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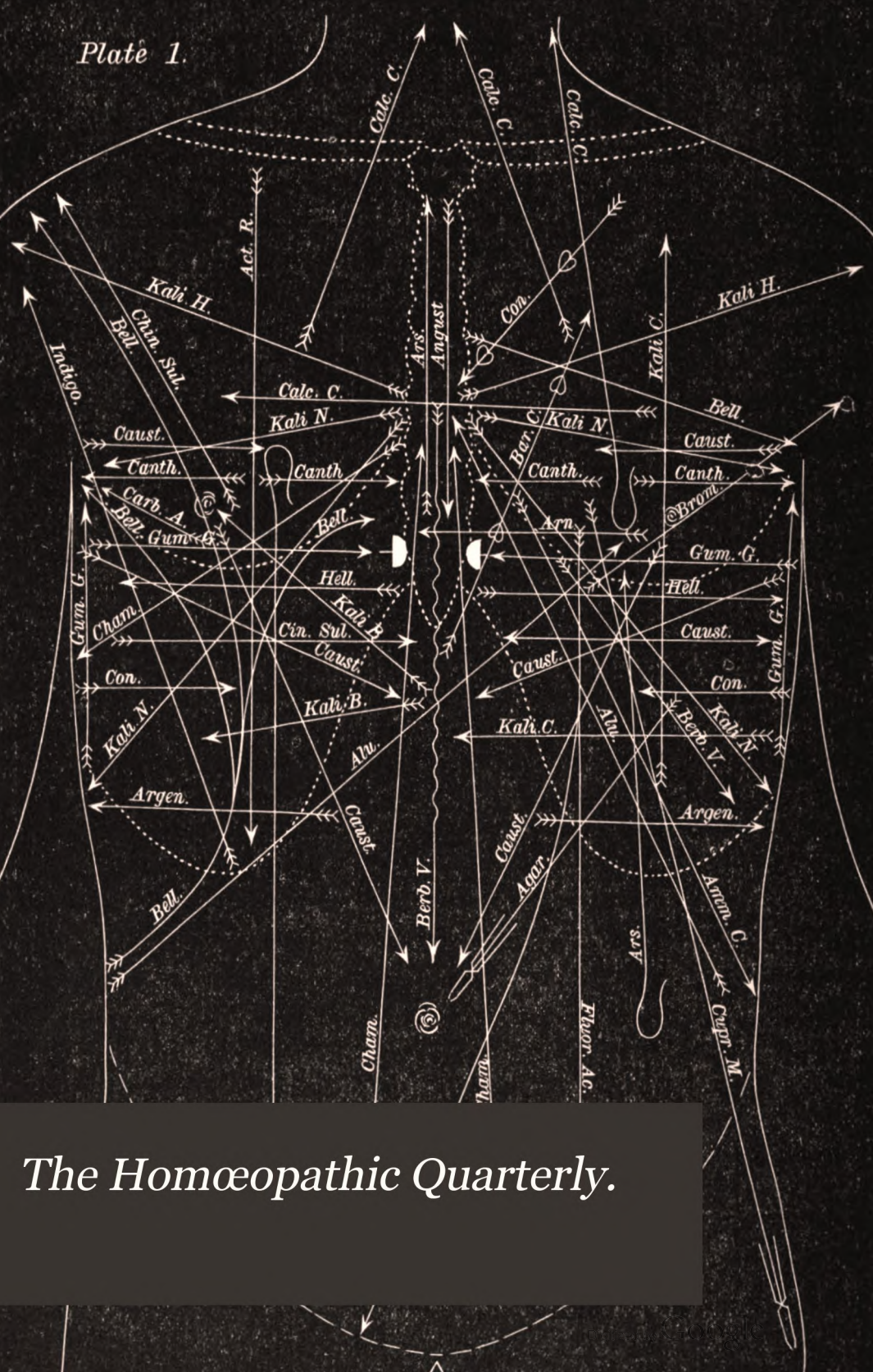
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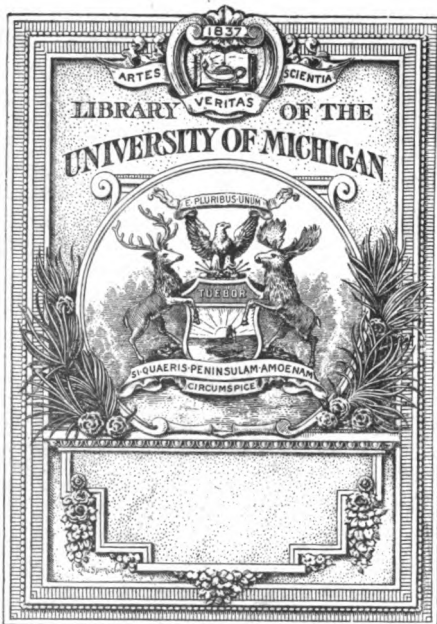
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# HOMŒOPATHIC QUARTERLY,

A JOURNAL DEVOTED TO THE INTERESTS OF  
PURE HOMŒOPATHY.

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ROLLIN R. GREGG, M. D.,

EDITOR AND PROPRIETOR.

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BUFFALO, N. Y.

PRINTING HOUSE OF MATTHEWS & WARREN.

*Office of the "Buffalo Commercial Advertiser."*

1869.

Entered according to Act of Congress, in the year of our Lord 1869,

BY **ROLLIN R. GREGG, M. D.,**

In the Clerk's Office of the District Court of the United States for the Northern  
District of New York.



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THE  
Homœopathic Quarterly.

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VOL. I.

BUFFALO, JANUARY, 1869.

No. 1.

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INTRODUCTION.

In establishing a journal in this city, in the interest of Homœopathy, a brief explanation of the inducements that have prompted me to the act, is due alike to all others who may take an interest in the subject, and to myself.

Circumstances have placed me in a position where I feel, in a measure, compelled by a sense of duty to the profession, and above all to my fellow men, to engage in this work, not only for the advancement of PURE HOMŒOPATHY, in all departments of Therapeutics, but for the application of this system of medical practice, in all its purity, to the treatment of tuberculous diseases. It is well known to many that I claim to have discovered the cause of Tuberculosis and its numerous kindred maladies. In the belief that I shall be able to fully maintain this claim, I trust I do not need to say that I am sincere. Indeed I have the most undoubted confidence in my position, and it appears to me that the

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facts in my possession will be found to bear me out, to the utmost extent, in such a claim.

If it shall be settled, then, that my conclusions in this matter are thus far correct, I think it no exaggeration to say that my investigations will have opened a greater field for pathological research than has ever hitherto been explored; or, more properly, will have led the way into a field for research into the *causes* and *relations* of disease which stands entirely unrivalled in its promises of important developments in this direction, and one which has, up to this time, stood as an impenetrable wilderness to the profession, and remained entirely unexplored by the mind of man.

So vast, indeed, is this subject, and so complicated, or rather, so numerous and extensive are its ramifications, that no method offers itself to my mind through which a thorough and proper development of it can be reached, except by establishing a journal in which all parts of the subject can be elucidated and proven as circumstances or necessity call them out. A book might be published giving many of the facts and proofs, but this would allow of presenting only the main points in a more or less rigid manner, and, when done, would only be commencing a work which must be followed by a great amount of journalistic labor. Therefore, I have concluded it best to commence this labor at once.

