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TREATMENT OF CONSUMPTION  
BY RESIDENCE AT HIGH  
ALTITUDES.

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The discussion of the above subject at the Royal Medical and Surgical Society, as published in *The Lancet* of May 12th, is worthy of attention. The difference of opinion on the part of eminent physicians is noteworthy. The material which guided Dr. Williams to important conclusions can hardly be considered inadequate for the purpose; nor is the mere expression of belief in the equal value of treatment at lower levels or at home sufficient to invalidate his position. It may be pardonable to ridicule a sojourn among the Alps as the best treatment for phthisis when one has not lived there. But is it wise? The climate does appear paradoxical to people in England, and I conclude from the remarks of Drs. Pollock and Quain that they have not adequate personal experience of an Alpine climate, especially in winter. I have lived there during the four seasons of the year, so there can be no *tu quoque*. A foreign physician has recently written a book to show the absurdity of sending phthisical cases to Davos. He declares very frankly that he has never sent any cases there himself, and that he has not visited the Alpine resorts. He argues from what he calls "natural laws," and the results which he has obtained in the south of France! Is there not too much of this clap-trap in our books and at our great societies? Life is not dialectics. If pre-

judice or Philistinism is to displace evidence in determining the treatment of disease, I do not see how therapeutics can progress. But as there is no permanently wise man, perhaps Drs. Pollock and Quain may reconsider their "most firmly" expressed beliefs.

I had an attack of phthisis in the apex of the left lung last summer. The lesion was well marked early in August, but I felt utterly unfit for work during many previous weeks. I proceeded to Davos on the advice of Dr. Clifford Allbutt and Dr. C. T. Williams, about the middle of August—that is, as soon as a pulmonary hemorrhage permitted me. A very few days at Davos sufficed to drive away intolerable lethargy, and to restore appetite and sleep. I gained a pound in weight each week during the first three months, and kept it. At the end of eleven weeks I walked sixteen miles over a stiff pass in four hours and twenty minutes. After this I did a good deal of climbing, and indulged in exercise that was accounted violent. On January 1st I went to Wiesen, and remained there in medical charge until May, when I returned to England feeling better than I had done for a couple of years before. All the signs and symptoms of phthisis are now absent, with the exception of the inevitable supra clavicular dulness.

There can be no doubt in my case of the tubercular nature of the disease. Bacilli were present in abundance. Two of my sisters died of phthisis a few years ago, and there is a family history of the disease as complete as could be wished. It began in my case precisely as it did in my sisters, and in them the average duration of illness was under two years. They were treated, by the advice of a very eminent physician, in the manner advocated by Drs. Pollock and Quain; and, notwithstanding everything that could contribute to success in this climate, the disease never showed any evidence of arrest in either case.

When I felt what I suspected to be the earliest subjective symptoms of phthisis, I gave the English health resorts a trial for a few weeks. During this time I steadily lost weight and strength, until at last I had no inclination to move about at