *cough*, and *purulent expectoration*, and with them rapidly disappear the newly-recovered flesh and strength. A temporary improvement in symptoms is therefore no evidence of improved health, unless it be accompanied by such changes in the lungs as show that the tubercles are being *absorbed*. These changes for the better take place in most cases of Chronic Consumption, but they are always followed by corresponding changes for the worse; and at the close of each succeeding one, the eye of the physician readily detects that the constitution of the patient is, step by step, giving way.

Now it will be asked, why is this? The reason is easily explained. Consumption, as I have already

said, is caused by *tubercles* in the lungs, and tubercles by *irritation* in the air-tubes, consequent upon neglected colds, catarrh, sore throat, bronchitis, &c. This irritation may occur many times, and exist for a long time, before tubercles are deposited, but sooner or later a more severe attack than usual is followed by the rapid deposit of miliary tubercles. The cold disappears before many weeks, the irritation is withdrawn, and the tubercles cease to form. Bear in mind, however, that those already deposited *remain*. Months may now pass away before a new cold revives the irritation, and causes a further deposit. Thus tubercles are deposited in successive crops and at different times. Those *first* formed are the first to *soften*. As soon as they are expelled, the patient improves, until the *second* crop begins to soften, when he again relapses. Now, at each softening of tubercles a part of the lung breaks down; hence, as the lungs are destroyed, piece by piece, the body wastes away by successive relapses. During these periodic improvements *nostrums* and villanous compounds, of every description, obtain the credit of effecting the amendment which takes place, when, in reality, they do harm instead of good by interfering with the proper action of nature. By such means most patients are being *cured* from the day they become invalids to the day they are laid in their graves. *Cure* is only to be effected by carefully adapting the

treatment to the stage of the disease, and applying the remedies to the affected *part*. This I shall explain when I come to speak of treatment.

LETTER XI.

ON GALLOPING CONSUMPTION.

I HAVE said that the common form of consumption is called *Chronic* because of its slow progress; and I now purpose to speak of another form of this disease, which, from the fearful rapidity of its progress, is properly known as ‘Galloping Consumption.’ It is no unusual thing for a person, apparently in good health, to catch cold and die in from six to ten weeks from this form of consumption. It almost always begins with a cold, which sets in with great violence, and is felt from the first to be deep within the chest. From the beginning there is usually some cough, fever and night sweats, difficulty of breathing, and a great sense of oppression on the chest. At the end of a week expectoration commences, but the matter resembles much more that of a recent cold than that of consumption.

There are few symptoms by which this disease can be distinguished from a low form of inflammation of the lungs. Indeed its symptoms are so unlike those of the common form of consumption, that its nature is generally denied until after death, when, upon examination, the whole internal surface of the air-tubes, the air-cells, and even the substance of the lungs, are found thickly studded with tubercles. This disease is most common in young persons, between the ages of 15 and 25, of full habit, clear complexion, and ruddy cheeks, though it sometimes occurs much later in life.

There is another form of consumption, also rapid in its progress, which occurs in young persons, of delicate constitution, who have habitually *cold hands* and *feet*. These have commonly an inherited predisposition. Their circulation is feeble, and they become weak, fatigued, and out of breath on every slight exertion. In such cases, the destroyer steals silently upon his victim—the patient scarcely feels ill—there is but little cough, no pain, no spitting of blood, often no expectoration. Having always been short-breathed, and liable to colds, when cough *does* occur it is attributed to a little fresh cold. Gradually the countenance becomes pale, the lips lose their colour, and the eyes are sunken, with a dark or bluish line beneath them. Under these circumstances, without any increase of cough or expectoration, diarrhœa

occurs, and the patient dies without a struggle, perhaps sitting up in a chair, or in a fainting fit, from which friends strive in vain to revive him.

Perhaps none are so liable to this form of consumption as those having *small lungs*. These, to preserve health, require to live much in the open air, and to be well protected against taking cold. When shut up in school-rooms, and prevented from taking active out-door exercise, the system becomes enervated, the blood impure, and everything favourable to the development of pulmonary disease. All that is required to set it up is the occurrence of a slight *congestion* from taking cold.

At no period of life is it so common as at the age of puberty. I have known whole families cut off, one member after another, as they reached this age; and many physicians have regarded such cases as proof of *inheritance*, but they are clearly a proof only of inheriting small lungs and not of inherited disease. At the age of puberty a great increase takes place in the development of the body and in the quantity of blood in the system. When the lungs are small, no corresponding increase in the volume of air respired is possible; and, as a consequence, that balance between the blood and the air on which the health of the lungs depends is lost and cannot be restored. Hence we find the carbon in excess speedily deposited, and the disease developed, without the previous occur-

rence of any local irritation, while the low vitality of the system favours its rapid progress to a fatal issue.

Acute inflammation of the lungs, occurring in persons of a scrofulous habit of body, is very frequently a predisposing cause of hasty consumption. Convalescence is in such cases imperfect, and the lungs are consequently left so impaired in function that they become an early prey to tubercular disease.

LETTER XII.

ON LATENT CONSUMPTION.

WHEN a patient has *all* the *symptoms* of consumption strongly marked it requires very little skill in the physician to detect the nature of his disease. No respectable nurse who had once seen such a case could mistake it. But there are certain obscure cases, arising from tubercles in the lungs, yet marked by no outward signs by which their nature may be known, which test to the utmost the diagnostic skill of the physician. The books describe these cases under the name '*Latent Consumption*,' because the tubercles are in a *latent* or *quiescent* state, producing neither *cough*, expectoration, nor *spitting of blood*.

There are in this form of consumption no symptoms which directly point to the lungs. The practised eye of a physician of experience in the treatment of pulmonary diseases would probably detect in the *countenance* what would lead him to carefully examine the chest; but the general practitioner, having only a limited experience in the *physiognomy* of consumptive cases, would see nothing beyond the fact that the patient was slowly declining in energy and bodily vigour. As there is *no* cough, *no* pain in the chest, *no* expectoration, the lungs would probably be overlooked altogether, until some one of these symptoms arose, and that, in *Latent* Consumption, means not until the *last* stage sets in, and the *end* is near at hand. A gentleman came to consult me the other day whose disease was of this character, and yet it had never been suspected by either his physicians or friends. Had he not accidentally taken cold, and suffered from a slight pain in his side, he would not have even thought it *possible* his lungs could be diseased. On examining his chest, I found the superior lobe of the left lung filled with tubercles in a latent state. This gentleman had been in poor health several months, but nobody could tell him *why* he did not get well. He had consulted half-a-score of doctors, and got almost as many different opinions. Some treated his case very lightly, and promised a speedy cure by a course of *tonics*; others advised

‘change of air and patience.’ One told him it was all ‘*stomach*,’ while another assured him that his ‘*liver*’ was out of order. He tried one after another, but obtained no benefit from any. Those who knew the least about his disease promised the most, but accomplished nothing; while, if any suspected the lungs as the cause of his bad health, they did not enlighten him. I would not, from this case, argue that the majority of physicians are ignorant of the means of diagnosis, but that their experience is limited, their time so occupied, and their minds so distracted by attendance on *acute* diseases, that they are extremely apt to overlook and maltreat *chronic* affections of this nature. Had the stethoscope been applied to the chest, it is probable some of them might have detected the presence of tubercles; this was not done, and but for the accident of taking cold, it is almost certain the disease would have gone on to disorganization of the lungs and the sacrifice of the patient’s life.

I have said that in *Latent Consumption* there are no symptoms which indicate disease of the lungs; *often* no symptoms of any kind sufficient to account for the declining health of the patient. But this is not always the case. In very many instances the patient suffers severely from *indigestion* or *flatulence*, and irregular action of the *bowels*, or from *pain* over the region of the stomach. Where such is the case there is some excuse for mistaking, for a time, the

nature of the disease; but I cannot too strongly impress upon the minds of general practitioners, the great importance of frequent examinations of the chest in all obscure cases of disease.

Let it not be supposed that *Latent Consumption* is rare. Laennec, the great authority on this disease, says: '*We may indeed say that the greater number of cases of consumption are latent, since nothing is more common than to find tubercles in the lungs of persons dying of what was supposed to be some other disease, they never having shown during life any symptom of consumption. It has frequently appeared to me, from carefully comparing the history of my patients with the appearances on dissection, that the great number of FIRST ATTACKS are MISTAKEN FOR COLDS.* And Sir James Clark, in speaking of the liability to mistakes of this character, says: '*I have known more than one example of extensive tubercular disease of the lungs discovered by a post-mortem examination, where during life the disease was looked for in the STOMACH, LIVER, or BOWELS.*'

From these facts you will understand what a mistake those persons make who flatter themselves that they are in no danger of consumption, because they have never had cough, pain in the chest, or expectoration. Thousands who have never had these symptoms are to-day carrying about in the lungs the seeds

of their own destruction. Whoever finds himself less vigorous and capable of exertion than formerly; and, indeed, all persons who are in bad health, without knowing *why*, should suspect the lungs as the cause, and never rest satisfied until they have submitted them to careful examination. I know of nothing which should more strongly excite their fears than being told their *liver* is diseased. Experience has proved that the great majority of such cases turn out, in the end, to be mere cases of *masked* or *Latent* Consumption.

This kind of consumption, if detected in time and properly treated, is one of the most curable, since it is the *strength* and *vitality* still remaining in the system which *mask* its character and *retard* its progress.

LETTER XIII.

ON CONSUMPTION IN CHILDREN

I HAVE described in preceding Letters the three most common *kinds* of consumption met with in adults, viz. *Chronic*, *Galloping*, and *Latent* Consumption. Before proceeding to speak of *Consumption*

in Children, I will briefly explain *why* these differences exist. It must appear strange to the non-professional reader, that *tubercles in the lungs*, (which characterize all forms of consumption) do not produce precisely the same symptoms in all cases, and he naturally asks, ‘*Why is this?*’ The *organ* diseased, and the *nature* of the disease, are certainly the same in all cases, but there is a wide difference in the constitutional peculiarities of the patients. These differences we call *temperaments*. Let us suppose a person of high *nervous* temperament to be attacked with tubercles in the lungs; the amount of suffering experienced by the patient would be much greater than that experienced by a person of *lymphatic* temperament labouring under the same disease. In the one case there would probably be *pain* in the side or chest, while the other might be entirely free from it. Again, a patient of *sanguine* temperament is far more liable to *spitting of blood*, or *hemorrhage* from the lungs, than one of *bilious* temperament; but the latter is more liable than either of the others to derangements of the *stomach* and *bowels*. The difference in the *symptoms*, then, is caused by the difference in the *temperament* of the patients, and not by any real difference in the *disease* itself. Besides *temperament*, we have other peculiarities — *idiosyncrasies* we physicians call them—which still further complicate and mask the

disease in individual cases, and too often lead to fatal mistakes in *diagnosis* and *treatment*.

When I say, therefore, that comparatively few physicians are able to pronounce a safe opinion on the health of the lungs, I mean simply that medical men engaged in general practice cannot acquire the great experience which is necessary to enable them to detect disease in obscure cases and in its early stages. Any *tyro* in medicine can detect consumption in the *last stage*; but a medical examination, to be of any value to the patient, must discover the presence of tubercles, if they exist, *before* the lungs are seriously injured and while cure is yet possible.

It is the general opinion of mankind that consumption is most common between the ages of *twenty* and *thirty* years. If we speak of this disease only in the adult this is true; but it will occasion some surprise when I say, that there is no period of human life during which consumption is so *prevalent* or so *fatal* as between the ages of *three* and *fifteen*.

Have you never been struck, in looking over the weekly bills of mortality, with the large proportion of children? Now, clearly, children, if properly nurtured and clothed by their parents, ought to be far less liable to disease than adults, and when they do fall sick their diseases ought to be more curable,

for their *vitality* is more active. The truth is, tubercles are seldom sought for in the lungs of children, and, as a consequence, they pine away and die without the parents suspecting the cause. When the physician is called upon to furnish a burial certificate, he is compelled to assign some name to the disease, and hence, takes the most prominent *symptom*, as *diarrhœa*, or *marasmus*, by which it was characterized. During the past year there have not been *ten* burial certificates given in New York (of children under twelve years) in which the *cause of death* was set down as *tubercles of the lungs*, and yet it is certain that more than *five hundred children* have in that time fallen a sacrifice to this disease. And if this be true of the *diagnosis*, what shall be said of the *treatment* these poor little sufferers received? Can we suppose they were *properly* treated when the *nature* of the disease was not even *discovered*?—or does it make no difference in the result whether a child be treated for *diarrhœa* or *consumption*?

M. Guersent, a physician of very great experience, attached to the *Hospital for Infantile Diseases*, in Paris (an institution which receives no patient under *one* year nor over *sixteen*), tells us, that tubercles are found in *two-thirds of all the children who die in that hospital*! The observations of MM. Lombard and Papavoine go to prove the same fact. Dr. Allison, of Edinburgh, places the mortality from

consumption, at more than *one-third* the gross mortality occurring among children in that city.

In children this disease does not manifest itself by active symptoms. There is no *spitting of blood*, or if so, very rarely. Where *cough* occurs, it is in *paroxysms*. There is no *expectoration*, for all the matter forced up from the lungs is *swallowed*. There is, commonly, *moisture on the forehead* during the night, but seldom a distinct *night sweat*; some *fever* during the day, but it is generally ascribed to *worms*. *Diarrhœa* is a very common symptom, but it is almost sure to be attributed to *indigestion*, or thought to be a mere *summer* complaint. There is one symptom which is always present, viz. *gradual wasting away*, but it is impossible to detect consumption in children by the *general symptoms*. The *stethoscope* is the only safe reliance.

I always suspect the health of the lungs in children when I observe them subject to any of the following symptoms: *Eruptions* about the face, *puffy and chapped* lips, *pustules* on the edges of the eyelids, *eruptions* behind the ears, *soreness* and running from the nose, swelling of the *glands* of the neck, and *gradual wasting of flesh and strength*. None of these are *necessarily* signs of consumption; but they show a bad state of the general health, which, in a great many cases, will be found to arise from the presence of *tubercles* in the lungs. An

examination will always put the matter beyond doubt, and consequently that parent who neglects to have it made is guilty of great cruelty and neglect.

The treatment of this disease in children varies with the age. Those *above* four years can use the Inhaling instrument without difficulty, and indeed generally regard it as a pleasure. They do not understand that the mild soothing vapours they draw from it are powerful medicines, designed to act both upon the *lungs* and the *blood*. *Under* four years, all medicines designed to act upon the lungs have to be administered by *medicating the air of the nursery*. When this is done, every breath the child draws carries into the system the subtle agents required for the cure of the disease. That *Inhalation* is the most delicate and powerful of all the methods by which medicines are administered will be understood, by considering the effects produced by breathing the contagion of disease and the miasmata of fens. Do not these enter the system through the lungs, and corrupt the blood, without the knowledge of the patient? Medicinal vapours, when inhaled, enter the system through the same channel, and while they *heal* the lungs and *purify* the blood they save the invalid from the disgust and discomfort of other forms of medication. Properly treated, consumption is more curable in children than in adults. The changes in the system of children are so rapid, and

their vitality so great, that they will recover from a condition which would be hopeless in the adult.

As the object of this paper is to impress the public with the importance of greater attention to the health of the lungs in children, I cannot more appropriately conclude than by quoting the sensible remarks of Sir James Clark on this subject: 'The great prevalence,' says he, 'of consumption in early life is a subject highly deserving the attentive consideration of the physician. The mortality from tuberculous diseases in infancy and childhood is much greater than is generally believed. The practical inferences to be deduced from the facts obtained by the French pathologists are sufficiently evident, and require little comment. They show us the paramount importance of attending to the health of infants and children.'

With this I close my description of the *varieties* of consumption.

LETTER XIV.

ON THE CAUSES OF CONSUMPTION.

I now come to the consideration of the *causes* which produce consumption. It is only by tracing the disease back to its source, that the means necessary

for its prevention can be discovered, or the treatment required for its cure made plain and intelligible to the non-professional reader.

Is consumption caused by inheritance? That it is generally so regarded will not be denied. Indeed, so common is this belief among the people, that few persons, who come to me for an examination, fail to tell me that they '*know their lungs cannot be affected for none of their family ever had consumption.*'

Now, nothing can be further from the truth than the supposition, that this disease is the common result of some taint implanted in the system by the parents. Thousands every year lose their lives by flattering themselves that their disease cannot be serious, because their family had previously escaped this scourge. They disregard the warning of a *seated hacking cough*, until the lungs become filled with tubercles; and only discover their error, when, alas, it is too late to save them. What do the statistics of consumption teach us? Why, that out of every *hundred* consumptives, *eighty* acquire the disease from other causes, while only *twenty* can trace it in their family. *Four* cases out of every *five* occur, without a trace of inheritance or predisposition! In my own practice, not more than *fifteen* in a *hundred* confess to have any knowledge of the disease having previously occurred in their families,

while *eighty-five* trace it directly to *neglected colds*, confinement in an *impure air*, *dusty workshops*, or some other source of local irritation. And in this respect, my experience is not different from that of many other physicians who have studied the history of consumption. Dr. Walshe places the *acquired* cases at seventy-nine per cent., and those arising from family predisposition at twenty-one per cent. Briquet, physician to one of the Paris hospitals, tells us, that out of ninety-eight cases, occurring under his observation, *sixty-eight* were unable to discover any family predisposition. But it will be answered, ‘Whole families are known to die of this disease, one after another.’ I admit this; but does it prove that the disease is *necessarily* hereditary? Does it prove anything more than that some families are more liable to consumption than others?

In some rare instances consumption is *inherited*, but *never, unless the mother has the disease when the child is born*, and then the child generally dies a few months after birth. In the same sense, *small-pox* and fifty other diseases are hereditary. I have seen a child born with small-pox pustules over the whole body. A mother, that has not herself got consumption can no more transmit it to her offspring than she could communicate small-pox without having it. No parent can transmit what she has not.

We inherit from our parents *form, features*, and

temperament. In inheriting the form of our parents we inherit the liabilities which that form entails. If they are tall, their children will also be tall. If one be tall and the other short, some children may resemble one parent and some the other. If one has a large chest and the other a small one, the same differences will be found in the children. Whoever has a small chest has an increased liability to consumption from this cause. Children born with this defect in their organism are always delicate in youth. They cannot *run* so far or *lift* as much as other boys of their age, and yet they may be perfectly healthy. They go on to the age of puberty without the least sign of consumption, and then one after another, as they reach that age, may sicken and fall into a decline. Why is this? It is, as I stated in my last Letter, because when youth suddenly expands into manhood or womanhood, a great increase takes place in the size of the body and in the quantity of blood in the system. This requires a corresponding increase in the quantity of the *air* received at each inspiration into the lungs. As the lungs are too small to admit this, the blood becomes impure, tubercles are deposited, and the patient falls into consumption. On the other hand, where the parents have paid proper attention to the physical training of their children, by employing judicious means to increase the capacity of the lungs, I have seen them escape, though having

every predisposition to the disease. Again, if parents have any peculiar irritability of the mucous membrane of the air-passages, the same will be found in the children, and this, by increasing their liability to catarrh and bronchitis, will *predispose* them to consumption; but predisposition is very different from *inheritance*. Every person may be said to be *predisposed* that has a *small chest* or an *irritable mucous membrane*. We may inherit these and other physical peculiarities, but no person since the foundation of the world ever yet inherited *any disease* which, at the time of his birth, his parent had not.

