large supply of blood to the uterus during pregnancy; and this view is, I think, confirmed by Dr. Quain's microscopic examination, and by the appearance of another preparation, which I also exhibited, and also by the way in which it was covered, and, as it were, *entangled* by the convolutions of the intestines.

Source of the Hemorrhage. Upon this point there can, I think, be but little doubt; for upon elevating the uterus, with the tumour attached, a laceration, about two inches in extent, in the peritoneum, going from the posterior part of the uterus to the tumour, was at once apparent; and as there was no other laceration in that membrane, it seems all but certain that the bleeding had proceeded from it. This constitutes the great peculiarity in the case, as it is the only one with which I am acquainted where a fibrous tumour of the uterus has terminated fatally in that way.

Cause and Time of the Hemorrhage. At the cause and time of the bleeding, there is some difficulty in arriving. It seems most reasonable to conclude that the rent was produced when the uterus was contracting violently, during the birth of the child: the tumour being entangled among the convolutions, could not follow the uterine movements so quickly as was necessary, and thus the peritoneum was put upon the stretch, and, upon the recurrence of pain, gave way. But, on the other hand, had that been the case, collapse would in all probability have occurred at the moment of birth, whereas no sign of anything being wrong was then apparent. The placenta was thrown off by the natural powers about the ordinary time, without any inconvenience; and it was not until the woman was put to bed three hours after the child was born, that the mischief showed itself.

Cause of the Collapse. This point is also involved in obscurity. If it arose from the rupture of the peritoneum, the cause most likely to have produced it, and if that took place at the time I have suggested, it would most probably have shown itself earlier; if it arose from the hæmorrhage, the symptoms to have been expected were simply those of syncope; and although these were the symptoms first manifested—namely, chilliness, paleness, sickness, and faintness, yet when I arrived they were decidedly those of collapse,—a shrunk and very *anxious countenance*; a clammy skin, so peculiar to this condition; a voice scarcely beyond a whisper; and a pulse all but imperceptible at the wrist. The only conclusion, therefore, at which I can arrive is, that her condition was partly owing to the extravasation of blood, and partly, also, to the rupture of the peritoneum. This possesses additional interest when contrasted with another case of extensive abdominal hæmorrhage, conjoined with rupture of the peritoneum, that came under my care, and which is already published.* The symptoms were in many respects the same in both; and in both there was nearly the same amount of blood extravasated; yet in one case death was produced in about twelve hours, and in the other the patient survived until the tenth day. In one, the patient was at once destroyed by the shock to his system; in the other, death appears to have ensued from atonic peritonitis. May not the difference in the treatment pursued in some measure explain this? The case so rapidly fatal was attended by spasm and pain of the abdomen, which naturally called for the application of *warmth*; whereas the other, occurring so soon after labour, and having some symptoms in common with internal uterine hæmorrhage, as naturally suggested the application of *cold*, by which it is probable that the hæmorrhage was in some degree arrested.

Another question arises here. Was the blood found in the abdomen all extravasated soon after the laceration? or did it continue to ooze up to the close of life? Upon the first supposition, the blood would most probably have been found coagulated, (its non-coagulation is extraordinary under any circumstances,) and might have been otherwise changed; upon the latter, it seems scarcely reasonable to suppose that the patient would have rallied at all.

Cause of the Peritonitis. The inflammation of the peritoneum, which partook of the enfeebled powers of the constitution, appears, like the collapse, to have had a two-fold origin, and to have been attributable partly to the rupture of the peritoneum, and partly to the presence of extravasated blood.

Induction of Premature Labour. Could this woman's condition have been known, there seems great likelihood that her life might have been preserved by the induction of premature labour; as, at an earlier period, in all probability the tumour would not have been so large as it was at the full period of gestation; it might not have been so entangled in the intestinal convolutions; and the pains for expelling the child might not have been so strong. Laceration, therefore, would have been less likely to have followed. But as, until the fatal event, there never was any sign which could lead to the supposition that such a tumour existed, the induction of premature labour could never have been contemplated in this case. As, however, it brings to light a fresh danger connected with these cases—namely, rupture of the peritoneum, from long-continued uterine action, it affords an *additional* reason for advocating premature delivery where the existence of a uterine tumour in conjunction with pregnancy is clearly ascertained.*

I cannot help alluding, in conclusion, to the serous cyst subsequently discovered in this tumour; and I do so chiefly to introduce the following observations from Mr. Paget's Lectures.

