Original Communications.

TEN YEARS OF OPERATIVE SURGERY IN THE PROVINCES.

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III.—OPERATIONS ON THE BREAST.

THE third subdivision will contain the operations upon the breast, all of which were on female subjects; and they are not very numerous. The diseases treated in this way were, hydatid tumour, cystosarcoma, the chronic mammary tumour, and carcinoma.

Hydatid Tumour. CASE LXXXV. T. C., aged 22, had discovered a tumour as large as an apple just above the right breast, rather to the outer side, towards the edge of the axilla. She reported that it arose from a strain of the arm. It was extremely hard, and I considered it to be one of the chronic mammary tumours seen in young women; and it had been a year growing to the size above named. She agreed to its removal by operation, which was done without chloroform, by a vertical incision about three inches long, exposing the surface of the tumour. The next incision accidentally punctured the swelling, and a jet of pus started out a considerable distance. Thinking that I had mistaken a chronic abscess for a tumour, I laid it open, when a round semitransparent hydatid slipped out, like a large white grape. I dissected out the sac with some little difficulty, on account of its adhesion to the pectoral muscle. There was no hæmorrhage, and the wound healed almost completely by the first intention; and there was no suppuration. She has remained well.

This case had one point of practical interest. Had I suspected the presence of pus, and found my suspicions confirmed by the grooved needle, I should probably have treated the disease as an abscess, and have punctured, but not cured it; for the destruction of the dense cyst through a small aperture would most likely have been a troublesome work of weeks or months, instead of the three or four days which the cure actually required. Here, therefore, the grooved needle would have been a false guide.

Cystosarcoma. CASE LXXXVI. H. R., aged 40, married, had one child when twenty years of age, and had suffered from a swelling in the left breast for six months before I saw her, when it was painful, and of the size of an apple, connected with the mammary gland.

I removed the tumour without any skin, opening two cysts casually during the operation. Four vessels required ligature, and three sutures were used.

She suffered for many days from the vomiting produced by chloroform, and suppuration occurred in the wound. It ultimately healed entirely, and she went out complaining of pain in the scar.

The tumour was a genuine cystoma, with various cysts and fibrous matter, very dense and firm.

CASE LXXXVII. S. M., aged 22, had been the subject of a painless tumour in the left breast for some years; but, having been confined a few months before I saw her, it had become enlarged, painful and soft in parts, discharging some pus. I opened it freely under chloroform, with the hope that it would gradually shrink, but without any good result; and I subsequently removed it by operation, which was unusually troublesome, in consequence of the previous inflammation, and incisions and adhesion of the skin. Six ligatures and four sutures were used. She recovered well after the operation; but the healing was rather slow.

The tumour was hard, white, and fibrous, with suppurating cavities; and, when examined under the microscope, it showed fat and oil-globules; and in the softened parts of it were round and oval and partly opaque masses of granular cells, looking something like pigment-cells, except that the colour was not so dark. They were entirely soluble in caustic alkali, and probably presented the granular appearance from the presence of minute oil-globules.

I shall have to notice a similar structure in other tumours; and this has been described by some authors as being the fluid found in cystic diseases.

Chronic Mammary Tumour. CASE LXXXVIII. M. A. B., aged 22, had a small, hard, and very sensitive tumour in the left

breast for three years, and had been subject to various treatment to induce absorption before she came under my care; and the swelling had ultimately become adherent to the skin and the nipple. I removed it, using pins and twisted suture in bringing the parts together, and a compress and bandage. A slight attack of erysipelas came on about the fourth day, followed by acute inflammation of the opposite breast, threatening suppuration. This was checked by leeches, and she went out cured.

The tumour was as large as a chestnut, hard and solid, and surrounded with a thin cellular cyst. Upon section with a scalpel, it caused a grating sound, described by some writers as peculiar to scirrhus. The microscopic examination showed a large quantity of the fibrous element in its substance, and a number of small cells, some with nuclei, but many without, free, and entangled in the fibre. In addition to this was fat, and a considerable number of minute oil-globules.