The *second* cause, and the one most common in this climate, is *local irritation* in the air-passages, in the form of *catarrh*, *sore throat*, or *bronchitis*. All catarrhal affections, whether of the nose, throat, or lungs, produce *thickening* of the mucous membrane and more or less secretion of mucus. These tend to diminish the *size* of the *tubes* through which the *air* passes to the lungs, and, as a consequence, decrease the *quantity* of air received at *each breath*. Often we find in bronchitis the *size* of the bronchial tubes diminished *one-third*, and even *one-half*. When such is the case, the patient is always *short-breathed*. He cannot run up a flight of stairs or a hill as he could when in health, but soon gets *out of wind* and becomes *fatigued*. Even where the obstruction to the air-tubes is *slight* and *temporary*, it produces a

feverishness of the system, increased frequency of the *pulse*, and diminished *appetite*. When the obstruction is still greater, as is the case in asthma, these symptoms are increased, and the shortness of breath becomes a *gasping for air*. When a person dies from *croup* or *drowning*, it is not the *disease* or the *water* which kills, but the *carbon* of the blood which *poisons* and *paralyses* the *heart* and the *brain*. Nothing will remove this carbon but the *oxygen* of the air. The fumes of burning charcoal when diffused through the air of a room cause death, in the same way as drowning, by simply preventing the oxygen of the air from reaching the lungs.

Now, since death follows, in from one to two minutes, from simply shutting off the air, you can readily understand that even the slightest *diminution* in its *quantity* or *purity* must be followed by great injury to health. The blood always becomes *carbonaceous* when the quantity of air is diminished, and the quantity of air is always diminished when the air-tubes are *thickened* by *catarrhal* inflammation or *clogged* by *sticky mucus*. Consumption is only the consequence of this carbonaceous *impurity* of blood. *Tubercles* themselves are only deposits of *carbon* in the tissue of the lungs, and the ulceration and destruction of this important organ result directly from their presence.

LETTER XV.

ON THE CAUSES OF CONSUMPTION.—Continued.

IN my last Letter I pointed out *two* causes of consumption. The first of these, *inheritance*, I showed could only exist when the parent, at the time of birth, was actually suffering from consumption. I pointed out how a person may be *predisposed* to consumption by inheriting a *small chest*. The *second* cause of consumption I described as *Catarrhal disease of the Nose, Throat, or Bronchial tubes*. I shall now proceed to explain how certain *trades* and *callings* undermine the health and engender disease of the lungs.

I. *All trades which cramp and confine the movements of the chest.*

It does not matter how large and well formed our lungs may be, if—by the *habitual* position of the body—we cramp the chest and prevent the lungs from filling with air, at every inspiration, they must soon become diseased. As I have already explained in former Letters, the *purity of the blood* depends on the *quantity of air* taken into the lungs. When we cramp the chest sufficient air cannot be received to remove the *carbon*, and unless it be removed tubercles sooner or later follow. From this cause

shoemakers, tailors, weavers and dressmakers, are all very prone to consumption.

II. *All callings followed in close, badly-ventilated rooms.*

It is essential to the health of the lungs that the *air* should not only be received in sufficient *quantity*, but of proper *purity*. Its purity depends on its free *circulation* and frequent *renewal*. The air of the largest *counting-house* speedily becomes foul, unless a constant stream of fresh air is made to pass through it. Even the air of a yard, open to the heavens, when surrounded by buildings in such a manner as to exclude currents, becomes stagnant and unwholesome. The back part of a long room, opening on the public street, is always filled with impure air even though the whole front be left open. Merchants and bookkeepers are in this way continually exposed to its enervating influence, and rendered liable to consumption. All this is absurdly wrong, since, by a simple system of ventilation, the smallest rooms can be kept perfectly pure, while without it the largest rooms, even with doors and windows open, become unfit for human habitation. Every room occupied by human beings—or even by brutes whose lives are valuable—should actually be made *to breathe*, that is to say, should throw out a steady stream of *foul air* and take in a steady stream of *pure air*. Where this is not attended to the occupants soon become feeble—

their cheeks lose their freshness—their blood becomes thick, dark, and carbonaceous—and, ere long, their disregard of the laws of health is punished by a premature *decline*.

III. *All trades which expose the lungs to direct irritation.*

In my last Letter I explained how the *irritation of the mucous membrane* produced by *colds* leads on to consumption. I now propose to show that an *irritation* caused by *dust* produces precisely the same effects upon the health.

It has long been known, that
Stone-masons, miners, and coal-heavers,
Flax, cotton, and wool dressers,
Dressers of feathers and hair,
Brass and steel polishers,
Metal grinders and needle pointers,
Grain heavers and rice dressers,
are all particularly liable to consumption. Why are they so? Because these callings are all carried on in a *dusty* atmosphere. Dr. Allison, of Edinburgh, tells us that there is hardly an instance of a mason, regularly engaged in cutting stones in that city, free from consumption at the age of 50 years. Exposed to the inhalation of fine particles of sand, dust, and powdered stone, they generally die before they reach *forty*. An immense proportion of the miners of Cornwall, in England, are destroyed at an early age

by chronic bronchitis and consumption. The miners engaged in cutting millstones, in the great quarries at Waldschat, on the Rhine, we have the authority of Wepfer for saying all become consumptive. The quarrymen at St. Roch, in France, are so liable to consumption that among them the disease is known by the name '*La Maladie de St. Roch.*' Chateaufort tells us, that the mortality from consumption has frightfully increased among the people of the Commune of Meusnes since they engaged in the manufacture of gun-flints.

There are few persons who have not read accounts of the injurious effects of *dry filing* and *dry grinding*. Those engaged in this kind of work are all short-lived. Sir James Clark assures us, that in the two principal machine factories at Leeds there were to be found only *two* filers who had reached the age of *forty-eight*. The experience of the grinders is still worse. Dr. Knight found 'about two thousand five hundred grinders' in Sheffield, England: 'Of these, 80 men and 70 boys are *fork* grinders; they grind *dry*, and die from 28 to 32 years of age. The *razor* grinders grind both *wet* and *dry*, and they die from 40 to 45 years. The *table-knife* grinders work on *wet* stones, and they live to between 40 and 50 years.' To prove that *grinding* is more injurious than other trades Dr. Knight made a comparison of all the workmen, and found that of two hundred and

fifty grinders, no less than one hundred and fifty-four laboured under disease of the lungs, while of the same number engaged in other work only *fifty-six* were consumptive.

Now, as the habits of the different classes of mechanics engaged in the same workshops are precisely alike, it is clear that the greater liability of some of them to consumption is entirely due to the more injurious character of their particular employment, and hence that that employment is a *cause* of this disease. Dressers of flax and hair are generally unhealthy. Thockrah, speaking of the injurious effects of the dust of mills, says: 'In proportion to the degree and continuance of this deleterious influence is the *head* affected, the *appetite* reduced, *respiration* impaired, *cough*, and finally *bronchitis* or *tubercular consumption* produced.'

I might go on citing additional evidence, in proof of the *local* origin of consumption in the great majority of cases, and in proof that it is generally *acquired* and *seldom inherited*, but the above are amply sufficient.

It will be seen that a *small chest*, a *severe cold*, a *cramped position of the body*, *impure air*, and a *dusty workshop*, all produce consumption in precisely the same way—by preventing the admission of the *oxygen* of the air to the lungs in sufficient quantity to remove the *carbon* of the blood. In every

case the blood must be rendered *impure* from an excess of carbon before tubercles can be deposited.

In my next Letter I shall show that while none of the lower animals have ever been known to *inherit* consumption, we can yet *produce* this disease *in any animal which breathes*, by simply exposing it to the operation of any one of the causes which produce it in man. And if this be true, is it not lamentable that people still ignorantly cling to the delusion that consumption is *hereditary*, and that they cannot have it unless, perchance, they discover it among the diseases of their progenitors? I do not hesitate to denounce the existence of such ideas among the people as unworthy the intelligence of the age in which we live.

LETTER XVI.

ON THE CAUSES OF CONSUMPTION.—Continued.

OUR *appetites* and the *strength* of our bodies depend on the air we breathe. The stomach may prepare the *chyle* to renew our blood, but the chyle is not blood, nor has it any power of imparting strength to the system until it has been *vitalized* in the *lungs*. It must be sent to the lungs first, and there receive a last change from the oxygen of the

air we breathe. Hence it is that the size of the lungs and the purity of the air, by determining the quantity of oxygen received, determine also the quantity of chyle which can be assimilated. The appetite generally keeps pace with the wants of the body; for were more chyle prepared by the stomach than the lungs could transform into blood it would clog and derange the system.

Let the following facts, then, be ever remembered.

I. No matter how large our lungs may be, if the air we breathe be *impure*, the *appetite* fails, the face grows *pale*, and the breathing becomes *hurried*.

II. The same symptoms follow whenever the air, though pure, is *diminished* in quantity, as is always the case after a recent '*cold*,' or during a seated '*chronic bronchitis*.'

III. Whatever clogs the lungs and obstructs the freedom of respiration causes the blood to become charged with carbonaceous impurity, and lays the foundation for consumption.

IV. A deficient supply of oxygen to the lungs will cause consumption in any animal creature—human or brute—that walks the earth.

When I am asked, 'What is the cause of Consumption?' my answer is, whatever will produce tubercles in the lungs of men and the lower animals with uniform certainty, *no matter how strong they may be by nature*, or how free from *hereditary*

predisposition. As a deficient supply of oxygen will do this, and as nothing in nature has ever been known to produce this disease without a deficiency of oxygen also co-existing, I regard this as the *true cause* of consumption.

It is a well-known fact that cows when shut up in close, badly-ventilated stalls all become consumptive. This, some persons will tell you, is because they are generally '*fed on slops*'; but you may feed them on dry food and give them plenty of pure water and they will still sicken and die of this disease. Give them airy, well-ventilated stalls, and you will find comparatively few cases of consumption among them, no matter how you feed them. *Tubercles* and *cavities* are found in the lungs of most caged animals which die. The confined air, in which they are necessarily kept, engenders consumption, notwithstanding they are fed on the best of food in great abundance, and the utmost care bestowed upon them. Monkeys are particularly liable to consumption when caged; Dr. Regnaud, of Paris, found tubercles in every stage of development in their lungs. In many cases he tells us there were distinct cavities filled with softened tubercles, while others had ulceration of the bronchial glands, *larynx* and *epiglottis*, the same as are found in laryngeal consumption in man. Professor Carswell found that he could readily produce *tubercles* in rabbits, by simply con-

fining them in impure air. I know of no exceptions to this rule in the animal kingdom.

If the reader will now again go over the several causes given in preceding Letters, he will find that they all meet at this one point—they prevent the proper oxygenation of the blood; and those which do so in the greatest degree are the chief causes of this disease. But few cases can be traced to *inheritance*, and not a great many to *predisposition*. In the face of all these facts, physicians who have grown gray without making one contribution to medical science, and old women who have grown wise upon their precepts, will doubtless still continue to harp on '*hereditary taint in the blood*'; but wise are they who treat this idea as an *ignis fatuus* of a bygone age, and build up no hopes of immunity because of their freedom from taint.

All observation and experience unite to prove that the *root* of this malady is in the *lungs*, and that *tubercles* are but the fruit of *imperfect respiration*. If we would cure it, we must attack it here; we must remove the mucus which obstructs the *tubes*, and restore the purity of the blood by acting upon it through the air-cells. I am aware that this is different from the theory generally held by my professional brethren; but then I also know that the treatment based upon it is *successful*, while theirs—*dosing the stomach to cure the lungs*—is little better

than a '*melancholy attendance upon hopeless misery.*' The only sure test of the truth or falsity of a medical doctrine is the practical results to which it leads. The results to which practice has led are the universal dread with which consumption is regarded, and the almost universal conviction that it is necessarily an incurable disease. Thus it is that *professional error* joins hands with *public credulity*, and bars the road to truth.

In order to fairly estimate the causes which produce tubercles in the lungs, let us take a given number of those who apply for advice. What do we find? Why, that the great majority are of persons leading a *sedentary life*—merchants, who confine themselves very closely to the duties of the counting-house; clerks and book-keepers, who are compelled to cramp the chest and limit its expansion, by sitting day after day over the desk; mechanics, who work on the bench in *close, ill-ventilated rooms*, or who breathe an atmosphere loaded with *dust*; and the poor, who live miserably in damp cellars, or the close air of '*tenement houses.*' I am aware that many who lead an active life in the open air are also cut off by it; but in them it always arises from *neglected colds*. *Thin shoes*, insufficient clothing, and exposure to *wet*, deprive them of the immunity they would otherwise enjoy. In private drawing-rooms, in the street, at church, everywhere in fact where men and

women meet together, we hear the '*death tick*' of consumption, in the *hawking* and *rasping* efforts made to clear the windpipe from sticky mucus.

The great importance of rightly understanding the *causes* of this disease has led me to extend my observations on this point.

LETTER XVII.

ON THE CAUSES OF CONSUMPTION.—Concluded.

IF we except *inheritance*, we find that all other causes, however apparently opposite in character, produce precisely the same effect upon the system, viz.: they *diminish* the quantity of *chyle* vitalized in the lungs, and lessen the decarbonization of the blood; while, in a corresponding degree, they *increase* the quantity of *carbon* it contains. The body *wastes* away in proportion to the *diminution* of the former, while *tubercles* are deposited in proportion to the *increase* of the latter. The former gives to this disease its type—consumption—a *consuming away of the flesh*; while the *tubercles*, resulting from the latter, produce that train of symptoms by which it is characterized.

My *theory* of the nature of consumption, then,

may be briefly stated as follows: *Tubercles* are the consequence of *imperfect oxygenation* of the blood; their base is *carbon*. They may be *inherited*, but are generally *acquired*. They are produced equally in *mankind* and in *brutes* by whatever diminishes the *purity of the air* or the *freedom* of its admission into the lungs. The body *wastes* in this disease because the quantity of *chyle* assimilated is regulated, to the weight of a grain, by the quantity of oxygen supplied to the lungs.

The *seat* of consumption is always in the lungs; and all causes capable of producing this disease act by obstructing respiration. As the blood is rendered impure by these obstructions, the *effects* of the disease are seen in a wide range of *sympathetic affections* of other organs of the body; but the danger to the patient depends not on the severity of these sympathies, but on the extent of the disease in the lungs.

I have said that the blood is always impure in consumption. What is the nature of the impurity? Chemistry demonstrates that the *oxygen* is always diminished and *carbon* always in excess. Carbon being a poison most inimical to life, I regard it as the true cause of tubercle. What does chemistry tell us of the *essential nature* of tubercle? The analysis of Schrerer proves that *fifty-four* per cent. of it is pure carbon, and the remaining forty-six per

cent. made up of the elements of disintegrated tissues of the lungs in which it is deposited.

If the reader has attentively followed me through the causes of consumption, he will now understand that the first step toward its cure must be an effort to restore the obstructed function of the lungs. The blood cannot be restored to its purity until this is done. Hence, if the air-tubes be obstructed by mucus, or diminished in size by the thickening of their lining membrane, we must first attack them. If the patient is exposed to a dusty atmosphere, he must be removed out of it, or the good accomplished one day will be undone the next. If the air he is compelled to breathe, be confined and impure, proper ventilation must be combined with the other means employed for his cure.

These are the plain principles upon which all rational treatment must be based. Will any physician pretend that it is wrong to expel the obstructing mucus from the tubes—to soothe the inflamed air-passages, and increase the purity of the blood? I will not be uncharitable enough to think so meanly of the understanding of even the humblest of my medical brethren; and yet, if they admit that these objects are desirable, all that I claim is admitted, for by no other means can they be attained except by the *direct application of remedies to the lungs by medicated Inhalations.*

Since I commenced the publication of these Letters many inquiries have been addressed to me respecting the influence of 'Tobacco,' 'Ardent Spirits,' the 'Dust of Railway Travelling,' &c. in the production of consumption. By rendering the mucous surfaces irritable, these are often exciting causes of that form of catarrhal disease which too frequently ends in consumption, but they are never the *direct* cause of *tubercles*. Whoever is addicted to the use of tobacco—smoking or chewing—knows that it irritates the throat and injures digestion. Intemperance in like manner, by rendering the system inflammable, strongly predisposes to catarrhal disease of the air-passages. Free indulgence in the use of ardent spirits is given by most authors on this disease as one of its causes, but it is only an *indirect* cause, like tobacco. There is a prevailing impression among the people that alcoholic drinks prevent consumption. This idea is false and most pernicious. None will escape it by adopting such means, while not a few will certainly induce a *moral* malady more to be deplored than the *physical* disease they seek to avert.

Travelling by railway is beneficial, for the change of *air* and the *exercise* it affords, but injurious by reason of the coal-dust to which it subjects us. Still, it is not in this respect materially worse than other modes of conveyance.

Climate has undoubtedly much to do in causing consumption. This climate is objectionable, because of the sudden transitions from heat to cold, and because the winter months are damp, raw, and changeable. The best climate in the world is South Australia, where only one person in thirty-seven dies of this disease, while here it is fully one in every *four*. But persons having tubercles in the lungs derive no benefit from going to a warm climate. Indeed, they die sooner than they would by remaining at home. Those who are only *threatened* with tubercles, because of their liability to take cold, derive great benefit from a warm climate. *After* tubercles are deposited in the lungs, if any change is made for the winter months, it is far better to go north than south. When the lungs are obstructed, and the quantity of air inhaled at each breath is diminished, an atmosphere which is *dense, rich, pure, and dry*, is the most favourable for recovery.

LETTER XVIII.

ON THE DURATION AND COMPLICATIONS OF CONSUMPTION.

PERHAPS no error is more general among the people than the supposition that consumption is a disease of

long duration, a malady so *slow* in its progress that they can decide *this* year upon what course they will pursue *next*. Under this delusion, even intelligent patients procrastinate and put off for months the adoption of those means which should be resorted to without an hour's delay. They seem to think that *three* or *six* months hence they can be treated quite as successfully as now, entirely overlooking the fact, that the current of their disease is *silently* but *surely* bearing them *onward* and *downward* toward the grave.