In discussing Pathology, to which I must give proper attention to carry out my designs, I shall

keep almost wholly outside the field occupied by any other medical journal, and, in fact, outside the ground covered by existing medical libraries. Indeed, I am compelled to do this, in order to develop as I wish to do, my theory of the cause and nature of Tuberculosis and its kindred maladies, no less than the system of Pathology upon which all this is based.

It will be seen that I commence upon another page, a series of articles on the "Cause of Tuberculosis." It will require at least one year to give the *proof* I have gathered upon this subject, and at the same time keep up the interest of the journal by a variety of articles. But when that proof is complete it only covers one branch of my discoveries; and as it will require a still longer time to present the proof on all branches of this extended subject, I have thought best to have the "Synopsis" of my claims, published in 1865, bound with this number of the Quarterly, that the reader may learn something of the ground I intend to cover.

If any shall fear that the course I have blocked out will limit my journal to a narrow field of usefulness, by giving prominence to Tuberculosis, let them dispossess themselves of that fear, for I shall extend it to embrace all this numerous family of diseases which will be found to cover, or in some way bear upon, almost all diseased conditions; besides, as already stated, I shall extend my labors into all departments of Therapeutics.

ROLLIN R. GREGG.



## THE CAUSE OF TUBERCULOSIS.

[Nature, when undisturbed in her purposes, is ever perfect in all she does. Of the constituents of the blood, of which there are seven, in the general classification that is made of these, she has so nicely adjusted the proportions of each to that of all the others, that the health she seeks to bestow must result from its action. A loss, then, of a portion of any one of these constituents from the blood, leaves all the remaining ones in a relative excess in the blood-vessels, and hence the results which Nature seeks is defeated; these excesses becoming sources of physical derangement from the moment the healthy proportions of the blood are destroyed. Upon this proposition, the investigations which follow are based.]

In 1854, we found what we then supposed to be the cause of Phthisis Pulmonalis, in a "perverted secretion" of the mucous membrane of the air passages. In September 1861, after careful and almost constant research and observation, extending through all the intervening time between the two dates named, we learned that this perverted secretion, which, in our observation, was so constantly the point of deviation from health into Phthisis, or the threatening of Phthisis, was albumen, or albuminous in character, and a waste of so much of this important constituent from the blood. And then it was that we determined that this *loss* of albumen, which always accompanies, or is a part of the catarrhal secretions, from *any* and *all* the mucous membranes, was, under the chronic irritation of these which led to it, the cause of all forms of Tuberculosis. After the latter date we followed up our investigations with the intention of producing a volume on the subject, until the spring of 1866, when our health gave way to such an extent, in consequence of our long and exhausting labors in this field, that we had to abandon all further application

to the subject, and there our efforts, in that direction, ended, for the time, and have not yet been resumed.

But having an opportunity to send to Europe, in the fall of 1867, by a trusty friend, we prepared a paper upon the subject of our researches to submit to the profession, there. This was published in pamphlet form, in the French language, at Paris, in February, 1868, and distributed to the leading members of the profession throughout Europe. We now propose to give that paper in successive numbers of this *Journal*, until it is all published; and commence by giving the first section of it in this number, as follows:

---

Through discoveries which we think we have made in Pathology, we claim to have definitely settled the fact, that Tuberculosis, in any, and all parts of the system, is caused by a loss of albumen from the blood, through the mucous membranes, in consequence of chronic irritations and abrasions of the free surface of this lining of all the internal organs which possess it; and that all tuberculous-corpuscles, so-called, are nothing more nor less than the relative excess of red blood-corpuscles which is left in the blood-vessels by such loss, these being decolorized by the diluted or more watery serum, which always results to all persons when they lose albumen from the blood through any diseased action. After being thus decolorized, these corpuscles are deposited in the capillary vessels of a given part, when they

give up the surplus water that has wrought this change in them, and shrivel into the form and size of tuberculous-corpuscles.

The maintenance of such a claim involves a vast amount of proof; and as we claim nothing except upon proof, we will proceed, first, to the evidence of the loss of albumen, through the mucous membranes in general, when these surfaces are irritated, or abraded, by diseased action.

Professor C. G. Lehmann, in his *Physiological Chemistry*, on page 307, Vol. 1st, says:

“In the normal condition no albumen seems to pass into the *secretions*, as for instance the saliva, gastric juice, bile, mucus, etc., for although they do, indeed, exhibit traces of protein-compounds, these latter differ from ordinary albumen. \* \* This substance may, however, occur in any of these fluids in morbid conditions of the secreting organ; and Julius Vogel has especially shown that the mucous membranes may secrete *albumen* in addition to the ordinary mucus-corpuscles when abnormally excited.”

Again, on page 84, Vol. 2d, under the head of *mucus*, and after pointing out many of the obstacles in the way of obtaining a correct analysis of this secretion, he says:

“But even if the chemist should succeed in overcoming all these difficulties, his labors would be of no avail in consequence of the impossibility of obtaining the fluid in a normal condition; for this juice is secreted in such *small* quantities on all the mucous membranes, as long as they continue in a normal state, that only the *merest traces* of it can be obtained. We also know how easily the mucous membranes may become diseased, and how much the mucus differs in these cases from the normal secretion. Daily experience shows how rapidly the

number of the so-called mucus-corpuscles increases with the *slightest* irritation of the mucous membrane; and we know from the researches of Julius Vogel, that an irritated mucous membrane secretes not only such corpuscles, but also an *albuminous*, coagulable matter, however much it may be disposed to form true transudations and exudations."

And again, on page 88, 2d Vol., same work, Lehmann further says:

"We have already referred to the observation of Julius Vogel, which admits so readily of confirmation, that the mucus secreted in *catarrhal* irritation of the mucous membrane, exhibits a varying quantity of *albumen*."

The words in italics, in these quotations, we have ourselves given in this type, excepting the first one in the first, and the last word in the last quotation, for the purpose of fixing more particular attention upon those points upon which our whole subject rests.

This we deem sufficient proof of the general fact, that in catarrhal disease of *any* and *all* the mucous membranes, there is a secretion by them of albumen. We now proceed to proof of the loss of it through special organs. And of these we first take the lungs, as they rank first in our investigations.

The following proof that great quantities of albumen must be discharged from the lungs, by consumptives, is found in Copland's Medical Dictionary. This author, under the article in his work entitled *Expectoration*, on page 982, Vol. 1st, says:

"This word [expectoration] which signifies *the act of discharging any substance from the chest*, is now usually applied

to *the matter so discharged*. The secretion which moistens the surface of the bronchi is a colorless and somewhat viscid fluid, consisting chiefly of the serum of the blood, and a modified, peculiar or slightly glutinous form of albumen. It is so scanty in health as to be seldom or very rarely excreted; but in disease, its *quantity* varies very much, it being commonly—occasionally remarkably—increased, excepting at the onset of some inflammatory or exanthematous complaints, when it is diminished, and then only for a short time. Its *quality*, or appearance, is also extremely different, in different maladies, and even in different stages of the same malady, seated in, or implicating the respiratory or circulating organs; particularly as regards the quantity and condition of the animal matter or *albumen* which it contains.”

Again, on page 983, same volume, this author further says:

“The *form* of the sputum [expectoration] is important, and is chiefly owing to the manner in which the morbid secretion is excreted, and to the quantity and modification of the albumen existing in it. When it is frothy, it may be inferred to have been expectorated with difficulty and with severe cough; it is then generally fluid, glairy, transparent, contains albumen, and runs into one mass in the containing vessel, to the sides of which it adheres slightly, as in catarrh, the early stages of bronchitis, etc. When it is viscid, opaque, somewhat frothy and thick, it is usually brought up with much cough, contains much more albumen, adheres closely to that previously expectorated and to the sides of the vessel.”