These microscopic appearances are, according to my experience, constant to the chronic mammary tumour, such as I have described in this case; and it will not be necessary to repeat them in my other cases of the same disease.

CASE LXXXIX. A. D., aged 22, had the tumour in the right breast two years. Her health was good. She had been delivered of a child four years before. The tumour was hard, as large as a chestnut, and not sensitive; and it gave rise to no symptoms, but was gradually increasing in size.

The disease was easily removed, although a part of the mammary gland was divided. She took but one drachm of chloroform. One ligature only was necessary. Some induration remained about the wound for a week or two after it had healed; but it afterwards disappeared entirely, and she went home cured.

CASE XC. E. W., aged 30, with a small hard round tumour of the left breast, connected with the upper edge of the mammary gland. The operation of removal was easily performed, and the parts brought together with pins, which were removed on the fourth day; and the wound healed rapidly.

CASE XCI. A. P., aged 19, with a rounded but lobulated tumour at the upper part of the left mammary region. It was readily removed, and the wound brought together by two pins and adhesive. She was cured in ten days.

Carcinoma. CASE XCII. M. V., aged 40, admitted into the medical wards on account of rheumatism, was transferred to my care in consequence of the existence of a mammary tumour, which had been growing for four years, until it had reached the size of an orange. The skin had become adherent to its surface, and there was a large and hard gland in the axilla.

Chloroform was administered; but she became so faint and collapsed, that she appeared dying; and the operation was postponed until a future day, when I performed it without chloroform, removing the tumour with the adherent skin, and drawing out two hard glands from the axilla. Five sutures were required to keep the sides of this large gap together, and they were supported by compress and bandage. She went away well in about six weeks; and I saw her once or twice afterwards, and ordered her some cod-liver oil, to try and improve her general health, and she became extremely florid and fat.

About six weeks after I last saw her, she died of apoplexy; and the *post mortem* examination revealed cancer of the cerebrum and cerebellum, and lungs and liver. The disease was composed of well marked cancer-cells, with nuclei and nucleoli. In the tumour itself, the cells were caudate, round, and fusiform; whilst in the glands they were simply round.

CASE XCIII. E. S., aged 67, underwent excision of the right breast three years before I saw her; and she consulted me in consequence of the return of the disease in the form of a small, hard, and painful tumour under the scar of the old operation, with a small hard gland in the axilla. I removed the tumour, with a portion of the skin above it, without chloroform; and, after a little suppuration, the wound healed, and she returned to the country. I believe that the disease soon returned in the scar, but the ultimate result I did not hear.

The microscope disclosed excellent specimens of cancer-cells, with nuclei and nucleoli. Some of the cells were round, but most of them were pyriform or caudate, which appears to me to be the most common form, at any rate, in these tumours.

CASE XCIV. E. W., aged 44, with a tumour of the right breast of ten years growth. It had latterly increased more rapidly, and was about to ulcerate above the nipple, where it was adherent to the skin. The swelling is of the size of her fist. Her general health is good, and she is stout and well.

I removed the tumour and adherent skin freely down to the pectoral muscle. Eight ligatures and four sutures were used,

and a bandage and compress applied, with the arm bound down to the side. She required opium tolerably freely after the operation, but recovered fairly, so that she was made an out-patient in less than three weeks. A little suppuration ensued at the outer part of the wound, with some suspicious induration, which, however, disappeared after a few weeks.

Three months after the operation, the wound was perfectly sound; but there was swelling, with induration of the cervical glands, just above the clavicle.

The microscopic examination showed excellent specimens of cancer-cells; that is, cells of varied form, round, oval, caudate, and fusiform, with well marked nuclei and nucleoli.

CASE XCV. A. S., aged 50, with a small circumscribed tumour of the breast of eighteen months standing; it was situated about two inches above the nipple, and was immovable; that is, adherent to the fascia covering the pectoral muscle. The nipple was retracted and sore, with a little discharge from it.