What does experience teach us, in regard to the chances of life in this disease, when it is left to nature, or (what is quite as bad) treated through the stomach? Baron Louis, whose high standing in the profession none will pretend to dispute, tells us that he kept a record of 307 cases. Of these, *ninety-nine* died within *six months* from the occurrence of the first symptom of tubercles, and *one hundred* more between six and twelve months. At the end of *one year* very nearly *two-thirds* of the whole number were laid in their graves, while of the remaining 108, *sixty-seven* died before the end of the second year. Bayle records his observations of 200 cases: *sixteen* died during the first *three months*, 44 during the second quarter, 44 during the third, and 20 during the fourth. By adding these numbers together, it will be seen that no less than 124 out of

the 200 had died at the expiration of the first year. Of the remaining 76, *twenty-one* died before the expiration of *fifteen months*. The late Dr. Swett, of New York, whose work is regarded in the United States as a standard authority on chest diseases, tells us that the statements of the French physicians are even *more favourable* than *his* experience. Of his consumptive cases fully *two-thirds* died before the first year was out.

The above facts will enable the invalid to make from them a fair estimate of the chances of life in this disease. Will he disregard their warning and still put off treatment to another time? His chances of recovery are far better *now* than they will be a few months later. It is folly to say it is '*inconvenient*' to do so at present; life is valuable, and the disease that threatens it *waits* for no man's *convenience*!

I have designedly taken the above facts from the highest and most trustworthy sources known to the profession, because they point out something more than the *mere* average duration of consumption. They show us the almost certain result which follows the wretched mockery of *pretending* to treat this disease through the *stomach*. No practice which sends *two-thirds* of its consumptive patients to the grave within a single year deserves to be regarded as anything better than a *cruel mockery*. No fact is better established

than that neither 'Consumption,' 'Asthma,' 'Bronchitis,' nor the simplest form of *chronic disease of the air-passages*, can be *cured* by dosing the stomach.

From what I have said in preceding Letters, respecting the condition of the blood in this disease, it will be understood that the circulation of blood surcharged with carbonaceous impurity must derange the tone and action of many organs besides the lungs. The seat of these derangements is different in different cases. In one case it is the *stomach*, in another the *bowels*, in a third the *liver*. Whichever organ happens to be the weakest that, in any case, is the one to suffer. The stomach may be merely *inflamed*, or it may be *enlarged* to double its natural size. The bowels are liable to *ulceration*, not only of the mucous follicles, but also of numerous *small glands* which lie beneath the mucous membrane. A very singular change often takes place in the liver: it becomes transformed into a fatty kind of substance. It is scarcely necessary for me to say, that affections like these occurring in consumption add greatly to the patient's discomfort, and, by masking the more serious disease in the lungs, blind him to his real danger. Besides these *common* complications, there are still others which I do not think it important to mention in this connection.

Now, as these *secondary* affections *all* arise from the state of the lungs—as that organ is the fountain

from whence they flow—we can only hope to cure them by restoring *it* to health. Remember that the blood's purity depends on the function of the lungs. It cannot be pure so long as the *air-tubes* and *air-cells* remain *obstructed*; and until it is purified it will continue, in defiance of the *tonics* and *alteratives* of the physician, to *derange* and *debilitate* every part through which it circulates.

The *complications* I have mentioned are all situated at a distance from the seat of the primary disease in the lungs. There are others which are more closely connected. Among these, we have *ulceration of the epiglottis*, the little valve which guards the entrance into the windpipe,—and *ulceration of the larynx*. The former renders it difficult for the patient to *swallow liquids*, while the latter more or less completely destroys the voice. These ulcerations are caused by the direct irritating and corroding qualities of the 'matter' coughed up from the lungs. Almost all the *pain* which those afflicted with consumption suffer is produced by *congestion of the pleura*. It does not indicate any particular severity in the case, for often in desperate cases we have no pain whatever, either in the lungs or pleura. *Water* may form outside the lungs from *chronic pleurisy*, and by its *pressure* seriously interfere with respiration; or a tubercle near the surface of the lungs may ulcerate outward, and allow air to escape into the cavity of the pleura,

in which event, great distress in breathing and a sense of impending suffocation follow.

Such are a few of the more prominent complications which the physician, in treating consumptive cases, must expect to meet. Some of them are simple and easily controlled, while others call into requisition, and often defy, his utmost skill.

LETTER XIX.

ON THE CURABILITY OF CONSUMPTION.

As it is the aim of these Letters to remove popular errors in regard to pulmonary diseases, I will say a few words on the *curability of consumption*. It is not, I think, assuming too much to say that most persons entertain grave doubts on this subject; while many are so thoroughly convinced of the impossibility of curing this disease, that they do not hesitate to characterize all medication having that object in view as 'dishonest' and 'empirical.' Tubercles in the lungs are, in their opinion, equivalent to the *hand of death*; and the delusion is so deeply rooted and inveterate that I can hardly hope *common sense*, *plain facts*, and *unimpeachable testimony* will prove sufficient to dispel it. Still it will not do to

lose faith in the wisdom of the old Roman maxim, *Magna est veritas et prævalebit.*

Before I proceed to give the testimony of others, let me endeavour to make my own views clear on this point. The question is, *Can consumption be cured?* My answer is unequivocally *Yes*, even *after* tubercles are deposited—after they have *softened* and broken down the air-cells and bronchial tubes of the part in which they are deposited, forming a *cavity*,—the lungs can still be healed, and the patient regain comfortable health. Neither the presence of tubercles, nor the actual existence of a tuberculous abscess in the lungs, precludes the patient from the hope of recovery. These are my views; and, however much they may appear at variance with the opinion generally entertained, they are borne out by experience.

Let it not, however, be inferred from what I have said, that I do not regard consumption as a most alarming disease; or that it can be cured as readily in the *last* as in the *first* stage. What I mean is, that this disease is not *necessarily* fatal in any stage—that patients may recover after the lungs have actually undergone *partial destruction by ulceration*.

How does cure take place? It sometimes takes place by *absorption*; that is to say, the tubercular deposit is taken up by the absorbent vessels, and expelled from the system among the excretions of the

body. When the tubercular matter is in the *first* stage, or *not far* advanced in the *second*, cure generally takes place in this way. You have no doubt often observed *swellings* disappear after they had existed for weeks;—have known persons to regain the natural size of the neck after years of affliction from *goitre*;—have seen *dropsical effusions* removed, and *boils* which seemed about to *come to a head* fade gradually away. Whoever has seen these changes has witnessed the cure of a disease by *absorption*. Let me make this perfectly plain. Certain vessels have the power of taking up and expelling from the body impurities and morbid deposits. By the action of these vessels the tubercular matter deposited in the lungs is removed, in the same way that *water* disappears when dropsy is cured without *tapping*.

Another way in which cure takes place is by the *softening* and expulsion of the tubercular matter, and the subsequent *cicatrization* of the cavity formed. When a boil breaks, its *matter* is discharged, and then the part heals up, leaving a scar;—when an abscess forms in the flesh and comes to a head, it discharges a quantity of pus, and then under proper treatment the diseased part heals and becomes apparently sound;—when a carbuncle has eaten a large hole into the flesh the dead parts gradually separate from the living, the cavity granulates and fills up with new matter, a callus forms over the

whole, and health is re-established ;— when a *scrofulous* gland breaks, and after discharging its contents heals up again ;—when a burnt surface granulates, throws out coagulable lymph, and finally becomes covered with a kind of skin which we call a *cicatrix* : we have in each of these cases an example of what takes place in the lungs when a tubercular abscess heals. The parts destroyed are never reformed ; but new matter is thrown out, which draws the sides of the cavity together and seals it up. When a *boil* or *carbuncle* is completely healed it ceases to secrete *pus*, and so also when a cavity in the lungs heals the patient ceases to *expectorate*, because *pus* is no longer formed. To all intents and purposes the cure is as perfect in the one case as in the other.

But it may be said, the blood is always *impure* in consumption, and hence cure will not take place so readily in this disease as in the other diseases mentioned. That is very true ; but it does not follow that it will not do so if the physician restores the blood to its usual purity by proper Inhalations. To accomplish this should always be the first aim of treatment, for assuredly no cure can be expected so long as the blood remains loaded with carbonaceous impurity. I know of no means by which the blood can be deprived of carbon, except the use of highly oxygenated Inhalations ; nor of any method by which we can act directly upon an abscess in the lungs (as we do upon

a carbuncle on the external surface of the body), except by medicating the air which the patient breathes. When a more successful method of treatment is discovered, the Profession will have reason to congratulate itself on having effected *an improvement upon nature!*

I presume there are to be found among medical men some who, drawing their conclusions from the results of their own practice, still feel disposed to deny that it is possible to cure consumption. To a physician who has grown gray in practice, and yet among the hundreds who have sought his advice cannot recall to recollection even *one* consumptive invalid saved through his ministrations, this scepticism is perhaps natural. But let us see what those who have carefully investigated the matter say on the subject.

The late Dr. Swett remarks :—

Another important question presents itself. Is consumption a curable disease?—and if so, what is the proportion of cases which recover? The general impression in the medical profession is, that a patient with consumption is doomed to death. . . . I have known a number of patients during the last fifteen years who have had the evidences of consumption, and sometimes in an *advanced stage*, who finally recovered, and are now in the enjoyment of good health. (Page 279.)

Sir James Clark says :—

That pulmonary consumption admits of a cure is no

longer a matter of doubt; it has been clearly demonstrated by the researches of Laennec and other modern pathologists. (Page 137.)

Prof. Carswell observes:—

Pathological anatomy has perhaps never afforded more conclusive evidence in proof of the curability of a disease than it has in that of *tubercular consumption*. (Cyc. Prac. Med.) And Laennec declares, that the cure of consumption where the lungs are not *completely* disorganized ought not to be looked upon as at all impossible, in reference either to the nature of the disease or of the organ affected. . . . The destruction of a part of the substance of the lungs is by no means necessarily mortal. (Page 328.)

Then let us hear no more of the *incurability* of this disease; but let all good men unite to encourage and stimulate to increased exertion those who are zealously labouring in the great cause of science and humanity.

LETTER XX.

ON THE CURE OF PULMONARY CONSUMPTION.

HAVING in former Letters explained the *nature* of tubercles, and the reason *why* they localize themselves in the lungs, and pointed out the *carbonaceous impurity* of the blood in consumption, I come now to

the consideration of the most important point of all—the proper *treatment* of this disease.

All methods of medication *hitherto* employed have signally failed to afford more than *temporary* relief. The highest authorities in the profession frankly acknowledge, in their published works, that medicines *given by the stomach* have neither the power of preventing the *formation* of tubercles nor of effecting their *removal* after they are formed. Such being the case, it is not necessary for me to add anything in condemnation of a *reliance* upon such means. If they will neither *prevent* consumption nor *promote its cure* they are worthless to the patient, for these are the very objects for which he submits his case to the care of the physician. He cannot reasonably expect that they will prove *more* beneficial in *his* case than they have hitherto proved in others. If he is satisfied with *that*, and there are *really* tubercles in his lungs, it is well for him to put his worldly affairs in order, and withdraw his mind from *earthly* ties, for with all the advantages he can derive from *good nursing*, frequent *change of air*, constant use of *cod liver oil*, and a judicious employment of *tonics*, aided by proper attention to *clothing, air*, and *exercise*, the bitter experience of those who have been similarly treated proves that the most that can be promised him is a few short months of life!

When the reader considers that consumptives are

compelled, in the face of such experience, still to resort to this treatment, because they do not know of any other, and that in Great Britain alone more than *one hundred thousand* persons each year die of this disease, some idea can be formed of the importance of the question, By what means can we remove from the *lungs* and the *blood* the *material element* which causes this frightful destruction of human life?

Now, what *is* the *material element* which poisons the blood and engenders tubercles in the lungs? In a former Letter I answered this question, when I told you, that we always find the blood highly charged with *carbon*, and stated that tubercles are nothing more than depositions of this impurity in the delicate tissue of the lungs. To cure consumption a remedy must be found which will combine with and remove this *materies morbi*, and no medicine known has any such power when given by the stomach.

When I am asked by those who come to consult me, what course I advise them to follow, my invariable answer is, ‘*You must* place yourself under *treatment by Inhalation*. We must *reach* the *tubercles* in the *lungs* and the *carbon* in the *blood*, and we can never do that through the stomach.’ Do you ask why we cannot do so through the stomach? Because there is only one remedy known which will neutralize carbon in the blood; and that remedy will only act when it is brought into relation with the blood in the

gaseous form, that is to say *breathed* or *inhaled* into the lungs.

What is that remedy? It is *oxygen*, in such admixture with *nitrogen* or *atmospheric air* as shall best adapt it to the indications of the case. It was the want of oxygen which first laid the foundation of the disease, and now it must be administered in excess to bring back the blood to its normal vitality. Reflect for a moment on the *office* of the lungs, and on the *causes* of consumption, and you will realize the simplicity and truth of what I have just stated. The office of the lungs is to keep the blood pure by removing its carbon. Turn to any work on Physiology, and you will learn this fact. We breathe for that purpose, and death would follow if we interrupted it for more than one or two minutes. To be perfect, as Nature designed respiration should be, the air we breathe must be pure, and the air-tubes through which it passes of full size and free from obstruction. If the air is *impure*, or the tubes *obstructed* by mucus, our blood becomes carbonaceous and tubercles deposit in the lungs. To restore the blood to its purity, and remove those tubercles, we must follow the dictates of nature, and increase the supply of that element the deficiency of which *caused* the disease. If a man is starving, you must give him food; if he is thirsty, you must give him water; if he is oppressed for *breath*, you must give him *oxygen*. You cannot

give any other element in nature without causing death. Nature is inexorable in her demands. What she requires she must have, and will not be put off with a substitute. In consumption the lungs and the blood require more oxygen than they can, in their present condition, derive from the air; and if the physician does not supply it, he withholds that for the want of which the patient is dying. And pray how does he supply it? Is it by pouring iron mixtures, cough syrups, or fish-oil into the stomach?

On this one principle hinges all success in treating consumption. This is the first link in the chain which connects us with hope. Disregard it and the chance of saving the life of the consumptive invalid vanishes into thin air. If there be any other element in nature which possesses the power of removing carbon from the blood it is as yet among the hidden mysteries, and we have no right to assume its existence. We *know* that the God of Nature gave us oxygen as the *food of the lungs*, and we do *not* know that he gave us anything else which can be employed as a substitute for it. The *air* we breathe is composed of oxygen and nitrogen, in the proportions of 21 parts of the former to 79 of the latter. When the lungs are of average *size*, and the air-tubes free from *obstruction*, we obtain by ordinary respiration sufficient oxygen from the air to keep the blood pure. But this is not the case when the air-tubes

are *obstructed* by viscid mucus, or *diminished in size* by thickening of the mucous membrane which lines them, for the quantity of oxygen taken into the lungs at each breath is then greatly *diminished*, while the quantity of *carbon* to be removed remains the same. And since we get no more oxygen from the greater volume of air respired in health than is sufficient to maintain the purity of the blood, it follows that we must always get less than sufficient from the smaller volume respired when the lungs are diseased. This is a truth which cannot be denied. To deny it would be to assert that obstructed tubes and cells will receive as much air as the same tubes and cells when free from obstruction, which is an absurdity. How, then, is it possible for the purity of the blood to be restored in consumption, if the physician does not come to the relief of nature, and, by increasing the quantity of oxygen in a given volume of air, make the purifying power of the smaller volume inhaled in disease equal to the greater volume inhaled in health? Nature herself points out the want of oxygen, and makes an effort to supply it by increasing the number of respirations per minute. This is the reason why consumptives breathe quicker than persons in health. In health we take about 16 respirations in a minute, whereas in consumption the number increases, with the progress of the disease, to 20, 25, 30, and so on, until at length the patient dies,

actually gasping for air—taking from *forty* to *fifty* breaths in a minute.

Now, can medicine justly claim to be a *science*, or even an *art* worthy the respect of mankind, so long as its practitioners continue to contemplate these sufferings of the poor invalid—these urgent demands for vital air—these obvious signs of struggling nature, and yet confess themselves unable either to supply that element which nature craves, or to remove from the lungs the local obstructions by which the want was first created? God forbid that I should raise the hopes of the invalid only to disappoint his expectations. There is a point at which even *food* will not save us from *starvation*, and there is also a point beyond which we cannot bring back the consumptive to health, even though we supply the very element from the want of which he is dying; for to accomplish cure there must be still remaining in the system sufficient *vitality* to make use of that which is given. But while we may not hope to save *all*, we can, by judiciously acting upon the blood and the lungs, do that which no means hitherto employed by physicians has accomplished—rescue the *majority* from their impending fate.

Oxygen is *nature's* remedy, not the physician's. It is the province of the physician to *aid* nature, not to direct her—to remove hindrances out of her way, not to prescribe *new ways* for her to follow. Food is not

more necessary to the stomach than oxygen to the lungs. In diseases of the stomach it is often the case that the usual quantity of food cannot be retained. How does the intelligent physician meet this difficulty? He gives highly concentrated food, that the greatest possible nutrition may be derived from the smallest possible bulk. The same principle applies to the lungs. In consumption the patient cannot inhale the usual quantity of air; hence the physician must increase its richness by the addition of oxygen, that the smaller volume may do the work of the greater.

The strength of its administration varies with the objects to be attained. Where the lungs are greatly obstructed, and as a consequence the blood very impure, the proportion must be greater than in milder cases. These are matters personal to the physician, and must be regulated by his judgment in each case. No rule can be laid down which shall be generally applicable to consumptive cases.

But, it may be asked, do you give nothing except decarbonizing Inhalations in consumption? Yes, I do a great deal more, and I will in my next Letter tell you *what*.

LETTER XXI.

ON THE CURE OF PULMONARY CONSUMPTION.—Continued.

I HAVE already explained *why* no treatment can possibly effect the cure of consumption which does not begin at the foundation, by restoring the *purity* of the *blood* and causing the *oxidation* and *absorption* of the *tubercles*. I propose now to show that even this must be combined with other means sufficiently potent to remove the *inflamed* and *thickened* condition of the mucous membrane lining the air-tubes, or the *function* of the lungs will still be but feebly performed, and, as a consequence, the *blood* can neither be *kept* pure nor *tubercles* prevented from *re-forming*.

As in this climate most cases of consumption arise from '*colds*' which have become *seated*, it will be understood that in all such cases we have a chronic inflammation of the lining of the air-passages, —*nasal catarrh*, *sore throat*, and *chronic bronchitis*, all exist, in greater or less severity, and the physician must remove them and bring back the mucous membrane to health before the function of the lungs can be restored. If they be permitted to remain they will continue to obstruct the bronchial tubes with mucus—diminish their size—shorten the

breath—and prevent a sufficient quantity of air from being received to *keep* the blood pure. They are in fact the *real* cause of consumption, and so long as they remain they feed and increase both the *carbon* in the blood and the *tubercles* in the lungs.

From these facts, the reader can understand that one of the great objects of treatment is to subdue this catarrhal condition of the mucous membrane. *How* can this be accomplished? It is no treatment for a *local* disease in the lungs to pour *cod liver oil* and *tonics* into the stomach, for they never reach the part affected; and, besides, such medicines possess no properties capable of effecting cure if they did. No physician will pretend that *cod liver oil*, or any *cough mixture*, or *tonic* ever compounded, has power to remove tubercles, purify the blood, or heal the mucous membrane, even if *directly applied*. How then, in the name of reason, can they accomplish these objects, when they are applied to a distant and a healthy part? They are merely palliatives—nothing more—and nobody, unless it be the patient, expects them to heal the lungs.

