

THE
INVALID'S GUIDE,

AND
CONSUMPTIVE'S MANUAL:

OR,

SUGGESTIONS FOR THE PREVENTION AND RELIEF OF
CONSUMPTION, ASTHMA,
CATARRH, LARYNGITIS, BRONCHITIS, DYSPEPSIA, AND
FEMALE COMPLAINTS.

BY
CALVIN M. FITCH, A. M., M. D.,

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"Since it appears that whatever enfeebles the frame or deteriorates the constitution predisposes to these diseases in question, how shall we avert this predisposition? The answer is apparent: we must do every thing in our power to invigorate and fortify the frame; to bring all the functions into a healthy state, and by all means endeavor to keep them so."—BARON'S *Maladies Tuberculeuses*.

"If we are compelled to admit the curability of Consumption, why should we fail to attempt its cure—why should we content ourselves with a merely palliative treatment?"—AUTHOR.

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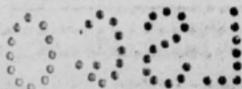
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INTRODUCTION.

THE object of this little manual is to point out to patients under the author's care, the general measures required of them in addition to such medical treatment as may be directed, and also to afford to all persons hereditarily or otherwise predisposed to Consumption, such information as shall enable them most effectually to ward off this terrible disease. In the treatment of most chronic pulmonary affections, quite as much will be found to depend upon the patient as the physician; and it is folly for the physician to hope to treat successfully any case when he has not the intelligent and faithful co-operation of his patient. Again, the approaches of Consumption are usually so insidious, that a physician is rarely applied to before disease is actually developed in the lungs, and hence the necessity of timely practical suggestions to those in any degree inclined to weakness of the chest. It is obvious that such information should be conveyed as concisely and clearly as possible, and this the writer has attempted, abstaining, as will be seen, from the use

of any technical terms not likely to be intelligible to the general reader. Suggestions are given at some length for the relief of catarrhal and bronchial affections; of dyspepsia and female weakness, and some other complaints predisposing to or preceding Consumption. Some little space has also been devoted to the proofs of the curability of Consumption, as it is important that the patient should have all encouragement which can be reasonably and truthfully given him.

The author's name has been so prominently before the public in connection with his specialty, and his opportunities for the observation and treatment of pulmonary diseases have been so ample, that for the present publication he considers no other apology necessary than that already given. He would add, however, that he hopes to publish in a few months a somewhat extended treatise on Diseases of the Chest, upon which he has been some time engaged, and to collect additional materials for which was the object of his recent visit to Europe. He designed to have published this work the present spring, but has been unable to take from his practice sufficient time to bring it to completion. Due notice of its publication will, however, be given.

NEW YORK, *March 20, 1856.*

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THE
INVALID'S GUIDE.

Chapter One.

RECUPERATIVE POWERS OF NATURE.

ANATOMY AND FUNCTIONS OF THE LUNGS.

NATURE is the great physician. The province of medicine is simply to *assist* her operations, and where no assistance is required, when nature is perfectly competent to throw off the disease, the use of medicine is not only unnecessary, but positively injurious. Although the complicated machinery of the human system is liable to derangement from a thousand causes, it nevertheless possesses a vital energy generally sufficient to effect its own repairs. And these repairs must be effected in nature's own way; and ignorant or untimely interference is always attended with evil results. The inferior animals are undoubtedly liable to disease, yet it seldom results in death, although they take no medicine. I know that in many cases where unnecessary recourse has been had to medicine, nature has far more to do to overcome the effects of the medicine than to remove the original disease. It is absurd to suppose that because a patient recovers

from some attack of illness after consulting a physician or using a certain remedy, the recovery is to be attributed solely to the medicine or the physician. Nature has effected the cure, and the chances are perhaps even, that the recovery would have been quite as rapid without the medicine. Still, there are many cases where nature is manifestly incompetent to throw off the disease, and here we must resort to such means as experience shows us afford most effectual assistance, and are attended with no unpleasant consequences such means as do the greatest amount of good and the least amount of harm. Sometimes this assistance is to be derived from medicine; at others, from other sources. Sometimes rest, sometimes exercise, sometimes diet, sometimes cold water, may afford all the assistance which nature requires; sometimes one, sometimes another or most of these will be required in addition to medicine. This is peculiarly the case in chronic diseases; and although in the treatment of these medicine is often, perhaps generally, necessary, still it will usually be found that other measures are indispensable to a successful treatment, and that as much assistance may frequently be derived from other sources as from medicine. We generally find, too, in chronic diseases, and especially in chronic affections of the lungs, that nature requires all the assistance which can be had from all sources combined. Invalids should learn the true value of medicine, should learn what it can and what it can not effect. Until they know something of this, they will too often look in vain for relief. They should learn that much, very much, depends on themselves.

The conduct of the nobleman who left the care of his estate to his steward, of his health to his doctor, and of his soul to his confessor, was but little more absurd

than is the conduct of those who imagine that, because they employ a physician, they have thrown all responsibility upon his shoulders, and have themselves nothing more to do. Few persons have had occasion to treat chronic diseases more extensively than myself, and few, I am confident, have met with more gratifying success; yet every day convinces me more and more of the importance of the intelligent co-operation of the patient with his physician. I have repeatedly had occasion to contrast results in cases where age, the strength of constitution, and the extent of the disease were nearly the same; yet where one of the patients was prudent, intelligent, and judicious, and the other careless and uninformed, and although the plan of treatment may have been the same in both cases, yet the results would be wholly different; in the one case the patient receiving little or no benefit, and in the other, perhaps, entire recovery taking place. I can not insist too strongly upon the duties which invalids owe to themselves. I do not profess to work miracles. I simply endeavor, to the best of my ability, to employ such means and make such suggestions as shall render nature most effectual assistance in the endeavor which she is constantly making to shake off disease; and I wish those consulting me, either to pursue fully, faithfully, and perseveringly the course I point out, not only in the use of the medicines ordered, but in all other respects, otherwise I can not feel responsible for the results of their treatment. I am always happy, when in my power, to afford relief to the sick, but can only do so by pointing out the means, and unless the patient is willing to incur the necessary trouble, I can not be answerable for results.

I know of no magic pills, powders, or inhalants,

the use of which, two or three times a day, without other measures, can relieve serious chronic disease of the lungs, but I do know that appropriate general measures, in addition to judicious medical treatment, may afford relief in thousands of cases now terminating fatally. Although I am accustomed to give my patients very full written instructions, yet it is not possible to enter as minutely into particulars in every case as would sometimes be desirable, and I therefore have prepared this little volume to supply such need.

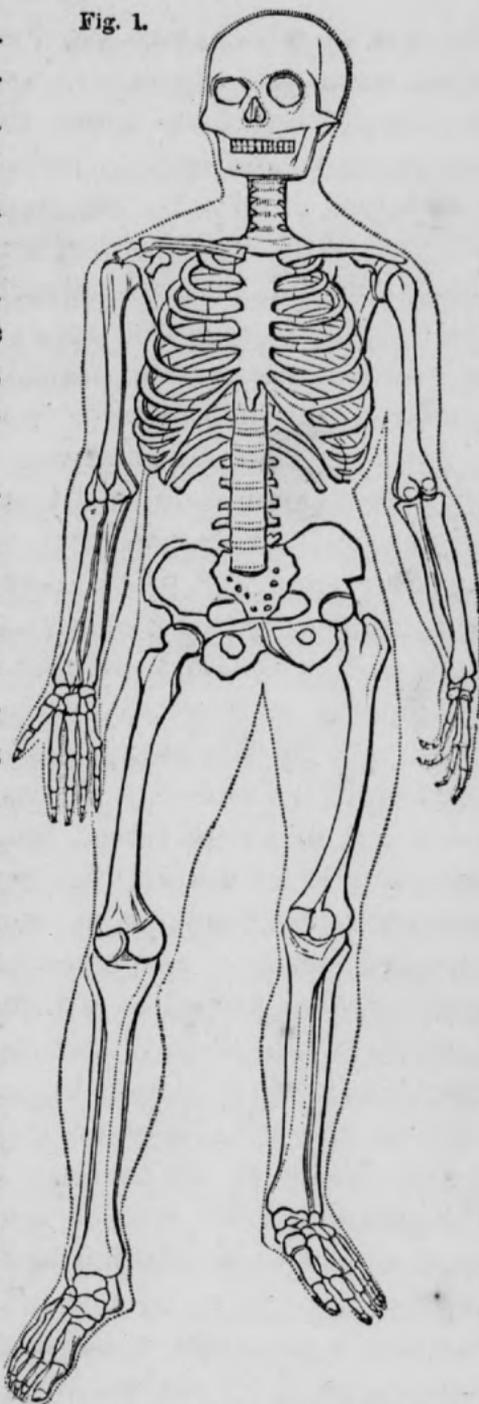
Although several diseases other than Consumption are here treated upon, still Consumption will claim our first and chief attention, both on account of its increasing frequency and its almost uniform fatality. So fatal, indeed, is this disease under the modes of treatment ordinarily pursued, that it is quite enough that the patient be suspected of being in Consumption to cause both friends and physicians to cease all hopeful exertion in his behalf, and give him over to inevitable death. And so universal, too, is the belief that Consumption is incurable, that the man who ventures to assert the contrary, is at once, and by many well-informed persons, suspected of empiricism. I trust, however, that prejudice will finally yield to truth, and I am confident that if any one point in medicine is susceptible of full and incontrovertible *proof*, that point is the curability of Pulmonary Consumption; of this, however, at present, I will say nothing, but will pass to a brief consideration of the more important *causes* of Consumption and the means by which it may be avoided, as I know too well the obstinate and formidable nature of the disease not to appreciate the importance of *prevention*.

Before speaking of the causes of Consumption, how-

ever, I must call attention briefly to the anatomy of the chest and lungs, and also to their functions, as this will lead to a better appreciation of the nature and causes of disease of these organs, and the means by which it may be prevented.

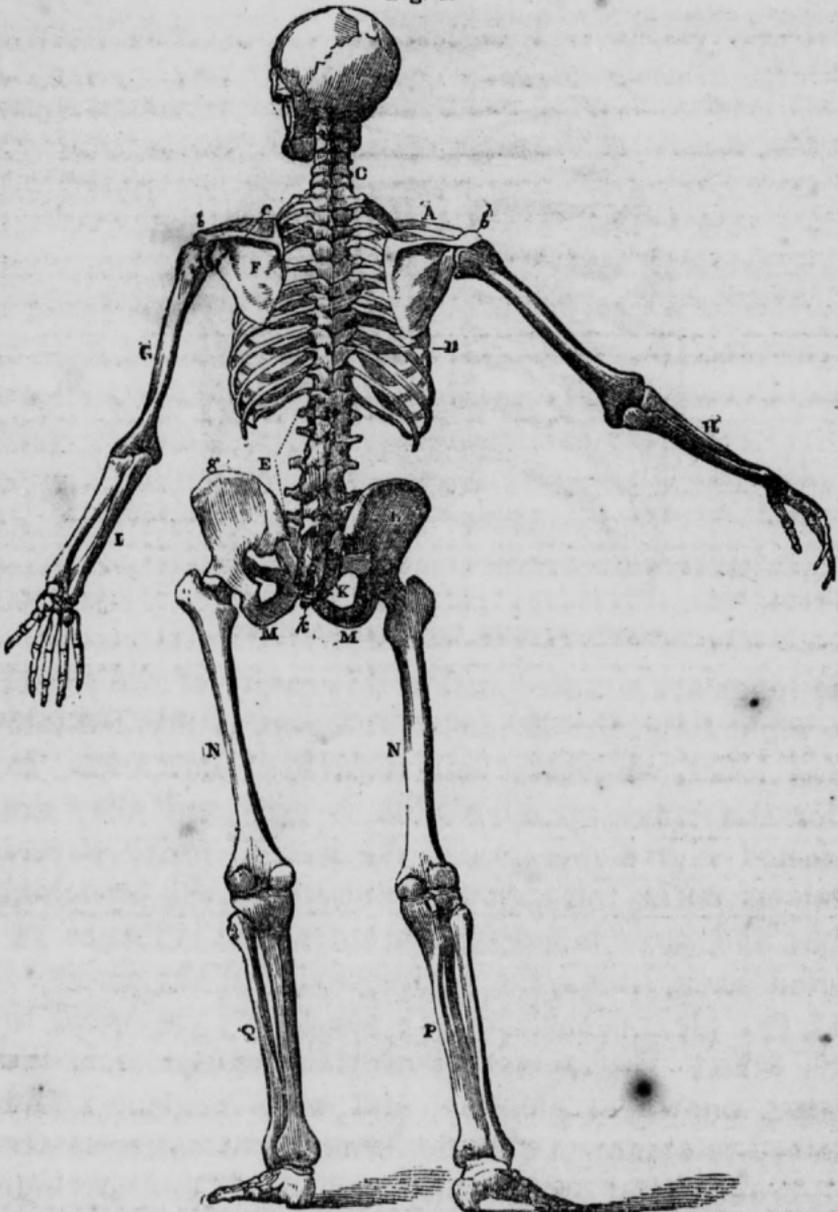
Figures 1 and 2 show the skeleton or framework of the human system, and figure 3 shows particularly the bones of the chest, or thorax. The chest, as it will be perceived, is nearly conical in shape, enlarging in size from top to base. The ten superior ribs on each side are connected by cartilages with the sternum, or breast bone. These cartilages are so elastic as to allow of very great expansion or contraction of the cavity of the chest. I have frequently known the chest to be expanded by proper means two or three, and

Fig. 1.

FRONT VIEW OF THE HUMAN SKELETON, WITH
OUTLINE OF THE FIGURE.

even four or five inches in circumference in the course of as many months, and could cite occasional instances where still greater expansion has taken place. We

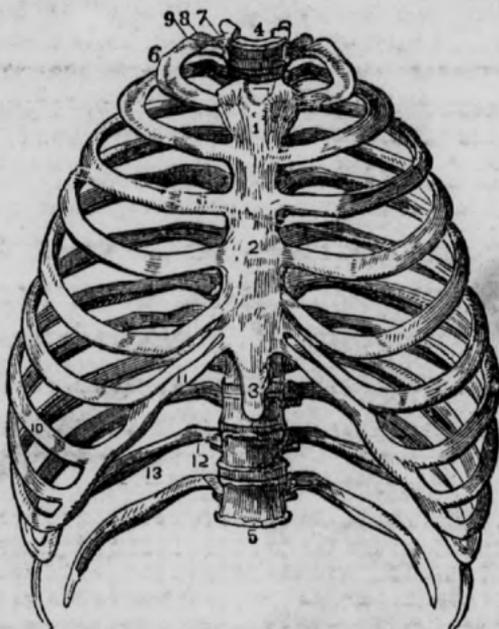
Fig. 2.



BACK VIEW OF THE SKELETON.

shall presently find the strength of the patient and the general vigor of the system increased in like ratio.

Fig. 3.



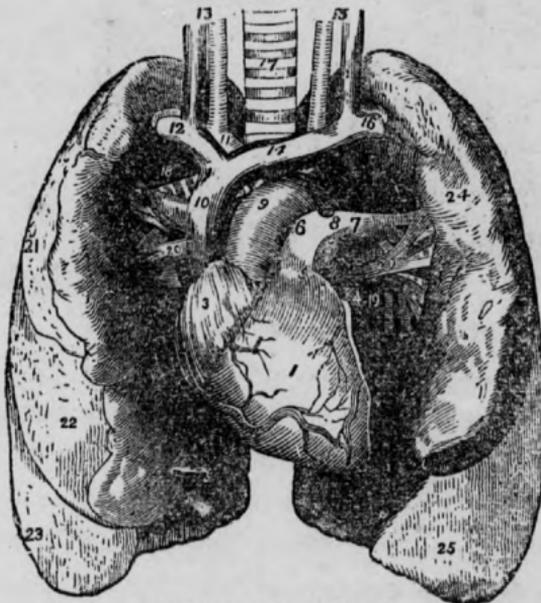
BONES OF THE THORAX, OR CHEST.

The lungs are situated within this cavity of the chest; the right lung, the larger of the two, is divided into three lobes, while the left is divided into two. In color the lungs are of a pinkish gray, and they are invested with a membrane, the pleura, which covers them as far as the root or point where the bronchial tubes and large blood-vessels enter, and is thence reflected back, lining the entire cavity of the chest so that two pleural surfaces are constantly presented to each other. Inflammation of this membrane is the disease known as pleurisy, and when neglected and allowed to assume a chronic form, is not unfrequently a forerunner and occasionally a cause of Consumption. The pleura is sometimes, also, the seat of deposit of

miliary tubercle, of which I shall have occasion to speak in another place.

The heart is situated between the lungs, nearly in the center of the chest, about one third to the right, two thirds to the left of the center of the breast-bone. It is an organ about the size of the fist, and as the great center of circulation, is the most important muscle in the body. It is also invested with a serous membrane, the pericardium, within which the fluid is contained in the affection popularly known as *water about the heart*. Not only is the heart liable to a variety of organic diseases, but it very greatly sympathizes with other organs, and in some forms of disease of the stomach and of the lungs the irregular or unnatural action of the heart might almost lead to the supposition that that organ was itself diseased. With the exception of the space occupied by the heart, almost the entire cavity of the chest is filled with the

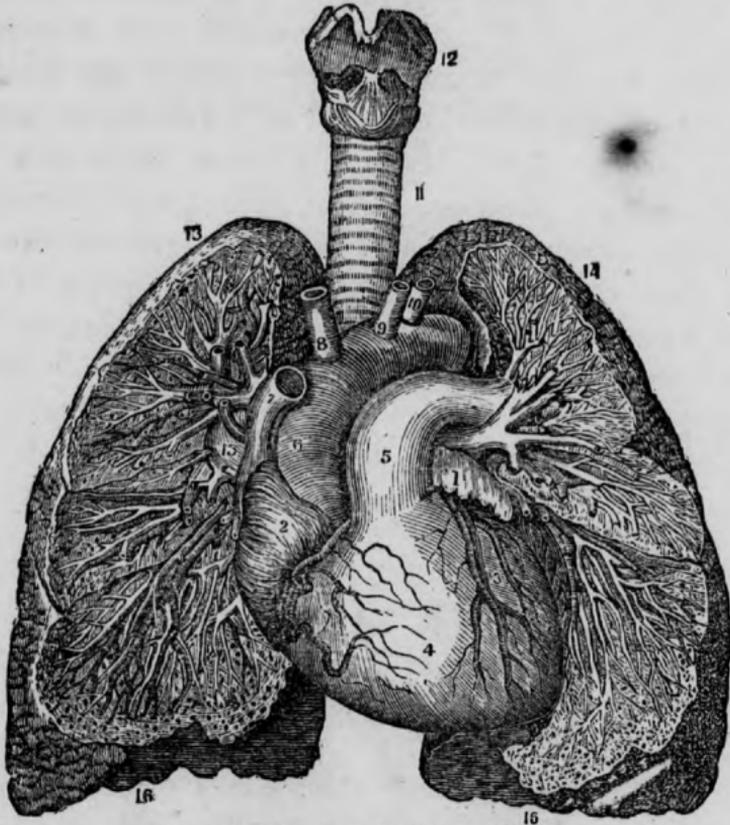
Fig. 4.



HEART AND LUNGS

lungs. Some idea of the form and structure may be drawn from the accompanying cuts. Figure 4 represents the heart and lungs as they would appear on removing them entirely from the chest and divesting them of their covering membrane. Figure 5

Fig. 5.

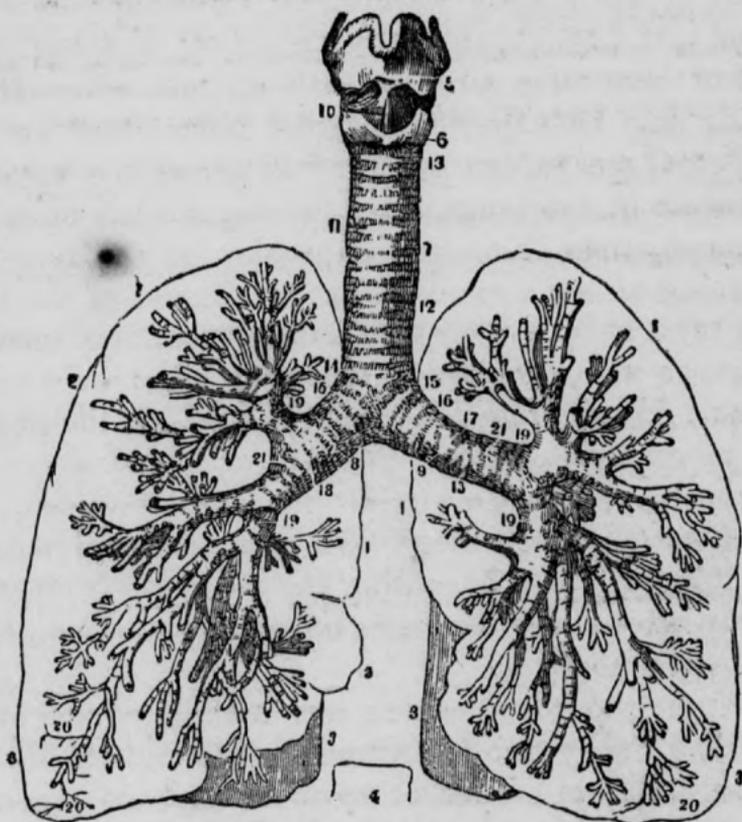


BLOOD-VESSELS OF THE LUNGS.

shows the vessels, and, to some extent, the internal structure, of the lungs; and figure 6 represents the bronchial or air-tubes which enter largely into the structure of the lung, and must now claim our attention. The trachea, or windpipe, when it reaches a point opposite the center of the upper part of the breast-bone divides into two branches, one passing to

each lung, and these divide and subdivide, as will be seen by reference to the cut, very much like the

Fig. 6.



VIEW OF THE BRONCHI.

branches of a tree; and these air-tubes are terminated by air-cells clustering upon them somewhat like bunches of currants; and it is within these air-cells, as a general rule, that tuberculous deposit—that characteristic of true Consumption—first takes place. So long, however, as at each inspiration the cells are freely and perfectly opened, it is almost impossible that tuberculous deposit should occur; but when from any cause the air-cells are imperfectly opened, especially if the

patient be scrofulous or in any degree inclined to Consumption, a deposit of tubercle will be exceedingly apt to take place. One of the most effectual means, therefore, of avoiding or warding off Consumption is habitual and free expansion of the chest, opening, in the act of breathing, all these little air-cells where the deposit may be expected to take place; and no more effectual means can be found to arrest the spread of tubercle in the lungs, after the deposit has once commenced, than this same expansion of the lungs and opening of the air-cells either by the use of the inhaling tube, or by constant, full, deep breathing, moderate exercise with dumb-bells, etc., etc. Not only by this means do we oppose a direct obstacle to the progress of tuberculous deposit, but indirectly we also effect, perhaps, quite as much for the same purpose. The purification of the blood takes place in the lungs, and by this full, deep breathing the blood is far more perfectly arterialized, far more effectually purified, than it otherwise could be.

When the blood which has completed its circuit through the system is returned to the right side of the heart, and from the heart thrown through the pulmonary arteries to the lungs, it is of a dark purple color; but so soon as it is brought into contact with the air in the lungs, its color is changed at once to the bright cherry red of arterial blood; its heat is raised from 98 to 100 degrees; a host of impurities are thrown off, and, now fitted again to supply the wants of the system, it is returned to the left auricle, thence to the left ventricle of the heart, and from the left ventricle is thrown with great force into the aorta, or grand arterial trunk, whence it is distributed by various branches through the system. Hence we see plainly the importance of constant in-

flation of the lungs apart from the *direct* arrest or prevention of tuberculous deposits; for we see that the purification of the blood is effected in Nature's own way, and not unfrequently more perfectly than could have been done by medicine. But there is still another very important reason for this constant opening of the air-cells for this full, deep breathing—*the lungs supply to the system its power of action.* A few examples will illustrate this. The strongest persons are always those with the most healthy, active, and well-developed lungs. If required to select a person of great strength, you would not choose one with thin, flat chest, a long neck, and round, stooping shoulders. No. Any sensible man would select some individual with the best developed lungs; he would take a man with full, deep, round chest and active lungs, as well as of perfect muscular development. We meet with some wonderful examples of physical power in birds. The eider duck will fly ninety miles an hour; pigeons are reported to have been killed in the vicinity of Baltimore and Philadelphia with rice in their crops, picked probably in the rice-fields of South Carolina; and the eagle will carry to the top of the highest mountain—to an atmosphere so rare that the human voice can be heard but a few rods—an animal nearly or quite his own weight. The peculiarities of structure which these birds present show us at once the reason of their prodigious strength. Their lungs are remarkably large, and, besides this, the air penetrates the cavities of the bones and quills, and even enters the cellular tissue, so that the muscle is brought directly into contact with, and is enabled to feed, as it were, upon the air without the intervention of the lungs. In insects, too, we see examples of strength still more striking, displays of

physical power which, if seen in the larger animals, would, to say the least, be perfectly startling. Were the horse, for instance, to be endued with a degree of strength proportioned to that of the grasshopper—said to spring fifty times his own length, or the flea, said to jump nine hundred times his own length—electricity alone could compete with him in speed, and no power of man could hold him in control.

Now what peculiarity of formation gives insects such remarkable physical power? In these the bronchial tubes extend the whole length of the body, and respiration—breathing—is carried on, not through the mouth alone, but by little orifices along the sides of the body called spiracula, or breathing holes. No ordinary lungs could possibly supply the power which these little insects are constantly expending.

Since, then, both the purification of the blood and the strength of the system depend upon the vigorous action of the lungs, the propriety of active, regular out-of-door exercise will be at once apparent, as also the value of such mechanical means for the development of the lungs as will be hereafter described. And it will be almost equally obvious that to attempt to cure disease of the lungs by medicine alone is unmitigated empiricism. We must arrest the spread of the tubercle, at once, by the means already detailed, and then the employment of appropriate medicines may assist us to remove the scrofulous tendency, to overcome the disposition to further tuberculous deposits. Of this, however, in its appropriate place.