By an oblique incision downwards and outwards, I removed the nipple and the tumour, and the fascia upon which it rested, dissecting the muscle clean. Three vessels were tied; and sutures, compress, and bandage, were applied. She went away cured in three weeks, the wound being healed, and her health being good. The cancer-cells were peculiarly large, and the nuclei and nucleoli very numerous and distinct, and mixed with fat and oil-globules. The disease returned within two years.

CASE XCVI. E. J., aged 55, with a hard tumour of the right breast, with two or three nodules extending to the axilla. I removed the breast, with the hard axillary glands; but found considerable difficulty in extracting the latter. Four vessels were tied, and the parts brought together in my usual method. The only troublesome symptom was the sickness from the chloroform. I gave her opium and plenty of stimulus, and she did very well. The wound was healed in eighteen days. The microscopic examination confirmed the opinion that the disease was cancerous.

Many years have elapsed since this patient was operated on, but I have not heard of her.

CASE XCVII. A. G., aged 68, with a hard and heavy scirrhus mass hanging on the left breast. I removed the whole of it, with the loose skin in which it was suspended. It was brought together by six sutures, adhesive, compress, and bandage. The wound was a long time healing, but little union by the first intention having taken place. The tumour was extremely hard; and from some parts of it, when divided, black matter flowed. The microscopic examination showed large distinct pyriform, round, and triangular nucleated cells. The disease returned.

CASE XCVIII. E. G., aged 39, with a hard tumour in the left breast. She had borne a family; but, owing to some peculiarity in the nipple, had never been able to suckle her children upon this side. The nipple was retracted, and skin adherent. I removed the whole breast, with the tumour, skin, and nipple, leaving a large deep gap, which bled very freely, and required several vessels. The wound was brought together by pins, adhesive, compress, and bandage; and it had healed in a little less than a month. The patient went out quite well.

I have no record of the microscopic appearances in this case; and I never heard of her again, although some years have now elapsed since the operation.

CASE XCIX. M. B., aged 56, with a large hard tumour of the left breast, of only three months growth. The skin was adherent, and the nipple completely drawn in. I removed the whole breast with the tumour, tied four vessels, and used four sutures, adhesive, compress, and bandage. On the fourth day, she had a slight attack of erysipelas, requiring the removal of dressings and sutures, the application of the "Pigmentum Iodini" (which we use of the strength of two scruples to one ounce of the spirit), and the internal use of the tincture of the sesquichloride of iron. The eruption soon subsided, and the wound healed; and she was dismissed cured.

The tumour was accidentally kept some days before I had an opportunity of examining it. The cells of which it was chiefly composed were very irregular in form, small, and nucleated. I never heard of this patient again.

CASE C. J. T., aged 43, whose mother died of cancer of the breast, consulted me on account of a small, hard, and very sensitive tumour in the upper part of the left breast; and I recommended its removal. The patient was weak and in an extremely nervous condition, and I operated without chloroform. The incision was three inches long, and I divided the upper part of the mammary gland. She became very faint.

There were some black spots in the tumour, of a melanotic kind. One vessel only was tied and two sutures used. The wound healed almost completely by the first intention, except the lower part, which remained open for some time; and it was nearly a month before she was quite well. Within another month, a small indurated mass had appeared at the side of the breast.

The microscopic examination of the tumour which I had removed was distinctly cancerous, large rounded cells, with very well marked nuclei.

There was something so extraordinary in the history of this patient, that our interviews were occasionally of the most comical description, although cancer truly is anything but an entertaining or jocose subject; and, although not connected with this particular operation, I will mention one or two facts, as a curious instance of deception.

She professed that she never ate anything besides a grape or two, or a minute fragment of biscuit, although I afterwards had good reason to believe that she did very well in that way; and she took opium largely, but of course denied it. She had become a Roman Catholic some time before the operation, for that was rather the fashion here at that date; and, with the greatest adroitness, she used to keep the Roman Catholic priests (and even the bishop too), as well as the evangelical clergymen of Clifton, waiting upon her. She would horrify the latter with some accounts of the cruel penances she had to undergo, how she had to kneel on a hard stone for so many hours, or until she was borne away fainting; and she would entertain the former with fictitious remarks of a contemptuous and abusive kind, said to emanate from the English ecclesiastics. I sometimes encountered one set of divines, and sometimes the other, in her room, trying to convince her vacillating mind; and she all the time was enjoying her opium, and laughing at both.