Let me now tell you what will succeed. A wash or an ointment applied to a disease on the surface of the body accomplishes its cure, not by its action on the system, but by its direct action on the part affected. The same medicines which effect cure when directly applied, would do no good, and often a

great deal of harm, if taken into the stomach. It follows therefore that the cure depends on the *direct application*. By directly applying medicines we effect the cure of inflammations and ulcerations of the eye, skin, and other parts of the body, and by treating disease of the mucous membrane of the lungs in the same manner we accomplish precisely the same results. This, then, is the reason why it is necessary in every case of pulmonary disease to treat the patient by *Inhalation*. The lungs were designed by nature for the reception of *air, gas and vapour*, and we cannot introduce into them solid or fluid medicines. We can, however, always reduce those solids and fluids to vapour, and *inhale* them, and they will manifest in the lungs all the virtues they possess. If physicians could apply washes and ointments to the inner surface of the air-tubes, they would do so in every case; but because they cannot do this they desert the principle of direct medication altogether, and, in the effort to accomplish the same ends through the stomach, sacrifice the life of every consumptive invalid.

The medicines which it is necessary for the patient to *inhale* are of four kinds:—First, *expectorants*, to expel the mucus; second, *sedatives*, to allay irritation; third, *astringents*, to diminish secretion; and fourth, *alteratives*, to change the action of the diseased membrane. These, by acting directly on the

parts affected, not only promote the cure of the disease, but also from the commencement add greatly to the comfort of the patient, by relieving his more troublesome symptoms. The *cough* is relieved by the expulsion of the mucus,—*shortness of breath* vanishes, with the removal of the local obstructions,—*hectic* disappears with the subsidence of pulmonary irritation,—and *spitting of blood* and *loss of flesh* cease the moment the blood is properly oxidized. You see, therefore, that this treatment fulfils all the requirements of the patient for relief, while affording him besides what none other can—a rational hope of restoration to health.

‘But,’ it is frequently asked, ‘do you give no medicines by the stomach?’ Certainly I do,—when they are required. If the patient is feeble and losing flesh, I put him upon strong, nourishing diet, and give tonics to aid his digestion. There is no objection to the use of cod liver oil as nourishment under such circumstances, although I find rich soups made from fat meats quite as beneficial and a great deal more palatable. If the *bowels* are confined, the *liver* torpid, or the function of any other organ impeded or suppressed, medicines must be given to correct them. Again, those afflicted with this disease have usually a very *feeble circulation*—hence, I always order *warm flannels* upon the limbs and *strong double-soled boots* upon the feet. Lastly, gentle

exercise in the open air, proportionate to the strength of the patient, is an indispensable requisite of proper treatment. All these means are valuable, and no educated physician would think of disregarding them; yet what are they but so much attention to *HYGIENE*? Unaided by Inhalation they never yet effected the cure of a case of consumption. Combined with the direct application of oxygen to the tubercular deposits and the blood, and with the daily Inhalation of medicines to act upon the diseased air-tubes and cells, they are all-important; for, together, they accomplish more certainly that end for which the patient submits his case to the physician—the healing of the lungs.

No principle in medicine is better established than that, to effect cure, we must treat the *disease*, not the *symptoms*. In consumption, if we would treat the disease the patient must *inhale*, for there is no other means of reaching its seat. Treatment by Inhalation is always *radical*, it gets the remedy to the very *root* of the evil.

Subject as mankind are to an infinite variety of opposing influences, and to idiosyncrasies both of mind and body, *invariable* success is not possible in the treatment of this or any other disease. A condition of lungs which is scarcely dangerous to one person may prove mortal to another. But the many and wonderful recoveries which *have* been, and *are*

being effected, by this direct and powerful treatment, are in singular contrast with the universal failure which *has* hitherto attended treatment by the *stomach*.

LETTER XXII.

ON THE CURE OF CONSUMPTION.—Continued.

FROM what I have said it will be understood that by *Inhalation* is meant something more than the indiscriminate employment of particular remedies. The physician who would employ it with success must not only be possessed of the requisite instruments, and understand thoroughly its principles, but also its practical application in the several forms and stages of pulmonary disease. At present, few medical men can pretend to know more on the subject than the possibility and safety of introducing medicines into the lungs in a state of vapour.

As recommended, Inhalation is a *systematized practice*, combining, with attention to the general health, the advantage of a direct application to the seat of the tubercular deposits and ulcers in consumption, and to the inflamed and thickened mucous membrane

in bronchitis and asthma. It is based on well-established facts, and appeals to the common sense of every person. It attacks the disease in the lungs by medicines that allay irritation, promote the absorption of tubercles, facilitate expectoration, and decarbonize the blood.

Such is the theory; but it is idle to theorize when we have abundant facts to place the question beyond controversy. The following gratifying letter from a medical gentleman will be read with interest, as embodying the results of this treatment in three cases which came under his own observation:—

Letter of R. H. Husband, Esq., M.D.

From the 'New York Herald.'

Jefferson Street, Green Point, Brooklyn, L. I.

To the Editor.

Sir,—For some time past considerable interest has been awakened, both in and out of the profession, by the publication of a series of popular Letters, from the pen of Dr. Hunter, of New York, on the successful treatment of consumption by Inhalation. That these Letters manifest a profound acquaintance with medical science, and are written in a most attractive style, cannot for a moment be questioned; but a matter of far greater importance remained to be tested, namely, whether the application of the principles advocated by Dr. Hunter would be sustained by their success in practice.

Of late I have observed in several newspapers extracts from the letters of physicians calling on Dr. Hunter for the publication of cases. Now the only matter for consideration is, whether the success of Inhalation has been equal to the

expectations raised by its announcement, or greater than the practice in common use.

I have myself personally witnessed the recovery of two cases of consumption. They had been for some time under the care of physicians of my own acquaintance, but were gradually sinking into their graves. The first of these cases (Mrs. Jonathan Crane, of Green Point, Brooklyn) was apparently of a hopeless character, a cavity having already formed in the right lung; there was great emaciation, she was unable to walk any distance, and had all the worst symptoms which usually attend cases of phthisis in an advanced stage. Mr. Crane was induced, from the testimony which came under his observation, to put her under the care of Dr. Hunter.

I was anxious to witness the effects of Dr. Hunter's treatment by Inhalation in her case, as I knew it to be a desperate one. Soon after she began to use the inhalations, I saw a marked evidence of improvement—her breathing became more free, her expectoration increased and easy; her general health daily improved, and I am too happy to be able to say, that this improvement has gone on steadily, until she is now in excellent health and spirits: a result, which I have no hesitation in saying no other medical treatment known in the profession could possibly have effected in her case. The other case—that of Mr. Griffin, of the same place—was very similar in its character to that of Mrs. Crane. This case I also watched closely, and the result has been equally satisfactory. As a professional man, I was induced at first to give all possible attention to Dr. Hunter's treatment, feeling a very deep interest in his published views on the subject. But I confess I was not at all prepared for the speedy, decided and unmistakable success which attended it in these two cases.

The effect on my own mind has been such, that I was

led at once to place under his care my own sister-in-law, Miss Wood, also a case of tubercular consumption, similar in character to Mrs. Crane's. Miss Wood has been under Dr. Hunter's treatment for about six weeks, and I am happy to say, that she too is progressing toward a cure, in a manner most highly gratifying to myself and all her friends. After these undeniable evidences, coming under my own observation, in so satisfactory a manner, I cannot be silent. As a general rule, medical men have a dislike to appearing in the columns of a newspaper on any subject connected with medical practice: there are occasions, however, when it becomes a duty to lay aside these feelings, and bear an honest testimony to the truth; and I am rejoiced, as a man who respects his profession, that I have it in my power to bear this ample testimony to the success of Dr. Hunter's treatment in consumption.

Yours very truly,

R. J. HUSBAND, M.D.

Here, then, are three cases of recovery from a condition which did not admit of cure by the usual treatment, for it had already been tried in vain, and abandoned. They are worth more than volumes of fine theories unsupported by proof.

The following remarkable instance of the arrest of a case of acute consumption, of very aggravated character, is well detailed in the letter of Frederick Andrews, Esq., of Georgetown, D. C.—

From the 'National Intelligencer.'

To the Editors.

Washington, D. C.

Gentlemen,—Influenced by a sense of the duty I owe to mankind, I would respectfully request the insertion in your

valuable paper of the following statement of my sister's illness, and her recovery from consumption.

During the fall of 1856 she was violently affected with cold, followed by a disagreeable cough, which continued some months, being increased by each additional cold. In January, 1857, a severe pain commenced in the left side and region of the heart, accompanied with violent cough, night and day.

Such was the severity of the cough, and the distress arising from a suffocating sensation on lying down, that she was compelled to sleep bolstered up in bed. There was great difficulty in breathing, thick yellow matter was coughed up from the lungs, occasionally mixed with blood, and towards the latter part of February nearly half-a-pint a day.

Her strength was wasted, there was great oppression of the chest, with a rattling sound in breathing. Her face was flushed with hectic fever, and the eyes burned with a peculiar brilliancy.

Under such circumstances, we could not doubt that her lungs were very much affected, and we had no hope of her recovery. Such was her state at the close of February, with the symptoms increasing in violence, when she commenced inhaling 'medicated vapours' under the direction of Dr. Hunter.

We had not long to wait for evidences of improvement. The cough soon became less severe, the matter was raised from the lungs in large quantities without much effort, the oppression in breathing went off, hectic fever disappeared, her rest became comfortable, and her appetite and strength returned.

In a month she was out of danger, and in two, perfectly restored to health. A year has since elapsed, and she continues free from all traces of disease.

This happy result I feel was due entirely to the use of Inhalation, and under this conviction, regard it to be my duty to proclaim it to the world; and this I deem will be a sufficient excuse for asking for this letter a place in your widely-circulated paper.

Your obedient servant,

FREDERICK ANDREWS,

Dunbarton St., Georgetown.

GEORGETOWN, D. C.: *April* 25, 1860.

The case described presented all the usual indications of what is commonly called '*Galloping Consumption*.' The tuberculous diathesis was very strongly marked. Nearly two years have passed since the above letter was written, and yet the lady not only continues free from disease of the lungs, but is at this time in the enjoyment of even robust general health.

LETTER XXIII.

ON THE CURE OF CONSUMPTION.—Continued.

(*Case of Wm. J. King, Esq.*)

THE following case exemplifies the prompt action of medicines in vapour, not only in arresting the disease, but in improving the tone of the general system. I present it in the language of the patient himself,

with the editorial comments of the journal in which it was published :—

From the 'Chicago Tribune.'

'We publish to-day a very interesting letter from a highly-respectable and well-known citizen of Chicago, on his remarkable restoration to health from consumption. It certainly bears very strong testimony to the efficacy of the mode of treatment to which it refers.'—[Ed. 'Tribune.']

190 Wabash Avenue, Chicago:

April 10, 1862.

Editor 'Chicago Tribune.'

I desire through your columns to state a few facts relative to my restoration to health and active life through the peculiar treatment of Dr. Hunter. My family all are of a consumptive tendency, most of them having died of that disease. In the year 1856 I was myself greatly reduced with cough and expectoration, but at that time improved under the influence of a visit to the South. My heart has been diseased for many years. About the 1st of January last, however, all my symptoms became greatly aggravated, my cough was distressing, my breathing short and with chills and fever, entire loss of appetite and consequent emaciation; pulse 125 beats a minute. In a word, I was in as prostrate and hopeless a condition as a man could well be. Friends had abandoned all hope of my recovery.

In this condition I was fortunately induced to call in the aid of Dr. Hunter, and was placed under his treatment early in January. In the course of the first month I began to show evidence of decided improvement. The cough, which had resisted all the ordinary means in use, and which was very violent in its character, gave way gradually, in the most singular manner, to the use of the Inhaler. My night sweats stopped soon after, all the unfavourable symptoms

disappeared, one after another. My appetite returned; strength increased; countenance, before deadly pale and emaciated, has become full and healthy; and my weight in three months has increased twenty pounds. So that friends who meet me on the street, never expecting to see me abroad again, can hardly believe it is myself. At the termination of three months, from the time of placing myself under Dr. Hunter's care, I find myself enjoying such health as I have not had for years, and never expected to enjoy again in this world. And feeling that I owe it all to the attention and skill of Dr. Hunter, I make this public avowal of the facts as due to him and his remarkable practice in the treatment of consumption.

Your obedient servant,

WM. J. KING.

Another case, published in the same journal, was even more remarkable. Extensive softening of tubercles had taken place in the apex of the right lung. Severe hemorrhage had occurred on repeated occasions. The patient was harassed by cough, and prostrated by night perspirations and diarrhœa. With a proper sense of the great benefit he had received, he made public the particulars of his disease and treatment in the subjoined letter:—

(Case of James F. Cook, Esq.)

From the 'Chicago Tribune.'

No. 188 Kenzie Street, Chicago:

March 10, 1863.

To the Editors.

I think it a duty I owe to the public, as well as to Dr. Hunter and his practice of treating the lungs by direct

means, to state some facts regarding the treatment of my case some six years since from New York.

My health commenced seriously to fail in 1852. Thinking a change of climate would benefit me, I came to Chicago in 1853. Instead of improving, however, I continued failing, until the worst form of diseased lungs developed itself in unmistakable symptoms. I had at various times hemorrhages from the lungs, copious purulent expectorations, night sweats, hectic fevers, constant cough, and prostrating diarrhœa. So reduced had I become, that at times I had to be bolstered up, lest I should be suffocated by the profuse expectoration, which was very offensive in its character.

I had been treated in the ordinary manner by physicians from the earlier stages of the disease, but without avail, and they now considered me beyond the reach of medicine. All agreed, that I had but a few weeks to live, while I felt certain myself that such was my doom.

It was under these circumstances I wrote to Dr. Hunter of New York, whose views on the treatment of the lungs by Inhalation I had read when I resided near that city. I received his reply, asking some questions, which I answered immediately, and soon afterwards received medicines and inhaling instrument with full directions. This was early in 1856. I commenced at once, and from the first began to feel that the medicines sent me were acting on the lungs in a manner I had never before experienced. I began to improve, to the wonder of both friends and physicians, and this improvement went steadily on, until the symptoms I have described gradually disappeared. My strength began to return, and the lungs once more performed their functions healthily, so that in three months I was able to go to my office again; and still I went on improving, until my health was completely restored. While under Dr. Hunter's treat-

ment I gained in weight about twenty pounds, and have gained further since; in fact, I have continued in good health ever since—such health as I had not known for years before.

I have no hesitation in saying, that had it not been for Dr. Hunter's treatment of my case, by Inhalation, I must certainly have died within a few weeks from the time I first consulted him. Many of my fellow-citizens of Chicago knew my case well; and I state these facts in detail because I think some poor invalid, suffering as I did, may, by the same means, be restored to such health as I now enjoy.

Yours respectfully,

J. F. COOK.

When we consider that this disease has long been regarded as *incurable*, and that thousands every year, in despair of benefit from any means, actually lay down their lives without an effort, it clearly becomes the moral duty of everyone who may have been rescued by any new discovery in medicine, or new method of treatment, to make it known for the benefit of mankind. In this sense, letters like the above cannot be too highly commended.

LETTER XXIV.

CURE OF CONSUMPTION.—Continued.

(*Case of Justin H. Howard, Esq., of Washington, D.C.*)

THE following case, although one of well-defined phthisis, was complicated with asthma. It commenced in a severe attack of bronchitis, contracted in returning home from an evening party. The acute symptoms subsided under the treatment employed, but left him with a troublesome cough. This was speedily followed by attacks of asthma, occurring at intervals of a few days; and within three or four months from the commencement, by a deposition of tubercles in the superior lobe of the right lung. Such was his condition at the time he came under my care. The manner of his treatment and the result I give in his own words:—

From the 'National Intelligencer.'

To the Editor.

Gentlemen,—From December to April last I was suffering from disease of the lungs, variously regarded by my physicians as 'bronchitis with asthma,' and 'consumption with tubercles on the right lung.'

In the early part of April I was so emaciated as to be scarcely able to walk. I had a severe cough, which increased on lying down at night and on rising in the morning; suffered dreadfully from shortness of breath on going up stairs or the slightest exertion. What I spit up was of a greenish-yellow colour, and sometimes tinged with

blood. My appetite was gone, and I had constantly a painful sense of oppression through my chest. Under these circumstances, by the advice of Dr. Robert Hunter, I was induced to try the effect of Inhalation in the following manner :—Medicines were placed in a glass inhaling instrument, so constructed, that the air in its passage to the lungs passed first through a medicated fluid, thus conveying the properties of the medicine in the form of vapour into the lungs. I also inhaled in a small room, which was daily filled with medicated air for that purpose. Into this room I went five or six times daily, remaining from five to ten minutes each time. The effect was truly surprising. Almost from the commencement I felt sensible of benefit; the irritation of my chest was soothed, the expectoration became free and easy, the oppression and shortness of breath gradually went off, my appetite and strength improved daily, and within two months, having scarcely taken a dose of medicine by the stomach, I was sufficiently restored to return home and resume my business (that of an artist and designer), and I am now, at the end of six months, in the enjoyment of excellent health. Believing that I owe to Inhalation, not only my present good health, but, in all probability, my life itself, I could not refrain from bringing it before the public, in the hope that a knowledge of these facts may prove equally beneficial to others similarly afflicted.

I am, gentlemen, your obliged and obedient servant,

JUSTIN H. HOWARD.

NOTE.—This gentleman is now residing in the city of New York, where, I believe, he holds an office under the commissioners of police. He has continued in good health since the date of the above letter,

and is quite as strong as at any former period of his life.

(*Case of Joseph Warford, Esq.*)

The following letter was addressed, as will be seen, to the Editor of the 'Troy Daily Times' by the gentleman over whose signature it appears. I feel that it is quite unnecessary to add anything by way of explanation. It tells its own story in a plain, intelligible, and common-sense manner:—

From the 'Troy Daily Times.'

To the Editor.

Sir,—The following happy results from the Inhalation of medicated vapours in my own person, I feel it my duty to make known to the public, for the benefit of those who, like me, have sought in vain, through months and years, for relief from that most fatal and distressing disease—consumption. I have not only experienced in my own person the greatest relief from Inhalation, but have witnessed equally good effects in others. I am of a consumptive family—my mother and sister having died of consumption; and for the past five years I have suffered almost constantly from a hacking cough and shortness of breath; the cough hung about me, and though I was for ever taking mixtures, I could not get rid of it.