From this accurate description of the expectoration, who can fail to see that patients in phthisis must daily throw off large quantities of albumen during the active stages of their disease? for all must know that in the early stages of phthisis, the expectoration is generally more or less frothy, fluid, glairy and transparent; while, as the disease ad-



vances, it often, if not always, becomes viscid, opaque and thick, and "adheres closely to that previously expectorated, and to the sides of the vessel," and, of course, "contains much more albumen."

There is another fact which must not be overlooked in this connection, namely, the loss, or abnormal discharge, of albumen from the system, in phthisis, commences with the very first catarrhal discharges from the mucous membrane of the nostrils or other organs, or parts of the system lined with this membrane, which show catarrhal secretions, and such discharges, generally, if not universally, *precede*, and always *usher in* consumption of the lungs, so that we have the loss of albumen going on, often long, and always somewhat before any tuberculous action is manifest; therefore, the proper relation of cause to effect, in point of time or occurrence, is maintained. All authorities upon the subject speak of an unusual sensitiveness of the mucous membranes of consumptives, to disease, or of a catarrhal irritability of these surfaces showing itself, long before the proper tuberculous action sets in; and from the quotations which we have given from Lehmann, we see that all of the mucus or catarrhal secretions in all of these cases, must, without exception, contain albumen; while that this must necessarily be a waste of this important constituent from the blood, we shall see further on.

Further quotations from Lehmann, Copland and others, might be given, showing the abnormal secretion of albumen by the mucous membrane of the

stomach, of the intestines, and that of the genital organs of the female, when these are under disease, but this seems unnecessary, after what has been said of all mucous surfaces, while the fact of the loss or discharge of albumen from the kidneys, in Albuminuria, or Bright's disease, is too well known to all to require any proof here upon the subject.

It will have been seen that we have spoken of this abnormal discharge of albumen, as being a loss of it from the blood. That this is always so, we regard as beyond question, as will be witnessed in the following :

In his Physiology, Carpenter says, when speaking of albumen, on page 189 :

“The quantity of *Albumen* in the blood seems to vary less than that of most of its other constituents. [This, of course, refers to the quantity of albumen in healthy blood.] The proportion which it bears to the water of the serum is, of course, elevated by anything which diminishes the latter; and thus we find it high in cholera after profuse discharges of fluid from the intestinal canal, and in other cases in which there has been an unusual drain upon the liquid part of the blood, provided that the albumen does not pass off with it, as sometimes happens. Where some special cause is in operation which favors the escape of the albumen from the circulating current (as happens in various forms of Albuminuria, but especially in the advanced stage of Bright's disease) the amount of albumen in the serum is reduced below the normal standard. \* \* \* \* According to Andral the diminution in the amount of albumen in the serum is exactly proportional to the quantity contained in the urine.”

Watson, in his Practice, in speaking upon the same subject under the head of Bright's disease, on page 882, says :

“Now Dr. Christison has made out the very interesting fact, that there is a definite inverse ratio between the coagulability of the urine and the density of the serum. The more albumen there is in the former of these fluids, the less is there in the latter, and the lower is its specific gravity. So that the deficiencies of the one fluid balance the superfluities of the other.”

Well, then, if the albumen discharged in the urine, in consequence of disease of the kidneys, in Bright's disease, is a loss or abstraction of just that amount of this important constituent of the blood from the blood-vessels, of course, the abnormal secretion and discharge of albumen by the mucous membrane of any and all the other organs possessing this lining, must be a like waste of it from the blood. Indeed, this must be an absolutely fixed fact, in Nature, for there is no other possible source from which the albumen can be drawn, in any such case, but from the blood. But if proof of this should be deemed necessary, we have it in the following, in regard to Tuberculosis.

Wood, in the article in his Practice, upon Tuberculosis, which he uses synonymously with scrofula, on page 114, Vol. 1st, says:

“From the experiments of M. Dubois, of Amiens, it would appear that the blood in scrofulous cachexia has a smaller portion of coagulable matter in relation to the serum, and that the serum itself is of less specific gravity than in health. \* \* The blood is, therefore, watery and impoverished, and incapable of supplying the nutritive function sufficiently.”

Now, when it is remembered that albumen is the *only* coagulable matter in the blood—fibrin being properly a fibrillating material, and, of course, not

included in this remark of the author — we see that a “smaller proportion of coaguable matter” means a smaller proportion of albumen. Besides, our author says the serum is of less specific gravity than in health; but no diseased action of which we have any knowledge, will reduce the specific gravity of the serum below the healthy standard, excepting the loss of albumen. And, in addition to all else, we know that the blood cannot become “watery and impoverished” through diseased action, excepting by a loss of some portion of its albumen. The ingestion of too much watery food, or of too much fluids, would produce a similar result, without disease having had any agency, as a cause, in impoverishing the blood, but this would be only temporary, unless such matters were habitually used in place of proper food.

[*To be continued.*]

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#### INDICATIONS FOR DRUGS IN PULMONARY DISEASES.

It is our purpose to give in successive numbers of this journal, special indications for the more prominent drugs in Phthisis and other pulmonary diseases, drawing these indications entirely from our own experience in the treatment of such diseases, and the natural combinations of symptoms actually found occurring therein.

It has often seemed to us in studying our various

works upon Practice, no less than in examining the numerous domestic treatises, etc., that their authors have relied too much upon the symptoms found in our *Materia Medicas* under the many drugs whose symptoms are there recorded, and have themselves made an artificial combination of these, and given that as the picture of this or that drug, under the head of the various diseases, instead of taking such combination or the numerous combinations naturally occurring in disease, and presenting these in clear language and naming the remedy or remedies for each. Such a course is well calculated to confuse the student, and, indeed, the older practitioner. For in this way we will often look in vain, in such works, for that order and association of symptoms which we find in a given case at the bedside of the patient.

This error, if error it is, it will be our endeavor to avoid, and give the symptoms as we have frequently seen them associated, with more or less of the details of the cases treated, and the effects of the drugs administered.

There is one other point, also, of which we wish to speak, here, and to which we wish to call especial attention in advance, and that is the importance of the *location* of a symptom as an indication for the curative drug. Such has been our experience in the treatment of diseases of the respiratory organs, that we always regard it of the first importance, in aiding to select the proper remedy in a given case, to know the exact locality of the symptom, or



symptoms, for which we have to prescribe; whether it is through the upper, middle, or lower portion of the lung, *and in which lung the symptom exists, whether in the right or in the left one.* Why there is force in this we know not, nor is this essential, so long as we know the fact to exist and properly recognize it, as it is our intention to do in this journal.