The bronchial tubes are lined with a mucous membrane which is the seat of the disease known as Bronchitis. The affection popularly termed Bronchitis is simply laryngitis, or an inflammation of the mucous

membrane of the larynx, although this of course frequently works down upon the lungs, and may become Bronchitis, or perhaps eventuate in Consumption.

The bronchial tubes and air-cells compose—together with the blood-vessels—almost the entire body of the lungs. These are bound together with a small amount of areola-fibrous tissue which seems to have no other function to perform. The arteries which pass to the lungs divide and subdivide to an almost infinite extent, and form over each of the air-cells a net-work of blood-vessels so minute as to be termed capillaries, from *capillum*, a hair. As all the blood in the body passes through these, it is brought almost into direct contact with the air taken into the lungs in the act of respiration, and thus the changes already detailed take place.

From this brief consideration of the anatomy and functions of the lungs I pass to an equally brief detail of the causes of Consumption.

Chapter Two.

CAUSES OF CONSUMPTION.

AMONG the more prominent of these I must name contraction of the chest from stooping or tight lacing, causing the walls of the chest to press upon the lungs, preventing their filling as they should, and thus giving rise to tuberculous deposit—to true Consumption. The fatal habit of stooping is formed by many when children at school, and annually carries thousands to their graves. Sewing, when the work is pinned to the dress or to some work-stand, so low that the lady is compelled to stoop much to bring her work within compass of the eye, of course tends to contract the chest most seriously, and thus to induce disease of the lungs. Where there is any predisposition to Consumption, this sewing much at a low table will be almost sure to induce it; and I regret to say that I have known many cases where there was no marked predisposition to the disease, but where Consumption seemed to have arisen to a very great extent from this cause. A lady should endeavor to sit perfectly erect at her work; the work-stand should be high enough to bring the work sufficiently near the eye, and she should accustom herself constantly to full, deep breathing and perfect inflation of the lungs. If the habit of stooping be confirmed, *shoulder-braces* will be found of very great benefit.

TIGHT LACING.

After all that has been said and written on this subject, it may seem unnecessary to allude to it. But, unfortunately, although those ingenious contrivances which ladies originally employed to contract their waists and shorten their days are no longer resorted to; although stays or corsets, those abominable French inventions which have cost ten times as many lives as the guillotine, have passed out of use, still I regret to say, that even at the present day there are many ladies who effect the same purpose, and as effectually produce the same results, by the simpler and more convenient means of wearing tight dresses. It matters little *how* the waist be contracted; if the walls are made to press upon the lungs, and the air-cells are consequently prevented from filling as they should, Consumption will almost inevitably occur. How it should be possible for any lady of ordinary taste to reconcile herself to the unnatural shape produced by tight lacing, I can hardly imagine; but that they should, to secure this wasp-shaped chest, be willing to sacrifice even their lives, is certainly past comprehension. Not only Consumption, but other most serious difficulties arise from this cause, which every lady must avoid if she hopes for health. The lady who appreciates so little her duties to society as to take no care of her health is not required here, and the more tightly she laces the better.

Another fruitful, mechanical cause of Consumption is

FALLING OF THE BOWELS,

A difficulty less frequently described than experienced, and arising from a relaxed condition of the abdominal muscles, whereby the bowels fail to be perfectly re-

tained in their place. The symptoms of this are usually pain along and under the collar-bones or between the shoulders, a sinking, exhausted sensation at the pit of the stomach, weakness in the small of the back, general debility and nervous irritability, weakness of the voice, and often considerable shortness of breath; the lungs act imperfectly; they become congested, and bleeding from the lungs may presently take place; a short, hacking cough sets in, and the symptoms become gradually more and more marked, until the patient at length sinks under true tuberculous disease of the lungs.

This difficulty is the more worthy of attention from the fact that it generally occurs in delicate, scrofulous persons who are hereditarily inclined to Consumption, and when thus existing, almost always precedes the development of the disease. It is most frequently met with in persons who walk much or have occasion to be much on their feet. Of this, and the advantage of the supporter in these cases, I shall have occasion to speak presently.

INHALATION OF FOREIGN SUBSTANCES.

The inhalation of dust and other foreign substances into the lungs is also a frequent cause of Consumption. Stone-cutters are especially liable to disease from this cause; so are also cabinet-makers, and those employed in large grain warehouses, where they are much exposed to the dust arising from handling the grain. I recollect also to have been consulted in one week by three different persons where the disease had been induced by working with a threshing machine. Of course, when Consumption originates from a cause like this, the patient must abandon his occupation if he hopes for relief.

SEDENTARY OCCUPATIONS

All sedentary occupations, where so little exercise is taken that the lungs are rarely properly expanded and the air-cells opened, as they should be, are frequent predisposing causes of Consumption. This is especially the case if at the same time the chest be contracted from stooping over a desk or bench, when at work; and of course in such instances one of the first measures to be pursued in treating a patient, is to get him out of doors, where the lungs may have full, free play, and the system be placed under the influence of the greatest of all tonics, the pure, fresh air.

LAWYERS MORE HEALTHY THAN CLERGYMEN.

It is well known that among literary men, lawyers are less liable to Consumption than clergymen. For this there are various reasons. Lawyers more generally speak extemporaneously, and thus their vocal organs are not forced into action in a cramped, unnatural position, as must be the case where the speaker confines himself to manuscript. In general, also, they employ more action in delivery, a circumstance greatly in their favor. They are not compelled to perform all their labor upon one day of the week, and on that day subjected to a degree of physical fatigue twice as great as they can well support. Again, they are not raised above their auditory into a foul, heated atmosphere, as is unfortunately still the case with clergymen in some country churches. And lastly, but by no means least, lawyers generally take a greater amount of active, agreeable exercise. A lawyer may carry a fowling-piece or a fishing-rod with impunity, but not so the clergyman; this would be decidedly unclerical, and many good people would be sorely exercised in mind

by such a delinquency. A clergyman may saw wood or work in his garden, but he must not urge his horse beyond a certain gait, or raise his voice above a given key. His speech must be as measured as his step; a hearty laugh may subject him to the charge of levity. In short, the clergyman seems to be almost fettered by the whims and prejudices of those who are ever ready to show their piety by criticising their minister.

HEALTH OF PHYSICIANS.

Physicians, notwithstanding the fatigue and exposure to which they are subjected, are less liable to Consumption than members of either of the preceding professions, and this exemption is most marked when the doctor still carries his saddle-bags and makes his calls on *horseback*. This last is one of the healthiest exercises to which a person predisposed to Consumption can possibly resort, and those who practice it daily need have little fear of disease of the lungs. Another reason, too, why physicians are usually more healthy than their patients is, that they do not, as a general rule, take medicine unless they actually require it, while very many less acquainted with nature's laws are so wedded to medicine that they fancy they must dose themselves for the most trivial attack; and if a physician should be sent for, and, finding his patient laboring under a headache from a slight cold, or indigestion from imprudence in eating, should tell him to go to bed without his supper or drink a little thoroughwort tea, he would be exceedingly apt to lose his practice in the family; but if he gives his patient a good brisk dose of medicine enough to make him sick a week, but ultimately brings him safely through the attack, he is at once pro-

nounced a most skillful man, and his patient thinks himself fortunate in having summoned the doctor in time.

Although no person values medicine when properly employed, and when nature requires its aid, more than I do, still I am satisfied that, as a general rule, as much harm as good is done by medicine, and that there are few more frequent causes of Consumption than the breaking down of the system by the too free use of powerful drugs. Did space permit, I could give numerous illustrations showing the truth of this remark.

INTENSE MENTAL APPLICATION,

Especially when at the same time coupled, as it too often is, with loss of sleep, is a fruitful cause of Consumption. The reparation of the nervous system goes on almost entirely during sleep, therefore a man subject to great mental labor requires more sleep than one who endures mere physical fatigue; and unless this matter be properly attended to, the health must inevitably give way. No economy of time can be more ill advised than for the student to attempt to steal from his pillow; nor can the amount of sleep, any more than the amount of food required by one person, be made the standard for another. Some require eight hours' sleep; others need no more than five or six, and in a matter like this it is folly for one man to dictate to another.

THE IMPERFECT VENTILATION OF SLEEPING-ROOMS

Is also a cause of much ill health. The sleeping-room should be large and the ceiling high, and the door or window, except in most objectionable weather, be left open at night. In districts where ague and fever pre-

vail to any great extent, of course this will not be so safe. But I have myself traveled much, and almost universally pursued the plan of sleeping with my window raised, yet seldom, if ever, even in districts where ague prevailed, have I suffered from this course.

CONFINEMENT OF CHILDREN IN SCHOOL.

The seeds of Consumption are sown in many children by forcing their minds into premature activity, keeping them at their books, either at home or at school, when they ought rather to have been developing their physical system in the open air.

I had far rather see a child of five or six years old playing in the dirt than confined in the school-room. Children should not be sent to school till seven or eight years of age, and they will then learn enough faster to compensate abundantly for the time spent in securing a good constitution. Before that time, and even long after, instruction should come from the mother's mouth, not from books. Oral instruction to children does not generally tax the brain so much as when they are compelled to read for all they learn. A child may easily learn two or three languages before he is ten years old, by hearing them spoken, and learn them well, too, and not have his mind half so much taxed, as it often is, to acquire rudiments of Latin Grammar. Parental vanity has sent many an infant prodigy to an early grave, and then the result has been charged upon a mysterious Providence. If the mind of a child is more than ordinarily active while his constitution is weak, the parent should seek rather to check than favor mental activity, and in its place promote physical development. A child three or four years old is better off playing with the chickens than learning to read.

EXCESSIVE LABOR.

Excessive physical labor at any age will weaken the system and predispose to disease, but at no age are its effects more surely or seriously felt than in childhood and youth. No sensible farmer would put a colt three or four years old to the work of a horse seven or eight, yet some parents seem to expect as much of their children when fifteen, sixteen, or eighteen years of age as they would when their health and constitution were firmly established. I can not dwell on this at as much length as I could wish, but will only add that hardly a week passes that I am not called to prescribe for some case of Consumption arising from this cause.

Violent and sudden or long-continued over-exertion will not unfrequently so affect the lungs as to bring on Consumption. I was consulted, not long since, by a person in advanced and hopeless Consumption, whose disease had been brought on by over-exercise in hunting. He had followed a wounded deer at his utmost speed for two or three hours, and this injudicious exertion brought on a slight hemorrhage, from the effects of which he never recovered. He had previously been a person of great physical endurance, and supposed that nothing could break him down. He only raised a very little blood at the first, but his lungs were so strained that they never healed. I have not unfrequently witnessed similar cases, and would caution all, but especially those with weak lungs, against such imprudence.

DEPRESSING MENTAL EMOTION,

Grief, fear, anxiety, doubt, despondency, etc., tend, in a marked manner, to induce Consumption, while cheerfulness and hope strongly counteract its approach.

RELIGIOUS GLOOM (not *religion*, for it is almost its counterpart) exerts a most singularly depressing influence, and tends directly to the development of tuberculous disease. Laennec cites an instance of a religious order of females whose rules were exceedingly strict, and whose minds were kept constantly on the most terrible truths of religion, where the average life of the members after entering the convent was *less than four years*. And not a month passes without my witnessing in the course of my practice some almost equally striking illustration. That this is wrong is obvious. The same Almighty Being who established moral laws, established also physical laws, and they can not conflict. Religion was not designed to take away our pleasures, to make us gloomy and desponding. It consists no more in a long face than a long coat. "A cheerful heart maketh a glad countenance," and the true Christian should certainly have this cheerful heart. Religion should not deprive us of innocent pleasure, of healthful recreations. True religion does not. Many well-meaning persons may denounce dancing and merry music as sinful, and a hearty laugh as unworthy a Christian, but their denunciations do not make them so. And it would be well for those over-strict in externals to study well their own hearts, and see that religion's work is well done there, and that they are not making clean the outside of the cup and platter to cover the impurities therein contained. Of course, in thus commending dancing, I speak of it, not as a dissipation, but as an agreeable, healthful relaxation. No person can disapprove more strongly than I do of public balls and parties, where fashionable undress, crowded rooms, late suppers, and wine are brought to bear at once on the health and morals;

yet I do approve of dancing as one of the means and pleasures by which the home fireside is made pleasant. The abuse of any thing is but a weak argument against its reasonable use. The objections usually urged against dancing are easily enough answered, and until some one can point out some other exercise equally conducive to health and refinement, one in which all can so readily and cheaply indulge, I must, as a physician, commend this recreation. And here I would urge upon parents the duty of doing all in their power to make home pleasant, to make it the most attractive spot in the world to their children. And this must be done if they would keep their children from those temptations to which, especially in cities, they are so much exposed, and yielding to which too often destroys both soul and body. The means of effecting this are so evident as to render it unnecessary to point them out, and I shall therefore say no more on the subject.

CLIMATE.

Climate, supposed by many to be a fruitful agent in the development of Consumption, has really far less to do with it than is generally supposed. Other causes—other agencies must be at work. We know that although at the discovery of America the Indians occupied every portion of it, from the cold, damp coast of Labrador to the dry slopes of Western South America, yet Consumption was almost unknown among them. But now, when the habits, vices, and luxuries of civilized life have been introduced among them, they are more liable to Consumption than we ourselves, and I could name remnants of once powerful tribes where few, if any, of the members are not scrofulous or consumptive. A change of climate,

however, is often of service to the consumptive, and a climate subject to as few changes as possible should be selected, other things being equally favorable. In this matter, however, special advice will be given, if required.

TOO GREAT WARMTH IN CLOTHING.

The use of too much clothing tends to weaken the system, and renders the wearer much more liable to colds than he would otherwise be. In health but a moderate amount of clothing is required; and when a person finds the system so low as to seem to require a more than ordinary amount, he should seek at once, by daily bathing, with brisk friction on the surface, nutritious diet, and vigorous exercise in the open air, to bring the system again to its natural tone; and if a mild tonic is required, he should not hesitate to employ it rather than heap an unreasonable amount of clothing upon the person.

CONTAGION

The old belief in the contagion of Consumption is no longer regarded, yet there is no doubt that those who have had occasion to be much in attendance upon a consumptive patient, especially if sleeping in the same room and much broken of sleep, and at the same time depressed by grief and anxiety, are very liable themselves to have Consumption. The attendant of a consumptive patient should avoid sleeping in the same bed with him, and, if possible, should sleep in another room. The patient's room should be thoroughly ventilated at proper intervals during the day for the sake of both the sick and the well, and the attendant should also be careful to take free, regular

exercise out of doors, fully and freely inflating and exercising the lungs.

HEREDITARY CAUSES.

The predisposition to Consumption is well known to be hereditary, but it is not always necessary that the parents, one or both, should be *consumptive* to transmit a predisposition to Consumption to their children. The children of asthmatic parents are generally either asthmatic or *consumptive*, and if either of the parents is inclined to scrofula, salt rheum, or other skin-disease, or possesses a decidedly weak constitution, the children will be exceedingly apt to be *consumptive*. I do not think that a decidedly *consumptive* or scrofulous person has any moral right to marry, and certainly no person of healthy constitution should link his or her fate with one who can not be the parent of healthy children. So much does the health of the child depend on the health of the mother that, by the laws of Lycurgus, while the most especial attention was paid to the physical education of females, no delicate or sickly woman was, on any account, allowed to marry. Great disparity in the ages of the parents is unfortunate for the health of the children; and where the parents marry too young, the older children rarely possess as sound constitutions as their younger brothers or sisters. In this climate few ladies are fit, physically or mentally, to assume the responsibilities of a mother till the age of twenty-one, twenty-two, or twenty-three, though few are sufficiently prudent to wait so long. It is well known that where *relatives* marry, the children are frequently affected with Consumption, idiocy, or insanity, and a man should as soon think of marrying his sister as his cousin.

Chapter Three.

DISEASES INDUCING CONSUMPTION.

DYSPEPSIA.

AMONG the most important of these I will name **DYSPEPSIA**, for few diseases break down and impair the system more than this, and few cases of Consumption occur in our climate which have not been preceded by derangement of the stomach, to a greater or less degree. Dyspepsia, and that inflammatory condition of the stomach so nearly allied to it as often to be confounded with it, are known to exist in some persons by a sensation of weight in the stomach after eating; in others, by sour stomach or heart-burn. In many this is marked by wind in the stomach and bowels, causing either bloating, colic, or an occasional belching of wind; in others, by great distress in the stomach after eating, taking place in a few minutes or in one or two hours after meals. In some it is marked by severe headaches or by chronic diarrhea, the food coming away unchanged; in other cases, the most prominent feature will be obstinate costiveness. In some cases it gives rise to pains in different parts of the body, especially in the left side through from the breast-bone to the spine, while in others it is indicated by more or less palpitation of the heart. Many cases of true organic disease of the heart arise from the sympathetic excitement caused by dyspepsia, while

hundreds of cases which, from the violent beating and irregular action of the heart, seem to be cases of true heart-disease, merely arise from gastric derangement. Sleeplessness, nervousness, palpitation of the heart on lying down at night, are frequent symptoms. Occasionally it causes rush of blood to the head and dizziness, at other times extreme faintness; in some it is marked by an excessively craving appetite, in others by almost total loss of appetite.

SKIN DISEASES are a most frequent result of Dyspepsia; for if the food is imperfectly prepared to be taken into the circulation, the blood must necessarily become impure; and when, instead of appearing on the surface, these humors attack the mucous membranes of the throat or lungs, they become direct and most active agents in the development of pulmonary disease. Dyspepsia, therefore, should receive careful medical attention, and it is fortunately a complaint which can generally, under appropriate treatment, be most readily relieved. I have treated a multitude of cases of this disease, and have seldom failed in affording relief where I have met with the faithful co-operation of the patient. Dyspepsia may arise from various causes. Luxurious and high living, especially when coupled with deficient exercise, or a change from inactive to a sedentary life, is exceedingly apt to give rise to it. Food taken in improper quantities, and at improper times, especially eating a full meal when the system is exhausted by fatigue, will also cause it. Eating rapidly, without taking time properly to masticate the food, or with the mind intently occupied on other matters, will also produce it. A man should always take time to eat a reasonable meal *slowly*, and the mind should be pleasantly occupied in the mean time. Let a man be cross

as he may anywhere else, he should cultivate good-nature at the table, and a wife's domestic grievances, her broken crockery, and careless servants should never form a part of her husband's dinner.

COMMON COLDS.

A common cold, especially when frequently repeated, is too well known to be a frequent cause of Consumption, and a person at all inclined to weakness of the chest can not be too careful to avoid this frequent occasion of disease. But this is not to be done by shutting one's self up in a warm, close room, or piling the contents of a woolen warehouse on the shoulders, but by daily bathing in cold water, by brisk frictions to the surface, and vigorous exercise in the open air. I have repeatedly known persons who had for years been liable to colds on the slightest exposure or change of the weather, but who, by these simple measures, had so entirely overcome the predisposition as to be able to pass an entire winter without a single cold.

CUTANEOUS DISEASES.

Salt rheum, and most other forms of skin-disease, when by improper treatment they have been driven from the surface, are exceedingly apt to settle upon the lining membrane of the lungs, and thus give rise to true Consumption. I was very recently called to see a lady whose lungs were so extensively diseased that I could give no encouragement, where the disease had originated from *curing*, as she expressed it, salt rheum, which covered her hands and arms, by an application of sweet cream and calomel. This was about a year before, and from the day that the humor disappeared she had been growing gradually worse until now—past

hope. Scarcely a week passes that I do not witness some similar case. Occasionally, instead of attacking the lungs, the humor will affect the lining membrane of the stomach, causing distress after eating, nausea, vomiting, etc., etc. In most cases of skin disease, internal remedies, alteratives, and generally tonics are required, and these external applications are usually far worse than useless.

CONSUMPTION THE NATURAL DEATH OF THE SCROFULOUS.

Among scrofulous patients Consumption is of such frequent occurrence that Lugol calls Consumption the *natural death* of the scrofulous.

MEASLES AND SCARLET FEVER

Are often followed by disease of the lungs, and the loss of vitality from severe *Typhoid Fever* frequently favors the development of Consumption

CATARRH,

Working from the head to the throat, and from the throat down upon the lungs, is not unfrequently a cause of Consumption. Consumption, too, is exceedingly apt to supervene upon the subsidence of asthma, unless proper pains be taken to keep the lungs perfectly expanded by vigorous exercise and full, deep breathing

PNEUMONIA, OR INFLAMMATION OF THE LUNGS,

And chronic pleurisy also, both favor the approach of Consumption, and are to be specially guarded against. Consumption, also, is not unfrequently brought on by injuries, sometimes following where the lungs may not at the time seem to have been implicated.

ABUSE OF MEDICINE.

The abuse or improper use of powerful medicines, especially of mercurial preparations, tends to break down the system, and in a very direct manner induce Consumption. I have known some striking instances of this which I have not space here to cite.

INSIDIOUS APPROACH OF CONSUMPTION.

The approach of Consumption is usually so insidious that few are aware that they are even in serious danger of the disease until it is actually fastened on them; and even after the patient's friends are convinced of the true nature of the malady, he is himself unable to believe it, for he can not reconcile the comparatively trivial symptoms under which he labors with his ideas of that terrible disease so universally terminating in death. He can not imagine the slight diminution of his strength and endurance to be more than accidental, or attributes it to some other than the true cause. Pains through his chest, if they exist, will be attributed to rheumatism; and the shortness of breath, at first almost imperceptible, is, when perceived, attributed to debility, and he does not realize that it arises from the gradual decay and filling up of the lungs with foreign matter. The cough is usually at first so slight as to be hardly noticeable, and indeed in many, or at least in some cases, is not present, and it is only when the well-known and fearful symptoms of advanced Consumption show themselves, that the invalid awakens in earnest to a sense of his condition, and then too often is aroused only to find that his days are numbered. To be treated successfully,

CONSUMPTION MUST BE TAKEN IN TIME,

And no folly can be greater than this delay. There

is a point in almost every serious disease beyond which recovery is impossible, and although in Consumption this, with some constitutions, may not be for many months after the disease has made its appearance, still with others the course is so much more rapid, that a few weeks will render the case worse than doubtful. All should, therefore, at the very first appearance of danger, take such measures as common sense must dictate in the matter.

EXAMINATION OF THE LUNGS.

It is in the first place desirable that the true nature of the disease and the actual condition of the lungs should be ascertained; this last especially requires a degree of skill which can only result from incessant practice. I care not how careful, how accurate an observer, a physician may be in this department, nothing but continual, almost uninterrupted practice can secure any thing like a reasonable proficiency. To examine one patient a month, or one a week, or even one a day, will never do, although this last might, possibly, give a sufficient degree of skill to discriminate in cases where physical signs were very clear; but in very many cases such experience would unfortunately be found of but little avail. It is utterly useless for a physician, in general practice, to attempt to attain much accuracy in determining the condition of the lungs; but in every city of importance, or in any considerable extent of country, some one physician, some man of good ability and means to enable him thoroughly to qualify himself for this department, should devote himself to the study and treatment of diseases of the chest; and his brother practitioner, whenever a case arises requiring more than

ordinary skill in treatment or unusual accuracy in determining the condition of the lungs, should turn the patient over to this man, or at least summon him in counsel, instead of making him a target to be shot at, as is unfortunately now too often the case. In London and Paris this matter is well understood, and there, as it should be here, practice in these diseases is to a considerable extent confined to a few leading practitioners.

WHO ARE PREDISPOSED TO CONSUMPTION?

No fact is better established than that the children of consumptive parents are themselves very liable to Consumption. It is sufficient that either of the parents be consumptive, to communicate the predisposition to the children, and hence the great folly of a healthy person marrying into a consumptive family. It is almost impossible that the children of such a marriage should be healthy. If either of the parents are scrofulous, are troubled with sores, or swellings, or salt rheum; if they are affected with spinal disease; if troubled with a cough, catarrh, bronchitis, or asthma, the children will generally be more or less inclined to Consumption. The children of asthmatic parents, indeed, are almost as liable to Consumption as the children of consumptive parents. If the constitution of either of the parents has been broken by disease, intemperance, excessive labor, or any other cause, the children must be delicate, and probably inclined to Consumption. So, also, if persons marry young, before their constitutions have become fully established, the older children will be delicate, though the younger may be healthy and vigorous. In a large family, too, the youngest children, those born after the constitution of the parents, one or

both, have begun to decline, will often be weakly. The children of parents pursuing sedentary occupations, where the system is not kept in health by regular vigorous exercise, are often, indeed, usually delicate; and when, as too often happens, these delicate children are reared in a village or city, and deprived of the fresh air which country children enjoy, it can not be wondered at, if they grow up, that they should be strongly inclined to Consumption. Great disparity in the ages of the parents, also, especially when the *mother* is the oldest, is exceedingly unfavorable to the health of the children. But children—whole families of children—will sometimes be strongly inclined to Consumption where none of these causes are apparent. I have frequently, or at least occasionally, seen families who were all dying of Consumption, yet where the parents were both healthy and vigorous. In these cases, it is true, the grandparents are occasionally found to have been scrofulous, and the disease seems to leap over the intervening generation; yet it often happens that no satisfactory cause can be assigned. The children of cousins, as already remarked, are exceedingly apt to be feeble, consumptive, or idiotic. The presence of scrofulous sores is a sure indication of predisposition to Consumption. If a child is troubled with salt rheum, or almost any form of skin-disease; if the skin is rough, and sluggish, and dry; if the child is pale and delicate; if the teeth are poor, the bowels irregular, or the chest narrow and contracted; if, above all, his digestion is feeble, or he is troubled with catarrh in the head or throat; if a little unusual fatigue overcomes him, and he is troubled with slight occasional cough; if colds are easily taken, but relieved with difficulty, then must great care be taken, or the child will in-

evitably find a consumptive's grave. But he must not be shut up, but on the contrary kept out of school, and in the open air; his diet must be well regulated, and he must be sponged daily in cold water, with brisk friction after the bath. Proper care will often render a naturally delicate constitution unusually strong, while ignorance or carelessness on the part of the parent will often destroy constitutions naturally the most vigorous.

Chapter Four.

SYMPTOMS OF CONSUMPTION.

BRONCHITIS—ASTHMA.

