



Common-Sense Book

ON THE NEW TREATMENT OF

CONSUMPTION, ASTHMA,

BRONCHITIS,

AND ALL

Diseases of the Nose, Throat, and Lungs


BY

MEDICATED INHALATIONS.

By N. B. WOLFE, M. D.,

MEDICAL SPECIALIST, ETC.

Truth wears no mask ; bows at no human shrine ; seeks neither place nor applause : she only asks a hearing. Let no man fear corruption from her teaching, though new ; neither expect good from error, though long believed.



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A. B. Wolfe

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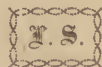
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HOC SCRIPTO TESTATUM VOLUMUS VIRUM PROBUM

N. B. WOLFE, M. D.,

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*Datum in Aula Collegii, Philadelphia, Die
Tertio Decimo, Mensis Februarii An-
noque Domini, MDCCCLI.*



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26945

CINCINNATI, O.:
PUBLISHED BY THE AUTHOR.
1869.

TO THE READER.

THIS little book has been written under a strong conviction that it would meet a public need. The principles it advocates must stand or fall on their own merits or demerits. I believe them to be true, and utter them without regard to the criticism or censure which they may provoke. I do not wish to rank or write in the interest of Error, however popular it may be, for majorities do not rule in science, neither do I recognize it as true that "the voice of the multitude is the voice of God." One Truth is worth more than a million Errors !

" Crush it to earth, 't will rise again,
The Eternal years of God are hers ;
But Error, smitten, writhes in pain,
And dies amid her worshippers."

The mission of this book is to teach an *idea* which, I believe, will modify the present faulty system of medical practice, and inaugurate a better one, though it may not be all that is needed. Believing this sincerely, why should I make an apology for offering it to the people in whose interests it has been conceived and brought forth? And to whom apologize? What *majesty* have I offended? What *dignity* compromised? Who is Master in the republic of Mind? Surely, the people have a right to know every thing that pertains to the preservation of their health and the curing of disease. The fathers of the medical profession did not disdain to *speak* to the people in their own language. Hippocrates wrote in Greek to the Grecians, Celsus in Latin to the Romans, and Avicenna and Averros in Arabic to the Arabians ; and Sir Richard Blackmore very justly observes, "If the knowledge of the healing art is a good and useful thing, the communication of it can not be too general and diffusive." Let us hope, for the good of mankind and the honor of medical science, that the day has dawned when the physician will not be open to censure for imparting useful information to the people, or for teaching them in languages they understand instead of the compound jargon which only serves to obscure the sense and mystify the trade of the selfish trickster.

Fraternally, etc.,

THE AUTHOR.

CINCINNATI:

Printed at the Western Methodist Book Concern.

MEDICATED INHALATIONS.

A BRIEF HISTORY OF MEDICATED INHALATIONS IN TREATING CONSUMPTION,
ASTHMA, BRONCHITIS, NASAL CATARRH, AND OTHER DISEASES
OF THE NOSE, THROAT, AND LUNGS.

THE public favor which the successful employment of Medicated Inhalations, in treating diseases of the Nose, Throat, and Lungs, has of late years attained in this country, has begotten a public desire to know more of its origin and history than is generally understood. It is right and proper that a work of this character should furnish such information; I, therefore, address myself to this task the more cheerfully, but with no expectation that I will be able to do more than *hint* at the importance of my subject in a work necessarily so brief as this. I may be able to show, however, that some of the most advanced minds that have appeared in the annals of Medicine, have given their best energies toward the establishment of this system of Medical Practice; and by so doing vindicate its fair name from unmerited reproach, and rescue its fair fame from the polluting touch of quackery and the uneducated empiric.

Reason, says a contemporary writer, is a principle belonging to man alone. The office of the mind is to investigate, search, and explore the principles of nature, and the only hope for the amelioration of the world is free thought and unrestricted inquiry. The subject which we now propose to investigate is of no less importance than one including the welfare and happi-

ness of the human family. Let us approach it without prejudice, with a sincere desire to "investigate, search, and explore" for the hidden truths which may be found therein.

The origin of inhaling medicated air for Diseases of the Nose, Throat, and Lungs, does not belong to modern times, nor can any man lay exclusive claim to such practice. However, tracing its genealogy back through an illustrious ancestry, gives to it no intrinsic claim to public favor in this age of the world, for we have but little respect for the crude opinions which governed mankind when the human family was in its babyhood, and the arts of printing and criticism were unknown. In referring to the early history of our subject, therefore, we are only seeking to find the germ of the great truth which subsequent ages unfolded. Who but an ignorant slave would ask for authority to believe the *Truth*, which is God's voice, speaking to human consciousness; or, who would ask permission of any man, pagan or Christian, to express his convictions thereof? Truth wears no mask, bows at no human shrine, seeks neither place nor applause—she only asks a hearing.

Far back in the first age of medical literature we find the name of HIPPOCRATES prominent as a medical author—one who exercised a controlling

influence over his fellow-men by his great powers of mind in grasping truths hidden to the ordinary understanding of the world. Indeed, when this great mind dawned upon the world, the facts constituting *Medical Science* were few, vague, and chaotic, and without much value to the human family. Upon this formless mass of crude facts, the mind of the great Greek shone with resplendent glory. Having no guide or authority but nature, he taught her everlasting principles, and men almost deified him. So great was his power when armed with simple truths, that men still turn to gaze in admiration upon his wondrous mind over the chasm of two thousand years. It is gratifying to know that this great teacher was a friend to Medicated Inhalations, and recommended their employment in treating all diseases of the respiratory organs. His methods for administering medicated vapors, to be sure, were crude; but they serve to show, by contrast with the present, what progress has been made; and, also, that he approved of inhaling remedies for the diseases of the air-passages rather than pouring medicine into the stomach. Thus he recommends the burning of various herbs and the heating of various minerals, that "the fumes may be inhaled by those laboring under diseases of the lungs."

He states nothing, however, of so practical a nature, or definite in itself, as would be of any advantage in constructing a system upon his teaching. The nearest approach to specific instructions, perhaps, is to be found in his recommendations to "drink hellebore, either alone or mixed with a decoction of lentils, and inject the lungs with *fumigations*." He also favors "fumigations of hyssop of cilicia, sulphur, and asphalt, to be *inhaled* through the nose to bring away phlegm in catarrh."

The many theories which have obtained from time to time, and even the Rational School which now sheds so much luster on the science of medicine, there can be no question, owe a large portion of their excellence to the doctrines and example of the old Grecian instructor. They were, in his own day, what the inductive philosophy of Bacon, as applied to medicine, now is; and his pupils soon launched forth, by the impetus received from his positive mind, into a sea of theoretical speculation, which resulted in the establishment of various Schools of Medicines, from which are transmitted the imperishable names of ARISTOTLE and PLATO.

In the writings of these illuminated minds is found much matter for thought and investigation appertaining to our subject. Among the Problems of Aristotle, the question of the communicability of consumption is introduced in the following manner: "Is it because," he says, "consumption makes the breath corrupt and offensive, that those who approach the diseased persons, and breathe the air, acquire the same malady as if their system had become vitiated by their own respiration?" In this suggestive problem, attention is directed to the communicability of consumption by *inhaling* vitiated air; and our observations but too strongly confirm the affirmative of this hypothesis, for we have seen those, who, while waiting with tenderness upon the expiring brother or sister, inhaled their impure exhalations, that when the angel came to guide the departing one through the shadowy valley, he bade the bereaved prepare for him next, and painted a blush upon their face that he might know them when he came.

Among the followers of these distinguished leaders, and nearly four centuries after the age of Hippocrates, one

of the most illustrious scholars in the school of *empirics* was DIASCORIDES, celebrated as a botanist and pharmacist. He lived in the first century of the Christian era, and acquired great distinction for his learning and skill in curing disease. In his *Materia Medica* he recommends "for coughs of long standing, *fumigations* of colts-foot leaves, of native sulphur, of sweet calamus with turpentine-resin, of dry squills, of water-cresses, of oil of cedar, of century-root, and of fennel seeds, to be carried into the mouth through a hollow reed inserted in the bottom of a small vessel, smeared over with arsenic and tritured sandarach, moistened with water."

From the age of DIASCORIDES, down to the present time, every writer of distinction who has written on the treatment of consumption, alludes more or less to Medicated Inhalation. Thus CIELIUS AURELIANUS, a pupil of the famous ASCLEPIADES, writes very correctly of consumption under the name of *Phthisis* or *Phthoe*; and makes the following observation respecting its treatment: "Some, in the case of patients suffering from difficulty in the upper parts of the diaphragm, have exhibited, besides other remedies, *fumigations* arising from the burning of hyssop, thyme, or origanum, or sulphur; some sandarach, aloes, or styrax, having been placed on the fire, have ordered the patient to open the mouth, and by an effort at swallowing to devour the vapor; and if the disease begins to increase so that *Aphonia*, or loss of voice, comes on, then the patient must feed on slops, using at the same time gargles of warm sweet oil, of water sweetened with honey, or a decoction of grapes, of pine nuts, of fat figs, or of licorice leaves, as well as from wheat or from barley-water, in order that he should *breathe the vapors*

rising from their evaporation or exhalation."

ARITIOUS, a disciple of THOMISON, the founder of the Pneumatic School of Medicine, though he ascribes the origin of the disease to errors in the "spirit," writes floridly on the subject of consumption and kindred diseases; and though he makes no specific mention of the employment of vapors in their treatment, he strongly recommends sea voyages for the cure of consumption, averring "that the *saline particles inhaled in the sea air, appear to dry up the ulcers in the lungs.*"

AVICENNA, a member of the Eclectic School and follower of *Galen*, recommends for the cure of Asthma, a preparation of myrrh, spikenard, cassia, and saffron, and patwort, and storax, to be rubbed up and prepared with cow's-fat, and boluses made of them of the size of a nut; one drachm of them to be used in *fumigation*, three times a day for ten days. He also gives various prescriptions for *cura ulcereim pectoris et cura Phthisis*, and remarks that "fumigations are administered in this disease, and certain desiccative and cleansing substances with which a *fumigation* is made, by means of a tube or siphon."

Both CELSUS and PLINY occupy a prominent place in the literature of medicine, though it is questionable whether either of these savans devoted much more time to the science of medicine than was necessary to give them a knowledge of disease, merely as an adjunct to their general education. *Celsus* speaks, however, of *Phthisis*—consumption—as beginning in the head and descending to the lungs; and describes the stage of ulceration as being attended with fever, cough, and expectoration of purulent and bloody matter, and says: "When ulceration takes place in the anterior part of the fauces, physicians apply cataplasms and moist

fomentations externally, and *hot vapors into the mouth.*" Pliny, while enumerating a number of specifics for the cure of consumption, speaks particularly of the pectoral qualities of gum ammoniac, and praises all the woods which give an abundance of *resinous odor* while burning, the vapors arising from which, he says, "are more beneficial to the consumptive than a voyage to Egypt, or a course of milk in the mountains."

Among all the writers in medical science, whose names have been transmitted from ancient to modern times, there has been none around which so many intellectual splendors cluster, as that of the immortal GALEN; who, by the force of his genius, acquired an influence over the minds of men, which has outlived the mutations of time and all the revolutions of opinions which have dawned and died in the empire of mind for centuries.

In an early French translation of his works is found a remarkable passage reasoning on the *inutility* of administering medicines through the stomach for the cure of pulmonary disease. "Consider," says he, "how many parts or members the medication has to pass through before it reaches the lungs. First, it enters the mouth, passes down the œsophagus and into the stomach, then into the intestines, and from thence penetrates as far as the veins which are contained in the mesentery, which veins carry it to the concave portion of the liver, and from thence to the convex; thence it is carried to the vena cava, and from it to the heart. We can not deny that medicines, thus administered, will mingle in each of the parts above mentioned with humor, and undergo some transformation or alteration dependent on the nature of the viscera through which they pass; thus, what remains of the virtue of the medicament is weaker, so that it can not

effect any relief to the wounded part; because, too, the remedies suitable to them can not touch the place where the disease exists." We find him, nevertheless, recommending the *smoking* of arsenic, orpiment, with pepper and other vegetable substances, as well as burnt sponge, in treating ulcers of the trachea.

With the exception of RHAZES, a follower and commentator of Galen, who recommended, as a *fumigation*, a mixture of arsenic, aristolochia, myrrh, styrax, and galbanum, to be inhaled for consumption, we have no traces of any improvement being made in this method of treatment till the beginning of the present century; though all along the annals of medical literature, Inhalation crops out in the writings of Nicoli Piso, Boerhaave, Schenck, Poterius, Spigelius, Harvey, Sydenham, and others. Dr. BEDDOES began to treat disease of the lungs, by the employment of various gases which he prescribed to be *inhaled from a bladder*, in the beginning of the present century.

Up to this later period, physicians looked with a chilling distrust upon every effort which claimed to be successful in the treatment of consumption or any other disease of the lungs or air passages. Inhalation, however, was freely discussed as a method, but the remedy to be thus administered, and which should possess the virtue of a specific, was what was most desired and sought after. It was this selfish and unphilosophical spirit which met and thwarted the benevolent efforts of Dr. Beddoes at the very threshold of his labors. His "bladder" arrangement excited the jeers of all the scientific *blatherskites*, that could not think above a bauble decoration or a child's capacity. The discomfiture of Dr. Beddoes, however, did no positive injury to the cause of Truth, which

soon found another advocate, though this time not a professional gentleman. This was Citizen BALLARD, the proprietor of extensive chlorine works in the environs of Paris. Citizen Ballard observed that, among the several hundred persons employed about his works, consumption and other diseases of the lungs were entirely unknown, and that persons laboring under pulmonary disease, when entering the establishment, soon recovered their wonted health and strength. These practical observations of a business man were embodied in a business way in a communication, and addressed to the College of Surgeons and Physicians of Paris through the public press. Important as the information was, the only attention it received was rebuke to its author for meddling with a subject upon which so little was known by the custodians of public health. Thus the savior Truth has ever been reviled and crucified by the world which it has come to save.

Citizen Ballard, however, was too strongly fortified with the *facts* to be discomfited by the hosts of idle dreamers and airy visionists who now assailed him. He wisely concluded that the facts he pointed out were to be ascribed to the *Inhalation of Chlorine Gas*, with which his workshops were constantly charged. Believing this, he sought to find some method by which this gas could be introduced into sick-chambers, for the benefit of pulmonary invalids; and, also, that it might be generated in the localities where employed. With this benevolent object in view, he exhausted his resources in vain, constructing instruments to meet the ends proposed. In this direction, the highest exhibition of his skill was but little in advance of the "Hippocratic Pot," and from which no satisfactory results could be obtained. Justice, however, will forever record to

the credit of Citizen Ballard the merit of giving much publicity to the subject of Inhaling remedies for pulmonary disease; and, among other good results growing out of this fact, was the enlistment of the sympathies and support of the renowned Dr. MUDGE, of London, who at once engaged the whole power of his professional fame in support of this system of treatment.

After an able advocacy of the topical treatment of pulmonary disease by Inhaling Medicated Air, Dr. Mudge saw the great importance, as had Citizen Ballard, of constructing an Inhaling instrument that could be used in the sick-chamber. He accordingly invented several ingenious contrivances for this purpose; but, in the main, they lacked the quality of adaptation, and the principal desideratum remained unsupplied. Most of them were too cumbersome; this was especially true of those constructed of metals; besides, the chemicals employed in generating vapors acted corrosively upon the metals of which his Inhalers were constructed, thereby changing the character of the vapors and curative powers in correcting morbid conditions of the pulmonary structure.



MUDGE'S INHALER.

Among his later experiments, he constructed an "Inhaling Flask," made of glass, represented in the above engraving, which is still known as Mudge's Inhaler.

The flexible tube shown on preceding page is a modern adjunct to the Inhaler, adding, however, nothing to its value. A representation of this Inhaler was published by Dr. Mudge, in a monograph written by him "On the Treatment of Lung Diseases by Medical Vapors," but which he subsequently discarded as inefficient and worthless. While still engaged in constructing an improved and more suitable Inhaler to meet the needs of the sick-chamber, but before he could embody his ideas in "form and expression," fell himself a victim to the disease he had labored so hard to control—a noble sacrifice at the shrine of duty. In the death of Dr. Mudge, Inhalation lost a valued friend and able defender; but, though men are but creatures of a day, principles survive all time and enrich all ages of the world.

About the year 1831, PROF. FAUQUIER, a teacher of Clinical Medicine in the University of Paris, commenced a series of experiments in the Charity Hospital of the French metropolis with Medicated Inhalation, his attention having been more directly drawn to the subject by reading the writings of the lamented Mudge. These experiments were conducted on a very extensive scale, and were witnessed by my late colleague, Prof. S. C. SEWELL, who was at that time visiting the wards in the hospital. The limited number of medicinal agents, and the imperfect knowledge of the properties of such medicines when reduced to a condition of vapor, together with other unfavorable causes which I will hereafter notice, operated against a favorable result. In fact, the experiments, so far as success was aimed at for practical purposes, resulted in blank disappointment.

When we reflect how little was known, even at so late a day, respecting the true pathology of consumption,

and what erroneous opinions and pernicious practices obtained among the Faculty in relation thereto, we cease our astonishment at the failure of these experiments, and almost become incredulous that ever any hope of success was entertained. Consumption was viewed as an inflammatory disease, and as such patients were confined to ill-ventilated wards and extreme poverty of diet, running down the patient to an extreme condition of debility. This view and treatment of consumption gave it a fatal character, so universal, indeed, that many even now shake their heads with incredulity when you speak of its curability. It was ascertained that, when Prof. Fauquier was engaged with his experiments at the Charity Hospital, the air was so very impure that the mortality, after severe surgical operations, *was three times as great as in the London Hospital, and that the patients were being literally poisoned with mephitic exhalations at the time these experiments were being conducted.* The sanitary condition of this institution presented a striking contrast to the chlorine works of Citizen Ballard, already spoken of. But it is not our object to interpose a special pleader between Inhalation and its apparent failures. If it is not true it will go down, for in the "irrepressible conflict" which is now going on between Truth and Error, the first must triumph, because it is immortal and belongs to *God*; the latter must fail, because it is *mortal* and belongs to *Man*.

Development is that process by which ideas are transmuted into tangible being. Modern arts and popular sciences are but the fulfillment of ideals born from the womb of past experiences, in which view the treatment by Medicated Inhalations may be considered heretofore as struggling into birth.

An occasional article in the London

Lancet, and other Medical Journals, both in Europe and America, on the subject of Inhaling remedies for treating consumption, gave assurance to its friends that the idea still lived. Hopefully they waited for the "good time coming," till the night of sorrowing had passed for the lamented Mudge, when his mantle fell gracefully upon the shoulders of that able and gallant Medical Reformer, DR. ELLIOTSON, who, in 1845, was elevated to the headship of the Brompton Hospital of England for the cure of consumption, establishing a memorable epoch in the history of progressive medicine.

The treatment of consumption up to this period, as already intimated, had been involved in much uncertainty and doubt. Among all classes of society, and with but few exceptions among the profession, it had been regarded as *incurable*. No power of medicine, it was thought, could drive out or destroy this enemy of human life when once it had gained possession of the lungs. Thenceforward it was left to revel unrestrained among the delicate air-cells—to ravage, at will, the fine membranous surface of these exquisite organs of health; to choke with tubercles or corrode with ulcers this inlet and gatherer of life. In vain the young, the gifted, and the beautiful turned their appealing eyes to the physician, as to "a priest of the holy flame of life," to catch a gleam of hope. Daily he saw them sinking, unhindered by his remedies and unaided by his art. Surrounded by the pale, skeleton forms of this dreadful disease, and amid the incessant sound of hacking, gurgling, strangling cough, as a moral hero, Dr. Elliotson fearlessly entered upon his responsible duties. Passing from ward to ward, breathing an atmosphere laden with the poisoned breath issuing from decayed lungs, a thorough and vigor-

ous reform in every department of the Institution was at once begun. One by one the old landmarks of practice were destroyed and new ones substituted. Air, exercise, and food were the trinity before which his genius bowed and offered up its homage. Under his patronage Medicated Inhalations became the favorite treatment in pulmonary disease, and, by the success it attained, has ever since maintained its position as being the most rational, scientific, and successful practice ever introduced into a public hospital. For the *first* time after introducing this practice, a statistical report of the hospital shows a very large proportion of the cases of consumption in the *first and second stage cured*, and a significant per centage of even the *third* stage fairly arrested. These reports contain the first reliable information ever given to the public, of the successful results of any systematized mode of practice for treating consumption, and to them I would respectfully refer my medical readers for much valuable information respecting the working results and the superior merits of Medicated Inhalations.

To Dr. Elliotson belongs the honor of having first demonstrated the curability of consumption, by means of Medicated Inhalations, as will be found in the reports above alluded to. Prior to this time, much was said about the *curability of consumption*; and notwithstanding the greatest physician that had appeared in Europe since the time of the Arabians—SYDENHAM—affirmed that he had cured Phthisis, still it was not an admitted fact by the profession, and the declaration was considered apocryphal. Consumption, thank God! no longer appalls the physician with an incurable character. Brave men have struggled with their might to conquer this scourge of humanity;

and, unawed by the dicta of schools, and the jeers of their less laborious or less intelligent brethren, have broken through the trammels of routine and dared to follow the new path of science leading to success. Sir CHARLES SCUDAMORE, a physician of great eminence and deserved reputation, published a work in 1848, in which he earnestly calls upon the medical profession to adopt Medicated Inhalations for administering remedies in diseases of the chest. Many liberal minds responded to the call, and enrolled themselves in favor of this method for administering remedies. Among these were Dr. Marshall Hall, Dr. Cotten, (successor to Dr. Elliotson,) Dr. Madocks, Dr. Piorry, and Dr. Corriveau, in Europe; while in America, Dr. Rush gave it an unequivocal indorsement, and Dr. Coxe, in his work on pulmonary consumption, writes quite as emphatically in its praise.

Having now traced, though imperfectly, the history of this mode of treating diseases of the lungs for twenty-two centuries—from Hippocrates to Elliotson—the conclusion of my task is brief and somewhat personal. *My attention was directed to this subject through physical suffering.* For many years I was distressingly afflicted with asthma—indeed, life became almost insupportable while laboring under this terrible disease. I left no means untried which the skill of the most eminent physicians could supply to gain my health, but in vain. Night and day my sufferings continued, and I felt that the great physician Death, alone, could relieve me of my misery.

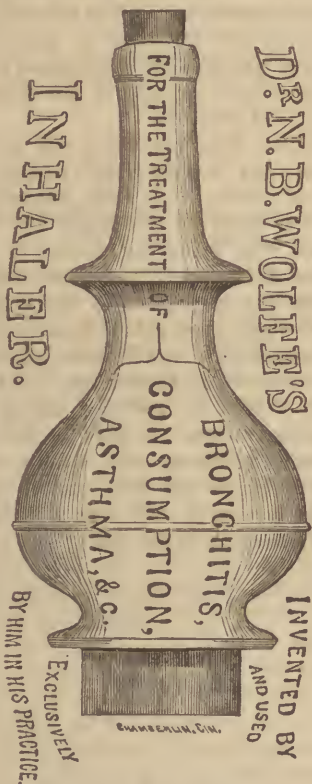
While thus despairing, my attention was called to the reports of Dr. Elliotson in reference to the treatment of pulmonary disease in the Brompton Hospital by Medical Inhalations. As a sinking man will grasp at a straw, so

I again became inspired with hope, and read with interest every thing pertaining to its history and merits. With some modifications of Dr. Elliotson's practice, I succeeded in curing my asthma, and was thus enabled to pursue my investigation comfortably thereafter.

The intelligent reader will have observed that all the authorities quoted indorse the principle of Inhaling remedies for diseases of the lungs in preference to swallowing them into the stomach. The great error into which most have fallen was the manner of reducing crude medicines into a condition of vapor for inhaling purposes. Heat, at first, was the universal resolvent, and with its fiery brand kept "watch and ward" over this "cradle in the manger." In vain were remedies in this *torrid* condition marshaled to assail diseases in the lungs! Roasting the lungs was bad enough; but, of late, as if absurdity had run mad, men have got to boiling them with hot-water vapors, which are inhaled from all kinds of silly contrivances, from a tea-pot to a caldron. Heat and moisture have thus been fairly tried, and found not only inefficient of good, but absolutely injurious to all lungs, whether healthy or diseased. To command success, these unphilosophical methods of treatment must be radically changed. Elliotson and Ballard both prescribed medicated vapors *to be used at the temperature of the air we breathe*; to do this, such medicines only were employed as were volatile in the common atmosphere.

An Inhaler constructed to meet this demand, and a pharmacy of medical agents possessing the requisite power to control disease, which could be reduced to vapor without the appliances of heat or moisture, seemed to be the concluding and triumphant chapter in

the history of this system of treatment. To the accomplishment of this task I devoted my best energies without reserve. Years of laborious study and patient research may be said, I trust without the imputation of vanity, to have produced something worthy of the labor bestowed. I think I have succeeded to an extent hitherto unattained by any of my predecessors in supplying the desideratum. Besides,



my Inhaler is inexpensive, may be used and handled by the most inexperienced; it is not liable to get out of order or broken, and may be carried about the person and used at any time, in any place, either at home or abroad—sitting or standing, in bed or out—in

doors, or in the open fields, without inconvenience or discomfort to the most feeble invalid.

I have, with this admirable instrument and a large class of most valuable remedies, succeeded in curing many pulmonary invalids and asthmats whose conditions were thought to be past hopes of human relief. Both observation and reflection have convinced me that *experience* is the only safe authority in this practice at present—that nothing but *special attention* to its administration can ever enable the physician to succeed in it, and develop its vast importance—that a knowledge of the varieties of pulmonary and throat diseases, and the proper medicines to be inhaled applicable to such varieties, is essential to the practitioner. Many suppose that inhalation means the use of a single remedy, which may be employed by any man acquainted with its name and character. I need hardly say that whoever takes this view of the matter stultifies the whole subject, and brings the practice of the specialist within the purview of the basest charlatanry. Am I required to say, in defense, that a form of consumption, bronchitis, or asthma, benefited by one remedy would be injured by another remedy? Think of the irrationality of condemning the entire use of medicines when administered in the ordinary manner through the stomach, because a particular medicine is found to disagree in a particular case! You will then see how absurd is the same objection if ever based on facts when brought against the treatment by inhalation. For example, quinine, piperine, and strong stimulants taken into the stomach are most beneficial in some forms of fever, but in others absolutely injurious. In acute inflammations they would only hasten and insure the fatal issue, while in the last stage they are often instru-

mental in saving life. The physician must know, not only what medicines to employ, but also at what stage of the disease to administer them. In the practice of using inhaled remedies, this discrimination can only be made after ample experience.

I speak of this more particularly now because much misunderstanding prevails respecting this system of treatment, and that, too, among men who should be better informed. Scarcely a day passes that I do not receive letters from professional gentlemen asking it as a favor that I furnish them with the "receipt for preparing and using medicated inhalations." It will readily be seen how ridiculous such a request must seem to me, especially coupled with another wish that I do not make the details long or tedious. There are thousands in want of such information, and a professional book prepared with care and deliberation will at some future day, no doubt, be published to meet this demand. I would say, however, in reply to such reasonable (?) inquiries, that I have no patent nostrums, no fixed formula, no infallible compounds, and till it can be demonstrated that disease is a *fixity*, and the constitution, the sympathies, and sensations of mankind

a *unity*, and all idiosyncrasies a *myth*, we can not but regard such unreasoning physicians, who suppose it possible to reduce the principles of inhalation and the rules governing its practice to "ten or twenty lines," as hopelessly ignorant of the simplest principles of medicine. What I claim over the *educated* members of the profession is the knowledge which many years of special devotion to one object of inquiry alone can give, and the experience derived from the observation and treatment of more pulmonary diseases than perhaps any score of physicians engaged in the ordinary practice of medicine.

Neither time nor space will permit me to enter into the details of my system of treatment. I hope, however, if my life shall be prolonged by "the Power that holds our destiny in the hollow of His hand," to be able at some future day to present to the world a more worthy and extended account of my stewardship as a humble laborer in the vineyard of Knowledge. If, however, I shall be gathered among the "purple clusters" to yield up the life-currents before my task is done, more skillful hands will take up the work where I leave it, and thus will God's Truth triumph in the end.

COMMON-SENSE

LETTERS TO THE PEOPLE

ON DISEASES OF THE

NOSE, THROAT, AND LUNGS,

AND THEIR TREATMENT BY

MEDICATED INHALATIONS.

LETTER I.

Introductory Remarks—Anatomy and Physiology of the Organs of Respiration.

IN this age, when men and women assert and claim their "right to reason," and investigate all things pertaining to their wellbeing, their moral, mental, and physical welfare, all efforts to enlighten the public mind should meet with general approbation. It does not follow, however, that these efforts must be *approved* only as they become the incitements to mental activity in others, whereby truth and error—good and evil—may be distinguished as they pass through the fiery ordeal of criticism.

The revelations of modern science have given an impetus to the public mind, unexampled in the past, in carrying on its investigations, by sifting Truth from Error. Every department of life has been acted upon—commerce, travel, social intercourse, international law, popular education, have all been carried forward toward a more complete development. The arts of living have been simplified, the luxuries of all classes multiplied, and the facilities afforded in every way for increasing

popular knowledge augmented in an untold ratio. The principles of criticism have narrowed down from the time of *Blair*, to one simple question—*cui bono?*—to what purpose? Men and women ask, "Of what use are theories, schools, or doxies, if they fail in practice?" Life is a practical matter, not a theoretical speculation; it is personal, with active duties, no part of which can be delegated to others without loss—individuality accepts responsibility! If men and women would grow in wisdom, they must *think*, else the flowery plains of existence become as arid wastes.

Health is unquestionably a matter of the first importance to every one. It is as practical and personal as life. It may be called the *art* of living—or you may dignify it further as the *science* of life. If life is valuable, therefore—if its objects are desirable—if its preservation is a thing of consequence, can there be a more important matter brought under public notice than the principles of health? Why should the popular mind be neglected on facts relating to health, and yet crammed with matters of infinitely less consequence to their wellbeing and happiness.

The medical field presents at this

moment an arena for imposition which no where else exists. When imposition is merely a matter that can be counted in dollars, its consequences at least may be estimated. But when it involves the health, the hopes, the lives of its victims, who shall tell us how to estimate its results? The people have hitherto been virtually shut out from participation in a knowledge of their own structure, the causes of disease, and principles of health. Physicians have thought it utterly beneath them to write to the people on matters of disease, although often the first to enter the lists in newspaper politics, or on questions of *belles-lettres* literature. The vast medium of ideas between man and man—the newspaper press—has hitherto been insulted by our *learned* profession—handed over bodily to the most disgusting and mischievous form of advertising, and made the medium of the lowest and most degrading forms of quackery. The people, uninformed as to the nature, causes, and cure of disease, have been easily caught by vulgar assertion and names without explanation, and quackery flourishes apace, till the professional name has become almost a by-word and a reproach. Now, why is this? Let every medical man ask himself. What is the *office* of the physician? Is he not the curator of the people's health? Is he merely to theorize, to quote authorities, to write long prescriptions from books, to utter mandates in an unknown tongue, to hand over his patient to the tender mercies of the apothecaries, and then fold his arms and stand in dignified "self-respect?" We think not. There is for him a higher and nobler duty. It is his province not only to *prescribe* for, but to *instruct* his patients, and by this means alone will he guard them against the thousand deceptions by which they are

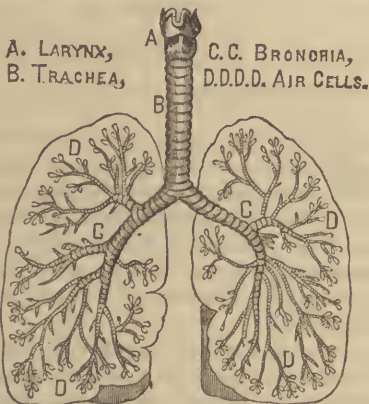
surrounded. If this be true in individual cases, it is equally so when applied to the community generally.

Entertaining these views, and with full confidence that the public will properly appreciate every effort to impart to them information on so important a branch of science as physical health, we will proceed to a description of the anatomy and physiology of the Organs of Respiration, including the Nose, Throat, Air Passages, and Cellular Structure of the Lungs, together with the diseases to which they are liable, and what we conceive to be the best method of treating them.

The lungs consist of two porous bodies, conical in shape, of a dark purple hue, composed of an infinite number of air cells, and situated within the walls of the chest, which they completely fill. Physiologists have computed each lung to contain nearly two millions of air cells, so that if their walls were exposed upon a common plane, they would cover a space of twenty thousand square feet. This extensive surface is fanned gently by every inspiration of air we breathe, and as the constitution of the air may vary, so will its influence be felt upon the system. Charge it with a noxious gas, and we become oppressed; inspire it with a salutary balm, and our spirits are elated; soothe it with a narcotic odor, and we yield at once to its drowsy influence; inhale the fragrance of flowers, their love, and pleasure runs riot through our veins.

The cells into which the air passes at each inspiration, and from which it is expelled at each expiration we make, may be compared in form to a cluster of grapes—the bronchia or air tubes representing the (*see engraving*) stems on which the grapes hang. The bronchia form at the lower part of the wind-pipe two grand divisions, one entering

the right, the other the left lung. These again subdivide, the right into *three*, and the left into *two* tubes, corresponding with the number of lobes in each lung, which they severally supply. These again divide and ramify into an almost infinite number of smaller branches to every part of the lungs, terminating each in a small grape-like cluster of cells. The interstices of these cells form cavities for the transmission of blood from and to the heart; and the coats of these vessels are so extremely delicate that the air we breathe passes through them and mingles with the blood of the whole body every four minutes.



The heart throbs, and every vessel is filled with blood; we breathe, and every air-cell is filled with air; and thus by a beautiful law of reciprocity—"give and take"—the fires of animal life are sustained. Since, in the same manner we breathe common air we can inhale or breathe a medicated vapor, what can be more natural, more simple and efficacious, than the treatment of diseases of the lungs and air passages by this method, by which remedies are conveyed directly to the seat of the disease, without resorting to the uncertain, and, alas! too fre-

quently mischievous action of medicine taken into the stomach, from which it is blindly sent on a mission of mischief through the intricate channels of humanity's noble temple?

LETTER II.

Cold in the Head—Nasal Catarrh, Consumption, etc.

DISEASES of the organs of respiration are so common in this country that almost every person of adult age has had more or less experience with some of them. I propose to indicate, in as brief a manner as possible, the symptoms and treatment of the most common of this class of maladies, and to point the imminent danger involved in their issue if neglected.