"We find examples of fibrous tumours thickly beset with small, well-defined, and lined cysts. This appears to be the nature of the hydatid testis described by Sir A. Cooper. A similar condition may be found, but is rare, in fibrous tumour of the uterus. In another set of cases, we find one large cyst existing alone, or far predominating over all the others in a fibrous tumour. This is most frequent in the tumours in the nerves and in the uterus. In the latter organ it has peculiar interest, because the cyst, if it attain a great size, may be mistaken, and treated for an ovarian cyst. Several such cases have happened. In the College Museum is a preparation, the history of which, sent by Sir E. Home, is that it is a portion of a uterus in which a very large encysted tumour had formed. The patient had been tapped twice, and the cyst emptied. The case was supposed to be ovarian dropsy during life. In another case, Mr. Cæsar Hawkins, suspecting ovarian disease, drew fifteen pints of fluid from a great cyst in a fibrous tumour of the uterus. The patient died a long time afterwards. The specimen, which is in St. George's Hospital, shows an enormous fibrous tumour in the side wall of the uterus, having one vast cavity, and in its solid part many small cysts." (*Lect. v, part 1*.)

NOTES ON THE TREATMENT OF ERYTHEMA NODOSUM, URTICARIA, AND ERYSIPELAS.

By W. S. OKE, M.D., Physician to the Royal South Hants Infirmary.

I. ERYTHEMA NODOSUM. This is a disease of not unfrequent occurrence, and is met with in females from the age of puberty to about 25 years. It more commonly affects cottagers and servants, and is rare amongst the better classes of society.

The eruption is characterised by tumefactions of the skin, of an irregularly round or oval shape, and about the size of the long section of a damson. The spots are at first red, but soon become more or less livid, and assume the ap-

* From what took place at the discussion of my paper, I fear the above observation was misunderstood; some explanation may therefore be necessary. It was very far from my intention to advocate the induction of premature labour in all cases of fibrous tumour, or indeed in fibrous tumour as a rule at all; but only to suggest, that as certain reasons have been assigned for that operation, such as want of space for a full-sized fetus to pass, the blocking up of either the inlet or outlet of the pelvis by tumours, etc., so, should a fibrous tumour be discovered before parturition, and be observed to be growing rapidly, then the fear of the rupture of the peritoneum from strong uterine action would be an *additional* reason for resorting to this proceeding.

pearance of a bruise. They usually appear on the lateral and anterior surface of the legs, and are painful and tender, causing the space between the knee and ankle to swell. They never vesicate, nor do they terminate in suppuration.

This exanthem does not appear to run its course in any definite number of days, and generally lasts for some weeks, unless its progress be shortened by medical treatment.

This kind of erythema is accompanied by a considerable degree of febrile disturbance. The pulse is not much under 100 in the minute; the tongue is white; the urine is high coloured; and there is thirst, great lassitude, restlessness, and impatience.

The languid aspect of the patient would sometimes appear to indicate the use of tonics, even in the early stage of the disease; but these invariably aggravate the symptoms. The mode of treatment which I have always found successful, is calomel combined with antimony at bed-time, and saline aperients during the day, as in prescriptions 1 and 2.

1.—R. Hydrargyri chloridi gr. j.
Pulveris Jacobi gr. ij.
Confectionis rosæ q. s. Misce.

Fiat pilula omni nocte sumenda.

2.—R. Magnesie sulphatis 3vj.
Liquoris ammoniæ acetatis 3ij.
Spiritus myristicæ,
Syrupi simplicis, aa 3ss.
Aquæ destillatæ q. s. ad 3vj. Misce.

Capiat cochlearia larga duo ter quotidie.

This treatment, with a cooling diet and confinement to bed for a short time, will speedily relieve the patient and terminate the symptoms.

II. URTICARIA. The name given to this cutaneous eruption is remarkably happy, as it is in strict accordance with the appearance of the nettle-sting. It is evolved in circular whitish wheals, with a slightly red base, and is accompanied with tingling and prurience. In some parts it is distinct, and in others coalescent. Common urticaria is, in many instances, the almost immediate result of having eaten some crude, indigestible food, such as mushrooms or shell-fish, especially muscles, oysters, lobsters, prawns, and the like; and the cutaneous eruption will probably be preceded or accompanied by pain or inflation of the stomach. The rash in such a case is generally removed with its cause. The pill (1) and the draught (2), repeated twice or thrice at proper intervals, will usually suffice.

1.—R. Hydrargyri chloridi gr. iij—iv.
Pulveris rhei gr. vj.
Syrupi q. s.

