particular instance before us, we can moreover ascertain the connexion or at least the coincidence between the mental affection and the existence of a powerful impression made, at the time, on a peculiarly sensitive and irritable part of a system, which we know does, even under ordinary circumstances, exert so decided an influence over not alone the physical, but also the moral and mental constitution of the female.

P. S. Should any facts, illustrative of the subject of the foregoing observations, have presented themselves to the reader, I beg to say, that I would consider their communication as a favour.

18, MOLESWORTH-STREET.

ART. X.—*Practical Observations on the Treatment of some of the Diseases of the Lungs, &c.* By ROBERT LITTLE, M.D., Lecturer on the Institutes and Practice of Medicine in the Belfast College. Physician to the Belfast Hospital. Physician Accoucheur to the Belfast Lying-in Charity, &c. &c.

IT is more particularly in extensive hospital practice that the physician has it in his power to form a just estimate of the comparative merits of different remedies for the mitigation or cure of disease. The want of an opportunity of observing a sufficient number of cases, has led practitioners of much merit into great errors, respecting the advantages of various remedies, for it is, in fact, only by the most careful comparison of those curative means, recommended as most salutary in the treatment of any disease or class of diseases, that it is possible to assign to each its peculiar advantages; and as the situation of physician to the Belfast hospital, which I have held for several years past, has afforded me every facility of studying practically pulmonary affections, I now think it right to submit to the public a brief account of the result of my experience. The situation of Belfast is remarkably low, and also extremely damp, so that

those pulmonary affections, common to such situations, prevail in it, as might be expected, to a very considerable extent. Pulmonary consumption is certainly of very frequent occurrence here, but that disease is, in all probability, favoured as much by the numerous manufacturing establishments, as by the dampness of the atmosphere. I am led to believe that acute inflammatory diseases do not prevail in a greater degree in Belfast, than in less damp situations during the winter months, but in the spring months, owing to its not being, to any considerable degree, defended from the East and North winds, which usually prevail at that season of the year, I think acute pulmonary diseases occur more frequently, than in almost any town of the same extent with which I am acquainted.

In the treatment of no single class of diseases, has there been greater diversity of opinion with regard to the most suitable curative means, than in that of the pulmonary organs; some practitioners trusting almost exclusively to one plan of treatment, and others, again, relying on that of an opposite nature. This, however, is only what has always been the case, in a certain degree, when the nature of the disease is, as in many instances, incapable of improvement. There are some pulmonary affections that are scarcely susceptible of palliation when they have arrived at a certain stage, but there are others, again, at all times capable of receiving the greatest benefit from suitable remedies. I therefore think it would be quite unreasonable for any physician to recommend the same plan of treatment to be exactly followed, under all the changes that this dangerous class of diseases is liable to present; and although it is my intention, in this paper, to dwell most on the advantages of counter-irritation, still, it will be seen, that I am not insensible to the great benefit of other means.

Turpentine is the counter-irritant I employ most in the treatment of pulmonary affections, more particularly in those of the air tubes, and as it is one that has not been hitherto recommended, as far as I know, to any considerable extent in

these diseases, I will take as extensive a view as possible of its peculiar advantages, when compared with other remedies of the same class.

I was first led to the extensive application of turpentine to the chest in pulmonary affections, from what I knew respecting its advantages, as an antispasmodic and counter-irritant in other diseases: and I found on each trial the most satisfactory results as to its advantages in soothing morbid irritation, and at the same in subduing (in proportion to the extent and duration of its application) internal diseased action. The two counter-irritants in most common use in the treatment of pulmonary diseases, are tartar emetic and cantharides. Now with regard to these, no person can deny, but that they are both capable of producing powerful irritation on the parts to which they are applied. This, however, is not exactly all that is required in the treatment of pulmonary disease, but more particularly in that of the air tubes, when there is much acute inflammatory action present. The irritation of the surface, unless that irritation gives rise to a change in the sensibility of the respiratory muscles, cannot in these affections be productive of more than partial benefit, for in all cases where the respiratory organs are in a state of acute inflammation, there is spasmodic action of the muscles immediately connected with these organs, but more particularly those of the air tubes, and it is very common to find cough, which is merely a spasmodic action of these parts, continue for a considerable time after all inflammatory action has been completely overcome, so that whatever counter-irritating application is used in these cases, should have also, if possible, an antispasmodic effect. I certainly do consider the antispasmodic powers of the turpentine application in pulmonary diseases, of the greatest consequence; but keeping that effect out of view altogether, I would prefer it as a counter-irritant to any other with which I am acquainted.