The Organs of Respiration consist of the Nose, Throat, and Lungs, or rather the air passages is continuous from the nose to the lungs, there being no break or interruption in the membrane lining the intervening parts. Disease, in a large majority of cases, has its origin in the membrane lining the cavities of the nose. When this part of the membrane becomes inflamed, as it is very liable to be from many causes, but chiefly from atmospheric vicissitudes, it is called *NASAL CATARRH*; and, from its continuity of the membrane lining the throat, larynx, windpipe, and bronchial tubes, becomes the forerunner, if neglected, of *pulmonary consumption*. This declaration is not made to startle or alarm people laboring under catarrh, but simply to point out the fact that catarrh is the great feeder of consumption, and that it is a fatal mistake to disregard its presence when it is known.

Alas! how many who are now strug-

gling in the iron grasp of consumption but know too sensibly their disease commenced in the nose as a "common cold," which, by neglect, insidiously crept toward the lungs, where it is now doing its fatal work!

Consumption has several stages. It has a first or "forming" stage; a middle or "confirmed" stage; and a last or "ulcerated" stage. The lungs do not become immediately stuffed with tubercles or corroded by foul ulcers. It is only after months and after years of irritation of slow, insidious progress—from the slight "catarrh" to the seated "bronchitis;" from "bronchitis" to the first deposition of a little speck of "tubercular matter" in a single lobule; from the first deposition of tubercle to the filling up of a whole lobe or a whole lung with this matter, and its festering and burrowing among the delicate air-cells, till the whole of the lung diseased becomes reduced to a mass of hopeless disorganization—that this dreaded malady reaches the last and final stage. The error is too wide-spread among the people, and too general even among physicians, to regard consumption as a disease, marked not only by "cough," but by the expectoration of "pus," by "hectic fever," "night-sweats," and wasting of flesh and strength—in other words, to apply the name consumption *only to the last stage of the disease*. Were this otherwise, we should not have to listen, with feelings of sorrow, to such expressions as, "it is only a catarrh;" "the disease is all in the throat;" or, "it is only a slight bronchial affection." Alas! there are few who suffer from these affections, trifling and unimportant as they may seem, that do not sooner or later fill a consumptive's grave. We should not, therefore, lose sight of the disastrous consequences to which catarrh gives rise. We know that it exists, in

a greater or less degree, in all forms of pulmonary disease; that it usually exists before any symptoms of disease in the lungs have been manifested, and that it is the direct consequence of those "colds in the head," which become practically known to most of us two or three times every year. We regard CATARRH as the great feeder of pulmonary irritation, and do not believe we can by any other means so effectually guard the lungs from disease as by cutting off the catarrhal affections.

In my next letter I will present the symptoms of catarrh, such at least as are most prominently presented.

LETTER III.

Catarrh, Continued—Its Symptoms, etc.

FROM the frequency of catarrhal affections as forerunners of genuine tubercular consumption, says Melville, the relationship between "colds, coughs, and consumption," is unquestionably that of cause and effect. Too much attention can not be given to this fact.

By "CATARRH," commonly called "cold in the head," is meant an inflammatory affection of the mucous membrane that lines the cavity of the nose. This membrane, as before intimated, extends downward, lining also the throat, larynx, windpipe, and bronchial tubes. We breathe through the nose; hence, that part of the mucous membrane which lines the nasal passages, first receives injury from sudden changes of temperature in the air, or from any irritating matter it may contain. There are two kinds of catarrh, distinguished as "acute" and "chronic."

The symptoms of "acute catarrh" are, first, a sense of heat and difficulty in breathing through the nose. The

passages seem to be stuffed or obstructed, and yet at the beginning there is no secretion to cause this feeling. If you now examine the lining of the nostrils you will find the membrane dry, red, swollen, increased in thickness, and very irritable. Try to inhale the cold air through them and the attempt excites "sneezing."

The irritation may extend from the lining of the nose to the frontal sinus, producing pain over the forehead. It may also extend through the lachrymal canals, which convey the tears from the eyes, closing them up as it has done the nose, in which event the lids become red and swollen, and the eyes weep. The skin is hot, the pulse increased in frequency, and a feeling of chilliness is felt over the whole body. After a time the nose begins to run "clear water," and the discharge is so profuse as to keep the handkerchief in almost constant demand. Gradually this acrid water becomes thicker and less irritating, changing its color to yellow. As this change takes place the nostrils become free, and the secretion diminishes till the health of the patient is seemingly restored. This is the usual course and termination of a "cold in the head" or "catarrh," when confined to the nose. But it may possibly extend to the THROAT, involving the *fauces*, *tonsils*, and *uvula*, and when it does this the disease is called "QUINSY." A simple cold in the head may also proceed along the eustachian tubes of the ear; when it does this it causes DEAFNESS, either partial or absolute; but the most common course of catarrh is to creep insidiously down to the lungs, when it is properly known as a "COLD IN THE CHEST," and professionally by the name of "BRONCHITIS."

"CHRONIC CATARRH" follows the "acute" form, and is generally the consequence of leaving "a simple cold"

to cure itself. It is met with in several forms. In the "first" we have merely a discharge of straw-colored mucus, which accumulates in the posterior nares, or above and behind the soft palate, and is "hawked" and cleared out from time to time during the day. In the "second," there are small sores formed on the inside of the nose, and the secretions become dry and hard, requiring a good deal of attention to keep the passages free from the scabs or hardened mucus that form at such time. In the "third," the secretions have a purulent character, and drip down "from the head" into the throat, and may be seen hanging down in festoons from the posterior nares. In this latter form the sense of smell becomes impaired and sometimes entirely destroyed; and when the ulceration eats through the membrane to the bone, *the smell of the breath becomes exceedingly offensive* and unpleasant both to the patient and friends. Sometimes this discharge will induce retching and vomiting before the offending matter can be removed, especially in the morning when the effort is made to remove the offending secretions which accumulate during the night, and which sensibly obstruct respiration.

Generally, during the Summer months, the active symptoms of chronic catarrh become mild, but return regularly in an aggravated form as Winter approaches.

LETTER IV.

Nasal Catarrh—Its Treatment.

HERE is, perhaps, no part of the practice of medicine about which the mass of even educated physicians know so little, or entertain such vague and erroneous impressions as they do in regard to the action and

properties of medicated vapors when inhaled. This, however, is not strange, when we reflect how little has been written upon the subject, and that, too, of so vague and unreliable a character.

The basis upon which this mode of treatment mainly rests may be explained in a few words. The air we breathe is more immediately concerned in the production of disease than any other influence to which we are exposed; and as it is subject to change in its temperature, its density, its electrical condition, and its purity, so are our feelings and our health affected by every such change, being impressed locally upon the internal surface of the entire respiratory passage. In this way we unquestionably contract fever, cholera, small-pox, and no doubt all the so-called "idiopathic diseases." If we can thus by inhaling influences induce disease, why can we not antidote them in the same way, if the proper remedies are employed?

Chronic catarrh, like asthma and consumption, has hitherto had no remedy. This fact remains a stain and reproach upon the page of medicine. Nor has failure resulted from the want of *means* of relief within our reach, or from the *seat* of the disease, or the *malignity* of its nature, for we can reach the diseased parts by all the forces of the *Materia Medica*—solids, fluids, and gases—and the disease itself is only a *simple inflammation*. Physicians have failed because they have not adopted a more rational treatment. "Common-sense" will teach us that remedies administered through the stomach can not reach the seat of this disease. If they have attempted any local treatment, they have generally been satisfied with *squirting a little warm water* up the nose, and in prescribing an "alterative" by the stomach, which, of course, *does no good*.

Catarrh is rarely found as a disease of the nose alone, but is generally accompanied by more or less hoarseness, showing that the membranes lining the throat, larynx, and windpipe are also involved in the inflammation with the nasal cavities. We can not, therefore, hope to remove it by applications to the nose alone. The course we have pursued, with almost invariable success, is as follows: A mild astringent vapor is directed to be inhaled, two or three times a day, the patient being instructed to exhale through the nostrils. By this means the diseased membrane is acted upon in every part. In addition to the use of inhalations I prescribe a medicated wash, to be drawn freely through the nostrils into the throat, adapted to the condition of the membrane. There is neither pain nor inconvenience in this mode of treatment, by which I have been able to break up the most inveterate chronic catarrh in from four to ten weeks, and so generally successful has it been, that we doubt if it will fail one time in a hundred, if properly and faithfully employed. A "*cold*" of recent occurrence can be broken up effectually by the use of the inhaler, in a week; a *catarrh* of only a few months' standing, in four or five weeks; but a "*chronic*" or seated catarrh of a year or more, will require a much longer time to subdue it. But every case is curable when treated in this manner. *Colds* contracted in the *Fall*, become seated *catarrh* in the Spring. A year later they have extended over the throat, and assumed the form of *chronic bronchitis*, and from this the step is short, and the progress sure to consumption. Who would not expend a few dollars in getting rid of a troublesome *cold* rather than tamper with its fearful consequences for months with "*cough sirups*" and quackish compounds, such as is offered by every

apothecary's clerk? Let it be borne in mind that there is no affliction that so feeds and nurtures consumption as "*catarrh*" or "*cold in the head*;" and that no treatment will uproot catarrh so speedily and effectually as the use of the "*inhaler*," and the proper employment of *medicated washes*.

In my next I will speak of the effects of catarrh upon the palate and tonsil glands.

LETTER V.

Catarrh of the Nose, Palate, and Tonsils.

I WILL consider the effects of catarrh upon the palate and tonsils, as it makes its first advance from the nose toward the lungs.

After inflammation of the lining membrane of the cavities of the nose has existed a certain length of time and become chronic in its character, the tractile power of the palate becomes impaired or lost, and it prolapses so as to touch or lie upon the base of the tongue. This occurs most frequently in persons of anæmic or scorbutic habits; still, the most robust can not claim exemption from this condition if the disease has existed long enough to demoralize the vital powers of the parts involved. When the palate has thus "*fallen*," it creates an irritation in the throat, and an almost constant desire to clear the fauces of an offending presence. Harsh, scraping coughs, or chest efforts to "*clear away*" obstructions in the air-passages, become frequent and tiresome, to obviate which the person so afflicted will often make involuntary efforts, by closing the lips, to swallow something that sticks in the throat.

Now, it is plainly understood that the cause of this elongated palate is the catarrh pre-existing in the back part of

the nasal cavities. Knowing this, how absurd would it be to cut off the palate with the expectation of curing or reaching the real cause of the prolapse! And yet this is the practice we see daily employed by many who have no confidence in any other system of treatment. Even upstart specialists join the cutting crew and stand, with scissors and spoon, ready to cut wherever a palate is drooping. Shame and derision should confound and forever banish this cruel and irrational practice. Look at it! Cut off the palate and what have you done toward curing the disease? Does not the inflammation of the posterior nares continue to exist? and will it not extend itself to the tonsils, the fauces, and finally reach the lungs? What have you done but to silence the voice of the sentinel forever whose office was to apprise you of danger?

Immediately behind and at the base of the arch of the uvula are found the TONSILS, which in turn, after the palate, become inflamed and enlarged by the dripping of the acrid secretions from the posterior nares. Sometimes these glands become so large as almost to entirely obstruct the air from passing to the lungs, and food from entering the œsophagus. When this inflammation is acute, it is called *Quinsy*; when sub-acute and diffused, *Diphtheria*; and when chronic, it is called *Tonsilitis*, and sometimes *Sore Throat*. By whatever name, however, it may be known, it is nevertheless the same old catarrh, journeying from the nose to the lungs, and gathering new and increased strength with every new territory it invades. If we look into the throat now, we will see two red, fleshy balls, with rough and uneven surfaces, protruding into and partially filling the faucal cavities. At this stage of catarrh, there is always more or less disturbance in the forces of the system, such as chills and fever

alternating, with some headache, ear-ache, or facial neuralgia.

As the tonsils have become inflamed and enlarged by the same cause that relaxed the palate, it follows, as a logical sequence, that the treatment should be common to both; namely, to cure the catarrh, as *the cause*,*when, of necessity, these *symptoms* will cease as *effects*. But what do we find as the recognized mode of treating enlarged or indurated tonsils? Precisely the same as for shortening the palate—THE KNIFE. *Cut them off*, say our professional Alexanders! And if you do, you will do a great wrong to your patient, from which recovery of good health will be impossible. By subduing the inflammation, which you can only do by curing the catarrh, the tonsils will subside to their natural size in due time, and health be restored. There is too much, and I fear a growing disposition, on the part of medical men to attain notoriety in this way. By some strange infatuation of the unthinking portion of the public, a high and false estimate of professional worth is attached to the use of the knife, no matter what mischievous capers it may *cut*, or how unskillfully it may be employed. I do not say one word against the legitimate practice of surgery when it is right and proper to employ it; but when men, glaringly incompetent, seek notoriety by doing such injustice and wrong to the sick and uninformed, it is time to put the public on their guard.

When the tonsils obstruct the pure air from freely entering the windpipe, and establish a morbid condition in the parts leading to the lungs, they become a powerful ally to consumption, and will certainly assist in its development. It will be thus seen that uvulitis and tonsillitis are but links in the great chain of morbid pathology extending from the nose to the lungs.

LETTER VI.

Catarrh in the Throat and Larynx.

AS the nasal passages open directly into the throat, that portion of the pituitary membrane which lines it soon becomes inflamed, as the acrid secretions from the posterior nares continue to ooze and drop upon it. A soreness and a sensation of heat and fullness is usually experienced in that portion of the throat adjoining the nasal outlets, and an annoying and offensive discharge of muco-purulent matter passes over the fauces, requiring frequent hawking efforts to remove it.

The membrane lining the fauces in health is of a pale rose color, and is lubricated with a bland transparent secretion, which oozes from the tiny mouths of the follicles cropped over all its surface. The passage of the morbid secretions, from the nose over this membrane, by their irritating character soon affect its condition and destroy its health. Its function becomes impaired, and CATARRH becomes formidably seated in a new throne of power, from which it hurls its forces upon the citadel of life. The inflammation does not confine itself long to the upper part of the throat, but soon invades the deep faucal cavity, seen only when the mouth is open, and the tongue depressed. Here it gives rise to a feeling of heat, tickling, or dryness, a constant desire to swallow, and more or less liability to cough and hack, when persons so afflicted visit assemblies where the air is close or impure. Look into the throat now, and the membrane will be found of a dark-red color, somewhat swollen, and covered with granulating papilla, produced by enlargement of the mucous follicles. The granulations are sometimes uniformly distributed over the soft palate and pharynx, or they may be in clusters, giving the membrane a

streaked appearance. The voice at length begins to be affected; becomes thick, and loses its pleasant musical quality and power. This condition of the throat creates a tendency to take cold from the most trivial cause; and it also warns you that the CATARRH is preparing to advance upon the "LARYNX," to work out its mission of mischief, to which point we must now follow it and faithfully record its action upon that organ.

The LARYNX may be called the head of the windpipe, and is the last fortress which CATARRH has to storm and carry before it enters the trachea and bronchial tubes. It has now become a *formidable disease*, and no time must be lost in divesting it of the power it has acquired. The *Larynx* is situate behind and at the base of the tongue. In shape it is like an inverted cone, and is composed of four cartilages, held firmly together by ligaments and muscles. It varies in length from one to two inches, beginning at the base of the tongue and extending to the prominence on the neck, (*Pomum Adami*), known as Adam's apple, and has two openings; the upper one is called the *Glottis*. This aperture is covered by a valve called the "*Epiglottis*," which serves as a sensitive sentinel to shut down upon the entrance to the lungs on the approach of food or drink, and thus guides them to the stomach through the *œsophagus*. *Infinite wisdom* is displayed in this *little arrangement* to secure man's comfort and happiness, for if the least particle of food or drink should obtain access to the windpipe, great distress and continuous coughing would be excited till the offending matter was ejected.

About half way down the larynx we have the second aperture or *slit*, called the "*Rhimo Glottidis*," the sides of which are formed by ligaments known as "*Chordæ Vocales*," or Vocal Cords,

inclosed in a fold of mucous membrane. The office of this *little arrangement* is to produce sound, creating that infinity of tone by which the indwelling spirit is capable of making known its varied wants or expressing its multitudinous desires.

When CATARRH assails this temple of wisdom *suddenly*, the struggle is of short duration, frequently terminating in a few hours. Our dearly beloved WASHINGTON surrendered his life before the power of this terrible conqueror. The symptoms characterizing this form of disease are easily distinguished; the victim complains of sore throat, preceded by a well-defined chill, and accompanied with an indescribable restlessness and anxiety of countenance. The breathing becomes *hurried, labored, and stertorous*, and swallowing almost impossible. The voice is at first husky, gradually becoming more indistinct, till it settles into a low, almost inarticulate whisper. The horrors of strangulation then commence; the breathing becomes still more difficult, the face assumes a livid hue, the eyes stare and start, an indescribable sense of suffocation is felt, the throat is grasped convulsively as if to tear the obstruction from it, motion is made for air—fresh air—but, alas! alas! the death-damps already bead the brow, the eye becomes motionless, and the last trial of earth is ended.

Diseases like this make us deplore the *impuissance* of our art! for rarely, indeed, can any treatment be employed before death terminates the struggle. A milder form of this disease, however, is known as Chronic Laryngitis or Clergyman's Sore Throat, a disease very common among public speakers, especially clergymen, lecturers, and singers, which is amenable to successful treatment, and which will form the subject of my next letter.

LETTER VII.

Chronic Laryngitis, commonly called "Clergyman's Sore Throat."

THIS is, by far, the most important form of laryngeal disease, since it springs from slight causes, and is a very common and most distressing malady. It always ends in more or less injury to the voice, and too frequently in *consumption*. The symptoms are generally very mild in the commencement, and liable to mislead the patient into the idea that there is no danger. Sometimes a little *pain* is felt in the larynx, but more commonly only a *tickling* sensation, which provokes coughing. Many persons complain of a sense of *something tickling* there, and to get rid of it they are constantly *rasping* and clearing the windpipe. Usually, we find a striking change in the *breathing* in the *voice*. The breathing becomes loud and prolonged, as the obstruction increases, and when it has become considerable, we have a peculiar stridulous sound. The voice is almost always changed. At first it is hoarse, and then gradually becomes more and more feeble, as the disease progresses, till it is scarcely audible. If ulceration of the vocal cords takes place, we have a total loss of voice.

These symptoms are only present in the severer forms of Chronic Laryngitis; in the majority of cases only a feeling of obstruction is experienced, and the effort to clear this away occupies a considerable part of every conversation with a friend. One of the first effects produced in the mucous membrane, by Chronic Laryngitis, is a thickening. Its surface becomes hard, rough, and irregular, which, extending to the vocal cords, destroys their freedom of action.

Chronic Laryngitis very frequently occurs from excessive use of the voice.

This form of disease is very common in clergymen, lawyers, and all public speakers. The vocal organs, by straining and over use, become exhausted and lose their tone. There are various phases of this disease, from the slight huskiness and failure of voice, from which many clergymen painfully suffer every Sabbath, to those destructive ulcerations of cartilages, marked by the total loss of voice, severe and almost constant cough, and expectorations of frothy mucus, mingled with pus. The most intimate connection exists between affections of the throat and those of the larynx. The reason is easily understood. Every breath you draw passes directly from the inflamed throat into the larynx. They form but different parts of the same tube, and are lined by a common membrane—one over which irritations spread rapidly. Again, the parts are in immediate contact, and the mucus secreted in the throat becomes entangled about the epiglottis and entrance into the larynx, and is often drawn in by one inspiration and forced out by the next expiration. Chronic Laryngitis often occurs in advanced stages of consumption, from the irritation produced by the pus discharged by the lungs. It is one of the most distressing complications of consumption, and adds doubly to the patient's distress. In this form there is always more or less *ULCERATION* about the vocal cords, beginning on the lower side, and gradually extending upward. These ulcers often penetrate through the mucous and cellular membranes, involving the muscular tissues, and not unfrequently attack the ligaments and cartilages themselves.

THE TREATMENT OF CHRONIC LARYNGITIS depends much on the cause of the particular form of the disease. When it is secondary to *Affection of the Throat* or to *Catarrh*—or is caused

by *excessive use of the voice in public speaking*—as also those cases which spring from *breathing an atmosphere charged with dust* and other irritating matters—it is a simple disease, and generally curable within a period of a few months. But it is folly to look for the cure of a purely local disease by medicines applied externally or taken into the stomach. There is but one sensible course for the patient to pursue, and that consists in the direct application of remedies to the internal surface of the larynx itself; and even this, to promise entire success, should be commenced with a determination to faithfully persevere in it many months.

The treatment consists in the use of inhalations, soothing, astringent, or alterative as the particular case may require, from the inhaling instrument, and, in some cases, in the occasional use of medicated washes.

I now come to speak of Acute Bronchitis, or Catarrh in the bronchial tubes. This will form the subject of my next letter.

LETTER VIII.

Acute Bronchitis, or Catarrh in the Bronchia.

I HAVE already called attention to the parts involved in that fearful disease, Laryngitis. Next in order, as we pass toward the lungs, we have the trachea, or throat division of the windpipe, by which, bifurcating at its lower part, the grand division of the bronchial tubes are formed. One enters the right lung and the other the left, and each subdivides again into innumerable smaller tubes, till they resemble the branches of a tree in their ramifications, which are as intricate and minute as the fabled mazes of Mythos.

The bronchial tubes, commencing at the lower part of the trachea, are en-

tirely within the lungs; and hence an inflammation of the membrane lining these tubes is, *per se*, a disease of the lungs and not of the throat, as is generally supposed. This membrane—a delicate, transparent covering of the muscular fiber of the air tubes—is liable to disease from a variety of causes, among which are sudden changes of weather, impure air, the dust of workshops, inhaling noxious gases, etc. When it becomes involved in inflammation its action is deranged, the character of its secretions are altered, and a train of morbid symptoms of a more or less grave character, both local and constitutional, are set up. If the inflammation is acute, we have a hard, dry, hoarse cough, commencing like a common catarrh, attended with a sensation of heat, dryness of the throat, and nasal passages, with alternations of chills and fever. As it progresses, respiration becomes difficult, the lips and cheeks become purple, changing to a livid paleness, the countenance grows anxious, the eyes stare wildly, a cold sweat breaks out upon the face and hands, delirium comes on, and the patient relapses into the stupor of death, which result frequently ensues in forty-eight hours after the attack first comes on.

Generally, however, acute bronchitis is a mild disease, and subsides entirely at the end of a week or ten days, or having only the cough and expectoration after the fever has disappeared, constituting what is termed chronic bronchitis, or what was known to the faculty formerly as "*tussis*," "*catarrhus senilis*," "*bastard peripneumony*," and the "*peripneumony notha*" of Sydenham. Its decadence is marked by the expectoration of a thin, saltish, irritating water, scanty at first, but gradually growing copious, whitish, more thick, and finally yellow. When the sense of chilliness subsides, the pulse loses its

frequency, the oppression in the chest passes off, and the patient rapidly convalesces, or the disease settles into chronic bronchitis.

In treating this disease I have seen the most happy and beneficial effects of Inhalation, after a judicious anti-phlogistic treatment had been employed. Emollient inhalations of marsh mallow, conium ipecacuanha, will, if properly used, afford in an almost incredibly short space of time the greatest relief. By inhaling these simple remedies, the difficulty of breathing and the oppression of the chest has been rapidly removed, the heat and parched condition of the skin become moist, the cough quiet, and the expectoration easy. Who, that has witnessed the soothing effects of warm fomentations applied to the external surface of the body, can doubt the value and superior efficacy of soothing vapors, properly medicated, when inhaled and transmitted along the inflamed membrane of the bronchia?

LETTER IX.

Chronic Bronchitis, or Catarrh in the Bronchia.

WHEN the lining membrane of this bronchial tube is inflamed, it is called "*bronchitis*," of which there are *two* kinds, distinguished as "*acute*" and "*chronic bronchitis*." In my last letter I directed your attention to the symptoms by which acute bronchitis is distinguished, and will present now some of the characteristics of chronic bronchitis.

By the inexperienced and unskilled, the disease is often mistaken for consumption; for the mucous membrane, sooner or later, becomes altered in structure, and pours forth a matter which has all the qualities of pus, when the usual hectic fever supervenes, and

the disease tends as certainly to a *fatal* termination as consumption. Of the chronic form of *bronchitis* there are several varieties, one of which we meet as a *Winter cough*, making its appearance regularly as the Winter season approaches, and partially subsiding on the return of Spring. This form of bronchitis is incurable by any other means than Medicated Inhalations; and, if neglected, will as certainly break down the structure of the lungs as consumption.

Another form of bronchitis is distinguished by an excessive humoral discharge from the lungs, resembling gum-water, ranging from one to several pints during the twenty-four hours. Usually there are two fits of coughing in the day—one in the morning, and the other in the evening. There is considerable difficulty in breathing while the coughing paroxysm lasts, but as soon as the viscid secretion has been ejected it subsides. This disease enfeebles the patient very much; but he may, however, live for years, and be able to attend to light duties; but gradually the countenance assumes a pale, bluish tint, the body wastes, the blood becomes thin, and death ensues apparently from the constant drain upon the lungs.

There is still another form of this disease, called *dry bronchitis*, produced by a thickening of the mucous membrane of the air tubes, by which they are very much diminished in size. There is a scanty secretion of a dense, glutinous kind of matter, variously tinted, sometimes greenish, again blue or white, and not unfrequently, after a rasping cough, striated with blood or russety. This affection is so common in this climate that a careful examination of the chest would doubtless reveal its existence in many who are nursing the fatal delusion of entire exemption.

The symptoms by which dry bronchitis is known are not marked by much

severity, till it has advanced to its later stages, when a little exertion will produce much shortness of-breath, arising from the obstructed bronchial capacity. When a large portion of the lung is involved, a sense of oppression is felt after meals on making slight exertion, which is frequently referred to as the result of a full stomach, or some other than the true cause. After a time, however, there is felt a tightness in the chest, with a rasping cough, several times through the day, which enables the patient to expectorate a tough, jelly-like substance to clear the throat. If you ask such whether they have a cough, they will answer "no," and yet almost in the same breath, they will *hack* and raise the very substance I have described. If the stomach is deranged, it is fashionable to ascribe this cough to the stomach, or the result of nervous derangement, or liver disease—when these are but the signals of the inroads being made upon the system by this very condition of the lungs. But there is something so gratifying in being assured that there is *no danger of consumption*, that the physician, giving this interpretation to the anxious inquiry, yields to the persuasive look, and cries "Peace, peace, when there is no peace!" Thus human life is tampered with, till the fearful details of death are written indelibly in the hectic flush, the wasting frame, and the enfeebled step—till the silver cords are loosed, and the golden bowl is broken at the fountain. This is no fancy picture, for we see daily around us men and women sinking gradually under such influences into premature graves.

But we find still another form of bronchitis, of a very grave character, mostly in old people, analogous to a type already enumerated as "humoral." From its attacks being most frequent upon those who have passed the meridian of

life, it is called "*catarrhus senilis*" and *old man's cough*. The symptoms are marked by profuse expectoration, and a feeble and languid pulse; there is also a strong inclination to sleep, frequent complaining of extreme weakness, and a peculiar sense of languor pervading the entire system. Women who nurse their children too long are subjects of this disease. It is distinguished from consumption by the face assuming a pallid and livid appearance, and the lips a purple hue; while in consumption the lips are of a bright-red color, and the cheeks more constantly flushed. The respiration is also very different and well marked.

We could still enumerate other forms of bronchitis, but being rare in their occurrence, do not demand the important consideration given to the foregoing. Among these there is a form characterized by a kind of false membrane forming on the inside of the tubes; another form is the very opposite, and consists in dilatation of the bronchia, which may occur in one lobe, or a whole lung may be enlarged uniformly, or swollen out at the extremity in a globular form, or there may be alternate contractions and dilatations along the same tube.

In the treatment of this class of diseases by the profession, there has been nothing but a fruitless round of experiments from the beginning to the present; and till the introduction of Medicated Inhalations, treatment only served to hurry on the fatal issue.

LETTER X.

Treatment of Bronchitis.

THE reader who has closely followed me in the progress of these letters, need not be told how inadequate all treatment must be, which

does not penetrate the lungs where the disease itself exists; and how utterly inefficient—nay, mischievous, all applications to the throat must be, while the fountain of evil lies beneath untouched.

The application of nitrate of silver to the fauces, as a remedy in treating bronchitis, has doubtless had its origin in the erroneous idea that bronchitis was a disease of the throat. This opinion is as untruthful as the practice is unphilosophical and injurious. As its name implies, bronchitis is simply a disease of the bronchial tubes; which, every body should know, are not in the throat, but in the lungs. Hence, when they become diseased, the lungs must also be more or less affected.

The pathological condition of the bronchial tubes, when inflamed, is frequently found to consist in an alteration of the structure, by a thickening of the mucous membrane lining them, till a part or a whole of the smaller air tubes become completely closed or blocked up. This prevents the transmission of air to the parenchymical structure of the lungs, and as a sequence disease sets in. The veriest tyro in physiology understands that if sufficient fresh air is not received into the lungs to arterialize or oxygenate the blood, that the circulation will contain an excess of carbon, than which nothing can be more fruitful of disease and death. Upon this principle Dr. Cullon founds his carbon theory of the formation of the tubercles in the lungs. This condition of the blood frequently exists without giving any other than the usual bronchitic symptoms, of the fearful change which is taking place in the system, till the details of consumption are made painfully manifest.

I have said that the treatment of bronchitis hitherto has been profitless of good, and often fraught with mischief. The difficulty has been in get-

ting remedies to act upon the parts affected by a direct and local application. Now, how can you get into the lungs with remedies? Certainly not by swallowing medicines into the stomach, for these never, only in a qualified form, reach the lungs, and are more frequently productive of evil than good. Let us look to nature in this dilemma, as we must in other cases, for a solution of the difficulty, and the method is at once indicated. It is to *inhale*, or to draw in the medicine with the air we breathe, into the lungs.

Inhalation simply means the act of inspiring or drawing a breath, but when applied to a mode of administering medicines it means to *breathe them*. Thus I say "*I inhale a medicine*," instead of "*I take a medicine*," the only difference being that one is inhaled into the lungs, and the other is swallowed into the stomach. With this explanation, it is made plain that remedies must vary when administered by inhalations as much as if they were swallowed. I will illustrate this proposition still further. It is well known that in spasmodic asthma, inhaling the smoke of "*jinsom weed*," (*datura stramonium*;) will relax the spasm and relieve the patient; but this remedy will not check the discharge in humoral asthma, nor make any impression whatever upon systems having constitutional peculiarities. Now, what has been said of asthma is equally true of bronchitis and consumption, and I only make this explanation because, that many who write to me respecting treatment have got the erroneous idea that inhalation, instead of being a mode of practice, is some *specific* nostrum for the cure of consumption. To make it such is to degrade it to the level of quackery, or stamp it with the pernicious character of the routinist.

The Vice-President of the United

States, Wm. R. King, undoubtedly had his death expedited by the ignorance and imprudence of his medical advisers, who advised him to use the "sugar-house cure," by inhaling the vapor of sugar. At the time this advice was given, the Vice-President had extensive cavities in his lungs, which were secreting a copious and enfeebling expectoration. By inhaling the sugar vapors, this secretion was increased, and after spending a Winter in a sugar-house on the Isle of Cuba, he returned to Alabama, barely in time to meet his friends before he died. Now, sugar vapors are highly useful in treating some forms of consumption, but it is equally injurious in others. When tubercles are to be resolved, irritation to be allayed, or the depressed secretions of an indolent ulcer to be changed, the use of sugar vapors is always serviceable. Had the medical advisers of Mr. King known how to distinguish the various forms of consumption, and prescribe accordingly, it is only fair to say that the pineries of Carolina or the balsam groves of Canada would have been selected as recruiting grounds for the Vice-President, if it was at all necessary to go so far, to breathe balsam or gum exhalations.

In treating bronchitis, the first object is to cleanse the air tubes of the lungs, by the use of expectorant inhalants, after which the irritation must be allayed upon which the secretion depended, by soothing and healing the inflamed surface. When I come to speak of the treatment of consumption, I will write more in detail upon this subject.

Having now considered, briefly, some of the more prominent diseases of the throat and air passages, and pointed out that Medicated Inhalation is the only efficient mode of treating them, I will next proceed, in like manner, to consider the more serious maladies of the lungs, direct.

LETTER XI.

Curability of Consumption by Medicated Inhalations.

WHILE a large majority of the medical profession entertain the opinion that consumption can not be cured, we can not affect much astonishment that the mass of mankind should echo such a pernicious sentiment. To combat this opinion, before I enter immediately upon a description of the symptoms of consumption, I will adduce from indubitable authority, as well as my own knowledge and experience, evidence to show that consumption is perfectly curable, if properly treated.

Sydenham, perhaps the greatest physician that has appeared in Europe since the time of the Arabians, affirms that he had repeatedly cured *phthisis*, (consumption,) not only in its incipient stage, but after night-sweats and diarrhea had taken place. The great Doctor *Laennec*, the discoverer of the stethoscope, and physician to the largest hospital in Paris, examined thousands of bodies after death, and he gave to the world, as the result of his researches, that, he had met many cases, in some of which, large portions of lung *had been destroyed by consumption, but the parts, nevertheless, had entirely healed*. Sir *James Clark*, physician to the Queen of England, in his great work on "Climate and Consumption," admits fully the curability of the disease.

Professor Graves, of Dublin—than whom, while living, none stood higher as a stethoscopist—pointed out one form of consumption in which the tubercle could be entirely dispersed by a gentle salivation, which statement is corroborated by Prof. Stokes, Bellingham, and others, in the *Lancet*. Dr. Piorry, physician to one of the largest hospitals in Paris, is renowned in France for his success in curing con-

sumption by friction and inhalation. Dr. Maddocks is at present celebrated for his success in curing consumption, and has done much to advance the science of inhalation, which is his principal mode of treatment. Both he and Sir Charles Scudimore have written out very acceptable books, in which many cases of consumption are cited, that have been perfectly cured by Medicated Inhalations, which treatment they unequivocally recommend to the profession as being the very best. The reports of the Brompton Hospital, under Dr. Elliotson, show more favorable results from this practice than was ever attained before; while Professors Sweet and Periora pronounce Medicated Inhalations the most scientific as well as the *most successful* practice ever employed in treating consumption. Similar opinions to the foregoing could be quoted from many others, eminent in the profession, all attesting the curability of consumption; but I must omit them, to make room for a few expressions in favor of Medicated Inhalations.