Misce et divide in pilulas duas statim sumendas.

2.—R. Pulveris rhei ʒj.
Magnesie sulphatis 3ij.
Tincturæ jalapæ,
Syrupi zingiberis, aa 3j.
Acidi prussici (Scheelii) gtt. j.
Aquæ cinnamomi 3ss.

— destillatæ 3vj. Misce.

Fiat dosis horis sex post pilulam sumenda.

There are examples of urticaria, which are far less evanescent, always within call, and which tease the patient from time to time, for months or years. Such cases depend more upon a chronic excitability of the gastric or intestinal mucous membrane, acted upon by indigestible food and acid secretions. This kind is curable by such means as will gradually restore the digestive functions to a healthy state; and as this is effected, the urticarial rash will diminish and ultimately disappear. The remedies to be used will of course be indicated by existing circumstances; the formulæ 3 and 4 will often succeed; but the entire removal of the eruption will chiefly depend upon the strict observance of a light diet, the avoiding of all fermented drinks, sufficient clothing, and regular exercise.

3.—R. Pilulæ hydrargyri,
Extracti colocynthis compositi, aa gr. xxiv.
Extracti hyoscyami gr. vj.
Antimonii potassio-tartratis gr. j.

Misce bene et divide in pilulas xij. Capiat duas alternis noctibus.

4.—R. Sodæ bicarbonatis,
Magnesiæ carbonatis, aa 3j.
Vini ipecacuanhæ 3ss.
Tincturæ lupuli,
Syrupi aurantii, aa 3ij.
Acidi prussici (Scheelii) gtt. vj.
Misturæ camphoræ ad q. s. 3vj. Misce.

Capiat fluidunciam omni mane et meridie.

A course of tepid or vapour baths will often conduce to the cure of protracted urticaria.

I have sometimes seen urticaria accompany severe erysipelas. The wheals assumed a deep purple hue. In such an association, it will, of course, fall under the treatment of the latter disease.

There is a singular species of urticaria occasionally met with, called *tuberosa*, which appears in much larger elevations; and when they occur in any part of the face, they occasion great disfigurement, especially if the lips or one of the alæ nasi should be bunched out. The tongue is sometimes the seat of one of these huge wheals, to the great alarm of the patient.

CASE. A married lady, æt. 30, whilst on a visit in the neighbourhood of Southampton, was suddenly attacked in the night with a sense of suffocation and difficulty of deglutition. She was greatly alarmed, and sent in haste for me. On examining the internal fauces, a large wheal of the urticaria *tuberosa*, situated upon the upper and back part of the tongue, was found to be the cause of her distress. An inquiry was then made, whether she had eaten anything which might have disagreed with the gastric function; when she acknowledged that she had made a hearty supper on oysters. This at once satisfactorily explained the nature of the case, and set the mind of the patient at rest. The symptoms were soon removed by a smart purge, and saline effervescing medicine.

The *urticaria febrilis* is very rarely seen. I cannot say that I have met with more than one distinct example of it. It came out principally on the fore-arms, and the wheals were surrounded by a florid areola. They were accompanied with smart pyrexia, and ran a course of about eight days, without being in any wise controlled by the influence of medicine.

III. ERYSIPELAS (incipient stage of). Erysipelas is an inflammatory outbreak of a distinct character; and it may be either idiopathic or traumatic—the result of morbid causes, or of external injury. The former most frequently attacks the face and legs; the latter may attack any part of the surface which might have been injured by accident or operation.

Erysipelatous inflammation is somewhat sudden in its attack, diffuse, and bounded by a well defined and abrupt margin. If momentary pressure be made upon it, the blood recedes from the capillary vessels; and, as soon as the pressure is removed, it is seen to flow into them again.

Erysipelas generally commences with simply an inflamed and congested state of the surface; but this often rapidly occasions serous infiltrations beneath the cuticle, raising it into bullæ of various sizes; or suppurative action in the areolar tissue, forming abscesses; or even gangrene of the part involved: and these are the results of one and the same disease.

The inflammation is also of a serpiginous character, leaving one part and extending to another. Thus, if it commence in the integuments of the nose, it will often leave that feature, pass over the palpebræ and cheek to the temple and ear, and thence to the scalp. In some severe cases, it will not stop there, but extend down the neck and over the greater part of the integuments of the thorax.

Erysipelas is commonly ushered in by severe rigor; but the amount of disease about to follow may not be in proportion to the degree of this symptom. I have known a shivering, threatening a serious attack, to be followed by a mere erysipelatous blush of the integuments of the leg, without the smallest vesication, or any suppuration.