I believe that she submitted to the operation of excision of the breast (and it was done without chloroform) in order to raise a stock of sympathy among her friends, and to derive the solid advantages that usually accompany these kind feelings, and which a clever person like my patient knew well how to extract. Another motive was to keep her creditors at a respectful distance; for all the furniture that she was using had been obtained by false representations; and during my attendance, on one occasion, she had the doors barricaded, and a man on guard to keep out the wrathful creditors, who had been duped; and I had to find my way in by a very circuitous route; while, on another occasion, the house had been invaded, and most of the things carried off. Some months after I had ceased to attend her, she was tried for swindling, and condemned to a year's imprisonment, which I believe she underwent; and I have lately been given to understand that she is well, and is carrying on her avocations in a neighbouring town.

CASE CI. H. H., aged 64, with a large tumour in the left breast. It was very hard, and was increasing. I removed it very freely, and there was unusually free hæmorrhage, two of the vessels which had been divided being very large; and when all the bleeding had been stayed, there was an enormous gap in her side, which was brought fairly together by sutures and bandage.

The patient was a very large and fat woman, with a very feeble pulse; and I therefore gave her but half a drachm of chloroform altogether, but it seemed to act satisfactorily. She was very low and weak for a few days after the operation, but revived with the aid of stimulus. She had a slight attack of erysipelas in the face; but the wound was unaffected, and healed chiefly by the first intention. The patient suffered for a time from a slough in the back, which, however, also healed readily; and she went out cured. I have not heard of her since.

CASE CII. E. H., aged 36, had a tumour of the left breast for two years before I saw her; it was very hard, and attached to the upper and inner edge of the gland. I removed all the tumour, with some skin and the surrounding tissues; and, after tying several vessels which bled freely, I brought the wound together with three pins. She went on perfectly well. The parts were kept in contact, and healed by the first intention, except the lower part, from which some bloody matter oozed for a few days.

The microscopic examination showed well marked cancer-cells.

A month or two after the operation, a small hard tubercle appeared upon the skin at the points of entrance and exit of each pin, making six small and hard projections, in two regular rows of three each. The patient recovered her health and

strength; and after a time the induration entirely disappeared, and she has remained quite free from disease up to the present date.

CASE CIII. E. O., aged 36, a spare woman, with a considerable tumour in the left breast. It had been growing for a great length of time, and her health had suffered considerably. At the operation, it was necessary to remove a large quantity of skin; and the disease extended high into the axilla, so that there was some difficulty in removing it entirely; but it was accomplished satisfactorily at last, although she lost a considerable quantity of blood. A large number of ligatures were required, and three sutures.

Her recovery was satisfactory. Very little union by the first intention took place; but the parts were kept in good position, and ultimately healed well. One ligature was so firmly attached that I could not get it away, having tried elastic pressure, traction, and other means to loosen it. It was cut off short, and remained attached when she went home, all the rest of the wound being soundly and firmly healed.

The tumour showed, under the microscope, granular blood-corpuscles and large nucleated cells, many of them having dark contents, of a granular appearance, which were probably minute particles of oil or fat. A section of the tumour had the ordinary aspect of a scirrhous growth.

She has remained well up to the present date, and there has been no return of the disease. The ligature came away after some weeks.

CASE CIV. M. S., aged 45, with a hard nodulated tumour of the left breast, not adherent to the subjacent parts, and without any glandular complication. I removed the disease without the skin. Three vessels were tied, and three sutures used. I removed the dressings and sutures on the fourth day, and found it nearly healed; and she soon recovered.

The microscopic examination showed cells of various sizes, nucleated, many of them containing granules of pigment, almost black. The history of the tumour and its appearance on section were clearly those of cancer.

At the present time, when these cases are being prepared for publication, this patient is well, and there has been no return of the disease, now two years and a half after the operation.