COUGH is generally one of the first symptoms of Consumption, although I have known occasional instances when the lungs were so extensively diseased as to cause death, yet when *no cough* was present. Generally speaking, however, a slight cough, perhaps nothing more than an effort to cough, which may seem to proceed entirely from the throat, is noticed in the morning on rising, and perhaps, also, on retiring at night, or upon a little increased exercise, or going from a warm into a cold atmosphere. This gradually becomes quite perceptible, and may be attended with the expectoration of a little tenacious mucus. There will sometimes be slight pains about the chest, occasionally, perhaps, remaining seated for a time in some particular portion of the lungs, and recurring at irregular intervals, more particularly after unusual exercise or fatigue. Slight febrile symptoms presently occur, perhaps a burning or heat in the palms of the hands and feet, or occasionally flushed face, with some slight acceleration of the pulse, more marked after eating or fatigue. Sometimes a slight chilliness will be noticed in the after part of the day, generally followed by unusual warmth, and at length, perhaps, by slight perspiration. The cough increases so as to

excite the attention and awaken the anxiety of friends, and the expectoration usually increases, though frequently the cough continues quite dry. A slight degree of shortness of breath is experienced, more especially on a little unusual exercise, as on going up hill or up stairs, and oftentimes a tightness or sense of oppression across the chest may also be noticed. The cough is now apt to become somewhat annoying at night, and an inclination to perspire renders the sleep less refreshing than usual.

The general appearance of the patient now begins to show the nature of the disease. The eye is either unusually brilliant or dull and glassy. The usual paleness is occasionally interrupted by the bright hectic flush which is too well known to require description, and the patient is more and more easily fatigued on exercise and less inclined to either physical or mental exertion.

The symptoms of the SECOND STAGE are but little more than those of the preceding increased in severity, though the expectoration gradually changes in its character, and occasionally contains specks of opaque, flaky, or curdled matter, and sometimes an entire tubercle will be thrown off. The phlegm raised may be occasionally tinged with blood, though this is not always the case; and sometimes a patient may die of Consumption without having raised a particle of blood, while at other times this will be one of the first symptoms of disease of the lungs. The cough now becomes more distressing, the expectoration constant and generally purulent or muco-purulent, the chills and fever more marked, and the night-sweats more frequent. The patient continues to lose flesh, and the general strength slowly but steadily declines. Occasionally,

however, the progress of the disease will seem to be arrested, the more unfavorable symptoms abate, and the patient and his friends conceive the illusive hope that he is recovering. These favorable changes often occur during the summer or early fall months, and may continue so long that the general appearance of the patient will be most materially improved. He will have gained strength and be in every respect better. Presently, however, he grows worse again, and sinks lower than before, and with a few faint and fainter efforts on the part of nature to dislodge the destroyer, the disease passes gradually into the

THIRD AND LAST STAGE.

The night-sweats now become profuse and exhausting, the pulse is feeble and rapid, the cough deep and harassing, often from the exertion bringing on copious perspiration. If the patient be a female, the monthly periods, at first scanty or irregular, will have for some time entirely ceased. A colliquative diarrhea sets in, and the feet and ankles begin to swell. The shortness of breath becomes very distressing, and it is often impossible for the patient to lie on the diseased side. Toward the close, the mind of the patient occasionally wanders, though the delirium is usually of a mild character. This, however, is not always the case. The extreme distress for breath not unfrequently renders the death scene more painful than in most other forms of natural death. I have seen too much of Consumption to coincide with those who regard it as an easy death. In some instances, to be sure, the patient sinks away apparently without suffering, but these cases are unfortunately exceptional. And although acute pain may not be present, the sense of complete exhaustion

and difficulty of breathing is often equally or more distressing.

DURATION OF CONSUMPTION.

The progress of the disease, as is well known, is much more rapid in some cases than in others. While in some instances we see the patient hurried off by acute Consumption in a few weeks, in others the disease will have made comparatively little progress in as many years. The vital energy is sufficient to contend successfully with the malady, and although different portions of the lungs may have been affected, yet while disease is progressing in one part, another is healing, and it is only when at length, from age or some accidental cause, the vital powers are lessened, that the disease gains sufficient strength to secure victory. Not unfrequently, indeed, as we shall see hereafter, Nature shows herself adequate to effect a *cure* without assistance, as the scars remaining on the lungs abundantly attest. As a general rule, however, the duration of the disease is two or three years, though often less than one. Its course is generally most rapid in persons hereditarily inclined to it, and in those of a nervous sanguine or nervous lymphatic temperament.

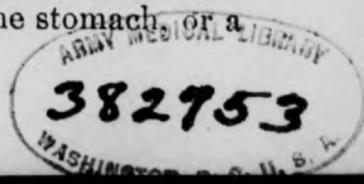
BRONCHITIS.

Inflammation of the mucous membranes of the throat and lungs frequently precedes or gives rise to Consumption. The difficulty often commences as a catarrh in the head, causing a discharge from the nose, as in a cold, or the head will seem stuffed up, and the patient will be under the necessity of making a constant effort to clear his head. * There will occasionally be fullness in the head, dullness and perhaps pain over the eyes,

and the eyes will sometimes appear inflamed, as from a recent cold. Gradually the disease extends back and down to the throat, causing occasional hemming, and spitting either of transparent, of white, or of yellowish phlegm. There will perhaps also be occasional dryness, soreness, or perceptible heat in the throat, though this is not always the case. There is not generally at first any cough, though the patient will perceive that he is gradually obliged to make more of an effort to clear his throat, and the phlegm seems to come from lower down. Some degree of *tickling* in the throat is generally now perceived, and the patient becomes more liable to colds, which aggravate the existing difficulty in the throat, and perhaps cause cough. Sometimes for a few days the difficulty will seem better, perhaps almost cease, but it will be pretty sure to reappear. At length upon some cold a little more violent than usual, the cough becomes confirmed, all efforts to shake it off are found useless, and the patient at length finds himself in the earlier stage of Consumption. The causes of this complaint are generally constitutional, and similar to those inducing Consumption. A scrofulous diathesis, or impurity of the blood from continued dyspepsia or other cause, may induce it, and it very frequently appears when humors, especially salt rheum, have been driven from the surface by improper treatment. It is occasionally, too, a consequence of measles or scarlet fever. I consider the disease as generally *curable*, although by no means generally *cured*, for the proper treatment is rarely adopted by the physician, and when adopted is rarely persevered in by the patient. Some remarks on the proper treatment of Bronchitis will be found a few pages farther on.

ASTHMA, OR PHTHISIC.

This distressing complaint is unfortunately so frequent as to deserve especial notice. That its causes are identical, or nearly so, with those of Consumption is obvious from the fact to which I have already alluded, that the children of asthmatic parents are as liable to Consumption as the children of consumptive parents, and that instead of Consumption the children of consumptive parents are frequently affected with Asthma. As the effect of Asthma, however, is to expand the lungs immoderately, it is directly antagonistic to Consumption, and tuberculous deposit can rarely proceed while any considerable degree of Asthma is present. The accidental occurrence of Asthma, indeed, occasionally cures Consumption, and it is well known that if Asthma abruptly subside, unless proper pains be taken to keep the lungs perfectly expanded, Consumption is liable to set in. But although Asthma is less to be dreaded than Consumption, still, while suffering under an attack, patients would be generally willing to exchange their disease for almost any other, such is often the suffering endured. The paroxysms of Asthma usually occur at first at remote intervals, occasionally, indeed, not more than once or twice a year, and are only brought on by some unusual exciting cause, as extreme fatigue or exposure to cold or wet. The paroxysms at first, too, are usually slight, but generally increase in severity as they increase in frequency, till the patient's life becomes almost a continued burden, as he suffers either from dread of the disease or from its actual presence. The paroxysms of Asthma, when not caused by cold or exposure, are frequently preceded by *dyspeptic* symptoms, eructations or belching of wind from the stomach, or a



collection of wind in the stomach and bowels, to such an extent as to press against the diaphragm, and cause some difficulty of breathing, which may thus be the immediate exciting cause of the Asthma. It is occasionally, too, though not always, preceded by languor, drowsiness, or headache; heaviness of the head, loss of appetite, costiveness, tightness across the chest, etc. Occasionally, however, the patient has no warning of the attack, which generally occurs at night. He starts up from his sleep with a sensation of suffocation, and makes every effort to recover his breath, but feels as if the air were excluded from his lungs. The wheezing which accompanies the efforts can often be heard to a considerable distance; the patient is compelled to preserve an erect or a sitting posture, as the moment he attempts to lie down, the difficulty of breathing becomes greatly increased. He will insist on doors and windows being open to allow a free current of air; and it is a fortunate as well as singular circumstance, that a delicate patient may at this time not unfrequently endure, without danger, very great exposure—exposure which might, under other circumstances, be attended with serious consequences. Few who have seen a patient laboring under a severe attack of Asthma will forget the expression of anxiety and distress which seems almost characteristic. He is usually in a chair or bolstered in bed, or more frequently, perhaps, sitting with his hands around his knees.

After a few hours the violence of the paroxysm subsides, and the patient generally begins to raise considerable quantities of mucus, although this is not always the case. The patient presently falls asleep, and awakes comparatively comfortable, though soreness of the muscles of the chest, occasional shooting pains,

some stricture across the chest, and more or less wheezing, may be noticed for some days.

As I have already stated, the attacks, which at first were rare, perhaps recurring only in the spring or fall, become more and more frequent, and often, too, of much longer duration, until the patient seems to suffer constantly. I have treated cases where the patient had not for years had a comfortable night's rest. A few of these, with the results, will be cited hereafter. Asthma sometimes occurs in early childhood, and is occasionally a sequel of whooping-cough. Very frequently it appears when some skin-disease has been driven in by the injudicious use of external applications. It seems very frequently to occur when persons are troubled with salt rheum. This complaint, as is well known, affects some persons only in winter, disappearing entirely in summer. Others, again, are troubled during the summer, experiencing no inconvenience in the winter. So it is with Asthma. Some persons are troubled only during the winter, others only in summer, and it is often the case that the Asthma will subside when the salt rheum makes its appearance on the surface, and appear again as the humor recedes. In these cases, besides inhalations, I not only employ internal remedies, alteratives, etc., but I frequently direct an issue to be worn in the arm for months together, and generally with the most desirable effects. To this, however, I shall refer when speaking of the treatment of Asthma.

Hay Asthma, a form of the disease usually making its appearance only in the months of July or August, is not unfrequent in this country, and for this particular variety a sea voyage will often be found the most effectual remedy. Asthma, or at least a form of dysp-

PHOTOCOPY

nœa or difficulty of breathing, usually termed Asthma, may arise from the existence of a vomica (or collection of pus in a sac) in the lungs, and in these cases all treatment may be unsatisfactory, or the disease relieved by accident. Bartholine relates an instance of the kind where cure was effected by a sword entering the chest of the patient, and piercing the abscess. The matter escaped, and the patient recovered, not only from the wound, but also from the asthma or dyspnœa. A similar case is related by Dr. Bree as occurring at the battle of Quebec. An officer was shot through the lungs, and on recovering from the wound, found himself relieved of an asthma under which he previously suffered. Various other circumstances may also operate to produce disordered respiration, and the physician who hopes to be free from the charge of empiricism must carefully investigate the *cause* of the difficulty and seek its removal, instead of trusting to any specific or any general plan of treatment. This is the only road to success.

PHOTOCOPY

Chapter Five.

BLEEDING AT THE LUNGS.

THIS common and often alarming symptom occurs more or less frequently during the progress of most cases of Consumption, although occasionally it is entirely absent. I have already stated that it is sometimes the case that a patient dies of Consumption who has never had a cough, and it is much more frequently the case that Consumption may terminate without a single hemorrhage having occurred during its course. Bleeding may occur either from the oozing out of blood from the congested mucous membrane or from the rupture of a blood-vessel, from violent coughing or in consequence of violent exertion. It occasionally occurs, too, from the destruction of the walls of the blood-vessels by ulceration. It may, as all the world knows, in some cases, be so light as hardly to be noticed; in others, may be so severe as to excite great alarm; and in some, though rare instances, even to cause death. In some families this hemorrhagic tendency is very marked. I recollect on one occasion to have been called to a patient said to be bleeding to death, when he had been spitting blood almost constantly for some twenty hours, and who had lost one or two brothers, his father and grandfather, and two uncles by bleeding from the lungs; who, in fact, had literally bled to death. I at length succeeded in arresting the bleeding by the

use of a powerful and hazardous remedy, to which I only resort in such extreme cases; yet the man afterward died from a similar attack. He was of a decidedly sanguine temperament, light complexion, and light-reddish hair, and such is generally the temperament of persons subject to this character of hemorrhage.

Bleeding will occasionally occur, too, from a violent shock to the nervous system, especially when the blood is driven suddenly from the surface to the internal organs. I remember one instance of a young lady patient who had been gaining most rapidly under our treatment, though still delicate and with exceedingly weak lungs. Her mother one morning, instead of her usual sponging, gave her a cold *shower-bath*, and the shock of the cold water, falling from such a height, brought on an attack of bleeding, which proved fatal in half an hour.

Bleeding occasionally occurs in consequence of very violent or long-continued exertion, where the lungs were previously healthy, and the cough and other symptoms of Consumption will date from this attack. I have already alluded to one or two cases. I have known several instances, too, where profuse hemorrhage was brought on by continued dissipation, and know one person, apparently healthy, who is compelled from this cause, though much against his inclination, to live a temperate life. He has no cough nor other symptoms of Consumption, yet a week's dissipation will almost inevitably bring on severe bleeding.

Although hemorrhage was usually regarded as a symptom of Consumption, and generally is so, still it may occur from other portions of the respiratory

mucous tissue, in the same manner that bleeding at the nose takes place, and no unpleasant consequences may result. Still bleeding, as I have already said, is so generally a symptom of Consumption that it can not but excite alarm and suspicion. Wherever I have reason to anticipate hemorrhage from the lungs, the appropriate medicine and instruction will of course be given. The use of common salt will generally do much toward stopping an ordinary hemorrhage. Cold cloths should be applied to the chest immediately, and the feet be either immersed in hot water, or the feet and limbs be wrapped in hot cloths, and bottles of hot water placed at the feet. In addition to these measures, the patient may also, if not soon relieved, take a pill, containing a grain each of opium, ipecac, and sugar-of-lead. Generally, however, the appropriate medicine will have been provided.

COUGH.

It is not always the case that cough indicates disease of the lungs. Under some circumstances it may proceed from derangement of the stomach, or even the liver; in others, from affection of the heart; and in many other cases be purely nervous. These cases are generally easily distinguished from cough originating with the lungs, as they are different in character, and not accompanied with expectoration. It is more difficult sometimes to distinguish the chlorotic cough arising with young ladies whose menses have been imperfectly established; but in this case it will be noticed that the cough is not usually excited by going from a warm to a cold room, while this sudden change of temperature will usually cause a slight cough where the lungs are irritable or affected. This chlorotic

cough, however, so frequently terminates in a consumptive cough, that I shall consider it more fully when speaking of female derangements. Cough may and does occur in many forms of disease of the lungs other than Consumption. Acute and chronic bronchitis, pneumonia, emphysema, gangrene, and abscess of the lungs, cancerous tumors in the lungs, and in fact almost all affections of these organs, are marked by a greater or less degree of cough. Still, as already remarked, I have known abscess in the lungs, and Consumption terminating fatally where little or no cough was present. I will mention a case in point of some interest, although it did not come under my own observation, but was given me by a personal friend who was well acquainted with both the patient and the attending physician. The patient, a young lady some fifteen or sixteen years of age, had been pining away for some months with slight occasional fever and increasing emaciation, debility, and some shortness of breath. The entire absence of cough, however, misled the physician, who attributed the difficulty wholly to derangement of the menstrual function, and adopted treatment accordingly. A *post-mortem* examination was desired by some of the relatives, and my friend was present. Although not a physician, he was sufficiently well acquainted both with healthy and morbid anatomy to conduct any ordinary examination, had watched the case from its commencement, and fully persuaded that the physician was in error, had endeavored to induce a different treatment. The physician refused to open the cavity of the chest, insisting that there was no possible reason for so doing; but finding no disease in any of the abdominal viscera sufficient to cause death, at length, by my friend's request, made an incision through

the diaphragm, when a quantity of matter flowed from the right lung, estimated by my friend at between one and two quarts. Neither cough nor expectoration had been present during the progress of the disease.

On the other hand, I have frequently known patients to be troubled with cough of many years' standing, yet to experience no serious results from it. I have been consulted in a case of cough of fifty years' standing, yet where the system had suffered but very little. I think I have seen at least twenty cases of this chronic cough the past year where the disease had continued from ten to twenty-five or thirty years, without seriously affecting the strength of the patient. In most of these cases my advice has been to "let well enough alone," and attempt nothing unless there seemed to be danger of the disease assuming a more active character.

Chapter Six.

NATURE AND CURABILITY OF PULMONARY CONSUMPTION.

PULMONARY CONSUMPTION consists in the deposit in the lungs of a peculiar substance called tubercle—a substance greatly resembling cheese, both in color and consistency—easily crumbling under the fingers, and usually occurring in small rounded masses, ranging in size from a millet seed to that of a chestnut. I have examined lungs which seemed to feel like bags of shot of every possible size. This must be got rid of in one of two ways: either the tubercle softens down, and opening by ulceration into some of the large air-tubes, is thrown off with the expectoration, or it passes into a concrete, passive state, the softer portions being absorbed, and the portion left behind (consisting in good part of phosphate of lime and ammonia) remaining inactive in the lungs for an indefinite period.

These chalky concretions are frequently thrown off from the lungs, and I have considerable numbers of them in my possession. Now, then, if after the tubercle has softened down and been thrown off, there is tone enough in the system to heal the ulcers that have been left, and we can at the same time prevent a further deposit of the tubercle, the patient will entirely *recover from Consumption*, and *scars* will be left be-

hind, proving incontestibly the *nature* of the disease, and remaining *incontrovertible evidence* of a *recovery*. No evidence can be more satisfactory than this. It is very common to say, when a patient recovers from some serious pulmonary disease, that such a person's lungs were never affected—that it was only a *bronchitis*, etc.; but here the scars point out the true nature of the disease, and all must either admit their evidence, or virtually declare that they will not receive facts because they conflict with their prejudices.

The great Laennec, the discoverer of auscultation, was among the first to point out the existence, the frequent occurrence of these scars, and to assert the curability of Consumption; and almost all eminent European pathologists report having frequently observed cicatrices or concretions on the lungs of persons who have *died of other diseases*—of course showing a perfect and permanent cure of Pulmonary Consumption. Such cases have most frequently come to my knowledge. An instance was noticed a few years ago at the New York Hospital. A man died there of the delirium tremens. He was, or rather had been, a somewhat prominent low politician, who some years before was pronounced in confirmed Consumption. His physician recommended the use of brandy, and the patient, nothing loth, followed his advice. His lungs presently healed, and he lived thirteen years after, dying at last, as we have above seen, of another affection. A *post-mortem* examination revealed the existence of scars on the lungs, showing, beyond doubt, the character of the disease from which he had recovered.

Dr. Carswell, of London, in the course of seventy-two examinations, found no less than twelve cases of cicatrization (scars) or induration. Dr. Bodet, of Paris,

in the case of one hundred and forty-nine, has reported twenty-three cases where the scars showed entire recovery to have taken place, and ten where a partial cure had been effected, part of the ulcers having healed and part being evidently in process of healing. In all of these cases death had occurred from other causes than Consumption.

Now when these cases are brought home to them, some physicians talk of *spontaneous* cures, and attribute all this to *chance*! CHANCE! In nature there is *no such thing as chance*. She is guided and governed in all her operations by laws as fixed and immovable as their great Lawgiver. Were you to shiver a glass decanter with a musket-ball, would any one of the thousand fragments fly in a given direction by chance? Not at all. Each piece would fly in obedience to the forces acting upon it; and were another decanter of the same size, to be made in all respects the same, and another ball to be fired from the same distance with the same force, striking the glass in the same point and at the same angle, it would be broken in precisely the same number of pieces as in the former instance, each piece be of the same size relatively, fly in the same direction, and to the same distance. So even here there is no such thing as chance. Were there but one authenticated case of the cure of Pulmonary Consumption, that one case would demonstrate its curability, for we should know that as nature does nothing by chance, this had not been effected by chance, but under similar circumstances would occur again, and our duty would be to study most attentively all the circumstances under which nature had been able to effect this cure, and to bring similar circumstances to bear upon any similar case we might be called

on to treat. But, instead of one case, here are hundreds—yes, thousands. What possible excuse, then, can physicians urge for so generally neglecting the study of this disease? Surely he is greatly, very greatly to be blamed who, having once devoted himself to that high and noble science which has for its object the alleviation of human suffering and the preservation of human life, so far forgets the duty which he owes to himself and mankind as to have neglected the study of a disease which annually sweeps to the grave five times as many victims as any other in the whole catalogue of human maladies. Not even the terrible plague which in 1666 ravaged London, carrying terror and desolation into almost every household of that devoted city, destroyed as many victims as are now swept off by Consumption in that same city of London every ten years. But there are more facts still proving the curability of Consumption. In the cases above cited the subjects had died of other diseases than Consumption; but in many cases where the patient dies of Consumption, scars are found on the lungs, the result oftentimes of some previous attack of Consumption, from which recovery had taken place, though as the predisposition still remained, the patient at length died from a recurrence of the disease. It by no means follows that because a man has recovered from Consumption he may not have a second attack, any more than that a man may not have bilious fever a second time. A man whose lungs have once been seriously diseased will undoubtedly be more liable to disease a second time, and the same is true of many affections other than Consumption. But all this does not militate against the curability of Consumption. Were a man to die of a second attack of small-pox, as

sometimes occurs, it would be perfectly ridiculous to assert that he had had small-pox all his life ; and it is equally absurd to say that because a man dies of a second attack of pulmonary phthisis, he has been all his life laboring under the disease. It is true that we find scars in the lungs of persons who have undoubtedly been consumptive for years in whom the disease would be relieved in one portion of the lung, though the while developing in another. But this only proves that Nature was constantly exerting herself to throw off the disease, and could she have had a little true assistance, would readily have effected it.

In addition to the cases above referred to of Carswell and Bodet, I could cite many well-substantiated individual cases, but space will admit of but one or two. Dr. Parish, of Philadelphia, one of the most skillful physicians we have ever had in this country, had Consumption when a young man, cured himself, and when, after his death at an advanced age, an examination was made (in accordance with his expressed wish), scars were distinctly visible on the upper part of one of his lungs. The poet Foss, of Germany, when thirty years of age, had Consumption, but finding that his physicians did him no good and had no hopes of his recovery, he took Shakspeare's advice, dismissed the doctors, "threw physic to the dogs," and by good living and exercise in the open air, at length regained his health, and lived *forty-six* years after—dying at the age of seventy-six. Professors Chelius and Tiedman examined his lungs after death, and discovered the most distinct scars upon them—proving, of course, that the poet's disease had been true Consumption, and that he had recovered from it. I could almost fill a volume with similar cases which had been pro-

nounced true, hopeless Consumption by most competent physicians.

WOUNDS OF THE LUNGS.

It may be as well also to add, as further proof that Nature not only constantly exerts herself to repair injuries of the lungs, but that she is perfectly competent oftentimes to effect it—that there are many cases on record where patients have recovered from severe sword, bayonet, and even gun-shot wounds of the lungs; to one or two such instances I have incidentally alluded. I had occasion, two or three years since, to examine the chest of a lad ten or twelve years old, who had not long before been severely wounded by the passage of a rifle-ball through the outer and lower portion of the right lung. Yet to all appearance the lung was entirely healed, and the boy perfectly well. I have seen at the Museum of the Royal College of Surgeons, in London, the shaft of a chaise which was forced through the chest of a gentleman, a Mr. Tipple, entering on the right side between the third and fourth ribs, and passing out on the left of the breast-bone. The violence of the blow was such that the shaft was driven not only through the chest, but also through the door of the barn, literally pinning the unfortunate man to the wall. Still he lived ten years after the accident, and when, in accordance with a wish expressed before his death, a *post-mortem* examination was held, the scars showed clearly the terrible nature and extent of the injury. Dr. Madden, who, in conjunction with Sir William Blizzard, treated the case, has published an interesting account of it. I could cite very many other somewhat similar instances, which, although they do not directly prove the curability of Consumption, show,

nevertheless, that Nature is perfectly competent to repair injuries of the lungs far more serious than the ulcers left by the softening of tubercle. And I ought also to allude to the frequent instances where abscesses form in the lungs as a consequence of pneumonia, yet where recovery takes place. The inference from these facts is obvious.

For some interesting cases of recovery from Consumption, and other severe forms of pulmonary disease occurring in our practice, the reader is referred to the Appendix.

Having now, as I trust, fully shown that Pulmonary Consumption is a curable disease, I will call attention to the means by which, under favorable circumstances, a cure may be effected, to those measures which seem to me the only rational plan of treating this affection, and which abundant experience certainly shows to be successful in a large proportion of cases, where the disease is not too far advanced, where the lungs are not too far destroyed, or the vitality of the system exhausted.

I do not wish to be misunderstood in my remarks on the curability of Consumption; I wish no person to suppose me, for a moment, to say that because one case of this disease can be cured, *every* case may be successfully treated. For with Consumption, as with any other disease, a successful treatment must be a timely treatment, and the measures which might remove entirely disease of short standing would, perhaps, hardly make an impression in a case where the lungs were very extensively affected. Still, disease, in some cases, progresses so slowly that even a year or eighteen months' continuance may yet leave the patient with a fair chance of recovery, while in other cases the pro-

gress will be so rapid that a few weeks may place the patient beyond hope. In those cases, also, where Consumption occurs as the constitution, from age, disease, or other cause, seems to be breaking up, of course little or nothing can be expected. There must be some foundation left to build upon. Nature must not be wholly exhausted, or what assistance we can render her will be of little avail.

Chapter Seven.

TREATMENT OF CONSUMPTION.