In December last I was taken with bleeding of the lungs, and within a few days had three severe attacks. The loss of blood was very great, and I lay for a number of weeks unable to rise, even for nourishment. I suffered from soreness and tightness through the chest; I raised from the lungs heavy bloody matter, more than half-a-pint a day, for twenty days, at times greenish or dark and yellow-

coloured matter and of a bad smell. I suffered dreadfully from want of breath, had night sweats and hectic fever; my hands and feet were cold, my nervous system irritable, and I had lost from twenty to thirty pounds in weight. This was my state for more than a month before I commenced using medicated vapours, under the direction of Dr. Hunter, which I was induced to do by the advice of my physician. Dr. Hunter, having examined my lungs, pronounced them to be ulcerated, with a cavity in the right lung, which agreed with the previous opinion of my physician, and with my own convictions, for I could hear the matter rattle in my side. It is now about seven months since I commenced, and the improvement in my health is so great, that I could not longer remain silent, believing, as I do, that by the same means many who are now given over to die may be restored to health.

In the first month of treatment the discharges ceased one-half. I have gained flesh and strength, go out daily and ramble through the city without much fatigue, and am in every respect a new man. I have a good appetite; and my appearance is so much improved, that my friends who saw me on my bed, as they thought, a dying man would scarcely recognize me in the street. But my confidence in the use of medicated vapours is not alone from the happy effects in my case, for I have seen great benefit derived by others in this city from their use. I inhale in two ways: warm, from an inhaling instrument; 'and cold, by filling a chamber with vapour, into which I go three or four times a day, remaining from five to ten minutes at a time, according to the strength of the vapour.'

Before my severe attack in December, I was under the care of several physicians—took cod liver oil, cough mixtures and pills, without lasting benefit; used abdominal supporters and braces, and, in fact, did everything that man

could do to acquire health ; yet, notwithstanding all, I was steadily growing worse. One thing has surprised me more than anything else, and that is, the many different opinions I have received in regard to the state of my lungs from physicians of high standing.

During the first two years I was told that my disease was slight, and would soon pass off as the weather became warm. Some said one lung was slightly affected ; others that my disease was in the liver. After a time, the difference in opinion in regard to there being disease of the lungs ceased ; but in its stead they disagreed as to its nature—one pronouncing it bronchitis, another consumption. Whatever my disease may have been at an earlier stage, I believe that at the time I commenced treatment all were agreed that it was a decided case of consumption ; and it is from a sense of duty I owe to my friends and the public, that I seek, through your excellent journal, to make known to the world the benefit I have derived, and the means by which it was obtained. I will be most happy to give any further information that may be desired in regard to my case.

JOSEPH WARFORD,

No. 48 North Fourth Street, Troy.

The above statements we believe to be substantially true,

Rev. B. O. MEEKER,

Pastor of the 2d Street Methodist E. Church.

WARD WILKINSON,

J. E. DURMONT, M.

West Troy.

It will be observed that in all these cases the oxygen chamber was employed in conjunction with the other Inhalations. It must not, however, be understood that pure oxygen was used. Only such

addition was made to the air of the chamber as the particular case required. In some cases this was only *one-third*, while in others *one-half* or *two-thirds*. Other medicinal agents were frequently combined for their local action on the mucous membrane.

LETTER XXV.

ON THE CURE OF CONSUMPTION.—

Continued.

IN the writings of the elder Bennett, Crichton, Scudamore, Murray, Gannal, and Corrigan, there is nothing on which the physician can rely as a guide in the administration of medicines in vapour. Their observations referred to the use of some one particular medicinal agent, which, while it proved beneficial in one stage or one form of pulmonary disease, was inert or injurious in others. Their want of experience, the injudicious selection of the most active and irritating agents, and the absence of proper instruments, were insuperable obstacles to the establishment of the vapour treatment on a firm basis. But with all these difficulties to contend with, even their crude attempts were attended with better success than has since been attained by any form of medication by the

stomach. Had they understood the local origin of consumption, and the essential carbonaceous character of tubercle, they would have modified their remedies, and combined with them the most important agent of all, *oxygen*. But they were misled by the prevailing dogma of the *constitutional origin* and *hereditary taint*, which has existed too long for the credit of the Profession or the good of the sick. Rely upon it no physician who bases his treatment on that dogma will ever effect the cure of consumption. The very symptoms from which consumptive people suffer all point directly to the lungs. *Cough* is caused by irritation in the air-tubes, induced by the presence of mucus or pus; the *expectoration* comes from the inflamed membranes and disintegrated tissue of the air-tubes and cells; the *shortness of breath* is produced by the obstruction of the air-tubes by tubercles and mucus; the *pain* or *soreness* by the inflamed lung and sympathizing pleura; *hectic fever* by pulmonary irritation; *spitting of blood* by congestion of the lung; while the *loss of flesh* comes from the defective vitalization of the chyle of the venous blood in the air-cells. There is not, in fact, a characteristic symptom of the disease which has not a local origin. That the blood is always impure in consumption is indisputable; but that impurity is *secondary*, not *primary*—it is a consequence of local disease, not its cause. It results from defective action in the lungs,

whose office in the body is to keep it pure, and it can only be purified by restoring the function of the lungs.

(From the late U. S. Marshal Hoover, Washington, D. C.)

The following letter was addressed by a gentleman, holding a high official position at Washington, to a friend residing in New York, in reply to inquiries on the subject:—

[BY PERMISSION.]

Washington, D. C.: Dec. 21, 1863.

Although I do not know Dr. Hunter personally, I know sufficient of him and his system of Inhalation to state that it has great merit. Whether it will produce a radical cure of consumption I cannot say. Thus much has come under my observation. My wife's mother was all last summer, fall, and winter, so prostrated with what was called a pulmonary complaint, that her friends had given up nearly all hope of seeing her again venture out of doors, or of seeing her alive many weeks or months. A brother of my wife's had died last spring of a similar disease, and another brother seemed destined to go the same way.

The latter, hearing of Dr. Hunter, called on him, and placed himself under his treatment. In a short time a great improvement had taken place, apparent to all who knew him. Seeing this, his mother was induced to do the same, and from that moment she has improved, until she is now, though not perfectly recovered, in much better health than she has been for years past. Her case I consider a remarkable one; and it satisfies me that there is

great virtue in the system of Dr. Hunter, and I would, therefore, advise any persons afflicted with pulmonary complaints to try it by all means.—I am, dear Sir,

Yours faithfully,

J. D. HOOVER.

The cases referred to in the above letter were of the most unfavourable character, and presented all the local and constitutional evidence of confirmed consumption; yet both recovered, the son perfectly, and the lady (who was advanced in years) to a condition of comfortable health, which she still enjoys.

(Case of Mr. James Moore.)

From the 'Toronto Leader,' Canada.

To the Editor.

Dear Sir,—Influenced by a sense of duty I owe to mankind, I would respectfully request the insertion in your valuable paper of the following statement of my illness, and my recovery from consumption under the Inhalation treatment of Dr. Hunter.

In the month of October, 1862, I caught a very severe cold from getting wet several times in succession. This occasioned a very harassing cough, with great hoarseness. Every morning, upon arising from my bed, I would cough for some length of time, until I would be completely exhausted. I was expectorating thick yellow matter in large quantities, was very much emaciated, had night perspirations to an alarming extent, had considerable pain in my chest, side, and beneath my shoulder-blades; had great shortness of the breath, hectic fever in the afternoons; no

appetite, and so little strength as to be unable to walk ten minutes without complete exhaustion; and all the other symptoms of a confirmed case of consumption.

Having already lost two brothers from this dreadful disease, I naturally felt great anxiety about my own state, and consulted with several of the most talented and celebrated physicians of this vicinity, as well as of the city of Toronto, who all agreed that my left lung was very badly diseased, and were of the opinion 'that I would scarcely survive the spring months, but, if I did, that I would probably live until the ensuing autumn.'

With this gloomy prospect before me I was induced by my friends to consult Dr. Robert Hunter, on the 1st day of August 1863, who, upon examining my case carefully, quite agreed with the other physicians as to the locality of the disease, but was of the opinion that a cure could be effected by his system of treatment by Inhalation.

I had not used the medicines *one week* before experiencing a decided change in my feelings, and the symptoms gradually disappeared, until not a trace of them remained. When I found myself nearly recovered, I diminished the frequency of my inhalations, as ordered, until the disease wholly left me, when I discontinued them altogether. I have used no medicines now for more than two months, and find myself free from all cough, difficulty of breathing, or other bad symptom, notwithstanding that the weather has been extremely unfavourable.

During this spring I have been able to do quite as much work as could possibly be expected by a man of my age, and find that I can carry a bag of grain quite as well as ever, and have sown (broadcast) all my crops this spring without difficulty, and feeling quite as well as before.

Having received such unparalleled benefit from this treatment, even after I had given up all hopes of cure, I

would tender my sincere thanks to Dr. Hunter for the care and attention bestowed on my case; and cheerfully and confidently recommend the treatment to all persons suffering from pulmonary diseases.

My case is well known throughout this township, as well as in the city of Toronto. I am, dear Sir,

Your obedient servant,

JAMES MOORE.

ETOBICOKE: *June 4, 1864.*

LETTER XXVI.

ON THE CURE OF CONSUMPTION.—

Concluded.

(*Case of James H. Clayton, Esq.*)

From the 'Commercial Advertiser.'

25 & 27 Cedar Street, New York:

Sept. 8, 1856.

I have just read an attack made by Dr. D. M. Reese, in his monthly publication, upon Dr. Robert Hunter, of this city, endeavouring in the most uncourteous manner and by the most paltry quibble to injure Dr. Hunter through me; although Dr. Reese knows that I attribute to Dr. Hunter's treatment of my case by Inhalation, and to no other cause, the saving of my life, and the uninterrupted good health I have enjoyed for more than two years.

I was formerly one of the firm of Hall, Clayton & Co., of the 'Commercial Advertiser' Job Printing Office. My brother, J. G. Clayton, was also, and is yet of the same

firm, besides being one of the editors of the 'Commercial Advertiser.'

Dr. Hunter never asked me to publish a statement of my case, although had he done so at any time within two years, that is, since I felt that my health was permanently re-established, I should most cheerfully have complied. My case was editorially alluded to, however, in the columns of the 'Commercial Advertiser,' because well known in that office. It was also mentioned editorially in the 'Daily Express' of June 16 (at least my case was the one alluded to). The 'Express' quoted, as patients successfully treated by Dr. Hunter, Messrs. Clayton, of the 'Commercial Advertiser;' Jones, one of the proprietors of the 'Daily Times;' Bennett, editor and proprietor of the 'Herald;' and others, &c.

The latter part of 1853 I was attacked with pleurisy, so called by Dr. Reese, who attended me and advised me to go South. I went to Charleston, S. C., remained a month, found no benefit, returned to New York, and still continued sinking, losing flesh and appetite, and daily growing more helpless and hopeless. My expectoration was very bad, streaked with blood, my cough racking, night sweats profuse. In fact, I had all the worst symptoms of diseased lungs. And so little benefit had I ever derived from the practice then pursued, that I gave up all hope of living, and all use of medicines, sold out my interest in the printing-office, and looked for my death, from which I thought no earthly means could then save me.

Such was my condition when I was told of the success of Dr. Robert Hunter, and advised to consult him without delay. I did so. He examined me—told me my case was a serious one—gave me no promise more than to do his best for me, and put me at once under active treatment by Inhalation. This was in February 1854. A few days

satisfied me that the medicines I inhaled were acting favourably and directly on my disease. The worst symptoms diminished. My courage increased. My improvement went on steadily, and I persevered for months. In May following I was able to resume office duties: and from that time to this I have not been ill a single day; am less liable to colds than formerly, and am in better health, and weigh more than I have done for ten years. Are these not *facts* for which to be grateful? Moreover, Dr. Hunter's kindness and attention to me during that trying time can never be forgotten.

Now all these facts Dr. Reese knows as well as I do. I repeat it. For I have conversed with him more than once on the subject, and always saw it seemed to annoy him. My case is well known, but it is only thus brought before the public to repel an unprovoked attack on the veracity and reputation of a professional gentleman of the highest merits. I deeply regret the occasion, but am happy to have it in my power to give this statement of facts without further comment.

JAS. H. CLAYTON.

The 'Commercial Advertiser,' of 9th inst., alluding to this attack by Dr. Reese, adds:—

The errors he has committed in his notice of three remarkable cures by Dr. Hunter are conclusively refuted, so far as Messrs. Jones and Clayton are concerned; and it is well known that the proprietor of the 'Herald,' the other patient whose case has been mentioned, has repeatedly vouched, in the editorial columns of his journal, for the efficacy of Dr. Hunter's treatment by Inhalation. Our friend of the 'Medical Gazette' is truly unfortunate in his method of controversy. The vindication of Dr. Hunter's successful practice—even where certain other physicians have failed—is complete.

It is only necessary to leave the preceding case, so clearly stated by the patient, to speak for itself.

The symptoms, alas! were those too well known to the experienced physician, as denoting that consumption had commenced its deadly work, and the inevitable consequence would have been death.

The patient had given up all hope, but relief was nearer than he thought; and the satisfactory result was, that he was able to resume the duties of life, gained flesh and strength rapidly, and, in fact, was restored to health.

In the face of these facts, proving the entire curability of consumption by a simple, rational, and scientific treatment, it is painful to see that, in defiance of all experience, and of the dying protest of the thousands who each year perish miserably, the old routine of stomachic medication is still adhered to. No change is made either in the medicines employed, or the manner of administering them. This pertinacity might lead some to believe that medical men have confidence in it themselves. But is such the case? What do the teachers and most eminent authors say on the subject? Baron Louis writes a book of 400 pages on this disease, and then sums up the treatment in *six*, without giving one practical precept. Dr. Stokes tells us, that 'it unfortunately happens that the *palliative* treatment is the one we must generally follow; but there can be

no doubt that, as Medicine advances, the cures of consumption will be much more frequent.' Dr. Billing frankly admits, that 'the application of remedies in phthisis has been in many cases *empirical*, often *inert*, and sometimes *mischievously active*.' (Page 323.) Dr. Cowan says: 'We cannot help anticipating that the cure and comparative extinction of consumption are among the benefits the *future* progress of Medicine will confer upon mankind,' and adds: 'Notwithstanding all that has been written upon the subject of consumption, we are still totally unacquainted with anything like a satisfactory method of cure.' Dr. Watson informs us that, while 'One physician gives all his consumptive patients beefsteaks and porter, another restricts all his to vegetables and asses' milk!' 'Look!' says Magendie, 'at pulmonary consumption, for example, there is an affection which you see day after day cutting off individuals of every age, of every sex, and of every rank; yet none has been more carefully studied on the old plan; none has proved a more fruitful source of dogma and disquisition. Eminent observers have described all its phenomena, even to the minutest details. But what is all this but description; but so much natural history? Will it throw any light on the treatment of the affection? Not a particle! But we *hope for enlightenment* in this respect. We must *learn the cause* of the dis-

ease, nor need we despair of discovering it. *Perhaps tubercular matter may yet be detected in the blood, and, as a further step, the means of destroying or preventing its formation ascertained.*—(Lectures on the Blood, page 13.) And Sir James Clark tells us that all means hitherto employed have failed, and we must ‘look for some other method of remedying the evil.’

Instead, therefore, of having confidence in the ordinary treatment all candid authors and teachers look hopefully to the future. They admit the necessity for a change, and predict that the day will come when ‘*the cures of consumption will be much more frequent.*’

In abandoning the old beaten path, neither patient nor physician gives up anything, except it be the *certainty* of a fatal issue for a *chance* of escape from it. Some years ago, I recollect opening the work of a celebrated writer on pulmonary disease, to see what treatment he recommended. I found it summed up in the following words:—‘*Allay local irritation by opium, diarrhœa by astringents, and night sweats by mineral acids; and, finally, solace the close of life by attending to the immediate comforts of the patient!*’ The ‘*close of life*’ is, indeed, a very natural termination of such a course, and the only one which anybody could reasonably expect to result.

(Case of the Rev. Benjamin Locke.)

The following letter, copied from the 'Toronto Globe,' needs no comment to bespeak for it a careful perusal:—

To the Editor of the 'Globe.'

Sir,—Having received the greatest amount of benefit from the treatment of Dr. Hunter, I consider it to be a duty I owe to suffering mankind to publish a statement of my case, in order that all persons suffering from any disease of the throat or lungs may know of a means of relief; and I unhesitatingly assert, for the encouragement of those thus afflicted, that I firmly believe the system of medicated Inhalation is the only rational one for these diseases.

About fifteen months ago I was attacked by a dry hacking cough, which soon became troublesome, annoying me exceedingly during the night, and upon arising in the morning I was compelled to cough for some length of time to remove the matter accumulated in my lungs during the night. I had severe pains in my chest and beneath my shoulders, with a sense of oppression over that part of the lungs immediately beneath the collar-bones. My expectorations were yellow, purulent, and occasionally mixed with blood. I lost twenty-eight pounds in weight, was much emaciated, and suffered so much from shortness of breath that I was unable to attend to my ordinary duties. Upon examination of my chest, both of my lungs were found affected: and having lost both parents, two brothers, and a sister, from consumption under the ordinary treatment for the disease, although under the care of the best physicians of the day, I decided at once to try the effect of Inhalation, feeling that it was the only method offering me any hope of recovery.

With this determination I applied to Dr. Robert Hunter, in the month of July last, and after a careful examination of my case, was pronounced extensively diseased throughout the upper half of my lungs.

Soon after I commenced the use of the medicines I noticed a decided improvement in my symptoms. The spitting of blood soon ceased, the expectorations gradually became less, my appetite returned, my breathing improved, and my lost strength and flesh were again regained; until now I feel so much improved that for some weeks past I have been chopping my own firewood, and feel quite as little difficulty in doing so as before my illness.

I now feel perfectly well, with the exception of a slight uneasiness in the throat after a prolonged exertion of the voice in the conducting of Sabbath services, which I feel confident will soon yield to the remedies which my physician has kindly sent me to relieve it.

Having experienced such happy results from a method of treatment which I consider has, through the blessing of God, rescued me from the brink of the grave, I cheerfully recommend it to the afflicted, believing that wherever tried, it will, as it has done in this section of the country, produce a revolution in the opinions of the people in reference to the curability of pulmonary consumption; and the most incredulous be compelled to admit that the disease can be cured even after it is far advanced.

I shall ever pray that the blessing of high Heaven may continue to attend the heart-cheering, lung-restoring, life-saving treatment pursued by the physician above referred to.

I am, dear Sir,

Yours very truly,

REV. BENJ. LOCKE.

PICKERING, C. W.: *Feb.* 23, 1864.

Can any testimony afford more convincing proof

of the prompt and great efficacy of a method of treatment than is afforded of the success of medicated Inhalation by the result of the above case? The Rev. Mr. Locke is a minister of the Methodist connexion in Canada. His case was one of the most unfavourable character; and his recovery was regarded as impossible by many physicians of Toronto, among whom I may mention Dr. John Rolph Malcolm, who examined the case several times during the progress of the treatment.

LETTER XXVII.

ON ASTHMA.

THE characteristic symptom of this disease is *shortness of breath*. We never find it absent during the attack, and it is generally present in some degree during the interval between the fits. That is to say, the patient, though comparatively comfortable, cannot walk fast or exert himself in any way without experiencing more or less oppression in breathing.