We commence our work under this head with

#### ARSENICUM ALBUM.

One of the most important, if not the leading indication for Arsenicum, in Phthisis, is an acute pain, either sharp and fixed, or darting, in the apex and through the upper portion of the right lung. If called upon to fix the boundaries of this indication, we should confine it to the upper *third* of this lung. It might in some cases, extend to include the upper *half* of the lung, but the strength of the indication, we think, is certainly weakened, as the pain extends to, or occupies a point below a line which would divide the upper and middle thirds transversely. We can, perhaps, impress this indication upon the mind of the reader, and elucidate it in no other way so well as to give the case in detail, in which we first learned its great importance. This was that of a man aged about 50 years, who came to us for treatment in the second stage of Phthisis. His symptoms were as follows:

Very severe cough at various hours of the day and night, but always worse in the evening on going to bed, and in the morning on rising. Puru-

lent expectoration attended the cough, at least the sputa, which was profuse, was mostly yellow in color, but was mingled somewhat with frothy and whitish or transparent mucus. Dyspnea was a prominent symptom of his case, especially upon making much exertion, and respiration was always more difficult upon lying down. Chills and fever light, but he had profuse night-sweats. His general appearance was most decidedly that of a confirmed consumptive. Emaciation and debility had reached a point where they were becoming alarming. His only complaint of pain was *in the apex of the right lung*, that is, behind the right clavicle and extending downward into the lung, about to a level with the second rib. This was not so much a darting pain, but nevertheless was an acute or sharp pain. Upon auscultation we found sounds corresponding most markedly with those of *cavernous respiration*, in the region occupied by the pain. Indeed we have seldom heard these more distinctly. So distinct were they and so large a cavity was indicated by them, if they were really cavernous, that we concluded at one time in the course of the examination, to tell our patient we could not cure him. But upon further reflection, and for reasons which we purpose to give sometime in an article by itself, we doubted very much the existence of a cavity and gave him encouragement of a cure. Though we then regarded him, and now regard him, as at that time, most certainly, in the second stage of Phthisis, according to that classifi-

cation of the stages of this disease which divides these into three, and which we think manifestly the most proper.

We at that time knew nothing of the value of such a pain as this patient complained of, as an indication for the curative drug in such a case, but taking his general condition and all his other symptoms, *exclusive* of the pain, into consideration, we saw they called most decidedly for *Arsenicum Album*, which we gave in the 8<sup>m</sup> potency, knowing it must afford more or less relief from the other symptoms, and hoped it would relieve the pain as well, though we expected we should be obliged to give some other remedy to control the pain. The effect, however, of the *Arsenicum* was all that could have been desired in all respects. The pain was among the first symptoms to yield, and never again returned, while the patient recovered so rapidly that we discharged him cured in about three months from the time of commencing his case; although his disease had been serious, and daily getting worse for some eight or ten months previous to our first prescribing for him. We will also add that our patient never has had a return of his disease, notwithstanding he has endured as great abuses of his physical system as the strongest men could pass through, and is still alive.

Within the year following the cure of the above case, we cured a consumptive patient very promptly with *Arsenicum*, who complained of a sharp darting pain occupying a position anterior to the

vertebral border of the right scapula, and between this and the spine, though felt most severely near the superior angle of this bone. The pain was much aggravated by a full inspiration, was attended by a dry cough and oppressed respiration, and the patient had that peculiar paleness of the countenance together with other appearances and symptoms so indicative of Arsenicum. Since that time we have cured, with the same remedy, several patients more or less inclined to consumption, who complained of pain through the upper portion of the right lung. One case of this class that we cured, which was really Phthisis, and very instructive, will be found reported in the American Homoeopathic Review, Vol. iv., page 81, 1863.

That Arsenicum will cure *all* patients of pain in the region named, even though tuberculous action be the cause, we do not claim; much less do we assert that it will cure such pain where the cause is other than tuberculous in character; still we do unhesitatingly recommend its trial in all cases where pain in the superior lobe of the right lung is complained of, especially if it be attended by hurried respiration upon moderate exertion, or more difficult breathing upon lying down, dry cough, or cough attended by expectoration of frothy, glairy and transparent mucus, or yellow and grayish yellow sputa, with the cough aggravated in the evening on lying down, and in the morning on rising.

We even go much further in this direction with

this drug, and assert that it will cure some cases where actual cavities have resulted from ulceration of tubercles in the superior lobe of the right lung. We will give two or three cases in point. Nearly three years since, we were called in haste to a lady suffering from a severe pulmonary hæmorrhage. We found that she had suffered from several like hæmorrhages before, during the preceding two or three years. Her symptoms were a violent burning sensation through the upper third or half of the right lung, free expectoration of blood which was mingled considerably with purulent matter and frothy mucus, oppressed respiration which prevented her from lying down, etc. We prescribed Arsenicum 8<sup>m</sup>, which soon arrested the hæmorrhage. The next day we made a careful examination of her lungs, both by auscultation and percussion, and found unmistakable evidences of a cavity a little below the apex of the right lung, and which was certainly half to two-thirds as large as a hen's egg. Arsenic continued its favorable action several weeks, when our patient had so far recovered as to attend to her customary household duties. We, however, continued her treatment, though quite irregularly, for several months, and thereby learned an instructive lesson, showing the power this remedy had over her system. This was especially manifested by the fact that we had occasion, or thought we had, for prescribing other drugs three or four times, and did so, but without much effect, while she would always tell correctly when we gave her Ar-

senicum, and when not, speaking of this as the "medicine which relieved her so much," and this too when we gave her the 40<sup>m</sup> potency on two or three occasions, though she knew nothing of the names of any of the remedies she took. We last saw her this last summer, when she told us she had been better during the preceding year than for the previous eight or ten years.

Another and similar case was that of a man about 55 years of age who resides in a western city, and came to consult us one year ago this present January. He, also, had a cavity nearly as large as a hen's egg, in the upper portion of the right lung; the result of tuberculous ulceration. He had suffered from a cough, which was much of the time very severe, for the preceding fifteen or eighteen months. Expectoration, which was much of the time profuse, had passed through all the stages of transparent, whitish and frothy mucus, and then into the purulent, a large portion of which was grayish yellow at the time we saw him, and which all must concede to be the worst form of expectoration with which we have to deal. His cough was aggravated evenings on going to bed, and in the morning on rising, breathing shorter and quicker upon moderate exertion, and he had had more or less pain in the upper third of right lung. We prescribed Arsenicum 40<sup>m</sup>, in his case, but gave him no positive assurance of cure; telling him just what his condition was, and that his case was a doubtful one, though we would do all we could for

him. In just two weeks from the day of first prescribing for him, we received a letter bearing date January 28, the day preceding its receipt, in which he says:

“I am happy to report progress. I am much better than when at Buffalo. My cough is less, my expectoration is lighter and I feel much encouraged. I rest better nights, though I have had some little fever one or two nights during the past week or ten days. My appetite is *good*, and was it not for a *weakness* which I feel, particularly in my legs, I should think myself a man again.”

This we knew to be too favorable a result in such a case, to have it continue uninterruptedly to a cure, though in two weeks he wrote again, “I am about ‘so so,’ perhaps some better, but my nose does *run* so badly, just as if I had taken a fresh cold all the time, [an Arsenic symptom] and still, of course, I cough considerable, but do not *raise* as much as formerly. My strength increases and I am feeling better.” We allowed the Arsenicum to still continue its action, and from this time on, there was considerable *vascillation* in his symptoms from better to worse, as he would take cold, etc., then better again, until a very troublesome irritation of the throat made its appearance. This was a dry, hot, pungent soreness, or something like this, as he described it, and was, undoubtedly, the disease being driven out of the lung and settling here in a less vital point. It excited great tickling in the region of the throat-pit, and, of course, very severe coughing which was mostly dry, that is, without expectoration. For

this condition we administered Phosphorus 19<sup>m</sup>, which afforded considerable relief, but not permanent, and since that Belladonna 2<sup>m</sup>, which has given great relief. Recently he wrote us that he had recovered nearly his former strength and flesh, and if it were not for some remaining sensitiveness of the throat, and a moderate dry cough which this excited, he should consider himself a sound man again. Of course we regard his full recovery as certain, if he takes proper care of himself and continues the treatment.