Our own great physician, Dr. Rush, says, in reference to "Inhalations," that "too much can not be said in favor of this simple system of conveying remedies to the lungs. *I have frequently seen patients snatched from the jaws of death by it*; and whether all the beneficial results that may be justly considered possible to result from the inhaler will be realized, must be determined by future observation; but it is hoped that the *general want of success* which attends the present mode of treating consumption will induce medical men to give Inhalation a fair trial as a remedial measure." Dr. Coxe, of New York, in his work on "Pulmonary Disease," says: "I now consider the curative power of Medicated Inhalation established; and those who labor under consumption have certainly a right to demand of

their medical advisers a fair trial of its powers before they are urged to leave their homes for changes of climate, or the uncertain consequences of a sea voyage." Dr. Carrigan, of Dublin, says: "There can be no doubt that Medicated Inhalation exerts a most powerful influence over diseased actions, and that, as it is only in this form that we can administer remedies to act locally upon diseased tissue of the lungs, it merits our most respectful attention."

Dr. Melville, of New York, grasps with his comprehensive mind the whole subject of Inhalation, and reduces it to this simple proposition: "If we would cure consumption, we must treat the disease, not the symptoms; and if we would treat the disease, we must *inhale*; for there is no other means of reaching its seat—the lungs. *No treatment by the stomach can be more than palliative*, while by the lungs it is always *radical*—it gets at the very root of the disease."

Having cited briefly a few opinions of distinguished men recognizing the curability of consumption, and the claims of Medicated Inhalations in the scientific attainment of that result, I would now suggest to those who are still professional Sadducees, that if they can not present the record of a practice equally successful, to *get out of the way of Inhalation*, and let it work. We know that by the old practice thousands, hundreds of thousands, die annually, and will continue to die till the treatment is changed. But as the new practice becomes better understood, and Medicated Inhalation has enlarged and improved its pharmacy, then this appalling fact will cease to be.

Already some master minds, unawed by the dicta of schools, or the sneers of their less laborious or less intellectual brethren, have broken through the trammels of routine, grappled with gigantic

strength this fearful disease, and dared to follow the new path of Inhalation, which, though still only in the adolescence of its usefulness, has achieved results in the cure of consumption hitherto deemed unattainable. Give it, then, a fair trial; and in the hands of the scientific practitioner it will be found a source of blessing to the invalid, though when employed and degraded by the charlatan, whether he be a priest or layman in the profession, the result must always be equivocal. One consideration, however, can not be too strongly impressed upon the minds of persons afflicted with consumption who propose to use Medicated Inhalations, and that is, that the certainty of cure is greater the earlier the case comes under treatment, and that success grows proportionately less the longer treatment is deferred and the disease approaches its fatal termination.

LETTER XII.

Symptoms of Consumption.

IT gives a startling importance to the subject upon which I write, when we reflect that of the crowd of men, women, and children we daily see thronging our streets, *one-fifth* will fall victims to the fell destroyer, *consumption*, unless rescued by appropriate treatment. In my former letter I have presented incontestable proof that consumption may be cured by Medicated Inhalations, and now let us in candor ask what promise have we to lessen this frightful mortality by the old system of treatment? Take up any practice of medicine—*Watson, Wood, or Eberle; Hahneman or Thompson*—or any standard works in our medical schools, and they all alike candidly avow that no treatment of consumption

to them known has been more than palliative. Watch the practice of two physicians of equal eminence, and see how opposite their mode of proceeding; but each lands alike his patient in death.

So sure are they of the fatal result, that they invariably deceive their patients at the beginning by saying it is "only a mere cold," or "slight bronchitis;" and if the patient spits blood, "it comes from the throat," and thus *the precious opportunity when the disease is most easily controlled, is allowed to slip by, never to be redeemed.* The very treatment, while it soothes the most distressing symptoms, masks the disease, and in many instances hurries on the catastrophe. When the disease has so far advanced that the patient almost despairs himself, he is then advised to go to Minnesota or take a sea voyage, in most cases deprived of the Oriental benediction of "dying among his kindred." Why patients trust themselves to physicians who openly proclaim in their books, and in their conversation, that they can do nothing for consumption, is an incomprehensible infatuation. If the physician has no faith in his ability to cure consumption, it is the height of folly for the patient to trust him, and every dose of medicine he swallows should be accompanied by a profound meditation upon death.

In my last letter I cited a number of names, eminent in the profession, favorable to Medicated Inhalations in treating consumption. I will now consider a few of the more prominent symptoms which herald consumption, and by making them perfectly understood, will apprise the patient of danger in time to avert it.

The earliest symptom that commonly attracts attention is a slight, dry cough, occurring in the morning, and, perhaps, repeated two or three times a day. This gradually increases in a few weeks

or months in frequency, and a ropy, saliva-looking mucus is spit up, most abundant in the morning, and usually supposed to come only from the throat; but it is secreted from the air tubes, which are irritated by the neighborhood of the tubercles. Gradually yellowish specks appear in the expectoration, which ultimately becomes entirely yellow or green. The expectoration is not always a criterion of the amount of disease in the lungs, though it generally is. But I have seen persons die from the blocking up of the lungs by tubercle, who neither coughed nor spit the whole time.

It is of the utmost consequence that coughs should be attended to early, for although every cough is not the premonition of consumption, most are! and it is a golden rule that the earlier it is attended to the greater the probability of cure. Spitting blood, or bleeding from the lungs, is sometimes an early symptom, but always a serious one in consumption. This symptom possesses a fearful interest, from the melancholy truth that it rarely happens, *except as a consequence of serious disease within the chest*. The loss of blood is an indication of the presence of tubercle within the lungs, and from these tubercles will arise, sooner or later, all those changes and symptoms which constitute consumption. On this point there is much error. It is by no means unfrequent for physicians to cheer their patients by the assurance that "*the blood has only come from the throat.*" Let me warn you against being deceived. The throat rarely bleeds! *In nine hundred and ninety-nine cases out of a thousand, when you cough up blood, however small the quantity, that blood comes from the lungs, and speaks a terrible warning.* Bleeding, however, does not always accompany consumption, but when you have it, if you value health, if you prize life,

if you have any object that renders existence desirable, *begin at once* to earnestly resist the progress of this fearful malady, the seeds of which are sown in the most vital part of the body.

Shortness of breath is an early symptom, and is felt most on exertion, on ascending heights, going up hill, or up stairs. It is a mark of such importance that when it exists an immediate examination of the lungs should be had *by a competent and truthful person*. If, along with shortness of breath, there is a wasting of the body and quickness of the pulse, *it amounts to a certainty that there is disease going on in the lungs*. When the pulse ranges above a hundred beats in a minute, the case is very grave. Some few cases are seen in which the pulse is preternaturally slow, and yet end fatally. The natural pulse is from seventy to seventy-five in the minute, the respiration fifteen to eighteen. Above this announces disease. Wasting is always to be looked on with suspicion when there is no evident cause for it. Shooting pains through the collar-bones and shoulders, or dull, burning pain in the chest, are fearfully significant. If the disease has advanced, hectic fever comes on toward evening, and goes off toward morning in a perspiration called "night-sweats," which is often enormous in amount, occasioning great distress to the patient, and accelerating the catastrophe from the rapid wasting of the tissues, and the exhausting debility it produces. Hectic fever is gradual in its approach; at first a little creeping chill, felt for a few moments in the morning, followed by a slight pink of the cheek and slight sweat at night, but as the disease advances, these symptoms are aggravated and intensified. I have known it to be mistaken for ague, when the chill was decided.

In persons over twenty-five it some-

times occurs that the first deposit of tubercle is accompanied, not with a cough, but with dyspeptic symptoms, such as uneasiness in the stomach after eating, or heartburn, and indigestion. The end approaches when the physician mistakes the disease, and purges his patient for biliousness.

In females, the *suppression* of the *periodic excretions* often occurs in an early period of consumption, and the younger the patient, the more rapid the fatal termination. When suppression occurs either in the young, the middle-aged, or the *change of life*, attended with a cough, sore throat, palpitation of the heart, on walking briskly up stairs, with a flattening of the chest under the collar-bones, and a tendency to stoop, then, indeed, disease of the lungs becomes too manifest to tolerate a doubt for one moment the existence of tubercle. And if, in addition to this, we observe the white of the eye become pearl-gray, with a slight spasmodic twitching of the upper lip and nose when speaking, it is only to add confirmation to conviction, that the seeds of death are there.

If, under such circumstances, drastic emmenagogues are resorted to, to restore the impaired function, we only too surely hasten death by producing a rapid failure of the vital power.

LETTER XIII.

Symptoms of Consumption—Spitting Blood.

IN my last letter I called attention to some of the most prominent symptoms which herald the approach or indicate the presence of consumption. As I then stated, I did this to apprise persons of danger in time, that they might address the proper remedies to avert its fatal consequences. Among the early symptoms of consump-

tion noticed, I mentioned a hacking cough, with a ropy-like saliva, in the morning, and more or less frequently through the day. In the early stage of consumption, we also have "short breath" in walking up hill, or ascending stairs—palpitation of the heart when using a little extra exertion—shooting pains through the breast and sides—night-sweats and *spitting blood*. To this last symptom I wish to call your attention more particularly; especially so, as it is one of great importance.

Many persons spit blood for years before any symptoms of consumption are noticed, and when by general observation they would be pronounced healthy. To agree with this opinion, such persons when they approach the auscultator, thump themselves on the breast, and say, "There is nothing the matter here, doctor," and expect a good-natured acquiescence. In others, the first attack of hemorrhage dates the commencement of the disease, and the cough, the short breathing, and the expectoration, are all referred and ascribed to the bleeding. Some again do not raise blood till late, and in a few instances, consumption runs its entire course without even a tinge of blood in the expectoration. But, as a general thing, whenever blood is spit, whether it is only a few streaks in the expectoration, or mouthfuls, remember that it rarely happens except as a *serious disease within the chest*, though the patient may be unconscious of it. Spitting blood is almost a sure indication of tubercles within the lung, and from these tubercles will arise, sooner or later, all those changes and symptoms which constitute consumption.

Henry Melville says: "It can not be too widely known that spitting blood is a thing of fearful interest, as pointing out the silent, treacherous progress of a deadly disease within the lungs. The

loss of blood is an indication of the presence of *tubercles*, from which arises consumption. Physicians frequently cheer their patients by the assurance that the blood has *only come from the throat*. Let me warn you not to be deceived. In nine hundred and ninety-nine cases out of a thousand, when you cough up blood, however small the quantity, *that blood comes from the lungs*, and speaks a terrible warning; and if you value health—if you prize life—if you have any object that renders existence desirable, begin at once to resist the progress of this fearful malady."

Professor Walsh, in his work on Diseases of the Lungs, says: "In those cases of bronchitis where blood is present in the expectoration *tubercles may always be expected in the lungs*."

The celebrated Dr. Sweet, in his work on Diseases of the Chest, says: "Though bleeding from the lungs does not always occur in consumption, yet whenever it does occur, it almost certainly indicates the disease."

Professor Latham, in his Lectures on Clinical Medicine, in St. Bartholomew, thus speaks of Hemorrhage of the Lungs: "Spitting blood always gives fearful intimation of the presence of tubercles, which are only the eggs of consumption."

In twelve hundred cases of bleeding from the lungs, Dr. Louis did not meet a single instance where it was not preceded or followed by consumption. And thus it is that "spitting blood" is considered so sure a precursor of consumption, that life insurance companies refuse to grant policies upon any man's life who has been so affected.

Hemorrhage from the lungs seldom proves fatal in its immediate consequences. Years sometimes elapse before its fatal effects are produced. Indeed, we frequently hear persons who

have had bleeding at the lungs, remark *that they feel decidedly better, and seemingly do improve*, but this is only a temporary relief, and it is a fatal mistake to regard it as the removal of the difficulty; for the same causes that produced the bleeding still remain, and if not arrested or removed, will end in death.

LETTER XIV.

Chronic Consumption.

IN my last letter I pointed out that spitting of blood is, with few exceptions, the precursor or companion of consumption, and that the smallest quantity mixed with the expectoration, is as significant as though there were pints coughed up; and therefore, on the appearance of this symptom, immediate recourse should be had to measures calculated to eradicate its deadly companion, Phthisis.

Consumption is divided into CHRONIC, LATENT, INFANTILE, SUB-ACUTE, and ACUTE, which I propose to describe *seriatim*: Chronic consumption runs its course in a period varying from a few months to several years; the average time being about twenty months. At first a slight, hacking cough comes on, which is most frequent in the morning when rising. It is dry at first, but after a variable interval, a little thick, saliva-looking mucus is spit up, which, as it becomes more abundant, often deposits a grayish sediment resembling barley-water, which is only seen in consumption. The cause of this cough, which at first is only a hack, is the irritation occasioned by the existence of tubercles in the lungs, too often not suspected till too late. Sometimes the first symptom observed is the spitting of blood, often in very small quantities. In other cases a sore throat, or catarrh,

comes on from a slight exposure to cold, which, on subsiding, leaves the dry hack just spoken of.

Sometimes consumption is ushered in by a succession of chills and fever, that come on with the regularity of ague, for which it is often mistaken. Others, again, first betray the fatal taint by a sense of heat in the hands and feet, and a slight flush on the cheek, most marked in the evening. A wasting of the body is often an early and always a serious symptom. Perspiration is increased at night, till at length the bed is fairly saturated in the latter stages. The wasting and debility keep pace with the amount of night-sweat. As a general rule, the appetite remains good, but in the second stage the food is frequently vomited after coughing. In women, the monthly sickness is generally suppressed; and the mistake is often made of attributing the lung disease to this, *instead of referring to consumption as the true cause of suppression*. Pain is often present, but not always. *As the disease progresses* the spits become streaked with yellow, changing into yellowish or grayish green, consisting of pure matter, mixed with specks of tubercle. When thrown into water they assume a round, flattened shape, covered with a ragged, woolly surface, and sink in the water. When cavities are developed in the lungs, they lose their rounded shape and are expectorated in large, shapeless masses.

In this form of consumption, the patient does not always run a uniform course, but in some the patient appears to improve every now and then; he may be apparently well even for weeks or months, and then be again prostrated totally, and this for several successive intervals. But this improvement is deceptive; how, I will proceed to explain.

A crop of tubercles are deposited upon the lungs; they soften and are

expectorated, during which the patient is prostrated, after which he rallies till a new crop is sown or softened, which goes through the same routine, and this is repeated till the patient is exhausted. At every successive softening of a batch of tubercles, a portion of lung is broken down and expectorated, and the patient spits pus—has hectic fever, night-sweats, loss of flesh and strength, and often of appetite, and coughs very much at night. Then the symptoms improve, the cough disappears, and he regains flesh and strength. Now his friends think he is well, and he flatters himself that he is quite restored, but in a short time all the bad symptoms return. It is the occurrence of these intervals of temporary health that has given an ill-deserved reputation to Cod Liver Oil, and a thousand villainous nostrums for the cure of consumption, and upon which, also, the reputation of testimonial publishers depend; health being established for the time by Nature herself, which they refer to the last drug taken, or to the last quack employed.


The most eminent physicians content themselves with telling their consumptive patients to *live well, take out-door exercise, be prudent, and take very little medicine*. This is all very good advice. It is better than helping on the fatal result of the disease by preparations of morphine to soothe the cough at the expense of indigestion, making a sore on the outside of the chest to help the ulcer inside to finish the patient, purging to aid the disease to exhaust the sufferer, and the other fashionable modes of slaughter. This plan of leaving the case to nature is the better of the two evils, as the patient has a chance of a longer lease of life, although death is the almost invariable result.

It was my intention to here speak of treatment; but apropos of what I have just written: In attempting to cure

consumption it can only be done by absorption of the tubercles, and their removal, without breaking down the structure of the lungs. This is the mode by which dropsies, enlarged scrofulous glands, tumors, etc., are removed; and this is what we assert is effected by Medicated Inhalations, when resorted to in time. The tuberculous matter thus absorbed into the blood is thrown off from the system by the skin, kidneys, bowels, and other emunctories.

LETTER XV.

Latent Consumption.

N my last letter I described chronic consumption, and shall now take up the *latent* form.

Latent consumption is characterized by an absence of cough, expectoration, pain, and spitting of blood, although the lungs be loaded with tubercles. These symptoms, in not a few cases, are absent even till death results; but in the majority, after a long period of ailing health, spitting of blood, cough, or pain set in suddenly, and the disease runs a rapid course. The tubercles existing in the lungs often work out their ill influences by secondary changes in the blood, and other diseases are set up which destroy the patient, and from the absence of the prominent symptoms of lung disease, the physician and patient are both led astray, and attention is directed toward removing the disease, which are the effects, instead of attacking the cause. Or, if the physician knows the cause, he conceals it for the patient's sake, because he knows no remedy. In such cases, the patient goes about with less alacrity than when in health; business is an exertion; he complains of various dyspeptic symptoms, heart-burn, pain in the stomach,

water-brash, uneasiness during digestion, pains in the liver or right shoulder, costiveness alternating with diarrhea, disturbed rest, and emaciation more or less. The urine will even present the chemical and microscopic changes observed in functional or organic affections of the stomach and liver. Fistula in ano occurs almost exclusively in such cases, and appears to keep the tuberculous disease in check, as does also chronic inflammation of the peritoneum—investing membrane of the intestines—which often masks latent consumption, and is most frequently in females, while fistula is more common to men. Besides these, various other symptoms are complained of, indicating a diseased state of the body, and often puzzle the medical attendant.

The observant physician will generally see marks in the countenance of the patient that will make him suspect the existence of tubercles, such as the delicate appearance, the pearly hue of the white of the eye, varying in tint from the yellowish white in the fair, to deep, bluish gray in the dark complexioned, and a very slight spasmodic twitch of the corners of the mouth and nose in speaking, which increases to a shiver over the cheek as the deposit in the lungs augments.

On examining the chest, depression will be found above or below the collar-bones, or both. When the deposit is great, these bones stick out, so to speak. On tapping in the immediate neighborhood of the collar-bones, sounds are produced, establishing that tubercles exist in various stages of development—nay, even cavities, although there has been no cough. These cases are generally pronounced bilious or dyspeptic, or any thing but what they really are, and the treatment, of course, can not be appropriate. I would particularly impress the fact that active purging and

the use of mercurial preparations are peculiarly apt to rouse the tubercles into activity, and to develop rapid consumption. At present, the orthodox practice for bilious and dyspeptic complaints is calomel or blue pill, which are rank poisons in the forms of disease under consideration. The obvious practical inference is, that in all cases at all resembling what I have described, it is absolutely necessary to have the chest examined by a competent and truthful physician before undergoing treatment, and if tubercles are present, Inhalation presents the only known means for their removal.

LETTER XVI.

Infantile Consumption.

IN my last letter I described that insidious form of disease, latent consumption, and pointed out how constantly it is confounded with liver and other chronic complaints, to the great danger of the sufferer. I now enter on the subject of *Infantile Consumption*. It is commonly thought that this disorder is very rare under fifteen years of age, but the researches of Boudet, Papvoine, and Trousseau prove that more than one-half of the children of the poor, and of those in the infant hospitals of Paris die of consumptive disease, and this is approximately true of all large cities, so that from three years to fifteen, consumption is more prevalent and fatal than at any other.

The causes of consumption among children are usually the circumstances in which they are placed, and not to inheritance, as is vulgarly supposed. Among the *poor*, impure air from living in narrow lanes, with yards reeking with filth and garbage; *dark, noisome rooms*, whose windows are rarely opened; *personal and domestic uncleanness* further

contaminating the air; *bad food*, whereby healthy development is checked, and scanty clothing, exposing them to colds and inflammations, are the *four great causes* ever in operation to develop consumption.

Strange as it may appear, the same causes are active among the rich. Cooped up for at least twenty hours out of the twenty-four in hot, ill-ventilated nurseries, instead of spending half their time in exercising in the open air, they are fretted by a tedious operation of dressing, and then sent out for stately walks along the sidewalks with Bridget. Being so finely dressed, they must not play: it is—Master Charles, do n't rub your gloves along the wall; Master Henry, do n't walk in the dirt—and this to do them for air and exercise. The food, though not deficient, is, nevertheless, equally pernicious in quality. Instead of being kept to plain, nutritious food, they are too often indulged in all the varieties of the table, and their indigestion impaired by candies, sweetmeats, and cakes. The clothing, although expensive, is too often deficient; the bare arms and legs, which imperious fashion exacts, are direct causes of almost all the croup, colds, and inflammations children are attacked with. Consumption does not usually manifest itself in children by active symptoms; wasting is the most constantly present. When we find conjoined with this eruptions behind the ears, swelling of the glands of the neck, soreness or running of the nose, eruptions about the face, with puffy, chapped lips, pustules about the edges of the eyelids, or sore eyes with the greatest dread of the light, causing the child to bury its face even in the pillow, we may suspect the existence of tubercles in the lungs, as these all point to a diseased state of the general system, with deep-seated complications.


Although the causes just enumerated will develop consumption in any child long enough exposed to them, yet there is a wide difference in the susceptibility of different children to contract it. Very intellectual children, with ardent affections and loving dispositions, are remarkably prone to it, and the expression constantly used with regard to them is, that "they are too wise or too good to live." A pale, pasty complexion, or a large head with a narrow chest, indicates the same predisposition.

The symptoms in the consumption of children are very mild; there is no spitting of blood, the paroxysms of coughing are not urgent or distressing, and the matter coughed up from the lungs is invariably swallowed, and excites no alarm. Night-sweats exist only about the neck and brow. The hectic fever is slight, and generally attributed to worms, or derangement of the stomach. Diarrhea is a usual attendant, and the child, when asleep, is observed to breathe natural. With all this, *gradual wasting of the body and strength* is constantly present. Change of air or diet may arrest the wasting for a few weeks, but the improvement is only temporary. Soon the fearful symptoms return with more violence; the face becomes pallid and care-worn, the little body is racked with pain, and *diarrhea or fever* terminates the suffering.

Children under five years can not be made to use the inhaler, and, therefore, the air of the nursery must be medicated, thus compelling the child to breathe only a medicated air, which acts most powerfully on the diseased surface of the lungs. Above the age of five, children usually regard the use of the inhaler as high fun, and take to it readily. The changes in the system of the child are so rapid, and the vitality so great, that amendment is far more speedy than in grown people.

LETTER XVII.

Sub-Acute Phthisis.

Y last letter contained a description of infantile consumption, and next in order comes sub-acute phthisis. This form of the complaint runs its course in from six to fifteen weeks from the first observance of the symptoms, which usually resemble those of chronic consumption already detailed, but are much more rapid in succession. It is unnecessary to recapitulate them here. A very large portion of the lungs is rapidly infiltrated with tubercle and rendered useless; there are softenings and cavities, but these are small in extent, owing to the short duration of the complaint. It would appear that death takes place more from the system not having time to accommodate itself to the speedy diminishing capacity of the lungs, than from the exhaustion of the prolonged discharge of matter, thus differing from chronic phthisis. Sub-acute consumption is known by the name of "galloping," from its early termination, and is often confounded with acute bronchitis, but an experienced stethoscopist would never make the mistake. Even this form is amenable to treatment. I have several cases reported in my book where the disease has been permanently arrested, and the parties are now in good health. It comprises but a small portion of the cases of consumption. Acute phthisis is of very rare occurrence. I have seen only four cases of it running its course to a fatal termination in three or four weeks. The lungs become completely blocked up in that short time, chiefly with tubercles.

The symptoms resemble those of low typhoid fever, with wandering or delirium at night. The cough is either dry, or accompanied by expectoration of a clear, sometimes yellowish mucus.

This, with the continually increasing frequency and difficulty of breathing, should draw attention to the condition of the lungs, which the stethoscope will soon reveal. This form does not appear to be at all controlled by ordinary treatment. In my next letter I shall explain how tubercles produce cavities and ulcerations in the lungs.

LETTER XVIII.

Pathology of Tuberculous Consumption.

IN my preceding letters I have pointed out the various forms of consumption, and the symptoms peculiar to each, and also the symptoms of nasal catarrh, sore throat, chronic laryngitis, and bronchitis, demonstrating the important facts that the tendency of these complaints is to lay the foundation of consumption. The mode in which it would appear this is produced, is by the gradual extension of the inflammation along the air tubes, till reaching the minute branches and the air-cells, these are blocked up with mucus, thus preventing the air from reaching the blood circulating through the air-cells, so that the change from venous to arterial blood does not take place. The consequence of this impediment is, that tuberculous matter is deposited in the air-cells and the smaller branches of the air tubes. At first the tubercles are very small, resembling millet seeds; hence, called "miliary." They are gray and translucent, and scattered more or less profusely over the upper part of one or both lungs. It is a tradition in the profession that the left lung is much oftener the seat of disease, first or solely, than the right. But this is the result of imperfect observation, promulgated by a high authority, and implicitly received by the flock. My experience, which

has not been small in this disease, has fully satisfied me that there is little, if any difference, in the liability of either lung to the deposit of tubercle. Again, it is a disputed question as to whether the tubercles are deposited in the air-cells, or in the surrounding tissue. Examination with the microscope has convinced me that in miliary tubercle, the deposit takes place into the air-cells and finer air tubes, and that tuberculous matter is never found in the substance of the lungs, except in the form of infiltrated tubercle, the result of what is now called "chronic pneumonia," or chronic inflammation of the lungs, rather a misnomer. The miliary tubercle, after a time, undergoes a change in size and appearance, becoming larger, and of a yellow, cheesy appearance. The pressure of these little masses causes absorption of the walls of the air-cells, and a coalescing of the tubercles into maps of various sizes. In this state they may remain quiet for weeks or months, sometimes, though rarely, even for years, but liable at any moment to be roused into active disease by apparently inadequate, and often unknown, causes; so that a person carrying about with him a crop of tubercles in his lungs, is at any moment in danger of commencing the downward course that ends in the grave.

At first, these yellow tubercles are of the consistence of cheese; they then soften—become infiltrated with matter, and finding their way into the lower air tubes, are expectorated, and a small cavity is thus left, secreting matter. In the chronic form of consumption, patients often rally for a time after this occurs, the cavities are healed, or become livid with a kind of mucous membrane, the fever and night-sweats disappear, and the cough is either absent for a time or subsides into a *hack*, and the body acquires fat. But this is only

temporary; another series of cavities are formed, and the same routine is gone over and over, till the patient sinks exhausted. When several small cavities are contiguous, they gradually enlarge, and, opening into each other, form a large cavity. I have seen them large enough to hold a pint.

When tubercles are in the gray or yellow stage, inhalation is of the utmost service, by promoting their absorption without destroying the substance of the lungs; and hence the wisdom of applying early for treatment, when there is the slightest suspicion of such a state of things, while there is the most probability that the disease may be overcome. When cavities are formed, the disease is then said to be in the third stage; and here astringent inhalents act upon the surface, secreting matter by constricting the vessels, arrest it, and thus promote the adhesion of the sides and the formation of a membrane, to secrete mucus instead of matter. Such are the ways in which Inhalations arrest the progress of this formidable malady.

LETTER XIX.

Complications with Consumption.

IT is impossible to conceal from ourselves the appalling frequency and fatality of diseases of the chest in the United States, and I consider that I am fulfilling a public duty in contributing my mite toward making their symptoms and treatment familiar to the mass of the people, so that, early apprised of danger, they may address themselves in time for relief.

My last letter contained an explanation of the mode in which tubercles are deposited in the air-cells and finer air tubes, namely: That any impediment to the free circulation of blood in the

air-cells, by preventing the due conversion of venous blood to arterial, is the immediate cause. Such changes in the structure of a vital organ can not occur without the system at large sympathizing, and various others become deranged, often to such a degree as to draw off the physician's attention from the real point of danger. Under the head of Latent Consumption, it has been stated that the complaint may proceed to the utmost disorganization of the lungs without cough or expectoration being present. In such cases the prominent symptoms are derangements of some of the abdominal organs. Dyspepsia is the most common, and, in ignorance of the true state of things, the efforts of the physician are too often directed to removing the effect instead of the cause of deranged health.

Many cases are treated for liver disease when large cavities in the lungs actually exist, and hectic and night-sweats are excessive. It is only three weeks ago since we were called to a patient who stated that he had been treated, up to the time of our visit, for liver disease. The appearance of the patient, his emaciation, his cough, excessive expectoration and sweating, indicated too surely phthisis as the enemy. On removing his clothing we were horrified to see the unhealed sores of tartar emetic ointment, and scarifications of cupping, still recent over the region of the liver, showing that a frightful and inexcusable mistake had been made as to the nature of the disease. As it was important to him to know his true state, we were obliged to tell him the melancholy truth, that he was in the last stage of consumption, and that his life could not be prolonged beyond a few weeks. Diarrhea often masks consumption; this is found among adults, but it is still more common among children. The investing

membrane of the lungs, called pleura, is often the seat of chronic inflammation, and water or matter is infused into the cavity, constituting hydrothorax, or empyema. The lung is sometimes perforated, so as to admit air into the pleura, when a chronic inflammation is set up with the same result as the preceding; this is called pneumothorax. The larynx is often the seat of ulceration, and completely masks the disease in the lungs to a superficial observer. Such are some of the complications of phthisis, and are the result of the blood imperfectly aerated in the diseased lungs, circulating throughout the body, and by its impurity provoking disease in the different organs; this is often described by the term sympathy. It will not seem superfluous caution to warn the reader of the importance of paying watchful attention, and not to rest content with a superficial or hastily formed opinion. Few medical men possess any but the most superficial knowledge of the use of the stethoscope, and still fewer are competent to give an opinion worth a rush in the earliest stages of consumption. For an opinion to be of any value, it can be so only after a careful and thorough examination. As usually conducted, it is but an idle form, and would be farce but for the important stake at hazard.

I have witnessed the exploration made through a creaking starched shirt, or muslin collar, several folds of clothing, even through solid, old-fashioned corsets. Then to see the pomposity and parade of learning that this is done with, is enough to provoke a laugh or a tear. There is one consolation, that these gentlemen could not discriminate any more if they did not examine *en cuerpo*. The knowledge of the stethoscope requires a study apart, a special devotion to it, and much experience in a hospital. I am informed the practiced stethoscop-

ist distinguishes all the sounds of the lungs, healthy or diseased, as readily as a tuner appreciates the condition of the notes of a piano. A man who practices as physician, surgeon, and accoucheur, and honestly and laboriously tries to master all the branches of his profession, can never acquire a tithe of the proficiency in the use of the stethoscope that he will attain who devotes himself specially to its use.

LETTER XX.

Time to Treat Consumption.

IN discussing the question of treatment, upon the period of the complaint at which a case of consumption presents itself for treatment, will very much depend the probability of a cure. I have pointed out that the earlier a case is taken in hand, the greater the certainty of a cure; and that the chances of this favorable result diminish in an almost arithmetical proportion, the more the disorganization of the lungs is allowed to progress before applying for treatment. Unfortunately, the largest proportion of these cases, which have hitherto come under my care, have been in the last stage of confirmed consumption—cases in which part of one or both lungs was not only broken down into ulcerous cavities, but the strength of the constitution exhausted by the progress of the disease, and by the different kinds of treatment to which they had been subjected. I need hardly say, that such cases are no proper test of the efficacy of any system of treatment. Humanity, with the desire to relieve, is the only influence that can induce the physician to receive such as patients at all—since many seek for treatment in an utterly hopeless state, and can but be made comfortable by

the highest skill within the power of man.

I have been obliged to refuse several applicants who were so far gone that even the poor comfort of temporary relief seemed unavailable. Yet, notwithstanding all these disadvantages and discouragements, a larger proportion of recoveries have taken place among this class, through the instrumentality of Inhalation, than has ever hitherto been possible to attain from any and every other means of treatment. I have cases now under treatment, where there are cavities in one or both lungs, which, humanly speaking, I feel confident of restoring to health.

This, then, should be firmly impressed on the mind, that the earlier the presence of pulmonary disease can be detected, and the sooner the patient comes under treatment, the better chance for deriving benefit and stronger probability of ultimate *cure*; but to insure this, the treatment must be persevered in as long as the least vestige of disease remains, for it would act as an irritating nucleus for the reproduction of the complaint.

It will be recollected that the commencement of consumption is the deposit of gray tubercles in the lungs, and that this is commonly synchronous with the little hack and short-windedness on exertion that are usually the first symptoms remarked by the patients or their friends. In the second stage, these tubercles undergo a change of structure, and become yellow and cheesy. Now the hack becomes a decided cough, and a sticky, clear, or grayish mucus is expectorated chiefly in the morning. The third stage consists in the yellow tubercles becoming infiltrated with matter, softening down, breaking into the bronchial tubes, being expectorated, and leaving cavities secreting matter. In this stage we have hec-

tic fever, exhausting sweats, and diarrhea, with the other concomitants that rapidly wear out the patient.

The specific manner in which Inhalation acts upon these several phases of disease, will form the subject of my next letter.

LETTER XXI.

Treatment of Consumption—First Stage.

IT has been a desideratum with the medical profession, since the days of Hippocrates, to discover some effectual mode of applying remedies directly to the diseased surfaces of the lungs, for it has always been received as an accepted fact, that, where attainable, local applications should always be employed along with the constitutional remedies, which latter are often rendered unnecessary when the former can be used. Accordingly, we find in the writings of Hippocrates, and the chain of medical writers from his time down to the present, traces of efforts to apply this method to the diseases of the lungs, but all of the crudest kind, resolving themselves into inhaling fumigations arising from burning gums, resins, and herbs, the fumes of heated cinnabar, realgar, and other substances volatilizable by heat. These were received into the throat by holding the nose and mouth over the ascending vapors, and drawing them into the lungs in inspiration. Any one curious in such matters will find a description of this method in Boerhaave's Commentaries, article, "Consumption." This was the condition of the therapeutics of inhalation for two thousand, five hundred years. I think that Dr. Mudge, of London, is justly entitled to the merit of having taken the first practical step toward the modern mode of inhalation; although he was not aware of the full extent of

the reformation in treatment of the lungs that he had initiated. The philosophy of the treatment of the chest diseases is apparent, when we consider that the lungs and air passages are the parts affected, and that if we introduce air impregnated with medicated vapors, we thereby bring the remedial agent as directly in contact with the diseased surfaces as a wash to a sore on the leg. But it may be objected that we have no proof that medicines can act thus certainly on the lungs or on the system through the lungs. To developing this portion of the subject, I shall devote my letter to-day. Inhalation of chlorine will produce a temporary arrest of the secretion of the bronchial tubes, or, in other words, a dryness of the surface. The use of expectorant and emollient vapors will produce the directly opposite effect, and in the first stage of acute bronchitis, when the tubes are dry and tumid, no remedy by the stomach will produce the resolution of this state, with any thing approaching the speed with which such inhalants act. Is the patient sitting up, at two in the morning, choking in all the agonies of the worst fit of asthma? an anti-spasmodic inhalant will procure perfect relief for the night in three or four minutes. Is the case one of chronic bronchitis, where the secretion is profuse and semi-purulent? the use of balsamic and astringent inhalants will soon diminish the quantity and improve the quality of the expectoration. These are facts patent to the observation of every medical man, who will take the trouble to make the trial. But it will serve to make the power of inhaled remedies over the general system more evident, if a few examples be given. The power of chlorine and iodine over consumption is proved by the exemption of workmen from this disease who work in factories where the vapors are float-

ing about in the air, and by cures being effected upon the tuberculized by resorting to such establishments for work.

