

woman of 60 might well be expected to succumb. But she recovered completely—a result which I should not have dared to hope for, had not a good current of air been maintained through her room by means of open windows and doors, day and night, and in all weathers, the temperature being raised by a fire.

In four other cases of simple pneumonia, treated last spring, the recovery was remarkably rapid under similar circumstances.

I need not multiply instances; but in all acute affections I have always regarded the means employed for a constant and thorough removal of vitiated air from the sick room as the most important of all remedial measures, and in grave cases as giving the patient many additional chances of life.

In support of my own opinion and practice I have an opportunity of adducing the valuable testimony of Dr. C. R. Agnew, in the following letter from him:

“NEW YORK, Oct. 14, 1874.

“WM. HENRY THAYER, M. D.:

“*My Dear Doctor*—I must answer briefly and from memory the questions you propound regarding my experience in treating cases of pneumonia in the open air. At the breaking out of the late war I took charge of the State Volunteer Hospital, New York, and had about 120 beds in the north building of the New York Hospital filled with promiscuous cases. * * Among the pneumonic cases were several cases of double pneumonia, marked by very distressing, threatening and intractible dyspnoea. They were treated as I had been taught to treat such cases. I ventilated the wards as well as I could, and separated the cases as much as possible, but without beneficial result.

“Finally, I adopted the expedient of carrying the patients on litters into the open air and placing them at the south side of the hospital building, where nothing could obstruct the freest circulation of the atmosphere. The litters were all provided with good thick hair mattresses and enough of fleecy blankets to protect the patients. * * * I sent the litters out in the early morning, and sometimes kept them out till after dark.

“The effect upon the condition of the patients was invariably favorable—there was marked relief of the dyspnoea within half an hour after the removal from the wards—and I firmly believe that I saved some cases of pneumonia that I otherwise