We have another and still much worse case of this character which we will add to the foregoing, to show the power Arsenicum has over such cases, though in this instance a cure was not accomplished. This patient was a lady aged 28 years, to whom we were called the last of December, 1867. She had never been really robust, and had at this time been under the care of a physician for several months, and her case given up as a hopeless one, for the best of reasons as will be seen. Upon auscultation we found fully one-third, probably the entire superior lobe of the right lung gone, sloughed away by tuberculous ulceration, and thrown off in the expectoration. She, of course, had then, and had had for months, all those symptoms, such as chills, fever, night-sweats, diarrhœa, oppressed respiration, sometimes amounting to almost complete strangulation, great pain in the region of the ulceration, etc., which are common to such cases; and many of these symptoms in very great severity. We gave no encour-



agement whatever that anything could be done more than to give, perhaps, a little temporary relief, but were willing to try to accomplish this. Prescribed Arsenicum 40<sup>m</sup>, and we certainly think it no exaggeration to say that the effect was among the most remarkable we have ever witnessed from medicine, considering the great severity of the case. She soon commenced improving in all respects, and continued to improve, though not without interruptions, until about the middle of March, when she had gained so much strength and had so far recovered in other respects that we thought a full restoration to health very probable. But soon after this, a long period of wet weather, to which she was extremely sensitive, set in, and continued over two months, when her disease had become so aggravated and her system so exhausted that she could not be rallied again for any length of time, though she lived until fall.

Now, these cases are too numerous and of too marked a character, and the results too striking, to ascribe the latter to accident, or anything else but the specific action of the drug under consideration. Whether the curative action of Arsenicum, upon the right lung, is confined to the superior lobe of it, and this alone, without any control over the upper part of the middle lobe, we are not certain; therefore, have spoken of the indication being limited to the apex and upper portion of the lung.

We have further to add that we have also frequently seen a very favorable effect from Arsenicum

upon the *lower* portion of the *left* lung, but nothing yet so marked as what we have recorded as to its mate. This, we are well aware, brings us into direct opposition to the Comparative Materia Medica, and, of course, to Dr. Hering, upon this point. There it will be found that Arsenic is repeatedly and emphatically spoken of as acting upon the "lower right and upper left side" of parts or organs, in which indication, as we understand it, the lungs must be included; but our observation has been too extended, and results too decided and uniform, for us to be mistaken in this matter.

In regard to the frequency of the administration of the doses of this, no less than of all other drugs, no one can possibly be so good a judge as to when they should be repeated, as the physician at the bed side of his patient; provided, always, that he is properly informed in this department of his profession; still we will say that no physician should attempt to prescribe for such cases, at least, as we have cited in the foregoing, without thoroughly studying and *heeding* what Hahnemann says upon this subject, on page 204, of the Organon, and on page 153 of the first volume of his Chronic Diseases; and also what will be found upon this point in the detail of cases reported in Becker's little work upon Consumption. We can assure all, that if what is taught in the three volumes cited, is not heeded and acted upon, they will send many, if not all patients whose disease is of the severity of the cases we have given, to premature graves, instead of curing many of them as they might do by proper caution in this respect.

## FALSE PRETENCES.

Since the issue of our Prospectus we are in receipt of numerous letters covering high approval of our undertaking, and especially of our promised defence of "PURE HOMŒOPATHY." The writers of these letters are, many of them, very urgent upon this point, and upon the widespread necessity which exists that such correct views upon the point in question be as generally spread before the profession as possible. A single example of these is all we have room to insert; and we cite this as a sample of many. The writer is a practitioner in one of the largest western cities; and he says:

"The fact of the matter is, that Homœopathy, especially here in the west, is sadly degenerating. It is not uncommon for our physicians to combine three or four medicines, and all these in the crude form. The result has been a great mortality among patients thus treated, and the consequent loss of families who were firm adherents of our school."

That there are physicians in various parts of the country whose practice conforms to that which is above described, we are well aware; and that such have often called themselves Homœopaths is equally well known to us. Of course, none such have any claim to the name Homœopathist, as *their* practice belongs not to it, even in the most remote sense. The assumption of the name, therefore, by each and every of these practitioners, is either a designed fraud upon the public, or the result of ignorance as to what Homœopathy is, and of all the essential laws upon which it is founded.

THE PHYSICAL EVILS OF ALCOHOL.

There can be no doubt that one of the greatest evils inflicted upon mankind, by the Allopathic branch of the medical profession, is the prevailing custom, established and fostered by all the influence of that school, of prescribing alcoholic stimulants, so almost universally, as remedial agents in disease. A few have seen something of the magnitude of this evil, and raised their voices against it; and *why should they not*, even though they have, as yet, been so powerless to accomplish any good? To say nothing of the almost certain prescription of ardent spirits for sick adults, whatever may be their disease, and the alarming evils that grow out of this, they see physicians commence this practice upon infants almost at birth, frequently giving these little creatures, what is, to them, enormous quantities of whisky, brandy, wine, etc., and follow this treatment through childhood and youth, whenever they are sick, until, when the victims arrive at that age that they can be reached by moral means, appetites have been formed, and all the moral barriers to the common use of spirituous liquors have been broken down; and this, too, at the worst of all possible places it could be done to leave life-long impressions, namely, at the very family altar itself.

If all this were necessary for the better control of disease, it might be tolerated as the least of two evils; but that it is not, that it is, indeed, *far worse*

*than useless*, we trust we shall be able to clearly demonstrate in the course of this paper. And here we wish to say that PURE HOMŒOPATHY has never had any hand or lot in the promotion or spread of this great evil. In Hahnemann's efforts to reform the practice of medicine, he early took decided grounds against the use of alcohol in any form, as a remedial agent in disease.

But, say our opponents, there are physicians who practice, or claim to practice, under the Homœopathic law, who do prescribe alcoholic stimulants extensively for the sick, and join with the Allopathist in the claim that alcohol subserves the purposes of food as well as medicine for the human system. This assertion, we regret to have to say, is too true, and it is on this account, no less than because of the curse itself, that we feel it our duty as a medical practitioner of some experience in the treatment of diseases *without* stimulants, to speak, and to speak plainly upon this most important subject.

With due deference, then, to all concerned, we must say frankly, that we deny as a whole and in detail, that alcohol is a remedial agent in any disease, or that it can properly be prescribed for any conditions arising therefrom, and we deny that it is a proper article for food. On the contrary, we assert that it is a poison as well in disease as in health, which the system of man is the less able to bear, the more diseased or the weaker he is; that it has no place, under any circumstances, in the economy of man's nature, at least the exceptions, if any, are

exceedingly rare; that its proper place is in the Arts, and here alone should it be used. And not only this, we have no hesitation in saying that our profession is guilty of a great *physical*, no less than moral, wrong to our race by occupying the position it does upon this question, and a wrong, too, from which there is not the slightest advantage gained in any respect, to compensate in the least for the immense evil done. But setting aside all the moral aspects of the question, we will treat it here only upon the ground of the *physical* injuries which alcohol inflicts upon the human system.