There are several kinds of asthma. The simplest form is called *Nervous Asthma*. It comes on suddenly without any warning, and, after a few hours, passes off, with very slight expectoration. It occurs in both sexes and at all ages, but is most common

in *nervous* women and those extremely susceptible. The attacks may be produced by anything which quickens the circulation. Sudden fright is a very common cause. It also sometimes arises in people who have a very sensitive mucous membrane, from inhaling the powder of ipecacuanha, the smell of cheese, or the smoke of a candle or lamp when blown out. Indeed, almost any influence that quickens the circulation, or excites the mucous surfaces of the air-passages, may produce the asthmatic fit.

We have another form of this disease known as *Hay Asthma*, and *Rose Cold*. These names are applied, because the smell of new-mown hay, or the aroma of roses, will always promptly induce an attack. Some persons regularly suffer during the summer months, and only get rid of their distressing companion as the autumn wanes and winter approaches. During the fit, the lining of the nose, fauces, and eyelids *itch* and *burn*. Then an *acrid water* runs from the nose and eyes, and the patient has frequent attacks of *sneezing*. These symptoms are speedily followed by *cough*, *oppression* in the chest, and *wheezing*. It always begins as an acute catarrh, and then rapidly passes down to the lungs.

But the most serious form of this disease, and the most common, is called *Dry Asthma*. It comes on as an ordinary case of dry bronchitis. A person to all appearance in perfect health perceives that his

breath is shorter than that of other people on exertion, and that every morning he raises, with a good deal of *rasping*, a small particle or two of pearl-grey or bluish-coloured mucus. The quantity of this matter gradually increases, and is attended by more frequent efforts to clear the air-passages. This condition continues for months, and it may do so for years; but sooner or later—generally from a fresh cold—spasmodic contraction of the air-tubes takes place, and a violent attack of asthma occurs. Once fairly set up, the fits occur from time to time, generally after every severe cold.

Humoral Asthma is still another form of the disease, characterized by the very opposite symptoms. Instead of the discharge being small in quantity and bluish in colour, it is *thin* and *watery* and flows in large quantities. The attacks come on as a cold in the head, and rapidly extend downwards, until the whole mucous lining of the throat, larynx, or windpipe, with bronchial tubes, is involved in one continuous irritation. There is usually great oppression in the chest, with wheezing, and the nose is so closed that the patient is compelled to breathe through the mouth. The discharge resembles the white of raw eggs, covered with froth, and often amounts to several pints in the twenty-four hours. It is most common in persons above the age of 45 years, but occurs at every age. Between the attacks those afflicted with

this kind of asthma are always more or less *wheezy*, particularly when walking or taking any exercise that quickens the circulation.

Besides these, there are many other conditions of the lungs to which the name Asthma is applied; but as they are comparatively rare, it is not necessary to minutely detail their symptoms in a work of this character.

There are many symptoms in asthmatic cases which are common to all forms of the disease, and cannot be said to belong to one more than another. When a person has once had an attack he can generally predict pretty certainly the approach of the fit. Usually a *fulness* and *windiness* about the stomach, with a disposition to *yawn*, are experienced immediately before the attack. These symptoms are followed by a sense of tightness and constriction around the lower part of the chest, or by *headache*, *dryness of the nostrils*, and a sense of *chilliness*.

The attacks may come on at any time, but usually occur in the night or early morning; perhaps four paroxysms out of five occur after midnight and before six in the morning. Some suffer the moment they lie down, but it is far more common for the sleep of the early part of the night to be undisturbed. Towards morning the patient is suddenly awakened out of sleep by a sense of suffocation and a dreadful oppression and weight on the chest. He sits up in

bed, breathing with great difficulty, calls for the doors to be opened and windows raised to give him air. Perspiration generally forms on the forehead, and, in severe attacks, stands out in large drops. The face is anxious, the eyes staring, the lips pale or blue, the extremities cold, and the heart palpitating violently.

The *duration* of the fit is very different in different cases, and at different times in the same case. It may pass off in half-an-hour or last for days. At length the *tightness* around the chest relaxes, the breathings become longer and more *sighing* in character; the patient begins to expectorate freely, the lips lose their lividity, and sleep comes to the relief of exhausted nature—the attack is at an end.

The reason why asthmatic fits come on so suddenly, and pass off so mysteriously, is easily explained. The air-tubes have a muscular coat, which gives them the power of contracting. Whatever irritates the nerves which supply this muscular coat is liable to produce an attack of asthma. In nervous people, and in those who have a very irritable mucous membrane, this liability is increased tenfold. Coal-gas smoke or the aroma of flowers will produce it in one and not in another. A severe cold and dust will occasion it in persons who suffer no inconvenience whatever from the other causes. The *irritation*, from whatever cause it may arise, produces the spasm; and until that spasm

relaxes very little air can get into the lungs, and all the distress the patient experiences arises from the want of air. Any mechanical obstruction in the air-tubes would produce the same distress without the spasm being present. The spasm, like cramp in other parts of the body, comes on often without any apparent cause, and, like it, may continue for several hours and then pass off in an instant. Whatever, then, *irritates* the pulmonary nerves may produce asthma; and whatever will *soothe* them will relax the spasm and give the patient relief.

But it must not be supposed that all cases of asthma terminate with the relaxation of the spasm. Wherever high irritation of the mucous membrane exists there is always more or less swelling, which takes place at the expense of the air-tubes, and consequently diminishes their size. By the swelling and puffing up of the lining membrane we are often unable to breathe through the nose, and yet there is no spasm. The same takes place in the lungs in cases where spasm does exist, and may continue long after it has passed off. Where such is the case the relief is only partial, and it is only after a copious discharge of *mucus* takes place that the swollen membrane subsides and allows the air to enter again freely into the lungs.

Then, again, in *Dry Asthma* there is generally considerable thickening of the mucous membrane

lining the air-tubes, which permanently diminishes their size and prevents a complete restoration of health. So long as this is allowed to continue the patient must always suffer from oppression, and be liable to asthmatic attacks.

When asthma has existed for several years, particularly if it be *dry asthma*, we may find, on examining the lungs, that changes have taken place which no skill on the part of the physician can ever entirely remove. From repeated attacks the air-cells of a part of the lungs become enlarged, and not unfrequently ruptured so that several cells come to form one cavity. I need not say that neither medicine nor surgery affords any means of restoring the obliterated cavities or reducing the dilated ones. This condition we call *Emphysema*. It is simply asthma, with a rupture or dilatation of the air-cells. In this form the shortness of breath is *always* present, and there is much greater liability to the recurrence of the fits; indeed, those afflicted with emphysema are never entirely free from asthmatic wheezing. They cannot lie down with comfort. A full meal, by distending the stomach, occasions great inconvenience. In many cases the *INSPIRATION* of air is much freer than the *expiration*. There seems to be less obstruction to the entrance of air than to its expulsion. Portions of mucus form in the bronchial tubes and act as valves. The air, in passing out, blows these

valves of mucus across the tubes, thereby obstructing them. In persons who have died of asthma these valves have been found hanging to the sides of the windpipe, and in the bronchial tubes, and possessing almost the tenacity of false membrane. To make my meaning clearer, I will give you a very simple illustration. Suppose we have half-a-dozen little india-rubber bags, attached by short tubular stems to a larger tube, and that six cubic inches of air will just fill them. Now, when these are filled they resemble a cluster of air-cells. If we force six cubic inches of air into them, and then expel six, no injury would result; but if we force in *six* cubic inches, and (owing to the tubes offering an obstruction to the return of the air), can only expel *five*, and continue to do so, in a short time, they become swollen to two or three times their former size, and in the end will burst. This is a mechanical illustration, but not a whit more mechanical than actually takes place in the lungs of many asthmatic people. It is in this way that emphysema is generally produced, the rupture and dilatation of the air-cells taking place, because more air is drawn in at an inspiration than can be expelled at a breath.

I have told you that asthma is a very erratic disease, and is ever changing the character of its attacks. In one case it comes on only after a severe cold, or violent exercise, or some distinct exposure to local irritation, while in another it comes on without

apparent cause or warning. In one person it manifests itself in slight attacks every few days, while in another only one or two attacks occur a year, but they are of much greater severity and longer duration when they do occur. We cannot satisfactorily account for some of the peculiarities which manifest themselves in this disease. For instance, I have known persons who could only sleep in a certain position, and any deviation from it would be sure to bring on a fit. Others that could sleep on one side of a house, and not on the other. Most asthmatics breathe best in *pure* air, but now and then we find one who cannot escape an attack outside the *smoky atmosphere* of the city. Of course the peculiarities of each case have to be taken into consideration in determining the treatment.

LETTER XXVIII.

ON THE CURE OF ASTHMA.

THE failure of the ordinary remedies prescribed in asthma has produced a profound public conviction, that it, too, like consumption, is beyond the reach of cure. Most physicians are satisfied with an effort to *relieve* the attacks as they occur, and few patients

have credulity enough to look for more than palliation. There seems to be (in the estimation of both physicians and patients) a kind of merit in holding the opinion that '*Asthma can't be cured.*' Few think it necessary to consider whether the failure to cure is not more likely to arise from the fallacy of the treatment than the inveteracy of the disease; and yet this consideration is absolutely essential to the formation of any opinion on the subject. Has the treatment been the best that could be adopted, both in the *remedies* employed and in the *manner* of their employment? Has the essential nature of the disease been understood, and the treatment been based upon a correct pathology? For, if not, however curable the disease, the treatment could not but fail. Any medical man has a right to confess his own failure to treat with success this or any other disease, but it would be great presumption in the most learned and experienced physician living to limit the *possible* in medicine to his own attainments in the healing art. Each year brings forth changes and improvements in every other art and calling, and in no art or calling of life is there more necessity for change and improvement than in the art of healing the sick.

In the treatment of asthma there is scarcely an article in the *Materia Medica* which has not, at one time or another, been tried, and yet from each and all failure and disappointment have been the only return.

Why is this? No sufficient answer can be found in either the *cause*, the *pathology*, or the *progress* of asthma. A disease may spring from so *deep-rooted* a vice in the system as to defy all medicine; but asthma only springs from irritability of the mucous membrane, or, at worst, from a chronic inflammation and thickening of the mucous lining of the air-tubes. A disease may be so *rapid* in its progress that there is no time for medicines to act; but asthma is a very *slow* disease, and only ends fatally after long years of suffering. In the great majority of cases it springs from a local cause, and is maintained by a local condition. If we look closely into the nature of the disease we find nothing to lead us to doubt its curability. The changes it produces in the lungs are very slight in most cases. It is only in emphysema that any absolute destruction of the air-tubes or cells takes place. In all ordinary cases we find nothing more than an *irritability* of the mucous membrane of the air-passages, attended in dry asthma with *thickening* and some diminution of the size of the air-tubes. There is nothing malignant in asthma, for it arises from the same causes as produce a simple cold, or an ordinary chronic bronchitis. Such being the character of the disease, we should, reasoning *à priori*, expect it to prove one of our most curable maladies, but, strange to say, it has proved one of the most difficult to control.

I assume as the cause of this failure to cure asthma the fallacy of the treatment employed. It is clearly a *local* disease, and has been treated as a constitutional one. We should fail if we treated a similar local disease of the mucous membrane in any other part on the same principles. And what has resulted but failure in this? It will not do to answer this question by a *theory*, for, in a simple disease, if the treatment be unsuccessful, the probability is that the theory upon which it was based is *false*. When any fact has become so indubitably established as the incurability of asthma, through the stomach, it is folly to oppose a theory to the trials and testimony of ages. Let us now see, if a different theory and a different practice will not accomplish better results.

If we have a chronic inflammation of the *eye*, of the *throat*, of the *stomach*, or of the *bowels*, we always treat it by direct applications to the affected part. Either this is a true principle or it is false. As *success* is the proper test in medicine, and this treatment is generally successful in these affections, it is safe to regard it as correct. Certain it is that we could not cure them by any other method with which we are acquainted. Now, if we can cure irritability in the mucous membrane of the eye, throat, stomach, and bowels by *local* applications, why can we not cure the same condition of the mucous membrane of

the *lungs* by similar means? And, since medical men could not cure affections of the mucous membrane of other parts without making direct applications, what reason had they ever to expect to cure a similar affection in the mucous membrane of the lungs *without their employment*? It is surely absurd to divide the mucous membrane into *inches*, and apply our treatment by *measure*, totally varying it in principle according to certain arbitrary divisions we have made. Nothing is clearer than that that which is good for the mucous membrane of the eye is equally beneficial when applied to the throat; and what is beneficial in the throat cannot but prove efficacious in the windpipe and in the lungs. Analogy is certainly in favour of treating *all* these diseases upon the same general principle; and if we apply our remedies directly to the affected part in one case we cannot rationally do differently in the other.

If we had no facts we might reason, from the nature of asthma alone, with great force in favour of a local treatment, but what says experience? What do well-known facts regarding the action of local remedies prove? Why, that the only *relief* the poor asthmatic has hitherto obtained has been derived from a local treatment. What is the old practice of burning '*nitre paper*,' '*smoking stramonium*,' and the more recent *inhaling* of æther and chloroform, but

a direct application of remedies in vapour to the air-tubes and cells of the lungs? And has not the relief afforded by these simple agents overbalanced a thousand-fold all the relief ever obtained from dosing the stomach in this disease? Now, if this be true of these simple *palliatives*, it can be understood how prompt and beneficial must be a judicious *curative treatment*, applied in the same manner, under the care of a physician experienced in the administration of medicines in vapour. Something more is required in the treatment of asthma than merely to relax the spasm and afford *relief*. To effect the *cure* of the disease we must restore the mucous membrane to health, and subdue that morbid sensibility on which the attacks depend. These objects we can only attain by the vapour treatment.

I am aware that for some time past it has been the habit of certain physicians to meet all reputed cures of consumption by inhaling, by the assertion that such cases must have been *chronic bronchitis simulating consumption*. Now (although the supposition is disproved by the clearest and most indisputable testimony), what is this but an admission that by this treatment we *can* cure chronic bronchitis of so inveterate and aggravated a character as to be mistaken for consumption? What is asthma, in the great majority of cases, but *spasmodic bronchitis*? In nine cases the same condition exists

without a spasm, and we call it *bronchitis*, and in the tenth with a spasmodic contraction of the smaller air-tubes, and we call it *asthma*. If the treatment will cure the bronchitis it will prevent the asthmatic attacks from returning, and that is as much cure as the patient requires or medicine can accomplish in any disease. In spasmodic or *nervous* asthma the irritability of the mucous membrane is all we have to treat, and when that is removed the patient is well. *Dry* asthma, attended as it usually is, by thickening of the membrane and some induration, is more tedious, but there are very few cases indeed which do not admit of complete restoration to health. Such cases generally require six months to effect their cure, and sometimes even more; while two or three months are sufficient to uproot the nervous form in most cases. When asthma is of long duration, the treatment requires to be persevered in much longer than in recent cases, and should be kept up many months after all symptoms have disappeared. Still it is very surprising how rapid are the cures effected in many old cases of asthma which had defied the combined agencies of medicine when treated on the common plan.

Having explained the theory and principles which govern my treatment of this disease, I will now give you some facts to show that that treatment has already produced results of the most surprising

character—results which have never hitherto been attained by any other method of medication known to the Profession.

The following very gratifying case will be particularly interesting to those suffering from asthma. The patient, a medical man of large practice, had tried in vain the usual means employed in such cases, and had consulted, without being able to obtain any permanent benefit, all the leading physicians of his acquaintance. After his recovery he could not for years believe it possible that his distressing malady would not return. He subsequently published the following statement of his experience:—

(Case of A. Follin, Esq., M.D.)

From the 'New Orleans Picayune.'

The following letter from a medical gentleman, who, in his own person, experiences the happy results of a perfect cure of disease of the lungs by adopting the treatment by Inhalation of Dr. Robert Hunter, of New York, furnishes strong testimony to the efficacy of the system.—[Ed. 'Picayune.']

No. 90 Rampart Street, New Orleans.

To the Editor of the 'Picayune.'

Sir,—I consider it my duty to communicate to the public some facts on a subject which I deem of the greatest general importance.

Six years ago, when I was practising my profession in New York, my lungs became affected by frequent colds; there was constant irritation and debility, which acted on my general system so much that my appetite and general strength

failed, and I was rapidly sinking into a condition from which I knew too well the ordinary practice of medicine could never extricate me.

Dr. Hunter was then actively discussing his views on the proper treatment of all affections of the respiratory organs, and I was so fully impressed with their scientific correctness that I went at once to consult him in my own case. He examined me thoroughly, and after making a careful diagnosis of my case prescribed for me such medicines as he wished me to inhale through the admirable instrument he has contrived.

I followed Dr. Hunter's advice strictly, and in the course of a month I was rewarded by finding the irritation of my lungs allayed, and a strength and tone imparted to them which they had not before. I still continued for several months, however, to inhale his prescriptions, and found continued improvement and strength as the result. The obstructions in my lungs being thus removed, the blood became vitalized, my appetite increased, and my health became perfect.

Although it is now six years since I had the happiness of making Dr. Hunter's acquaintance I feel that my present excellent health is mainly due to his scientific treatment, and with this conviction I cheerfully volunteer a statement of the facts, as they may prove useful to others. As a medical man, I have no hesitation in pronouncing Dr. Hunter's practice the only rational and successful method of reaching the lungs. And having myself experienced its happy effects, I would recommend it to all who are in any manner suffering in the organs of respiration.

A. FOLLIN, M.D.

In the preceding case the patient suffered from irritation of the mucous membrane which lines the

air-cells of the lungs, accompanied by debility and loss of appetite, caused by a succession of 'colds,' and was sinking into a hopeless condition, the probable termination of which every medical man can conjecture—congested liver, heart disease, and general dropsy—death. The primary causes of all those symptoms existed in the inflamed or congested condition of the lung, producing thickening of the mucous membrane, or a viscid secretion, which formed a barrier to the passage of oxygen gas, which is essential to the vitalization of the blood. The repeated Inhalation of medicated vapour, acting on the diseased surface itself, in the course of a month, produced an effect, by removing the obstruction and reducing the diseased organ to its healthy condition.

This case is most satisfactory, as being the voluntary testimony of a member of the Profession, who enjoyed good health six years after so severe an attack.

*(Case of George Jones, Esq., one of the Proprietors of the
'New York Daily Times.')*

From the 'Daily Times.'

Office 'Daily Times,' New York:
Wednesday, Sept. 3, 1856.

My attention has been called to a gross attack made in the September number of a medical periodical upon Dr. Robert Hunter of this city, in which the 'cure' so happily effected in my case is discredited, although the editor who

is guilty of such discourtesy admitted, on handing a copy of his monthly into the office of the 'Daily Times,' that he knew nothing about my case.

Enjoying as I now do the blessing of uninterrupted health — after enduring seventeen years of suffering — I should be recreant to every sense of justice, to every feeling of gratitude, and to every consideration of good-will toward those who are suffering as I have been, if I 'remained silent' while the physician, to whose skill and kind attention I am already indebted under Heaven for so great a blessing as health, is misrepresented on my own case.