FROM a consideration of the uses or functions of the lungs as detailed in Chapter I., may, I think, be readily appreciated the philosophy of the only true and rational treatment of pulmonary diseases, and the only one which can be ever permanently successful. There never was, and never can be any *specific* in Consumption, any great medicine that will act upon it as quinine upon ague and fever, for this, from the nature of the disease, is impossible. But I not only believe, but more than that, I *know*, that an appropriate, judicious combination of remedial measures, keeping in view the facts cited, will enable us to afford relief, if not in every case of Consumption, at least in thousands which, under any half-way treatment, under the plans of treatment now most generally adopted, must and do terminate fatally. Although every case of Consumption may not be cured, still I know that the disease is curable, and that its treatment may be based on philosophical principles. I trust that my own success thus far has demonstrated this, and I am confident that if the subject of Consumption were generally to receive that attention which it deserves, each year would add materially to our knowledge respecting it, and increase our facilities for its successful treatment.

It is obvious that our first object in the treatment

of Consumption must be to arrest the further spread of tubercle in the lungs. We wish, then, to favor the evacuation of such as have softened down, to promote the healing of the ulcers so remaining, and to overcome the disposition to further tuberculous formation. There may and will always be other indications to be fulfilled, but these will be the matters claiming most attention. And now by what means can all this be effected? We have already seen that tuberculous deposit first of all occurs in the extreme air-cells terminating the air-tubes, and that so long, therefore, as, in the act of breathing, these air-cells are fully, freely, perfectly opened—so long as their walls are kept thin, thickening or congestion of the mucous membrane prevented, and the blood thoroughly arterialized, as it is returned from the lungs—so long, I say, as all this is done, it is almost impossible that tuberculous deposit should occur. Indeed, I doubt whether it *ever* takes place when all these conditions are fulfilled. So we perceive at once that one of the most effectual means of preventing the spread of tubercle in the lungs will be the very means we should employ to have prevented its taking place, and that constant and perfect inflation of the lungs with pure, fresh air will be one of the most important means to the attainment of the desired end. On rising, therefore, in the morning, and constantly during the day, the patient should accustom himself to taking full, deep breaths; and it will be an excellent plan, also, to practice with light dumb-bells, or to throw back the arms so that the backs of the hands may meet, when the lungs are perfectly filled with air. This is an admirable exercise on first rising in the morning, and should on no account be omitted. Whenever the patient is in the

open air this matter should be attended to; but one of the means upon which, in Consumption, I place most reliance, is the use of the

INHALING TUBE.

This simple, but efficient instrument, by which, doubtless, thousands of valuable lives have been saved, is the invention of Dr. Francis Hopkins Ramadge, of London, and like many other important discoveries, was to some extent the result of accident. A man consulted Dr. Ramadge in advanced Consumption. While under Dr. R.'s care, a tumor appeared on the anterior portion of the trachea, or windpipe, and increased in size to such an extent as seriously to compress the windpipe, impede breathing, and threaten immediate suffocation. When the tumor began to subside, however, Dr. Ramadge found that his patient's lungs were better, and this improvement happily continued to confirmed recovery. A silversmith, whose lungs were in a similar condition, consulted the Doctor shortly afterward, to whom the Doctor narrated the foregoing case, and advised him to improve on the hint and compress the windpipe by artificial means, which was done by binding an ivory ball by a silver band tightly upon the throat. This soon did wonders for the sick man, and, acting upon this hint, Doctor Ramadge at length invented the Inhaling Tube, by means of which the same object is attained, without pain or inconvenience. These tubes were originally made of India-rubber or covered wire coil, and were several feet in length; but these are open to serious objections, as they are apt to become poisonous from long use, and can not be cleansed, as a tube for this purpose should be. Dr. Ramadge has himself

abandoned the use of the long tubes, using the short valvular tube. The tube we employ is of silver only,

Fig. 7.



INHALING TUBE.

some five inches in length, with a valve so contrived that while the air is freely admitted into the lungs, it is forced from them with difficulty, and is thus forced into all portions of the lungs, perfectly expanding these organs, and most efficiently preventing the spread of tubercle. This is also an excellent means of warding off as well as curing Consumption, and many persons of sedentary habits will find great advantage from using this while at their desks, as it is easily carried in the vest pocket, and is at hand at all times. But when the lungs are affected, I do not as a general rule think it safe to allow the patient to continue his business, if by so doing he be subjected to much confinement. He must get out into the open air, and not only use the tube freely, but must also indulge in regular, vigorous exercise, not of course going beyond his strength; and where there is a disposition to stoop, or the chest is at all contracted, SHOULDER-BRACES should be unhesitatingly resorted to, as they materially favor the development of the chest and the action of the lungs. On first rising too, in the morning, the patient should not fail to exercise his lungs,

as already directed, either by the use of dumb-bells, or simply throwing back the arms while the lungs are filled with air. As the cold air is more dense, and therefore contains in a given volume more oxygen than warm air, it is more bracing, and, as a general rule, better for the patient.

Cold, *dry* air is a true friend to the lungs, and could our consumptive patients have a steady, cool, or cold, dry atmosphere, they would find themselves greatly improved ; but our winters are unfortunately so changeable, and much of the time so damp, that this desideratum is not to be had.

We have before seen, that so long as at each inspiration the air-cells of the lungs are fully, freely, perfectly opened, tuberculous deposits can hardly occur, and it follows that the course directed above is the surest and most effectual means of arresting this deposit. But, important as this matter is, it is not all that we gain, for, as we have already seen, the tone of the system and the general strength are thus greatly improved, and, at the same time, the purification of the blood promoted. I believe it to be impossible by any course of alterative or cleansing medicines, alone, where this matter is not attended to, to effect the purification of the blood. So that by this simple means we have accomplished three most important objects, and accomplished them not only more simply, but far more effectually than could have been done by medicine.

CAUTION IN THE USE OF THE INHALING TUBE.

It may be necessary, perhaps, to caution those not acquainted with the inhaling tube, against its too free use until the lungs are somewhat strengthened and accustomed to the exercise. If the lungs are very weak,

and the tube should be used too freely at first, it might cause bleeding, in the same manner that any other over-exertion might do. I usually direct the patient to use the tube, at the first, not more than half a minute at a time, and gradually increase the time of using it until he uses it half an hour at a time, three or four times a day. It will cause no inconvenience, even to a business man, to use it for that length of time, as it will be no more an encumbrance to him, after becoming somewhat accustomed to it, than a cigar is to an inveterate smoker. After bleeding at the lungs, I wish the use of the tube to be omitted for three, or even four days; and it should be resumed with caution, the patient using it only half a minute at first, and increasing as he finds his lungs strong enough to endure it.

Another important matter in the treatment of disease of the lungs is the

PREVENTION OF COLDS.

All are aware how much the frequent accession of fresh colds impedes recovery in every form of chronic pulmonary disease. A patient may be improving apparently as rapidly as could be desired, when a sudden cold will undo in a day the work of weeks. How can this be prevented? In part by this perfect expansion of the lungs of which I have already said so much, and partly, indeed principally, by regular daily

BATHING

in cold water, followed by brisk frictions with a coarse towel or flesh-brush, to excite a healthy glow and bring about perfect reaction. The best bath probably, all things considered, and generally the most convenient, is the sponge-bath. The wash-bowl can be

placed on the floor, and either with the hands, a sponge, or a wet towel the whole surface can be very speedily wet, and then friction should be applied, and the patient dress as soon as possible. The patient should not feel chilly after the bath; but if the vitality is so low that this is the case, bathing should be done in a perfectly warm, comfortable room, and, at first, the water might be but little, if any, cooler than the temperature of the body, and it may be used colder and colder daily, till it reaches a reasonable temperature. It is, as a general rule, probably best to use water that has stood in the bed-room over night. A little salt may often be most advantageously added. I have repeatedly known persons who, for years, had been liable to colds on the slightest exposure, completely overcome this tendency to cold by daily bathing, and pass whole winters without a single cold; and I believe it to be so effectual a preventive of colds, that for this object alone it would be well worth the patient's while to bathe daily. But another important fact is that, under these circumstances, cold water acts as a powerful *tonic*, very greatly, many times, improving the patient's strength; and, perhaps, what is still more important, it promotes the elimination from the system of a host of impurities which, unless thrown off by the skin, must determine to the internal organs and cause most serious mischief. Let us consider briefly the structure of the skin, and see how bathing promotes the

PURIFICATION OF THE BLOOD.

On a single square inch of the palm of the hand there are 3,728 little pores, communicating by minute convoluted tubes with the sudatory glands situated a short distance under the skin. The number of pores

on the surface of a man of ordinary size is not less than seven millions, while the combined length of the perspiratory tube is twenty-eight miles. Surely this vast apparatus could not have been given us but for the most important purposes. An amount of matter is daily thrown off by the skin greater than that thrown off by the bowels; and when this great outlet is closed, when the pores of the skin are clogged up, and their action impeded, then these impurities determining to the mucous membranes of the throat, lungs, stomach, or bowels, either give rise to most formidable and dangerous diseases, or, remaining in the circulation, reduce the vitality of the system, and render us liable to sink under diseases which would otherwise have been readily thrown off. I never attempt to treat any serious form of chronic disease without attending to this matter; and although I no more believe that, alone, cold water can do all that some enthusiasts claim for it, than I do that the simple inhalation of medicated vapors is, *alone*, sufficient to cure Consumption, still I know well that it is of great value, and fulfills an object we could hardly find other means to accomplish.

The best time to bathe is, generally, on rising in the morning, although, under some circumstances, I direct it at night. Most persons can, and should bathe daily, though, occasionally, we meet patients who do not seem able to endure a bath more than two or three times a week, and there are persons who seem unable to bear cold water at all; though these cases are very rare, not one in ten thousand, and I always look upon them unfavorably. Still, even in these instances, beginning with warm water, the patient, by using it colder and colder, may at length accustom himself to quite cold water.

Chapter Eight.

TREATMENT OF CONSUMPTION CONTINUED.

EXERCISE.

CONSTANT, regular, daily exercise is of the greatest importance in the treatment of all forms of chronic disease, and especially of Consumption. Exercise, however, should never be carried to the point of *fatigue*—for over-exertion, the fatigue of one day's excessive labor, may retard recovery for weeks. Exercise, too, should always be agreeable. It is not merely muscular motion which we seek, but also mental enjoyment and relaxation. It would undoubtedly be harder to saw wood for three or four hours than to spend the time on horseback, in company with pleasant friends, yet no one can doubt which would be better for the health. A tread-mill would afford very regular and active exercise, yet I can not conceive that it would be very desirable. The plan which some students adopt of devoting a short time daily to severe muscular exercise, when the mind is not relaxed or pleasantly occupied, is wholly opposed to common sense and physiological laws. Exercise, whatever its name may be, must be *agreeable* to the patient, or it will do but little good.

For consumptives and dyspeptics, probably exercise

on horseback is by far the most desirable which could be selected.

Sydenham, one of the most successful practitioners the world has ever seen, thought so highly of horseback exercise as a remedy for Consumption, that he asserts in one of his works that Peruvian bark will not more certainly cure ague and fever than constant, regular, daily exercise on horseback will cure Consumption in its earlier stages. Not only is the mind generally pleasantly occupied; not only are we able, indeed compelled, when riding, to keep the lungs more freely and fully expanded than under other circumstances, but this is done without much fatigue or exhaustion. A person may ride and continue to exercise his lungs for two or three hours perhaps, with little fatigue, when a walk of half an hour would have exhausted his strength. The blood is not to be purified, the system to be invigorated, and the lungs to be strengthened so much by a little violent exercise of the lungs as by the *long-continued*, free consumption of oxygen, which is of the more service the less the nervous system is exhausted in the effort. But not only does exercise on horseback benefit the lungs directly in the manner above named, but by the gentle motion all the other organs are stimulated to healthy action, especially the liver, stomach, and bowels; and thus by improving the general tone of other organs, the lungs are also indirectly benefited. In some forms of chronic disease of the liver this will do more than medicine can possibly effect, and its importance and value in dyspepsia is too well known to require comment from me. It is well known that the celebrated Seth Ward, Lord Bishop of Sarum, one of England's most eminent mathematicians, cured himself of an

obstinate *chronic diarrhoea*, which had baffled the skill of the best physicians of London, by taking short journeys on horseback. For ladies this exercise is not only one of the most elegant, but also the most healthful that could be named. Nowhere does a lady appear to better advantage than on horseback; and one who is in the habit of spending two or three hours a day in this exercise will not only find herself possessed of greater mental and physical vigor than she could otherwise hope for—will not only be able to accomplish more each year of her life than she could do otherwise, but her life will be greatly prolonged; and instead of being merely a period of probationary suffering, as it now is with many of our most estimable women, it will be a period of real enjoyment. She will escape almost, perhaps quite, those difficulties peculiar to females which render life to many a burden; and instead of keeping her unfortunate husband constantly under the whip to pay her “doctor’s bills,” and other expenses necessarily incident to sickness, she will be truly a helpmate for him; and I can assure all who have never tried it, that it will generally be found cheaper in the result to keep a horse than to keep a sick wife. When a person is too weak to ride on horseback, they should ride out daily—if possible, twice a day, night and morning, in an open carriage, and as they get stronger they may exercise on horseback. It is utterly ridiculous to expect ladies to enjoy even tolerable health if constantly confined within doors; few men could endure it, and certainly a sickly woman can not be expected to.

If a lady is unfortunately so situated that she can not ride, working in the garden a portion of the day would be far more conducive to her health than con-

finement within doors. Walking, though for some a good exercise, is one in which others can not indulge very freely without bringing on distressing weakness. In these cases, one or other of the means above named would be preferable.

ROLLING TEN-PINS

Is a most desirable exercise for the lungs and chest, and one which should be far more common than it now is. It is exceedingly unfortunate that this desirable exercise should be abused as it at present is, and that bowling saloons are generally so conducted that not only no lady can show her face there with propriety, but it is hardly creditable, oftentimes, for a gentleman to indulge in the recreation on account of the company he would be compelled to encounter. Any person who has ever tried must know the value of the exercise, and it is much to be desired that in every village there might be bowling saloons so conducted that ladies and gentlemen might enjoy in common the pleasure and advantage of this healthful recreation, especially those who can not conveniently indulge in exercise on horseback.

DANCING.

I have already alluded to dancing as a valuable exercise, and must say here that, although I presume many will disagree with me, I think it would be exceedingly difficult to replace it by any recreation in which both sexes could indulge, equally beneficial to health and available under similar circumstances. It is certainly most unfortunate that the abuse of this amusement should have created with many so strong a prejudice against it; and I presume that the fear of laying a stum-

bling-block in the way of others will prevent many, who do not in their own judgment see any impropriety in dancing, from indulging in it. But, as I have already remarked, the abuse of a thing is no argument against its use. God's moral and physical laws do not conflict, and when I know, as a physician, that a certain line of conduct is advantageous to man's physical organization, I know that in all probability it is not opposed to his moral nature. The exceptions which might seem to arise to this are so easily answered, that it is not worth while to anticipate them here. I know that an invalid whose mind is cheerfully occupied, especially if at the same time agreeable and moderate exercise of the muscles can be secured, is far more likely to do well than one who is gloomy, serious, and desponding. I will say no more here than that I do not on any account approve of public balls for either the sick or the well; and the invalid who dances till two or three in the morning, indulging in late suppers and the necessary accompaniments of these dissipations, is doing himself oftentimes an irreparable injury. But dancing of an evening, around one's own fireside, with a few pleasant friends, is quite a different matter, and those who see sin in that would do well to inquire through what medium they are looking at the world. Colored spectacles color all the objects seen through them. They give every thing the same tint, and those who see so much sin in dancing would be apt to see it in every thing else, and deprive mankind of every means of rational or physical enjoyment. A man may be conscientious, and yet his conscience may be an unsafe guide. The hermit who secludes himself from mankind because he sees so much sin in the world, doubtless thinks he does right, so does the poor,

deluded victim who prostrates himself before the car of Juggernaut; but does this *make* it right? If a person thinks it wrong to dance, it might perhaps be wrong for him, but he must not guide others by his conscience. I wish my patients to cultivate cheerfulness, and wish them to indulge in all agreeable healthful recreations, and shall not fail to commend dancing until I see stronger reasons than I have ever yet heard urged against it. Hunting, when the patient has strength to carry a light gun, and especially when he is fond of sporting, will be found a most admirable exercise, and one which I am much in the habit of recommending. The pleasant excitement, and all the accompaniments of this amusement, render it peculiarly advantageous to the consumptive. As we shall presently see, also, the game—if the hunter be fortunate enough to secure any—may be turned to excellent account, for it is one of the most excellent articles of diet for the dyspeptic and consumptive which I can possibly name. I frequently recommend my patients to shoot their own dinners; and I know that most cases of dyspepsia would be speedily relieved were the patient to live for a short time by his rifle. The relative value of wild game as an article of diet may be gathered from the following chapter.

Chapter Nine.

TREATMENT OF CONSUMPTION CONTINUED.

DIET.

THE most especial attention should be paid to diet, and to the manner, time, and circumstances of eating. Food should always be eaten slowly, and thoroughly masticated and *insalivated*. All kinds of solid food, unless well chewed, are difficult of digestion, and some are utterly indigestible. Almonds, for instance, unless perfectly chewed, are no more digestible than shot. The gastric juice can not act upon considerable pieces of this nut more than upon so much lead. And although it is not the case with all kinds of food to the same extent as with these, still most articles are so much more indigestible when imperfectly chewed than when properly masticated, that this habit of eating very rapidly is one of the most effectual means of inducing dyspepsia. We seldom, for this reason, see a person with poor teeth who is not dyspeptic.

But even if by any mechanical contrivance we could have the food all properly ground or chewed without giving the eater the trouble of doing it himself, still, even then, if it were to be swallowed without having been a reasonable time in the mouth, it would still cause dyspepsia. The food must not only

be properly masticated, but also properly *insalivated*. Every school-boy knows that in chewing any substance there is a constant secretion of saliva or spittle, and this same secretion of course takes place while eating. But few are aware of the importance of the saliva to the process of digestion. The late much lamented Dr. Patterson, professor of anatomy at the University of New York, frequently mentioned a circumstance which came under his observation. At Glasgow, Scotland, a man who had been arrested, charged with some capital crime, the night before his trial was to have taken place cut his own throat, completely severing the windpipe and esophagus or gullet (the pipe which conveys the food from the mouth to the stomach), though fortunately without severing the larger blood-vessels. His wounds were dressed, and the next day, through some flaw in the indictment, he was acquitted. But it was found impossible to prevent the closure of the gullet, so that all communication between the mouth and stomach was cut off. However, an opening was maintained in the side of the neck and by means of a silver tube introduced into the esophagus, and life was sustained by pouring soups and other similar articles of nutriment into the stomach. The man, however, soon became exceedingly dyspeptic, in which condition Dr. Patterson was called to prescribe for him. The Doctor noticed that so soon as the food was poured into the gullet, a profuse secretion of saliva took place, which of course, as the man could not swallow, ran out of his mouth. The Doctor at once imagined the absence of this saliva, which under ordinary circumstances should have gone to the stomach, to be the cause of the dyspepsia, and directed the attendants to catch it in a cup as it ran from his

mouth, and pour it down after the soup. This was done, and the man's dyspepsia soon relieved.

From this example the importance of insalvation, as well as mastication of the food, is evident, and neither can be properly effected if the patient eats in haste; and the consumptive who hopes to regain health can not be too careful in this particular.

In regard to the time of eating, I will only remark that meals should be taken regularly, that a hearty meal should never be eaten at night—certainly not soon before retiring—nor should the stomach be charged with a large amount of food when the system is prostrated from extreme fatigue. A very slight meal only should be eaten under such circumstances, no matter how loudly the appetite may call. Eating between meals is a detestable practice, deranging the stomach and doing much to bring on dyspepsia. The stomach, after one meal is digested, requires to rest a certain time before any thing more is taken into it, and if deprived of this will necessarily suffer.

At meals, the mind should never be intensely occupied, but care should, as far as possible, be laid aside, and agreeable conversation should enliven the hour. If the mind is too much occupied, the secretion both of the saliva and gastric juice is lessened, and from this cause the patient must suffer. Neither the husband's business cares nor the wife's domestic troubles should be allowed to intrude at the table. Cheerfulness should rule there. For some little time after meals also, no violent exercise should be taken. I have frequently known cases of dyspepsia apparently arising from no other cause than this last, viz., the habit of hurrying away from the table and going at once to hard work.

In the choice of food the following table, giving the usual period required for the digestion of ordinary articles of diet, will aid you :

| | H. | M. | | H. | M. |
|-------------------------------|----|----|--------------------------------|----|----|
| Rice, boiled | 1 | 00 | Wild goose, roasted | 2 | 30 |
| Barley soup | 1 | 30 | Partridge and quail, roasted. | 2 | 15 |
| Sago | 2 | 00 | Chicken, roasted | 4 | 00 |
| Barley, boiled | 2 | 00 | Ducks, tame, roasted | 4 | 00 |
| Fapioca, boiled | 2 | 00 | “ wild, “ | 4 | 30 |
| Milk, boiled | 2 | 00 | Salt pork, fried | 4 | 00 |
| Milk, raw | 2 | 15 | “ “ roasted | 5 | 15 |
| Fresh eggs, raw | 2 | 00 | Beef, fresh | 3 | 00 |
| “ “ roasted | 2 | 15 | “ salt | 4 | 15 |
| “ “ soft boiled | 3 | 00 | Veal, fried | 4 | 30 |
| “ “ hard boiled | 3 | 30 | Mutton, boiled | 3 | 00 |
| “ “ fried | 3 | 30 | “ roasted | 3 | 15 |
| Apples, sweet, mellow, raw . | 1 | 30 | Broiled lamb | 2 | 30 |
| “ sour, hard, “ .. | 2 | 50 | Trout salmon, fresh, fried ... | 1 | 30 |
| “ sour, mellow | 2 | 00 | “ “ boiled ... | 1 | 30 |
| Potatoes, roasted or baked .. | 2 | 30 | Salt salmon, boiled | 4 | 00 |
| “ boiled | 3 | 30 | Bass, striped | 3 | 00 |
| Beans “ | 2 | 30 | Catfish | 3 | 30 |
| Bean soup | 3 | 00 | Fresh oysters, raw | 2 | 55 |
| Pigs feet, soused | 1 | 00 | “ “ roasted | 3 | 15 |
| Tripe “ | 1 | 00 | “ “ stewed | 3 | 30 |
| Venison-steak | 1 | 35 | Oyster soup | 3 | 30 |
| Beef “ | 3 | 00 | Cheese | 3 | 30 |
| Turkey, roasted | 2 | 30 | Apple dumpling | 3 | 00 |

The above table is from the results of Dr. Beaumont's experiments upon Alexis St. Martin, a Canadian, who had received a wound from a musket-ball which opened a passage into the stomach. When the man recovered, a fistulous opening still remained, by means of which Dr. Beaumont could look into and watch all that was going on in the stomach. This accidental circumstance has been of great service to science, and thrown much light upon the process of digestion. Although the results are not, as Dr. Beaumont himself remarks, implicitly to be received, they

still serve as a general guide in the selection of food. It will be observed that wild meats are most easy of digestion, and as they are at the same time highly nutritious, they are most desirable for a person whose lungs are weak and general system reduced. It will be noticed that partridge and quail are digested in about half the time required to digest chicken, and that venison-steak is digested about twice as easily as beef-steak. Rice, coarse and stale bread, or nice, mealy, roasted, or baked potatoes; custard, sago, tapioca, baked sweet apples, etc., are all easy of digestion. You should, as a general rule, avoid rich pastry, cakes, puddings, new bread, warm biscuit, pork, and fat meats; coffee, pickles, crude, green, or half-cooked vegetables, especially beets and cabbage, and whatever else you find from experience to disagree with you. Raw whipped eggs are digested in much less time even than custard, and I have often had occasion to recommend, with much advantage, in cases of great debility, an egg beaten up with a little port wine. Wild water-fowl, it will be noticed, are not easy of digestion; and turkey is the most easily digested of tame meats. Roast pork, boiled cabbage, pickles, etc., are thoroughly indigestible. It is doubtful whether pork was ever intended for a Christian's stomach more than for a Jew's. Acid and unripe fruits are peculiarly injurious to the consumptive and dyspeptic; but after all it is not possible to give specific directions in regard to diet applicable to all, for articles of food which will agree with one person are often found to disagree with another. Individual experience and common sense must be called to aid in the selection of food. I would repeat again, that active exercise should not be taken speedily after meals by any who value health.

QUANTITY OF FOOD.

It is, perhaps, necessary to add a few hints in regard to the *quantity* as well as quality of food. It is not the amount of food taken into the stomach, but the amount properly *digested* and taken into the circulation, that supports life and gives tone and vigor to the system. It is a very common mistake when a patient is debilitated and feels but little appetite, to endeavor to make him eat heartily, and to tickle his appetite with delicacies which even a healthy person should avoid, in order to force into the stomach an amount of food which the absence of appetite shows that nature does not require. This is worse than folly. An idiot would hardly add to the load of a poor horse already struggling under more than he could bear, because he could not travel fast enough; and no miller would crowd more grain into the hoppers when the mill-stones were already clogged up. Abstemiousness, or even absolute fasting, is generally far better than medicine to restore vigor to the stomach; and when the debility proceeds from the lungs, it should be corrected rather by the *quality* than quantity of food.

A distinguished ex-judge in one of our Western cities, a man who believes that common sense is sometimes to be consulted as well as physicians, told me that some years since he had been very greatly reduced from derangement of the stomach and liver, in fact, so much prostrated, that his friends began to entertain most serious fears for the result. His appetite was gone, the tone of the stomach seemed wholly destroyed. The amount of food his stomach would bear was astonishingly small. His physicians had tried all the tonics and stimulants from which they could hope for benefit, but nothing seemed to be of service. At length, how-

ever, the patient, applying to his own case those habits of reasoning which distinguished him in his profession, determined upon a course of treatment for himself. "It is true," he said, "that the food I take into my stomach amounts to almost nothing, but still, if it is more than the stomach can digest, it is too much. It is better to have one grain of rice in my stomach properly digested than two half digested;" and he reduced his diet so far that his friends thought he would die from starvation; but he persisted, for he found that his stomach could digest the amount of food now taken into it; and he began to improve, slowly at first, but his improvement steadily continued. He gradually increased his allowance of food as his stomach would bear it, and at length recovered perfect health.

It is not necessary to enlarge on these facts; any person of common sense can make the application.

THE TEETH.