Sometimes pulmonary diseases are accompanied with great local and general excitement of the system, and at other times

the very reverse of this is the case,—there is great local and general debility. Now I am quite convinced, from much experience in the application of turpentine as a counter-irritant, that it may be carried to any reasonable length, without the least danger of either increasing internal inflammatory action or fever in these cases ; or internal or general debility. Tartar emetic is much too slow and too irritating an application, when the pulmonary organs are in a state of acute inflammation, and the application of a blister to the chest is of very doubtful efficacy, even when blood-letting has been premised. I am quite convinced, when these organs are in a state of acute inflammation in children, that blisters are, in nine cases out of ten, more injurious than useful. But such is not the case with the application of turpentine, no matter whether blood-letting be premised or not. The vascular system in children is very easily roused, and this is a thing that I fear is generally kept too little in view, in the treatment of the internal inflammatory affections which I have been considering. When turpentine is applied freely to the chest of a child, labouring under acute pulmonary disease, it soon excites inflammation of the skin, but this excitement of the skin is not immediately succeeded by increased frequency of pulse, and increased difficulty of breathing, as is frequently the case after the application of a blister ; but, on the contrary, brings down, in proportion to the external excitement that is produced, the frequency of the pulse, and at the same time affords relief to all the internal inflammatory symptoms. I am therefore well satisfied, that the proper application of turpentine to the chest will be found in many cases of pulmonary inflammation, but especially in that affecting the air tubes, infinitely more useful than either tartar emetic or blisters, on account of its antispasmodic as well as its stimulating effects. I would not merely give a preference to turpentine over all other stimulants when applied to the chest, in acute inflammation of the pulmonary organs, but would prefer it much in those of a chronic nature ; because it has no tendency

like the others to increase debility, both local and general, a too common accompaniment of such affections. I am quite convinced, that the purulent discharge that is frequently kept up in these cases by means of tartar emetic and blisters for weeks, nay, sometimes even for months at a time, is productive of the very worst effects in certain cases. When any chronic pulmonary affection has subsisted for a length of time, the system generally is brought to a state of debility, and it is, in nine cases out of ten, making bad worse to bring it down by any curative means still lower. I think I have seen in old age in particular, when the system is altogether in a state of great debility, the worst possible effects from the application of blisters. I have seen, for instance, the bronchial secretion suddenly increase so much by their application, as to give rise to suffocation, and I am certain I have observed the same thing occur in infancy and childhood repeatedly. I have however, applied turpentine to the chest as a counter-irritant at all ages, and in the lowest states of the system, and I can safely say, I never saw any debilitating effects produced by it, no matter to what extent it was carried.

For some time past, the inhalation of chlorine and iodine gases has been much extolled for the cure of chronic affections of the air tubes of the lungs ; and the inhalation of the same gases has been even strongly recommended by medical men of great respectability, for the cure of pulmonary consumption. I have given a very extensive trial to these gaseous inhalations, and I am sorry to say, that they have not proved so successful in the cases where I have tried their curative powers, as I had expected from the very strong manner in which they had been recommended by many individuals to public notice. I have certainly found these gaseous inhalations of use in chronic affections of the air tubes of the lungs, but again I have found them, by their stimulating effects on the mucous lining of the same tubes, convert a chronic affection into one of an acute kind. The difficulty in the use of these gases is the regulation

of their stimulating effects, and this is a thing that is quite impossible to do, even after the most extensive experience in their use. In pulmonary consumption, I have never been able to cure, or even relieve a single case by their use, and I have found them, even in many cases, produce so much excitement, as to render it necessary to discontinue their further application. With respect to the comparative merits of these gases, the one has always appeared to me to be possessed of nearly the same effects as the other, both in consumptive cases, and also in cases of chronic inflammation of the air tubes of the lungs.