CASE CV. H. T., aged 50, with a small hard tumour of the left breast, which I removed with the skin and the nipple, including two or three separate nodules which were near, but leaving an enlarged and hard axillary gland. The bleeding was very free; and six ligatures were required, and three sutures, with bandage. She required stimulus tolerably freely afterwards, but went on well, without any unfavourable symptoms; and when she went out, the wound was quite healed, and her general health much improved.

The only remaining case is one in which no operation was performed; but, as it occurred at the period when the caustics were so much used, I thought it a favourable instance in which to try that plan, and it is but fair to record it.

CASE CVI. A. B., aged 60, with a distinct, very hard tumour in the breast. I applied the chloride of zinc, after dissecting off a patch of skin while the patient was under chloroform. This was repeated several times, and a deep slough was formed, and it turned out in a mass, leaving for a time a tolerably healthy surface; and a partial closure of the wound took place, but, before it had healed, the disease returned. I applied caustic several times; but the ultimate result was most unsatisfactory, the patient having gone home in a very weak state of health, with a large carcinomatous ulceration in the place of the tumour that had existed before, and I have little doubt that she speedily died.

REMARKS. Of this series of twenty-two cases, one was hydatid disease, two were cases of cysto-sarcoma, four of the chronic mammary tumour, and fifteen of carcinoma; and this is probably about the usual proportion in which disease attacks the female breast. The immediate result of the operations was satisfactory in every instance. All the wounds healed well, and the seven first cases were cured entirely; but, although they all recovered, I do not conclude from this amount of success that the operation of removal of the breast is devoid of all danger; but, compared to the gravity of other questions connected with these cases, I do not think much stress can be laid upon it.

The subject of cancer of the breast is a sad one, and the amount of permanent success is generally very discouraging; but in looking over my cases, few as they are, the results are of such a nature that I should be disposed to recommend the operation in very many instances. I do not remember the number of patients applying to me with disease of the breast in whom no operation was deemed advisable; but this is a matter

of less importance, for here again I cannot see how any practical aid can be obtained for any special case from numerical considerations.

Of the fourteen cases of cancer operated on, all healed well, and for a time each patient was better than she had been before. One died very speedily of apoplexy; but whether or no the internal cancer progressed more rapidly on account of removal of the external disease, I am unable to say. In five, I know that it returned within two years; and of these, four are dead, and one still survives. I also know that three, at least, are cured, the latest having been operated on two years and a half ago; and of four others I have no further report, for I never heard of them after they left my care. The youngest operated on was thirty-six, and the eldest sixty-eight; and the average of all was forty-nine. In nearly three-fourths of the cases, the disease was on the left side. The presence of hard axillary glands did not much influence the mode of treatment; for in no case where they had existed before the operation, did they give any trouble afterwards. Whether they prove that the constitution is affected with the disease, I cannot tell. Of those which were operated on with enlarged axillary glands, two were cured; and of two others I have had no recent account, but they were well when last heard of.

The question of operation in cancerous growths is of so great importance that all records are of value, and I therefore add a tabular notice of these cases.

No. of Case.	Age.	Duration of disease before operation.	Axillary glands affected.	Remarks.
92	40	4 years.	Yes.	Died about three months afterwards of apoplexy, with cancer of brain. Scar sound.
93	67	Breast excised 3 yrs. before.	Yes.	After the removal of a cancerous cicatrix the disease returned, and she died.
94	44	10 years.	No.	The disease returned in the cervical glands, and destroyed her life.
95	50	18 months.	No.	Disease returned in two years, and proved fatal.
96	55	Not recorded.	Yes.	No account of this patient since she went home with the wound healed.
97	68	Not recorded.	No.	The disease returned, and the patient died.
98	39	Not recorded.	No.	I received no record of this patient after she went away cured.
99	56	3 months.	No.	No further record. She went away cured.
100	43	Not recorded.	No.	The disease returned in spots about the chest, but she is still living. The operation was performed in June 1854.
101	64	Not recorded.	No.	No further record of the case. She went away cured.
102	36	2 years.	No.	Cured. Alive now and well. Operation performed June 1856.
103	36	Several years.	No.	The tumour extended high into the axilla. The patient is alive and well now. Operation performed November 1857.
104	45	Not recorded.	No.	Alive and well now. No return of the disease. Operation, December 1857.
105	50	Not recorded.	Yes.	No further account of her. Operation performed August 1859.

