Part Third.

CLINICAL REPORTS, LECTURES, ETC.

CLINICAL MEDICINE—PROFESSOR BENNETT.

COLCHICUM IN THE DELIRIUM AND COMA OF SCARLATINA.

A boy, age 14, entered the clinical ward on the third day after experiencing distinct rigors. There was restless delirium, and constant moving of the head from side to side on the pillow. He was apparently conscious when spoken to, but could not answer questions—the tongue was protruded with difficulty, dry, and of bright red colour, studded with florid elevations—deglutition was much impeded—bowels open—pulse 130, weak—urine voided with difficulty, and diminished in quantity—sp. gr. 1025—not acted on by heat and nitric acid—skin hot and dry, covered with the bright red scarlatinal eruption—Ordered saline and slight diuretics. He continued in the same condition, the angina coma and alternating delirium, however, being more pronounced until the sixth day. During this period all the urine passed was carefully examined. The amount was diminished (17 oz. per day), but it was free from deposit, and unaffected by heat or nitric acid. B Sp. Æther. Nit. Žiij; Pot. Acet. Žiij; Tr. Colchici Žss. AqœÆ. Žiiij. Ft. Mist. A teaspoonful to be taken every four hours. On the following day all coma and delirium had disappeared. He answers questions when put to him—skin cool—eruption faded—pulse 96, weak—passed 30 oz. of urine, which is turbid, with small flakes of a membranous character floating in it. On the 8th day the quantity of urine excreted was 50 oz., and it was still more loaded with sediments. On examining the urine with a microscope, it was seen to contain—1st, membranous flakes, composed of aggregated rounded particles, apparently agglutinated together, and strongly resembling some forms of vegetable tissue—2d, rounded and irregular masses with spicula—3d, amorphous molecular masses. The whole of these elements on being analysed by Mr Drummond, were found to consist of urate of ammonia. Next day the urine was only slightly turbid, and on the following one, was perfectly clear. From this time the boy gradually recovered.

Commentary.—This was a very severe case of scarlatina. The angina was intense, occasionally rendering deglutition impossible. There was delirium on the third day, alternating at night with coma, which was often profound. The worst result was apprehended. It recurred to me that the head symptoms in this as in several cases of typhus, might probably depend not so much upon inflammation of the brain, as is generally supposed, as upon absorption of, and poisoning by, urea, an idea that appeared to me supported by the diminished...
quantity of the renal excretion, as well as its freedom from all deposit. Remembering the alleged virtues of colchicum in increasing the elimination of this excretion, I ordered it, in combination with diuretics, and the result was remarkable. For on the next day, not only had the fever diminished, but the urine was increased in amount and loaded with urates to an extent and in a form I had never previously seen. It may be argued that the fever had terminated by a natural crisis on the seventh day; but I cannot help thinking that in this case nature was assisted by the colchicum and diuretics. At all events, this medicine seems to me worthy of more extensive trial in scarlatina accompanied by diminution of urine and head symptoms.

BLEEDING IN PNEUMONIA.

I have on a former occasion pointed out the rule which, it appears to me, should guide you with regard to bleeding in pneumonia. If you are called to a case at a very early period before exudation is poured out, and before dullness as its physical sign is characterised, but when notwithstanding there have been rigors, embarrassment of respiration, more or less pain in the side, and commencing crepitation, then bleeding will often cut the disease short. This state of matters is rarely seen in public hospitals. When on the other hand, there is perfect dullness over the lung, increased vocal resonance, and rusty sputum, then exudation blocks up the air-cells, and can only be got rid of by that exudation being transformed into pus, and excreted by the natural passages. In such a case, bleeding checks the vital powers necessary for these transformations, and as a general rule, if the disease be not fatal, will delay the recovery. I believe this to be the cause of so much mortality from pneumonia in hospitals where bleeding is largely practised, for in general, individuals affected do not enter until the third or fourth day, when the lung is already hepatized. Three cases which you have witnessed, appear to me to support the correctness of these principles:

Case I.—John Conolly, set. 50, re-admitted June 16th, for mitral disease of the heart. At the visit on Monday June 30th, he was in his usual state of health. On the day previous, he was allowed to go out and see his friends and stay all night. He acknowledges that he drank considerably. About two o'clock p.m. of the 30th, he felt a sharp pain in the right side, in a circumference of an inch below the nipple, increased on taking a full inspiration. In the evening, the clerk detected a double friction murmur in the part complained of, and the pulse was 106, full and strong. Pulv. Opii gr. iii.; Antim. Tart. gr. vij.; Pulv. Arom. 3j. M. siant. Pulv. vj. One to be taken every second hour.—July 1, at the visit. Pain in side continues, troublesome dry cough occurs at intervals, friction murmur continues as heard last night. Pulse 111, full and strong. Antim. Tart. gr. vij.; Pulv. Opii gr. ij.; Saccari Albi 3j. M. Div. in Pulv. vj. One to be taken every hour. Applicant. Hirudines viij. regioni dolenti. July 2.—Has taken four of the powders—leeches bled freely—on examining the chest, it continues everywhere resonant on percussion. Double friction murmur still heard below the right nipple. Above the nipple it is only heard with expiration. There is also distinct though exceedingly fine crepitation at the lower margin of the right lung posteriorly, and slight increase of the vocal resonance. Respiratory murmurs of left lung puerile and tubular. Venesectio ad 3v. et habeat Pulv. Opii gr. j. He felt no faintness from the bleeding, but the pulse which was 110, full and strong, fell to 86, and became soft. The blood drawn coagulated quickly, presented a strong buffy coat, and became cupped. In the evening there was profuse diaphoresis, the pain in the chest had abated, and the breathing was much easier. To continue the Antimonial powders. July 3.—Pain in the side has nearly disappeared, he can inspire deeply without difficulty, friction murmur scarcely appreciable to the ear, and no crepitation can be heard. July 4.—Countenance pale and sallow, with a depressed expression. Complains of weakness, but no pain, no friction or crepitating murmurs in chest, cough still troublesome.
An expectorant mixture was ordered in the evening by the clerk. From this time he became gradually well, the heart affection remained unaltered, and he was discharged July 14.

Case II.—James Burns, aged 24, admitted into the clinical ward, May 20, for syphilitic nodes. He had no cough, nor expectoration; and on examination of the chest, both at the time of admission, and subsequently, his respiration was perfectly healthy. On the 19th of June he commenced coughing, and on the 22d, crepitation was detected by the clerk under the right clavicle, with increased vocal resonance, and slight dulness on percussion. Two leeches were applied. On the 23d, he was hot and feverish; pulse 110; cough severe, with dyspnoea; expectoration slightly tinged with blood. Still crepitation under right clavicle, but also dulness over the lower third of left chest, posteriorly, with crepitation, and increased vocal resonance. \( \frac{3}{2} \) oz. of blood were drawn by venesection. B. Vin. Antim. \( \frac{3}{8} \) ss. Sol. Mur. Morph. \( \frac{3}{8} \) j. Aque \( \frac{3}{2} \) v. M. One ounce to be taken every three hours. On the 24th, my attention was directed to him for the first time, and I found limited dulness under the right clavicle, and complete dulness over two-thirds of left lung posteriorly. There was also distinct crepitation, and increased vocal resonance, in both regions, which were dull; pulse 108, of good strength; sputum tinged with blood; bowels constipated; œdema of the feet. The treatment now consisted of antimonials, salines, and diuretics. On the 27th, although the crepitation and dulness had extended, some hope was entertained of recovery, from sudden copious diaphoresis, and the loaded state of the urine, which contained abundant amorphous sediment of urates, mingled with fibrinous casts of the tubes. The pulse, however, became weaker; and notwithstanding the liberal administration of wine and stimulants, he sank on the 28th. An examination of the body could not be procured.

