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the stretch, would be distended beyond its natural limits; if, therefore, the fibres of which the lungs were composed, were divided, they would resiliate from each other and the wounded surfaces could not again be brought into contact.

It appeared to be practicable to remove those two causes of the impediment to the cure of wounds, by reducing the diseased lung to a state of collapse. This would evidently be done by admitting the air into the cavity of the chest, by an opening through the side, and preserving the passage to it free for a sufficient time. The lung would, by those means, be reduced to a state of quiet collapse, and the elastic fibres separated by the wound would be brought together. The lips of the divided surface would be brought into contact. The disease, if in one lung only, as frequently happens, would be cured by this process alone.

It was found, that if a lung which had been reduced to, and kept in, a state of collapse for some time, and if the opening, through which the air had been admitted for reducing it to that state, were allowed to heal, the lung would, in consequence of the absorption of the air contained between the two *pluræ*, be again dilated to a contiguity with the internal surface of the chest; and that if the other lung were diseased, it might then be with safety reduced to a state of collapse; depending upon the

lung now healed, for the performance of respiration; and treated as the former had been. A paper containing those speculations was read in the Literary and Philosophical Society of Liverpool, where it produced a considerable sensation, and raised hopes, which, alas! have not been realised, both in several members of the medical profession, and other members of the society. An opportunity occurred some time after, without any solicitation on my part, of putting the matter to the test of experiment.

James Sloane, Esq., an eminent merchant of Liverpool, the last of five brothers, the other four having died of consumption a few years before, had returned from the West Indies, to which he had gone for the purpose of trying what a change of climate might do in his case, in the last stage of consumption, which he knew to be incurable from any known remedies. Soon after his return, he heard of the paper to which I have alluded, and soon became determined of having the operation, which I had suggested as a possible means of giving relief, performed in his own case. It was done on the 26 of Sept. 1822, by Mr. Bickersteth, an eminent surgeon of this place, in presence of the late Dr. M'Cartney and myself. An incision calculated to admit air freely into the chest, was made between the sixth and seventh rib. As the sound usually heard upon an opening being made