Although I consider the inhalation of chlorine and iodine not by any means safe, or generally useful, and although I do not consider any other counter-irritant to be at all compared with turpentine in the treatment of pulmonary affections, still I do not wish to be understood as advocating the exclusive use of that application; and in order to point out its advantages clearly, and at the same time to explain the various auxiliary remedies I frequently employ in conjunction with it, I will now proceed to give a full detail of the various pulmonary affections in which I have found it most beneficial.

Hooping cough is one of those epidemic diseases, from which most children suffer an attack, and that before they have arrived at their tenth year. It is unfortunately on the pulmonary organs more particularly, that this epidemic disease commits its ravages: every person who has watched the progress of hooping cough, must admit that it owes its peculiar characters, in a great measure, to spasmodic action of the muscles of respiration, but more particularly those surrounding the aperture of the larynx. There is, however, in addition to this spasmodic action, almost always a congested state of the mucous lining of the air tubes: this, however, appears always in the first instance, to be greater about the larynx than any other part. Sometimes, instead of what might be denominated a simple congestion of the mucous lining of the air tubes, there is a more active inflammatory state, and this is even occasionally found to

pervade the substance of the lungs. Now in this disease, the danger would appear to be partly owing to spasmodic action, and partly to inflammatory action, the former being most dangerous in very young infants, and the latter in children of all ages, possessing full habits of body. From these circumstances, the physician should keep two things strictly in view in the treatment of hooping cough, the one is the reduction of spasmodic, and the other that of inflammatory action.

I do not know any single remedy in which I could place so much confidence, in the treatment of this disease, as the application of turpentine, owing to its antispasmodic and counter-irritating effects, when used freely to the surface of the chest or throat. In all cases, after the chest or throat has been freely moistened with the turpentine, a piece of flannel should be closely applied, so as to exclude all access of air, and at the same time assist in keeping up the irritation on the surface. When it is deemed necessary to increase the antispasmodic powers of the turpentine, a proper proportion of camphor or laudanum is added. I have seldom found it necessary to repeat these applications more than once or twice a day, unless the symptoms were very urgent, so as to require active counter-irritation. In addition to the turpentine application in the treatment of hooping cough, I invariably detract blood from the chest or region of the larynx, when I find any feverish state, pain of chest, hurried breathing, or any other symptoms indicating inflammatory action in the air tubes or substance of the lungs. In children of full habits, I employ leeches, independently of the pressure of inflammatory symptoms. When leeches are applied in hooping cough, the bleeding should never be promoted by sponging with warm water after they are detached: it is better, instead of sponging in this way, to apply as many leeches as will be equal to take away the quantity of blood required, so that there may be no exposure of the parts after their removal.

By proceeding with the applications I have just stated, and at the same time attending to the state of the bowels, I ge-

nerally find the spasmodic cough, and all the other morbid symptoms which usually accompany the disease I have been considering, subside, even in the worst cases, in the course of eight or ten days. Internal antispasmodics of different kinds, are very generally employed in the treatment of whooping cough. I have tried a very great variety of remedies of this class, and I must candidly confess, that they have, in almost all cases, very much disappointed me ; but although I cannot recommend them as being equal in efficacy to the turpentine application, still there are some of them useful auxiliaries to it in the relief of the spasmodic cough. The internal antispasmodics which are most useful, are opium, hemlock, and henbane, in the form of tincture, either given separately, or in combination with each other, and with a suitable proportion of hippo or antimonial wine. At the commencement, and even during the entire progress of whooping cough, it is very common for physicians to order squills in doses sufficient to excite vomiting several times daily ; now this, I think, is a most reprehensible plan of proceeding, on account of the great tendency it has to produce, in some instances, and in others to increase, inflammatory congestion of the mucous lining of the air tubes of the lungs, a thing that the practitioner should take particular care to prevent or remove. Those who order squill emetics, generally do so with the view of promoting the discharge of a quantity of the phlegm which usually abounds so much in this complaint. The removal of the phlegm is certainly a thing most desirable, but it should be remembered that this secretion is merely a product of the spasmodic and inflammatory action which I have stated as constituting the complaint, and that it can only be moderated or checked by antiphlogistic and antispasmodic remedies.