In dressing the wound after the operation, I am very careful to tie all the vessels, and to bring the parts into absolute contact with as many pins as may be necessary, with thin strips of adhesive in each interval; a narrow piece of simple dressing along the wound, and the bandage firmly applied over all. By these means the parts are kept in absolute contact and repose for the first twenty-four hours, and a considerable amount of union by the first intention is obtained; and even if the cavity does not become obliterated at once, by keeping the pins *in situ*, and letting the fluid contents ooze out of the lower part of the incision, an open sore is prevented. I always see my operation

cases once or twice within the first twenty-four hours; and, if necessary, cut through the bandages, whenever they are tight or oppressive.

It is important to bear in mind a practical lesson taught by some of these cases and other similar ones; namely, that after the removal of a cancerous tumour, the scar is frequently very hard for a considerable time; and that the induration gradually melts away in most instances, being due to simple thickening, and not to any specific deposit.

At the Bristol Royal Infirmary, in the after treatment of these cases, and, indeed, of all cases where severe operations have been performed, as amputation, excision, or the removal of large tumours, particularly if they have been accompanied with the loss of blood, we have been for a long time in the habit of giving our patients, as soon as possible, good diet, with meat and a little stimulus, and opium when requisite; and sometimes it has appeared necessary to give stimulants very freely; and the system is, doubtless, in this way more quickly lifted out of the depressed state in which the shock of a severe cutting operation has placed it, and the recoveries are more satisfactory; and I may add, that the plan of giving support freely in these cases was the custom here long before the date of that famous letter which appeared some years ago, in large type, in the *Times* newspaper, in which a member of the Council of the Royal College of Surgeons addressed the editor, and told him how he treated the patients under his care, particularly his operation cases, with wine and good things; and how his success was much better than that of his neighbours, who did not advance with the times, but stuck to the old routine. This bold letter, with the help of the large circulation of the *Times*, undoubtedly answered the purpose of a productive advertisement, as it deserved, for it was on a larger scale and more cleverly done than the paragraphs alluding to Moses' clothes-mart and Rowland's kalydor; but if the writer had been practising in the provinces, or if he had been a man of smaller note in the metropolis, and not connected with a large hospital and the Royal College, I think he would properly have been called to account for his epistle.

[To be continued.]

OBSERVATIONS ON THE TREATMENT OF ASTHMA.

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[Continued from p. 760.]

CASE XII. The case I have now to record, is that of a gentleman in Gloucestershire, who during the winter months whilst he has almost the daily enjoyment of hunting with the Duke of Beaufort's hounds, is tolerably free from an attack; but, should be then indulge in a full meal with more than his ordinary supply of wine, he is sure to feel distress in his breathing in consequence. He is an active energetic man; and, I am told, that when with the hounds, he is one of the first and foremost. Hunting appears to have been his great delight; and, being a man of large fortune, he spares no expense in being well mounted. He has other occupations, however, which require the exercise of great mental powers. In fact, he may be considered a fair specimen of those energetic persons so often the subjects of this distressing complaint.

He first visited me on the 8th July last year, at a time when his complaint was most distressing. His age was 50; his weight, eight stone four pounds. He had been subject to asthma twenty-five years; it came on when he was borne down by anxiety of mind and over-exertion. His chest was well formed, though rather dull on percussion on the left side. The pulse was 80; the heart's action normal; the tongue chapped and coated; the stomach was distended after eating a full meal, which is a sure indication of an attack. He reclined in bed when free from asthma. He expectorated largely, which procured relief. At the close of an attack, he had a large flow of urine, which deposited a thick pink sediment. The bowels were irregular in their action.