To maintain the assertions and denials above made, we will confine ourselves to *scientific facts* about which there is no dispute, and cite only those authorities who occupy the front rank in their profession. Professor Youmans furnishes us with the greatest number of reliable chemical facts bearing upon this subject in the least space, and in the clearest language, of any author with whose writings we are familiar; therefore, we quote him the most fully. In his Class Book of Chemistry, page 326, in speaking of the "PHYSIOLOGICAL ACTION OF ALCOHOL" and "*its substitution for water*," he says:

"The action of alcohol within the system is in no respect analogous to that of water; it is a disturber of the healthy functions, a disorganizer of the structure, and must therefore be ranked among *medicines* and *poisons*."

"*Effect of Alcohol upon the Tissues*.—The chemical composition of alcohol is such as to forbid the idea of its ever being transformed into the animal tissues. There is no evidence whatever that, under any circumstances, it is capable of serv-

ing for animal nutrition. Nevertheless, it has a specific and peculiar action upon the tissues which is due to its powerful affinity for water. 'If animal membranes, a mass of flesh or coagulated fibrine, be placed in alcohol, in a fresh state (in which they are thoroughly charged with water), there are formed at all points where water and alcohol meet, mixtures of the two; and as the animal texture absorbs much less of an *alcoholic mixture* than of pure water, a larger amount of water is, of course, expelled than of alcohol taken up, and the first result is a shrinking of the animal substance.' (Carpenter). Experiments made by Leibig show that for one volume of alcohol taken up by a membrane, rather more than three volumes of water have been expelled from it. That the tissues are acted upon within the body the same as without it, is proved by the experiments of Dr. Percy, who found that when animals are poisoned by alcohol introduced into the stomach, the coats of that organ become so thoroughly imbued with it, throughout their whole thickness, that no washing can remove it. He also found that the tissues remote from the stomach are impregnated in the same way when alcohol is introduced into the current of the circulation. The shrinking of the tissues and alteration of their chemical relations which thus takes place, must obviously disturb the natural series of operations upon which nutrition depends."

*"How Alcohol affects the Blood.*—The effects of alcohol upon the blood are of a very marked and important character. It possesses the power of preventing the coagulation of fibrine. When an animal has been killed by the injection of alcohol into its blood-vessels, the blood often remains fluid after death, or coagulates but very imperfectly. The presence of alcohol in the blood is, therefore, an obstacle to nutrition, or to that vital process by which the solid substances of the fabric are organized or elaborated from the blood. Accordingly, we have the testimony of physicians and surgeons that the nutritive and reparative powers of those who drink largely of spiritous liquors, in cases of wounds, ulcers, etc., are low. The healing process in such is, as a general rule, less certain and active than in others."

*"It disturbs the Natural Process of Oxidation.*—Again, when alcohol is mingled with fresh arterial blood, the red cor-

puscles, as may be seen with the microscope, shrink, and a portion of their contents is mingled with the liquor sanguinis, while at the same time the fluid darkens in color, so as to give it more or less of the venous aspect; and Bouchardat found that when alcohol is introduced into the system in excess, precisely the same change takes place in the arteries—their contents become of a venous appearance. The cause of this change is the fact that the alcohol is more combustible than the ordinary constituents of the blood, and consequently, rapidly attracts its oxygen and is burned to carbonic acid and water. By combustion, therefore, alcohol may become a source of heat in the body, but it is by *arresting the natural processes of oxidation* upon which the vigor of the animal powers depends. Leibig observes, that ‘by the use of alcohol a limit must rapidly be put to the change of matter in certain parts of the body. The oxygen of the arterial blood, which, in the absence of alcohol would have combined with the matter of the tissues, or with that formed by the metamorphosis of the tissues, now combines with the elements of alcohol. The arterial blood becomes venous without the substance of the muscles having taken any share in the transformation.’”

“*It disturbs the Excretion of Carbonic Acid.*—Dr. Prout discovered that alcoholic liquors possess, in a remarkable degree, the power of *diminishing* the amount of carbonic acid in the expired air, and that no sooner have their effects passed off than the proportion of carbonic acid exhaled *rises much above* the natural standard. The accumulation of carbonic acid which thus takes place in the blood, and from which the system cannot get relief, is probably a partial cause of that prostration, both of physical and mental power, which attends the advanced stages of intoxication.”

“*Effects of Alcohol upon the Nervous System.*—But that part of the body which is attacked most powerfully by alcohol is the *nervous system*. It has a stronger affinity for the nervous substance than for any other tissue, seeking it out, as it were, and combining with it in preference to any other substances. In this case, to the skrinking or corrugating influence of alcohol upon the tissues must be added a *hardening* effect, due to its power of coagulating albumen, of which nervous matter is largely composed. This selective power of alcohol,



by which it fastens upon nervous matter, is at once proved by the fact that it has been found diluted in considerable quantity in the substance of the brain of habitual inebriates. That so total a change as is thus produced in the nervous texture by this fiery compound, should cause great derangement in its functions, is what we might naturally expect, and what is abundantly shown by experience."

Sustained as these quotations are, in all their various parts, by five most prominent authors, each among the very best upon the point with which his name stands therein connected, and Leibig himself — whose opinions are always quoted by the advocates of stimulants — among the number, supporting two of the most important points, it would seem to be all that need be said of the frightful effects of alcohol upon the human system, and is better said than anything we can offer. Still, there are a few among the many evils pointed out therein, to which we wish to call more especial attention, as bearing more clearly upon the injurious effects of alcoholic stimulants in *disease*.

As will be seen in one of the quotations, "Dr. Prout discovered that alcoholic liquors possess, in a remarkable degree, the power of *diminishing* the amount of carbonic acid in the expired air." This result is *inevitable* and the reasons for it are most obvious, as we shall now see. And to carry conviction home more forcibly to the minds of all, we will first call attention to a few simple physiological facts with which all physicians are familiar. One of the most important functions of the blood-corpuscles, as we know, is to bring carbonic acid

gas from all parts of the system to the lungs, that it may there be expelled in the expirations, and the person dies at once if this work is suspended. These corpuscles are very minute shut sacs or cells, flattened upon opposite sides into more or less of the disc shape, are entirely confined within, and kept in continual motion through the blood-vessels, but are wholly disconnected from, and independent of each other as they circulate; and, of course, like all cells of which the body is composed, their walls are a regularly organized animal texture. They exist in vast numbers, and are so small that it requires a high magnifying power to see them. In their natural state, as they float in the serum, they constitute fully one-half the entire mass of blood in the human system, which, in a healthy man, is estimated at from eighteen to twenty pounds; so it will be seen there are many, many millions of these minute bodies, each in constant and rapid motion on its ceaseless rounds through the system, bringing back each time to the lungs its little load of carbonic acid gas, and thus assisting in this most necessary work. When loaded, they are distended at the sides into a bi-convex form, but as they pass through the lungs, they give up the gas they have brought there and collapse as it were, becoming bi-concave, and then depart for another load. From this it must be clear to all, that anything which causes a *shrinking*, or *shriveling* of the blood-corpuscles as they circulate, curtails their capacity for carrying carbonic acid gas, just to the extent they are shriv-