I have already shown that unless the food be properly masticated before being taken into the stomach, dyspepsia will almost inevitably result. But with poor teeth, thorough mastication is not only difficult, but nearly impossible; and it follows, therefore, that too much attention can hardly be bestowed upon these important organs. The teeth should be kept perfectly clean, using a soft brush, and avoiding the use of a coarse, gritty tooth-powder, or a powder containing cream of tartar; for although this substance will make the teeth appear very white and clean, it unfortunately acts upon the enamel, and its continued use will destroy the teeth. Castile soap will, probably, answer all purposes, and is as good a dentrifice as can be desired; or if a tooth *powder* be preferred, equal parts of Peruvian

bark, gum myrrh, and prepared chalk thoroughly pulverized and scented with any essential oil which may be agreeable, will be found far preferable to the mass of powders for sale at the drug-stores. On the very first appearance of decay the teeth should be examined, and properly attended to, by a good dentist; but an indifferent workman should on no account be trusted in a matter of so much importance. If, however, the patient has been so unfortunate as to have lost all or many of the teeth, it becomes imperatively necessary that they should be replaced by artificial substitutes, or it will be difficult, and probably impossible, to restore the stomach to its natural tone; and of course, if the lungs are weak, they will also suffer in consequence. The marked improvements which, within a few years, have been effected in mechanical dentistry, fortunately enable those who have been compelled to part with the teeth which Nature gave them, to replace these members by artificial teeth—so perfect as to be hardly distinguishable from the original teeth in appearance, and hardly inferior in beauty and utility. Probably the most important improvement in artificial gums and teeth which has been made for some years past, has been effected by Dr. John Allen, late professor in the Ohio College of Dental Surgery, and now of No. 30 Bond Street, New York, who, after ten years of patient experimenting, has succeeded in perfecting what many men of eminence had long attempted but failed to accomplish, and has brought the manufacture of artificial teeth apparently to its highest attainable perfection. Dr. Allen has received a patent for his invention, which is now, I believe, being adopted by the best dentists in the country. To say nothing of the life-like appearance of the gums and teeth, their strength is such that

they are not liable to break in the mouth; they perform their office most admirably, and offer no rough surface, no points or crevices where particles of food can lodge or adhere, and thus render the breath fetid and unwholesome, and act unfavorably upon the lungs. I certainly regard his improvement in this art as deserving universal attention, and I am confident that those who may take occasion to investigate the matter will concur with me. I should not have dwelt at so much length upon this subject, but that I have seen so much of the ill effects of poor teeth, that I have felt it a duty to my patients to call their attention to it as I have done, and I ought, perhaps, to have said more.

SEA VOYAGES.

It has for many years been fashionable to recommend sea voyages in Consumption, but the advantage to be derived from these seems to me so doubtful that I almost never recommend them. There are, it is true, instances on record where sea voyages have been of great advantage to the invalid, resulting even in restoration to perfect health, after the lungs had been extensively diseased, but unfortunately these cases are rare and exceptional. I can not regard sea voyages as offering more than a possible chance of benefit, while the debility from sea-sickness and want of exercise, to which they give rise, often does much to hasten an unfavorable termination. I am confident that those who have been much at sea themselves would hesitate before recommending a voyage—at all events, a long one—to a patient laboring under any pulmonary affection. I have seen persons so much reduced from sea-sickness alone, that they could not leave the vessel without assistance. Of course, a delicate, sickly per-

son will be more likely to suffer than one in perfect health. And if any person imagines that the debility and derangement of the whole system which so generally attends this difficulty be advantageous to the lungs, a brief personal experience would doubtless suffice to convince him of his error.

TRAVELING.

Long journeys by railroad are by no means so serviceable as many suppose. The heat, dust, and fatigue in summer, and the foul air and unavoidable draughts in the winter, render traveling by railroad, as a general rule, far from beneficial. That is, the *traveling* is of itself of little advantage; perhaps it may be positively detrimental; but the change of air thus enjoyed may be of essential service to the invalid. He should not, therefore, attempt to travel very far in a single day, but should stop at different points along his course, both to rest, and enjoy the change of air and scenery thus afforded. But by far the better plan to pursue is for the invalid, if possible, to travel with his own conveyance, thus traveling only when he pleases, and when the weather is favorable, and avoiding exposure to night air. If a patient has strength to take a journey on horseback, he will generally derive very great benefit from it, whether the lungs or the stomach be the seat of disease. I know one of the most formidable and inveterate cases of dyspepsia I have ever encountered, cured entirely by three or four months' travel on horseback—while in incipient disease of the lungs, this may be considered almost a specific.

WHAT CASES OF CONSUMPTION ARE CURABLE.

I am often asked what cases of Consumption I con-

sider curable; and although it is of course impossible to answer this question quite as definitely as some would perhaps desire, I will still endeavor to give some information on this point which shall be a tolerable guide to those interested in the inquiry.

Cases of Consumption occurring in persons of naturally strong constitutions from some accidental cause, if taken in reasonable time, and before the disease is so far advanced that the vital powers have begun seriously to give way, I regard as curable. Not that even these are unattended with danger, but that, under favorable circumstances, with reasonable care on the part of the patient, there is a fair chance for recovery. Typhoid fever is a curable disease, but it would be absurd to suppose that because it is curable that it may not be a dangerous affection, and often, especially if not properly treated, terminate fatally. So with the cases of Consumption above named; although I consider them curable, yet they are at the same time sufficiently dangerous to make it the patient's duty to seek at once, and faithfully, for a removal of the disease. Even although there may be severe cough, and muco-purulent expectoration, pains about the chest, shortness of breath, etc., etc., still the patient should not give way to discouragement, but should seek promptly the most rational means of relief, and he may often succeed in securing health where otherwise he could hardly have hoped for more than temporary relief.

In cases where the predisposition to Consumption is hereditary, where parents or other near relatives have been consumptive or scrofulous, the chances are less favorable, although I have known instances of recovery from apparently far advanced and certainly hered-

itary Consumption. There is, however, more danger in neglecting Consumption when hereditary than when it arises from other causes, and a patient in any degree predisposed to disease of the lungs should be careful to lose as little time as possible. Consumption arising from the retrocession of skin-disease, or the suppression of some habitual discharge, will oftentimes be checked on the reappearance of the humor or the return of the discharge. And in these cases I often establish an issue on the limb with a view to effecting artificially this object. It is not, however, possible to report upon the probable chances of the patient with very great certainty without a careful examination of the lungs, as it is sometimes the case that they will have become extensively diseased before any marked symptoms of Consumption will have shown themselves; while in other cases we find the symptoms very severe, while the lungs are but slightly affected. It is therefore desirable, whenever it is possible, that the lungs should be examined before the patient is placed under treatment.

Chapter Ten.

INTERNAL REMEDIES.

It must not be supposed, from the stress I have laid upon exercise, diet, bathing, inflation and expansion of the lungs by full, deep breathing, the use of the inhaling tube, shoulder braces, etc., that I do not employ, or that I undervalue medicine. On the contrary, no person appreciates more than I do the value of medicine when judiciously employed. But when it is used injudiciously, when the patient's strength and stomach are ruined by it, then it is evident that it must do more harm than good. As a general rule, the debility characteristic of most forms of chronic disease must be counteracted, must be guarded against; and in Consumption any medicine or any course of treatment which weakens the patient must do harm. To torture the patient with huge blisters over the chest, or those hideous sores so common a few years since, to shut him up in a close room and feed him with mercury, or to follow, in short, any *debilitating* treatment, is little less than murder. Yet medicine must not be underrated. Mankind are apt to run into extremes, and, disgusted with the abuse of medicine, are too apt to disclaim against its judicious use. Consumption is not only a local, but it is also a general disease, and could we succeed entirely in removing tuberculous de-

posits from the lungs, still the cure would be imperfect, unless, at the same time, we overcome that peculiar constitutional taint which leads to the deposit of tubercle. Alteratives or cleansing medicines are always, or at least generally, required, and with these, at the same time, expectorants are to be combined to determine this alterative action more to the lungs; and we must, as a general rule, too, make use of tonics or strengthening medicines, as the case may seem to require. Where there is much heat about the chest, or considerable bronchial inflammation present, slight counter-irritation and a wet cloth, worn either at night or both day and night, as the case may require, will be of great service. Not that I think medicine *alone*, more than the general means already detailed, can cure Consumption, but medicines can and do play their part toward the removal of a disease so obstinate as make it necessary to bring all the means to bear upon it which we have at command. The relief of Consumption can never be effected by half-way measures, however much a judicious *combination of means* may effect. But I do not confine myself to the use of medicines through the medium of the stomach in the treatment of Consumption, but I employ them also by inhalation, of which I shall now have occasion to speak.

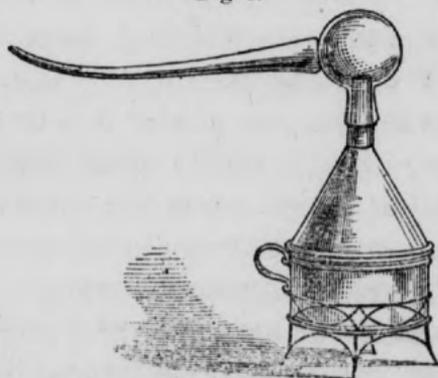
MEDICINAL INHALATION.

Although by no means disposed to accord to inhalation all that some enthusiasts claim, any more than I am to the use of water alone all that some desire us to believe, still I know that it is, in connection with other appropriate remedies, of great value in diseases of the respiratory organs. The great danger now seems to be that exclusive reliance upon this, the claiming for

it more than it can possibly effect, by some who have recently laid hold of it, will be likely to bring it into neglect and disrepute. I have long employed inhalations, and I am confident with as great success as any; yet I think that to rely upon them *alone* is many times to endanger the life of the patient, which might, under other and more judicious treatment, seeking from inhalations only what they can really effect, have been saved.

By the employment of inhalation we can, most unquestionably, soothe and quiet the lungs, and reach at once the diseased surface, but so we can directly reach and dress an ulcer on the limb. Yet no judicious surgeon would content himself, in case of a long-seated scrofulous ulcer on the limb, with local applications merely. He would put his patient under general as well as local treatment, and the recovery would not only, as a general rule, be more rapid, but, at the same time, surer and more permanent. Precisely so is it with the lungs. Inhalations will benefit most cases, yet the patient must not neglect other important matters. Some of these have already been named, and others I have yet to allude to. I employ three different varieties of inhalers, of which cuts are given below.

Fig. 8.



The first of these (fig. 8) I use mostly for the inhalation of vapors when a moderate heat is required; and as the tube is glass it can be kept clean, and does not become coated with impurities, as it would were it of India-rubber. I use, however, in some simple cases where the preparations are not such as would by continued use leave a deposit on the India-rubber, figure 9, which, as will be seen by the accompanying

Fig. 9



cut, is a glass bottle or decanter so arranged that the air taken into the lungs has previously passed through the medicine. I employ also one or two other forms of inhalers for purposes which I have not here space to explain. When a patient places himself under my care, of course the proper inhaler will be furnished him. It would require much more space than can here be spared to dwell at length upon the various preparations to be employed in the different conditions of the lungs, and, after all, their exhibition requires too much personal experience to be attempted by any one who does not possess a thorough medical education.

It is perhaps proper that I should add, that I claim no particular credit for the use of medicated inhalations, other than that of employing some new formulæ which I am not aware have been before used, and of *combining* inhalation with the *mechanical* and *constitutional* treatment of Consumption. Of this last, I think that I deserve the full credit; but the employment of inhalations is far from being a novelty in the history of medicine. A hundred years ago, Dr. Bennett, of London, published a Latin treatise on diseases of the lungs, wherein he recommends medicated inhalations; and twenty-five years later, Dr. Mudge published a work on the same subject, recommending a variety of inhalations, and suggesting an inhaler similar to those now in use. And from that period to the present, experiments in inhalation have been continually prosecuted by European physicians of eminence. Dr. Coxe, in his treatise published in Philadelphia, in 1841, calls the attention of the profession to the use of inhalations, but he says plainly and frankly that his method has not the merit of novelty, but simply that it has been too much neglected. In view of these facts, I have been astonished at the unblushing impudence with which some who have recently begun to employ inhalation, and to depend upon it exclusively in the treatment of disease of the lungs, set it forth, not only as a *new* discovery, but even go so far as to announce themselves as the discoverers. The conflicting statements of some of these medical speculators are sufficiently amusing: one of the most prominent announces, in a recent number of a monthly journal which he publishes, and under the caption of "A Step in the Right Direction," that the physicians of Brompton Hospital, at London, had introduced his system, and

were now treating Consumption by inhalation, quite forgetting that himself, as well as others, had been traveling the country for years, announcing themselves as having become acquainted with the use of inhalation at that institution. It so happens that I am personally acquainted with all of the physicians in attendance there, and I am certain they would feel little flattered were they to know the absurdities practiced under their alleged authority. Inhalations have been employed at this institution, and are now, but by no means to the exclusion of other treatment; so far from it, I observed that in many forms of disease of the lungs they did not resort to it all. It is unfortunate that there should be those who by false statements are willing to mislead the credulous, and it is equally lamentable that there should be so many ready to be deceived.

— As this pamphlet is designed especially for patients under my own treatment, and who will therefore have received all necessary instructions in regard to the medicines they are to use, I do not consider it in place here to enter into a detailed account of the medicinal treatment proper in various forms of disease of the lungs, although I am, of course, always ready to render all information on these points when desired. I employ no secret remedies, am always willing my patients should, if they desire it, be acquainted with the character of the medicines they are using, and am always happy to meet physicians, and, if in my power, make any suggestions likely to be of professional advantage to them, or communicate my views and experience in that department of medical science which has received my principal attention.

In treating Consumption, it will of course be always

found necessary to attend at the same time to any other troubles which may be complicated with it, as these may often aggravate so seriously the disease of the lungs, that nothing can be accomplished toward effecting a cure until they are relieved. Of some of these I shall presently have occasion to speak; but I will now allude briefly to the

TREATMENT OF ASTHMA.

Inasmuch as both Asthma and Consumption originate from similar causes, their constitutional treatment must, of course, to a considerable extent, be similar. The same general remarks which I have made in regard to exercise, bathing, etc., in speaking of the treatment of Consumption, apply also here. But in this difficulty I find medicinal inhalations of most peculiar value, often affording relief in cases which would hardly, under other plans of treatment, be considered curable, or even likely to be relieved. I have met with peculiar success in the treatment of this obstinate and distressing complaint, as the letters annexed will show. I have had cases repeatedly of many years' standing, which have been relieved in a short time. A change of climate in this disease is often, indeed generally, of great advantage, and often affords entire relief. The climate of California seems peculiarly favorable, and I could name many instances of the cure of Asthma by this change, but it is unfortunately apt to recur when the patient returns to the locality where the disease originated. When the asthma has originated in consequence of pursuing some occupation where the patient has been constantly inhaling dust, it will often be entirely relieved by change to a more healthy business. And, as a matter of course,

we can hardly hope to adopt a successful treatment where the causes which induced the disease in the first instance are still operating.

And long after the disease seems to have been relieved, after the cure appears perfect, the patient must still exercise great care to guard against its recurrence. Any serious act of imprudence may undo in an hour the work of months or years. I recollect to have prescribed, a couple of years since, for a gentleman residing near Ithaca, N. Y., whom we had relieved some years before of a severe and obstinate asthma, but who brought on the disease again by exposing himself very much in night-hunting, hunting raccoons, etc., and also by straining by frequent and most undue over-exertion during the day. When he made application in the first instance, he had been unable to work for some eighteen months; but in some five or six weeks from the time of commencing treatment, he was able to attend regularly to his business, and to do a very considerable amount of hard work, and he continued to enjoy good health for three or four years, until the course already named brought on the asthma more violently than before; and I found it much more difficult to control than it had been at the first, although I ultimately succeeded in relieving it. A patient must not suppose that because his asthma is relieved, it may not recur; on the contrary, the lungs will long continue so susceptible, that comparatively slight causes may bring it on, and therefore constant care will be necessary. Where attacks of the original disease seem to have been generally accompanied with or preceded by derangement of the stomach or bowels, the greatest care must be exercised in diet; the bowels must be kept perfectly free and regular, and the patient must avoid

very hearty dinners and late suppers. Attacks of asthma frequently occur after free indulgence in eating at a late hour; damp and evening air must be avoided, and especially, also, any exposure to the inhalation of dust or any irritating vapors. The patient must also carefully avoid checking too speedily a profuse perspiration. On no account, when over-heated by exercise, should he expose himself to a current of air unless he take proper pains to protect himself against it by additional clothing. Violent and unnatural exercise should be avoided, and the mind, especially if the nervous system of the patient be weak, should be kept tranquil, and all causes of unpleasant excitement should be avoided. With these precautions, those returns which prevent the lungs from becoming strengthened may generally be avoided, and thus the cure at the last be complete.

In this difficulty, as in every form of irritation or inflammation of the respiratory mucous tissue, it is of the greatest moment to promote, as far as possible, a healthy action of the skin, and determine the circulation of the blood as much as possible to the surface.

I therefore recommend not only daily bathing followed by frictions, but also brisk friction over the whole body at night before retiring. If the patient is scrofulous or troubled with any humor, alterative or cleansing medicines must of course be employed, and it is often the case that an issue in the arm or leg, kept open for months, will be attended with the most desirable results.

The paroxysms of asthma may often or generally be relieved by smoking stramonium leaves, or inhaling the smoke of brown paper which has been dipped in a strong solution of saltpetre and dried. Oftentimes the use of these two means combined, using perhaps four

parts of stramonium leaves and one of saltpetre paper, will afford relief when other means fail. Occasionally I have found the inhalation of the tincture of lobelia and tincture of stramonium, in same manner as directed for the ordinary inhaling fluids, to be of great service. I generally, in these cases, direct the inhaler to be half filled with warm flaxseed tea.

CATARRH.

Inflammation of any portion of the respiratory mucous membrane is properly a catarrh, although this name is usually applied to the affection only when confined to the mucous membrane in the head. In the throat it is termed laryngitis, and in the lungs bronchitis, although the term bronchitis is often, but improperly, applied to the affection of the throat. Inflammation of any part is necessarily attended with an increased determination of blood to that part, and, as we all know very well, may often be relieved by any means by which the blood is diverted from the diseased part to other portions of the system. Hence in catarrhal difficulties, whether affecting head, throat, or lungs, it becomes of great importance to draw the blood as much as possible to the surface, and thus promote the action of the skin. This always relieves, and occasionally is alone sufficient to remove these difficulties. It may be effected by bathing and brisk frictions, wearing flannel, and by agreeable exercise every day sufficiently vigorous to produce a slight perspiration. When perspiring, however, the patient should be exceedingly careful not to allow the cold air to strike him, and should, instead of throwing off a portion of his clothing, rather increase the amount, and be careful to cool off as slowly as possible. The sub-

acute inflammation of mucous membranes is usually attended with more or less secretion, sometimes of colorless and transparent, at other times of white or yellow, or even greenish mucus, and at times the amount of secretion is almost incredible. I have treated cases where the entire mucous surfaces of the head, throat, and lungs poured forth a pituitous or watery secretion in such quantities that a quart or more would be thrown off sometimes in the course of a few hours. And I have seen, and frequently had occasion to treat, cases where this secretion was thick, and so offensive that the friends of the patient could not bear to be in his vicinity. This difficulty can never, or but rarely, exist when the blood is in a healthy condition, and when the skin, bowels, and kidneys act regularly: And before it can be relieved, the action of these organs, if found to be deficient, must of course be duly stimulated.

Scrofulous subjects, those naturally inclined to Consumption, those with weak digestions, and who labor under any impurity of the blood, are most usually affected with this diseased condition of the mucous membrane. And as the malady therefore originates from a similar cause with Consumption, its treatment must, to some extent, be similar. Where the affection is confined to the head, I usually direct, as far as possible, attention to the general measures already pointed out, and at the same time direct some mild alterative treatment—though in some cases change of diet will be sufficient. I direct also the use of remedies which exert a specific influence upon the mucous membranes, more particularly the balsam of fir, which I have found oftentimes of much value. Of the various *snuffs* so much praised, I have found the general effect to be to afford temporary relief without removing the cause of

the difficulty, and therefore they are little to be relied on. Still, while I employ general or constitutional, I do not neglect *local*, applications, which I find oftentimes decidedly advantageous, indeed indispensable. These local applications I make by means of the syringes represented in the accompanying cut. When the disease is confined to the anterior nares, as may be known by the discharge occurring from the nose, I use the straight syringe; if it is in the posterior nares or throat, that is, if the discharge is thrown off from the throat by hemming or hawking, or the mucus seems to drop from the head into the throat, then by means of the curved syringe. Such preparations as the case may indicate are thrown upon the diseased surface by introducing the end of the syringe behind the palate, and thus throwing the fluid ordered into the posterior nares.

Catarrh in the head, although it may sometimes cause much pain and disagreeable fullness, may destroy the sense of smell, may injure the sense of hearing, and may give rise to serious and formidable ulcerations, affecting at times the bones of the head, is most to be dreaded from the danger which always exists that it

Fig. 10.



will pass down the throat and ultimately affect the lungs; and therefore I consider it always, or at least generally, unwise to neglect this affection.

I would state here, however, that where catarrh is complicated, as is often the case, with Consumption or extensive inflammation of the mucous membrane of the lungs, it is generally best to treat the lungs *only*, for if in these cases the secretion from the head is arrested by local applications, the lungs are apt to become worse. This secretion acts, to some extent, as an outlet for impurities, which would otherwise have been discharged from the lungs; and I would not suddenly check it more than I would heal an external sore which was keeping up a discharge under similar circumstances. I should add, also, that where there is no disease of the lungs, there is often danger of suppressing catarrh too suddenly, and giving rise to serious inflammation, in which the membranes of the brain may become implicated. I can not but regard the treatment of catarrh, as advocated by some who claim it as a specialty, by local applications alone, as in the highest degree unphilosophical, and rarely or never *permanently* beneficial. Treatment in this manner is manifestly as improper as the treatment of eruptive or skin diseases would be by local or external applications only—and to the evil consequences of this I have already alluded.

LARYNGITIS, OR CATARRH IN THE THROAT,

Or, as it is popularly but erroneously called, *Bronchitis*, as it is nearly identical with the disease we have been considering, differing only in its location, must necessarily receive a similar treatment. Although many physicians regard a permanent cure of this complaint as exceedingly difficult to effect, yet I can not

but think that when the physician can have the faithful co-operation of his patient, this difficulty may generally, indeed almost uniformly, be relieved. I direct, of course, in addition to medical treatment, such general measures as are necessary to confirm the effects of medicine. The patient must, therefore, make it a business to give reasonable attention to himself, and when he does, he need rarely be disappointed in the results.

BRONCHITIS, OR PULMONARY CATARRH.

The same character of inflammation to which we have already alluded as affecting the head and throat, may, as we have often seen, affect the entire mucous membrane of the lungs, giving rise to symptoms so similar to those of Consumption that a superficial observer would hardly be able to discriminate between them. There may be extreme emaciation, profuse and offensive expectoration, night-sweats, distressing cough, etc., etc., yet, on percussing upon the chest, it will be found resonant, and often, unless the lungs be very much filled with mucus, even more resonant than in health. Although this is a most formidable and dangerous affection, either itself exhausting the patient and causing death, or terminating in Consumption, and effecting the same end, still I believe fully that it is generally amenable to appropriate remedies. Occasionally the secretion from the membrane is so profuse that it can not be thrown off fast enough to prevent the lungs from filling up and the patient dying from suffocation, literally *drowning*. I have had the pleasure of relieving, of permanently *curing*, one man who had twice been pronounced past resuscitation, pronounced actually dead from this cause. This gentleman is now

living at Cuyahoga Falls, Ohio, in the enjoyment of better health than he has known for years.

In the treatment of this disease I have been able to effect very much, very direct and manifest results by the employment of medicinal inhalations. These vapors must, of course, be varied to meet the peculiarities of the case ; and though not to be depended on *alone* in this affection more than in Consumption, still, combined with other means, they enable us to effect much more than could have been accomplished without them, and in a much shorter time. I have a patient who has been under treatment at the present time not quite three weeks, yet has almost entirely recovered from a cough arising from chronic bronchitis of nearly four years' standing. Still these old chronic cases do not usually yield so readily ; and it is often the case that it is only by the *combination* of the means already alluded to, by the use of inhalations as well as of internal remedies, of daily bathing and frictions to the surface, and of counter-irritation to the chest, that the disease can be successfully treated. In the case above alluded to, the patient had spared no expense, and had tried almost every variety of half-way treatment that could be devised, yet had hardly received even the slightest temporary relief.

If the patient is decidedly scrofulous, if the disease has arisen originally from the suppression of some habitual discharge or from the retrocession of some skin-disease, I frequently recommend the establishment of some artificial discharge on the arm or limb, and have often seen great advantage from it. I could cite a case occurring in the practice of a well-known physician where serious disease of the lungs was relieved by the accidental occurrence of an abscess on

the leg, and so long as this continued to discharge, which was for some years, the disease of the chest attracted no notice, seemed, indeed, to have been entirely cured, although it appeared again when the discharge was suppressed. It is not however necessary, as a general rule, to continue this discharge more than three or four months, as we may hope under judicious treatment to have effected such changes in the system by that time as shall have obviated the necessity of longer continuance of this means. Of course the suppression of any habitual discharge while the lungs are seriously affected must be carefully guarded against, and the abrupt disappearance of any humor may well excite alarm, and demand the immediate attention of the physician.

NIGHT-SWEATS.

In the latter and frequently in the earlier stages of Consumption and Chronic Bronchitis the patient is troubled with the most distressing Night Sweats. These may generally be relieved by sponging the patient at night on retiring, and, if necessary, in the night, with salt and brandy somewhat diluted with water to which lemon-juice has been freely added. This should, of course, be followed by friction, and the patient should bathe also in salt and water in the morning on rising. He should also drink freely several times a day of cold balm of Gilead bud tea, or a tea of sage and balm of Gilead buds together. A tea made of wood *soot* will often be found singularly effective, occasionally succeeding where sulphuric acid and most ordinary remedies have been tried ineffectually.