Erysipelas does not always observe a definite course,

like some other febrile eruptions. It may terminate in eight or nine days, or it may last a month, an instance of which I have lately met with in a lady, æt. 50. It began in the face, on the 2nd of November; and after traversing the head, neck, and trunk, terminated fatally on the 12th of December. It was remarkable that the case, in its last stage, assumed the character of urticaria, which came out in large wheals, of a deep red colour.

This disease seems to be often derived from a morbid poison; and it may be sporadic or epidemic. Whether it be contagious, is a question of great importance. That it spreads in the wards of hospitals, and in crowded families, from the want of cleanliness or ventilation, or from deficient drainage, is a well-known fact; but under such circumstances, it is difficult to decide whether it be communicated from person to person, or generated from an impure atmosphere. The safest decision will be, that it may arise from both.

Erysipelas is sometimes very fatal in public institutions, especially in hospitals for the sick; indeed, it has sometimes proved so frequently fatal in these places, that the surgeons have been unwilling to perform even the slightest operations, during the existence of the disease, lest the patient should be subsequently destroyed by an erysipelatous attack—an event by no means uncommon.

Erysipelatous action has been treated by a variety of remedies—each surgeon or physician adopting his own peculiar mode of treatment; but, until lately, it does not appear that any method of cure has been entitled to much confidence. It is to Mr. Higginbottom that the public are indebted for the discovery of the external application of a strong solution of the nitrate of silver, as a remedy for this disease (*London Medical and Physical Journal*, vol. xlviii, p. 223); and it is certain that this medicine possesses a therapeutic power in arresting its progress. The Royal South Hants Infirmary, in common with other hospitals, has been occasionally invaded by erysipelas, with an average result; but since the nitrate of silver has been employed, the unfavourable terminations have been comparatively very few; and I am persuaded that, were this excellent remedy more frequently adopted, erysipelatous inflammation might be generally controlled.

A relative of mine, Mr. Robert O. Clark, of Farnham, who was Resident Surgeon in this establishment for two years, informs me that he never hesitated to apply the lotion (1) on the first appearance of the disease, and that it hardly ever failed in arresting its progress.

- 1.—R. Argenti nitratis ℥j.
Acidi nitrici gr. xj.
Aque puræ ℥j. Misce.

This formula does not, I believe, contain so large a proportion of the nitrate of silver as that recommended by Mr. Higginbottom; but it is sufficiently strong to answer its purpose.

If the erysipelas be of the asthenic kind, as it usually is in hospitals, the system is to be supported by the mixture (2), with a generous diet, and the bowels must be regulated by a gentle aperient (3).

- 2.—R. Acidi nitrici diluti ℥j.
Syrupi zingiberis,
Tincturæ cardamomi compositi, aa ℥ss.
Aque destillatæ q. s. ad ℥vj. Misce.
Capiat quartam partem ter quotidie.
- 3.—R. Pulveris rhei gr. x.
Magnesiæ sulphatis ℥j.
Tincturæ cinnamomi comp. ℥j.
Aque puræ ℥ix. Misce.

Fiat haustus.

CASE I. Ellen Borsell, a domestic servant, æt. 19, having suffered severe headache for four months, was admitted into the Royal South Hants Infirmary under my care. The functions of the body were healthily performed, except that menstruation was deficient. Blisters were applied to the temples, which caused the face to swell, and brought out a crop of large pustules. Flour was applied to them, and they were subsiding, when an attack of erysipelas came on

with shivering: it began at the pustules, and spreading over the forehead and cheek. She was in great pain; the pulse rose to 130 in the minute, and the bowels were confined. The erysipelatous surface was painted over with the solution (1), and a purge was given. This was on the 31st of December, 1850. On the following day, the part so painted was deadened; but as the disease had spread to the other side of the face, the solution was applied there also; and she was ordered to take the mixture (2), strong beef-tea, and ℥ij of wine daily.

Jan. 2nd. The erysipelas was much faded; the pulse was 120; she had taken nourishment well, and was in less pain.

Jan. 3rd. She felt better; the erysipelas had spread but slightly; pulse 100. The parts were again painted over with the solution. The same diet and medicine were continued.

Jan. 6th. Since the last date, she had rapidly improved, and the erysipelas had left her.