eled, therefore *necessarily* lessens, to such extent, the powers of the system to rid itself of what is a most deadly poison if retained in the blood. Well, alcohol *always* shrivels the blood-corpuscles to a marked extent whenever brought into contact with them in their natural or moist state, whether they be within or without the body. Why? Because, as stated in one of the quotations, upon the authority of both Leibig and Carpenter, it shrivels *any* and *all* soft animal tissues, and the blood-corpuscles being of, or similar to, such tissues, must be among those most affected by that article when it is taken into the system. In fact this is unavoidable if it acts at all upon them as it does upon other animal tissues, for alcohol penetrates the coats of the stomach more rapidly than almost anything else that can be taken into it, and passes at once into the blood-vessels, where it mingles directly with the corpuscles and *moves along with them*, thus enabling it to act upon them continuously, as long as it is retained in the blood-vessels. Then, in accordance with the results of Leibig's experiments, as cited by Youmans, showing the effect of alcohol upon all soft tissues, it will withdraw or expel from the corpuscles, "*rather more than three volumes of water,*" for "*one volume of alcohol taken up by*" them. Therefore, it requires no argument to prove that this shrinks the corpuscles in a marked degree. Accordingly we have the testimony, not only of Youmans but all other observers, that by the aid of the microscope they are distinctly seen to shrink,

and their surface become corrugated whenever alcohol is mingled with them. And that the effect is the same within the body, as out of it, we have no less an authority than Dr. Percy to prove. Here, then, we see a force that is entirely beyond our control, whenever the agent of it is introduced into, and so long as it remains in the blood, which shrivels all the blood-corpuscles it comes in contact with, so that they *cannot*, by any possibility, distend to receive their apportioned load of carbonic acid gas, to convey to the lungs; and as there is no other way or means provided by which this work can be done, we have fully exhibited to us the reasons why alcohol possesses, in such a "remarkable degree, the power of *diminishing* the amount of carbonic acid in the expired air." We also learn by such scientific facts, that if ardent spirits are taken into the stomach, the results we have pointed out are absolutely unavoidable, and are in degree proportioned to the quantity taken. And it makes no difference in this respect, as it makes no difference in respect to other evils we shall speak of, what liquors are taken, whether whisky, gin, rum, brandy, malt liquors, or any of the numerous wines, except in the quantity of alcohol these severally contain.

It must be that all realize more or less fully the terrible consequences of interfering, as above shown, or in any other way, with the expulsion of the surplus carbonic acid of the system; but to bring this subject more clearly to mind, in this connection, we will cite a few familiar illustrations. No person,

no matter how strong and vigorous he may be, can endure an entire stoppage of respiration beyond a few moments and live. Why? Because an excess of carbonic acid gas in the blood is so poisonous, that what accumulates therein, in consequence of the few moments' suspension of respiration, immediately kills. Essentially, the same thing happens when a person goes into an atmosphere highly charged with this gas, as occasionally occurs to workmen upon entering old wells, mines, etc., which are said to have the "damps." Although, in such cases respiration is not suspended, yet, the person inhales this gas instead of natural air, and if not rescued he is soon so charged with it that he dies in consequence, and from the same immediate cause as the other person whose respiration is stopped by violence.

Let us now compare the effect which we have shown alcohol to have, in preventing the excretion of carbon, to the above facts. This article, we repeat, contracts or shrivels all the blood-corpuscles it comes in contact with, to such a degree, that they cannot, while under its influence, dilate, or be dilated, to receive and carry their apportioned load of carbonic acid gas to the lungs to be expelled; consequently, if sufficient numbers of the corpuscles are affected by it to carry this result beyond a certain point, the person is poisoned to death. Absolutely pure alcohol, because of this action, would kill at once, even in a moderate quantity. Again, the man who takes enough of it in the diluted form of whisky, etc., to make him "dead drunk," is in a

similar condition to the one who has been rescued after becoming insensible, but before life is extinct, from an atmosphere overcharged with carbonic acid gas. This gas, in either case, blackens the blood and distends the blood-vessels; therefore it is that the two are bloated and discolored, and when the result has been carried to an extreme, they are so disfigured that they cannot be recognized, but both may be brought back to consciousness and to health, if the effect has not gone too far; if it has, both must die, and each from the one cause, namely: accumulation of too much carbon in their blood.

Would any intelligent man, not a physician, hazard his reputation for common sense by recommending the vitiated atmosphere of old wells, mines, etc., or any other air charged with too large a proportion of carbonic acid gas, as the most wholesome for man to breathe, or as beneficial under any circumstances? Yet they might just as well do this absurd thing, as for physicians to recommend alcoholic stimulants as wholesome under any circumstances, and for the reasons we have pointed out. But they may say they do not carry this matter to an injurious extreme. To which we reply they do, as we shall see, further on.

It seems proper to remark, in this connection, that alcohol is not a *natural* product, that is, it does *not* exist, naturally formed and stored up in the grains, fruits, etc., from which it is derived, as we have frequently heard people assert was the case, and argue from this that it was intended as a bev-

erage for man's use. On the contrary, it is produced solely by *rotting* the grains and the vegetable matters in the juices of the fruits from which obtained, the *principal* products of which process are two deadly poisons, namely: alcóhol and carbonic acid gas, in nearly equal proportions each, by weight.

It has been said, we believe, that as a rule in science, it is in bad taste to present more than one proof of a truth or of an error, when that one settles the point at issue; and yet, though we have shown the physical evils of alcohol sufficiently, one would think, to satisfy any rational mind, the vast importance of the subject leads us to violate this rule, and present one or two more facts about which there is no controversy.

"It [alcohol] possesses the power of preventing the coagulation of fibrin," says Youmans, in one of the quotations we have made from him, and all other authorities upon this subject say the same. Then put along side of this established fact, the other, namely; that the repairs of many parts of the system *cannot* be carried on in the slightest degree, without the coagulation of fibrin, and what does it prove? Why, this. If alcohol could be borne in all other respects besides this, without injury, this effect alone would soon kill, if the system was continuously kept under the influence of it, to the extent of preventing such coagulation. And there never has been a question raised upon this fact, namely, that when taken in moderate quanti-

ties, the effects of ardent spirits are in degree proportioned to the amount taken.

We have thus far spoken only of the evil effects of alcohol in health; now let us turn our attention to its effects upon the human system in disease. Here the evils are greatly increased, for its action is necessarily the same in kind, but much exaggerated in degree, because, the weaker the patient is, the less able is he to resist injurious influences, in this, as in all things else that disturb or annoy him. It has hitherto been thought necessary that we should, by all means, avoid anything and everything that could in any way impede respiration in the sick; especially, that nothing should be allowed to interfere with their inhaling *pure* air, and exhaling all that was possible of the noxious gases generated in their system, either through natural operations, or as a result of disease. And what was true once, in this respect, we believe to be true still. What, then, must be said of all those physicians—especially those who claim to be well educated—who so heedlessly prescribe whisky, or any other alcoholic stimulant for the sick, when it is inevitable that they must thereby slowly poison their patients by the forced retention of carbonic acid gas within their systems, which the alcohol prevents them from throwing off through the lungs? Let us show all such by a single illustration, what frightful evils they are committing. Carpenter, in his *Physiology*, page 367, says: “The first product of the decay of all organized structures is *carbonic*



*acid*; and this is the one which is most constantly and rapidly accumulating in the system, and the retention of which, therefore, within the body is the most injurious." The disintegration or "decay" of tissues throughout the body, of which Carpenter here speaks, is, as all must know, generally, if not always, much more rapidly carried on in disease than in health, thereby increasing the amount of carbonic acid gas above the healthy standard — another point showing still more prominently the great error of giving anything that will impede its expulsion from the system. Those who are committed to this practice, however, will, we suppose, claim that they do not carry the matter to this extreme. But they shall not escape on the plea that moderate quantities of stimulants have no such action as we have pointed out. Lehmann, in his great work entitled *Physiological Chemistry*, Vol. II., page 456, tells us that, "Vierordt, like Prout, found that the excretion of carbonic acid is both absolutely and relatively diminished even after a *moderate* use of *spirituous drinks*. He has also confirmed Prout's observation, that the increased excretion of carbonic acid which accompanies digestion was considerably checked by the use of spirits." An evil, again, in digestion, instead of a help to it, as has so long been supposed. Better that the advocates of stimulating in disease, compel their patients to go into an atmosphere overcharged with carbonic acid gas, or what would be the same, confine them in small close rooms without any ventilation, and thus poison

them in a direct manner to the same extent, than to indirectly compel the retention of this same gas within their systems by whisky, etc., under the delusive hope that it is the best that can be done for them.