In the distressing diarrhea which often sets in,

where disease is advanced, the patient will require the utmost care; and where, as is often the case, this is in part attributable to tubercle in the mesenteric glands or where the vitality of the system is nearly exhausted, relief must necessarily be but temporary. A tea of blackberry root, to which slippery elm has been added to make it a pretty thick mucilage, with alum in the proportion of two drachms to the pint, will often be found highly serviceable; more so, I think, than the astringents which are ordinarily employed in these cases. I frequently also direct injections of starch water and laudanum, which will often give very speedy relief. The starch water should be about or nearly as thick as for starching clothes, and the laudanum added in the proportion of a teaspoonful to a pint.

COD-LIVER OIL.

This remedy has, for a few years past, been most extensively advertised by houses interested in its manufacture, and largely prescribed by physicians who had no other resource in the treatment of serious disease of the lungs; and although it may often have proved beneficial, still there have doubtless been many lives sacrificed by the patient continuing to use this when they required, and should have received, other treatment. We were in the habit of employing cod-liver oil long before, in this country at least, it had become an article of medical speculation, and knew both what it could and what it could not effect. It is nutritious and strengthening, and, where the stomach will bear it, often highly serviceable in consequence of these properties. The proportion of iodine and bromine it is by some analysis reported to contain, is so small that we

can hardly attribute any of its remedial effect to their presence, and I know of no other qualities which can claim attention for it unless it be that it sometimes acts very favorably upon the bowels. I have found it of advantage in cases where there was a tendency to bleeding at the lungs, although I have in these cases generally used it in combination either with naphtha or Barbadoes tar. But the great objection which I have to this remedy is, that in many cases it seems to derange the stomach, and whenever this is the case its employment is almost certain to do more harm than good. And, as we have already seen, those who are on the look-out for some easy means to cure Consumption are apt to rely upon the use of this article alone to the utter neglect of other, and oftentimes far more important means. I use cod-liver oil almost every day, yet I use it rather in particular conditions of the lungs than as a remedy for every form of disease of those organs. I have also been accustomed to employ olive oil, especially externally, where the patient was emaciated and chilly, and where the stomach would not bear much medicine, and I have found oftentimes marked advantage from its use. I direct the patient to be rubbed briskly with the bare hand before retiring at night, applying as much pure fresh olive oil as the skin will readily absorb. He is sponged in the morning, and brisk friction again applied—although the oil is never employed except at night. I have used this frequently in the case of children with very gratifying results, but neither the internal nor external use of cod-liver or sweet oil should be relied on to the exclusion of other treatment.

Chapter Eleven.

FEMALE DISEASES.

FUNCTIONAL derangement or organic disease of the uterus is so often connected with, and indeed so frequently precedes or gives rise to, Consumption as to become a matter deserving of especial attention. I can not of course be expected here to give a full treatise upon all the varieties of uterine disease which are to be occasionally met with, and therefore shall merely confine myself to some of the more important, and those most frequently occurring in connection with other forms of chronic disease, or which may exert the most important influence upon pulmonary affections. The first of which I shall have occasion to speak is

CHLOROSIS,

Or GREEN SICKNESS, as it is frequently and not inappropriately called. This affection usually occurs in girls or young ladies from fifteen to eighteen years of age whose monthly periods have not become properly established. It consists in a peculiar unhealthy change which has taken place in the blood; the serum or watery portion of the blood increasing in quantity, while the crassamentum or coagulable part is proportionably diminished. The disease is characterized by a marked pallor or paleness of the face, indeed of the whole

surface of the body, inclining often to a yellowish or yellowish-green cast. This is more marked in some parts than others, the mucous membranes of the eyelids and lips, for instance, sometimes losing their color almost altogether. There is always more or less debility; the digestion is generally most seriously impaired, and the appetite so poor as to amount at times almost to a loathing of food. At others, there may be a craving, and unnatural or even a depraved appetite, the patient longing for the most indigestible substances—pickles, chalk, charcoal, etc., which she will often manage to eat in secret. The bowels are usually constipated, the tongue white and coated, the pulse feeble, rapid, and occasionally intermittent. There is often so much palpitation and irregular action of the heart as to lead to the suspicion of disease of that organ. The sense of lassitude and prostration is often distressing, wholly disinclining the patient to any exertion. The secretion of urine is generally diminished, and there is often a constant thirst, and frequently nausea at the stomach. Occasionally there are neuralgic pains in various parts of the body, and sometimes irregular breathing, and the patient is frequently subject to fits of despondency and melancholy. Sleeplessness, fullness of the head or dizziness, throbbing of the temples, eyes, or ears, are also common, and hysterical fits are not unusual.

Cough is a symptom which I have frequently noticed, and it is a symptom which usually occasions much alarm to the friends of the patient, who are apt to regard it, in connection with the pallor and debility, as a sign of incipient Consumption. A chlorotic cough, however, can generally be distinguished from a consumptive cough, by the fact that it is not increased on going from a warm to a cold atmosphere, as is usually

the case with a consumptive cough; there is no expectoration, and no hectic fever.

However, it is well that the chlorotic cough *should* excite attention, for although by no means as much to be dreaded as a cough arising from disease of the lungs, still it is a serious affair, and, I regret to say, frequently terminates in a true consumptive cough. But the cough is not to be controlled by any medicines addressed to that symptom alone; it will not be relieved by "cough lozenges" or "pulmonary balsams," but must be banished by removing the cause which gives rise to it—a matter we shall presently consider. As a general rule, of course the monthly periods are exceedingly scanty, irregular, or entirely suppressed; and the patient and friends are apt to regard this as the leading feature in the case, and direct all attention to it, endeavoring to establish the function by the use of active emmenagogues or forcing medicines, etc., etc.

But it is important to bear in mind, that the suppression of the menses, as much as the cough already alluded to, is an effect, not a *cause*—is a consequence of the unhealthy condition of the system which I have before detailed, and can therefore only be safely and effectually removed by removing the chlorosis—the disease which is the cause of all these symptoms. Sometimes the use of emmenagogues, with a view to the establishment of the menses, will even be found to be positively injurious, and the debility of the patient will be increased rather than diminished by the flow produced. We must strike at the *cause*, and our attack will be made, not with medicines alone, but also with other means and measures calculated to bring up the general health and improve the tone of the nervous system. If, as is too often the case, the disease has

been brought on by confining the patient at her books, or at work in some heated factory, she must of course be set free from these, she must not be allowed to study at all, or but very little, and she must be kept as much of the time as possible in the open air. Riding on horseback two or three times a day I always, or at least generally, recommend, and have had so frequent occasion to witness its beneficial effects that I would not exchange it for any medicine in the *Materia Medica*. When this can not be practiced, however, other active out-of-door exercises must be substituted—jumping the rope, playing at ball, trundling a hoop, working in the garden, and best of all, perhaps, rolling ten-pins, when it can be done without impropriety, or rowing a boat, are highly to be commended in the treatment of this affection. Daily bathing, also followed by brisk friction, is almost indispensable; a little salt may often be advantageously added to the water. The diet should be nutritious, but mild, and the kinds of food selected should be those most easy of digestion, and the bowels should, as far as possible, be regulated by the choice of food and by habit, although, if this does not effect the object, some mild laxative may be employed.

The medicines used must be those calculated to invigorate the system, and of course are to be somewhat, indeed materially, modified in different cases. In some cases the vegetable tonics act most favorably; in others, the various preparations of iron are preferable; sometimes combinations of these, and not unfrequently, if there is a scrofulous predisposition, an alterative as well as tonic treatment will be required. I can not but regard this complaint as very easily managed when I have the faithful co-operation of the patient and her friends, and it is strange that it should

be allowed so often, as is now the case, to pass into Consumption, or other equally formidable affections. I do not say, however, that every case can by any means be cured, for oftentimes the physician will be called to prescribe in cases where, from carelessness or the most criminal neglect, the patient will have been suffered to go for weeks or months without proper attention, until the vital powers are exhausted, and there is no longer constitution left to build upon. In treating these cases I usually wish to have charge of them for two or three months, and always wish my patient to promise faithfully to observe all the instructions given, or I do not wish to attempt the treatment of the case.

SUPPRESSION OF THE MENSES.

Suppression of the menses from cold, unusual exposure, or extreme fatigue at the period of their occurrence, is not uncommon, and, as all know, is often attended with serious danger, and frequently results in Consumption. One case came to my notice the past week of a young woman who had overheated herself in washing, and then with her bare feet stood on the cold ground to "cool off." This had the effect to suppress the menses, which were upon her at the time, and although she had previously enjoyed such robust health as never to have known a day's sickness, she soon sank into Consumption, and at present her lungs are so extensively diseased that I do not consider recovery possible.

About a year since I was consulted by a lady in Western New York who had brought about suppression of the menses by riding in an uncomfortable wagon over very rough roads some twenty-five or

thirty miles, at a time when she ought to have been at home. This had occurred about a year before I saw her. The menses had never reappeared, and her lungs were then so seriously affected that I could not but regard her case as extremely critical. I prescribed for her, however, and under appropriate treatment she improved materially, although I have not heard from her since my return, and know not what her present situation may be. I could also cite cases when this same difficulty has occurred from foolish attendance at public balls and parties at the time of the monthly periods. The fatigue, and the exposure from dancing till overheated, and then allowing a draught of cold air to strike the almost naked chest, will often at these times be quite sufficient to sow the seeds of death. Unnatural suppression of the menses may often occur from many other causes than the preceding, and of course in the treatment these causes must generally be considered.

The treatment of suppression will, of course, vary greatly in different cases, and I know well that the treatment which is appropriate for and would relieve one patient will injure and perhaps kill another; and hence the danger of using the preparations so freely advertised by medical speculators under the various names of Catholicons, Female Regulating Pills, etc., all or most of which are powerful stimulating tonics and emmenagogues, and in many cases most manifestly improper. They will undoubtedly happen to be appropriate in occasional cases, in cases enough, perhaps, to enable the proprietors to obtain a sufficiency of certificates to sustain their advertising; but while they benefit one case they will be positively injurious, and may even prove fatal, in another. It is to be re-

marked, however, that these latter cases are never published.

I can give a very common illustration to show the truth of what I have said of the necessity of varying or modifying remedies, perhaps of employing remedies or plans of treatment directly opposed to each other, in diseases bearing possibly the same name and marked by symptoms in many respects similar. I was consulted, not long since, within the same hour, by two patients, both laboring under amenorrhœa. They both complained of painfulness and dizziness in the head, and each thought she was troubled with rush of blood to the head as a consequence of the suppression, which with one had existed some four or five, and with the other some six or eight months. They were both troubled with palpitation of the heart, and were both suffering more or less from those nervous symptoms which usually attend uterine derangements. Yet, notwithstanding this seeming resemblance, the cases were wholly dissimilar, and the treatment which relieved the one would very possibly have killed the other. One of the patients was fleshy, exceedingly full-faced, and the cheeks seemed almost to burn from the excess of blood, and its determination to the head, and the tendency to inflammatory action was so marked as to have been, in part at least, the cause of the suppression, which of course had in turn aggravated the tendency to inflammation. The other patient, on the contrary, was pale, thin, and exceedingly delicate; and the dizziness in her case had arisen rather from a deficiency than an excess of blood in the brain. Were both these cases to be treated alike? By no means. The one I directed to be cupped or leeches at stated intervals, put her upon a very low, non-stimulating

diet, occasional saline purgatives, and adopted other measures to remove the plethora, at once a cause and an effect of the suppression; the other I put upon full nourishing diet, and tonic and even stimulating treatment, in fact pursuing almost directly an opposite course from that in the first instance, and had the gratification of seeing both relieved. But had I pursued an opposite course, and treated both alike, one or other would very possibly have died. The plethoric patient could not have borne stimulants, nor could the other have sustained the reducing treatment which it became necessary to adopt in the case of the first. Yet had these patients, instead of applying to me or to some other experienced physician, attempted to treat themselves, and both purchased some patent medicine which seemed appropriate to their symptoms, one or other would, in all probability, have paid a heavy penalty, and perhaps *both* have suffered from getting some medicine appropriate to neither. I think I have said enough here to convince any sensible person of the folly of employing in these difficulties the nostrums so vigorously, ingeniously, and universally advertised.

VICARIOUS MENSTRUATION.

It is frequently the case, that at the time the menses should occur, instead of their making their appearance, or being as free as they ought, they are either absent or exceedingly scanty, and in place of the customary action the patient will be taken with bleeding, either from the nose or the lungs. I have frequently known ladies who had been troubled with bleeding from the nose monthly for years, their menses the meantime being scanty or suppressed, and yet they suffered no unpleasant, or at least dangerous, consequences. I

have a lady at present under my care who has raised blood from her lungs almost regularly once a month for eight years; and although the lungs have of course been weak during that whole period, they did not become seriously diseased until about a year since. Although I always dread to see blood thrown off from the lungs, as it is always an indication that those important organs are, at the least, weak and inclined to disease, still hemorrhage occurring under the circumstances above named is much less dangerous than where occurring under other conditions, and I frequently have had the pleasure of affording a good degree of just encouragement in cases where the patient and friends were alarmed almost to despair.

PROFUSE MENSTRUATION.

Menorrhagia or flooding is not an uncommon difficulty, and arises sometimes from some organic disease or structural lesion of the womb; but at other times it may occur as a consequence of debility, and sometimes from other causes, without being connected with any disease of substance of the uterus. The mind sometimes exercises a singular influence in these cases, and I could cite two instances at least, coming under my own observation, where I believe this trouble to have been caused by grief and anxiety, although these depressing emotions more frequently cause suppression than increase of the menstrual discharge. Rest, cold applications, or astringent injections, etc., etc., will generally be necessary in these cases; but it is not desirable that the patient should attempt to prescribe for herself. She should rather seek the advice of some judicious practitioner, and by ascertaining the cause of difficulty, secure, if possible, a radical cure. Hem-

orrhage, especially if profuse, occurring at other than the monthly periods, is a just subject of alarm, and should not fail to receive attention. It too often marks some organic disease, frequently dangerous, and which may, if neglected, pass beyond the control of medicine.

DYSMENORRHEA, OR PAINFUL MENSTRUATION.

Painful menstruation may arise from a variety of causes, and it is absolutely indispensable to a successful treatment that the true cause should, if possible, be ascertained. I shall speak here only of the two more common forms of this affection, viz., CONGESTIVE or MEMBRANOUS and NERVOUS DYSMENORRHEA. The amount of suffering caused by both these varieties is often very great. I have known cases where the patient suffered from congestive or membranous dysmenorrhea every month, quite as much as she would have suffered from confinement, the pains resembling, and being in every respect as severe as labor pains; while in the other form the nervous symptoms are sometimes so severe as almost to cause derangement.

Congestive or membranous dysmenorrhea occurs most frequently in full, plethoric persons, and is characterized by congestion of the womb and consequent inflammatory action, which results in the secretion of a quantity of coagulable lymph from the inner surface of the uterus, which forms a membrane somewhat similar to that formed in the trachea or windpipe in croup, although much thicker and more highly organized. When this membrane is formed, the womb of course endeavors to throw it off as it would any other foreign substance, and hence those violent contractions, or bearing-down or labor pains which always characterize this affection.

This form of dysmenorrhea may arise from plethora caused by indolence or too stimulating diet, stimulating drinks, or from any cause which may produce congestion of the womb, as cold, suppression of the menses, intense and sudden mental emotion, etc., etc.; sometimes, also, from the injudicious use of emmenagogues, or miscarriage, or from mechanical injury of the uterus.

This difficulty will generally be attended by the following symptoms: there will be a sensation of weight and dragging down caused by the increased size of the womb, a dragging sensation weight and extreme uneasiness about the loins, and generally a sinking, dragging pain at the pit of the stomach; there will oftentimes, also, be a disposition to pass water very frequently, and other annoying symptoms, from the pressure of the uterus against the bladder or the rectum. There will be pains at times in the small of the back, between the shoulders, under the shoulder-blades, and through the chest, with nausea, irritation of the breasts, and the frequently recurring labor or bearing-down pains to which I have already alluded. The suffering is sometimes intense. As conception usually takes place at or about the time of the menses, the inflammatory action will prevent this entirely, and thus become a frequent cause of sterility or barrenness. So far, indeed, as my own observation goes, this, together with entire or partial closure of the Fallopian tubes either from inflammation of the womb or the peritoneum, I regard as by far the most frequent cause of sterility, and the occurrence of pregnancy will generally effectually relieve membranous dysmenorrhea.

As may be inferred from its name, nervous dysmenorrhea occurs with delicate ladies whose nervous system is weak and very impressible, and it often causes

extreme pain, although the suffering is different from that experienced in the preceding variety.

Both forms of this affection may generally be relieved, although the treatment in the two cases is radically different. In the one it becomes necessary to take measures to relieve the congestive tendency, and low diet, and perhaps local depletions, may be among the means necessary; while in the other case it becomes necessary not only to employ medicines calculated to strengthen both the general and nervous system, and local measures to relieve the nervous excitement generally, but the patient should also be placed upon a nutritious but mild diet, be sponged daily, employing also brisk frictions, and exercise in the open air, especially on horseback. In this latter form of the disease, and occasionally in the former, particularly where there is much weakness of the back, I have found the supporter eminently serviceable in conjunction with other appropriate means. Of this I shall have occasion to speak presently.

Chapter Twelve.

FEMALE DISEASES CONTINUED.

HYPERTROPHY OF THE WOMB, ULCERATION, LEUCORRHEA, PROLAPSUS OR FALLING OF THE WOMB, ETC.

HYPERTROPHY, or enlargement of the womb, especially of the neck of the womb, is a natural and frequent consequence of continued congestion. It is marked by bearing-down pain and uneasiness about the loins, and some of the nervous symptoms already detailed. Sometimes the difficulty is so slight as hardly to attract notice; at other times it causes great inconvenience, and becomes a most serious matter.

It is not always easy in these cases to predict results, for while the difficulty will sometimes yield readily to appropriate measures, at other times it will assume a character of most forbidding obstinacy. In this, as in the following, the advice of a skillful physician will be indispensable, although the treatment once indicated may usually be followed by the patient without great inconvenience.

ULCERATION OF THE MOUTH OR NECK OF THE WOMB.

Ulceration may be a consequence of continued inflammation or congestion of the neck of the womb, or it may arise from mechanical irritation, as wearing a pessary in case of falling of the womb. Ulcera-

tion may be either simple or malignant, the former yielding readily to treatment, the latter being often exceedingly obstinate. It is usually attended with bearing-down pains in the hips, small of the back, pressure or fullness on the top of the head, giddiness, often more or less derangement of the digestion, wind or distress at the stomach, loss of appetite, or perhaps a craving appetite, palpitation of the heart, etc. It is almost invariably attended with a muco-purulent discharge from the vagina, and the part is not unfrequently extremely sensitive. Red or brick-dust sediment in the urine will often, perhaps generally, be noticed, though the occurrence of this by no means shows ulceration of the mouth of the womb, as it may occur where no uterine disease is present. Local treatment in this affection is almost always necessary, but should not be relied on to the exclusion of other and almost equally important but general measures. And it is to be remarked that in different cases even of ulceration of neck or mouth of the womb different treatment will be required, a delicate or chlorotic person requiring general treatment essentially different from that proper for a full, plethoric individual. The patient will often experience more comfort and relief from the supporter than would seem possible to any one who had never employed it. In many cases, especially where the ulceration is recent or slight, the only local means necessary will be injections of cold water three or four times a day, which of course are attended with little or no pain or inconvenience. At other times more vigorous measures will be necessary. In view, however, of the reasonable antipathy which every lady must feel to the introduction of the speculum and local applications by this medium, I have been in the habit of employing an in-

strument by means of which the operation can be easily performed by the lady herself, presenting thus the double advantage of sparing the patient all annoyance and unnecessary pain, and furthermore enabling patients at a distance to continue treatment equally with those who are able to visit me regularly.

LEUCORRHEA, OR WHITES.

This annoying complaint is exceedingly common, and often exceedingly difficult to remove. It may arise from a great variety of causes, for almost every form of mucous or purulent discharge from the vagina goes by the general name of whites. A discharge of this character accompanies, as we have seen, ulceration of the mouth of the womb; it may be caused by foreign growth in the vagina, and Dr. Bedford, the distinguished professor of obstetrics in the University of New York, once presented to his class a case where a discharge, supposed by the patient to be whites, arose from the presence of ascarides, or pin-worms, in the rectum, and was immediately relieved by proper treatment for the worms.

But by "whites" is generally understood a catarrhal or low chronic inflammation of the mucous membranes of the parts, giving rise to a secretion and discharge of whitish, yellowish, or greenish mucus. The inflammation is often so gradual in its approach as hardly to excite attention, is at first unattended with pain or even much uneasiness, and therefore the patient is in danger of neglecting herself until it becomes so severe as to cause annoyance, and then unfortunately to be oftentimes far more difficult of removal. It generally occurs in persons of delicate constitution, especially those who are more or less scrofulous, and particularly

with those who lead a life of confinement or indolence. Indeed, any thing which tends to break down the general health will tend to develop this difficulty, and our treatment must therefore have reference not only to the local disease, but to the constitutional cause. If there is much weakness of the back or bearing down, the supporter should be worn, and the patient must employ injections suited to the case. Strengthening and alterative medicines will also be required, and, if the stomach will bear them, some of the balsams whose specific action is upon the mucous membranes will be found of great service. The patient should of course take every possible means to improve her general health—by bathing, frictions, exercise in the open air, riding on horseback, etc., etc. Where the patient has any constitution remaining, and I can have her faithful co-operation, I seldom fail in greatly relieving and oftentimes in radically curing this troublesome complaint, but of course the patient must be willing to persevere for a reasonable time to effect it.

I ought here to remark, that we occasionally meet with a periodical leucorrhœa which seems to take the place of the ordinary sanguineous discharge, and that in this case great care must be taken not to check it abruptly, or all the consequences of suppression of the true menstrual discharge might occur.

FALLING OF THE WOMB.

The womb is subject to a variety of displacements. It may be thrown forward upon the bladder, causing incontinence of urine, or backward upon the rectum, giving rise to costiveness, piles, etc., attended usually with intense pain in the small of the back in consequence of its pressure upon what is called the lumbar-

plexus of nerves. In this condition the patient can hardly find ease in any position, and her sufferings cannot of course be permanently relieved until the occasion is also removed. The uterus may also fall downward into the vagina; and I have again and again known cases where the uterus protruded from the person, and remember two instances where its surface was ulcerated in consequence of friction against the thighs. The symptoms of falling of the womb are in part those I have detailed in some of the affections already noted, although there are always distinctive features enough to enable us at once to determine the character of the difficulty. One of the most prominent symptoms is great weakness and pain in the small of the back, a dragging sensation from the pit of the stomach downward, the patient sometimes feeling as if every thing were falling or coming out of her body. There is pain through the hips, between the shoulders, and sometimes under the shoulder-blades. Exercise becomes difficult, sometimes almost impossible, and the patient suffering even slightly from this affection will experience great difficulty on being long on her feet or attempting to go much up or down stairs. On rising in the morning she frequently feels quite well, but so soon as she attempts any exertion is compelled to sit down, weak and overcome. She is exceedingly nervous, and easily annoyed by any unusual occurrence. Slight exertion will often bring on severe palpitation of the heart and tremblings over the whole person. The appetite is capricious, at times craving, at others wholly absent. The digestion is feeble and imperfect, and costiveness or diarrhoea are often, indeed generally, present. At times the patient will experience the most excruciating pain at the end of the

back bone, darting sometimes up the spine and through the hips and down the limbs, following the sciatic nerve. The sense of sinking at the pit of the stomach is often exceedingly distressing. The patient will often be troubled with severe headaches, with pressure at the top of the head, and occasional sensations of heat or chilliness. I have heard patients complain of feeling as if water were being poured on their head and allowed to trickle down the spine. Sometimes the patient will complain of a burning, and sometimes of a cold spot on the top of the head. At times she will be troubled with ringing in her ears, or specks floating before her eyes, and frequently with wakefulness or, at least, with disturbed sleep. It is not, however, often the case that any one lady has ever experienced all of these symptoms, although the greater portion of them are generally present, and are sufficiently severe to render the unfortunate invalid an object of pity and sympathy.

The causes of this affection are various. It is perhaps most frequently caused by a lady's attempting to leave her bed too soon after confinement, and before contraction of the abdominal muscles, of course greatly distended during pregnancy, has taken place. The uterus is at this time greatly engorged with blood, and two or three times its natural volume, while the ligaments are actually weakened; and consequently if a lady, especially a weakly or delicate person, attempts to leave her bed too soon, she will be sure to suffer in consequence. Yet this might in great part be avoided were proper attention paid to the early development of the physical system, and were ladies to be allowed the advantage of exercise out of doors, instead of being subjected to that eternal imprisonment to which custom

condemns them. It is well known that the Indian women will be delivered during long marches, and think so lightly of the matter that they do not ask their companions to wait for them, but overtake them and continue the march, carrying the new-born infant as if it were no incumbrance. And one of the queens of France, in the sixteenth century, showed equally the advantage of a good constitution. She was taken with labor-pains when walking alone in the park, at a distance from the palace, seated herself under an oak, and was safely delivered of a son, whom she herself carried to the palace, experiencing, it is said, no inconvenience from this circumstance. But such is the debility of those who are compelled, as is the case with our own ladies, to be shut up within doors, that it is often imprudent for them to attempt to leave the bed for a fortnight or three weeks after confinement. When will the time come when physical as well as intellectual training will be considered essential to a woman's education—when a healthy body will be considered as necessary to enable her to fulfill her duties as a well-stored mind? and when will men learn that to wed a delicate, sickly woman is to entail suffering upon both, and to perpetuate sickness and misery to future generations?

But falling of the womb does not always arise from imprudence after childbirth; it may occur in unmarried persons; a violent jar or sudden violent exertion may give rise to it. I knew one case where it was brought on by the patient, a young unmarried lady, jumping from a carriage while the horses were running; and another case where it occurred from the patient attempting to lift a heavy weight high above her head.