When whooping cough is not treated on the antiphlogistic and antispasmodic plans I have so strongly recommended, it sometimes assumes a chronic character, and the child becomes hectic : now when such is the case, change of air is recommended, and in many instances, this is productive of the very

best effects. I am so much alive to the immense advantages of certain states of the atmosphere, to the recovery of children affected with this disease, that I would, if possible, keep them breathing from its very commencement, in tolerably moist air, at a temperature never lower than sixty-six degrees of Fahr^ts thermometer.

Asthma.—This is another disease that is characterized by great spasmodic action of the respiratory muscles, but more particularly those of the air tubes. It is, however, only as far as spasmodic action of the respiratory muscles is concerned, that it bears any resemblance to whooping cough, for as to its exciting causes, general symptoms, progress, and termination, it is totally dissimilar to the last mentioned disease. In asthma, the mucous lining of the air tubes of the lungs is sometimes perfectly healthy, and at other times it is in a diseased condition, or at least it possesses, in some individuals, a strong predisposition to assume a diseased action, on the slightest application of cold to the surface of the body, or the least change in the temperature of the atmosphere; and hence, sometimes, those paroxysms of difficult breathing which constitute the asthmatic attack, are accompanied with bronchitis, either in a lesser or greater degree. It would appear, therefore, from these circumstances, that in the treatment of asthma, as far as the paroxysm is concerned, sometimes antispasmodic remedies alone will be sufficient, and at other times that these must be combined with such as are possessed of antiphlogistic powers.

I have tried freely antispasmodics of the most powerful kind, in this disease, as internal remedies, and from laudanum, which is one of the most powerful of them, I have even been frequently unable to procure any immediate relief from the difficulty of breathing. And with regard to diffusible stimulants, either alone or combined with laudanum, I have in many instances been little more successful; but such has not been the case when I have employed to the surface of the chest, the turpentine application, until it has produced considerable inflam-

mation. In order to excite sudden inflammation on the surface of the chest with this application, it should be used as hot as it can be borne, and by means of flannel, I have in very few cases failed to check an asthmatic paroxysm by the application I have just stated, in one or at most two hours. I do consider it, therefore, after numerous trials, by far the best antispasmodic that the physician can make use of in the disease in question. When there is either temporary or permanent disease of the mucous lining of the air tubes of the lungs, in addition to spasmodic action of the internal respiratory muscles, as is the case in what is denominated humoral asthma, I would employ once or twice every day, unless too much external inflammation were produced, the turpentine application to the chest, and at the same time, if the disease of the mucous lining of the air tubes were of the inflammatory kind, I would apply leeches as an auxiliary. I wish it to be distinctly understood, that I would in the treatment of spasmodic asthma, either of the purely nervous or humoral kind, use occasionally other remedies in addition to those I have just recommended, for it is of all other diseases, one that would require nearly all the resources of the physician.

An attack of asthma is generally produced by a disordered state of the system, of greater or less duration, so that there is time to apply the turpentine freely to the chest, before the spasmodic breathing commences. When the turpentine is employed for the purpose of preventing the occurrence of a paroxysm of asthma, it should be applied to the entire chest by means of flannel, and at as high a temperature as it can be borne by the patient, for unless there is very extensive redness and smarting produced, it will not answer the purpose.

Croup is an inflammatory affection of the air tubes of the lungs, extending in most cases from the larynx to the extreme ramifications of the bronchiæ. It is the mucous lining that is more particularly affected in this complaint, but there is also very considerable spasmodic action of the internal res-

piratory muscles, so that it should be always considered as a disease partly consisting of acute inflammation, and partly of spasmodic action. This is a disease peculiar to infancy and childhood, and like many other maladies of these periods of life, it runs its course with great rapidity, and very frequently to a fatal termination. It requires, therefore, that whatever remedies are employed for its treatment, should be possessed of considerable activity, both for the relief of inflammation and spasmodic actions. The plan I usually follow, in the treatment of croup, is to detract a quantity of blood as soon as possible after its commencement, the quantity of blood always to be in proportion to the state of the system and the violence of the disease. When children are very young, or not possessed of very strong constitutions, I would prefer the detraction of blood from the chest or throat by means of leeches, and when children are from eight to ten years of age, I would employ the lancet. After the free detraction of blood, the next step is the production of counter-irritation over the chest and neck by means of the turpentine application. When the turpentine has produced a considerable degree of cutaneous inflammation, I generally find the dry barking cough considerably relieved, and by a little further perseverance, all the morbid symptoms subside. Besides this application and the blood-letting, I invariably, at as early a stage as possible, establish perspiration, which I keep up freely, at the same time that I employ the turpentine to the chest and throat. As a diaphoretic I generally prefer an infusion of hippo, to which I add a small quantity of nitre and henbane. The strength of this infusion must vary according to the age of the child, and the effect that is required. The dose should always be such in the first instance, as to give rise to a considerable deal of nausea, but at the same time, care should be taken not to carry it so far as to excite vomiting. In the treatment of all acute affections of the respiratory organs, sweating is a remedy of the greatest importance. It requires, however, to be kept up for several hours at a time,