Piorry gained his fame by curing consumption, by pouring in iodine in every way, by inhalation and otherwise. But he often left his patients, as Dr. Kingston said, the victims of *iodism*, a scarcely less deplorable state than the victims of mercurialism. This unhappy result is avoided by combining the use of various vegetable discutients, that aid the effects of iodine, and procure salutary effects of their own. A dram of chloroform will produce little or no effect, when taken into the stomach, but the same quantity inhaled into the lungs will cause profound intoxication, with total loss of sense and emotion, and even death. A grain of arsenuretted hydrogen swallowed has little effect, but the hundredth part of a grain inhaled into the lungs will cause death, with all the symptoms of arsenical poisoning. The late professor of Chemistry in Calcutta College was exhibiting Marsh's test to his class, and an accidental draught blew the fumes toward him, and he inhaled perhaps not the thousandth of a grain, certainly not the five hundredth; he was seized with violent arsenical poisoning, and his life was despaired of for some time. General Gates, who introduced the use of stramonium leaves when smoked for the relief of asthma, fell a victim to an overdose, and yet the quantity of empyreumatic oil introduced into the lungs must have been very minute. The preceding remarks have been thrown together to prove that medicines inhaled into the lungs produce not only direct local effects, but are capable of acting on the system at large, as alteratives, narcotics, discutients, etc., and these in *very much smaller* doses than by the stomach. They are adduced as specimens of the proofs upon which the practitioners of Inhalation rely

for the maintenance of their assertions, and these proofs might be accumulated *ad infinitum*. With this preamble my readers will be able to understand the rationale of the process by which a cure is effected in consumption through Inhalation, which will form the subject of my next letter.

LETTER XXII.

Treatment Continued—Second Stage.

IN my last letter I explained the principles upon which the cure of consumption, in the first stage, or that of gray tuberculization, is founded, and that this result is certain in the greater number of cases, by means of Medicated Inhalations. I propose to discuss the mode in which the cure of the second stage, or yellow tuberculization, is accomplished. The tubercles, from being gray and glistening, become converted into a yellow, cheesy matter; they may exist isolated, or they may coalesce and form masses of various sizes. When they soften, it is from the outside to the center, which accounts for the appearances noted in the expectoration in the second and third stages. During the first period it is sticky, and varies in appearance, from transparency to a dark, bluish gray. When the yellow tubercles soften, this expectoration becomes streaked with yellow, and, at last, altogether yellow, and small specks of cheesy matter are found interspersed; these are the centers of yellow tubercles which have escaped softening. The chemical composition is changed from that of the gray tubercle, as they are found to contain a considerable quantity of carbonate and phosphate of lime. It is upon the existence of these insoluble salts that the choice of inhalants is made. If we can introduce into

the lungs vapors which possess the property of attacking these insoluble salts of lime, and converting them into soluble ones, this will produce liquefaction of the tubercles, and their consequent absorption or expectoration. Those familiar with chemistry will easily recall to their memories several vapors certain to effect this chemical change. Valuable papers on this subject were written fifteen years ago by Mr. Murray, M. R. C. S. L., and Dr. Boudet, of Paris, but seem most unaccountably to have been overlooked by the profession. The local disease being thus removed by Inhalation, let it be the physician's care to pay strict attention to the removal of any local causes that may have induced the complaint, and to adopt judicious, constitutional treatment to remedy the depraved state of the blood that favors the deposit of tubercles. A very few years ago, bleeding, depletion, and low diet, were universally resorted to for the *cure* (?) of consumption, with the effect of removing every chance of a spontaneous healing, and accelerating death. The folly of this course has at last been recognized by the profession, and the opposite plan is now pursued. It is by combining a local and a general treatment that Medicated Inhalation is so successful; it operates directly on the seat of the disease, and removes the local affection, while the general treatment puts the system at large in such a state that the blood is so improved as no longer to deposit fresh tubercle. In this stage, the proportion of recoveries is not so great as in the first; but still a very great number recover by means of Inhalation; and, of course, the earlier it is resorted to the better the prospect of cure. Those who expectorate most on rising in the morning, and perceive yellow streaks in the spit, have reached the second stage; and when this becomes decidedly yellow, the third stage

is nigh at hand, if not already begun, when the chances of successful treatment are very much lessened.

The next letter will contain an exposition of the mode of cure in the third stage of Phthisis.

LETTER XXIII.

Consumption—Treatment Continued—Third Stage.

IN my last letters I have pointed out the mode in which inhalants act, in curing the first and second stages of consumption; and to close this part of the subject, I shall do the same in regard to the third stage. In this case, masses of yellow tubercle soften and are expectorated, carrying with them the lung tissue, so leaving caverns lined with a membrane, secreting matter abundantly, and accompanied by severe constitutional disturbance, indicated by hectic fever, drenching night-sweats, etc.

In this state of things, we employ vapors that are capable of stimulating the ulcerated surface to set up a new action, and also of diminishing, and finally arresting the secretion of matter. The sides of the cavity either become glued together, or it is lined with a pseudo-mucous membrane. This is the true explanation of the way that Inhalation performs a cure in consumption, and is so simple and reasonable as to convince every unbiased mind at first sight. Till this mode of treatment was introduced, consumption in every stage was invariably fatal; and it does seem the very acme of infatuation for a consumptive to put himself in the hands of a physician who confesses that he is powerless to do any thing to avert the fatal termination of consumption. It seems more in accordance with common-sense that

the patient should shun such a Jack Ketch of a practitioner, and put himself in the hands of one who follows a treatment that has been proved to be capable of effecting what it professes, namely: *to cure consumption*; and the only way yet discovered, seeing that the old mode of practice confessedly holds out death as the inevitable result of its treatment. It passes comprehension that any one afflicted with consumption can be found so foolish as to go near such; they should be carefully avoided. Inhalation is daily working its cures, and raising patients from their beds, who, under the old treatment, would soon have been tenants of the cold and silent tomb. It is sad to see the young, the lovely, the gifted, and the loved, marshaled to the grave in the grasp of the foul ogre—consumption—when so many might be saved by a timely resort to treatment by Inhalation. The statistics of death by consumption showed such a marked diminution in the city of New York, when Inhalation was extensively introduced there, by Drs. Melville, Thomas, Robinson, etc., that the newspapers noticed the fact with enthusiasm, and were unanimous in attributing it to the success of the new mode of practice.

The constitutional medical treatment of consumption resolves itself into subduing certain derangements of the functions, which, if not controlled, would exhaust the patient before the local treatment by Inhalation could affect the healing of the lungs. The most prominent of these are night-sweats, and colliquative diarrhea. Defective composition of the blood, dyspepsia, and costiveness, may also demand treatment. These include nearly all the circumstances calling for general remedies. It must be borne in mind that consumption is a disease of debility, and all means that tend to depress the vital

powers must be avoided, such as active purging, calomel, and other mercurials, tartar emetic, and bleeding. Opium and its preparations act injuriously by impairing the digestion, lessening the appetite for food, deranging the liver, causing costiveness, and producing that very condition of the body that increases the depravity of the blood. It is unfortunate that all advertised nostrums for the cure of consumption, and the ordinary run of orthodox prescriptions, have opium or salt of morphia as their basis. Temporary abatement of the cough is produced, and the expectoration seems less in quantity, because opium diminishes the amount of water (not of matter) secreted in the lungs, thus thickening the spits without really lessening the quantity of matter, although the spittoon may take longer to fill; while under this apparent improvement, it is rapidly sapping the constitution, as may easily be inferred from the bad effects just pointed out.

In my next letter I shall review the different modes of treatment that have been in vogue for the last two hundred years, and show that they were, and are, not only useless, but positively mischievous; and that no mode, except that of Medicated Inhalations, has ever been discovered capable of benefiting consumption in the slightest degree.

LETTER XXIV.

Popular Modes of Treating Consumption.

IT is proposed to show in this letter that the usual modes of treatment, other than Inhalations, are utterly incompetent to effect any good in consumption, and to review the various plans advocated. Seeing that the regular practice, homeopathy, hydropathy, all fail, it is no wonder that the public

have a deep-rooted belief in the incurability of consumption.

Blood-letting was recommended in this disease, some two hundred years ago, by a Dr. Morton, on this ground, that "consumption, being the result of inflammation of the lung-structure, bleeding, frequently repeated, was the proper remedy." Upon this erroneous supposition, from that time to this, crowds of victims have been hurried to the grave, *secundum artem*, by bleeding, leeching, and cupping, and that practice has been recommended by such high authorities as Dr. Mead, Sir John Pringle, Dr. Hossack, etc., and it was in full blast as late as eighteen or twenty years ago, but it is now totally abandoned, except by some of the less talented or informed of the profession, who, however, only venture to resort to blood-letting in the early stage, yet to the great injury of the patient. Consumption being essentially a disease of debility, and being preceded always by a depression of the powers of life, it requires very little reasoning ability to perceive that so far from lowering the system by abstracting the arch principle of vitality, the blood, we should build up the strength of the body by all the means in our power.

What shall I say of the cruel and ridiculous practice of giving repeated emetics, even every morning, to cure consumption, and this supported by the authority of men holding professors' chairs in America, Britain, France, and Italy? Like Cod Liver Oil, it excited a furor some twelve or fifteen years ago, and, although not so prevalent, is still persisted in by many orthodox practitioners of respectable reputation in this and other cities. One gives white vitriol, another gives blue, a third prefers squills. Tartar emetic and ipecac each have their friends. Amidst this crowd, which is most orthodox or regular, it is hard to tell. I have known

many cases where white or blue vitriol has been administered a few hours before death. What cruelty! This mode of treatment is only calculated to exhaust the strength of patients, and destroy the tone of the stomach, while it exercises no curative power over the disease of the lungs, and is fast becoming obsolete—happily for the sufferers.

Having extended this letter to a sufficient length, I shall continue the subject in my next, when I think I shall succeed in showing very conclusively that every mode adopted by the regulars hitherto for the treatment of consumption, have been only decorous methods of ushering patients surely and swiftly to the portals of the tomb

LETTER XXV.

Popular Modes of Treating Consumption—Concluded.

IN my last letter I pointed out the injurious results from blood-letting, or courses of emetics, in consumption, and shall pass in review some of the other fashionable treatments.

MERCURIAL TREATMENT.—Some two hundred years ago, this mode was greatly in fashion, but gradually dropped into oblivion, not only because it did no good, but positive harm; and, in the opinion of many, brought on consumption in those who would never have been attacked if mercury had never been given to them for other complaints. Unhappily for mankind, Dr. Wilson Phillips brought out a work, twenty years ago, "*On the Influence of Small Doses of Mercury*," and it became fashionable to treat consumption with it. Happily the conviction has become impressed on the minds of the profession that it is *injurious*, and few

physicians now use it, except stealthily, and they do it in order to be *doing something*, not from any faith in its efficacy. After killing its thousands, let us hope it is buried never to be resuscitated.

TONICS.—In opposition to those who look upon consumption as an inflammatory disease, and employ bleeding, we have physicians who regard it as a disease of debility, and rely on tonics. Now, each of these is *regular orthodox practice*, and which is right? It is an axiom in practice, that tonics are useless in organic diseases, and often aggravate the disease. *Tonics* have no power to cause absorption or removal of tubercles in the lungs, and consequently the tonic doctors have not been able to sustain their position any better than the advocates for the modes of treatment already discussed.

DIGITALIS AND IODINE have had their days, and very flourishing days they were, but now, alas! they are consigned with ignominy to the tomb of all the Capulets, by the most learned of the profession.

COUNTER-IRRITATION means establishing a running sore on the surface of the body, in the neighborhood of an inflamed, internal surface, with a view of removing the natural, by an artificial disease. With this view poor consumptives have had—and still, unfortunately, too often have—their chests seared with hot irons, covered with pustules from tartar emetic ointment, tortured with perpetual blisters, or other modes of effecting the coveted object. The most learned now allow that counter-irritation has no effect in causing the absorption or removal of tubercles, *therefore, it does no good*. But it does positive harm; we know that the cause of hectic and night sweat, is to be found where there are surfaces secreting matter. Now, if the ulcers in the lungs cause the irritative fever it is only adding to the cause, by

establishing a large, running sore on the outside of the chest, to keep those in the inside company. Counter-irritation is only of use to relieve pleuritic pains; and this can be best effected by a mild rubefacient anodyne liniment, or dry cupping. This cruel and unphilosophical treatment is abandoned by the leaders of the profession; but, alas! is too common among their humble followers.

COD LIVER OIL.—This great quack medicine, this panacea, this god-send to the stupid physicians, who had no trouble in prescribing while it was in the fashion. "Doctor, I have a bad cough." "O, your lungs are weak; take Cod Liver Oil." Alas for the tribe that this physic made easy has gone out of fashion! Who does not recollect the buckets full that were swallowed a few years ago, and now how little? It is of no use unless there is wasting of the body. It is not medicine, but food; and like osmazome, alcohol, coffee, tea, etc., possesses, in a high degree, the property of preventing the wasting of the tissues. Instead of being looked upon as a remedy for every consumptive, cases are selected that are suited for its employment, just as with other curatives; and with the heads of the profession it is dying out.

CHANGE OF CLIMATE.—That *cheval de bataille*—that convenient way of getting rid of dying patients, has received its *coup de grace* from the recent writers on the subject, and now no longer commands the faith of educated medical men, although many still keep up the cruel farce of sending moribunds in search of that health which they will never recover on this side of the grave. The subject of climate is too extensive to enlarge further in this letter.

I might cite Stokes, Billings, Louis, and many others, to prove that, as yet, no mode of treatment they employed was of the *slightest use* in curing con-

sumption; but they had not tried Inhalation. I shall not detain you by going over again the names of men of the highest standing in the profession who tried Inhalation, and have given it their unqualified approval. The practice is still in its infancy, and confined to few, but its success is already such that in a few years it will supersede every other mode of treatment. This it will not accomplish till the great mass of the profession shall see the chest practice in the hands exclusively of those who follow the very rational treatment by Inhalation.

LETTER XXVI.

Asthma—Its Symptoms, Pathology, and Treatment.

A CONTEMPORARY writer observes: It is a popular error to regard every disease attended with difficult breathing as asthma. Consumptive patients, and those suffering from disease of the heart, constantly ascribe the oppression and shortness of breath they experience to this cause. Now, although we never have asthma *without* shortness of breath, it is very common to have great shortness of breath where the disease is essentially different from asthma; I wish I could add less distressing or fatal.

By asthma I mean a spasmodic disease of the lungs, which manifests itself in successive *fits*, *paroxysms*, or *attacks*, coming on suddenly, attended by great difficulty of breathing, lasting for a few hours, and then passing off with free expectoration, leaving the breath but little obstructed, and the patient as comfortable as before the attack. Although this is the usual course of asthma, it will be seen, as we proceed, that there are many and grave deviations from this rule.

The *approach* of asthma is known, by those who have once had an attack, by a feeling of *languor* and indisposition to exercise, *yawning* and *oppression*, a feeling of *fullness* and *windiness* about the stomach, with a sense of *tightness* and constriction around the lower part of the chest. In some there is *headache*, and dryness of the nostrils toward evening, while others have a greatly increased flow of saliva, or a sense of chilliness and general discomfort.

The *attack* may come on at any time, but it usually manifests itself toward evening, or at night. Some suffer as soon as they lie down, but the majority are suddenly awakened out of sleep in the middle of the night, or toward morning, by a difficulty of breathing—a sense of weight and constriction in the chest. The chest feels as though it were bound. They sit up in bed, pant, and gasp for breath, call for the windows to be raised, and the doors to be thrown open. The house seems “*too small to breathe in.*” If the fit is severe, *perspiration* starts out and stands in large drops over the forehead, the face is *haggard*, the lips *pale*, the extremities *cold*, the heart *palpitating* violently. It is no unusual thing for the asthmatic to rush to the open window and lean out over the sill for hours in the coldest weather of Winter, the body being rendered by the disease insensible to every influence and every feeling, except the desire for *air*. The distress experienced during a fit of asthma can only be likened to particular strangulation protracted through a period of several hours. If you have ever run up a long hill with rapidity beyond your strength, as you stood at the top, with your hand pressed over the heart, panting and gasping for breath, you can have a faint idea of the agony which for hours, and often for days, the poor asthmatic suffers.

Happily for the victims of this disease, the suffering of the present is ever lightened by the conviction that nature will soon come to their relief—hope and confidence never flag for an instant. After a longer or shorter period—generally a few hours—the *tightness* at the bottom of the chest *relaxes*, the *breathing* becomes more *easy*, the patient can *speak* and *cough* without difficulty, and now begins to *expectorate freely*. The *anxiety* of the face disappears, the *lips* lose their lividity, and, exhausted by the violent efforts, and worn out by the distress, the poor sufferer falls asleep: the attack is at an end.

The *cause* of all the distress, and the reason why asthma comes on so *suddenly*, and passes off so mysteriously, are very simple. The air tubes have a muscular coat, that gives them the power of contracting or expanding. Any thing which irritates the nerves that supply the muscular coat, may cause a spasmodic contraction to take place on the instant, and when it does take place the tubes are so much diminished in size that it is impossible to force air enough through them to purify the blood. The distress is caused, not by the spasm, but by the want of air which it occasions. Any obstruction in the windpipe, sufficiently great to limit in the same degree the quantity of air that can be drawn into the lungs, would produce the same distress, even though no spasm existed. The spasmodic contraction occurs, like cramp, instantaneously, and like cramp may continue for several hours, and then pass off in an instant. From this you will understand that whatever *irritates* the nerves of the lungs may cause asthma, and whatever *soothes* that irritation *relaxes* the spasm, and relieves the patient.

When we come to speak of the kinds of asthma, you will observe that all forms of this disease arise from causes

which act directly and primarily upon the lungs, thus showing that, however theorists may contend for the hereditary taint and constitutional character of *consumption*, they must all admit the purely local nature of asthma.

LETTER XXVII.

Asthma Continued—Nervous Asthma, Hay Asthma, Dry Asthma, etc.

AS the object of this paper is chiefly to illustrate the success of the treatment of Asthma, I shall pass over with a very brief notice the changes which take place in the lungs, and the varieties and forms of this disease, reserving for some future period a more complete history of the many phases and complications which it manifests.

I. *Nervous Asthma*—Comes on suddenly, without the usual premonitory symptoms, and passes off with very slight and often no expectation. It occurs in persons who are said to be *nervous*—those whose nervous systems are extremely susceptible to every influence. It is most common in hysterical females, but also occurs in males, and at all ages. It may be produced by any thing which quickens the circulation, as the receipt of good or bad news, fear, etc. *Ipecacuanha* is a very common cause. Many persons begin to wheeze the moment a bottle of powered *Ipecacuanha* is brought into the room. I know two medical men who are wholly unable to make up powders which contain this drug. It is sometimes produced by *cheese* when merely placed on the table; and has even been known to arise from so ridiculous a cause as the presence of a cat in the room. Laennec notices two singular examples which occurred under his own observation. One was invariably seized with Asthma on at-

tempting to travel in a certain direction, and immediately relieved on turning his back. The other was sure to be seized with Asthma if his lamp went out during the night, although he was asleep at the time.

II. *Hay Asthma—Hay Fever—Rose Cold*.—These different names are applied to a kind of Asthma very common during the Summer months. It occurs as a common cold in the head or catarrh, and then rapidly runs into Asthma. First, we have irritation of the nose, eyes, and the whole of the air passages, attended by *itching*, or *burning*, or *tingling* in the same parts. An acrid water runs from the nose and eyes, and is attended by much *sneezing*, occurring in paroxysms. These symptoms are speedily followed by a prickly sensation in the throat, more or less *cough*, difficulty in breathing, and *wheezing* in the chest. The disease began as a *catarrh*, it has now reached the lungs, and the oppression and want of breath which it occasions are so great as to deserve the name of *Asthma*. Hay Asthma is most common during the months of June and July, and is caused by inhaling the aroma or the pollen of some kinds of flowers or grass which are in maturity at this season of the year. It is often produced long after the hay season is over, by simply going into a barn where hay is stored, or by having hay brought to a stable near the house.

III. *Dry Asthma* is the most common form of this disease, the most serious in its inroads on the health, and the most difficult to cure. It begins as follows: A person to all appearance in perfect health, perceives that his breath is shorter than other people's on exertion, and that every morning, or after meals, he raises, with a good deal of "*rasping*," a small particle of pearlgrey, or bluish-colored mucus. This

continues for a longer or shorter period, the quantity expectorated gradually becoming increased and attended by more frequent efforts to "*clear the throat*," and by a greater sense of oppression in the chest. In some the expectoration is very slight, but still the rasping and clearing the throat are always present in some degree. This condition of things may go on for years, but sooner or later, generally from taking *fresh cold*, though frequently without apparent cause, spasmodic contraction of the tubes takes place, and we have at once a violent attack of asthma, which every fresh cold, every exposure to irritating gases or vapors may renew, till in a short time it becomes habitual. There is no greater mistake than to suppose asthma a simple disease. If this form be not arrested by treatment, it soon disorganizes the part of the lung in which it is seated, and steadily progresses till it has involved the whole of one lung and rendered life a deplorable burden.

LETTER XXVIII.

Asthma Continued—Emphysematous Asthma, Humoral Asthma, etc.

EMPHYSEMA is asthma, which has ended in enlargement, in rupture, or in destruction of the air-cells of the part in which it is situated. Fortunately the part of the lung affected is usually small, though sometimes the whole of one lung is in a greater or less degree disorganized, and we rarely find one lung seriously diseased without the other being slightly affected. The symptoms of Emphysema are the same as of common asthma, in addition to which we have always more or less *shortness of breath* in the interim between the attacks; some *cough* and *palpitation* of the heart, and when it has

continued for a length of time, *swelling of the ankles*. Persons suffering from Emphysema can not lie down with the same ease as other persons, because in this disease the breathing is almost wholly *abdominal*, and in the recumbent position the stomach, spleen, and liver press against the diaphragm or floor of the chest, and restrain the freedom of its movements. And, for the same reason, fullness of the stomach, as from a hearty *meal* or from *wind*, always adds greatly to the difficulty of breathing. The expectoration is frothy, and when collected in a cup looks like gum-water or slippery-elm tea covered with foam. The most common *cause* of Emphysema is dry bronchitis. The viscid mucus secreted in that disease is often found adhering to the sides of the air tubes in such a manner as to form a kind of accidental valve, which offers less resistance to the *entrance* of the air than its *expulsion*. The air rushes in and finds its way to the air-cells with but little obstruction, but when it returns the obstruction is so great that we are compelled to make a labored and forced effort to expel it. This labored expiration would of itself gradually bring about the dilatation of the air-cells, but it is probable that this effect is greatly hastened by part of the air remaining imprisoned at each expiration, till the air-cells are blown up and ruptured, or the resistance has become sufficient to force the plug of viscid mucus out of the tube and relieve the part. That you may understand this, suppose we have six little India-rubber bags attached by short tubular stems to a larger tube, and that six cubic inches of air will just fill them. Now, when these are filled they bear some relation to a cluster of air-cells in the lungs. If we force *six* cubic inches of air into them and then expel *five*, and continue to do this, in a short time they will have swelled up to

two or three times their former size, and in the end will burst and be destroyed. This is a mechanical illustration, but not a bit more mechanical than takes place in the lungs in most cases of Emphysema. This form of asthma often ends in consumption, in which case we are generally warned of what is taking place by two very significant symptoms, *spitting of blood* and *gradual wasting of flesh*. We do not always have the spitting of blood, but invariably sensible emaciation.

Humoral Asthma is another form of this disease, arising from the very opposite condition to that I have described under the head of Dry Asthma. Instead of the discharge being small in quantity, thick, and sticky, it is thin and watery, and flows in large quantities. The attacks come on as a common cold, with stuffing in the nose, followed by oppression, great want of breath, and wheezing in the chest; and they pass off with copious expectorations, amounting often to one or two pints of a thin, watery secretion, looking precisely like the *white of raw eggs and water covered with froth*. Humoral Asthma bears the same relation to *Humid Bronchitis* that *Dry Asthma* does to *Dry Bronchitis*. Both forms of asthma are caused by the corresponding varieties of bronchitis. Humoral Asthma is most common in those who have passed the age of forty-five, and in old people; but it occurs also in young persons, and is found at every age of life. In the intervals between the attacks there is usually some cough and expectoration, with a strong liability to become *wheezy* from every slight exertion and exposure.

In addition to these forms of asthma there are several others, as *Acute Asthma*, *Congestive Asthma*, etc., which we had intended to describe, but find that our observations have already greatly exceeded the limits contemplated.

LETTER XXIX.

Asthma Continued—Its Treatment.

HERE are a few facts in the course of this erratic disease which we have overlooked in the preceding descriptions, to which we will briefly refer before proceeding to speak of treatment. The recurrences of the fits of asthma are extremely various. In some we have a single fit, and, when this is over, the disease ceases altogether, and the patient returns to his former health. More commonly, we have two or three fits occurring night after night, and then passing off. In some they recur with great regularity, once every few weeks or months. Others have an attack, lasting for several days or a week, regularly once a year. Sometimes, after asthma has harassed a person by frequent attacks, it leaves him altogether, and does not return for several years. There are three conditions of the air which constantly induce asthma: 1. The electrical state of the atmosphere. 2. The foreign matters in the atmosphere. 3. All causes which produce catarrh and bronchitis. The immediate cause of this disease in those subject to it is the great delicacy and morbid sensibility of the pulmonary nerves, and the mucous membrane lining the air tubes and air-cells. There is a great deal of difference in the influence produced upon different persons by the same cause. Hence, it is that some asthmatics breathe best in the smoky atmosphere of the city, while others can not pass a single night in it without the unwelcome companionship of a paroxysm. Some are comfortable on the low, moist grounds surrounding a marsh, while many can only sleep in the pure air, on the top of some mountain range. These are radical distinctions, and can easily be accounted for; but we find that many persons will sleep in one

street of the same town and can not in any other, and on one side of a street, but not on the opposite, and even in the back room of a house, but can not in the front. The reason for these differences can not always be traced satisfactorily. The cause is too subtle for discovery without a protracted and minute investigation of all the influences, both beneficial and injurious, in operation in the opposing localities. But, whatever the cause may be, there can be no doubt that it is produced by inhaling the impurities with which the air is impregnated in one position and not in the other.

TREATMENT.—The hitherto abortive efforts to cure asthma have produced a profound public conviction that this malady, when treated by any and every *usual* form of medication, is beyond the skill of our art. Physicians, too, almost universally regard it as *incurable*, while *patients* have long since ceased to expect more than palliation of their sufferings. This state of the popular, the professional, and the invalid mind, is, in itself, the strongest testimony that can be offered against the truth of those principles of practice which have hitherto directed the administrations of the physician. If any good is really to be effected by medicines, it must be in some radical change, either in the medicines used, or in the *manner* of their use. The treatment pursued for ages has been one continuous round of experiments through the same channel. There is scarce any article in the *Materia Medica* which has not at one time or another been tried as a remedy for asthma, and yet from each and all failure and disappointment have been the only returns.

Why is this? We can find no sufficient reason in either the *cause*, the *pathology*, or the *progress* of asthma. A disease *may* spring from so deeply

rooted a vice in the system, or depend on such extensive disorganization, or be so rapid in its progress as to place at defiance the most efficient remedies. But we have here a disease most simple in its origin, and in the changes to which it gives rise, and remarkable for the slowness of its progress. What is asthma? An affection of the air tubes of the lungs, arising either from a morbid sensibility of the mucous membrane, or of the pulmonary nerves. It comes from a local cause, and is maintained by a local condition. If we seek to investigate its nature more closely, pathological anatomy only confirms this opinion, unless, after a long continuance—or in cases of very aggravated character, every organ in the body, except the lungs, is found healthy. In the lungs we find in one case morbid *sensibility* or *irritability*; in a second, *thickening* of the mucous membrane; in a third, *ulceration* of this membrane; in a fourth, the *expansion* of the air tubes here and there into *bags*, *pouches*, or *cavities*; while in a *fifth*, the air-cells of the part in which the disease is seated, are *ruptured*, and more or less completely destroyed. But there is nothing malignant in the character of asthma. It comes from such causes as produce our simplest colds, or severest inflammations. It progresses slowly, and for a long time the general health continues tolerably good—far better, in fact, than is usual in other serious local affections. Reasoning, *a priori*, therefore, we should expect to find asthma one of the most curable diseases; yet, strange to say, nothing has hitherto been done to prove it such. To account for this result, there must be some great fallacy in the treatment, which we conceive to be in the practice of swallowing medicine into the stomach instead of addressing the remedy to the lungs direct by inhaling medicated air.

LETTER XXX.

Asthma—Treatment—Continued.

IN assuming the fallacy of the usual treatment, and the entire curability of asthma by inhalations, it is not our intention to claim any wonderful knowledge or miraculous skill, but merely to explain the grounds and results upon which we base this opinion. Experience has abundantly proved that we accomplish no good by sending *local* remedies on a blind mission through the stomach and general system. Where a fact has become so indubitably established by the trials and testimony of ages, it is unwise and unprofitable to dispute it. And this fact is clearly established, not only with reference to asthma, but applies with equal force to every *chronic* local disease that can be reached by local medication. We say *chronic*, because *acute* inflammations form a partial exception to this rule. Chronic affections of the *eye*, of the *throat*, of the *organs of generation*, of the *skin*, the *bowels*, the *stomach*, etc., all are treated with great success by the direct application of medicines—as washes, ointments, injections, mixtures, etc. Now, analogy is clearly in favor of applying the same principle to the treatment of all chronic diseases of the lungs, and especially so to the treatment of asthma, an affection we have shown to be so purely local, both in its cause and effects. If we had no *facts*, we might reason from the nature of this disease alone, with great force in favor of a local treatment. But is not the analogy placed beyond all question by well-known facts regarding the beneficial action of medicines in this disease? Has not the little relief which the poor asthmatic has hitherto obtained been procured by *inhaling*? The old custom of burning “*salt-peter paper*,” of “*smoking stramonium*,” and the more

recent employment of “*ether*” and “*chloroform*” during the fit, are illustrations of the action of inhaled remedies. And though these can only be regarded as *partial* in their application, and limited in their usefulness to affording relief during the fit, the relief they have thus afforded overbalances the benefits obtained from all others a thousand-fold. And if this be true of the inhalation of these simple palliatives, you can readily understand how prompt and radical must prove a thorough and judicious treatment by inhalation under the care of a physician, practically acquainted with the action of inhaled remedies, and who directs his efforts not merely to relax the spasm and afford relief during the fit, but to subdue the morbid irritability and sensibility of the mucous membrane, and break up the Chronic Bronchitis on which the asthmatic attacks depend.

It has become the practice of medical men to meet all alleged cures of consumption from inhaling, by contending that such cures “could only be of cases of chronic bronchitis simulating consumption.” Though such a view is wholly erroneous, as assuming the incurability of Phthisis—let us accept it in this instance, to save argument. What is asthma, in the great majority of cases, but mere Bronchitis attended by spasm of the muscular coat of the air tubes? The same condition exists in nine cases out of ten, without fits or paroxysms, and we call it *chronic bronchitis*—dry or humid, as the case may be—in the tenth, with labored, irregular, and interrupted breathing, and we call it *asthma*. If *inhalation* is sufficient to cure bronchitis when so *inveterate* as to resemble consumption, it must surely be sufficient to cure asthma in all cases depending on *simple* bronchitis—and of such are eight cases out of every ten. Again, in asthma arising from morbid


sensibility, soothing and tonic inhalations soon overcome the susceptibility of the air tubes, and restore their lost tone. Of purely spasmodic or nervous asthma, therefore, there are very few cases that do not admit of radical cure. This narrows the incurable cases down to those old and inveterate *emphysemas* which depend on structural changes. These cases are beyond *repair*; but the ulceration of the mucous membrane can be healed and the secretions corrected, and the lungs can be so strengthened and invigorated as to render them but little susceptible to those influences which bring on the fit, thereby saving the patient from the suffering of repeated attacks, and rendering his life comparatively comfortable.

The length of time necessary to break up the diseased condition of the mucous membrane of the lungs, on which asthma depends, is necessarily much greater than for the cure of the same condition when unaccompanied by asthmatic fits. The reason of this difference is the extreme sensitiveness of the lungs in this disease, and the almost impossibility of preventing many drawbacks from relapse during the progress of the cure. Certain mild forms of asthma are often radically recovered in the brief space of a few months. But after asthma has endured for many years, and has become established and inveterate by age, progress can only be made slowly. The diseased condition of the lining membrane of the air tubes has become habitual—a kind of "*second nature*"—and stoutly resists a return to health. Many of these cases occupy a year of close attention to treatment to overcome them. As a rule, the asthmatic invalid should make up his mind at the outset to persevere in the use of the Inhaler for several months after every symptom has disappeared, and should be as faithful in all the details

of their treatment as though in hourly apprehension of the return of the disease. Many patients defeat their own cure by abandoning treatment almost as soon as they have obtained relief.

LETTER XXXI.

Asthma Treatment—Concluded.

 F all the chronic diseases to which the lungs are subjected, there is, perhaps, not one which is more certainly curable, or which manifests more speedily the beneficial influence of direct treatment than Spasmodic Asthma. Except in those aggravated forms of this disease in which the air-cells and bronchial tubes of the diseased part are already disorganized and destroyed, cure is almost certain to follow a steady and proper use of remedies by Inhalation. A successful issue in cases of very long standing—as fifteen, twenty, and even thirty years—is only a question of time. There are no incurable organic changes. Asthma is almost wholly a functional disease. The chief organic difficulty to be overcome is the *thickened*, and, as it were, *indurated* state of the mucous membrane, induced, in old cases, by the long continuance of the chronic bronchitis on which asthma depends.

But while asthma is so certainly curable, and so promptly responds to a proper treatment, encouraging us almost from the outset by relief and improvement, there is not, in the whole catalogue of ills to which poor humanity is liable, one which requires a more determined and persevering employment of the means to attain the desired end. Nor is there one which, when partially cured, so readily *relapses* into the old condition, undoing in a few days all that it has acquired months to attain. To

radically uproot an inveterate functional disease like asthma, in a constitution morbidly susceptible to every injurious influence—for of such are all asthmatic people—requires necessarily a great length of time. As a rule, one year should be set apart by all old asthmatics for their treatment, while mild and recent cases require usually six months to effectually break them up. We have seldom met with a relapse from the recovery of asthma, when the patient could be induced to continue treatment for several months after the last symptoms had disappeared. We are the more particular in enforcing this to save those suffering from asthma from being over sanguine of rapid cure, and to dissuade them from the suicidal folly of regarding themselves as *cured* almost as soon as they are *relieved*. We would

not have them begin treatment with hopes, which the very nature and past history of the disease ought to teach them, can not be realized.