In the treatment of this affection, the spino-abdominal supporter will be found of very great service, al-

though other measures will also, as a general rule, be necessary. Still I have known persons who had been bedridden for months and even years to be enabled to leave their beds at once by the support which this admirable instrument affords. Pessaries, or internal supporters, will sometimes however also be found necessary, although I always dislike to employ them, as they frequently, especially if of improper construction, give rise to ulceration of the mouth of the womb. I employ a pessary somewhat peculiar in its construction, by which, to a great extent, the consequences of irritation of the neck of the womb are prevented, although it is not possible that the uterus should be wholly prevented from touching or resting upon it, and therefore there must still be some danger of local irritation and ulceration. Rest, frequent injections of cold water, and a recumbent position, are also oftentimes essential to successful treatment; and the medical treatment must of course be varied with the indications of the case.

PILES.

This annoying complaint is often complicated with, or caused by, falling of the bowels or womb, and may often be promptly relieved by the use of the supporter. Some additional treatment, however, is usually necessary.

MISCARRIAGES.

Repeated miscarriages may affect the health so much as to demand most serious attention. Where miscarriage has once occurred, it is exceedingly apt to recur at the same period in a subsequent pregnancy, until it becomes impossible for the patient to pass this period without miscarriage. This is especially the case when

this accident occurs during the first pregnancy. In a threatened miscarriage, absolute rest must be enjoined upon the patient, and all means taken to quiet the nervous and general system. The application of cold in these cases, which is unfortunately a plan pursued by many, is exceedingly injudicious, for it tends to cause contractions of the uterus—the very thing which it is desirable to avoid. Where there is danger of a miscarriage, a well-adjusted supporter will be found of very great service. I am confident that many, perhaps most, miscarriages might be prevented, although *all* cases could not, for in some instances the death of the fetus or disease of the placenta will give rise to it, and under these circumstances, not only can no medical skill prevent this, but it would not of course be desirable to prevent it even if in our power. Still, as a general principle, the supporter in these cases is worthy the greatest confidence, and I think will usually prevent this unfortunate occurrence. The following letter is in point :

DAVENPORT, IOWA, *June 6th*, 1855.

DR. C. M. FITCH :

Dear Sir—I wish to inform you of the effect of your supporter in the case of my daughter, Mrs. Breem, who was threatened with miscarriage on our way from Pennsylvania to this place, and could not be moved ; but we procured one of your supporters, which afforded immediate relief, and enabled her to continue the journey without discomfort. Your supporter unquestionably prevented the miscarriage, and I feel that I can not too highly recommend it.

Truly yours,

ELIEL SMITH.

THE SUPPORTER.

I have had so frequent occasion to refer to the supporter, that I think it may be appropriate here to dwell somewhat fully upon this matter. The supporter is an instrument designed for the relief either of spinal or

abdominal weakness, and is of comparatively recent invention. It was not known to the world twenty years ago, support, when required, having been previously attempted by means of bandages. It was first and most especially recommended in falling of the bowels, a complaint to which I alluded in Chapter II., when speaking of the causes of Consumption. I then showed that relaxation of the abdominal belts—certain muscular belts whose office it is to keep the contents of the abdomen in their places—might give rise to a train of most unpleasant symptoms, and ultimately to fatal consequences. By relaxation of these abdominal muscles, the bowels, no longer properly retained in their places, from their own weight fall downward, and the diaphragm or floor of the lungs—a fleshy curtain which divides the contents of the chest from those of the abdomen, and which, as the great breathing muscle, is, next to the heart, the most important muscle in the body—losing its support, and the stimulus afforded by the constant pressure of the superior viscera of the abdomen—the stomach, liver, etc.—against it, seems, with the lungs, to drag down also, and a host of distressing and dangerous symptoms ensue which may ultimately prove fatal.

One of the first sensations complained of or experienced is a shortness of breath, especially on increased exertion, as going up hill or up stairs, together with a difficulty in perfectly filling the lungs with air, which becomes oftentimes very unpleasant. There is a sense of sinking exhaustion and occasionally of pain at the pit of the stomach, pain between the shoulders, also a along and under the collar-bones, and frequently a tingling, disagreeable sensation along and through the breast-bone. As the lungs do not fill well, the voice is

weak, and soreness or irritation of the throat, and not unfrequently a dry, hacking cough may be experienced; the lungs may become congested, and bleeding from any trivial circumstance may be liable to occur; the cough increases, other symptoms supervene, and the patient at length sinks into true Pulmonary Consumption. I added, in the article already alluded to, that this difficulty generally occurs in persons of lax fibre, in weakly, scrofulous subjects, and who are thus predisposed to Consumption, and that when so occurring it almost invariably precedes the development of disease of the lungs.

Now it would seem rational that in a disease arising from a mechanical cause a mechanical remedy might be appropriate, and such is undoubtedly true in the present instance. By proper mechanical support the bowels are returned to and retained in their places, and the patient, often with little more than a simple supporter, will find him or herself relieved of symptoms which would have resisted ordinary medication. Falling of the bowels frequently occurs in tall but weakly persons who have occasion to be much on their feet. School-teachers, in particular, seem exceedingly liable to it. I knew of one instance where a young lady, a teacher in one of our public schools, who had been so much reduced from this cause that she had been compelled to resign the situation which was her sole support, was so entirely relieved by this means, together with bathing and friction to the abdomen, that in three or four weeks she could resume her duties, and in six months was in the enjoyment of better health than she had known for years.

Notwithstanding all these facts, however, there is with many and well-informed persons a strong prej-

udice against supporters, which I think has principally arisen from witnessing the uselessness, perhaps even the positive injury arising from the use, of some of those illy devised instruments which have been hawked through the country and sold as supporters, their principal recommendation being that they were cheaply made, and therefore could be afforded for nothing. I have repeatedly known delicate, sickly ladies to be encased in some ponderous contrivance of iron or whalebone, which, although termed a supporter, was as little assistance to her as a sick wife is to a young mechanic—which, indeed, may have been more than they had strength to carry around with them; and when compelled at length to throw them aside, I have known these persons to declaim most eloquently against any and every thing bearing the name of a supporter.

A supporter should on no account, unless in cases where it is required to be of unusual size, weigh more than five or six ounces; it should fit as perfectly to the person as a well-fitting glove to the hand, and the only sensation to which it should give rise should be a feeling of relief and support.

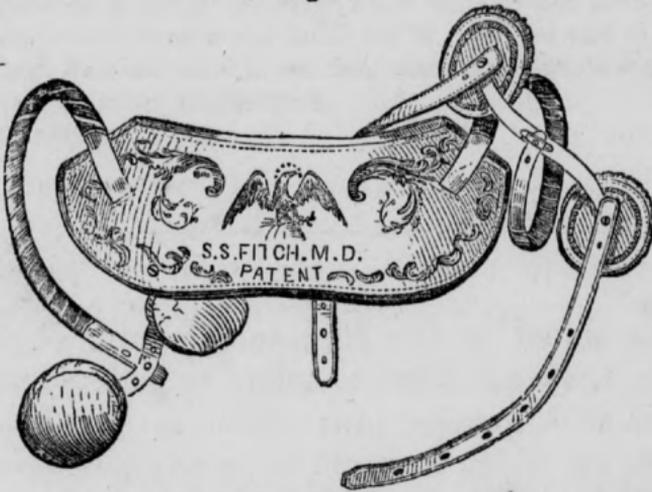
The instrument should afford support not only to the abdomen, but also to the small of the back, which in these difficulties is always weak.

After childbirth, a supporter should always be worn for some little time, whether there seem, or not, to be any inclination to falling of the womb. As the abdominal belts at this time have been relaxed, as the uterus engorged with blood is of materially more than its natural volume, while the ligaments supporting it are even weaker than at other periods, it follows that falling of the bowels and womb is at this time very liable to occur, and hence the wisdom of timely precautions

which can do no harm, and may save a lifetime of suffering.

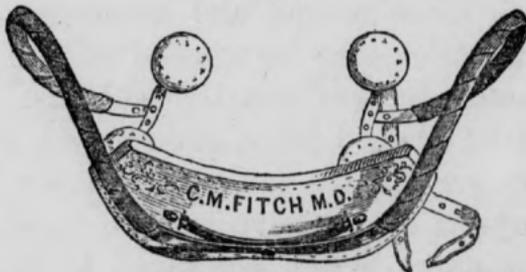
The first of the following cuts represents the supporter of which Dr. S. S. Fitch is the patentee, and the second represents my own, which is of more recent invention, and, I think, in many respects, a decided improvement upon the preceding; the advantage is especially manifest when a decidedly *lifting* pressure is required, although I am in the habit of employing both varieties, in many cases finding the first, which is somewhat the cheaper of the two, to answer sufficient purpose.

Fig. 11.



VIEW OF DR. S. S. FITCH'S PATENT ABDOMINAL SUPPORTER.

Fig. 12.



VIEW OF DR. C. M. FITCH'S IMPROVED SPINO-ABDOMINAL SUPPORTER.

The following letter will show how the supporter is esteemed by those who have used it.

PITTSBURG, PA., Dec. 14th, 1854.

DR. CALVIN M. FITCH:

Dear Sir—For a whole year I had been confined to my bed by inward weakness, unable to sit up for any length of time. While lying down, I felt quite comfortable, and when I first attempted to sit up, I also felt no inconvenience; but I could not remain in a sitting posture many minutes without experiencing so much distress that I was compelled to take my bed again. To walk about was impossible. In this situation, I procured your Abdominal Supporter, which at once relieved me, and I am able with its help to walk as much as I please, and attend with ease and comfort to my domestic duties. I could not have believed that an instrument so light and easy could have afforded such entire support. I would not take \$500 for it if I could not replace it, as without it I should have to keep my bed. If you think this communication worthy of notice, you are at liberty to make such use of it as you shall think best.

Respectfully yours,

MATILDA STERRETT.

As stated in the Introduction, my object in this little book has been to afford to patients under treatment such general instructions as may be of importance, yet which it would be hardly possible to give in detail in each individual case, and also to point out to all, but especially those in any degree inclined to Consumption, those means and measures by which this fearful affection may be warded off and the predisposition thereto most effectually overcome. Wishing the book to be read, I have endeavored to condense as much as possible, to say much in few words; and I flatter myself that I have so far succeeded, that were the suggestions herein contained to be faithfully and universally carried out, Consumption would diminish

far more rapidly than it seems now to increase among us, until the time should come when the disease would be almost as rare with us as it is among the nomadic Tartar tribes of central Asia, who, brought up from their infancy in the open air, are almost exempt from those diseases of debility—the offspring of Western folly and modern civilization. Still, this volume has swelled to a size I had not designed, and I must bring it to a close, expressing my earnest hope that the advice I have given may not be lost upon all, but may be the means of saving more than one useful life, and of securing to many increased health and more extended usefulness.

I have taken the liberty to subjoin in an appendix a few letters, showing the result of the treatment I advocate in several forms of pulmonary disease. I have not thought it worth while to multiply testimonials of this kind further than is necessary to show that my method is in practice all that it claims to be in theory. I have only given one or two letters in each variety of disease of the lungs here referred to, but these are cases sufficiently marked to be read with interest by all suffering under similar affections.

I have also added here a list of questions which I wish answered by those writing me for advice and who are unable to visit me. Although I always desire, where it is possible, to see and examine the patient personally, still I have been accustomed for years to prescribe in cases where this was not practicable, and have met with highly gratifying success. I always wish, however, a full and clear statement of the case (though in as few words as possible), and this the following questions will be found to facilitate.

QUESTIONS

Which you will answer so far as they may concern you, and add any particulars not embraced by them important to a full description of your case :

Give name, residence, occupation. Family consumptive, or what complaints subject to? Where born and brought up? Married or single? Strong or delicate? Lean or fleshy? Tall or short? Straight or stooping, or deformed?

Height and size around the waist two inches above the hips?

How long have you been out of health, and what was the commencement of your difficulty?

Have you any soreness, dryness, heat, or tickling in the throat, pains in your chest or any portion of your body?

Are you troubled with wind, sourness, or distress at the stomach?

What is the state of your bowels?

Have you a cough? if so, give the particulars and character of what you raise.

Are you troubled with shortness of breath, or with wheezing; and in what position do you lie best at night?

Have you, or have you ever had, salt rheum, or any skin-disease, or scrofulous swellings?

Have you ever raised blood, or have you been or are you troubled with chills, fever, night-sweats, loss of flesh, loss of appetite, nervousness, fits, palpitation of the heart, weak back, weakness at the pit of the stomach, or any difficulty about the kidneys?

Have you ever had any severe fits of sickness?

Taken much medicine, and what?

If a lady, have you been troubled with female weakness, irregularity, or much pain?

Weak back or weakness anywhere?

Troubled with bloating?

With severe headaches?

If married, have you any children, and how many?

Are they healthy, or not?

THE EXPENSE OF TREATMENT

Of course varies materially in individual cases. In treating most forms of chronic diseases, we wish to have the care of the patient for TWO MONTHS, he corresponding with us as often as necessary; and the charges

range from twelve to fifty dollars, according to the number and expense of the instruments and medicines necessary. I am not accustomed to make accounts, as the collection of debts scattered at a distance through the country is necessarily attended with considerable trouble, and would require more time than we have at our disposal.

On the receipt of the letter containing the statement of a case, a prompt answer will be returned, giving our opinion of the case, and, if one which we may think it proper to treat, stating also the expense of treatment.

It may be a matter of interest to my patients and others to know that I am making arrangements to establish offices at three or four of the more important points of the West where I shall be at stated periods, thus enabling those wishing to consult me to do so without the delay of writing to New York, or the expense and unavoidable fatigue and exposure attending a visit to the city. My arrangements will be announced on the first of May.

A P P E N D I X .

TESTIMONIALS.

I HAVE doubted the propriety of inserting here the following biographical sketch of myself, which appeared in one of the most influential of the Western journals shortly after my departure for Europe, fearing that I might be subjected to the charge of egotism. But as I believe it natural that the sick should wish to know as much as possible of the physician in whose hands they place their health and their lives, I have concluded to subjoin it. The editor and writer of this article, may, perhaps, regard me with the partiality of friendship, still he has had an opportunity to know me better than most, and certainly better than entire strangers can have done, and his article speaks his estimate of me.

In the list of passengers who sailed in the Atlantic on the 19th inst., we notice the name of Dr. Calvin M. Fitch.

This distinguished Physician visits Europe for the express purpose of gleaning from the Hospitals and Medical Institutions of the old world, such information as will, if possible, enable him to improve his already most successful mode of treating diseases of the lungs.

Although he has hardly reached the meridian of life, we venture to assert that Dr. C. M. Fitch's name is more extensively known on this side of the Atlantic than that of any other American Physician, and in view of this fact we have thought that a brief sketch of his life and professional career would not prove uninteresting to our readers.

From his early boyhood Dr. Fitch has exhibited remarkable intellectual power—grasping a subject, and comprehending it in all its bearings almost at a glance, and this faculty,

coupled with a memory whose capacity and retentive power is still the astonishment of his friends, enabled him to master his youthful studies in far less time than is usually required ; while an ardent love of learning kept him from falling into those habits of desultory and fitful study which so often characterize those who acquire with ease, and which result in their obtaining a merely superficial education.

At the age of twelve he was as familiar with the French as with his native language ; and before reaching the age required for entrance into the Freshman or lower college class, he had passed over a large portion of the collegiate course, and being dependent upon his own efforts for means he spent the intervening time in teaching, and in making himself still more thoroughly acquainted with his classic studies.

From college halls he proceeded to New York, to take an important position with his uncle, Dr. S. S. Fitch, who a few months previously had opened an office at 707 Broadway, for the treatment of Diseases of the Chest, upon a new system, and whose marked success attracted such throngs of patients that he was compelled to call his nephew to his assistance.

Dr. Fitch pursued the study of Medicine with characteristic ardor, and soon became familiar with his uncle's mode of treatment, as well as with the ordinary course of medical instruction. After attending the usual Lectures at the University Medical College of New York, he received the degree of Doctor of Medicine, and soon afterward the University of Vermont conferred upon him the degree of Master of Arts.

He remained with his uncle several years, at times having sole charge of his immense practice, and such was his untiring industry during this period that scarcely a day passed in which he did not devote several hours to study, making himself familiar with the works of almost every modern author upon Chronic Diseases, and reading those of foreign writers in their own language ; and he also improved the opportunity offered by his immense office practice for observing and noting

every phase of pulmonary and other chronic diseases, and the effect of various remedies under a multitude of different circumstances.

Feeling convinced that his uncle's mode of treatment could be greatly improved by a more extensive use of Medicinal Inhalations, and finding his views were not seconded by his uncle, he commenced some years since to practice for himself; varying from their former method only in using medicated vapors much more freely, and giving correspondingly less medicine by the stomach. The correctness of his views is abundantly shown by the result, for he already numbers his patients by thousands, and the proportional number of cures of undeniable and marked Lung Diseases is much greater than was the case under the previous mode of treatment. In fact, his success has induced his uncle to adopt some of his suggestions with regard to the more extensive use of Medicinal Vapors.

Dr. C. M. Fitch has not escaped the obloquy and abuse which is heaped upon every physician who ventures to deviate from the path in which the medical profession has so long blindly followed; and because he has entertained and expressed views at variance with those recognized as orthodox by the profession at large, he has been stigmatized as a "dishonest and bold quack," and subjected to the same kind of abuse which the immortal Hervey encountered on announcing his great discovery of the circulation of the blood, and which, in fact, is visited upon every one who adds any thing of value to Medical Science. Notwithstanding these attacks upon Dr. Fitch's private character, it is without blemish. He is truly honorable and upright in every respect, as all can testify who enjoy his personal acquaintance, or have had business transactions with him. He has been governed in his professional course by the firmest conviction that Consumption is as curable as Typhoid Fever, or any other disease of a serious nature—and he cherishes a hope of doing away in a measure, both with the still prevalent notion that Pulmonary Disease *can not*

be cured, and with the erroneous and merely palliative treatment which is based upon this notion.

(From the *Chicago Democrat*.)

We publish with pleasure the following communication from a well-known physician of a neighboring county. We have always considered it unfortunate that the principle of division of labor, so well understood in the arts, was not more generally carried out in the science of medicine. It is, to be sure, recognized there to some extent, and it is on the principle that by concentrating his energies in one direction a man must become more proficient than he could otherwise be, that the professorships in our medical colleges are founded. There each professor has his peculiar department, to which he devotes his time, and for perfection in which he constantly strives. But with the *practice* of medicine this idea seems to be lost sight of, and for some cause physicians generally are ready to denounce any man who ventures so far to transgress established etiquette as to devote himself to a specialty. We doubt not that the time is coming when different views will obtain among members of this important profession, and when this is the case we shall feel justified in looking for rapid progress in medical science.

McHENRY, ILL., Aug. 7, 1855.

TO THE EDITOR OF THE DEMOCRAT:

Dear Sir—The question of the curability of Consumption is one which must be of vital interest to some, and of more than ordinary interest to every member of the community. We have been so long accustomed to regard this disease as incurable, that its cure seems almost impossible, and yet a careful examination of the subject will show that Consumption is a curable disease. It would certainly be impossible that scars on the lungs could so frequently occur were this not the case, and if, therefore, it be true that nature herself, without assistance, is often able to cure this disease, it argues badly for medicine if proper, careful, and judicious treatment should not render the instances of recovery far more frequent. I am fully aware of the difficulties attending a successful treatment of this disease. It is rarely taken in time, and still more rarely can the patient be persuaded to continue a proper course for a sufficient length of time to perfect recovery—while great judgment, experience, and incessant practice

in auscultation, are requisite to enable the physician to prescribe in most forms of chronic pulmonary disease. Physicians who are compelled to have their attention distracted with the innumerable details of general practice, can not possibly give to this class of disease the attention which they merit; and therefore it seems to me both just and proper that some members of the profession should devote themselves exclusively to this especial department. They can in this way become far more accurate in ascertaining the condition of the lungs, and more familiar with all those details so essential to success. I am happy to cite, as an illustration of this principle, the success which has attended Dr. C. M. Fitch's treatment of diseases of this class.

I have had ample opportunity to observe the beneficial effects of the system he so ably advocates, and can refer to the cure of one of my own patients, in regard to whom I consulted Dr. Fitch some time since, and who at that time was to all appearance in advanced Consumption, and given over by all her friends. Under Dr. Fitch's treatment, however, I had the pleasure of seeing her revive. Her strength returned, her cough abated—in the course of three months the circumference of her chest had increased three inches, and she is now in perfect health. I give this case to show the correctness of my previous assertions, and the folly on the part of the profession of opposing specialty as much as has hitherto been done. I am fully convinced that the plan of treatment which Dr. Fitch proposes is the only true and rational mode of treating Consumption, and were it universally adopted, I am confident that thousands would annually be saved who now fall victims to this terrible destroyer.

Respectfully yours, WM. P. MELENDY, M.D.

(From the Chicago Tribune.)

CURABILITY OF CONSUMPTION.

Probably no other class of educated men are so remarkable for conservatism as the members of the Medical Profession.

Every thing new, every newly proposed remedy, every improvement in medical science has almost uniformly met with opposition as relentless and unyielding as it was universal. When the Peruvian Bark, then called "Jesuits' Bark," was introduced into Europe from the Spanish possessions of South America, its use was so bitterly opposed that it was nearly thrown aside. It is said that during the first eighty years of the employment of this valuable remedy, not less than nine hundred and seventy-three books and pamphlets were written against it, and it was only by the obstinate and praiseworthy perseverance of a few physicians, who had thoroughly tested and become satisfied of its virtues, that this valuable remedy was rescued from oblivion.

When Hervey's great discovery of the circulation of the blood was first announced, but few physicians were willing to receive it. Indeed, it has been asserted by good authority that not a physician in England, who was over forty years of age at the time of its announcement, ever became a convert to, or even ceased to ridicule and oppose, Hervey's theory. The bitter opposition to Jenner, the discoverer of vaccination, a discovery by which thousands and perhaps hundreds of thousands of lives are annually saved, is also well known, while a host of less striking instances could easily be cited. Indeed, at the present day, every innovation upon the theories of our great-grandfathers, every novelty in practice, every proposed improvement is received with distrust, and unless introduced through special channels, every member of the profession is ready to denounce it as a quackery.

It is a strange word, this word *quackery*—a word that has long been held up as a terror to every man who chooses to think for himself in medicine, and one that has done more to retard the progress in this important science, than any other one hundred words in the English language. Indeed, it has long been customary for physicians, as it is for politicians, to meet hard arguments with hard words, and to make up in hard names what they lack in hard facts.

To introduce any important reform into the medical profession requires not only the strong arm of truth, but it also requires that such reformer should possess the energy of a Napoleon and the perseverance of a Howard; and much that was truly valuable has doubtless been lost to the world, because its advocates had not the hardihood to brave the opposition, the taunts and jeers of those who should have been first to inquire into and advocate their discoveries.

Pulmonary Consumption has long been regarded as incurable, and even after the frequent occurrence of scars on the lungs has been established beyond a doubt, showing thus that recovery from Consumption may, and frequently does, take place, still this old-fashioned belief in the incurability of Consumption is by many almost made a test of medical orthodoxy, and those who venture to assert to the contrary, and also to show how such a cure may be effected, are at once denounced as quacks and impostors. A state of things like this, however, can not last much longer, and those physicians who wish to save their credit had best admit at once a fact which can not now be controverted.

Dr. Calvin M. Fitch, who is now in our city, and who has long devoted himself to the study of this disease, has, as is well known, met with as much opposition in the promulgation of his theory as has often been experienced by any advocate of medical reform; but we are happy to see that this opposition seems giving way, and the system of treatment of this class of diseases which he proposes and so ably advocates seems likely soon to be generally recognized.

The following letter from a distinguished physician in Kentucky, recently handed us by Dr. Fitch's secretary, will show in what light many eminent members of the medical profession are beginning to regard Dr. Fitch's plan of treatment:

HENDERSON, KY., *July, 12, 1855.*

DR. CALVIN M. FITCH:

Dear Sir—Having taken pains to examine into your system of practice in diseases of the throat and lungs, and having

had opportunity also to witness its favorable effects, I think I may do a service to the world by making known my views in relation to the same. I am fully convinced that your system is the only rational plan of treating Pulmonary Consumption yet before the public. The combination of appropriate medicinal inhalations, with internal remedies, alteratives, tonics, etc., together with such mechanical support as may be indicated, will unquestionably afford relief, will effect a permanent cure in thousands of cases which now terminate in death. I have been in the practice of medicine forty-one years—two years of which were spent in the office of Dr. Valentine Mott—and have had as ample opportunity of observing this class of diseases as any man in the Southwest, and I am fully convinced that when physicians generally begin to recognize and act upon your theory in the treatment of chronic pulmonary diseases, they will meet uniformly with a degree of success which under the present plan it is utterly absurd ever to expect. You are at liberty to make such use as you please of this communication, and should it be the means of turning any of my younger brethren to the study and examination of your theory of treating this important class of diseases, and thus be the means of stripping Consumption of some of its terrors, my end will have been fully answered.

Very truly yours, J. S. SWANN, M.D.

We have not space to say more on this subject. We have already treated it at greater length than we usually do such matters, but its importance seemed to demand it. We may take occasion to allude to it again.

ASTHMA AND BRONCHORRHEA.

The following case of Bronchorrhea, or Bronchorrhagia, a most obstinate and distressing variety of disease of the lungs, will be perused with interest by all laboring under any affection of these organs. Mr. Crane's letter was addressed to, and published in, the *Pittsburg Gazette*, with the following editorial comment :

(From the *Pittsburg Gazette*.)

CHRONIC PULMONARY DISEASES.

The writer of the following, an influential citizen of Summit County, Ohio, called on us a few days ago expressing the greatest gratification with the result of Dr. Fitch's treatment in his case, and we do not feel at liberty to decline his communication. We have published of late several articles referring to Dr. Fitch's success in the treatment of pulmonary diseases, not that we wish to dictate to our readers in a matter of so much importance as the selection of a physician to whom they confide the case of health and life, for this is a matter in which every one must act and decide for himself, but because it is an act of justice and humanity to make public any *well-authenticated facts* in regard to the curability of Consumption, and those forms of chronic pulmonary disease which so generally seem to baffle the skill of our physicians. It is certainly natural that a man of intelligence, devoting himself perseveringly to the investigation of any one department, either of science or art, must attain more than ordinary eminence. The very reputation which Dr. C. M. Fitch has acquired in the treatment of Diseases of the Lungs must serve to increase his skill, as it affords him greater opportunities for observation and for testing the effects of remedies. We give the letter, however, without further comments.