in order that it may be useful, and I do not know any one disease of this class, in which its curative powers are greater, if carried a sufficient length, than that of inflammatory croup. The salutary effects of sweating remedies are seldom or ever obtained by the common plan of conducting that process ; for instead of keeping the skin moist for one or two hours, as is usually the case, it should be kept freely moist for fifteen or twenty hours. Bleeding, early counter-irritation with turpentine, and free sweating, are the remedies on which I would almost exclusively rely in the treatment of croup, not forgetting, at the same time, the necessity of keeping the bowels free with cooling laxatives. By some practitioners calomel is thought to possess wonderful powers, when given to a considerable extent in croup, I have used it in many cases of this complaint to a very great extent, and again I have used it in smaller quantities, and from the numerous trials I have made of its curative powers, I do not think it is a remedy that can be at all depended upon, no matter in what dose it is given. I could therefore wish, that the use of this medicine were dispensed with altogether in the treatment of inflammatory croup.

There is no acute affection of the respiratory organs more liable to suffer a relapse, than the one I have just been considering, so that it is necessary during convalescence to guard against any exposure to cold. In order to prevent any bad effects from exposure to cold, I would advise during the continuance of the acute symptoms, and even for some weeks after these have subsided, that the patient be kept constantly in an atmosphere such as I have stated to be most useful in whooping cough.

Bronchitis.—This is a morbid affection of the respiratory organs, of still more frequent occurrence than any of these I have hitherto considered, and as it is produced by atmospheric changes, particularly from heat to cold, it merits, in a variable, damp climate such as this, the very particular attention of the medical practitioner. In Belfast I am convinced that colds

prevail more than all other pulmonary affections, and as they are frequently complicated, in this and all other places where they prevail to a great extent, with many other morbid conditions of the system, they are the immediate cause of death in far more cases than is generally supposed. Bronchitis, being a disease that attacks at all ages, and even in the most opposite conditions of the system, requires far more attention than almost any other disease of the respiratory organs, as far as treatment is concerned. Its progress in infancy, childhood, manhood, and old age, are all different, and it therefore requires, at each of these particular periods of life, remedies in some degree different from those that would be suitable at any other period. All the eruptive fevers are accompanied with a bronchial affection, and this is in many instances of a very dangerous kind; but that which is so generally complicated with continued fever in the winter season, is productive in very many instances of the most disastrous consequences. This, however, is more particularly the case in those who are advanced in life, or who are possessed of delicate constitutions. I might safely say, that the one-half of those who die of fever in the Belfast hospital, being advanced above thirty-three years of age, die from asphyxia, in consequence of disease of the mucous lining of the air tubes of the lungs. Although bronchitis, complicated with fever, is not so dangerous in manhood or childhood as in old age, still at the two former periods of life, it is not by any means to be considered as a trifling morbid affection, when complicated with that disease. I fear it is too much the case in the treatment of continued fever, to look upon bronchial disease as a secondary affection of no great consequence. Such, however, should not be the case, for at any period of life it is one of the most frequent, insidious, and dangerous complications of fever with which I am acquainted. This is the case particularly during the winter and spring months.