Commentary.—In both these cases pneumonia came on in the ward, the individuals having been admitted sometime previously, the one for chronic cardiac disease; the other for tertiary syphilis. In the first case, after drinking, and probable exposure to cold, during a visit to his friends, pleurisy came on, followed on the second day by pneumonia, as determined by fine crepitation, and slight increase of vocal resonance. Notwithstanding the existence of mitral disease, he was bled to \( \frac{3}{4} \) v., followed by a full dose of opium, and his recovery was rapid. In the second case, a man of syphilitic constitution, the symptoms were more latent, and he was bled on the fourth day, when dulness was established over two-thirds of one lung, and a portion of another, and he died on the ninth day. There must always remain a doubt as to whether, in this last case, phthisis did not exist, as evidenced by the dulness, fine crepitation, and vocal resonance under one clavicle, cough and sweating,—a point I had no opportunity of determining, as I had only just then taken charge of the wards. But such a suspicion, conjoined with the undoubted syphilitic cachexy, were rather opposed to bloodletting, notwithstanding the quality of the pulse, and the threatened advance of the disease. No doubt it is a difficult matter to establish any general principle as to bleeding in pneumonia; but I think the two cases now noticed point out the benefit of that practice at one stage of the disease, and its inutility, if not danger, at another.

Case III.—Edward Lanon, a labourer, aged 17, admitted into the clinical ward July 18, 1851. He is of strong, robust constitution; but on the 14th, was suddenly seized when in bed with a sharp, stabbing pain in the right side; increased on deep inspiration. This was soon followed by rigors, and the usual symptoms of fever. On the following day he was bled to 16 ounces by a medical practitioner, and took opening medicine. The pain continuing next day, he was also cupped. On admission, the cough, though not frequent is very harrassing, accompanied by slight pains in the left side; no expectoration. On percussion there is dulness over left side of lung anteriorly, and over two-thirds of right lung posteriorly and inferiorly. On auscultation, there is crepitation and increased vocal resonance in both seats of the dulness, and double friction
murmurs over right lung anteriorly. On the 19th, crepitation also heard posteriorly on the left side; pulse 106, strong. On the 20th, the friction murmurs had diminished. Sputum also now abundant, tenacious, and of rusty colour. 21st, crepitation on left side diminished; pulse 90, strong. Urine, which up to this time was perfectly clear, now loaded with a copious sediment of amorphous urates. A blister to be applied to the right side. 22d, crepitation now loud, and coarse on both sides; no friction; sputum abundant; urine much clearer than yesterday. 23d, slight crepitation. 24th, no crepitation; fully convalescent.

Commentary.—This was a case of double pneumonia, occurring in a strong, healthy lad, who had been very judiciously bled largely by the practitioner who saw him on the second day, not with the effect of cutting it short, but probably of diminishing its intensity and extent. On admission, notwithstanding the strength of the pulse, we refused to bleed, for the reasons previously stated; but favoured excretion of the morbid products by antimonials and diuretics. The result was copious elimination of urate of ammonia by the kidneys on the 7th day; diaphoresis and recovery on the 10th day.

**OCCASIONAL DIFFICULTIES IN THE DIAGNOSIS OF PNEUMONIA.**

The following cases illustrate the difficulties which occasionally present themselves in the diagnosis of pneumonia, notwithstanding all the aid furnished to us by a careful study of functional symptoms, combined with physical signs:—