CUYAHOGA FALLS, OHIO

TO THE EDITOR OF THE GAZETTE:

The letters which have recently appeared in your paper in regard to Dr. C. M. Fitch's success, in the treatment of Diseases of the Lungs, have suggested to me to make known through the medium of your widely circulated journal the following facts, which I feel must be of deep interest to a large portion of our community, proving, as they do, the curability of one of the most obstinate and harassing forms of pulmonary disease I had been for more than eighteen months laboring under severe asthma and bronchitis combined. For more than a year it had been impossible for me to lay a whole night in bed, so distressing was the feeling of suffocation produced, while much of the time the secretion from my lungs was so profuse, that I raised four and sometimes five spittoons of mucus in the course of twelve hours. Many nights my friends watched with me, thinking I must die from suffocation, and three times I was actually pronounced dead.

Our physicians around here—and I consulted the most skillful men in Summit County—said I must die ; and Professor Delamater, of Cleveland, whom I also consulted, gave me up, saying although I might obtain partial and temporary relief, recovery was impossible. From nothing which I had used could I gain more than partial relief. I took large quantities of opium and morphine, but without avail ; the secretion could not be controlled. I was in this condition when Dr. Calvin M. Fitch, of New York, commenced a course of lectures at Cleveland, and shortly afterward visited Akron. I had seen the effects of his treatment in the case of the child of a friend who, under Dr. Fitch's treatment, had been greatly benefited, and who is recovering from what had been pronounced an incurable disease of the lungs ; and I lost no opportunity in consulting him. His prescriptions have effected more than either friends or physicians have considered possible. It is six weeks since I commenced his treatment, and I am now and have been for four weeks past able to lie down and sleep all night with perfect ease and comfort. I am better and feel stronger—much stronger than I had been for eighteen months past. Our physicians consider it almost a miracle, and have been recommending Dr. Fitch's treatment in all Diseases of the Lungs.

I have recently taken a severe cold, and it affects me scarcely more than it would have done when I was in perfect health. Dr. Rice, one of our oldest and best physicians, tells me that this cold before I consulted Dr. Fitch would have inevitably caused my death. I heard him recommend a patient who asked his advice about consulting Dr. Fitch, to do so by all means, and he gave the following reasons : “ Dr. Fitch's success shows that he understands his department thoroughly, and it is natural that he should, for he devotes his whole attention to diseases of the throat and lungs and examines from five to twenty patients every day he lives, while we, perhaps, see scarcely half a dozen cases in the course of a year. We have fevers and every form of acute diseases to engross and

distract our attention, and Dr. Fitch has nothing to do but to study and test the effect of remedies in one particular class of diseases. I advise you by all means to consult him."

Several other physicians speak in the same terms; for not only in my case, but in many others in this vicinity, has Dr. Fitch effected wonders. A friend and neighbor of mine, who at the time Dr. Fitch visited Akron was confined to his bed, and whom, in consequence, Dr. Fitch visited personally, informs me that he has gained nineteen pounds since commencing Dr. Fitch's treatment. Another gentleman and also a lady in our place for whom Dr. Fitch prescribed are improving rapidly. These facts will be attested by almost any respectable inhabitant of our place, for they have been well known and have attracted much attention.

I address this to you as I learn that Dr. Calvin M. Fitch is at present in your city, and it may be the means of directing some unfortunate sufferer like myself to obtain the means of relief.

Very truly yours,

LEWIS CRANE.

Since the above was in type, we have seen another letter addressed to Dr. Fitch from Cleveland, showing the cure of Asthma in a young man 18 years of age, who had been troubled with the disease since he was 6 years old. We have not, however, space for the letter.

It is now about twenty months since Mr. Crane consulted me. The following letter, a sequel to the above, was received just as the foregoing was ready for the press:

CUYAHOGA FALLS, O., *March 26, 1856.*

Dear Sir—Mr. Crane wishes me to say to you that his health, under your treatment, has continued to improve, and that now he feels that he is perfectly restored; and instead of 132 lbs. which he weighed at the time he wrote his letter to you, he now weighs 166 lbs. I also had a conversation with Mr. Manchester a few days since, who, you will recollect, was one of your patients, and whose case was pronounced hopeless by others. He (Mr. Manchester) says that he has

entirely recovered, and owes his good health to your treatment. My wife will write you in regard to our little Albert.

Yours truly, H. W. BILL.

To DR. C. M. FITCH, New York.

Accompanying the above was the following letter from Mrs. Bill, it will be read with interest :

CUYAHOGA FALLS, O., *March 26, 1856.*

DR. C. M. FITCH :

Dear Sir—The happiness we have experienced in witnessing the entire recovery of our little son from a complication of difficulties which were considered incurable by the *best* of our physicians in this part of Ohio, has induced me to place at your disposal a statement of his case, which you may make public if you think that it will be of advantage to others. You will not have forgotten that at the time we consulted you, Albert was laboring under a severe cough, with entire hepatization of the right lung; he had two chills and the accompanying fever every twenty-four hours, together with most profuse and exhausting night-sweats. He had also accumulation of water over the abdomen, and considerable enlargement of the liver. Our family physician, a skillful man, one in whom we have always had every reason to entertain the greatest confidence, and who was most kindly attentive during our little boy's entire illness, regarded his case as beyond hope; and another physician who saw Albert the day we took him to you, asserted that it was useless to try to do any thing, that it was impossible for the child to live more than six weeks. You yourself told us frankly that the case was a most serious one, and that at the best you could not but regard it as exceedingly doubtful whether you could succeed in affording more than partial relief. We took your prescriptions, however, and followed them to the letter. Their favorable effect was almost immediately apparent. The cough abated, the night-sweats soon ceased, he gained strength, the swelling and hardness of the abdomen were presently removed, and im-

provement has steadily continued to the present time, when I have every reason to suppose that he is *entirely well*. A recent examination shows that the diseased lung has almost entirely resumed its healthy action. We can not feel sufficiently grateful to a kind Providence in thus blessing the means used to our dear little son's recovery, and your own kindness, skill, and attention we can never forget.

With the most sincere wishes for your continued prosperity and usefulness, I remain,

Yours, very truly,

H. B. BILL.

(From the *Pittsburg Gazette*.)

The following communication is from an old and much respected friend, on whose statements the utmost reliance can be placed. Dr. Fitch is now in this city, and those especially concerned can have an opportunity of ascertaining for themselves the mode of treatment and the grounds on which he predicates his promises or expectations of relief:

SALEM, 23d of 10th month, 1854.

D. N. WHITE:

Respected Friend—Learning that Dr. C. M. Fitch is about to commence a course of lectures in your city, and believing thou art always willing to make known through the columns of thy paper such truths as may be of importance to the community; and knowing, also, that any facts connected with the causes or curability of Consumption can not cease to be of interest while that terrible scourge continues to afflict our land; as we know this to be the case, perhaps it will contribute to the relief of suffering humanity to communicate a few facts relating to Dr. Fitch's success in treating pulmonary diseases, some of which have come under my immediate attention, and others are well attested.

Dr. C. M. Fitch lectured in this place in the 6th month last, and at that time prescribed for a large number of patients, with many of whom I am acquainted, and in nearly every instance which has come to my knowledge where he gave any decided encouragement, the patient has received very great benefit, and also in some cases where he gave but little.

One case, a little boy, whom I saw last week, was afflicted with a bad cough for nine months previous to his parents applying to Dr. Fitch, and was entirely relieved by his prescription in one month.

The daughter of my neighbor but two doors from me had suffered with a cough for a long time, and her general health declining, Dr. Fitch also prescribed for her in the 6th month last, and she is now entirely well.

Another, a friend of mine, who consulted him at the same time, and to whom he gave but little encouragement, has received the most decided benefit from his prescription, and the result is more than her friends could have anticipated. Her daughter also consulted him at the same time for a severe cough from which she had suffered a long time without obtaining relief, but is now entirely cured.

David Scattergood, of this vicinity, consulted Dr. Fitch in New York, a year since, at which time he was in a greatly reduced condition, suffering from night-sweats, great debility, and raising quantities of thick, heavy matter, and his voice so weak he could not speak above a whisper. His cough has been entirely relieved, and his strength restored so that he has been able to attend steadily to his business.

John Deline, of Selineville, has also been cured of Consumption. The daughter of a merchant of Hanover, in this county, who consulted Dr. S. S. Fitch in New York, has also received great benefit, and I understand is nearly or quite well.

I could enumerate many other cases, but wish to condense as much as possible, and presume these are sufficient; and if thee should deem this worthy an insertion in thy columns, no doubt it would do a favor to the sick and an act of justice to Dr. C. M. Fitch, who has spent so much time in the investigation of those diseases, and who, by his correct diagnosis and successful treatment, is acquiring an enviable medical reputation.

Thy friend,

H. C. B.

(From the *Cleveland Plaindealer*.)

CONSUMPTION CURED.

NARRATIVE OF THE REV. RODOLPHUS BARD.

BRIMFIELD, O., *Sept.* 19, 1854.

Dear Sir--Hearing that Dr. C. M. Fitch, of New York, is lecturing in your city on pulmonary diseases, I feel impelled by a sense of duty to the public, and gratitude to Dr. Fitch, to make known through your columns the effects in my own case of that system of treatment of which Dr. Fitch is so able an advocate.

My family are nearly all consumptive. My own constitution has always been slender; and when, at the age of twenty-five, I commenced my labors as Minister of the Gospel, few of my friends thought it likely I should live to thirty. My lungs were weak; I was troubled with constant hoarseness and a hacking cough, expectoration, night-sweats, and habitual costiveness, with distressing nervous headache. A change of climate from New York to Ohio operated favorably, and for twelve years I was enabled to act as pastor of the Baptist Church in Brimfield. In the winter of 1844 I had a severe attack of erysipelas fever, which left me in a decline. In the winter of 1846 I took charge of a protracted meeting at Mantua, laboring night and day for four weeks, at the close of which I found myself entirely prostrated. My lungs were so weak that it was with great difficulty I could speak so as to be heard. My friends and ministering brethren became alarmed, and urged me to stop preaching, but I did not realize my danger, and continued my labors. I tried all the usual remedies, such as blistering, etc., to no benefit; I went down rapidly, with increasing alarming symptoms. All hope was gone, and the community considered me past recovery. Fortunately, at this time, a copy of Dr. S. S. Fitch's lectures fell into my hands, the reading of which rekindled a spark of hope. I lost no time in applying to him, and on the first of December—day of happy memory—received a full supply of his remedies. I followed his directions to the letter, and to

the astonishment and joy of all my friends my recovery was as rapid as had been my decline ; so that on new year's day I was able to visit my friends. I soon felt myself compelled to labor for the support of my family. During the summer I performed the usual amount of labor. In October following, by imprudence and exposure I brought on a relapse. The disease now concentrated its whole force in my lungs. The cough returned with great violence ; my lungs became loaded with thick, heavy matter, without the power to throw it off. I immediately applied to Dr. Fitch again, but there was necessarily some delay in getting the medicine. My friends and physician said there was no hope in my case. I, too, felt that my end was near, and made arrangements to leave my family ; and how could I think otherwise ?

Dr. Fitch's remedies at length arrived ; after using which for a few days I raised large quantities of matter that would sink in water almost as soon as lead. Those remedies saved my life. Under them I continued rapidly to improve, and in May was able to visit Dr. Fitch in New York. Seven years have now elapsed, and my health is better than at any previous period. A considerable portion of that time was spent in an office (I filled the duties of Recorder of Portage County, Ohio), writing steadily several hours a day, and yet I found myself well able to bear it. If my case was not sufficient to prove Consumption curable, I know not what can be called proof. Dr. Earl, of Franklin, recently said to me, "Your case is almost a miracle in the history of disease." If it be a miracle, it is wrought by that treatment of which Drs. S. S. & C. M. Fitch are the originators and advocates ; and my advice to all afflicted with pulmonary diseases, is to lose no time in applying to a source from which they have some reasonable hope of relief—to men who, devoting their whole time and energies to the investigation of a peculiar class of diseases, have met with a degree of success in their treatment never before equaled. Hoping that this letter may be the means of good, I remain, etc ,

RODOLPHUS BARD.

CASES OF MR. AND MISS SCATTERGOOD.

SALEM, COLUMBIANA Co., O., Oct. 23.

TO THE EDITOR OF THE PITTSBURG CHRISTIAN ADVOCATE:

Dear Sir—Learning that Dr. C. M. Fitch, of New York, is about to deliver a course of lectures in your city, on the causes and curability of Consumption, I think I can not do an act of greater justice to him, and at the same time to the community, than to make known through the columns of your journal the beneficial effects of the plan of treatment advocated by Dr. Fitch in my own case, as well as in several others which have come under my observation. In September, 1853, I consulted Dr. S. S. Fitch, in New York, for disease of the lungs, under which I had been laboring for several years. For five years I had been more or less troubled with a cough, which had gradually increased upon me, until it had become almost impossible for me to get a night's rest. I coughed almost incessantly, raised great quantities of thick, heavy matter, and had most profuse exhausting night-sweats. My voice was almost gone; I could only speak in a whisper. I had tried quite a number of different remedies, but from none had I received any thing more than temporary and partial relief. My neighbors regarded my case as hopeless, and I myself thought so also. Dr. Fitch, however, gave me more encouragement than I had any reason to have anticipated; furnished me with medicines, an inhaling tube, and other articles, besides full directions in regard to exercise, diet, bathing, etc., and I returned home. I am happy to be able to say that the treatment has effected much more in my case than any one had considered possible. I began to improve almost immediately, and my improvement has steadily continued till the present. Dr. C. M. Fitch examined my lungs in the early part of July, and found one entirely healed, and but a slight irritation present in the other. My cough was entirely gone. I could rest well at night, and my strength so greatly restored that I have been able to attend to my business without interruption. Dr. C. M. Fitch also prescribed for my

daughter in the early part of July last. She has been raising blood, was much reduced, and laboring under a very distressing cough. In three months her cough was nearly or quite removed, her strength greatly improved, and she has been troubled with no attack of bleeding since. I have also known several instances in this vicinity where patients have been relieved, who have applied to Dr. Fitch, after witnessing the beneficial results of his treatment in my own case. One case in the family of a neighbor, residing not far from me, is deserving of notice. Dr. Fitch, when at this place last summer, prescribed for his son, seven years of age, who had been suffering under a severe cough for nine months, and succeeded in relieving the cough, if not entirely removing it, in the course of one month; and the child at present enjoys better health than ever before. Results like these should certainly be known, and I think you would be doing a great service to the community by making them public. I could send several other cases of almost or quite equal interest.

Trusting that this may be deemed worthy of insertion in your columns, I remain yours, very truly,

DAVID SCATTERGOOD.

RACINE, WIS., Oct. 13, 1855.

DR. C. M. FITCH.

Dear Sir—You will recollect that I consulted you at Chicago, on the 2d of August last, of a difficulty under which I had been laboring for a long time. I had moved into the State poor, and in my anxiety to save up something, had broken myself down with hard work, and so reduced my constitution that for three years past I had been compelled to let out my farm, and for two years had not been able to do a fair day's work. I suffered much from heart distress and nausea at my stomach, general and nervous debility, pain about my heart, and more or less palpitation; I frequently had night-sweats, and almost always more or less fever during the day. I had much irritation about my throat, with oftentimes considerable expectoration. My back was exceedingly weak, and I suffered

much from pain there ; my bowels were weak ; I was troubled either with costiveness or diarrhea the most of the time. I am happy, however, to say that your medicines afforded me more relief than I had ventured to hope. The improvement was so rapid, that in a week I was able to do more work than for months before. My sweats ceased ; trouble about heart and nervousness abated ; expectoration diminished, and in three weeks, in every respect, I was better than for two years before. I continued to improve steadily, until I was unfortunate enough to be attacked with fever and ague, from which, however, I have now recovered, and though somewhat reduced by it, still begin to feel like myself again. I am satisfied that your treatment has been of the greatest service to me ; and if this letter will be likely to do any good, you are at liberty to make such use of it as you may please.

Very truly yours,

WM. A. STACKPOOL.

CATARRH AND LARYNGITIS.

BRIMFIELD, PORTAGE Co., OHIO.

DR. C. M. FITCH :

Dear Sir—You will recollect that I consulted you, somewhat more than a year since, for a catarrh in my head and throat, under which I had labored for several years. My throat was at the time badly ulcerated, and I was also discharging matter, streaked with blood, from my head. My blood was evidently in a most unhealthy condition, and for some time before had been almost incessantly troubled with boils. I am happy to say that, although I do not consider myself well, still I have been very much relieved. There seems to be little, if any trouble, in my throat at present. My blood seems better ; I have had but one boil since fully under your treatment, and my general health and strength are greatly improved. If the catarrh in my head were entirely removed, I should consider myself well. I have unfortunately been unable to procure the medicine you directed for a long time past, or I should not have discontinued the treatment. If you

will be kind enough to send me a fresh supply, I hope I may be able to report entire recovery soon. Mr. Bard, whom you well recollect, is enjoying excellent health.

Very truly yours, LAMBERT TWITCHELL.

CASE OF MRS. MCFARLAND.

PROPRIETORS OF PITTSBURG DAILY POST :

Gentlemen—As I understand that Dr. C. M. Fitch is to remain but a week longer in Pennsylvania, I have thought it might be a favor to the suffering to state the effects of his treatment in the case of my wife, who, seven weeks since, consulted Dr. Fitch for an affection of the lungs, for which she had been suffering for four years. She was much emaciated, coughed severely, and raised large quantities of dead, heavy matter, which would instantly sink in water. Under Dr. Fitch's treatment she has improved beyond expectation, her cough has abated, her expectoration greatly diminished, and she has gained no less than twenty-five pounds in flesh. Her improvement has been so rapid that I have thought it worthy of record, especially as our physicians had pronounced the case nearly hopeless, and endeavored to dissuade me from applying to Dr. Fitch. If you see fit to give this insertion in the columns of your paper, you will, I think, greatly oblige all who are so unfortunate as to be laboring under disease of the lungs, and most certainly will you oblige,

Your obedient servant, ANDREW MCFARLAND.

ASTHMA.

BEAVER, PA., Oct. 30th, 1854.

TO THE EDITORS OF THE DISPATCH :

Will you oblige me by inserting in your columns the following statement, as I think it will not only be an act of justice to Dr. Fitch, but may also be of service to those who may be laboring under the same distressing affection from which I have so long suffered? In June last I consulted Dr. C. M. Fitch for an asthma under which I had been laboring for twelve years—the attack at first only occasional, but increas-

ing in frequency and severity, until for 18 months previous to my consulting Dr. Fitch they had been almost incessant, and for more than a year I had been very rarely able to get a single night's rest. I was compelled to sleep in my chair, as when lying down I became so oppressed for breath that I could not endure it; and whenever I attempted to laugh, too, I was sure to be seized with violent coughing fits and oppression for breath. At the time I consulted Dr. Fitch he told me that he thought he could relieve me, though it would take some time, as the disease was of long standing, and my age (fifty) was against me. He gave me an inhaling tube, and directions for medical inhalations, etc., and I am happy to say that the result has exceeded my most sanguine expectations. Within a week I was able to lie in bed and sleep comfortably all night. I have had but two attacks since, and they have been lighter than at any time for three years, the last especially, very light. I feel stronger and more vigorous than I have for several years past. My case has excited much interest among my friends, and I think that if you deem it worthy of publication you will do a favor to the community, as while Dr. Fitch is in your city a rare opportunity offers to those afflicted with pulmonary diseases to avail themselves of his eminent professional skill.

A. GORMLY.

CAMBRIDGE, N. Y., Sept. 24, 1855.

DR. C. M. FITCH:

With heartfelt gratitude I embrace the present opportunity to inform you that my health has improved very much since I took treatment of you, which I think was one year ago last May. You recollect I was then laboring under a distressing cough, had frequent fainting fits, and continued palpitation of the heart. I was not able to walk four rods. In July following, my health had so much improved that I walked half a mile without much fatigue. Since then my health has gradually continued to improve, and I now enjoy comfortable health, and am able to walk, although my health is not as good as it was before I was sick. I am not yet quite so strong as before,

and if I overdo, I am troubled with some palpitation and slight faintness. Yours, with respect, ELIZA BARNE .

SALEM, O., Oct. 13, 1854.

DR. C. M. FITCH:

Dear Sir—You will recollect that I called upon you in Ravenna last summer with my little son, seven years of age, who had almost from birth been subject to repeated attacks of inflammation on the lungs, and had at the time you saw him been laboring under a severe cough for more than nine months. Although you gave me but little encouragement in his case, still, in compliance with my wish, you furnished me with a set of prescriptions, which I had made up immediately, and began to give my little son without delay. They acted more favorably than I could have hoped or than you promised. Within a month after he began to take the cough syrup you directed, his cough was entirely relieved, and he has now been free from a cold and cough for a longer period than at any time before for five years. I now feel greatly encouraged, and hope that we may yet be able to raise him. I can not express to you the gratitude I feel to an over-ruling Providence, and to you as his instrument, for this timely relief, which I trust may be continued; and with much regard and sincere wishes for your uninterrupted success, I remain

Yours, very respectfully,

MARGARETTA RAKESTRAW.

I will conclude by adding the following article from a late number of the *Cleveland Journal*, as it contains extracts from several letters received, during my recent visit to Europe, by my associate, DR. J. W. SYKES.

MEDICATED INHALATION!!

We would call the attention of all who are afflicted with pulmonary and other chronic diseases, to the card, in another column, of Drs. Fitch and Sykes, and urge all such to avail themselves of Dr. Sykes' skill.

We believe that the principle of division of labor, which has done so much for other sciences, is also applicable to that of medicine, and that an intelligent physician devoting his whole attention to one department of his profession, will attain to more than ordinary success in treating the diseases embraced in that department.

Dr. Fitch's system of treating lung diseases is undeniably the best rational method known; in fact, it is the only mode of treatment which affords the invalid any hope, after tubercular disease is once fully established in the lungs, and thousands of such cases have been cured by it within the past fifteen or twenty years.

We have seen a number of letters showing the happy effects of Dr. Fitch's treatment as prescribed by Dr. Sykes, and make the following extracts from them.

Henry O. Brown, Esq., a merchant of Rockton, Ill., says, under date Feb. 13, 1856 :

"It is true that my throat and lungs were very much diseased, and I had had my attention turned to inhalation as a remedy, for some time, but was induced, because I had access to Dr. Fitch, to adopt the system as practiced by him and yourself, and I must say that I have derived very great benefit from it.

"I am satisfied, comparing the result in my own case with that of others of my acquaintance who tried the treatment of inhalation alone, that your system of continuing inhalation, with other remedies, is far more efficient. True, I was, for the first week or two after I commenced your treatment, somewhat fearful of the result, but very soon became satisfied that my health was improving, and if my business did not prevent me from following your directions faithfully, I should soon be entirely well."

W. S. Fish, of Detroit, under date of Feb. 9th, 1856, says :

"I am happy to inform you that my wife has been very much improved by the use of your medicines and inhaling tube; she has used them according to directions, and the

result has been most gratifying. She coughs less, expectorates with but little difficulty or exertion; in short, her health has greatly improved since you left Detroit."

Mr. Richard Cowe, residing in Newburg, in this county, in Dec. last brought to Dr. Fitch, at the Weddell House, his daughter, aged eleven years; she had been suffering for two or three months, from a most distressing attack of bronchitis resulting from a cold which she took while recovering from the whooping-cough. She was so emaciated as to be unable to walk, and was carried into Dr. Fitch's rooms in her father's arms. She coughed almost incessantly, and expectorated copiously a muco-purulent matter. She had been treated by several of our most skillful city practitioners, who failed to check the disease, and pronounced her incurable some time before she was seen by Dr. Fitch.

Dr. Fitch prescribed for her, but told her father that her recovery was barely possible; she commenced gaining at once, however, and continued to do so up to the time Dr. Fitch left, and since then under Dr. Sykes' care, and has now almost entirely regained her health. Her cough has ceased almost wholly, and her expectoration entirely abated. She has regained her usual flesh and strength, and, in short, has been restored from a most critical condition to nearly perfect health.

The following we cut from a November number of the *Peoria News*; other letters were given in the same article, but we leave space for only Mr. White's.

We cheerfully give place to the following letters exhibiting the happy effects of Dr. C. M. Fitch's treatment of bronchial and pulmonary diseases.

Dr. Sykes, the associate of Dr. Fitch, is a gentleman of thorough classical education. And in addition to having pursued the usual course of medical study at a Philadelphia college, has for the past five years been in the office of S. S. Fitch, and in connection with his associate, Dr. C. M. Fitch, confines his attention wholly to pulmonary and other chronic diseases

Dr. Sykes will remain at the Peoria House but one week after the present, and we would urge all afflicted with chronic complaints to avail themselves of his services : for it seems most reasonable that a physician of intelligence, devoting himself assiduously and almost exclusively to one department of his profession should, in that department, attain to more than usual success.

The letter from Mr. White, a highly respectable and intelligent citizen of Wadsworth County, Wisconsin, shows the prompt benefit usually derived from this mode of treatment in chronic bronchitis, a disease widely prevalent, and which if neglected, or treated in the ordinary manner, almost invariably passes into tubercular Consumption.

DEHAVAN, WIS., Nov. 6, 1855.

DR. J. W. SYKES :

Dear Sir—Agreeably to your request I write to inform you of the result of Dr. Fitch's treatment as administered by you for my complaint, which is general chronic bronchitis.

It is just two weeks to-day since I called upon you. I reached home the day following, and commenced the use of all the remedies furnished me, according to directions.

My troublesome cough, which had harassed me for two years, was at once allayed almost entirely, and I have not, during the last four days, felt any symptoms of its returning.

When inhaling the vapor, if it is too warm, I experienced a slight irritation or itching in the throat, which is immediately relieved, however, by easy and free expectoration.

I am somewhat inclined to be costive, otherwise my general health is very good. Hoping to hear from you at your earliest convenience, if you have any suggestions to make, which may prove beneficial,

I am, truly yours,

B. D. WHITE.