In the past, the physician, in attendance upon consumption and asthmatic cases, has done little more than silently contemplate miseries, which it was his province, but not in his power, to relieve. Let us hope a life of greater activity will be opened up to him by the success which has attended a more rational application of the principles of medicine to the cure of pulmonary diseases. Once *practically* acquainted with Inhalation, he will discover how very possible it is for the healing art to be retarded in its progress, and limited in its usefulness, by an inveterate devotion and immoderate zeal for the usages of the past.

TESTIMONIAL LETTERS

IN FAVOR OF MEDICATED INHALATIONS IN THE TREATMENT OF CONSUMPTION,
ASTHMA, BRONCHITIS, NASAL CATARRH, LOSS OF VOICE, AND OTHER
DISEASES OF THE NOSE, THROAT; AND LUNGS.

AN old generation of men and women has passed away, and a new one has arisen to supply their places since I first began my career as a Medical Specialist for treating diseases of the pulmonary structure by the new method of breathing medicated air. For almost twelve years I have faithfully represented this system of treatment in the city of Cincinnati. Life is short, and this is a goodly portion of time taken from the meridian of manhood. When I began to advocate the claims of this system of treatment to public favor, I was met with bitter prejudice and opposition from unexpected sources, which well-nigh drove me from my purpose. Had I doubted the loyalty of my assailants to their philosophy of truth, I should have retired from the field of conflict, and awaited the "good time coming" to establish the merits of the question in controversy. But I felt that most of the opposition was honest, however erratic the judgment dictating might be, and that it would be doing injustice to them not to assail and explode their magazines of error.

Time sets all things right. The law of progress compels men to change their views. Truth and Error are ever in conflict,

"And ever the right comes uppermost,
And ever is justice done."

We meet with less opposition to-day than was manifested *twenty years ago*. The power of mind acting on mind has wrought this change. The man that can not reason has no power to deter men from embracing the right. A gentleman with first-rate social

advantages abused his position so much as to say in a circle of friends, that "he would rather die by the old system of treatment for pulmonary disease than be cured by the *new*!" That is the language of a *bigot*, and exhibits a condition of mind as deplorable as that which belongs to the driveling idiot. If mind, with its power of ratiocination, does not constitute all that dignifies man, and distinguishes him as superior to the dirt-eating animal, then in Heaven's name wherein is he superior to the worm that crawls at his feet? How true it is, as a grand thinker has averred, that "men jostle each other's elbows in a social way, that live a thousand years apart in intellectual culture!" While bigots live, all things are not right. Men must be made to acquiesce with the divine behests of Wisdom, and they must be taught. An unreasoning man is a dead weight hanging on the neck of our social system. I have not written this book for bigots or fools, though I sincerely wish it might cure such of their unhappy conditions.

In "Letters to the People" I have shown that the old method of treating pulmonary disease by medicating the general system through the stomach was not entitled to either public respect or private confidence. It is not my intention now to enlarge upon the arguments advanced. It will be remembered, however, that while we were doing this we presented the outline of a new method of treatment for pulmonary diseases also, for which was claimed an amount of success before unattained in the achievements of medical practice. I propose now to make

this proposition good by showing, in a tabular statement, the results of my practice for *two years*, during which time nearly three thousand persons employed medicated inhalations, under my directions, for various diseases of the nose, throat, and lungs. This table has been compiled from my "case books," and data derived from patients and correspondents, whose business it was to furnish me with such information.

TABULAR STATEMENT

Of the Results of Treatment by Medicated Inhalations, for Diseases of the Nose, Throat, and Lungs, dating from July 1, 1866, to July 1, 1868:

NAME OF DISEASE.	No. Treated.	No. Cured...	No. Partially Healed...	No. Died...
Consumption.....	1,152	513	474	165
Bronchitis.....	636	329	260	47
Asthma.....	320	216	86	18
Catarrh.....	436	367	47	22
Loss of Voice.....	109	91	12	6
Enlarged Tonsils.....	157	93	47	17
Elongated Uvula.....	78	64	14	...
Putrid Discharge from the Ears.	29	19	9	1
Partial Deafness.....	63	43	20	...
Deafness.....	1	1

It will be observed that of all diseases of the pulmonary structure, that form known as consumption preponderates; also, that the largest per centage of mortality attends that dreadful malady. Let us not too hastily conclude that, because more cases prove fatal laboring under consumption than any of the other forms of disease of the respiratory organs, that, therefore, that disease is less tractable to treatment. Such a conclusion would be erroneous for several reasons. In the first place, I have placed such cases only under the head of consumption, wherein the cellular structure of the lungs was either corroded with tubercles or wasting with ulcers. The milder forms of this severe disease I classed with catarrh and bronchitis. So I enumerated none but pure cases of pulmonary consumption in the table. Again, many of these cases were so far advanced before treatment was applied for, that they do not constitute a fair exhibit of the power and efficiency of medicated inhalations to control them. This is shown by many letters I receive from persons, of which the following is a specimen:

MRS. MARGARET HARRIS writes from Poplar Grove, Putnam county, Ohio, April 25, 1864:

DR. N. B. WOLFE—*Dear Sir,*—We received your medicine, but too late to effect any good results. My husband only used it one day, when a tubercle broke in his left lung, and he had not strength enough to throw off the matter thus suddenly discharged. *The day he died he told me he had a great deal of faith in your system of treatment and medicine, and told me to write and let you know how it was.*

A gentleman in this city, living not more than half a mile from my office, consulted with me in reference to treatment for his sister. On examining the circular statement of her condition, I discovered she was dying, and so informed him. *She was dead before he reached home!* It is not unfrequently the case that persons send for treatment from a distance, and in a few hours countermand the order by telegraph, saying the patient is dead.

I believe, could the cases which proved fatal have been placed under proper treatment, when it was possible by a stethoscopic examination to have discovered the presence of the disease, that a large majority of them could have been cured. I say this with no disposition to claim undue prominence for the merits of medicated inhalations, but rather because I believe it to be true, and to urge those laboring under the first or incipient stages of the disease to use treatment without delay, as the danger augments with procrastination. It is a melancholy thing, indeed, to read letters like the following, which vividly recalls with sad fidelity the *opportunity lost*:

OSTRANDER, Delaware county, O., }
October 12, 1867.

DR. N. B. WOLFE—*Dear Sir,*—It is my duty to inform you that your patient, my beloved daughter Jennie, has departed this life. She died on the 9th inst. She found great relief from your treatment, and used it as long as she was able, but she felt, and so did we all, that we had applied for it too late to save her life. We wish to thank you for your prompt efforts to save our daughter to us, and to assure you *that our faith in your mode of treatment, as we have seen it tried, is more firmly fixed now than it was before.* We feel that precious time was lost before we applied to you, and that she should have been using medicated air instead of using cough sirups, powders, and other medicines which were never designed to *cure*. If doctors would only say at once that they could do nothing to arrest the decay of the

lungs, would it not be better than to persist in drugging the patient to disguise the fatal symptoms of the disease? They tell their patients that they will get along after a while, but alas! 't is toward the portal of the tomb. After time has been wasted—when the disease has grown formidable—and when death is inevitable, they give their consent to the trial of medicated inhalation; of course, predicting what is apparent to all—that it will fail. If they had been equally candid in predicting the failure of their own treatment at the beginning, it would have given us opportunity to apply elsewhere for relief, where we had more reason to think it could be obtained. It is a poor comfort, indeed, to be told "the doctor did the best he could." . . .

Thanking you for your kindness and devotion to our darling in her hour of deepest trial, I remain, your friend and well-wisher, S. D. DEAN.

MR. WM. MAXWELL writes from Cookstown, Fayette county, Penn., May 23, 1864:

DR. N. B. WOLFE—*Dear Sir*,—My symptoms do not denote any improvement of late. I am compelled to lie down a good deal from weakness, while my cough increases, and my expectoration becomes more copious. I am gradually falling away, and have prostrating night-sweats. I fully realize that the disease had a too powerful grasp upon my vitals before I applied to you for aid. But, Doctor, *if I die, I shall uphold your treatment on my dying bed, in my dying hour. I feel positive, sure that, if I had commenced sooner, I would now be a well, instead of a dying man.* Good-by, Doctor. I remain your sincere friend, WILLIAM MAXWELL.

MR. A. J. LANE writes from Adamsville, Muskingum county, Ohio, January 12, 1864:

DR. N. B. WOLFE—*Dear Sir*,—Mrs. Lane died on the 3d of the present month. She appeared to improve under your treatment for about three weeks, when she began to sink. . . . Had I put her under your treatment earlier, I think she might be living now; but I feel I did the best I could for her. Doctor, I have lost all confidence in those quacks who ignorantly or purposely deceived me about the true condition of my wife. Had they not told me my wife would get along, I would have put her under your treatment at least a month or six weeks sooner than I did.

MR. EDWARD NEWHOUSE writes from Argos, Ind., August 22, 1862:

N. B. WOLFE, M. D.—*Dear Sir*,—I write to you this morning with a sad heart, for our beloved son, James Newhouse, who was under your charge as a patient, has passed away.

Having witnessed the effects of your treatment upon my son, and had some opportunity of judging of your skill as a physician, I am free to say that I do think that if my son had been put under your care two months sooner he would have been restored to health. I have the utmost confidence that such would have been the result, and I would confidently recommend

any person that has weak lungs to try your treatment before the lungs become broken down into ulcers, for I believe if my son had applied to you before his lungs became broken down, he would have been cured.

In conclusion, I would say to you, sir, though we are strangers to each other, please receive my most grateful thanks for your kind admonitions and professional courtesies while treating my son, and allow me to subscribe myself your true well-wisher,

EDWARD NEWHOUSE.

I will close these extracts and letters, which have a sad interest in them, by the following, written by EDWARD PIERCE, a very intelligent gentleman of Xenia, Ill., May 13, 1864:

DR. WOLFE—*Dear Sir*,—Doubtless you have been expecting to hear the sad intelligence of the death of our beloved son, William A. Pierce, lately your patient. He left us for that clime where there is no sickness or sorrow, April 26th, after a week's severe suffering. He followed your directions faithfully in the first and second months of your treatment, and thought himself improving, but he was unable to use any of the third month's treatment. He wished us to write to you, expressing his thanks for your kind attention while under your charge. He thought, had he applied to you for treatment at an earlier date, he might have regained his health. As it was, we were all well aware his condition was a hopeless one, when your treatment was brought in. Still, we must say we have the greatest confidence in your treatment, and shall ever feel grateful for your kind attention. Most truly, yours, EDWARD PIERCE.

More letters of similar import could be adduced if thought necessary, but enough is cited to show that the great mortality exhibited in the tabular statement is more to be ascribed to neglect of using treatment at the proper time, than to the incurable character of pulmonary disease.

When Professor Elliotson presented his tabular statement to the British public—which recognized the curability of thirty-one per cent. of confirmed cases of pulmonary consumption—it constituted one of the most important events in the history of medical practice. It gave courage and hope to the world, that the greatest scourge the human family have was at last met and in a qualified sense conquered. It is my intention to follow as closely in the footsteps of the distinguished physician as is possible for me to do, and not confining myself to mere statements of my own, but to offer the testimony of those who have been rescued

as brands plucked from the fires of disease, and restored to health again.

In presenting the following testimony in favor of treating pulmonary diseases by medicated inhalations, it is but an act of justice to say that the writers of the letters I shall present had not the remotest idea that they would be presented in this form to the public, and only consented to their publicity by being persuaded that by so doing a public good would be subserved. The reader may rest assured that the character of the writers and the integrity of their statements are entirely reliable.

It was my intention to arrange the testimony under different headings, to prove, first, that Consumption, in what was considered a hopeless condition, could be cured; second, that Asthma, after many years' standing, and after resisting all kinds of treatment, had yielded to medicated inhalations; third, that Bronchitis, which could not be cured by the old system of treatment, yielded at once to the new; and so on to the end of the catalogue of diseases peculiar to the organs of respiration.

The character of the testimonials precluded this arrangement, and I find that I will have to publish the letters promiscuously, and permit the reader to collate and declare the facts as they may be found. It will assist the reader, however, to better understand the value of the testimonial, by prefacing or adding to such letters as may seem to require it, any information concerning the case that will make the sense of the letter more perspicuous. I will begin by referring to a well-authenticated case of consumption, advanced to the hopeless stage, and so pronounced by friends and attending physicians. The writer of the following letter is a well-known wholesale merchant of this city, and a citizen of the first standing. Five years have elapsed since this testimonial was first written, and yet Mr. Huie's health remains good to the present time.

Consumption Cured.

CINCINNATI, 104 Walnut-Street, }
January 8, 1863. }

DR. N. B. WOLFE—Dear Sir,—I have been frequently called upon by persons interested in your

mode of treating diseases of the nose, throat, and lungs, and asked for my opinion respecting its merits and claims to public confidence and favor. Of course I could only tell such what *my experience has been*, and there I have submitted the matter for their decision. I now deem it but an act of justice to you, and a debt I owe the public, to say publicly what I have hitherto limited to personal correspondence.

About two years ago I found myself in very poor health. I had previously consulted several physicians of this city, reputed eminent for their skill, and placed myself under their professional care. My condition was considered by them, as well as my friends, to be *consumption in an advanced stage*, and this was my conviction also. I was medicated in the usual way, and as usual found myself gradually losing flesh and strength. My recovery was thought very doubtful, and that was the most favorable opinion entertained of my case.

By the advice of some friends, who heard of your success in treating consumption, I was induced to place myself under your treatment. I was soon sensible of the fact that the disease which was making sad work with my lungs, day by day, was checked. New hope began to dawn. I saw the interest you took in my welfare, and I again felt inspired with the conviction that I would regain my health. Friends shook their heads doubtingly, but at last all conceded that I was looking better—looking more natural, gaining flesh, ay, and strength too. My appetite returned, and again I felt like a newly risen man, after shaking off the slumbers of night. New vigor, new strength, seemed to stream through my organization; *and all of this was accomplished without using one grain of medicine through the stomach.*

I continued your treatment three months, since which time, now almost two years, I have used nothing in the form of medicine. My health to-day is better than it has been for years. I have steadily gained in flesh, and am feeling well.

I do not hesitate to ascribe my recovery to your treatment, and never fail to speak of it with commendation to others.

I am, very truly, your friend, W. HUIE.

It is useless to make any comment upon the following statement of MR. BROWN. It will at once be seen that the lungs had broken down into sloughing cavities, and that his general health was giving way rapidly under the wasting process of decaying cellular structure. He makes no special mention of hectic fever, night-sweats, or colliquative diarrhea, yet these grave symptoms *must* have been present, and, perhaps, alluded to in his complaint that his *bowels* and stomach were disordered. This case was entirely intractable to the old system of treatment, and to the *new* was almost

a hopeless one. But hear the patient himself:

Consumption in the Third Stage Cured.

ELKADOR, Clayton county, Iowa, }
June 1, 1864. }

DR. N. B. WOLFE—*Dear Sir*,—I wish to consult you respecting my health, which is very poor indeed. I have a very bad cough, and raise large quantities of rotten matter, mixed with blood, from my lungs, a great deal of pain and soreness in my chest, and suffer also with my bowels and stomach. I have at different times thrown up a teacupful of rotten and offensive matter, and two or three mouthfuls of clear blood, in two or three minutes' time. I am very much reduced in flesh, and so weak that I can scarcely stand upon my feet. My appetite is gone, and I feel that life is drawing in its curtains to envelop me in shades of endless night. . . . Can you do any thing for me? Yours, truly,
HENRY BROWN.

Short as that statement is, yet it contains enough information to the intelligent physician to enable him to pronounce the case a hopeless one. The last stage of the dreadful disease had been attained, and it is not strange that the poor expiring brother felt "that life was drawing in its curtains to unfold him in shades of endless night." The danger was imminent, and there was no time for hesitation. The enemy had assaulted and carried the citadel of life, and the capitulation was at hand. The old treatment had surrendered and could do no more. In this extremity, medicated inhalations were employed with an unflinching hope. Steam conveyed the remedies with express speed almost a thousand miles. The dying man in his distant home revived. Day by day his eye grew brighter—his hopes returned, and the old play of health began to warm his cold extremities again. At the end of a month he was alive! thank God, and saved! He wrote briefly:

My lungs are growing strong and free from pain. I do not expectorate so much, and I have seen very little blood since I commenced inhaling your Balsms.

Another month's treatment was ordered, and the effect continued good. When ordering the third month's treatment, MR. BROWN wrote:

I am still improving. My general health is as good as it has been for several years. I have discharged a piece of my lungs half an inch square, but do not spit one-fourth as much as I did when I commenced using your medicine. I feel that my lungs are healing, and

new life is streaming through them day by day. I do n't cough much now; the rotten matter and blood that I formerly discharged in such profuse quantities has almost entirely subsided and disappeared; my appetite has again returned, and I have gained over ten pounds in weight in one month, though I do n't usually gain flesh in Summer time. For the last three weeks I have been hard at work, and can do a pretty good day's work, too. I feel well, but send me another month's treatment, etc.

One year after the above was written, MR. BROWN again wrote me to this effect:

My cough has entirely gone, and I have ceased to spit any thing of a bad character. I will not forget my obligations to you for this great service. . . .

Tubercular Consumption Cured.

On the 10th of April, 1866, MRS. ANNIE S. CARYLON, of Union Grove, Racine county, Wisconsin, made application for treatment. Her disease was an advanced stage of tubercular consumption, confining her to the house and bed most of the time. She had had a distressing cough for six years, and had bled several times from the lungs. Her condition was thought by several physicians to be hopeless, especially as consumption had appeared in several members of the family, and from which a brother had died. I will herein insert several extracts from her letters to show the effects of the treatment in her case, commencing with one dated Union Grove, Racine county, Wisconsin, April 25, 1866:

I have been inhaling ten days, and feel better than when I commenced. I think I am stronger, and I know my appetite is improving. *Surely my breath is not so short*, and I feel almost like singing again. My last physician told me my left lung was entirely obstructed and useless, but I feel the medicated air is again opening it. I have great faith in your treatment, and believe it to be *the thing* I needed. My husband and family join with their good wishes for your health and happiness. . . .

MRS. CARYLON makes her second report of the treatment May 9th, as follows:

I have used the medicated washes for the nose and throat with *excellent* effect, and am just commencing the use of Balm No. 2. I am grateful, indeed, that I can report a "continued improvement" in my health up to this time. I cough still, and raise some in the morning, but my general health is so much improved that I scarcely mind it.

My brother saw me last week for the first time since I commenced your treatment, and was much surprised

to see me so much changed for the better in so short a time. The walk from the depot to my father's house, although a short distance, would tire me so much that I was compelled to take the rocking-chair, while some of them would untie my bonnet, to rest; but last week I went home for a visit, and mother drew up the rocking-chair as usual, and would hardly believe it when I told her I was n't tired a bit. I can never feel sufficiently thankful to you, sir, for what you have already done for me. May our Father's choicest blessings rest upon you and your labor of love!

MRS. CARYLON writes again for a renewal of treatment, May 24, 1866:

I have just finished my first month's treatment, and wish you to send me a supply of medicine for the second month. I have improved so much in every way that I feel quite hopeful that another month's treatment will almost entirely restore my health.

I have been attended by half a dozen physicians, and taken any quantity of patent medicines that were "sure to cure," and yet my health continued to fail under all these services and promises. My last physician helped me most of any, but he told me all he could do was to patch me up for this Summer at the longest, that my left lung was entirely useless, and my right lung failing.

I want very much to see him now and let him see how much I've improved. He was quite willing I should try inhaling, "it would be satisfactory to try it," but I think he had n't much faith in it. His own daughter is dying of consumption, and I do wish he would try your treatment, though it may be too late in her case. I wish I could tell every one how much good your treatment has done me.

The last letter received from MRS. CARYLON, dated Union Grove, June 30, 1866, read as follows:

I have used half of the second month's treatment, and am better and better. I do nearly all my own work now; my friends are afraid I am doing too much, but I think not. I do enjoy it so much, and I take care to rest when tired.

I should have written sooner, but was away from home. Do you think that it would be best for me to have the next month's treatment as soon as this is done? My husband wants me to do just as you think best—any thing that will do me the most good. If it is perfectly safe, I thought I should like to try a month or two without it, but please tell me what is best. . . . I feel as if I could fill every letter with expressions of gratitude, and then you would not begin to know, sir, how very grateful I feel for the good you have done for me.

In reading these extracts from MRS. CARYLON's letters, it will be observed the improvement in her health continued steadily to increase from the commencement of the treatment, till she was "able to do

nearly all her own work." Surely such testimony in favor of cool medicated air is worth something.

MRS. CARYLON's happy recovery created quite an interest in the neighborhood in which she lived, and helped form a public sentiment in favor of cool medicated inhalations, which was the means of its more general introduction to that part of Wisconsin. The following case, among many others, is one which I think well to make public. In the introduction to the circular statement of the case the writer remarks:

We have been advised by our physician, Dr. DUNCOMBE, a homeopathic, to try your remedies for our son, who is suffering dreadfully from asthma. The Doctor encourages us to think he may be speedily cured by them. Heretofore we have avoided all new medicines, and have trusted mostly to time and youth to cure. We consulted an allopathic physician a year since, from whom a written statement of our son's condition was obtained, which I inclose, as it may assist you in forming your diagnosis. Dr. Duncombe has attended our son for five years. He is acquainted with Mrs. Carylon, of Union Grove, in this State, the writer of one of your many testimonials, and this case strengthens his opinion, that your treatment will help my son. Trusting I, too, shall be able to testify in favor of your treatment, after witnessing its effects upon my suffering son, I am in hopes, yours, very respectfully,
MRS. M. A. M'CLURG.

This case of asthma that had been under treatment constantly for five years, and every means that wealth, love, and education could devise for its relief, employed, *was speedily cured* by the use of proper medicated air, and the hygienic treatment prescribed.

A Gratifying Testimony.

The following letter, from MRS. M'CLURG, will be interesting to those who feel interested in the result:

RACINE, May 13, 1867.

DR. N. B. WOLFE—*Dear Sir*,—I trust you have not thought me neglectful or ungrateful, that I have not reported the progress of our patient, but I believe you concluded "all was well," and I was only waiting till the order for a renewal of treatment was necessary. I am happy to assure you that these were the facts.

My son is daily improving in flesh, and, to all appearances, he is *perfectly well and strong*—can scarcely need any other improvement. My husband is at last convinced that your treatment has entirely changed the condition of our little son, and no one can be more interested in testifying to your skill.

Could you see the little boy now, you would feel repaid for your toil in your profession. To be able to relieve one such sufferer must make a sympathizing heart happy. All of our friends are astonished at the cure, and allow me to say, Doctor, I am sensible that I am *eloquent* in your praise.

The treatment has been systematically persevered in, except for the past week the inhaling oil has been exhausted. My son is so in the habit of using the inhaler, that he is very anxious for me to write for more oil.

You will please write me if the treatment is to be continued as before. If the woolen cap is to be worn all Summer, as well as the plies of canton flannel. Is a pillow of hair as healthful as straw or shuck? I am so particular to follow your instructions, that I would not use the hair without consulting you. If it is best for the patient to wear woolen hose all Summer, please inform me.

My son's appetite is excellent, preferring meats, game, etc., to any dainties. Should you come North the coming Summer, we should be happy to receive a visit from you.

Inclosed in this letter you will find a draft for eighteen dollars for renewal of treatment. You will much oblige me by sending it by express as soon as convenient. We all send our grateful regards, and will do all we can to inform the afflicted of your success with our son. Very respectfully, your friend,

M. A. M'CLURG.

The medicines are all used up. Please send one or two of the larger corks for the inhaler, as the one we have is much broken. Should we insert a new sponge with the new oil?

M. A. M'C.

A Young Lady's Testimony.

The writer of the following letter, a very intelligent young lady, was in an advanced stage of consumption. Both lungs were fearfully involved with tubercles, and the softening process had made considerable progress. But she is quite competent to make her own statement of her condition, and to appreciate the benefits of medicated inhalations. Read her letter:

WHITNEYVILLE, Kent co., Mich., }
November 19, 1862. }

DR. N. B. WOLFE, Cincinnati, O.—*Dear Sir,*—I owe you an apology for neglecting to write so long, but had I written sooner, perhaps I could not have given you so good an account of myself as I now can. I now feel entire confidence in you as a physician, and am fully prepared to recommend your system of treating consumption by medicated inhalations.

When I first wrote you, and gave a description of my case as nearly as I could, I had very little confidence in any treatment for consumption—though yours appeared to be the most reasonable—and thought another trial would only incur needless expense and secure no real benefit. But could you have seen me

as I was *then*, and see me as I am *now*, you would know better than I can tell you how happily I am disappointed.

It was in July last that I sent to you for the medicine, and I had not then sat up all day since preceding 22d of February, nor had I walked any since that time. Now I do not think of resting in the bed from morning till night, and I can walk two miles without inconvenience. I do not know the exact condition my lungs were in at the time, but I coughed almost constantly, and raised a great deal of matter. My chest was sunken and compressed, and my lungs were so weak that I found it extremely difficult to talk much. My cough has now entirely subsided. I do not raise any matter. I can talk and sing without difficulty, and my chest is full, and my lungs seem to be expanded. . . . I have endeavored to inform you how much you have benefited me by your treatment, and feel that I owe my life, through the blessing of God, to you. You will ever be remembered with gratitude by

M. J. BUTLER.

Six months after writing the above letter MISS BUTLER again informs me:

DR. N. B. WOLFE—*Dear Sir,*— My friends often tell me I never looked so healthy, and indeed I never felt so well as I have this Spring. I can hardly realize myself the same person of a year ago. Then I was given up to die, and looked forward to an early grave; now my general health is good, and I can enter with energy and enjoyment upon the duties of every-day life. I am indebted to you for all this, and my friends join me in thanking you for your kindness and the interest you have manifested in my welfare.

A Navy Officer's Testimony.

The next witness who testifies to the value of inhaling remedies is a well-known gentleman in the part of the State from which he writes. Formerly a United States Naval officer, he was compelled to leave the service on account of broken health. In a letter recently received from MR. BROOKS, he assures me his health continues good, and that he still favors medicated inhalations is evidenced from the fact that he sends for treatment for a personal friend, who was suffering with pulmonary disease:

ISABELLA CITY, Mich., }
May 4, 1864. }

DR. N. B. WOLFE, Cincinnati, O.—*Dear Sir,*—In 1844 I had a severe attack of lung fever, from which, through the mercies of my Heavenly Father, I partially recovered, after a painful illness of many weeks. Since that time I have suffered constantly with my lungs and throat with what I apprehend to be bronchitis and catarrh. Of late these had become very troublesome, and my general health very

much impaired. I have tried the best skill and the most approved remedies, but the more medicine I swallowed into the stomach, the worse my condition became.

I saw your advertisement in the North-Western Christian Advocate, proposing to cure these diseases by inhaling medicated air. The plan looked reasonable, and I became inspired with hope. I have, for many years past, been an unbeliever in taking medicine into the stomach for the cure of diseased lungs. I sent for your treatment, and have now used it one month fairly, and am happy to inform you of its success in reaching and removing my disease from the nose, throat, and lungs, and doing me more general good than all the medicines I have ever taken into my stomach heretofore. My general health is as good as could be expected or hoped for at my age, and my relief has been so great that I think it needless to send for another month's treatment. I am well.

I sincerely recommend your treatment to the afflicted everywhere, who are laboring under any form of disease of the nose, throat, and lungs. I am, with sincere regard, yours, truly, HORATIO BROOKS.

Consumption Cured.

Recently the writer of the following letter assured me of his continued good health, and says: "I do n't know but I will be compelled to open an intelligence office for answering letters of inquiry in reference to your treatment. The sick are after you, 'my boy,' and I know you are not the *man* to deceive them."

INDIANAPOLIS, Indiana, }
October 23, 1864. }

DR. N. B. WOLFE, Cincinnati, O.—*Dear Sir,*—Your letter inquiring to what extent I had been benefited from your treatment has been received. I will just say that I have been troubled for the last five years with disease of the throat and lungs. Early last Spring I had considerable bleeding from the lungs; my voice failed, and at times I could not speak above my breath. My friends told me that I could not live long. I had about despaired of ever again having my health. I made up my mind to try your remedies, I must say without much faith, as every thing else failed to render me any relief. I have only used two months' of your treatment, and I think *I am about well*. I can do as hard a day's work as ever. My general health is good.

I have no hesitation in recommending your remedies to the suffering, as I feel satisfied that any one using them will soon be of the same opinion.

Any one wishing any further information from me can have it by writing to me.

Yours, respectfully, JOSHUA TUCKER.

Sore Throat and Loss of Voice Cured.

The testimony of MR. HUGHES will not be questioned by any gentleman in the State

of Ohio or elsewhere, who is at all acquainted with him. He is known to be one of the most highly esteemed clergymen in the Old School Presbyterian denomination. He is quite competent to testify in the court of "Common-Sense." Hear him:

SPRINGDALE, Hamilton county, O., }
March 26, 1863. }

DR. N. B. WOLFE, Cincinnati, O.—*Dear Sir,*—I have just returned from the army before Vicksburg, and find on my table your letter of inquiry. . . . Allow me now to assure you of my esteem for you, both as a gentleman and physician, and say that I feel indebted to you for the recovery of my health.

From the time I commenced your treatment till now, I read aloud, sing, and preach with perfect ease. When I put myself under your treatment I could not sing at all, and could not speak without pain. I have frequently commended you to my associates in the ministry and others, and can cordially commend you to all.

I wish you the highest success in your humane and noble profession.

I am, with sincere regard, yours, very truly,
T. E. HUGHES.

Asthma Cured.

The following letter from MR. GLASS, a well-known citizen of Cincinnati, was written six years ago, but it has not lost any of its value by age, as the writer is a well-known citizen, and continues to enjoy an entire immunity from his old enemy, the asthma:

BANKING-HOUSE OF GEO. C. GLASS & Co., }
No. 30 West Third-Street, }
CINCINNATI, January 12, 1862. }

HENRY WATKIN, ESQ.,—Your favor of the 10th inst., inquiring to what extent I have been benefited by Dr. Wolfe's treatment, and whether I would recommend it to others suffering from *asthma*, is received. In reply I would say I have received much benefit from using Dr. Wolfe's remedies; and what he has done for me I doubt not he can do for others.

I have been troubled for the past *fifteen years* with *asthma*, which *invariably* made its appearance in the Fall of the year, and continued through the Winter and Spring. Last Fall it came on with more than usual violence in all its symptoms. I called on Dr. Wolfe, and put myself under his treatment by Medicated Inhalations, and received relief immediately, and in one week my breathing was entirely free. I continued his treatment, however, six weeks, under his advice, when I discontinued it, not feeling the slightest necessity for using it longer. It is now more than five months since I used his treatment, and have passed through the season during which I usually suffered most, but without any symptoms of my old complaint returning. *I think I may now consider myself cured.*

I have no hesitation whatever in recommending Dr. Wolfe's treatment to persons suffering from *asthma*, or any other form of throat or lung complaint, and feel satisfied that any one using it will soon be of the same opinion as,

Very respectfully, yours, GEO. C. GLASS.

Asthma.

Among the gratifying results of the treatment of asthma by cool medicated air, the writer of the following letter bears grateful testimony :

DEASBURG, Crawford county, Mo., }
March 15, 1866. }

DR. N. B. WOLFE—*Dear Sir*,—I would have written sooner, but have been waiting to see the full effects of a month's treatment on my system. It is with sincere gratitude I am able to report the condition of my health as being better than it has been for *five* years. If I am not well, I do not know why! I feel like a well man, and am again able to take hold of things as I used to. My neighbors are astonished, and look upon my recovery *so soon* as almost a miracle! What great thing has the Lord wrought with me! I must ever regard my recovery as the fruit of your treatment, under the guidance of the Lord. My disease—catarrhal asthma—has been troubling me for more than five years, and yet, in one month's treatment by Medicated Inhalations, it has left me free from every symptom. Thanks! thanks to you, my dear Doctor, and may God abundantly bless you, as you are the means of blessing the sick and afflicted of the human family!

Ever gratefully yours, WM. H. HARRISON.

The following letter is from an old patient, treated several years ago for asthma and catarrh. It will speak for itself:

OTSEGO, Allegan county, Mich., }
July 21, 1866. }

DR. N. B. WOLFE—*Dear Sir*,—Your advertisement in the "North-Western" has recently come under my notice, from which I am gratified to learn you are still pursuing your noble calling in Cincinnati. I have for a long time been thinking of writing to you, but did not wish to obtrude upon your valuable time. Now I can resist the temptation no longer, if it is but to tell you "I still live," and have enjoyed uninterrupted good health since I was discharged as your patient. I feel, however, a deep and heart-felt gratitude to my Heavenly Father for the benefit you have done me; and I believe thousands join with me in commending your valuable life to his special keeping. I do not think there is anything in the world that could have benefited me as your treatment has done. When I commenced using it, I only expected relief for a season, as I had been so long diseased and my age such that I thought it would be unreasonable to expect more. In this how happily have I been disappointed! I have had no return of my

old "torment," and do not expect it. . . . Believe me, with sincere respect and gratitude,

Yours, truly, MRS. CLARISSA ALLEN.

Catarrh of the Nose and Throat.

An obdurate catarrh of the nose and throat, which had long resisted all the remedies that had been *swallowed* into the stomach, induced the lady writer of the following letter to apply for treatment by medicated inhalations. The disease was of long standing, and the menace to the lungs was fearfully imminent. After using one month's treatment, MRS. NEAR writes:

The dreadful disease in my nose and throat has very much improved. . . . My hopes are now very strong that I will regain my health. I inclose your usual fee for a renewal of treatment. Please send me one or two copies of your "Common-Sense" book. They will do good in this neighborhood.

A year afterward MRS. NEAR again wrote:

LE ROY, Genesee county, N. Y., }
August 11, 1867. }

DR. N. B. WOLFE—*Dear Friend*,—Such you have been to me—I would embrace the present opportunity to again thank you for the services you rendered me in my hour of need. I have no pleasure, no enjoyment, arising from good health, for which I am not indebted, through Providence, to your wise counsels and timely aid. At present my health is better than it has been for many years, and I can see no reason why it should not continue. I am frequently recurring to your words of admonition and advice: "Remember, my dear friend, that the laws of health are founded in eternal principles of justice, not mercy, which it is your duty to understand and obey; that treatment, even though entirely successful in restoring your health, does not *iron-clad* your constitution so as to prevent its failing again when you transgress these divinely established laws of your being." These words of wisdom have created a lasting impression upon my mind, and serve as a safeguard not to permit me to transgress the laws that regulate human life. I thank you for them, especially as they were brave, good words, spoken in season by a kind, judicious friend and counselor.