**Case I.—Acute Nephritis; Hydrothorax; Collapse of the Lung; Bronchitis.**

—A man, aged 45, a waiter, entered the clinical ward labouring under bronchitis, Bright's disease, and supposed pneumonia. Six days before admission, there had been distinct rigors, fever, and vomiting; the kidney disease was indicated by diminished amount of urine, of darkish brown colour, spec. grav. 1014, highly coagulable on the addition of heat and nitric acid, with general anasarca. The pneumonia was imagined to exist on account of limited dulness of the lower margin of right lung, extending two inches above hepatic dulness. Inspiratory murmurs over this region, anteriorly harsh and tubular, but posteriorly and inferiorly accompanied by distinct crepitation. Sputum very viscid, and rusty coloured, with small clots of blood, size of a pea. On the following day the dulness on percussion and crepitation had extended upwards to the middle of scapula. Sputum strongly pneumatic. He died on the 6th of July convalescent. On examination after death, the body was generally anasarca. Both pleural cavities contained a considerable amount of serum, most abundant on right side. The kidneys were of a dark mahogany colour, covered with hemorrhagic spots. These, on microscopic examination, were found to depend on hemorrhage into the tubes, while the corpora Malpighiana were ascertained to be very generally loaded with recent exudation. The lung on the right side was collapsed inferiorly, sunk readily in water; but on microscopic examination, was found to be perfectly healthy in texture. There was intense bronchitis, and the tubes were loaded with mucus.

**Case II.—Organic Cardiac Disease; Bright's Disease; Vesicular Pneumonia.**—A man, aged 44, entered the clinical ward labouring under cardiac disease, Bright's kidneys, and pneumonia—evidently in a dying state. The functional symptoms and physical signs indicative of the pneumonia were as follows:—Troublesome cough, dyspnœa, with pain in right side of chest, copious sputum, which was gelatinous, purulent, and of rusty colour. On percussion there was comparative dulness over the inferior third of right lung, both anteriorly and posteriorly. On auscultation, loud crepitation was heard over inferior portion of right lung, with inspiration, and increased vocal resonance. On the opposite side, puerile respiration, but no dulness or crepitation. These symptoms increased in intensity during the next two days, while the physical signs became more marked. He died on the 11th of July. On examination...
after death, extensive cardiac and renal disease was discovered as anticipated. The left lung was healthy. The inferior lobe of right lung was of a dark mahogany colour, crepitant throughout, and floated in water. On section, however, it yielded on pressure a fluid like prune juice, and there were visible here and there yellow deposits, scattered through the parenchyma at considerable distances from each other, varying in size from a small millet seed to that of a pea. A thin slice of the lung with Valentine’s knife, examined microscopically, showed that the yellow masses, though to the naked eye they exactly resembled tubercle, were really composed of finely molecular exudation, filling up a group of air vesicles. Similar exudation could also be seen filling up individual air vesicles, and the smaller bronchial tubes, which, on breaking up fragments of the pulmonary tissue with water, floated loose, constituting casts of their cavities. Those removed from the smaller bronchi, exactly resembled the exudation casts of the tubuli uriniferi, so commonly found in the urine. The pulmonary parenchyma was also loaded with compound granular cells, brownish masses, bright red crystals (of hematine?), and groups of blood globules undergoing disintegration.

**Case III.**—Anemia; Bronchitis; Fatty Heart, Liver, and Kidney; Curvature of Spine; Chronic Pneumonia. A woman, aged 23, entered the clinical ward 8th July, 1851, with general anemia, palpitations and anemic murmur of the heart, bronchitis, enlarged liver and Bright’s disease. On percussing the chest, marked dulness at the apex of right lung, loud gurgling râle, and pealing resonance of the voice in the same situation; moist and dry râles were also heard over other parts of chest posteriorly, but no dulness on percussion; copious purulent sputum and night sweats. She died on the 13th, and in addition to fatty heart, liver, and kidneys, it was found that the apex of right lung was consolidated, of grayish colour, sinking rapidly in water; covering it were the pleura, strongly united by chronic adhesion. On microscopic examination, the air cells and parenchyma of the affected lung were infiltrated with granular exudation, mingled with numerous compound granular cells. There was also general bronchitis.