I at once placed him under the strict dietary and sedative system, which had been so successful in former cases, directing the bowels to be strictly attended to by means of mild aperients or an enema.

On July 20th, my patient paid me another visit, and reported that he slept well all night; and since the commencement of my treatment, had not had the slightest return of asthma. He said that he felt assured that it was the only plan which he had ever tried which afforded him decided relief.

The next account of my patient which I received was, that he was hunting the native forest deer on Exmoor, facing the most inclement weather with impunity, and without any return of his complaint. After a time, he became regardless of the rules prescribed as to diet and regularity; and he fully admitted that he was paying the penalty of his imprudence—asthma, in a mitigated form, having returned upon him. In a letter I received from him a few days since, he says he was then adhering to rule; and was in the enjoyment of comparative health.

I have now given the history and treatment of twelve cases of dyspeptic asthma, which I have chosen indiscriminately from a great number in my note-book. All these cases occurred amongst males, who by far form the greater proportion of cases when compared with females. This may be accounted for in dyspeptic asthma, in a great measure, I think, from the greater temptations and less inclination to resist in males, the imprudences of indigestible food and the luxuries of life, both as regards eating as well as drinking.

I shall now proceed to record two or three cases of dyspeptic asthma in females, which, I think, will be read with interest.

CASE XIII. This is a case of a lady who resides in the north-east of England, who wrote to me on December 19th, 1856, as follows:—"Having heard from a gentleman in this neighbourhood that you have treated him for asthma successfully, I am induced to write and ask your advice under similar circumstances for myself. It would probably be more desirable that I should have a personal interview with you; but this would not be possible for me at the present season to accomplish; therefore I will explain by letter, as well as I am able, what it may be chiefly necessary for you to know as regards my case. I am now 41 years of age, and have been a very great sufferer from asthma for twenty years. During this time, I have tried frequent and considerable change of climate; and I need scarcely say, many different remedies, without, however, much relief, or permanent good, in any instance. The attacks recur frequently, at intervals of not above ten days, or a fortnight, though rather less frequent in the early part of the year. They commence with great difficulty of breathing, which lasts for several days, and is still more distressing at night, when the only posture possible is leaning forward on some bench in bed, generally for several nights together. The only things relied on for any relief are smoking stramonium, inhaled by holding my head over a small chafing-dish. I have also inhaled chloroform with some relief. These remedies appear to soothe and mitigate the severity of the paroxysms, though I have not thought they ever shorten the attack; after some days, the severity of the attack subsides, and then cough, with much expectoration, comes on, and I am relieved, but feel much weakened and reduced. I have reason to believe that the cough and expectoration is not so much the cause as the effort of nature to get rid of the disease; but of this, you will be a better judge than myself. I ought to add, that I have been assured by several medical men that there is in my case no organic disease. And I fully believe this, from the circumstance of my enjoying complete freedom from any pain or uneasiness in the brief intervals between the attacks, the only discomfort remaining, arising from the debility they occasion. I am never able to take much exercise; and in the winter months, I am quite a prisoner. I generally take for my food what is provided for the family, when I am able to eat."

This communication is highly interesting, inasmuch as, without any opinion of mine, the strong belief and conviction of the patient was that the disease, of which she was the sufferer, went through certain stages, and was at length thrown off from the circulation by the medium of the lungs—an opinion which I have given in a former paper, and of which the more I see of dyspeptic asthma, the more I am convinced.

After a few letters had passed between myself and my correspondent, it was ultimately resolved that no specific treatment should be attempted, until the season would admit of her coming to Bideford, in order to give my plan the best chance of succeeding. Accordingly, on May 1st, 1857, she, in company with some of her family, accomplished the journey; and her history, as regards her disease, is so interesting, and it bears so completely on the opinions I have advanced, that I hope I shall not be considered digressing from my subject, if I give a detailed statement of some of the incidents connected with her history.

In addition to what has been before stated, she told me she had consulted many eminent men in London and elsewhere, who had treated her case, but without success; and that the poor consolation was given her, that she must make up her