CASE II. In the spring of 1850, one of the inmates of the County of Hants Female Penitentiary (where no instance of erysipelas had ever before occurred, although it had been established more than twenty years,) was attacked with erysipelatous inflammation of the right cheek, accompanied by headache, febrile disturbance, and a pulse of 120 in the minute. Fearing lest the disease might spread amongst the women of the house, I immediately brushed the inflammation over with the solution (1), giving her, at the same time, a gentle aperient and some saline medicine. On the following day, it was manifest that the solution had arrested the local progress of the disease, and moderated, also, the febrile symptoms, the swelling and redness having greatly subsided, and the pulse being reduced to 84. Wherever the inflammation showed any disposition to spread, the part was again brushed over with the solution, which never failed to stop its progress. In a few days she was convalescent; and no other case occurred in the house.

These cases are not added as anything new, but merely as facts in confirmation of the efficacy of this treatment.

Should the internal fauces become involved in the erysipelatous action, the solution should be applied to the throat also, as often as it may be deemed necessary.

In the incipient stage of vesicular erysipelas, I have seen the application of honey attended with the happiest effect, in at once arresting the spread of the disease, and subduing it altogether. My attention was first drawn to its therapeutic efficacy, by observing that an eruption of an erysipelatous character, spreading from the external angle of the left eye, rapidly disappeared after having been smeared with honey; and afterwards, having found it equally successful in similar conditions of the skin, I resolved to give it a fair trial for the local treatment of incipient erysipelas, on the first opportunity that presented itself, and this soon occurred.

In the month of October, 1851, the senior nurse of the Royal South Hants Infirmary, was attacked with vesicular erysipelas of the face; and, in a few days afterwards, four female patients in the ward adjoining her bed-room, were attacked in a similar manner. The symptoms certainly were of a mild character, though well marked. There was headache, whiteness of the tongue, febrile action, and, in some, there were small vesications upon the cheek. I immediately ordered the inflamed surface, in every case, to be well smeared with honey, morning and evening, and that no other remedy should be used. On the following day, I was surprised to find that in each patient the progress of the disease was effectually arrested, and that the inflammation had subsided in a remarkable manner. On continuing the honey as directed, the disease rapidly and completely subsided. I am fully aware that the external application of honey cannot be considered as a remedy for the cure of incipient erysipelas, even of a mild kind, upon so scanty a report of its efficacy; but I have deemed it my duty to state the fact, that others may make trial of it, and report its effect.

ERYSIPELAS PHLYCTENODES, Zoster, or "Shingles", is a species of erysipelas. It appears in groups or clusters of phlyctenæ, and commonly selects for its development the integuments of the thorax or abdomen. It is less frequently seen on the face and extremities. There is commonly some slight febricular disturbance of the system, and great soreness of the parts involved; and after the eruption has disappeared, it leaves a painful sensation beneath the skin for a considerable time.

There does not appear to be any settled treatment of this disease, either internal or external; and, therefore, it is generally left to take its course. I am not prepared to state from facts, that the solution of the nitrate of silver would at once obliterate this form of erysipelas; but, judging from its decided effect in the preceding form of the disease, there is every probability that it would be equally effectual in this.

Southampton, January, 1853.

CASE OF UTERINE HÆMORRHAGE, APPARENTLY SIMILAR TO THAT RECENTLY REPORTED BY MR. HARRINSON.

By WILLIAM EDWARD CROWFOOT, F.R.C.S.

THE perusal of Mr. Harrinson's case of uterine hæmorrhage induces me to publish the following case, which occurred in my practice a few years since, and which appears to be of a similar character. Two analogous instances are given in the *Practical Observations on Midwifery*, by Drs. McClintonck and Hardy, p. 194.

CASE. In August, 1841, I was summoned, in the middle of the night, to a poor woman who was in labour, under the care of a midwife, at the distance of three miles from Beccles. She had been frequently pregnant, but in every instance, except the last, her children had been born dead, in consequence of hæmorrhage either previous to, or during her labours. On the last occasion, I attended her, and ruptured the membranes immediately upon my arrival, and the child was born alive. In consequence of her poverty, she engaged a midwife to attend her, who, when she had been three hours in labour, assured her that she was doing remarkably well. In spite of these assurances, the poor woman felt that all was not right; complained of extreme faintness; told her husband she was confident she should die, if not immediately delivered, and begged him to lose no time in coming for me. Her fears proved but too correct; for almost before he could leave the house, she expired. Upon my arrival, an hour after her death, I made an examination *per vaginam*, and found little or no external hæmorrhage, but the os uteri completely dilated, the vertex presenting, and the head firmly wedged in the bones of the pelvis. The midwife could in no way account for the disastrous result, and said that everything appeared to her to be going on naturally; that the patient had no loss, but only complained of a great feeling of faintness.