**Commentary.**—In the first case, pneumonia was diagnosed, but there was found hydrothorax, with collapse of the lung. In the second case, pneumonia was also diagnosed, but the lung appeared to the naked sight only congested with a few tubercles, and was determined to be really pneumatic by the microscope alone. In the third case, phthisis was diagnosed, but there was chronic pneumonia confined to the apex of the right lung, and chronic bronchitis. It may be useful to analyse the facts of these cases, so as to derive as much instruction as possible from the theoretical errors which resulted from them.

In Case I. there was dulness on percussion over the right back, inferiorly and posteriorly, increased vocal resonance, and fine crepitation. These physical signs, though generally indicative of a pneumonia, are not necessarily so. They simply show increased condensation, with pressure on the air vesicles, and, observe, this was found to be the case, for there was hydrothorax, and condensation of the lung from external pressure. Similar signs are often produced by a thoracic aneurism. The physical signs themselves would not have misled us, but there were associated with them rigors and fever six days previously, and rusty sputum mixed with blood. Thus the febrile attack corresponded with the commencing period of the supposed pneumonia. Then the man was a waiter and a habitual tippler, and we were called upon to decide whether the acute symptoms were connected with the lung or with the kidney. Now it is rare to see a case of acute nephritis producing general anasarca, and running its course so rapidly, and in consequence we considered the renal disease to have been chronic—in short, an ordinary case of Bright’s disease, with supervening pneumonia. It turned out, however, to be an acute attack of nephritis, accompanied by rigors, fever, vomiting, &c., followed by rapid anasarca and death by coma. The rusty sputum was also calculated to mis-
lead; for although the air tubes were filled with tenacious purulent mucus, there was no appearance after death of bloody extravasation into the parenchyma of the lung. It must, therefore, have been altogether bronchitic. Such a singular case of acute nephritis, so complicated, must be considered of extreme rarity, and in no way diminishes the value of the general conclusions to be derived from the ordinary functional symptoms and physical signs of pneumonia.

In case II. we should have considered ourselves to have been in error, had it not been for the microscope. In addition to undoubted cardiac and renal complication, there were all the functional symptoms and physical signs of pneumonia. Owing to the friends taking away the body at an unusual hour, the examination was performed by the house-clerk in my absence. He informed me next day that there was no pneumonia; but fortunately he had preserved a portion of the lung, and on first examining it I believed he was correct. It was of a dark mahogany colour, crepitant throughout, and floated in water. On section it yielded a copious dark red, frothy fluid, and there existed what had every appearance of yellow milliary tubercle thinly scattered. In short, the lung was in the condition of what is called "infarction," loaded with blood, but not pneumonic. A microscopic examination, however, proved that the so-called tubercle was composed of molecular exudation, and that numerous vesicles and small air-tubes were completely blocked up by a similar deposition, more or less mingled with blood. Hence it was a case of pneumonia, but of a form that has never yet been described, confined to groups of air vesicles and small tubes, and which may perhaps be designated as vesicular, to distinguish it from lobar or lobular pneumonia. I have no hesitation in stating that no one, from the ordinary morbid appearances alone, would have pronounced the lung in question to have been loaded with exudation, although when its structure was carefully examined with a microscope, this became evident to every one present.

Case III. was a very complicated one, and yet the bronchitic, cardiac, hepatic, and renal lesions were accurately made out previous to death. On one point we were wrong. The woman presented a most emaciated appearance, the surface was blanched, there was curvature of the spine from chronic disease of the bones, profuse sweating, severe cough with purulent sputum, marked dulness under the right clavicle, and on auscultation, coarse moist râles, with loud vocal resonance. The conclusion was, I think, inevitable, and not to be avoided—namely, that there was phthisis; and yet on examination after death, there was no tubercle, but chronic pneumonia, limited to the upper pulmonary lobe on the right side.

TREATMENT OF PHTHISIS PULMONALIS.