Your medicine had a wonderfully good effect on my disease: my throat and head are *entirely well*, and I ascribe the cure wholly to your treatment. I feel under great and renewed obligations to you for the interest you have manifested in my welfare—your prompt attention, tender Christian-like spirit, and untiring patience. May Heaven's richest blessings ever attend you in all your acts of kindness and charity to suffering humanity! We have the fullest confidence in you and your treatment, and will ever recommend it to all. Many in our neighborhood are now convinced that yours is the only proper way of treating disease of the lungs and throat.

With much respect, MRS. C. NEAR.

Latent Consumption.

The writer of the following letter had been in bad health for several years, and had medicated to an extent to show the entire inefficiency of all medicines swallowed into the stomach to remove or cure a disease in the lungs. His disease was latent consumption, rapidly advancing to its final stage of development. Read the letter:

WASHINGTON, Daviess county, Ind., }
April 13, 1864. }

DR. N. B. WOLFE, Cincinnati, O.—*Dear Sir,*—I am happy to inform you that my kinsman, Mr. William Barber, has again recovered his health under your treatment, for which he desires me to return you the sincere thanks of himself and friends. His condition was such that all had given him up to die; and now, that we see him again pursuing his daily calling on the farm, in the enjoyment of good health, and all the blessings of life, it seems indeed more like a miracle than the result of human agency.

My own health is quite satisfactory. I continue to follow your advice, as contained in your little book on Hygiene, and find it an invaluable counselor. My cough has subsided and my throat is quite well. Indeed, my health gives me no concern, except to remind me that to you, under the blessings of Providence, I am indebted for its restoration. I feel it my duty to speak of your treatment to all in terms of highest praise. I have not only been benefited by it myself, but those to whom I have introduced it all speak warmly of its value to them. I am thinking of devoting one day in the week to spreading your publications among the infirm in this neighborhood. I am sure the more your treatment is used and its principles understood, the more benefit to humanity will accrue, and the less confidence will all have in swallowing poisonous drugs into the stomach.

Your friend,

NELSON BARBER.

Catarrh of the Nose, Throat, and Bronchial Tubes.

On the 29th of July, 1864, MR. THOMAS N. MASTERS, a gentleman well known in and resident of Booneville, Warwick county, Indiana, of which county he had discharged the duties of sheriff, consulted me about his health. He had a bad catarrh of the nose, with general disease of the throat and air-passages leading to the lungs. I gave him Inhalations and other constitutional treatment, and learned, with gratification, the result, after one month's treatment had been used:

BOONEVILLE, Warwick co., Ind., }
August 30, 1864. }

DR. N. B. WOLFE—*Dear Sir,*—I inclose you your fee for another month's treatment, which please for-

ward soon, as my present supply of inhaling balm and other remedies is growing short by degrees and beautifully less. My month is not quite up yet, still my health has been steadily improving from the first to the present day of using your treatment. I have considerable more strength, though I have only gained two pounds additional weight. In short, I feel like, and am, quite a new being to what I was a month ago.

Believe me, your true and grateful friend,

THOMAS N. MASTERS.

MR. MASTERS continued treatment another month, and was then discharged, cured. He is now laboring as a missionary in the work of recommending his neighbors to try Inhalations, and many of them are trying it with satisfaction to themselves.

Preacher's Sore Throat.

PREACHER'S SORE THROAT is a most distressing disease, and if not arrested in time will as sure result in consumption of the lungs as effect follows cause. In the following letter it will be seen how far the disease had advanced before application for treatment was made. I feel warranted in saying that no other system of treatment than that of cool medicated air could have prevented a fatal termination of this case. The writer is a well-known clergyman in Southern Illinois, who would not misstate his condition to mislead the public. Read his letter:

RICHVIEW, Illinois, }
February 22, 1866. }

DR. N. B. WOLFE, M. D.—*Dear Sir,*—I received the box of medicines you sent me January 8th, and commenced the use of them immediately, and, in all due candor, I must say that I never had any treatment to do me as much good in the same length of time. When I received your treatment of Medicated Inhalations, I had an incessant cough, was throwing up small tubercles, from the size of a pin-head to that of a pea, which would sink in water immediately, when thrown into it; also, I was expectorating a heavy, yellowish pus in such quantities that it would almost strangle me. I was suffering from pain in my chest all the time; could not talk in a loud tone more than thirty minutes. I have used your treatment one month, and I feel like a new man. I weigh ten pounds more than I did when I commenced the use of your medicines. I have had no cough for the past three weeks. My appetite is good, respiration good, pulse regular; in fact, I feel better than I have for the past four years. I have been preaching day and night for the past twenty-six days, and feel better now than I did when I commenced. And let me say I feel

that this is all attributable to your treatment, and I would recommend all persons who have diseased lungs to try Dr. Wolfe's treatment by Medicated Inhalations. You can have this published if you desire. I do feel that I am a well man again.

Yours, truly,
JAMES P. DEW,
Pastor of Richview Station, South. Ill. Con.

Of similar import to the above letter are the following from three well-known clergymen, though varying a little in the expression of the disease :

DECATUR, Macon county, Ill., }
October 31, 1866. }

DR. N. B. WOLFE—*Dear Sir*,—Having a moment's leisure, I thought I would drop you a line to inform you that since I have been using the second month's treatment, I feel I am almost well. Every part of your treatment has had the desired effect, and comes fully up to my most sanguine expectations. My wife wishes to consult with you. . . . I am fully satisfied that your treatment for nose, throat, and lung complaints, if fairly tried, will give entire satisfaction. I got my old friend Dr. Roberts to examine my throat yesterday, and he said he never saw it look so well. My voice is almost as clear as ever it was, although I do not preach very often, as I do not wish to provoke a relapse by any indiscretion. "A burnt child," etc. I remain, your friend and brother,

A. BRADSHAW.

The following letter, written by a Presbyterian clergyman, located formerly at Mineral Ridge, Trumbull county, Ohio, will be read with interest by his many friends. His health was thought to be hopelessly broken down two years ago, about which time he commenced using Medicated Inhalations :

WINDHAM, Ohio, }
August 5, 1865. }

DR. N. B. WOLFE—*Dear Sir*,—I have often thought that I ought to write to you, to let you know the sequel of my case. After I ceased taking your medicine, I followed your directions, and spent the most of my time out of doors and in labor. In November I took my ax and went into the woods. In December I engaged in Government employ as Quarter-Master clerk, and in that capacity went with the army to Mobile, and thence to Texas. I am now at home a few days on leave of absence. My lungs seem sound, with some indication of adhesion to the right side. My weight and my strength have slowly and permanently increased.

Let me say, in conclusion, what I really believe : that to you, under God, I owe my life. Your treatment saved me at that time from the grave. My life was ebbing fast, and had not my wife, with faith in the system, pursued your directions with energy and efficiency, I had even then sunk, for I had no strength of myself to do any thing, and even begged her to let me alone.

I have recommended your system to my friends, and should I again fall under the power of lung disease, I should resort at once to your skill.

Yours, truly,
J. H. SCOTT.

On March 4, 1865, REV. C. P. FRENCH writes :

BUCHANAN, Upshur county, West Va., }
March 4, 1865. }

DR. N. B. WOLFE—*Dear Sir*,—You will recognize me as a Presbyterian minister who received a month's treatment from you during the Fall of 1863. When I saw you I was living near Cincinnati, but soon afterward removed to Wheeling, West Virginia. At that time I was suffering from an affection of the lungs, and from catarrh of the throat and nose. One month's use of your treatment so far restored my health that I was able to resume my duties as a minister. I have for about a year performed the duties of pastor of the Church at this place and at French Creek, which is ten miles distant.

During the Winter now closing I caught a heavy cold, which has, to some extent, brought back my former troubles, etc.

Catarrh Cured

LAFAYETTE, Madison county, Ohio.

DR. N. B. WOLFE—*Dear Sir*,—Your treatment for nasal catarrh has worked like a charm in my case. I was troubled with it for twelve years, apparently increasing all the time in severity ; but now, after using by inhalation your medicated air for two months, I have not the slightest symptoms of it, and hope I never will. For the present, I do not think it necessary to continue treatment longer. Should the catarrh return, I will again consult you. I am very grateful for what you have done for me, which almost seems providential, for it was by mere accident that I learned of your success in treating catarrh by Medicated Inhalations.

Mrs. E. M'Cov.

Catarrhal Bronchitis.

It is not necessary to offer any comment with the following letter. The writer was laboring under catarrhal bronchitis, with the prominent symptoms of asthma manifest :

HAMILTON, Fillmore county, Minn., }
November 15, 1867. }

DR. N. B. WOLFE—*Dear Sir*,—Your letter was received some time ago, and ought to have been answered ere this ; but my husband has been sick, and my time has been so completely occupied I could not. It seems to me I have entirely recovered my health under your treatment. I do not cough any more, go to bed and sleep sound all night, get up in the morning feeling refreshed, and ready for the cares of the day. None of those weary, faint feelings. I never felt so well, after sleeping, in my life as now. I can take in a long, full breath without pain, can walk a mile without any trouble from my lungs, am gaining

in flesh, and the color is coming to my face and lips again. Every body is perfectly astonished; they say my voice is so changed they hardly know me. It seems good to be able to sing and talk again. I have been covered with boils, and blotches, and sores of all descriptions, but they are getting well now.

If I should tell you all I have done in the past three weeks, perhaps you might think there was not much the matter to begin with. Whether it was imagination or reality, I feel very much indebted to Dr. N. B. Wolfe for my present good health. May your life be lengthened, and God's best blessing ever be around you!

Do you think it will be necessary for me to have any more medicine? I am feeling so well it don't seem to me I shall need it. I am going this afternoon to a friend of mine, and see if I can prevail on her to send for your medicine. There are several of my acquaintances that think they will send for it. I have circulated your books, and feel very anxious for every one that has a cough to apply to you.

With many thanks and prayers for your well-being, I remain your friend.

Yours, respectfully, MARY A. COREY.

Incipient Tuberculosis.

MRS. HARTLEY's health was failing from incipient tuberculosis when she applied for treatment. Her recovery has been completed and her testimony all that could be desired:

FRANKLIN, Warren county, Ohio, }
April 28, 1868. }

DR. WOLFE—*Dear Sir*,—Your second month's treatment reached me in good order Thursday evening, and I commenced using it with bright and renewed hope, and also most satisfactory results. I have improved so much in the last ten days that I feel almost well. I have no bad feeling about my chest nor through my shoulders; my throat also feels almost well at times. When I take a little cold my throat feels a little sore, but by using your wash a few times it passes over. I do not have much sick-headache. My appetite is very good. Doctor, indeed I feel like a new being in every respect. I can not tell you how much I thank you for your kindness toward me. My weight is 139; that is eight pounds more than I ever weighed. My friends tell me that they never saw me look so well. My husband laughs at me and tells me he thinks he will have to turn off our girls. It won't do to pay such big doctor bills and pay girls too. I tell him it agrees with me to act the lady. I think I'll have to get my picture taken, for I'm getting to be quite a good-looking woman again. Doctor, I must close by signing myself your grateful patient,

MRS. N. L. HARTLEY.

P. S.—[Ladies always write postscripts.] I have taken great pleasure in recommending your treatment to such of my acquaintances as I may find afflicted with diseases you treat, and some of them very likely will apply to you, as they think yours the only proper way of treating diseases of the nose and throat.

A German Testimonial.

Wir drucken den folgenden Brief eines unserer deutschen Patienten, eines hochgeachteten Predigers der Methodisten-Kirche, in derselben Sprache ab, in der er geschrieben wurde. — Wir ersuchen solche unserer deutschen Patienten, welche es im Stande sind, uns in englischer Sprache zu schreiben, indem wir die deutsche Sprache weder sprechen, noch dieselbe lesen oder darin correspondiren können, obgleich wir genug deutsches Blut in unsern Adern haben.

Mt. Eaton, D., den 15. Mai 1867.

Dr. Wolfe. Geachteter Herr!—Ich bin Ihnen immer noch meinen Bericht und auch Dank schuldig für Ihr "Treatment." Es ist lang gegangen, bis ich die Medicinen vom Depot bekam. In allen Stücken konnte ich nicht Ihren Anweisungen entsprechen. Ich habe z. B. seitdem nie das Predigen ausgeübt. Das wäre für mich gleichbedeutend, als wie sein Amt und seinen Verdienst aufgeben. Ich bin allerdings davon vollkommen überzeugt, daß es besser gewesen wäre, aber die Osterzeit erlaubt einem Prediger weder Ruhe noch Schonung. Dennoch kann ich Ihnen ungeschminkt und mit gutem Gewissen das Zeugnis geben, daß Ihr "Treatment" unter Gottes Segen und regelmäßiger Application einen außerordentlich guten Erfolg an mir hatte. Ich bin durch dieses eine "Treatment" bedeutend fleischer, härter und gegen äußere Einflüsse unempfindlicher geworden, als wie ich schon seit Jahren war. Zum Andern bin ich dadurch noch eine unnütze, ja schädliche Gewohnheit los geworden, nämlich das Rauchen. Ich war nie ein starker Raucher, aber auch das Wenige war schädlich. Wenn meine Finanzen es erlaubten, so würde ich mir zur Vorsorge noch ein "Treatment" kommen lassen. Sie werden mir es daher in Güte nachsehen, wenn ich es diesmal bei dem einen "Treatment" bewenden lassen will. Sie würden allerdings der christlichen Liebe ein schönes Opfer und der Humanität einen großen Dienst leisten, wenn Sie armen Kranken Ihr "Treatment" zu einem ermäßigteren Preise senden könnten. Indessen werde ich Sie empfehlen, wo ich Gelegenheit dazu finde.

Ergebenst Ihr Joh. Aderet.

Asthma of Twenty-Five Years' Standing Cured.

The readers of the following letter will see that a case of asthma of twenty-five years' standing, resisting all stomach-dosing treatment, yielded promptly to proper medicated inhalations, though the disease had almost destroyed the integrity of the lungs before the remedies were applied:

WHITE WILLOW, Kendall county, Ill., }
June 17, 1867. }

DR. N. B. WOLFE—*Dear Sir*,—I have troubled you with but few letters, considering the length of time I have been under your care, and I think I can now crave the right of trespassing on your time with

a more lengthy letter than I have ever written to you. Along in April I felt well and stout. Help being scarce, I took hold and plowed hard for seven or eight days. I probably must have overheated myself, and there was a most deadly pain settled in my left breast, right below my collar-bone. I had the most awful night-sweats, and daily I spit up probably a pint of yellow, sickening matter. I pitched into your last box of medicine, and was frequently bathed with salt and water. The night-sweats have left me, and the pain in my left breast. I do not spit up half as much matter as I did. There is no blood mixed with it now. I cough *none* through the night, and very little through the day. I have had no symptoms of the asthma. The doctors here have made light of the way of your treatment, but I have as much faith in your way of treating the *lungs* as I have that the sun shines. *Any way, you cured me of the asthma after it stuck to me twenty-five long years, and I will bet any doctor one hundred dollars that he can not cure a case of asthma of twenty-five years' standing by taking drugs into the stomach.*

Doctor, all eyes in this neighborhood are now upon me; they know that I am bad off; they know that I am very weak. *Many know that you cured me of the asthma, and if you can heal up my lungs and give me strength, your treatment will be established in this country beyond a doubt.* If I live I will stick to your treatment till every sore on my lungs is healed, if it takes ten years, and I believe that you will cure me as much as I believe that I am now writing to you.

I will write you a letter to publish in your forthcoming book, and I will show up the evils of taking medicines into the stomach to cure the asthma, for I did so for twenty years, and it never did me one bit of good. Your friend, JOSEPH C. WIDNEY.

A Voice from Missouri in favor of Medicated Inhalations.

WHITESVILLE, Andrew county, Mo., }
June 18, 1865. }

DR. N. B. WOLFE—*Dear Sir,*—I deem it my duty to inform you—and I could heartily wish all persons afflicted as I have been were aware of the fact—that I have received *very great benefit* from your medicines and prescriptions. Indeed, your first month's medicines so far restored me that I believed I was permanently cured; I think so yet, but my wife, knowing what had been my alarming condition, insists that I shall apply to you for another month's treatment, fearing a relapse. I yield to her kind solicitations, and make that application for her sake. Please forward the medicine to Savannah, Andrew county, Missouri.

For about fifteen years I have had, more or less, a most distressing cough, and became so enfeebled that I could scarcely walk to my barn-lot and return. I frequently threw up my food; my stomach and bowels were frequently out of order; I became enfeebled, despondent, and almost hopeless. I cough but little now; I eat heartily; my food digests well and properly; I am gaining flesh and strength rapidly; my spirits are hopeful and buoyant, and I am filled

with thanks and gratitude to God and to you. I have gained from ten to twelve pounds in weight during your one month's treatment. I can walk, run, or work as well as ever, allowing for my age, say fifty-three.

With the highest respect and regard, I am your obedient servant, HENRY MUSE.

I wrote to obtain MR. MUSE's permission to publish the foregoing letter, and on August 8, 1865, he made the following reply:

DR. N. B. WOLFE—*Dear Sir,*—I am at this time in very good health, and have during the Summer been doing tolerably good work without much fatigue.

If my letter of June 18th will do you, or my suffering fellow-men, any good, you are at perfect liberty to use it in any form you may wish.

As regards the veracity of my statements, no one need remain in doubt, since it is an easy matter for me to give reference to many of my neighbors and acquaintances. Perhaps the best indorsement to my words is the fact that you have recently had several patients from this place, who, seeing what you had done for me, were thus induced to seek in your treatment what I had found—a cure. Accept the thanks and good wishes of your much obliged friend,

HENRY MUSE.

Do your Bulliest, Doctor.

The following letter is the last received from the writer, who, when commencing treatment, wrote, "I want you to do your bulliest, Doctor, and put me in marching trim again." He was a "bummer," and accompanied Sherman in his march to the sea, and a good soldier, "you bet." He can speak for himself; hear him:

SANDUSKY CITY, Erie county, O., }
June 21, 1866. }

DR. N. B. WOLFE—*Dear Sir,*—My health continues to improve. I do n't know what I will come to if I continue to gain. I am getting as fat as a pig since my cough left, and I now weigh one hundred and twenty-two pounds. *I have gained just twenty-two pounds in the last month.* I am free from pain, and can walk several miles right off, at my ease. I sleep sweetly and *eat splendidly*. Send me another month's treatment—I'm bound to put it through; and also some books, to hand around. I have distributed those you sent me, and Mr. Walker will send for treatment for his case in a day or two. I gave him one of the books. I was out picking strawberries yesterday, and *eat about a bushel*. *Do you like strawberries and cream?* I would send you some, but I am afraid they would make you *sick*. I think I'll get my picture taken, for I am getting to be quite a good-looking young man again. Well, Doctor, I will close, by signing myself your grateful patient,

THOS. A. MORROW.

A Minnesota Farmer.

The writer of the following letter visited me for personal consultation. His lungs were almost hopelessly broken down, and as a drowning man will grasp a straw, so he turned to medicated inhalations, but without hope. After using three months' treatment, and contrasting his condition then with what it was at the commencement, he says: "I can scarcely realize the truth as it is." But here is one extract from his letter, which I fear will be "cold comfort" to the old Ephraims of High Physic:

HASTINGS, Dacotah county, Minn., }
July 22, 1864. }

Four years ago several physicians of Indiana pronounced my disease CONSUMPTION, and said I could live but a few weeks. They fed me on Cod Liver Oil till I got disgusted with both them and their quack remedy. My head and my stomach both revolted at making an apothecary shop of my stomach. The result is, I am in better health to-day than I have been for many years. I am doing more hard labor than any hand I have on my farm, and am worth four men such as I was when I put myself under your treatment.

I met Mr. J. C. Peck a day or two ago, the gentleman you are now treating in this place for an old standing lung disease, and the first salutation he gave me was to express his gratification at the effects of your treatment upon his health. "Why," said he, "every time I use that little Inhaler I feel new power, and new life, and new manhood in my whole system;" and he seems to think he will need no more treatment after his present supply of medicine is exhausted.

"Is it not wonderful," said he, "that *after spending more than a thousand dollars with the stomach-drugging quacks of the land these last ten years, that I should regain my health in one month's time by using Medicated Inhalations?*"

This I have from his own lips. . . .

Yours, truly, REUBEN CECIL.

Catarrhal Bronchitis.

MR. A. W. SEYMOUR, a well-known gentleman residing in Bainbridge, Ross county, Ohio, had been troubled with sore throat and a severe cough for a long time, till it was thought his lungs were seriously involved. He used Medicated Inhalations and got well in two months. Two years afterward he wrote, June 4, 1865:

DR. N. B. WOLFE—*Dear Sir,*—Please find inclosed your fee for one month's treatment for Mrs. —, to whom I have recommended Medicated Inhalations. The condition of her health you will find

reported on the circular. I sincerely hope and believe your treatment will benefit her.

My own health continues first-rate. My throat gives me no trouble whatever, and my cough has entirely subsided. I am again able to breathe with freedom, and can inflate my lungs fully without any discomfort. . . . I never had much confidence in swallowing medicines into the stomach for disease in the lungs, and now that I have found the value of inhaling Medicated Air, I have no confidence whatever in dosing the stomach.

A Triumph!

From the amount of matter expectorated by this patient in twenty-four hours, some estimate of the condition of the lungs may be formed. Extensive cavities were formed, and into these the wasting tissue poured. No wonder the appalled physician said "he could not live two weeks." Neither could he, had he continued the folly of drugging the stomach as he was then doing. It is a safe rule of conduct, in the practice of medicine, to do no harm if you can do no good to your patient. It were better, I believe, to do nothing than to be drugging the system in such cases, for Nature will sometimes be able to repair damages if not obstructed by professional tinkers, who stand ever ready with their deadly pill, powder, or draught, to assist the disease to do its fatal work. But hear the testimony of the case:

Consumption Cured.

SOMERSET, Warren county, Iowa, }
June 6, 1863. }

DR. N. B. WOLFE—*Dear Sir,*—I have waited to see the effects of your treatment fairly before writing you the results. I have used but half of the second month's treatment, and find myself so much improved in health that I will not, I think, require any more.

I am fully convinced, from my own experience in your system of treatment in lung diseases, that Medicated Inhalations will do what has never been accomplished by dosing through the stomach; namely, cure consumption.

Seven months ago my health failed me, and I grew so feeble that my physician said it was utterly impossible that I could recover it again—an opinion in which my friends also shared. I had had several copious hemorrhages from the lungs, and expectorated from a pint to three half pints of bloody, rusty-colored matter per day. *My physician said I could not live two weeks.* Under such circumstances I commenced your treatment, which, with the providence of God assisting, has restored me again to comparative good health.

I am canvassing the neighborhood, and distributing

your books among those who seem to have lung disease. I owe this service to you in part, but principally to those who suffer, that they may know how to be made whole again.

Very truly, yours, THOS. G. MILLIGAN.

From West Virginia.

BUCHANAN, Upshur county, West Va., }
February 24, 1868. }

DR. N. B. WOLFE—*Dear Sir*,—I am happy to state that my health has greatly improved within the last few weeks, so much so that I think the further use of medicine entirely unnecessary; indeed, I feel as well as I have for years, and my friends say I look the best they ever saw me. I shall ever feel thankful that I was made acquainted with your remedies, and grateful to you for your kindness and interest in my case.

Hoping you may be as successful with sufferers in the future as you have been in my case, I subscribe myself, yours, with very great respect,

MARY J. FARNSWORTH.

MR. SMITH has a brusque way of putting things, but sometimes the object is attained more effectually by the short-cuts of speech than by using circumlocution. He believes that one of his children was "hurried to the grave" by dosing, so is unwilling to repeat the experiment on other members of his family:

MONTEZUMA, Powshiek county, Iowa, }
December 30, 1867. }

DR. N. B. WOLFE—*Dear Sir*,—We received your medicine in due time, and used it with great benefit. We thought that our boy was entirely well, so much so that we did not send for any more medicine. We could n't see any symptoms of the disease only in his speech. When he reads it seems as though his nose stops up so as to injure the sound, and the past week he showed some signs of an attack of the sore throat, but it was very light, and the only one in five months. He gained in flesh, and looks well, to all appearances, but we are not quite satisfied, and thought we would send for another month's treatment.

I am greatly pleased with the benefit already received, but I fear we have stopped short of a perfect cure. I have perfect faith in a sure cure if continued long enough; and the boy almost worships your picture, calls it his Doctor, and shows the book to every one that comes in. He refuses all other medicine—says if yours do n't cure him it is no use to take any other; and that is my opinion, for I have had one child treated by the most skillful doctors both in Ohio and Iowa, and I ever shall believe he was hurried to the grave. If I had known of your medicine, he might have been cured and living to-day. I want you to tell me whether it is best to send him to school. It seems it do n't agree with him to confine him.

Yours, respectfully, RICHARD SMITH.

Asthma Cured.

Two letters from the patient:

CALAMUS POST-OFFICE, Clinton co., Iowa, }
January 12, 1868. }

DR. N. B. WOLFE—*Dear Sir*,—This is the twentieth day of my treatment, and I am glad to tell you that my health is improving very much. I feel better than I have for years. I have gained five pounds in weight since I commenced your treatment, and I think I am getting pretty fat. I am well satisfied with the treatment, and I will recommend it to some of my neighbors who are now drinking medicine without doing them any good.

I am getting along so well that I think I will not need to get any more medicine.

Yours, truly, FREDERICK PETERSON.

CALAMUS POST-OFFICE, Clinton co., Iowa, }
March 26, 1868. }

DR. N. B. WOLFE—*Dear Sir*,—As my health is yet good, I deem it my duty to let you know it. I have had no return of my old complaint, asthma, and I hope I never will; but if I ever do, I will be sure to call on you again. I can now do as much work as I ever did, and I am a great deal stronger than I ever was, and I am sure if it had not been for your treatment I would have been in bed and sick at this time.

I am, with great respect, yours, truly,

FREDERICK PETERSON.

A Hopeless Case Restored.

"My friends expected to have laid me in my grave!"

MRS. METCALFE's case has attracted a good deal of attention, and will be read with much interest:

NILES, Michigan, }
November 21, 1867. }

DR. N. B. WOLFE, Cincinnati, O.—*Dear Sir*,—It has been some six weeks since my last month's treatment run out, and I thought I would see how I could get along without medicine before writing to you again, and, therefore, have delayed writing till now. At present I feel almost as well as I ever did, and think if I keep well during the Winter, that I shall be restored to perfect health.

When I think of the state of my health when I commenced with your remedies, and see now how I am, it seems almost impossible. No wonder my friends are surprised; they seem to think it will not be lasting. I tell them they do not know how well I feel. Last Fall at this time my friends expected to have laid me in my grave. Then the doctors said it was a confirmed case of quick consumption, and that I could not be helped, but here I am to-day nearly as well as I ever was, and thanks to you, my dear sir, for the good your treatment has done me, and I hope that many more will be brought to see that by medicated inhalations the lungs can be reached.

Dr. Wolfe, you made a great mistake about my weight; you said I had lost flesh while using the

treatment. I gained ten pounds the first month, and kept gaining through the whole three months. When I commenced your treatment, I only weighed a little over one hundred; now I weigh one hundred and forty.

Well, Doctor, the people are coming to me from all directions for books and circulars of questions, and to learn all about you, and to see if I am really the woman that had the consumption. They have got all my books, envelopes, and circulars, and every thing, *only myself*. I tell my friends I stand as a good witness. When *they see me* they need no further evidence of the virtue of your medicine.

A few days ago there was an old gentleman came to see me, and said, "Are you the woman that had the consumption, and have been using Dr. Wolfe's medicine?" I told him I was. He said his daughter was said to be in the first stage of consumption, and he came from a place called Brownsville, about twenty-five miles from here, to see if it was really true that I had received so much benefit from your remedies. I showed him my inhaler, and told him I was that same woman he had heard so much about, and said, I do believe if you would send immediately to Dr. Wolfe he would help your daughter. I gave him an envelope and a circular of questions that I had yet left. The man's name is Northrop; he has perhaps sent before this time.

One of the books was sent to a lady in Ohio by one of my neighbors, to an aunt, who was said to have consumption, and another was sent to the eastern part of this State. If my lungs ever trouble me again I shall send to you.

E. METCALF.

Letter from an Asthmatic.

DELTA, Fulton county, Ohio, }
October 2, 1863. }

DR. N. B. WOLFE—*Dear Sir*,—When I suffered so severely with bloating, and wheezing, and hard breathing last March, your treatment in a few days gave me entire relief, and I have had no return of it since, till I wrote you again for more treatment, a few days ago. Since I received it I have been using it according to directions, and with the same happy result. Your treatment seems to answer my case better than any I have ever tried. Before using it, I could not lie down at nights, nor was I able to do any thing, from shortness of breath. I am now entirely free from all these symptoms, can sleep soundly without being disturbed, and am at work every day.

Shall I keep on with the medicine, or shall I only use it when I feel the symptoms of the disease?

Yours, very truly, JOHN HARRISON.

Asthma Cured.

MR. TRUMAN D. OLIVER was afflicted with asthma for fourteen years. When he applied for treatment he wrote:

MEMPHIS, St. Clair county, Mich., }
February 26, 1863. }

DR. N. B. WOLFE—*Dear Sir*,—Herewith I inclose you the circular containing answers to your

questions, and your fee for one month's treatment, which you will please forward without delay. I would say that I take cold very easy, and every time I take cold I have very bad attacks of the asthma. I have had it over fourteen years, and scarcely know what it is to be ever free from it. My lungs seem to swell at such times, and it is impossible for me to lie down at nights, except a couple of hours in the morning. Frequently, for three or four nights at a time, I am obliged to sit up all the time without any sleep, only as I gasp it in "snatches," as I lean forward with my elbows on my knees, resting my head in my hands. You can not tell, sir, how much I suffer with this dreadful disease. Yours, in hope, T. D. OLIVER.

MR. OLIVER wrote again on the 13th of March:

The night I received your treatment I was suffering very much for want of breath; I commenced using it at once according to your directions, and, thank God! was instantly relieved.

MR. OLIVER again wrote, on the 27th of May following:

DR. N. B. WOLFE—*Dear Sir*,—To-day my neighbor, Mr. Francis Howe, called upon me to inquire what effect your treatment had upon my asthma when I used it last March. He was satisfied, from seeing me and hearing me talk, that I was cured, and will shortly send you a statement of his condition for treatment.

I suppose, my good Doctor, you thought strange that I did not write to you again after my first month's treatment was out; but as I believe you have effected a perfect cure, as far as I can judge, in my case, I did not think it worth while to do so.

I am gaining in flesh, my appetite is first-rate, and I can do as much work on the farm now as any man in this country, and do not lose breath as I used to.

Yours, truly, T. D. OLIVER.

Bronchitis Cured.

The writer of the following letter is the wife of a clergyman, a lady of education. Her statement, though short, will be read with interest by her many friends:

ANN ARDOR, Michigan, }
June 24, 1866. }

DR. N. B. WOLFE,—It gives me great pleasure to inform you that my health is very much improved.

After taking your last month's treatment, in February, I found myself better in health than I have been for many years. I now weigh one hundred and forty. I have not weighed so much before since I was married, fourteen years ago. I follow your advice contained in your "Hand-Book and Patient's Manual," and feel that I have been greatly benefited by so doing.

When I remember how miserable I was when I applied to you for treatment, and then think how well I now am, I can but feel that, under the blessing of God,

I am indebted to your advice and treatment for this happy change.

There are many here troubled with throat and lung diseases. I often recommend your treatment by medicated inhalations, and often wish I had more of your books to lend or give away.

Respectfully, yours, MRS. H. S. WHITE.

Consumption Cured.

ANDERSON, Ross county, Ohio, }
January 20, 1868. }

DR. N. B. WOLFE—*Dear Sir*,—I have been waiting for some time to see how my health would be after ceasing the use of your treatment. I find my health very much improved, and constantly improving. I think I will not have occasion to use your treatment any longer. I think it has given me such a start to good health that Nature will effect the cure.

I have recovered my maximum weight, and my pulse, which ranged from ninety to one hundred and ten beats per minute, now from seventy to eighty. I cough very little, and I think with warm weather it will cease entirely. I feel grateful to you, Doctor, for your good service, and I'm certain your treatment has greatly benefited me. I can confidently recommend persons similarly afflicted to use your treatment, believing that they will not regret placing themselves under your care.

Hoping that you may have the patronage that you so justly merit, I remain, your most obedient servant,
P. R. PLYLEY.

A Go-ahead Woman's Letter Written in Health.

It will be seen the writer of the following letter was not very much indisposed when she wrote it:

MARENGO, Iowa county, Iowa, }
July 8, 1867. }

DR. N. B. WOLFE—*Dear Sir*,—I am most happy to write you that I am improving in health, and feel decidedly better in every respect. Your "Manual" has been my companion, and I find its useful lessons congenial to health, happiness, and buoyancy of spirits. My friends all remark how well I am looking, and inquire what I have been doing to myself. I reply I have been using the Elixir of Life, or, in other words, using Medicated Inhalations, by Dr. Wolfe, of Cincinnati. If they are interested, I go on to explain further, and lend your circular, and keep it going from one to another.

I can now walk a mile, attend to my Canary-birds and fourteen jars of beautiful house-plants before breakfast, (we breakfast at six o'clock,) after which I make my bed, sweep my bed-room and sitting-room adjoining, and front hall and walk. I then leave the dust to settle, and use my medicines according to directions; visit my kitchen, see that every thing is progressing in apple-pie order, and give directions for dinner; return and dust, and get my little boy ready for school.

Since I wrote you I have been having a house full of company from abroad. They bade us good-by on

the evening of the 4th. I enjoyed the visit much, and again enjoy the change, feeling I shall have time to draw many *full, long breaths*. I did not rest well nights while they were here. I suppose I was on my feet too much, consequently my sleep was not so refreshing as it should have been.

I take far better care of those I love than of myself. I know of no other way than to hereafter look upon you as my family physician, and have you prescribe laws by which I must abide. I would far rather pay you for good advice any time than for as much medicine. With sincere thanks, I remain, your well-wisher and true friend,
MRS. B. F. CRENSHAW.

Clergyman Testifies.