In the treatment of bronchitis occurring at different ages, and in different conditions of the system, I have found no single

plan of treatment at all to be compared with that of counter-irritation of the surface of the chest, by means of turpentine. The antispasmodic powers of this application are of the greatest consequence, when the respiratory muscles are in a state of irritation, and such is the case in the disease of the mucous membrane I am just considering, to a very great extent. It is, besides, an application that as I have already stated, is not liable either to increase the bronchial inflammation, or the accompanying symptomatic fever, as is too often the case with blisters and other stimulating applications, so generally applied to the chest in cases of bronchitis. In the treatment of acute bronchitis occurring in youth or middle age, and not accompanied with continued fever, I would advise, next to the detraction of blood, free counter-irritation of the surface of the chest by means of flannel well moistened with turpentine, and at the same time copious sweating for several hours. In slight attacks of cold I would never think of bleeding, but trust simply to the turpentine application to the chest, free perspiration, and keeping the bowels free by means of some cooling laxative.

In the treatment of acute bronchitis in children, there should never be a large quantity of blood abstracted either by the lancet or leeches, even in the most severe cases, on account of the sudden and dangerous relaxation it is liable to produce in such patients. The safest and most successful plan of treating bronchitis in children, consists in early and moderate bleeding, early counter-irritation with turpentine, and early and free perspiration, together with the use of the mildest laxatives.

When acute bronchitis occurs in old age, the application of turpentine to the chest so as to excite cutaneous inflammation, together with mild diaphoretics and gentle laxatives, will, at an early period of the disease, afford by far the best chance of success. Blood-letting is a remedy that I would not at all recommend, and it is, in my opinion, in most cases very dangerous, when inflammatory action of the mucous lining of the air

tubes of the lungs occurs in a relaxed state of the system, which is almost always the case in persons far advanced in life.

The acute bronchitis which occurs so frequently in this town, in connexion with continued fever, should be treated in almost all cases without the loss of blood, either by means of leeches or the lancet. I do not know how the loss of blood is borne for the relief of acute inflammation of the mucous lining of the lungs in other places, but in this I am quite satisfied, that it is a dangerous practice in nine cases out of ten in continued fever. The great danger from the loss of blood in bronchitis occurring in old age and in continued fever, is the production of relaxation of the system to such a degree, as to give rise to asphyxia, from the accumulation of mucus in the air tubes. I would, therefore, in almost every case of bronchitis, accompanied with continued fever, overcome the inflammatory action by the early and free application of turpentine to the chest. The use of sweating remedies, so valuable in the general treatment of acute bronchial inflammation, is of somewhat doubtful efficacy in the treatment of that complicated with continued fever; and when bronchitis is accompanied with the last mentioned disease, I would treat it in the great majority of cases by the turpentine application alone. It is necessary for medical men who take charge of patients labouring under continued fever, to be most attentive to the state of every internal organ of the body, and there is no part that requires more attention than that of the mucous lining of the air tubes of the lungs. As soon as I ascertain the existence of disease in the mucous lining of the lungs of persons labouring under fever, I cause the chest to be well sponged with turpentine, and to be afterwards closely covered with flannel. The extent to which I carry the turpentine application varies according to the amount of diseased action to be overcome. In severe cases of inflammation, I would repeat the sponging with the turpentine every second or third hour, and in more mild cases I would not, in all probability, repeat it more than

three or four times a day. In the treatment of chronic bronchitis, I find the free use of turpentine to the surface of the chest, generally more decidedly useful, than any other external application, or any internal remedy with which I am acquainted, and it should, at least in that disease, always be considered a necessary part of the curative means that are employed.

From what has been said respecting the advantages of turpentine as an antispasmodic and counter-irritant in bronchitis, I need not dwell at any length on its employment in the treatment of pneumonia and pleuritis. In the last mentioned diseases, I employ it as a counter-irritant from the very commencement of the inflammatory action, and with the very best effects. When it is desirable to excite by the turpentine application to the chest sudden cutaneous inflammation, it is used at as high a temperature as the patient can bear it, and by means of flannel. The plan I follow in most cases in the treatment of pneumonia and pleuritis, when the person is of a strong constitution, is to detract blood freely at as early a stage as possible, and at the same time excite sudden and extensive inflammation on the surface of the chest by means of warm turpentine. The only other remedies I use in addition to these are diaphoretics and cooling laxatives.