Patrick Barclay, æt. 17, was originally admitted into the clinical ward, June 25th 1849, labouring under cardiac disease, a large tubercular cavern under the right clavicle. He was emaciated to the last degree, and had profuse sweating, frequent cough, and purulent expectoration. You will find the particulars of his case in the February No. of the Monthly Journal for 1850. By means of cod-liver oil, good diet, appropriate treatment, and counter-irritation, he became stout, and even fat—the cough greatly diminished—the expectoration ceased, and he believed himself well. But the physical signs of a dry cavity continued—he had also scrofulous caries of the femur, but was discharged much relieved on the 27th of February 1850.

He was re-admitted August 26th 1850. Since leaving the house he has been frequently exposed to cold, but has been at the Industrial School,—and latterly the cough and expectoration which he said had quite left him, have returned, and been gradually getting more severe. The sweating returned with the cough. A week before admission, he, with the other boys of the school, went to Portobello to bathe, and notwithstanding his remonstrances, the master insisted on his going into the water, saying it would do him good. He however
became much worse. On admission, the physical signs were coarse moist râle under the right clavicle, imperfect pectoriloquy, and creaking friction noises, harsh inspiration and prolonged expiration under left clavicle, but the dulness in this last position is very slight, when compared with that of the opposite side. He again, by means of cod-liver oil, good diet, and counter-irritation, became strong and stout; again the cough, expectoration, and other symptoms ceased, and he was discharged March 7th 1851. The report on that day, is "marked dulness and increased vocal resonance under right clavicle, the inspiration is harsh but dry."

He was admitted again July 5th 1851. He says that on leaving the ward in March last, he had two detached pieces of the right thigh bone, extracted by Mr Syme, and remained in the surgical hospital for five weeks. Since then he has been constantly employed in light garden work, and notwithstanding poverty of food, he has continued in tolerably good health till a week ago. On admission, he again looks pale and thin. There is severe cough, with mucous expectoration,—under the right clavicle, the inspiration is harsh and blowing, no moist râle. The voice is resonant to bronchophony. There is loud double friction murmur over the upper part of right lung, especially at the right apex—slight friction also over whole of right side—on percussion, slight dulness only under right clavicle. Posteriorly, the resonance on percussion is nearly equal on both sides. This is the condition in which he now is.

Commentary.—I have frequently tried to impress upon you that the general indications to be followed out in the treatment of phthisis pulmonalis, are first, to support the general nutrition of the economy—second, to keep down local irritation—and third, to avoid all those causes which can deteriorate the constitution, on the one hand, and induce pulmonary symptoms on the other. The first indication is to be followed out by cod-liver oil, good diet, exercise, and all those means which are necessary to keep up a vigorous nutrition. The second indication is to be met by counter-irritation, and the third by hygienic regulations, an equable climate, and attending to all those precautions liable to prevent "catching cold." Could all these indications be carried out, I feel satisfied the cure of phthisis would be more frequent; but in the treatment of this disease the physician has to struggle not only with the deadly nature of the disorder, but with numerous difficulties over which he has no control, such as, among the poorer classes, the impossibility of procuring good diet, and the thousand improprieties not only they, but the majority of cases, are continually committing. Then, another great difficulty is, to convince the patient that, notwithstanding the removal of his urgent symptoms, the disease is not cured, and that these will return, if the causes which originally produced them, are again allowed to operate. Sometimes I have found it difficult to keep hospital patients in the house when they are doing well, at other times they are sent out in accordance with certain regulations, which oblige the admission of more acute cases. This was the case with Barclay. So long as he is under treatment, or rather enjoys the comforts and good diet of the Infirmary, so long is he well, but send him out, expose him to misery, insufficient food, and work, and he gets worse. But you will observe from the progress of the case, that his dwelling here has still done him good upon the whole. The physical signs point out to us that the pulmonary ulcer is contracting and cicatrizing; and I consider that could he be kept here another twelvemonths or so, his ultimate permanent cure would be insured.

