

than those who are well, we have abundant evidence, some of which I shall refer to below, that small proportions of impurities in the air retard or prevent recovery. It is but reasonable to assume that under these same influences the fullest measure of health could not be maintained by any one.

The late war in the United States furnished evidence of the high value of the *purest* air in disease. A recent writer on the open air treatment of consumption, in the *Proceedings* observes in reference to this that the hospital barracks were well constructed to secure good ventilation—much better in this respect than modern houses. The open ridge the whole length of the building, the open window by the bedside of every patient, to say nothing of the many openings left by hasty, careless construction, would certainly seem to furnish all that was desirable in that direction. But experience soon proved that there was purer air out of doors, and if fever took an unfavorable turn, or the wound assumed an unhealthy aspect, the patient was ordered into the air, with only the roof of a tent for his covering, when his condition would almost invariably improve at once.

During the same war, at the New York Hospital, severe cases of double pneumonia (inflammation of both lungs), after having been treated in the usual way, and the wards ventilated as well as possible, and no improvement following, were carried on litters into the open air during autumn and early winter, and placed on the south side of the hospital building with nothing to obstruct the freest circulation of the atmosphere. The patients were well protected with blankets and kept out all day, and sometimes till after dark. The physician, in charge of the hospital, Dr. Agnew, says the effect upon the condition of the patients was invariably favorable. There was marked relief in the breathing within half an hour after removal from the wards. He invariably noticed that recovery was quicker.

In clinical lectures in late numbers of the London *Lancet* (September, 1877), Dr. C. H. Jones, F.R.S., &c., physician to St. Mary's Hospital, refers to this subject of hyper-ventilation in the treatment of "certain perilous diseases." He refers to six cases. The first, one of "chronic ascites, effusion into both pleura, emaciation, fever,—recovery by free exposure to air." There was "fluid in three serious cavities." "As long as she remained in the general ward she rather got worse than better, but free exposure to fresh air certainly coincided with, if it did not produce, a very remarkable improvement, issuing in recovery."

Dr. Jones summarises the six cases:—Two of probable consumption ending in recovery; four of blood poisoning from chronic abscesses: two recovered, one very much benefitted, and one not, "perhaps from [exposure to air] having been too long delayed."

In reference to the manner of exposing his patients to the fresh air, Dr. Jones says, "if the patients are well supplied with good bed coverings, have warm shawls fastened round their shoulders, and hoods with flaps over their necks, they run no risk of being chilled by currents of cold