For seventeen years I was the victim of asthma in its worst form. About twelve months ago I consulted Dr. Robert Hunter, of No. 828 Broadway, who put me at once under active treatment by the Inhalation of such medicines as he prescribed. A few weeks convinced me that I was in the right hands. I persevered with confidence, gradually and steadily improving under the treatment, until six months had elapsed, when I found myself completely relieved. I have been since, and am now, in the enjoyment of good health, gaining flesh and feeling well, although my old medical advisers could never hold out to me the least hope of such happy results under their treatment.

I offered some months since to make a public statement of my case, believing it due to Dr. Hunter and the practice he advocates, but he declined, for the reason that he considered his practice sufficiently well established on its general results, without the publication of isolated cases. I have reason to know, therefore, that my case, although editorially alluded to in the columns of a city daily paper, was never published by Dr. Hunter himself.

This statement has been called forth only by the unjustifiable misrepresentation of facts to which I have alluded; and I shall merely add that my previous suffering and

present good health are known to hundreds, many of whom daily congratulate me on the evident and great improvement in my health.

GEO. JONES.

The above case is certainly one of the most satisfactory that ever came before the public, being the voluntary and cordial testimony of a generous mind, evidently too glad to evince his gratitude, after seventeen years of suffering, and to indignantly refute (to use his own words) the 'gross attack' which had been made upon his physician in a medical periodical—an ignoble practice, which we regret to say, has been too common in the profession since the days of the immortal Harvey. In a case so protracted, and which had defied the ordinary treatment of the Profession, the effect of Inhalation in improving all the symptoms was undeniable, which went 'steadily' on for twelve months, when the relief was 'complete.'

LETTER XXIX.

ON THE CURE OF ASTHMA.—Concluded.

I CANNOT more appropriately continue my proofs of the efficacy of the direct treatment in this disease

than by introducing the following very sensible letter from my esteemed friend, Dr. Thomas Close, of Port Chester. It will amply repay an attentive perusal, as the Doctor was himself a patient, and speaks from the effects produced in his own case:—

(Case of Dr. Thomas Close.)

Port Chester, N. Y.:

July 27, 1860.

Dear Sir,—Having been so promptly relieved of a very obstinate asthmatic attack by your admirably adjusted series of Inhalants, I find that my solicitude for personal safety is rapidly giving place to a deep and abiding interest in this greatest medical improvement of the age; and I feel a strong inclination to lay before you a statement of my case, with the reflections that some of its attending circumstances naturally suggest.

I was attacked with asthma, for the first time in my life, early in December last. It came during an attack of influenza, and there seems to have existed at this time some atmospheric influence tending with unusual force to the production of asthma; for I met with many cases, during the winter and spring, among persons who had never had the disease before, and in all of whom it was complicated with the catarrhal affections then prevalent. These cases yielded readily and permanently to ordinary treatment, with the exception of two, which proved entirely refractory, my own being one of this unfortunate number. Twice I had succeeded in suspending the disease for two or three weeks at a time, but it returned a third time, and now baffled all my attempts at relief. Some degree of mitigation was several times obtained by one remedy or another, but all of these soon wore out, leaving me worse than before. The

difficulty was aggravated by being complicated with bronchitis; a muco-purulent expectoration following every hard fit of coughing.

Another circumstance annoyed me not a little. From my youth I had been troubled with much irritation in the fauces, disposing to strong voluntary movements of the palate to overcome it. For two or three years past this complaint had become more aggravated, and crusts began to form upon the posterior nares, which, after accumulating for eight or ten days, were at length detached in a violent fit of sneezing, very thick and firm, and of the size of a ten-cent piece. Chronic catarrh was with me a complaint of still older date, and it was curious to observe, how much this dripping from the frontal sinuses, as well as the secretion from the nostrils, was momentarily increased during every hard fit of coughing. Unable to lie down in bed, and harassed for two or three hours every night, with the most irrepressible cough,—my sleep very much curtailed, pulse quickened, and appetite failing,—I could not but be aware that my health was rapidly giving way under the force of a disease, which I was conscious of having no certain means of controlling. Such was my condition on the 25th of June, when I submitted myself to your inspection, and on returning home in the evening, with the necessary supply of remedies, I inhaled for the first time from Inhalant No. 1. It was with surprise as well as gratification that I was conscious next morning of having passed a better night than any for the last fortnight. Improvement went on steadily from this time, and at the end of the second week, when bottle No. 2 had been consumed, there was scarcely any asthmatic symptom remaining, though the bronchial irritation and expectoration still continued, but the purulent appearance gave place to that of colourless mucus. At the end of the third week, the cough and expec-

toration had much abated, and another gratifying improvement, which I was not prepared to expect, was found to be going on: the chronic catarrh, or discharge from the frontal sinuses, which had annoyed me for years, was found diminishing in the same ratio as the discharge from the lungs, while the crusts, that had so long formed behind the palate, ceased altogether. Now the vapours I had inhaled, by their direct application to the diseased surface of the lungs, relieved me most signally; but as these could not have entered the frontal sinuses, the idea was at once suggested that diseases not of the lungs, and which could not be reached directly by anything drawn in with the breath, might nevertheless be cured by the indirect influence of remedies inhaled, and often with more safety and far more pleasantly than by taking them into the stomach. It is, indeed, scarcely doing justice to the function of digestion to make the stomach the receptacle of all the articles found necessary for the cure of the multitudinous diseases of the whole system; for while we admit that certain medicines exert a controlling influence over the diseases for which they are prescribed, it cannot be denied that many of them make anything but an agreeable impression upon the stomach itself. All epidemics, all diseases whose producing causes exist in the air we breathe, are, of course, introduced into the system through the lungs; and may not remedies be found, capable of counteracting their mischievous effects, which can be introduced in the same way, while the function of digestion thus escapes disturbance? One fact, indeed, which in the use of the Inhalants has arrested my attention the most strongly is, that while their curative effect has been so prompt and persistent, I perceive no irritation, nor any especial sensation in the lungs while using them, their action upon the bronchial surfaces seeming as mild as that of atmospheric air; and, judging from

my own feelings, I have come to the conclusion, that the lungs are quite insensible of the presence of even decidedly active remedies, introduced in the form of aqueous vapour, which, if swallowed in similar doses, would produce in the stomach sensations sometimes, perhaps, agreeable, but at other times decidedly offensive. Your cough inhalant, which possesses some degree of pungency, though not perceptible when drawn into the lungs, I readily perceived when exhaled through the nostrils. The stomach then being evidently less tolerant of many medicinal substances than the lungs, the inquiry, whether many diseases may not readily be cured by a method, which does not irritate the lungs and which leaves the organ of digestion undisturbed, at once assumes an importance that can scarcely be estimated.

That you may long live to carry out your views, to increase and perfect your remedies, and to extend their application, so as finally to be able to give to the world a greatly improved system of medical treatment of not only pulmonary but many other diseases, is the earnest prayer of,

Dear Sir, your much obliged Friend,

THOMAS CLOSE.

Robert Hunter, M.D.

This case went on steadily to recovery; and to the present, there has been no recurrence of the asthmatic paroxysms, although the Doctor has many times suffered from severe attacks of cold, any one of which would previously have induced the fit.

The following case will also be read with interest, as bearing strong and grateful testimony to the efficacy of the treatment in a very bad case of dry

bronchitic asthma, attended by *ulceration* of the mucous membrane of the air-tubes :—

(*Case of Mr. Silas S. Furbush.*)

For several years past I suffered from pains in the chest, accompanied by a sense of constriction and difficulty of breathing. During the winter of 1858–9, I coughed incessantly, and in the autumn of 1859 I was attacked with very great shortness of breath. The oppressive sense of suffocation and wheezing were intolerable, and scarcely ever left me. I could not walk a block without stopping to gain breath. I became greatly reduced in flesh, and did not at that time weigh more than 115 pounds. What I raised was yellowish in the morning, and as the day progressed it became white and frothy. I was unable to attend to my business, and considered myself to be fast running down; an opinion which, I now learn, all my friends also entertained. I had experienced no relief from any plan of treatment recommended by my physician, and in despair of recovery, I determined to try your treatment by Inhalation. I soon experienced very sensible relief. During the second month this became very manifest. At the end of three months, I was able to walk down town, and look after my business. At the end of six months, I discontinued treatment, and found that I had gained in weight thirty-five pounds, weighing then 150 pounds. The most remarkable improvement was noticeable in every respect. I was able to walk ten miles without fatigue; could run up a ladder, or up stairs to the top of a five-storey house, without my breath being affected in a greater degree than other people; could converse easily for any length of time without inconvenience or fatigue; and have continued to enjoy the same exemption from suffering ever since.

My case is very well known to my father, Mr. Silas B. Furbush, 190 Wooster Street, and Mr. William W. Hyatt, office 120 West Broadway, to whom you may refer any one who desires information, or to

Your obedient Servant,

SILAS S. FURBUSH.

215 Thompson Street, New York.

(*Case of Edgar A. Wentzel, Esq.*)

From the 'New Orleans Picayune.'

150 Royal Street, N. O.:

March 11, 1861.

To the Editor.

Sir,—The remarkable benefit which I have derived from Dr. Hunter's treatment of my case by Inhalation, induces me to make it known through your columns for the benefit of the public.

For eight years I have suffered from bronchitis and catarrh, complicated with spasmodic asthma. I have steadily grown worse under ordinary medical treatment for years past. My breathing was so oppressed that the slightest exertion rendered life a burthen. The day I placed myself under Dr. Hunter's care—the latter part of January—my sufferings were beyond description. He examined me carefully, prescribed medicines for me to inhale in different ways; and, happily for me, I no sooner commenced his treatment than I found such relief as I never hoped to experience again in this world. From that day to the present moment I have gone on steadily improving, until to-day my breathing is free, distress has vanished, and I thank God again for the enjoyment of fresh air in my lungs, to invigorate and strengthen me. I am now able to exercise freely without any oppression in breathing, and in short I feel like a victim freed from the grasp of a relentless enemy.

I am truly grateful that ever I saw Dr. Hunter, and placed myself confidently under his care. I give this statement voluntarily, as a duty I owe to those who suffer as I have done.

Yours respectfully,

E. A. WENTZEL.

This case was one of chronic bronchitis, accompanied by spasmodic asthma, caused by the irritation of the air-cells of the lungs from cold, and forming one of the most dreadful maladies to which man is heir; in fact, a species of slow suffocation. The chief features to be observed in the result of the treatment by Inhalation, which was most satisfactory in this instance, were the immediate benefit derived, as well as its continuance, and the complete relief from all the distressing symptoms, so gratefully expressed by the patient.

(Case of E. L. Pasco, Esq.)

From the 'New York Tribune.'

Albany: Monday, Oct. 10, 1860.

To the Editor.

Sir,—Believing the following facts will be of interest to many of your readers, I crave a place for them in the columns of your paper. In June 1859 my strength began to fail, and continued to do so for several weeks, when cough set in and I began to raise dark yellowish matter. Then once or twice every twenty-four hours I would have violent paroxysms of asthma. I grew weaker, and continued to raise matter, until I was confined to my room. After being under the care of my physician for several weeks, I was able to go out, yet in a very weak and feeble state.

My breath was so short that I could only walk a few blocks without stopping to rest, and my asthma grew worse and worse. I had now severe pain almost constantly in my left lung. In this state I was led to try Inhalation, under the direction of Dr. Hunter, by breathing medicines in the form of air or vapour from a glass instrument, and by going several times a day into a chamber filled with medicated air. From the time I began this treatment my strength increased, I could walk with greater ease, and my breath became freer. In four weeks all the pain in my lungs was gone, and with it every symptom of my asthma. At the end of two months and a half I could walk four miles in an hour without fatigue. For the past four months my health has been better than for years previous, and I have not a symptom of my distressing malady left, all of which I most cheerfully ascribe to Inhalation, as employed by Dr. Hunter, of whose kindness, attention and skill, I stand a grateful witness.

Your obliged Servant,

E. L. PASCO.

This case differs from the two preceding, as presenting an additional symptom, that of pain constantly in the left lung,—an evidence that inflammation was going on in that organ, as well as expectoration of a dark yellowish matter, accompanied by violent paroxysms of asthma and great prostration of strength. The ordinary treatment failed, but from the time he adopted the vapour treatment, by Inhalation of medicated vapour, there was a rapid improvement in all the symptoms, his strength steadily increased, the asthma disappeared, and life was no longer a burthen.

THE AIR AS A SOURCE OF DISEASE.

THE air we breathe is more immediately concerned in the production of disease than any other influence to which we are exposed. It is subject to changes in its *temperature*, in its *density*, in its *electrical* condition, and in the amount of *impurities* it contains: all of which changes directly impress themselves upon our *feeling*, and affect our *health*; they act *locally* on the internal surface of the lungs, and *constitutionally* through the blood on every *organ*, and *muscle*, and *nerve*, and *tissue* of the body.

Either in some radical *change* in the air itself, or in the *gases*, *vapours*, and *poisons* of which it is the carrier, lie concealed the causes which produce the *plague*, *yellow fever*, *cholera*, *ague*, *typhus*, and many other maladies. Through the same medium the virus of *small-pox*, *scarlet fever* and other eruptive diseases, is spread from house to house, and from town to town, until it has traversed the globe. *Spasmodic asthma* has unquestionably an atmospheric origin, while *whooping cough* is readily transmitted from one child to another by the *breath*.

Now, in all these and many other diseases the cause is *inhaled* into the lungs, and thence produces its impression upon our health. That impression

may be directly on the mucous membrane of the air-passages, and manifest itself *locally*, as in *catarrh*, *quinsy*, *laryngitis*, *croup*, *bronchitis*, and *asthma*; or a poison may be absorbed into the *blood*, and carried by the *circulation* from organ to organ, depressing their vitality and deranging their functions, until a chain of morbid disturbance is established which involves the entire body. As the former is the true source of all *bronchial* diseases, so is the latter the parent of most so-called *idiopathic* maladies.

Of the influence of the air on the nervous system we have almost daily proof, in the changes which take place in our *spirits* and *feelings* by the state of the weather. The despondency induced by this cause gave rise to the old saying, '*this weather is suicidal*;' and there can be no doubt, that in many instances the depression amounts to a disregard of life. Dr. James Johnston tells us, that the *sirocco*—a blighting wind which prevails in Italy, in the month of April—causes, in many travellers, a suicidal tendency, extremely difficult to restrain. Nervous asthma also presents a very striking illustration of the impression produced by the air on the pulmonary nerves. Although in these cases, the influence is supposed to arise from its *electrical* state, the action is probably compound, and affects both the *blood* and the *nerves*.

With a knowledge of these facts, how simple the practice of medicated Inhalation becomes. It is surely rational to administer the *antidote* by the same channel through which the *poison* finds entrance into the system. The importance of acting directly on the *seat* of the disease in all pulmonary affections, and the ease with which we can *medicate the blood* through the lungs, give to this practice a merit which none other can possess, and opens up to the mind of the student of medicine a field of vast and inviting inquiry. It is remarkable, too, that those other maladies to which it is especially applicable have, to the present, defied medical skill. Whatever may prove to be the success of *purifying Inhalations* in idiopathic diseases, experience has abundantly established that, in *pulmonary* complaints at least, we can, by following the course of nature, and attacking the disease *in* the lungs and *through* the lungs, accomplish that for the attainment of which all other means have hitherto been tried in vain.

Again, the practice of administering medicines in *vapour* is not only based on rational principles, but is in itself an elegant process. It is *rational*, because it is *direct* and *natural*; it is *elegant*, because it is free from disagreeable taste, and does not, like crude drugs, excite disgust in the patient. No person swallows *pills*, *powders*, or *mixtures* without a strong

effort of the will. Patients tolerate them when sick, because they do not know of any other mode of administration. Inhalation, on the other hand, may be employed by the most delicate and sensitive invalid without the slightest discomfort.

But there is another advantage which medicines in *vapour* have over *solids* and *fluids*. Medicines act with greater power and promptness when *minutely divided*, just as the solution of any substance takes place most rapidly when the cohesion of its particles has been overcome. The daily experience of every physician proves that the more completely the attraction, which holds together the active elements of medicines, is destroyed before their administration, the more rapid and salutary will be their effect on the system. Medicated vapours are medicines in their most *attenuated* and *subtle* form. They are the minutest possible division of solid and fluid substances—the *essences* separated from all crudity, and when breathed, act with the rapidity of contact. A *grain* reduced to vapour is more active than a grain in *substance*, and will produce more decided effects. It follows, therefore, that, as a rule, *small doses* in a state of vapour will act with the power of large doses in the solid state. By this method, then, we save the system from *drugging*, by diminishing the *doses* of medicines,—and the *stomach* from injury, by confining their action to the very *parts* diseased.

Supported as it is by *reason, analogy, and experience*, the practice of medicating the *lungs* and the *blood* through the air which the patient *breathes*, in the treatment of consumption and its cognates, rests upon a scientific basis from which it will not be easily overturned. The *fumigator*, the *inhaling instrument*, and the *vapour chamber*, enable us to reach thoroughly the diseased surface and the blood in every case of bronchial and pulmonary disease; and, by adapting the medicines inhaled to the stage and form of the malady, to accomplish *cure*, where every other method of treatment has hitherto failed to effect more than *temporary relief*. The speedy and radical restoration to health of persons believed to be hopelessly afflicted, and the rapid decrease in the deaths from consumption and its cognates wherever this practice has been introduced, are sufficient to establish it upon a firm and enduring basis. As a beneficent contribution to medical science, it is cast forth '*as bread upon the waters*,' to achieve its legitimate end.

OPINIONS

OF

THE AMERICAN PRESS.

—♦—

FROM THE 'NEW YORK TRIBUNE.'

'To such as are not absolutely impervious to new ideas we would commend the series of Letters by Dr. Robert Hunter, which have from time to time appeared in our columns, with regard to the nature, symptoms, and curability of consumption. The fact, that their author is a regular and thoroughly educated physician, does not give those Letters their value—that is founded on their combination of medical knowledge and learning with practical common sense—a quality which commends itself to the judgment of all who possess it. We solicit the especial attention of those interested to the letter in this paper, proving that consumption, though a dangerous, is a curable disease, yielding to skilful and judicious treatment, like most if not all others. We think few can read this and resist the conviction that the author speaks from knowledge.'

FROM THE 'NEW YORK TIMES.'

'Dr. Hunter concludes in the present issue of the "Times" his first series of essays upon diseases of the throat and lungs. That they have been read widely and with profound interest we have every reason to believe; and while many of the writer's views conflict with those of the Profession at large, they have certainly commended themselves quite generally to the popular judgment. Many instances of successful cures effected under his prescriptions have been brought to our notice. Success is the test in medicine, as in war. To this test the system of Dr. Hunter has been put, and with the most surprising results.

'After an interval of a few weeks, a new series of papers, devoted entirely to the discussion of asthma, will appear from

Dr. Hunter's pen. His discoveries in regard to that disease are said to be highly important.'