But the great difficulty we have to overcome in this climate after all, is the frequent variations of temperature, and the sudden changes from fervent heat to chilling cold. Supposing that you have the means of supporting nutrition and keeping down local irritation, it is by no means certain that good will be accomplished, from the impossibility of securing those hygienic regulations and that equable climate, which are necessary to carry out the third indication. In the first place, nutrition itself is more connected with proper exercise and breathing fresh air than many people imagine. It does not merely consist in sti-
mulating the appetite and giving good things to eat. It requires—1st, food in proper quantity and quality—2d, proper digestion—3d, healthy formation of blood—4th, a certain exchange between the blood and the external air on the one hand, and between the blood and the tissues on the other—and 5th, it requires that there should be proper excretion, that is separation of what has performed its allotted function and become useless. All these processes are necessary for nutrition, and not one or more of them,—they are all essentially connected with, and dependent on, one another; for supposing that we can procure everything but pure and balmy air, still if that be deficient, the great problem of the cure of consumption cannot be worked out.

Now, it has been proposed that the Crystal Palace should remain, and be converted into a winter garden and public promenade. Not to speak of the intellectual and recreative purposes that such a plan would subserve, it is worthy of our consideration how far it would tend to promote health in general, but especially, how it would conduces to the cure of phthisis. Its great advantage would be offering the means of exercise in a pure atmosphere, at an equable temperature. It is easy for us, by confining patients in a suite of rooms in which the heat is regulated, to secure immunity from cold and change of air; but such a contrivance, is most intolerable to the patient, the mind becomes peevish, which in itself is a powerful obstacle to the proper performance of the digestive functions. But above all, the body is deprived of exercise—that necessary stimulus to the appetite, respiration, and other functions. Some years ago, I succeeded in confining a consumptive patient to his room for an entire winter. His spirits suffered greatly; but on the whole he supported the imprisonment with resolution. Next winter, however, nothing could induce him to remain at home, and one day he rushed out of the house, ascended Arthur Seat, and was much better in consequence. Since then I have been convinced that, although by confinement you may gain some advantages, on the whole it is a prejudicial practice if rigorously carried out.

What is required in these cases is the means of exercise, whether on foot, on horseback, or in a carriage, where the patient is protected from cold winds, and where the mind can be amused by pleasant sights and cheerful conversation. Such is the case in all those favoured localities considered best for consumptive people, and such would be the advantages derived from converting the vast enclosure of the Crystal Palace into a winter garden and promenade. Delicate individuals could be transported, by means of a close carriage, in the worst seasons without difficulty to such a place, and on entering it could breathe for hours a pure, balmy air, meet their friends, take exercise in various ways, read, work, or otherwise amuse themselves. Such an out-door means of recreation, combined with careful hygienic regulations at home, would go far to remove many of the difficulties which we have to encounter in the ordinary treatment of consumption. So great would be the boon to the community, that, once established in London, we should soon see similar buildings in all the large cities of the kingdom. Indeed, its advantages are so obvious, that already the new Hospital for Consumption, erecting in Victoria Park, London, has procured the services of Mr Paxton, to design for them an enormous Green-house, or Sanatorium, which is to form part of the institution. It has also been suggested that some of the public squares in London should be covered in with glass for a like purpose, and I need not say how readily this plan could be carried out in Edinburgh.

All those interested in the health of the community, and in the successful treatment of the most common and fatal disease in this country, phthisis pulmonalis, must regard with great anxiety the question now agitating with regard to the permanency of the Crystal Palace. If unfortunately it should be removed, a great rational means of cure will be cut off from our resources, whereas, if allowed to remain, I cannot but regard it as the commencement of a new series of sanatory improvements, which will go far to mitigate many of the evils which the nature of this climate produces in pulmonary cases.