On the following day, I made a *post-mortem* examination of the body, which was that of a fine, well-formed female, of thirty-five years of age. Upon opening the abdomen, the viscera were found healthy, but pale and anæmic. The placenta, which had been attached to the posterior surface of the uterus, was separated throughout a large extent from its attachment; and coagulated blood, to the amount of six pounds, with a proportionate quantity of serum, was effused between it and the uterus. The head of the fœtus was so firmly wedged in the pelvis, that I had some difficulty in withdrawing it; and this circumstance accounts for the non-escape of the hæmorrhage externally. Had the membranes been ruptured at the commencement of labour, this poor woman's life might possibly have been saved.

Beccles, Suffolk. January 10th, 1853.

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THE CLIMATE OF ITALY, IN RELATION TO PULMONARY CONSUMPTION; WITH REMARKS ON THE INFLUENCE OF FOREIGN CLIMATES UPON INVALIDS. By T. H. BURGESS, M.D., etc. London: 1852.

AMONG the desiderata of the present day, as far as the treatment of pulmonary affections is concerned, it must be admitted that the choice of a suitable climate for patients is one of very great importance. While hospitals have been established for the treatment of phthisis and its cognate maladies, and while a more perfect knowledge of physical diagnosis is daily on the increase, it is surprising how little attention has been paid to the choice of a suitable sojourn for the consumptive invalid. How many, alas! have been sent to linger out their days on the inhospitable shores of a foreign land, without regard to its suitability, either economically or medicinally; a warm climate being in some cases only regarded, and a constant sea-breeze in others; no care, no thought, is bestowed on the capabilities each may present as a residence for the sick and dying; and while some weary from their very flatness, others partake so much of the mountainous in their character and external features, as to render walking exercise impossible. Too little importance has been attached to the natural air of the sick; and medical men have yet to be informed that Great Britain itself possesses spots to which pulmonary invalids may resort with benefit.

"The purpose," says Dr. Burgess, "of this volume is to show, that to send *consumptive* patients to Italy or to the South of France, for the benefit of their health, is a mistake; and that the climate of the United Kingdom, as yet very partially and imperfectly understood, will afford to the English consumptive patient as great if not greater chances of recovery than that of either of the former countries, provided a proper locality be selected. If," he observes, "we contemplate the climate theory through the appropriate medium of the natural history of creation, we shall find that the argument is also in our favour. We may seek in vain along the entire range of organized existence for an example of diseased animals being benefited by a change from a warm to a cold, or from a cold to a warm country. There appears nothing in the book of nature so violently inconsistent. The fishes, which inhabit the waters of the British Islands, will not thrive in the Arctic seas, nor those of the latter in the oceans of the tropics. The birds of the forests of America generally die in this country, unless reared like hothouse plants; and so with the wild animals which live and flourish in the jungles of Asia and the scorching deserts of Africa. Man, although endowed with the faculty of enduring such unnatural transitions in a remarkable degree, nevertheless becomes sensible of their injurious results. The child of the European, although born in India, must be sent home to the climate of his ancestors, or to one closely resembling it, in order to escape incurable disease or premature death. The accident of birth does not constitute the title to any given climate. The natural climate of man is that in which not only he himself was born, but likewise his blood relations for several generations. This is his natural climate, as well in health as in disease. * * * *Change of air in his own climate*, or removal to one nearly approaching to it, is the natural indication, and will accomplish whatever good climate can effect in consumption." (p. 21.)

"If there be on earth a spectacle of misery utterly deplorable," says Whiteside, "it is that of consumptive patients, in an advanced stage of that fatal disease, wandering through Italy in search of health. Unacquainted with the language, the people, and the habits of the country, they endure an accumulation of vexations, increase the suffering they had hoped to mitigate, and hasten the progress of a malady they fondly expected climate would retard or avert. There can scarcely be a question, that a residence at home, in a favourable situation, would be preferable to a cheerless residence in many parts of Florence, Rome, or Naples; and yet a patient may be sent abroad at such a period of the year as to render it impossible to procure a healthful abode with a sunny aspect and some of the comforts he would require. The churchyards of the towns in Italy frequented by English invalids, teach a melancholy lesson on this subject." (Whiteside's "*Italy*.")

Dr. Burgess justly observes, that a revolution must take