FROM THE 'NEW YORK WORLD.'

'The readers of the "World" have doubtless perused with interest and profit the able Letters of Dr. Hunter on consumption and its cognates, which have appeared from time to time in the "World" and other local papers. The simple style of these Letters cannot fail to strike the reader favourably, while the research and wide experience of which they give evidence make them doubly valuable to the public. But there is one point on which we wish more particularly to fix attention, believing it to be of the deepest interest to thousands. The question of the curability of consumption has hitherto been involved in such doubt that the public was perhaps justified in entertaining scepticism as to the sufficiency of any medical skill to heal the lungs after they become the seat of tubercle. In one of his Letters, Dr. Hunter contends that the curability of consumption rests on as strong and indisputable evidence as that of any other disease to which we are liable. It is a novelty to see a man of Dr. Hunter's learning and experience engaged in the great work of popular medical instruction. All the light that can possibly be thrown on the nature, causes, and treatment of pulmonary consumption—the scourge of our race—will, we feel sure, be gratefully received by the public. It is said that Dr. Hunter is working miracles in the treatment of consumption.'

FROM THE 'NEW YORK EVENING MIRROR.'

'We can but more and more admire the position Dr. Hunter has assumed and maintained. His entire course has been as modest as truly intelligent and brave. He had found how to successfully combat a class of most afflictive and destructive diseases—diseases specially prevalent and national in this country—and rather than bury his secret in his own bosom and confine the practice of it to his own profit, he sought at once to make it known and acceptable to the "patient" world, and to the entire medical Profession. He has kept back no knowledge that could help to universalize his system. Tens of thousands can attest the triumph of that system, by their own recovery under it, while scores of medical men have been forced to acknowledge its superior healing power—and many of them

have been wise enough to practise it. Dr. Hunter has achieved a great and honourable success—he has introduced a great blessing to mankind—he has proved his ability to defend himself against all foes—and we wish him long life and ever-continued triumphs.’

FROM THE ‘NEW YORK JOURNAL OF COMMERCE.’

‘Treatment of Consumption.’—The “Medical Specialist” calls attention to the decrease in the mortality from consumption during the last six months, compared with the corresponding period in previous years, and ascribes the change to the improved treatment by Inhalation. The mortality from consumption during the last three months of the year 1855, was twenty-five per cent. less than during the last quarter of 1853 and 1854; and during the quarter just ended, the diminution in the number of deaths from consumption exceeded by thirty-one per cent. the mortality of the same months in 1855. The “Specialist” remarks:—

“This general resort to Inhalation could not be unproductive of results. If the treatment had been unsuccessful it must have increased the mortality. If successful it could not but diminish it in proportion to that success. None who are at all acquainted with the magnitude of Dr. Hunter’s practice will deny that it has been, during the past two years, sufficient to exert the most decided influence on the bills of mortality, not only of this city, but also of the cities of Philadelphia, Baltimore and Boston. That that influence has been exerted in the marked decrease in the number of deaths is an inference from the facts not only legitimate, but, we think, unavoidable; and we claim it as the natural result of adopting a more direct, simple, and common-sense treatment. More than a year ago Dr. Hunter stated in one of his published letters, that *if every case of consumption in this city were placed under judicious treatment by Inhalation, within two years the mortality from this disease would be diminished one-half.* This prediction is now coming to pass.”

FROM THE ‘COMMERCIAL ADVERTISER.’

‘Deaths from Consumption in New York—Remarkable decrease.’—In the January number of Hunter’s “Medical Specialist” it was shown, by a comparison of the City Inspector’s reports for the last three months of 1855 with the correspond-

ing months of the two preceding years, that a diminution in the mortality from consumption had taken place of very nearly twenty-five per cent. In the April number of the same publication Dr. Robert Hunter recurs to this interesting subject, and shows from the statistics furnished by the City Inspector's reports, that the diminution in the number of deaths from consumption during the past quarter exceeded thirty-one per cent. :—

“ It is, doubtless, generally known that no corpse can be interred until a certificate has been signed by the physician in attendance, setting forth the age, name, residence, and the nature of the disease which caused death. These certificates, collected from every medical man in the city, are filed in the Inspector's office, and from them he makes up and publishes the bills of mortality from week to week. The first quarter of the new year has expired, and we are now in possession of the Inspector's reports.

“ In the first quarter of 1854, the deaths from consumption were—January, 265 ; February, 261 ; March, 291. Total 843.

“ In 1855, for the same period—January, 201 ; February, 246 ; March, 319. Total 766.

“ And for the first quarter of the present year, 1856—January, 162 ; February, 191 ; March, 227. Total 580.

“ Thus it will be seen that there have been one hundred and eighty-six deaths less during the past quarter than during the first quarter of 1855, and two hundred and sixty-three less than in 1854 ; being a decrease of more than twenty-five per cent. in the former instance, and within a fraction of thirty-two in the latter.”

FROM THE ‘NEW YORK EXPRESS.’

“ The “ Medical Specialist ” for the month has attracted a wide attention even outside of its previous sphere and circulation. The letter of the editor, Dr. Robert Hunter, to the medical faculty of New York recently published in the public journals here, has incited our community to look more closely into the Inhalation controversy. It is republished in the present number of the “ Medical Specialist.” There will be the usual personalities, squabbles, rivalries, and depreciations among doctors about it at first, as about every other advancement of the kind, but the fact is now too well established for dispute, that Inhalation of medicated vapour, according to the practice of Dr. Robert Hunter, is the most natural, powerful and successful mode of treatment for consumption yet discovered, causing the absorp-

tion of tubercles, the cicatrization of cavities, and arresting the progress of disorganization in the lungs when no other agency affords the least hope. It is absurd enough that the chief objection to Inhalation is the charge raised against the public press for diffusing its principles. In justice to Dr. Hunter we will allude to a fact in that connection. The "New York Express" was the last of the city journals to take up the topic, which was done only when a careful investigation of the theory and its practice in the laboratory and among the patients of Dr. Hunter warranted such a step. Among the latter we found a numerous representation of our own profession from all quarters of the country, owing to their peculiar liability to consumption.

'Of those who presented some remarkable cures were different parties connected with the press of New York, as leading editors and proprietors. Through this we presumed, had they become identified with the advocacy of this practice in a manner, which indicated an interest that nothing else could probably induce, Messrs. Clayton of the "Commercial Advertiser," Jones, proprietor of the "Daily Times," Bennett, of the "Herald," and other similar persons in the press here, having been benefited by this new practice, gave it the impulse which it has had through that channel. Besides such personal "venality," there is also another which may have operated: the privilege of commending from time to time some consumptive printer who had spent all his means without effect on the old practice to the liberality of a man who provided him with medicine and skilful treatment without charge among the other patients of a large and generous clinique. When such a man returned to the subject, himself a patient no longer, surely Dr. Hunter might reasonably have some claim upon his gratitude. Indeed, it seems to us that of all other diseases, the establishment of the curableness of consumption should naturally command the most attention from the public press, and secure for such a man as Dr. Hunter a consideration which has by no means been fully met as yet.'

FROM THE 'DETROIT FREE PRESS.'

'Dr. Robert Hunter's seventh letter of his series will be found in to-day's issue. These Letters seem to be awakening a deep interest throughout the whole country; and although the Doctor's professional brethren may differ with him in some of the theories advanced, still the principles and views held by

him in relation to the treatment of pulmonary diseases seem to be, beyond a doubt, the only rational and true method by which they should be treated, and sooner or later they must be adopted generally by the Profession.'

FROM THE 'HOME JOURNAL.'

'Decrease of Consumption.—From the January number of Dr. Hunter's "Medical Specialist" we gathered some remarkable and gratifying statistics, showing that the great dominant American disease, Consumption, had decreased one-third within two years, which is quite sufficient to establish every claim Dr. Hunter has put forward. And not only in this city, but in Baltimore, Philadelphia, and Boston, have the mortality bills attested the benefits of Dr. Hunter's system, by their marked decrease of consumption cases. To the consumptive these facts appeal more strongly than any argument we could offer. As we have repeatedly stated, we regard Dr. Hunter as a public benefactor, and we hope to see his system prevail, not only to the extinguishment of consumption, but to the utter breaking down of all opposition, based on mere stupid or stubborn deference to older but impotent systems.'

FROM THE 'NEW YORK HERALD.'

'Modern Progress in the Medical Profession.—The public have latterly had presented to them rather a novel feature in the journalism of the day, in the shape of elaborate scientific treatises on medical subjects, appearing in consecutive chapters in the columns of the daily and weekly newspapers of this city. These articles are from the pen of Dr. Hunter, No. 828 Broadway, the well-known practitioner in pulmonary and bronchial diseases, and are distinguished by their thorough acquaintance with the subjects treated of, the simplicity and clearness of their language, and the demonstrative force of the arguments employed.

'With these qualities to recommend them to our attention, we cannot but welcome the appearance of these articles as heralding an important and beneficial revolution in the traditions and practice of the medical Profession.

'We are rejoiced to find that one man, and that a practitioner whose professional merits and skill cannot for a moment be questioned, has had the moral courage to break through the trammels imposed upon him by the old routine of his art.

Dr. Hunter wisely, and in time, arrived at the conclusion that if such acquirements as he possessed were worth anything, the more extensive the circulation he gave to the results of his researches and experience the greater the benefits he would not only confer upon himself but upon the community. No man, we will venture to say, in the whole annals of the Profession, has ever introduced a more important innovation on the old system of practice or gained in a short space of time more converts to his opinions. But the most incontrovertible evidence of the benefits conferred by Dr. Hunter's mode of treatment in the diseases of the lungs is to be found in the City Inspector's report, showing that the mortality from consumption has *diminished upwards of thirty per cent.!*

"Now we know from the vast number of cases treated, and cures effected by Dr. Hunter during the periods referred to, that his efforts contributed, if not to produce all, at least the greater share of this improvement. The severity of the past winter would have increased instead of diminished the mortality arising from pulmonary disease had not there been some new and powerful counteracting influence at work."

'We have had personal experience of the happy results of the Doctor's mode of treatment, and can vouch for its success. Owing to the severe drudgery incident to our pursuits, and that tendency to bronchial diseases with which the peculiarity of our climate afflicts such a large proportion of our population, we have been suffering for several years past from a throat affection, which all the medicinal remedies that we had formerly applied failed to cure. We can truly say that we have found more relief and greater hope of ultimately getting rid of the malady from Dr. Hunter's mode of treatment than from that of any other medical man to whom we had previously submitted our case.

'The lesson afforded by this brief sketch of Dr. Hunter's career is calculated to be useful to the medical Profession. Here is a man who, chained down by the conventional usages of his medical brethren, might have toiled on for half his life without arriving at the results to which his acquirements entitled him to aspire. It cost him an effort of moral courage, and no doubt a sacrifice of some professional pride, to emancipate himself from the thralldom of associations in which they bound him. By having sufficient independence of character to shake loose these ties, and devote his talents to the general good of the community, he has within an unprecedentedly short space of time won the highest prizes within the reach of a medical practitioner.'

FROM THE 'WILMINGTON JOURNAL,' N. C.

'Dr. Hunter, of New York, so distinguished for his views and treatment of affections of the *Throat* and *Lungs* by Inhalation, has recently published in a series of Letters an exposition of his treatment. As the founder of this practice, his explanation of it will be interesting. Dr. Hunter contends that no disease of the lungs or air-passages can ever be cured unless the remedy is applied directly to the diseased or affected part. Medicines administered by the stomach never reach the seat of disease in the lungs, and hence never cure. The old practice, therefore, has always been, and must ever be, ineffectual. By the *Inhalation practice* all remedies are administered in the form of vapour, and are inhaled or breathed into the lungs—thus directly reaching the disease, and, by actual contact, effecting the purpose required. The medicines are inhaled through a neat glass instrument which Dr. Hunter has contrived for that purpose. Some medicines he administers by filling the sleeping-room of the patient with their vapours, so that, actually, while the patient sleeps he is in every breath drawing the healing properties of the medicines deeply into his lungs, where no solid or fluid medicines could possibly reach. In fact, every means is made available for carrying the remedies used at once to the place requiring their curative action. This is certainly a very simple, rational, and scientific practice, and its success is amply attested.'

FROM THE 'RICHMOND WHIG.'

'Few men have displayed more moral courage, perseverance, and power in leading off on the progressive road to scientific triumph than has Dr. Robert Hunter—so well and extensively known as a medical writer and practitioner in the treatment of all diseases and affections of the chest—such as Bronchitis, Asthma, and Consumption. In combating the "old practice" in the treatment of those diseases, and advocating the practice of Inhalation, Dr. Hunter has had to fight the usual hosts of prejudices which inevitably—and perhaps wisely—rise up to challenge the arguments of all new-comers. The Doctor, however, has not flinched from the encounter; and to-day he sees his theories firmly established in the minds of men to an extent he could hardly have anticipated, while his practice is another illustration of the triumph of courage and perseverance.'

FROM THE 'LYNCHBURG REPUBLICAN.'

'Dr. Hunter's letter in another column will be found interesting to all our readers. Dr. Hunter is well known as the founder of the system of administering medicines through Inhalation—that is, taking them into the lungs as we breathe. By this means he is said to effect results heretofore unknown in the treatment of consumption, bronchitis, and asthma—a class of diseases which has always baffled the skill of medical men. The energy and logic with which Dr. Hunter discusses his views, carries conviction with them, and lays open to the popular as well as to the scientific mind a subject of vital importance, heretofore obscured by popular errors and professional dicta.'

FROM THE 'WILMINGTON DEL. GAZETTE.'

'*Dr. Hunter's Letters.*—To those afflicted with Throat and Lung diseases we take great pleasure in recommending a careful perusal of the Letters of Dr. Hunter, in another part of the "Gazette," whose writings upon these affections have attracted so much attention for the last five years. Dr. Hunter has succeeded in making so many radical cures of distinguished writers and speakers that he has attained a reputation in the press surpassing that of any other physician in the great cities north of us.

FROM THE 'NEW ORLEANS BEE.'

'It may be well to state that Dr. Hunter enjoys the highest possible reputation for his skill and success in the treatment of diseases of the throat, lungs, and heart.'

FROM THE 'LOUISVILLE JOURNAL,' KY.

'We publish in another column a remarkable and characteristic letter from the pen of Dr. Robert Hunter, of New York, so well known as the founder of the system of Inhalation in the treatment of consumption, bronchitis, and asthma—the class of diseases which have heretofore baffled the skill of medical men. The energy and logic with which Dr. Hunter has grappled with the subject have already effected a revolution in the minds of men where his views are fully understood.'

FROM THE 'CINCINNATI GAZETTE,' OHIO.

'Dr. Hunter's *advocacy of his views through the public press*, instead of confining himself to the columns of the Medical Reviews, is the chief cause of complaint (where any exists) with medical men. We think the objection, instead of injuring the Doctor, reflects credit upon him. Everybody reads the newspapers in this country, and where the diseases upon which he treats, together with the causes of their origin, are described and explained fully to the understanding of unprofessional minds by a physician, he is entitled to the respect and confidence of the public.'

FROM THE 'PITTSBURG DISPATCH,' PA.

'*Dr. Hunter of New York.*—We publish to-day a letter from Dr. Hunter of New York, remarkable, as all his writings are, for practical views and force of argument. It is interesting to almost every one (for few, unfortunately, are exempt from direct or indirect assaults on the health of their throats and lungs); while there are perhaps more who can point to some friend, sinking steadily a victim to consumption or some other affection of the chest. It is to that class of complaints that Dr. Hunter has devoted his untiring efforts for years, and the peculiarity of his practice consists in his treatment by giving medicines through an Inhaling instrument, so that it goes directly to the lungs.

'The press of New York city, and indeed of every part of the Union, have warmly commended the Doctor's views, while many have testified to the happy results of his treatment in their own cases.'

FROM THE 'SPECTATOR,' HAMILTON, C. W.

'*The Inhalation System.*—For three weeks we have been publishing communications from Dr. Robert Hunter, editor of the New York "Journal of Diseases of the Chest," and founder of the system by which the various medicines made use of for the cure of diseases of the lungs are applied, in the form of *vapour*, directly to the organ affected, instead of dosing the stomach. This peculiar system of *Inhalation* has been followed by most gratifying results during the past few years—many of the more obstinate cases under the old treatment, in fact, pronounced incurable—yielding to a course of Inhalation in a most remark-

able manner. The Letters we have published and shall continue to publish will be found to contain a full exposition of Dr. Hunter's peculiar medical views, and we doubt not will be perused with interest and profit by our readers. Of course, not being learned in medical matters, we are unable to express an opinion for ourselves on the theories advanced; but we have no hesitation in saying they appear sound and reasonable; while the advantages of inhaling the remedies into the lungs instead of filling the stomach with nauseating drugs the afflicted will know well how to appreciate.'

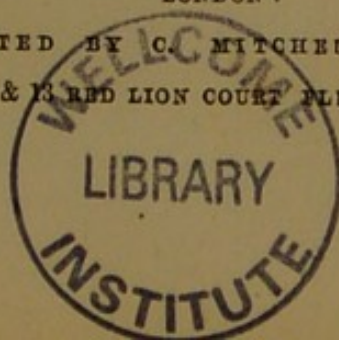
FROM THE 'LONDON C. W. FREE PRESS.'

'Can Consumption be Cured?'—This is one of the most momentous questions of the day, and by most persons not easily answered. Every invalid is more or less interested in its solution, and to that end we advise a perusal of Dr. Robert Hunter's letter on Consumption, which we publish elsewhere. We have read all the Letters which have emanated from him very attentively, and have found in them much that was novel in relation to pulmonary diseases. Being fully impressed with the force of many of his propositions and the rationality of his treatment, we deem it our duty to direct attention to the subject. If only the remotest probability of relief to suffering humanity presented itself, or the progress of these insidious diseases could be but temporarily checked, Dr. Hunter should be considered a public benefactor, but when they offer a reasonable hope of cure the subject deserves to be considered with care and attention.'

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CARD.

DR. MELVILLE devotes his entire attention to consultations on throat and chest diseases, to which branch of the profession his practice is exclusively confined.

DR. ROBERT HUNTER, author of the foregoing Letters, will, during his sojourn in England, in association with DR. MELVILLE, give his personal attention and supervision to the treatment of all forms of bronchial and pulmonary disease.

Hours, 10 to 4 o'clock.

14, UPPER SEYMOUR STREET,
PORTMAN SQUARE,
LONDON.

TABLE

The following table shows the results of the experiments on the effect of the different doses of the vaccine on the production of the disease.

The results of the experiments on the effect of the different doses of the vaccine on the production of the disease are given in the following table.

EXPERIMENT I

1. 1000 units of vaccine
2. 500 units of vaccine
3. 250 units of vaccine
4. 125 units of vaccine
5. 62.5 units of vaccine
6. 31.25 units of vaccine
7. 15.625 units of vaccine
8. 7.8125 units of vaccine
9. 3.90625 units of vaccine
10. 1.953125 units of vaccine