Before I conclude this paper, I cannot omit making a few observations on the treatment of pulmonary consumption, which is a disease of very frequent occurrence, and at the same time, one that is less easily managed than any of these diseases of the pulmonary organs I have hitherto considered. The number of cases of pulmonary consumption constantly under my care in the Belfast hospital, is very great, so that I have an extensive opportunity of treating it at every stage. It is precisely the same with consumption, as it is with all other diseases of the pulmonary organs, the physician can do most good, when he is consulted at an early stage, and by the assistance of the stethoscope, he will be able, in the great majority of cases, to detect the presence of tubercles in the lungs, before

they have made much progress. There was a time when the cough, which is usually produced by the presence of tubercles in the lungs, at a very early period of their growth, was, in most instances, attributed to bronchial disease, and hence its real cause was not, in all probability, discovered, until very extensive disorganization of the pulmonary substance had taken place.

In the treatment of pulmonary consumption at an early stage, the physician has two important objects to fulfil, by whatever curative means he may employ ; the one is to promote the absorption of the tubercles, and the other is to retard their growth as much as possible. I do not know any thing so useful for the purpose of promoting the absorption of tubercles, or retarding their growth, as frequent small bleedings, and counter-irritation to the chest by means of turpentine. I prefer the application of a small number of leeches to the chest, to any other mode of detracting blood : the number, in persons of full habit, should never exceed eight at a time, and the bleeding from the bites should never be promoted by sponging with warm water. The best way of proceeding, after the leeches are detached, is to cover the bites with adhesive plaster, and immediately afterwards, apply over the entire chest, a piece of flannel, well moistened with turpentine. In young persons of pretty full habit, six or eight leeches may be applied to the chest twice a week, and in persons of rather delicate constitution, the same number may in general be applied with advantage once a week. The best time to apply the turpentine to the chest in a general way, is at bed time, and one good application at that time, will generally be quite sufficient to keep a slight, but constant irritation on the surface.

By proceeding with the bleeding and application of the turpentine in this way, I have, in several cases, when I had every reason to believe that tubercles were in considerable number in the lungs, been able to remove, completely, the symptoms of pulmonary disease ; and again I have been able, by prosecuting

the same plan with steadiness, to retard, in many cases, the progress of the disease.

In all cases where there are either tubercles present in the lungs, or a strong tendency to their development, the greatest advantage is gained by defending the surface of the chest from cold during the winter season. The chest may be defended from cold in various ways, but I think there is nothing that answers the purpose better, than a very thin layer of cotton wool, fixed in such a way, as not to be liable to shift by the different motions of the body. The application of blisters to the chest, is in very general use at the commencement of pulmonary consumption, for the purpose of affording relief to the pain of chest, cough, and other early symptoms. I am convinced, however, that instead of affording relief, these applications, in very many cases, hurry on the disease to a fatal termination, owing to their excessive irritation, favouring, instead of retarding the secretion of the tubercles. Besides, blisters, if frequently repeated, have the effect, in most cases, of producing great general debility, a thing that should be avoided as far as possible, in every stage of the disease. The debility, and excessive irritating effects produced by the protracted use of tartar emetic to the chest, renders it also an objectionable remedy. There is one stimulating application, besides the turpentine, that I have used to a very considerable extent, in the treatment of the first stage of pulmonary consumption; it is iodine ointment. This application, however, as well as that of the turpentine, must be attended with leeching. With regard to the use of internal remedies in the first stage of pulmonary consumption, I know none on which I could place more confidence. When the cough is very troublesome, however, the antispasmodic power of the turpentine may be assisted by hemlock, hyosciamus, and hippo, combined together, and given in proper doses.

It is certainly necessary at the commencement, and even during the entire progress of pulmonary consumption, to attend to the food, drink, and above all, to the keeping the body in

an equable, and at the same time, moderately high temperature. These, however, are only auxiliary to the plan of treatment I have so strongly recommended.

With respect to the advanced stages of consumption, I need say nothing, as, after the progress of softening has commenced in the tubercles, the physician can scarcely palliate the various distressing symptoms. There is, however, in the progress of consumption, an affection of very frequent occurrence, that merits a little attention, it is pleuritis. The pleura, when inflamed, produces most acute pain ; and when attacked in the last stage of consumption, has a most distressing effect. Now for the relief of pleuritis, under such circumstances, the turpentine application will be found most valuable, on account of the sudden relief it affords.

I intended, at the commencement of this paper, to illustrate the advantages of turpentine in the treatment of pulmonary affections, by a number of cases ; but I found, before I had proceeded far, that such a plan would have rendered it far too voluminous.