We have heard from MR. BRINDLE since the date of the following letter, and was pleased to learn his health continues good. Several of the persons alluded to in his letter have been induced to use medicated inhalations through the influence of this gentleman:

DECORAH, Iowa, }
May 10, 1867. }

DR. N. B. WOLFE, Cincinnati, O.—*Dear Sir*,—My coming here was an experiment by which I was to test the climate, and my physical ability to perform ministerial duty to this lighter charge, than that I left—Central—in Philadelphia. To aid me to stand it, I applied for and received a box of your remedies, and am pleased to say that very soon my difficulties so far abated as to lead me to regard myself as about as well as for years. I did all my work with comparative ease; have been favored with the most extensive and powerful revival of religion of my eighteen years' ministry, and that right among Spiritualists, Universalists, and infidels. In the work I was, humanly speaking, alone in my labors, night and day, for six or seven weeks. They ended three or four weeks since. I was tired, of course, but perceived no other evil result. For a few days, however, I perceive some return of the old symptoms, though not yet as bad as when I applied to you and took your remedies. I propose to recommence in time.

They are, first, lassitude; second, expectoration and disposition to cough; third, some sense of weakness, if not oppression, in the chest.

The No. 1 bottle of Balm appeared to do me much more good than No. 2. About half of the contents of the bottles for nose, and throat, and stomach, remain. Shall I still use them?

My friends East and West have been informed of the source through which I obtained relief before. How many have been induced to apply to you I can not say. I know of two or three who have.

Last Fall, in coming to a new climate, I rationally credited the climate somewhat.

If, now, the remedies relieve and remove these symptoms, under God, your system will receive all the credit and yourself the sincere gratitude of,

Yours, in the Gospel, GEO. W. BRINDLE.

A correspondence between the writer of the following letter and a gentleman of this city, was the occasion which induced MR. CRAMER to express himself on the subject of medicated inhalations. For a non-professional man, his views of the action of medicated air on the vascular system are apt, and, in the main, correct. It will not detract from the interest of the letter to know that the writer is our present distinguished Consul to Leipsic, and is also brother-in-law to General U. S. Grant—the next President :

A New Method of Curing Consumption.

No disease is more to be dreaded than consumption. Hence, *any* system of treatment which will insure a speedy and effectual cure of that disease will be hailed as the harbinger of better days by the thus suffering humanity. Dr. N. B. WOLFE, we learn, is a gentleman of great scientific attainments in the medical profession, and has invented a new, and, doubtless, an effectual method of curing the diseases of the *Throat and Lungs*. In the treatment of these diseases he seldom gives medicine to be taken into the stomach, but prepares it in such a way as to be directly inhaled into the lungs. This method of treatment strikes us at once both as scientific and rational; for the medicated air is received into the air cells in the lungs, which seems to strike at once at the root of the disease, and as the blood flows through the blood-vessels, which are spread out over the surface of these cells, the inhaled medicated air will pass from the air cells into the blood, and thus purify the very fountain of life. We would, therefore, cheerfully recommend all consumptive persons to adopt Dr. Wolfe's system of treatment, by applying to him personally, or by letter, at his PULMONARY INSTITUTE, 146 Smith-street, Cincinnati, Ohio. M. J. CRAMER.

MRS. HENRY PAYNE, whose physician informed her that if blue pills could not cure her, nothing would, thus writes from Helena, Tama county, Iowa, on the 24th of May, 1865 :

I am happy to say I still feel well—much better than for years past. My lungs do not trouble me, my throat is entirely well, and the pain in my side is mostly gone. Should my complaint ever trouble me again, I shall well know whom to first consult, for I feel satisfied your treatment is the only one now in practice that can save the consumptive.

You are, and ever will be, remembered by me while I journey on earth. Please accept my thanks for your kindness. Your friend, etc.

LOGANSFORD, Ind., July 3, 1865.

DR. N. B. WOLFE—*My Friend*,—No doubt you have come to the conclusion that I have forgotten

you, but, Doctor, I have not. I am getting along pretty well, and think I will not need any more medicine, thanks to your kindness and treatment.

My brother-in-law, Mr. Tucker, visited us last week. He is looking quite well—better than he has for some time. How thankful he and all his friends are that he ever tried your treatment, for had he not, he would, no doubt, long ago have been in his grave.

You have, doubtless, heard of the death of Mr. Jamison. He was trying the Medicated Air, and, I believe, thought himself better, but he died suddenly, some few weeks ago. I fear I am intruding upon your time, consequently will close; not, however, till I thank you for this medicine. Yes, many, many thanks, both for your trouble and medicine. Wishing you much success and happiness, I remain, your true friend,

J. R. GOTSHALL.

COLLEGE CORNER, Butler county, O., }
May 5, 1866. }

DR. N. B. WOLFE—*Dear Sir*,—I have now used your treatment three months according to directions, and with feelings of *gratitude* would say my health is very much improved. My throat gives me little or no uneasiness now; my lungs feel stronger and better, and my voice is stronger, I think, than it has been for years.

I think I will be able to get along without any more treatment; but should I be disappointed, I will certainly call on *you* again for medicinal aid; and before closing our correspondence, I would desire to *thank* you for all the trouble and *interest* you have taken in my welfare. I wish you *success* in all your efforts, and will recommend your treatment to others.

I am, with great respect, yours, very truly,

ANNA STEWART.

MRS. HARRIET COLE, an intelligent lady of Whitewater, Walworth co., Wis., writes, after a month's treatment, March 8, 1863 :

I am happy to inform you, Doctor, that your treatment has had good success with me. I have gained every day since I commenced its employment. In fact, I feel well. I neither cough nor expectorate, as formerly, and am entirely without pain in my chest and in my sides. I can now walk and exercise without feeling much tired, and feel new life-currents strengthening me every day. My feet and limbs are warm, and I feel happy with the thought that I shall again enjoy good health, if I continue as now. I have taken much medicine to get health, but the more I swallowed the further off I seemed to be from my object. Inhalation has saved me, and I thank you for it.

DR. SHEPHERD, the writer of the following letter, needs no word of introduction to the great body of Presbyterians in the Western States. His letter shows him to be a clear thinker, and a scholarly man. This letter was published in the "Presbyter" of this city—edited by REVS. J. G. MONFORT

and J. M. WAMPLER—several years ago, and at the time produced a profound impression upon the readers of that old-established journal. The discussion which this letter provoked, induced Dr. Shepherd to use the treatment for his throat trouble, in which he found immediate and permanent relief. This fact he also made public. We have only room, however, for this one of his interesting and able letters:

EDITORS OF THE PRESBYTER,—In your issue of January 9th, there is a letter from DR. WOOD to DR. N. B. WOLFE, of your city, in reference to his mode of treating affections of the lungs and throat, by the "Inhalation of Medicated Air." In the previous part of my ministry I have suffered much from two attacks of Laryngitis, and much more from the old method of treating this disease. During this Winter I have been interrupted in my pulpit labors, more or less, by a return of the complaint. As an experiment, I have received treatment from DR. WOLFE, and had his correspondence to some extent, and for this reason it may not be improper to express an opinion upon the subject.

DR. WOLFE does not claim that the "Inhalation of Medicated Air," in the treatment of consumption, is a new theory. In an "Essay and Letters" on this subject, which is before the public, he shows, historically, that the theory, in its essential features, is nearly as old as the science of Medicine; and that for the last three hundred years, especially the great lights of the profession, though as yet comprehending the subject imperfectly, regarded it with high favor. What he claims is, *that having made the treatment of lung affections by this method a specialty for fourteen years*, he has attained an important advanced position in the profession, both in his improved method of inhalation and in preparing and adapting his remedies to the state of the disease.

Topical treatment, by poultices, emollients, stimulating liniments, lubricating ointments, and cooling washes for allaying inflammation, subduing swellings, cleaning and healing ulcers, and strengthening weak parts, has been a favorite method, both in domestic and professional practice, for many generations. Its acknowledged adaptation and success has secured the confidence of mankind the world over. It seems to me to be a matter of common sense that inflammations of the throat, bronchia, and lungs are as strictly local diseases of the internal surface as boils, common ulcers, or inflammation are of the external surface, and if well-adapted remedies, applied directly to the diseased parts, will allay inflammation, soothe and heal in one case, why will it not do it in the other? The whole matter evidently turns upon the skill and ability of the practitioner to discover the best remedies, and apply them in the most direct and appropriate method. In this respect I believe DR. WOLFE's method of treating lung diseases, by "Inhalation of Medicated Air," worthy of the attention of that class of persons for whose benefit it is proposed.

It is proper to state that I have no personal acquaintance with DR. N. B. WOLFE, and this article is written without his knowledge.

I. N. SHEPHERD.

MUNCIE, Ind., Jan. 15, 1864.

We will conclude our testimonial letters by giving place to the following able letter of DR. GEO. C. WOOD, of Philadelphia. It certainly does credit to his head as a thinker and his heart as a man. Dr. Wood does not hesitate to assert what is known to every intelligent physician the world over, that besides medicated inhalations, "*all other modes of treating consumption are but histories of so many failures.*" Would it not be becoming in young men, at least, who have made the science of medicine a study, and chosen the profession for the good they may be able to do in it, to *hesitate* before they begin to denounce a practice which older and wiser heads have pronounced favorably upon? It has got to be well known that knowledge is tolerant, and ignorance is mostly prescriptive.

PHILADELPHIA, December 29, 1861.

DR. N. B. WOLFE—*Dear Sir*,—I have just read your work on the treatment of "Pulmonary Diseases by Medicated Inhalations," and can not but coincide with you that it is the only rational treatment ever yet proposed for those diseases, inasmuch as the medicated vapor reaches the seat of the disease directly, just as a topical application would an external sore. In a practice of many years, I have never yet been able to discuss or resolve a tubercle in the lungs by the introduction of medicines into the stomach, although I have almost exhausted our *Materia Medica* to discover such a remedy. Furthermore, medicines in the stomach, after having been subjected to chymification, become so diffused and attenuated when taken up by the chyle, as to be almost, if not entirely, impotent for good or evil on reaching the lungs; and our long list of EXPECTORANTS and DISCUTIENTS are but the synonyms of our failures. The phosphatic deposit of tuberculosis is unquestionably made while the patient is in a negative state—with an enfeebled, vascular action in the lungs—but once made, there is no medicine that can be introduced into the stomach strong enough to resolve them, that would not destroy that organ itself, and the only possible means of reaching tubercles is by the gaseous, topical application, or medicated vapor—as all other modes of treating consumption are but histories of so many failures. The plain, practical sense embraced in your treatise merits, and doubtless will commend itself to the attention of the medical profession, as well as the public. You are on the right track. Persevere.

Respectfully, etc.,

GEO. C. WOOD.

These are the facts on which the truth or falsity of this practice must be judged. It is not possible that it should always succeed, but when its results are placed side by side with the best results ever before attained, with what honor does it come forth from the comparison! Let, then, all who are the victims of this greatest of scourges look more at the many triumphs inhalation attains, than at the few failures it suffers, and be thankful that Heaven has permitted them this hope, rather than repine that the all-wise Disposer of events has not placed within their reach a panacea for this disease, universal in its application and infallible in its results.

The limits of this little book will not allow us to continue these letters. We have but touched the pile of correspondence before us, from which a thousand of similar import to the foregoing could be gleaned. We regret this, as many of the writers are prominent persons, well known to the country at large, or the localities in which they live. We have physicians, lawyers, clergymen, mechanics, artists, farmers, professors and presidents of colleges, school teachers, and almost every profession or occupation represented, and writing in favor of medicated inhalations after having given them a fair trial. Surely, so much testimony *agreeing* ought to establish one fact beyond cavil, or the peradventure of a doubt, namely, that the treatment of pulmonary diseases can be successfully practiced by medicated inhalations, and that the success of this method of treatment distinguishes it from the old stomach-dosing practice which never has cured a well-defined case of consumption, asthma, or bronchitis since the world began.

But we have not room in the prescribed limits of this little book, even to name the writers of the unpublished manuscripts before us, in all of which the most unequivocal indorsements of this grand triumph of modern science is freely bestowed. They speak with enthusiasm and gratitude of their experience with medicated inhalations, and without reserve strongly recommend the infirm of health to its timely employment. Among the writers are the following:

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If success be the test of truth in medicine, or demonstration the proof of science in the treatment of disease, we have no fear in the fair comparison of the two methods of treatment in consumption through the stomach and through the lungs, and of their respective claims to public confidence. We, therefore, insist that whenever the physician is successful in arresting and curing by such means a malady which would otherwise have proved fatal, it is a proof that not only the principles upon which his remedies were applied or administered were correct, but that the medicines themselves were so also. So it is on the other hand, where he is not successful, a proof that his principles are false, or his remedies wrong. The result is the only test of the truth of what assumes to be science. To this simple rule there are many apparent exceptions; but they are exceptions only in appearance, not in reality. For instance, it is no proof that if a simple "cold," or the "measles," or a "fit of indigestion" is recovered from, under the prescriptions of a physician, that such prescriptions were the cause of cure, and consequently correct. These diseases are rarely mortal in themselves, and would die out, of their own accord, in nine cases out of ten, were no medicines whatever prescribed for their removal. We see them vanish alike under prescriptions of the most opposite character—Allopathic, Homeopathic, and Water-Cure—some *soothing*, others *stimulating*—some *tonic*, others *debilitating*. Now, it is not possible that these can all be correct, and yet we daily see patients triumphing over attacks of disease under each of them, and, indeed, under every possible absurdity of treatment. These furnish seeming exceptions to our rule, *that the test of the truth of a practice is the success of its application*. But look at them more closely and you see that they are not really so. These are trifling maladies, not fatal in themselves. Nature, or, more correctly, the vital power of the system, is sufficient in most instances to expel them. Medicines rightly administered may aid in the work of expulsion, in one case, and injudiciously and wrongly prescribed, may retard it in another, and yet the patient ultimately recovers in both cases.

The result is the same, though it may not be gained with equal speed or equal suffering. Now, it would be folly for us to say, in such cases, that because the patient gets well, he is cured by the medicine given; since, as we said before, he might really have got well much sooner had no medicines whatever been prescribed.

But with regard to mortal diseases, like consumption, typhus fever, etc., in which nature almost always sinks, unless aided by proper medical treatment, the success of that treatment is justly the test of its truth and fitness. When all known methods alike fail, it is a certain evidence that the correct method is not yet discovered.

To what purpose, then, is this argument? It is intended to show that the usual treatment for consumption can not be a correct or proper one, and for the very reason that it always fails to accomplish the object for which it is employed. Every patient suffering from this disease that trusts in it, is doomed to death—not *killed* by it, for physicians, as a rule, do not prescribe very powerful medicines in this complaint; but *permitted to die* for want of the proper means being employed to save them. Now, it is idle for any physician or patient to deny this, for it is the experience of the world. We do not proclaim it in asperity, but with deep regret. It is our duty to do so, if we would be honest advisers of those who wish to learn the truth.

Again, for the very reason that all the old methods of medication in consumption are false, Inhalation, or the new method of treatment, must be correct. They *fail*, and it *succeeds*. The disease progresses under them, and is arrested under this. The patient grows weaker and more emaciated day by day, notwithstanding all the "*tonics*," and "*stimulating*," and *nourishing* things which he takes by the stomach, but begins to gain strength, and ceases to lose flesh, almost as soon as he is under the influence of medicines inhaled into the lungs. Irritation, cough, fever, and night-sweats, all vanish under the inhalation practice; but defy medication by the stomach. Then, too, look at the final result! Fully two out of every three persons who resort to inhalation

finally get well, while it is rare, indeed, that one escapes the consumptive's tomb under any other plan of treatment.

Simply inhaling remedies will not insure the results desired. The whole question turns upon the skill, the observation, and experience of the physician, in adapting proper remedies in the gaseous state, to control diseased conditions of the lungs and air passages. Experience has demonstrated that the practice of inhaling medicine through *hot water* is attended with injurious results, in all cases where there is much constitutional debility or expectoration from the lungs. The remedies found to be most effective in arresting and curing pulmonary disease consist of balsams, gums, resins, oils, and volatile chemicals. These can not be reduced to a vaporous condition by hot water, and, therefore, can not be used in the hot-water flask of Dr. Mudge, which is still found in the service of itinerant inhalists, who travel through the country, imposing their miserable pretensions upon the sick and uninformed. Indeed, if it were possible to employ this class of remedies in this way, the heat and moisture of the menstruum would not only neutralize their influence, but also induce a fatal debility in the patient. Hot-water inhalants are, therefore, very unreliable, and, in a large majority of cases, not to be preferred to the practice of pouring medicines into the stomach. This mode of treatment is confined to itinerants, who, gipsy-like, travel over the country, plying their vocation in search of patients, and extorting enormous fees for their pretended occult skill.

It has come to my knowledge that many of this class of people represent themselves as practicing my system of treatment, and thereby obtain employment. I would inform the public that all such are impostors, so far

as the preceding statement is implied. One mendacious fellow by the name of Hunter, who publishes another man's letters over his own name, and announces himself from New York, out-doing all the rest in lying, declares himself my instructor. It is only necessary to state that these fellows are all of a kin in their infamous business, and that, having no merit of their own, they seek by misrepresentation to appropriate the merit of others to subserve their own selfish ends. Let the public be on their guard alike, against the hot-water steaming process, and the wandering "lung doctor;" for as the first has been proven worthless, so, as a general rule, it may be safely inferred that the physician who can cure consumption, asthma, bronchitis, or other diseases of the nose, throat, and lungs, need not wander over the country hunting patients who can pay large fees, upon whom to demonstrate his ability. If a man can do what these men pretend to do, patients will seek him, will spread his fame, and reward him amply for the good he effects.

It is proper to say, in concluding these remarks, that I never employ *hot-water* vapors in any stage of pulmonary disease, believing, as I do, that such practice often hastens dissolution. On the contrary, my remedies all being volatilized at the temperature of the air we breathe, are necessarily *cool* and *dry*—not hot and humid—to which cause, in part, I ascribe the success of my practice. Another distinguishing feature of my treatment is this: that I never stimulate the system with whisky, or use Cod Liver Oil for alterative purposes. The effects of both are but to deceive and injure the patient. The strength of the system can be best maintained by the use of legitimate food, when the oxygenating capacity of the lungs is increased by medicated inhalations.

CONCLUDING REMARKS.

HERE are some men who believe every thing without exercising the reasoning faculties with which they are endowed to account for or explain the statements they hear or the phenomena they witness. So, there are others whom no amount of reasoning will convince, or who will not credit the existence or possibility of any occurrence which they can not explain by their own process of reasoning. These facts will explain, to some extent, the hostility manifested by men toward the introduction of Medicated Inhalations in the general practice for pulmonary disease. Again, there are few sources from which dangers of this kind so frequently arise as from the writings of medical men on the various remedies employed by them in the treatment of diseases, and in the extravagant praises bestowed by reviewers on these productions. The same may be said of the promulgation of theories on the nature of diseases and the treatment applicable to them. There are many who take delight in disparaging science by drawing forcibly contrasts between *theory* and *practice*, and thus to cherish skepticism against the practical utility of science. This practice is calculated to deprive *experience* of its just value, and to break down the barrier which ought to separate well-ascertained truths from the wild speculations of fancy. I do not object to a legitimate skepticism when it is accompanied with a strong opposing argument, but when it is maintained without reason, so far from it indicating superior intellect with understanding and fortitude to resist the powers of superstition, it becomes as much the child of imbecility as implicit credulity.

We have made no illogical concession to the reader understandingly, and we have not attempted to disguise the failings of our practice to shield us from criticism. The

facts warrant us in saying that consumption, asthma, bronchitis, and other diseases of the air passages and respiratory organs can be as successfully treated by medicated inhalations as fevers or any other form of constitutional disease by the ordinary method of medicating through the stomach. We have given the testimony in proof of these facts, and must submit the whole subject to the advanced minds of the world for a truthful verdict.

We will now conclude our little work by noticing, we trust, in a becoming manner, the spirit of antagonism manifested toward ourself and the cause we advocate. We hope, for the dignity of the truth we have espoused, not to be betrayed into the expression of an unbecoming thought, or indulge in a reflection of a purely personal character. Men are only men! But, on the contrary, we hope to enlighten the understanding of the reader, and teach him to properly estimate the value of the great central truth involved in medicated inhalations to purposes of human relief.

No sooner is a discovery of any considerable importance announced to the world, than it is assailed from all quarters by those who are wedded to old opinions. Sir Isaac Newton, dismayed and disgusted at being drawn into controversies, and compelled to repeat again and again his experiments to those who were resolved beforehand to deny the soundness of his conclusions, however clearly he might demonstrate them, could not help exclaiming, "I see I have made myself a slave to philosophy; but if I get free, I will resolutely bid adieu to it eternally, excepting what I do for my private satisfaction, or leave to come out after me; for I see a man must either resolve to put out nothing new, or to become a slave to defend it." What Newton found true of his times,

and of philosophy is, and ever has been, singularly exemplified in medicine. There seems to be a curious perversity in human nature, which will not allow it to be generous toward a rival in questions of knowledge any more than in matters of love. If the lessons of experience are worthy of any reliance, they teach us to expect no support or liberality of sentiment from those whose interests are opposed to the recognition of our views, and to be grateful if the vials of wrath which are poured out upon us are not more unbearable than those which have been showered on others. It is, perhaps, natural that our theory should be caviled at or denied, the results of our practice declared to be unsatisfactory, and fabulous stories put in circulation as to the danger, the injury, or the inefficiency of inhalations. We say natural, because this is the manner in which all discoveries have heretofore been received, and the manner in which many otherwise respectable physicians have already attempted to meet and oppose our practice. There is, however, one peculiarity in the present age, which does not appear to have obtained in any other—we allude to the course which grave and dignified doctors adopt in their opposition to any proposed amendment in the usual practice. Formerly it was the custom for those who wished to oppose the new doctrine to state, in the most manly and dignified manner, the grounds of their antagonisms, and to boldly stand forth and vindicate their statements. But in our day a new mode of opposition is adopted. It is found inconvenient to advocate a bad cause against a good one, and bad policy to put on record opinions which it might be difficult to defend. Therefore, medical men are in the habit of pursuing a widely different course. They go about among nervous women and hypochondriacal men, whispering scandal against the person or the practice they wish to injure. One has "heard that it is a very dangerous treatment;" another knows a "person who has a friend who thinks he was injured by it;" a third "knows all about it. It is an old practice exploded years ago;" a fourth thinks inhalations "good in proper hands," but cautions the patient against "intrusting his

life to a rash experiment. If he wishes inhalations, he can give them as well as Dr. W." These are the modern and most approved weapons with which a new practice is assailed. We do not say that this is general among physicians. We know from experience that there are many honorable exceptions, but that it is very common we have daily proof. We have scarcely a patient under treatment who has not been thus tampered with by medical men of their acquaintance. Every artifice and every species of misrepresentation have been made use of to destroy their confidence, and prevent them from a steady perseverance, without which no means can be of avail in combating pulmonary consumption.

We know that inhalation as a practice is wholly unassailable, and do not believe there is one physician of respectable medical education in the United States who honestly disapproves it, or one who does not know that it is the only common-sense treatment in pulmonary disease. The term "*prejudiced against*" is not applicable to inhalations. No sensible physician can be otherwise than prejudiced in its favor. He knows that all other means have failed; that the chief cause of such failure has been the impossibility of reaching the disease by medicines given by the stomach; that inhalations at once overcome this obstacle.

To what, then, are we to attribute the opposition which, if we may credit the statements of many most respectable patients, is systematically offered by some physicians to their patients availing themselves of this means of relief? Can it be selfishness? We will not be so ungenerous as to suppose there could be one so inhuman as to allow his interests to come between his patient and recovery. And yet, if we exclude this explanation, we take away the only possible solution of the question. We know that whatever acquaintance they may have with the results of our practice can only tend to increase their favorable opinion of it.

To those who shall hereafter continue to circulate idle tales to frighten the sick, we wish to address a few words: Our practice has been sufficiently large and long enough to afford abundant testimony to establish or

refute it. We defy the entire profession to bring forward one case in which inhalation has resulted in any *injury*, or, if fairly tested, wherein it was not *beneficial*. It is not pretended that it is invariably successful in resisting the progress of consumption, or that there have not been many cases treated which have failed to derive permanent benefit from it. Inhalation is no miracle. We claim for it no supernatural power. It will neither put new lungs into the chest, nor repair with air-tubes and cells those parts which have become destroyed by disease. But that it is a most natural, a most powerful, and a most successful mode of treatment, we do affirm, and are prepared to show. We know that by this means we can promote the *absorption* of tubercles, cause the *cicatrisation* of cavities, and arrest the progress of disorganization in the lungs where no other earthly agency affords the least hope. And with this knowledge, we should indeed be recreant to those principles of duty to the sick which should guide every physician, if we permitted any consideration, however weighty, to deter us from its public avowal.

We are aware that inhalation, like every thing new in medical science, must pass through a certain ordeal of public doubt and professional censure, before it can be finally received as an established practice. That it does and will continue to suffer severely in the estimation of the public, from the imposture which is practiced under its name by pretended advocates, we can not doubt. That jealousy and selfishness will induce some few physicians to belie its success in consumption, we fear we must also anticipate. These are evils which have attended, and probably ever will attend all radical changes in medical practice. But we have too much confidence in the sober, second thought of both the people and the profession, to believe that such evils can long endure in the face of the facts which are daily accumulating in favor of inhalations.

We have, from time to time, in the course of our writings, casually referred to those influences which tend to prevent that general and timely resort to this method of

treatment which its efficacy and success would warrant those in adopting who suffer from pulmonary disease in all of its forms and stages. A general *resume* of these obstacles to progress will bring the subject more completely before our readers, and enable them to determine whether they do not recognize some of the motives which governed them previous to becoming practically acquainted with the true merits of Inhalation, as well as the reasoning which is daily employed to discourage the anxious, yet doubting invalid.

ITS NOVELTY.—When we first brought before the attention of the American public this system of treatment, the great outcry raised against it was its *novelty*. "It was dangerous to have recourse to a new system of which nobody knew any thing;" "it was a mere ephemeral proposition, put forth to attract public notice, and would soon die away like hundreds of other new doctrines." As year after year passed, however, and, instead of dying away, it became apparent that public confidence was increasing in its rationality, safety, and success, it was necessary to change the tactics of opposition; and after we had published the basis upon which we had fortified ourselves in commencing its practice, quoting the authorities we had consulted, and showing that the principle on which it is founded had been long recognized, and was powerfully advocated by several distinguished physicians in Britain and the Continent of Europe, suddenly a cry was raised "that it was an old and obsolete system of practice long ago exploded, and abandoned as utterly useless, and even positively injurious;" "that every body knew all about it—that it was ridiculous and absurd to pretend to any merit in its adoption—that it was humbug and quackery." There can be no question that even yet, when it is better understood, and evidence in its favor has accumulated to an unprecedented degree, sentiments of this kind are uttered with reference to it, and that, by the fear of submitting themselves to what, under impressions so created, they regard as a hazardous experiment, many are deterred from availing themselves of its powerful aid in the treatment of their diseases. Now, if we investi-

gate the source of these fallacies and inconsistent objections, we shall be able to come to but one conclusion, which is, that it depends upon

IGNORANCE OF ITS TRUE CHARACTER AND METHOD OF EMPLOYMENT.—In the earlier days of our practice, before we had published any thing explicitly describing what Inhalation really was, we had to encounter many difficulties in overcoming scruples, depending upon an utter want of information as to what was intended by medicated inhalation. Some supposed it to be merely an adaptation of Ramadge's inhaling tube, for the exercise and expansion of the chest and lungs. Others regarded it as a specific remedy or medicament which could be sold at so much a bottle, and which was indiscriminately applicable to all forms of lung disease. Not a few thought that it was indispensably necessary to remain in the city for treatment, at the sacrifice of an absence from home and its comforts, and an increased pecuniary outlay. Many thought that its employment would be productive of all the usual disagreeable concomitants, and these possibly increased in degree, which attend the administration of drugs by the stomach, such as disagreeable odor and taste, painful action, and irksome or nauseating effects.

Now, we will not be uncharitable enough to say that these objections were fomented and magnified by those who "knew all about it," but we can not refrain from expressing the opinion that all the misunderstanding and apprehension arising from this want of information might have been easily removed by a few plain words of explanation from those who *did know any thing* of the method.

Instead of adding to the doubt and confusion of the timid and uninformed, by representing that it was a difficult and injurious process to breathe those substances which were volatile or gaseous in their natural state, as well as impossible to render many useful medicines respirable, how much more candid and philosophical it would have been to state that inhalation was simply another mode of administering remedies, by which they could be safely drawn into the lungs by proper preparation, suitable apparatus, and

due precautions, and so made to act directly upon the diseased organs, and, through their agency, by the natural channel of respiration on the blood itself, thus exerting a powerful influence on the other functions of the body, and on the constitution generally. But, and we regret to be obliged to say it, another great obstacle to the more general adoption of this method of treatment are the

MISREPRESENTATIONS which are daily made concerning it, and the objections raised to its administration by us. These are various in their kind, and all equally fallacious and unjust. We shall consider some of them separately. It is urged by the opponents of the practice, as recommended by us, that even if practicable or advisable, it can exert no curative power, but is simply a *means of palliation*. Happily, there are hundreds in this country who know the reverse of this to be true. But even admitting, for the sake of argument, that this is a correct view to take, why, we may ask, has so useful and grateful an agency been so long neglected, for it can not justly be denied that, till we first drew the attention of the profession and the public to the subject, inhalation, in the treatment of consumption and its cognate ailments, was never employed in this country, or, if had recourse to at all, it was in a comparative rude and ineffectual manner, being confined to the smoking of stramonium, the breathing of tar-vapor and sugar-house steam, or a residence in pine-forests and cow-houses.

It has been said that the action of the inhaled vapors is detrimental to the healthy portion of the lung structure, even if they should act beneficially on the diseased parts. We have discussed, on a former occasion, this objection, and will now merely recapitulate the substance of our arguments:

"The healthy mucous membrane lining the air-tubes is always shielded by a mucous secretion, which protects it from irritation, and it has a power of resisting injurious influences to an extent greater than any other internal surface of the body. Were this not so, half the trades and callings of life would have to be abandoned, because of the irritating gases and particles to which they give rise."

"It is only when disease has changed the character of the mucous secretion, and the affected part has lost its innate power of resistance—a quality of vitality shared by the skin in a remarkable degree—that a *local* action can be produced in the lungs by inhaled vapors; and when this is the case, that action is almost wholly confined to such part, for the healthy portions still retain their natural protection."

Again, it is affirmed that we place reliance on inhalations alone as a means of cure, to the exclusion of other recognized and well-known principles of treatment. To those who are at present, or have been formerly, under our care, a refutation of this charge will not be required from us; but, for the information of those who are as yet ignorant of the plan pursued by us, we may state, that while we look upon the local treatment by the direct application of remedies to the diseased parts as the chief means of cure, we by no means neglect the use of those constitutional remedies required by the peculiar indications of the symptoms. In our "Business Circular" we explicitly refute this slander.

LOCAL ACTION OF INHALED MEDICINES.—All medicines reduced to vapor, and inhaled into the lungs, act locally upon the air tubes and cells. To this direct action on the diseased surfaces, the comfort which patients experience from their use is due. They produce precisely the same effects that are attained by washes and ointments, on external surfaces. When the mucous lining of the lungs is inflamed, there is always a considerable increase of secretion, and this is also rendered more *viscid* and tenacious, so much so in many cases, as to almost completely *block up* the bronchial tubes of the diseased part. When this latter takes place, that portion of the lungs which should be supplied with air by the obstructed tubes becomes collapsed, causing a great increase in the distress of the patient, from *shortness of breath*. The relief effected by *soothing* and *expectorant* inhalants in such a condition is prompt. The vapor soon softens the viscid muco-purulent secretion and causes its expulsion. The air is again permitted to enter the collapsed portion of

the lung, and the greatest amount of comfort and improvement immediately follows. Now, if we could accomplish no more than this relief, it would be a great and desirable good to the patient. But it is unnecessary to say that the increased amount of air which is admitted acts upon the blood, increasing its purity, and raising the tone and health of the entire system. This, however, is not all the benefit attained by the local action of the inhaled vapors. After the secretions have been expelled we render them more *astringent*, and thus prevent its re-accumulation. Having improved the tone of the system, cleared the air tubes of all retained matters, and astringed the mucous membrane, we next render the inhalants *stimulating*, with a view to rouse up the slumbering powers of the diseased organ, and cause the cicatrization of the ulcerations, should these exist. In this manner, then, we accomplish an amount of improvement in the condition of the lungs, in the space of a few weeks, which could not possibly be attained by any other means, and which at once places the system in the best state for exerting all its powers to throw off the disease.

THE CONSTITUTIONAL ACTION OF INHALED MEDICINES.—No medicine can be said to truly cure. The most that medicines can accomplish is to remove those influences which obstruct the action of Nature and paralyze her power. We have seen how inhaled medicines do this in their local action. But it is to their power in acting upon the blood and through it on the absorbent system, that we look chiefly for the removal of the tubercular depositions and the final restoration of the lungs to health. We have alluded to the fact that some physicians speak of inhalations as a "*purely local treatment*," but such only manifest their ignorance, not only of the practice of medicine, but also of the physiology of the lungs themselves.

The lungs present an absorbing surface, estimated by many physiologists at *fifteen hundred square feet*, and by none lower than an extent many times exceeding the entire surface of the body. This surface is designed by nature to bring the blood in the

most direct manner possible under the purifying influence of the air. Now that this surface takes up all gaseous substances, whether medicinal or poisonous, contained in the respired air, has been amply proved by every physiologist, and there is no excuse for any physician being ignorant on the subject. For the enlightenment of such as are, we refer them to Professor Carpenter's "*Human Physiology*," American Edition, 1852. Art. "*Inhalation and Absorption through the Lungs*." After demonstrating that "*the absorption of fluid may take place through the lungs*," Dr. Carpenter passes to the consideration of "*volatile matters diffused through the air*." Of the absorption of these he cites many instances: "A familiar example," says he, "is the effect of the inhalation of the vapor of turpentine upon the urinary secretion. It can only be in this manner that those gases act upon the system, which have a noxious or poisonous effect when mingled in small quantities in the atmosphere; and it is most astonishing to witness *the extraordinary increase in potency* which many subjects exhibit when they are brought in relation with the blood in the gaseous form. The most remarkable example of this kind is afforded by arsenuretted hydrogen, the inhalation of a *few hundredths of a grain* of which has been productive of fatal consequences, the resulting symptoms being those of arsenical poisoning." (P. 234.) After giving many other illustrations of the promptness and power of inhaled medicines, he closes his observations with the remarkable passage which we quoted in an early part of the argument on treatment: "*It can not be doubted*," says he, "*that miasmata and other morbid (disease-producing) agents diffused through the atmosphere, are more readily introduced into the system THROUGH THE PULMONARY surface than by any other! And our aim should therefore be directed to the DISCOVERY of some counteracting agents, which can be introduced in the same manner. The pulmonary surface affords a most advantageous chance for the introduction of certain medicines that can be used in vapor, when it is desired to affect the system with them speedily and powerfully!*" (P. 535.) In the very face of this proof,

there are not wanting, we are ashamed to say, medical men, who ought to know better, and must know better, willing to speak of inhalation to their patients as a "*mere local treatment*." Are such physicians ignorant, or are they dishonest? We leave the question to be answered by the good sense of the reader.

Well, then, to return to the consideration of the constitutional action of inhaled medicines: we hold the doctrine here avowed by Professor Carpenter, that whenever it is desirable to affect the system *speedily and powerfully*, the medicine, if it can be rendered volatile, should be *inhaled*. By availing ourselves of this channel, we are able to overcome the tuberculous condition of the blood, to stay the further formation of tubercles in the lungs, and to promote the absorption and expulsion of those already deposited.

The practice, then, of administering medicines by inhalation in the treatment of pulmonary disease, is justified in a fourfold degree.

1. It is *direct*; it conveys the remedies to *cure* to the very seat of the disease to be *cured*, and does not subject them to the liability of undergoing change, which is always the case with medicine given by the stomach. The importance of this advantage has never been sufficiently weighed by physicians. No truism is better established than that medicines employed for the cure of diseases act with far greater certainty when they have a *specific* tendency to the organ affected, or are applied directly to it; and no fact is better known than that the contents of the stomach often entirely change the medicines given, rendering them inert in one instance, and doubly active in another. Chemical union between acid and alkaline substances takes place as readily in the stomach as in the mortar of the chemist.

2. Inhalation is *prompt*. Medicines given by the stomach, when intended to act upon the lungs, have to make the circuit of the system. When given by the lungs, on the contrary, they are brought instantly to the part which require their aid. Medicines in the gaseous state act with far greater promptness than as solids or fluids, because in the former condition they are subject to no

further change, while in the latter they must undergo a process of decomposition. A vapor acts with the rapidity of touch. A solid, on the contrary, may lie in the stomach for hours before any effects are manifest. In this manner deadly poisons are often washed out by the stomach-pump a considerable time after they were swallowed, without the least injury having resulted.

3. Inhalation, is more than any other, *powerful* treatment, because remedies in the gaseous state act with a tenfold greater power than when the same medicines are given as solids or fluids. Medicines act with promptness and power, just in proportion to the minuteness of their divisibility. A fluid is more powerful than a solid, and for the same reason a gas or vapor is more potent than either. It is most astonishing, says Professor Carpenter, to witness the extraordinary increase in potency which many substances exhibit when brought in relation with the blood in the gaseous form. This is easily understood, when you consider that medicated vapors are medicine in their most delicate and attenuated form—the essence, as it were, separated from all crudity, and subject to no further changes. As they are received into the lungs, so do they pass into the system; we can detect them twenty minutes afterward in every secretion. There is no action which it is desirable to produce on the lungs themselves, or on the condition of the blood, which we can not produce with tenfold greater certainty by inhalation than by any other possible form of administration.

4. Inhalation is not only direct in its application, and prompt and powerful in its action, but it is in itself an *elegant and delicate* process, free from every objection. There is no patient so *weak* that he may not employ it without fatigue, nor any so sensitive to the unpleasantness of swallowing “*pills*,” or “*powders*,” or “*mixtures*,” as to experience the least discomfort from inhaling. No man or woman, however strong-minded, takes nauseous drugs without a strong effort of the will. It is a revolting necessity. How often does it happen that he altogether neglects his health, from his unwillingness to swallow medicines which he knows beforehand will increase his dis-

comfort! Could they do so without present disgust and subsequent inconvenience, few men, we are convinced, would neglect the use of the means required for the preservation of their health. Now, inhalation at once overcomes all these objections, and in all affections of the respiratory organs—throat, air-passages, or lungs—enables us to produce the most direct, speedy, and powerful effects, without causing the patient the slightest discomfort.

But there is another advantage which inhaled medicines have over those given in a solid or fluid form, to which we have already alluded; medicines act with greater power and more speedily when minutely divided, just as the solution of any substance takes place most rapidly after the cohesion of its particles has been overcome. The more completely the *cohesion*, which holds together the active elements of medicinal substances, is overcome before their administration, the more rapid and salutary are found to be their effects. The daily experience of every physician proves this, and its rationale can easily be understood. Before crude medicines can exert any action upon the system, they must be decomposed in the stomach, and their active principles eliminated. Till this separation has taken place, they can not extend their action beyond this organ. Poisons, even of the most deadly character, have been known to lie in the stomach for hours, and afterward to be washed out, without having exerted any injury upon the system. Others, again, prove fatal within a few moments of the time they are swallowed. The difference in these effects springs from the difference in the subtlety of the medicines themselves. Chloride of *mercury* (calomel) has been taken from the stomach twenty-four hours after it was administered, in a perfectly unchanged state, and might, for that matter, have been washed and put back again into the bottle.

The fumes of *mercury*, on the contrary, pervade the system almost instantaneously.

These illustrations will serve to explain the difference between crude medicines and medicinal vapors. Medicated vapors are medicines in their most attenuated and delicate form; they are the minutest possible

division of solid and fluid substances; they are the essences separated from the crudity, and their subtilty causes them to act with the rapidity of touch. A grain reduced to vapor is more active than a grain given in substance, and will produce more effect upon the system. It follows, therefore, that, as a rule, small doses in a state of vapor will answer the same purpose that large ones do in the solid state.

Inhalation, then, in the treatment of consumption and chronic affections of the organs of respiration, is the only rational and proper treatment, not only because it is *direct*, and conveys the medicines to *cure* to the part to be *cured*, but because it conveys them in the form best adapted to prompt action. It may be laid down as an axiom, that medicines act with increased power in proportion to the divisibility of their particles. Inhalation, therefore, not only saves the system from wholesale drugging, by diminishing the dose of medicines, but it saves the healthy organisms from injurious action—by limiting their *direct* influence to the parts which require their aid.

We have been frequently charged with professional discourtesy and selfish inhumanity, because we have not published a list of the remedies we employ in the treatment of pulmonary diseases by inhalation. We have formerly alluded to these accusations in the course of articles written on other subjects; it seems to us, however, to be expedient to make the whole question a subject of separate and full discussion. We do this, not in deference to the jealous desires of those who carp at our success, but from a wish to explain to our readers how unreasonable the demand made upon us really is, and how injurious the consequences of such a course would be. We confess to be guided in all we do by the dictates of plain, common sense, rather than by the sentiments of crude theorists in philanthropy. The following appear to us to be important and unanswerable objections to a compliance with the unusual and irrational expectations which are entertained by some persons.

The chief source of all the erroneous notions connected with the question of the practice of inhalation, is the ignorant sup-

position that it consists in the use of some specific remedy. Instead of this, it is a rational and systematized employment of all the known medicines, but by a different method of administration than through the stomach.

Every educated physician, being thoroughly versed in the fundamental principles of pharmacology and the art of prescribing, is in the habit of constructing for himself formulæ of combination, based upon his experience of the action of the medicines employed by him under various circumstances, in different individuals, and for several diseases. It is unusual for him to publish these formulæ to the world, except incidentally to the relation of a particular case, and then only in strictly technical terms and scientific connection, intended for, and comprehended by professional readers only who are equally informed as himself. As we write principally for unprofessional readers, the mass of whom have no acquaintance with therapeutics, a similar proceeding on our part is unnecessary and would be useless; and, moreover, we deal only with general principles which are calculated to instruct and guide the masses, not in the narration of individual cases, which could only tend to gratify a morbid curiosity.

Were we to publish a list of formulæ employed in our practice, we should be placing in the hands of the ignorant pretender and the practitioner who has no experience in our method of treatment, a means of piratical empiricism in the one case, and of uncertain experimentation in the other, both alike fraught with danger to the credulous or indiscriminate patient.

To accomplish all which is required of us in this matter it would be necessary to enter very fully into details of the system in a comprehensive work, a labor which we contemplate, and the materials for which are in progress of preparation and arrangement; but to complete this undertaking would require a longer time than seems to be quite accordant with the views of anxious expectants. The cares, anxieties, and close occupation of a somewhat extensive practice render the accomplishment of this task a matter of slow progress and much mental

effort, and it will require a mass of statistical evidence which can only be procured by the lapse of time. It is the prerogative of every writer to choose his own manner and time of publishing his views, and no one has a justified ground for challenging his selection of these; he would be unwise to permit solicitation, however urgent, to hurry him into premature publication.

We have received several letters of late from patients and persons contemplating treatment, containing statements made by home physicians which impugn our motives in undertaking to cure what we termed *hopeless cases*. One gentleman writes that Dr. H. says he will bet his *existence* you can not cure my asthma, but I hope he may lose. This Doctor's bet, to say the least, is a very foolish one, as he is entirely ignorant of the possibilities of my treatment. But, setting this aside, we must confess a bet a novel argument against the truth of a principle in medicine.

We have been taught to regard betting as a species of gambling, in which every mean and false artifice is considered justifiable to secure the stake. We have observed, too, that this is the common refuge of every dunce, who, in an argument, can not find a reason for his opinion. But, generally speaking, those who make bets offer some tangible stake—the nature and worth of which can readily be estimated; but this individual offers to bet his “*existence*” against our success. Now what is “*existence*?” and how are we to get the stake if we win? We believe we know quite as much concerning the principle of life as this gentleman does of either the practice or the results of inhalation; and we humbly confess, that to us it is an incomprehensible essence “*past finding out*.” A young coxcomb, just from college, once offered to bet with the tutor of the Prince of Orange. “*Bet, sir*,” exclaimed the grave old man—“*A bet is the argument of a fool!*”

In regard to undertaking to cure “*hopeless cases*,” we have something more to say. We fully comprehend the purpose of these representations, though those who put them forth have not so clearly defined their object as we could wish.

The term “*hopeless*” is, by a kind of common consent in our profession, applied to all cases of consumption which have reached the stage of *ulceration*. As soon as a patient begins to expectorate “*yellow matter*,” he is thought to be past recovery, while up to this point he is believed to be suffering only from a “*bronchitis*,” or a mere “*affection of the tubes*.” Comparatively few invalids ever hear any thing of the *first stage*, when tubercles have just begun to form in the lungs, or even of the *second*, when these have become like little lumps of *cheese*. They go on, supposing their disease to be only a simple matter, which time will remove, till a sudden change in the color of the expectoration points out their error. The physician now becomes awakened to the true state of the case—“*sounds*” the lungs, looks grave and wise—gently shakes his head—charges the patient with some recent imprudence or exposure; cautions greater care in the future; orders a “*tonic mixture*,” and finally thinks “*a little Cod Liver Oil*” might be beneficial. Anon it begins to be whispered about that Dr. — thinks Miss —, or Mr. —, or Mrs. — in a consumption. The doctor is questioned, and does not deny that the case is one of some danger, but hopes all will be well. Still, he does nothing to stop the progress of the disease. A few months later the poor sufferer is admitted by all to be in a confirmed and hopeless decline.

We believe the experience of the great majority of persons now afflicted with this disease in an advanced stage will be found to accord very closely with this description, and we doubt not it will likewise be the misfortune of many who are yet in the early stages to verify its truth a few months hence.

But it does not follow that consumption is hopeless because it has advanced to the stage of *ulceration*. The danger lies not so much in the stage of the disease as in the extent of the lung involved. A cavity formed by the softening of tubercles, if small in size and surrounded by healthy lung, can almost certainly be healed by appropriate inhalations. But a very extensive deposit of tubercles through a considerable part of both lungs, although in the second stage, and not yet begun to soften or break

down the structure of the organ, may defy the utmost skill.

It is the duty of the physician to receive every case, for it is not in the power of man to determine which is past the possibility of recovery. We have now the pleasure of seeing in comfortable health, and with the promise of many years of life, not a few whose death was looked for from day to day; in several of these, we did not dare to hope for recovery, such was the desperate extremity to which they were reduced; but we regarded it as our duty to persist in the employment of every possible means, and these have been crowned with success. Had we denied them our assistance, our inhumanity would not have been less real, because the knowledge of it was buried in their graves. We know not how low a patient may sink, and yet be rescued by proper treatment. Nature will sometimes rally almost from the grave itself. If we have not withheld our assistance from those who have appealed to us in the last extremity, it has been because we could not look with an unpitying eye upon sufferings which we had the power to relieve. When the mind of the invalid, despairing of any benefit from the prescriptions of his physician, kindles a hope that *we* may yet be able to save him, and in this spirit seeks our advice, it is not for us to refuse the responsibility through personal considerations. It may be that we feel it as a severe and unjust test of the merits of our treatment, and we may also anticipate the carping of those whose interest it is to hide their own ignorance and neglect; but these are not reasons to weigh against the obligations of *humanity*. Happily, we are not without an ample justification and reward in the results of experience. If we could point to only *one* case in a thousand rescued from death under such circumstances, it would still be sufficient to encourage us to proceed; but, instead of one in a thousand, we can point to *many* in a hundred!

The physician should take a higher and nobler view of his duties in prescribing for the sick than to stay and ask himself what

may be the effect upon his professional reputation. To us it seems as much his mission to mitigate, by every means within his knowledge, the pains and tortures of disease after it has become *incurable*, as it is to strive for the recovery of a patient before it is so. Many a death-bed has been made easy, and the lamp of life permitted to go quietly out, through timely ministrations of medicine, which would have been racked with agony had these been withheld. Medicine should be to the *body what religion is to the spirit*—the staff of reliance in health, and the solace and comfort in death. We plead guilty to the crime of having prescribed for many, very many, who were reduced to the last condition of hopeless misery, and for this humanity have only one regret to offer: that we have found so few physicians to bear us fellowship. One consolation, too, we have, and it is one which will not easily be taken from us—none can say, in truth, that we have ever withheld from a patient a knowledge of the real peril of his situation; or, in one instance, have been guilty of the cruel mockery—too common in our profession—of encouraging hopes which were not likely to be realized.

Let none, then, in future, think to reproach us by the charge of prescribing for the dying, after they have deserted them. This, which they think a dishonor, we esteem as the highest commendation, and pray that the day may never come when sick ones, in despair, or in poverty, will apply for succor at our hands without receiving the utmost in our power to bestow.

Cicero says, "Nothing brings men nearer the gods than giving health to their fellow-creatures." How the tender springs of life ravish the mind with pleasure when our art snatches a victim from the jaws of death! If the soldier who burns cities and desolates the land by human sacrifices is worthy of marble or brass memorials, what adequate monument can human art effect for him who burns no cities, but saves their inhabitants; who desolates no country, but peoples it not with stones, as fabled of old, but with his friends—his relations who were doomed to the grave!

BUSINESS CIRCULAR.

MANY persons suffering with diseases of the Nose, Throat, and Lungs, into whose hands this book may fall, may desire to use Medicated Inhalations for the cure of their malady; but either from infirmity of health, or scantiness of means, are unable to visit me in person for that purpose. To overcome these disabilities I have prepared a number of leading questions, and printed them in a circular, such as would be asked and answered in a personal interview, which will enable the sick person to send me a statement of the condition of their health for treatment if they desire. This can be done by simply writing answers to the questions, one by one, as propounded. Every body knows that it is by no means an uncommon practice for physicians to submit written statements of cases under their care to their more experienced brethren at a distance, and thus obtain an opinion upon their nature and the best course of treatment to pursue. This is often done by the physician without the knowledge of the patient, and frequently with the happiest effects.

When we receive the statement and find the questions answered, what is to prevent us from prescribing intelligently, after a careful examination of the reported symptoms? We are daily treating patients we have never seen, in this way, with the most satisfactory results. In connection with the circular statement, the patient, or a friend, should write such other general information regarding their present condition and state of health as their own intelligence will suggest. Thus presented, the condition of the patient may be as well understood as if present in person, and the treatment quite as effectively employed at home as in this city. When a patient can come to the city without injurious fatigue or much discomfort, a personal

interview is always desirable; but it is folly—nay, it is more than folly—a *waste of time*, because this can not be done at once, to put off the treatment for weeks and months. A month later, and the malady may be in another stage; weeks, even days are precious in the treatment of all forms of consumptive diseases, *which never waits on the convenience of their victims.*

I print in this book, on pages 95 and 96, the questions which the circular contains. They will be found regularly numbered. In reporting a case for treatment it is only necessary to write the number of the question to indicate the application of your answer. *All the questions should be answered*, as, frequently, what seems irrelevant to the case qualifies other symptoms, and assists in forming a correct estimate of the disease.

When I receive this statement of the case and order for treatment, I give it a careful examination. If there are discrepancies in the statement, I write to have them reconciled, and ask for such other information as may be desired. When the case is thus clearly presented to my mind, I prepare such medicines as my judgment shall approve for the case under consideration, and write out full instructions for using them. These and the inhaling instrument I pack safely in a box with saw-dust to insure their safety, and forward by express at my risk to the address of the patient, or the town nearest to him, wherein an express office is located. In this way I have sent Medicated Inhalations to all parts of the United States and Canadas.

In most cases of pulmonary disease there is more or less constitutional disturbance, which requires the mediation of other medicines besides medicated inhalations. In all such cases I forward with the treatment such medicines as I may deem necessary to sub-

due the complication without any additional charge to the regular fee for the extra service or medicine. I prefer sending my own medicines to my patients at my own expense, rather than have my treatment interfered with by physicians who have no experience with medicated inhalations, and who may, therefore, with good intentions, do much injury; or, what is still worse, submit my prescriptions to the risks, and incur the mistakes of irresponsible and uneducated drug-clerks.

FEES FOR TREATMENT.

For first month's treatment, ordered by circular,	\$20 00
For each subsequent month's treatment, ordered by circular,	18 00

To the above respective amounts, one dollar must be added to pay for packing, box, postage, etc. These fees include all expense for medicine, inhaler, correspondence, and every other service rendered during the month. *They must be sent to me free of expense.* In no case do I make any reduction in my charges; neither do I send treatment for a less period than one month. The money must, in all cases, accompany the order for treatment, or it will not be attended to.

It is impossible to lose money when transmitted in a bank draft, in a post-office order, or by any of the different express companies.

Money has never been lost when sent in one of my printed envelopes, or when inclosed in a plainly directed envelope. Particular attention should be given to my address. "My post-office box is 399;" my residence and office are at 146 Smith-street, between Fourth and Fifth. I own this property. The Fourth-street city cars pass by the post-office and my door every five minutes in the day.

When persons send money and order treatment, they should wait a *reasonable length of time* to receive an acknowledgment from me. If it does not come, write again, and ask for information. *My business rule is to fill the order at once, and send it by express, and to return a receipt for the money by the next mail.* I also notify the patient to what express office the package is consigned, and the date of sending it from my office. *The patient must pay the expense of the express-age on the package.*

Address all letters plainly,

DR. N. B. WOLFE,
P. O. Box 399,
CINCINNATI, OHIO.

PATIENT'S CIRCULAR,

Containing Questions to be answered by those who, living at a distance, wish to employ Medicated Inhalations at home, but who can not visit the city for personal consultation.

Write the figure prefixed to the Question to which your reply is directed.

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Write your name. 2. The name of your Post-Office. 3. The name of your County. 4. What State. 5. Where is your nearest Express Office? 6. What is your age? 7. What is your height? 8. What is your weight now? 9. What has been your weight in health? | <ol style="list-style-type: none"> 10. Are you married or single? Widow or widower? 11. What is your occupation? 12. Does it seem to agree with you? 13. What name do you know your disease by? 14. Are you confined to bed or house? 15. Have you lost any blood-relatives by consumption? |
|---|---|

16. If so, state who they were?
 17. Is your breast full or sunken under the collar-bones?
 18. Is one side of your breast more full than the other?
 19. Do you stand erect or stooping?
 20. Can you strike your breast without exciting cough?
 21. Can you hold your weight by your hands?
 22. How far can you walk at a moderate gait without fatigue?
 23. Are you subject to short breath or palpitation of the heart?
 24. If you have bled from the lungs, state when and how much?
 25. Have you a cough?
 26. When is it most troublesome?
 27. Can you lie on either side without coughing?
 28. Does the matter you raise sink or swim in water?
 29. Is its color yellow, white, or greenish?
 30. Is it ever streaked or mixed with blood?
 31. What quantity do you raise in a day?
 32. Do you have chills or fever at any time?
 33. Do you have night-sweats?
 34. Do you have Diarrhea?
 35. How is your appetite?
 36. Does your food seem to strengthen you?
 37. Are you regular in your bowels?
 38. Are you troubled with the Piles or Fistula?
 39. When you take cold does it generally affect your head?
 40. Do you ordinarily breathe through the nose?
 41. Do you take cold easily?
 42. Is your voice strong and clear?
 43. How long can you read aloud before your voice is cracked?
 44. Have you an unpleasant breath?
 45. Are you subject to sore throat?
 46. Do you "hem and hawk" much to cleanse your throat?
 47. Are you subject to ASTHMA?
 48. What most generally brings it on?
 49. Is it accompanied with itching about the eyes or sneezing?
 50. At which season of the year is it worst?
 51. Does it most frequently occur in the night or day time?
 52. How long does a regular attack last?
 53. Are you subject to cold hands and feet?
 54. Have you any running sores on you, or salt rheum, or any other disease of the skin?
 55. To what cause do you ascribe the loss of your health?
 56. Have you ever been salivated?
 57. Do you chew or smoke tobacco?
 58. Do you "rub" or "pinch" snuff?
 59. Do you use spirituous liquors habitually?
 60. How often does your pulse beat in a minute?
 61. Are you naturally of a joyous disposition?
- FOR LADIES ONLY.**
62. Are you troubled with pain in your side, or a weak back?
 63. Are you regular in your "changes?"
 64. Are they scanty, profuse, or suppressed?
 65. At such times have you nervous or sick-headache?
 66. Are you troubled with "whites" or painful menstruation?
 67. Have you given birth to any children?
 68. How many? How old is the eldest?
 69. How old is the youngest?
 70. Have you had any miscarriages?
 71. If so, what was the cause?
 72. Have you recovered well after confinements?
 73. Are you nursing a child now?
 74. Are you now *eniente*?

APPLICATION FOR TREATMENT.

WHEN persons living at a distance from Cincinnati, Ohio, are unable to visit me in person, but who may desire to make application for treatment, for any of the various forms of disease of the Nose, Throat, or Lungs, they can, by writing answers to the following questions, send such a statement of their condition as will enable me to comprehend the character of their disease, and prescribe the proper remedies for its cure or removal.

As my practice is confined altogether to the organs of respiration, so my remedies are specially designed for local application to those organs. I use medicated washes for the Nose and Throat, and medicated air for the Larynx, Trachea, Bronchial Tubes, and Lungs. I send treatment to all parts of the United States and Canada, wherever there is a Post-office or Express station to carry it. Thousands of persons laboring under Consumption, Asthma, Bronchitis, Nasal Catarrh, Loss of Voice, etc., have been restored to health by my method of inhaling remedies, who have ordered and received treatment in this way.

First. Write answers to *all* the questions on the application; and if you have *any* other information to impart, write it in a letter and send it along.

Second. Inclose the fee for treatment with the application, and send it altogether, with my address plainly written or printed on the envelope.

My Fee for one month's Treatment and the Inhaler is TWENTY-ONE DOLLARS. If a renewal of treatment after the first month is necessary, NINETEEN DOLLARS per month must in all cases be paid when the order is given. Money may be safely sent in a Post-office order or bank draft, either by Mail or Express. *In all cases it must be sent to me Free of Charge.*

I have been treating diseases of the Respiratory Organs for twenty years, and for twelve years past have been located in Cincinnati, Ohio. I never leave my home to travel through the country. I live in my own house, No. 146 Smith-street, where I may always be found. All letters should be addressed,

DR. N. B. WOLFE,

P. O. BOX 399,

CINCINNATI, OHIO

ANSWER ALL THE QUESTIONS.

1. *Write name of applicant*
2. *The name of your Post-Office*
3. *The name of your County*
4. *What State*
5. *Where is your nearest Express Office?*
6. *What is your age?*
7. *What is your hight?*
8. *What is your weight now?*
9. *What has been your weight in health?*
10. *Are you married or single? Widow or widower?*
11. *What is your occupation?*

12. *Does it seem to agree with you?*
13. *Are you able to follow it now?*
14. *Are you confined to bed or house?*
15. *If you have lost any blood-relatives by consumption, state the relationship they were to you.*
16. *What name do you give your disease?*
17. *Is your breast full or sunken under the collar-bones?*
18. *Is one side of your breast more full than the other?*
19. *Do you stand erect or stooping?*
20. *Can you strike your breast without exciting cough?*
21. *Can you hold your weight by your hands?*
22. *How far can you walk at a moderate gait without fatigue?*
23. *Are you subject to short breath or palpitation of the heart?*
24. *If you have bled from the lungs, state when and how much.*
25. *Have you a cough?*
26. *When is it most troublesome?*
27. *Can you lie on either side without coughing?*
28. *Does the matter you raise sink or swim in water?*
29. *Is its color yellow, white, or greenish?*
30. *Is it ever streaked or mixed with blood?*
31. *What quantity do you raise in a day?*
32. *Do you have chills or fever at any time?*
33. *Do you have night-sweats?*

34. *Do you feel refreshed after sleeping?*
 35. *How is your appetite?*
 36. *Does your food seem to strengthen you?*
 37. *Are you regular in your bowels?*
 38. *Are you troubled with piles or fistula?*
 39. *Are you subject to catarrh in the head?*
 40. *Do you ordinarily breathe through the nose?*
 41. *Do you take cold easily?*
 42. *Is your voice strong and clear?*
 43. *How long can you read aloud before your voice is cracked?*
 44. *Have you an unpleasant breath?*
 45. *Are you subject to sore throat?*
 46. *Do you "Hem and Hawk" much to cleanse your throat?*
 47. *Are you subject to ASTHMA?*
 48. *What most generally brings it on?*
 49. *Is it accompanied with itching about the eyes, or sneezing?*
 50. *At which season of the year is it worst?*
 51. *Does it most frequently occur in the night or daytime?*
 52. *How long does a regular attack last?*
 53. *Are you subject to cold hands and feet?*
 54. *Have you any sores or diseases of the skin?*
 55. *To what cause do you ascribe the loss of your health?*
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56. *Have you taken much medicine? If so, what kind? When?*
57. *Do you smoke or chew tobacco?*
58. *Do you "rub" or "pinch" snuff?*
59. *Do you use spirituous liquors habitually?*
60. *How often does your pulse beat in a minute?*
61. *Are you naturally of a joyous disposition?*

FOR LADIES ONLY.

62. *Are you troubled with weak back, or pain in your side or under the shoulder-blade?*
63. *Are you regular in your monthly changes?*
64. *Are they scanty, profuse, suppressed, or natural?*
65. *At such times have you nervous or sick headache?*
66. *Are you troubled with "whites?"*
67. *Have you given birth to any children?*
68. *How many?..... How old is the oldest?*
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(This Circular may be detached from the Book.)

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4. *What State*.....
5. *Where is your nearest Express Office?*.....
6. *What is your age?*.....
7. *What is your height?*.....
8. *What is your weight now?*.....
9. *What has been your weight in health?*.....
10. *Are you married or single? Widow or widower?*.....
11. *What is your occupation?*.....

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22. How far can you walk at a moderate gait without fatigue?
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24. If you have bled from the lungs, state when and how much.
.....
25. Have you a cough?
26. When is it most troublesome?
27. Can you lie on either side without coughing?
28. Does the matter you raise sink or swim in water?
29. Is its color yellow, white, or greenish?
30. Is it ever streaked or mixed with blood?
31. What quantity do you raise in a day?
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51. *Does it most frequently occur in the night or daytime?*
52. *How long does a regular attack last?*
53. *Are you subject to cold hands and feet?*
54. *Have you any sores or diseases of the skin?*
55. *To what cause do you ascribe the loss of your health?*
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56. *Have you taken much medicine? If so, what kind? When?*

57. *Do you smoke or chew tobacco?*

58. *Do you "rub" or "pinch" snuff?*

59. *Do you use spirituous liquors habitually?*

60. *How often does your pulse beat in a minute?*

61. *Are you naturally of a joyous disposition?*



FOR LADIES ONLY.

62. *Are you troubled with weak back, or pain in your side or under the shoulder-blade?*

63. *Are you regular in your monthly changes?*

64. *Are they scanty, profuse, suppressed, or natural?*

65. *At such times have you nervous or sick headache?*

66. *Are you troubled with "whites?"*

67. *Have you given birth to any children?*

68. *How many?* *How old is the oldest?*

69. *How old is the youngest?*

70. *Have you had any miscarriages?*

71. *If so, what was the cause?*

72. *Have you recovered well after confinements?*

73. *Are you nursing a child now?*

74. *Are you now enciente?*

Notices of the Press.

THE Western Christian Advocate, published by Messrs. HITCHCOCK & WALDEN, of this city, recently contained an article by Rev. J. M. REID, D. D.—the editor of the paper—in reference to this book and its author. He says:

An honored friend and venerated minister has presented us with a copy of this work, with an earnest request that we should recommend Dr. WOLFE and his remedies. Our brother assures us that the life of his son has been saved by the treatment, and refers us to other well-known friends likewise benefited.

Dr. WOLFE has long been an advertiser in our columns, and our Book Agents have had considerable financial business with him. All his dealings with the Concern have been prompt and reliable. Of his system of treatment we know nothing personally, and can not therefore speak of its merits. Some of our best friends, however, repose great confidence in Dr. WOLFE's remedies, or system of treatment, and have urged us to give them favorable notice. *We have all confidence in Dr. WOLFE's integrity.*

REV. T. P. BUCHER, editor of the Christian World, Cincinnati, O., February 7th, says in his paper:

We are personally acquainted with Dr. WOLFE, and know his family to be one of respectability, in Columbia, Lancaster county, Penn., his native place, and where he resided in the earlier years of his practice. The Doctor is one of the most accomplished physicians in the West, and in the special department of medical science, to which he has devoted himself for many years, has achieved a success, it is thought by his many admiring friends, unattained by any modern physician. He is well known throughout the country as the author of a popular work on the treatment of diseases of the Nose, Throat, and Lungs, by Medicated Inhalations, and an able writer on reform in medical practice.

From the Free Nation.

Dr. WOLFE, we are informed, is a gentleman of high scientific attainments, and has devoted himself for many years to that department of medical science which treats of diseases of the throat and lungs. In this city he has effected many wonderful cures of Consumption, which were thought to be, by other physicians, too advanced for possible recovery.

From the Baptist Journal and Messenger, of Cincinnati.

Dr. WOLFE has given years of study to diseases of the throat and lungs. We hear of remarkable cures of Consumption which he has effected in this city.

From the Presbyter, (editors, Revs. J. G. Monfort and Wampler.)

His method of treating this disease is to introduce medicine into the lungs by breathing it, a system which strikes us as being more rational as well as scientific, than the one which prescribes medicine for the lungs to be swallowed into the stomach with the food we eat. Dr. WOLFE has effected cures in this city of the most advanced stages of Consumption, and his practice, we are told, is generally successful.

From the Cincinnati Press.

We believe Consumption to be essentially a disease of the *lungs*, and not of the *stomach*. This system of Dr. WOLFE's for introducing medicine directly to the seat of the disease, the *lungs*, commends itself to our judgment as being both practical and philosophical; and we have the evidence that it is so from the many remarkable cures he has effected in this city, of cases of Consumption, when all other tried means proved inefficient in affording any permanent relief.

Dr. WOLFE has been before the public as a successful Specialist for many years in this department of medical science, and is a graduated physician of one of the most respectable medical colleges in this country. As a medical writer and progressive thinker, he takes rank properly with TRALL, DIXON, HALL, and other distinguished medical reformers, both in this country and in Europe.

From the Boston Journal.

COMMISSIONER TO INDIA.—We learn with pleasure the selection of Dr. N. B. WOLFE, by the Chief of the Agricultural Bureau of the Patent Office, at Washington, as Commissioner to India. The object of the Commission is to gather information respecting the timber trees of India—its choice fruits and materials for fabrication and various applications in the arts; and also to give special attention to the rare vegetable products in use in the *Eastern Materia Medica*, with a view to their introduction into the *Materia Medica* of the United States.

For fourteen years Dr. WOLFE has made a Specialty of treating the diseases of the lungs and throat, and perhaps to-day he is the most accomplished and successful Specialist, in this department of Medical Science, to be found in this country. In this city he has been eminently successful in curing Consumption in its most advanced stages, by a method practiced only by himself, but which he is preparing to make public for the good of the world.

From the Cincinnati Enquirer.

Dr. N. B. WOLFE.—This gentleman's services are sought far and near. . . . In treating Consumption he very rarely gives medicines to be swallowed into the stomach, but has them prepared in such way that they may be *breathed into the lungs*. His cures are really astonishing.

From the Columbia (Lancaster co., Penn.) Spy.

COMPLIMENT TO A COLUMBIAN.—We learn from the City Press, that the Eclectic Medical College of Pennsylvania, at their annual commencement, on Friday last, in Musical Fund Hall, Philadelphia, conferred the Honorary Degree of Doctor of Medicine upon our fellow-townsmen, Dr. N. B. WOLFE.

This compliment is well deserved, and is an acknowledgment of the appreciation in which is held the Doctor's contributions to Medical Science, in his new method of treating diseases of the lungs and throat by Medicated Inhalations—a department of medical practice to which the Doctor has given special attention for many years, and upon which he has written two very acceptable little books. We take pleasure in recording this compliment to Dr. WOLFE, and hope the Faculty may always be as discriminating in conferring their honors upon real merit and worth, as they have been in this instance.

ADVERTISEMENT.

THE public is respectfully informed that the author of this book has been located in Cincinnati for more than twelve years, engaged as a medical specialist, for treating

**Consumption,
Bronchitis,
Asthma,
Loss of Voice,
Nasal Catarrh,**

AND ALL OTHER DISEASES OF THE

Nose, Throat, and Lungs.

His practice has extended to all parts of the United States and Canada; and his system of treatment, it is believed, has been more successful in curing this formidable class of human maladies than any other known to the profession of medicine or the advanced minds of the world.

There are in all parts of the country persons living who would gladly avail themselves of the benefit of the author's system of treatment, if it could be obtained and employed with success at their distant homes. I would inform all such that the Business Circular and leading questions on page 93 will enable them to do this if they make use of the facilities therein presented.

To meet this want is the object for sending this book among the people. It has another mission, however, which is no less important to the human family, and that is, to educate the people out of the pernicious folly of pouring medicines into the stomach with the vain hope of removing disease of any kind from the Nose, Throat, or Lungs.

Persons who desire to visit me for consultation, will find me at my office and residence, No. 146 Smith-street, at all times. I own this property, and am permanently located. I do not go abroad, or visit patients outside of my office.

Those who wish to consult me by letter will address me as follows :

DR. N. B. WOLFE,
P. O. Box 399, Cincinnati, Ohio.