In all this we have made no account of the *fact*, endorsed by both Bouchardat and Leibig in one of the quotations from Youmans, that alcohol *robs the arterial blood of its oxygen*, and is burned to carbonic acid and water, thus *actually and markedly increasing the quantity of this gas* in the blood, beyond what would be there through natural operations, and at a time, too, when even the natural amount cannot be expelled because of the action of this same agent of mischief.

Again, as we have seen, alcohol *prevents the coagulation of fibrin*, and this entirely suspends, or greatly retards—according to quantity taken—the repairs made so necessary by the great waste of tissues in disease; therefore, convalescence from any serious malady is made slow, tedious and uncertain by it, the victim rendered a bloated unnatural object, many times without any energy or endurance for months, and far too often, through no fault of his own, he is absolutely forced into a condition where, by artificial appetites and cravings excited and fastened upon him at a time when all the sensibilities of his nature are aroused, there is no escape from his becoming a confirmed drunkard.

But this terrible record does not stop here even, so true is it that a violation of any of God's moral

laws, is a violation, in an equal or greater degree, of all physical laws or facts bearing upon the same point. We have seen that Youmans says that alcohol acts "more powerfully" upon the brain and nervous system, than upon any other organ or texture of the whole animal body. Of this, however, we will not speak in detail, preferring to let it rest upon the explicit language of this author. We will only ask if any can suppose that such violent action upon the nervous system, together with the excitement that must necessarily be engendered thereby, can have any beneficial effect in allaying the excitements and disturbances caused by disease?

Now, it will no doubt astonish many to be told that there is not one single favorable effect which alcohol is known to have upon the human system, that will counterbalance, in the least, any of the evils we have shown. It will stimulate, we grant, but who does not know that the person who takes it, must, as soon as the stimulating effect passes off, sink as much below the point he was at, when taking it, as he was carried above by it, and be more or less exhausted generally by the excitement and consequent depression his system has been forced to pass through? Many patients get up from acute diseases, we know, under the action of stimulants, as many would get up, if not too much prostrated, in spite of other evils that might be heaped upon them. But many, also, die if compelled to carry *any* burden in addition to their disease, while they *might* live without it.

There is another great evil committed by stimulating. We have frequently known diseases driven from a *less* vital, to a *more* vital organ or part by it, and here, perhaps, forced into a dormant condition by the stronger vitality of this part, thus allowing the patient to get up apparently well, but with the certainty of having some serious acute or chronic disease break forth in the more vital organ, as soon as the resisting power of this stronger organ is sufficiently overcome to enable it to do so.

It should be borne in mind here, that all the objections raised apply to *pure* liquors for it is the alcohol, *alone*, of these, against which we are speaking. If they are drugged, as is so commonly the case, other evils are simply added which correspond to the quantity and quality of articles used in drugging them.

Some will perhaps say, such reasoning may do well enough in theory, but no other treatment, beside stimulating, can be carried out in practice with as good results, even, as has attended that. To which we make answer, that we have carried our theory, or rather *Nature's truths* upon this subject, into practice with the most remarkable results, if we may be allowed to judge. We have now been engaged in the general practice of medicine, treating all classes of disease, over fifteen years, and we think we may truthfully add, that our professional life has not been an idle one. And, for the reasons detailed herein, we have never, in all this time, prescribed alcoholic stimulants for but just two pa-

tients, and then but for a few hours, and solely for their stimulating action to pass a crisis in great emergencies arising from most violent hæmorrhages; but we deny the propriety of their use, even then, except as an expedient in the absence of positive knowledge of the exact drug to be administered on the first threatening of danger in such cases. The time will soon come, however, when a fuller knowledge of the specific action of drugs will enable us to control *all* such cases with medicines, as we now do *most* of them, far more safely for the patient, than by any other means.

We will now cite for an example of our results in treating disease without stimulants, *typhoid fever*, in which whisky, or its equivalent, is thought pre-eminently necessary, because of the greatly debilitating effects of this malady beyond most others. In the time we have been in practice, we have passed through three very serious epidemics of typhoid fever, and several milder epidemics of the same, treating our proportion of patients in all these; twice, indeed, having charge of many more than our proportion, and have, besides, treated many sporadic cases. We never allowed alcoholic liquors of any kind, name or nature, in a single one of all the cases treated, and have never lost but two patients of this fever, and these were among the sporadic cases. One of them died suddenly from a most violent hæmorrhage from the bowels, which came without any warning, when he was apparently doing well; the other was a case where a long and harassing

cough was suddenly suppressed by some kind of balsam, taken against our orders, which drove all the diseased action from the lungs, to the brain, and resulted in one of the most severe cases of cerebral typhus. Nor is this all of this record. The period of convalescence in all saved was remarkably short; not one of them went into consumption or other chronic disease, results which are by no means uncommon with such patients under stimulating treatment; not one of them, that we now remember, got up with a broken constitution, but all were as well after, many in fact better, than for a long time before their sickness. We will here mention another fact, not without significance, in this connection. About the only trouble we had with any, during convalescence, was with a few who violated our most positive orders not to take stimulants, but took them, nevertheless; and in every instance of this kind, that came to our knowledge, the patients had relapses more or less severe, while not one who obeyed orders, had, or was even threatened with, relapse.

Now, all this occurred, while in the epidemics mentioned, patients who had stimulants were dying all around us, and many of these we sincerely believe *lost their lives in consequence of the alcoholic poisons given them.* How could it be otherwise, in view of the frightful effects of alcohol upon the human system, which we have pointed out?

We could extend this favorable report to many other, among the gravest classes of disease, and show equally good results in the treatment of all

these without stimulants; but for want of time and space we must pass on and give our further attention only to Consumption. It has now been the almost universal custom among Allopathic physicians, for some fifteen or twenty years, to prescribe whisky as the very best remedy for this disease, as was the case with them in regard to cod liver oil, for a series of years preceding. Let us see with what results this practice has been attended. To such vast numbers of consumptives has whisky been administered through such a number of years, we should naturally be led to expect, if there had been *any* favorable results, to find them among the statistics of this malady, showing a lessening of its frightful mortality; but instead of such being the case, we are warranted, by all the facts we can gather, from the most reliable sources, in saying that the mortality from consumption is now *as great*, if not *greater than ever before*.

We will call attention to another point which seems to us to have peculiar force in this connection. All must know that *ulcers* are frequently *caused* by intemperance, and that both wounds and ulcers upon drunkards are far more difficult to heal than they are upon those who are temperate, simply because of the great derangement or poisoning of the blood by the spirituous drinks. Then how can it be possible that whisky or alcohol in any other form, can have or excite a healing action upon ulcers *already existing* in such delicate tissues as those of the lungs, especially when all of this that is taken into the stomach must first go to and through the lungs, before it is

distributed over the system? The fact of the congestion, inflammation and ulceration of the stomach and liver, so commonly found existing in the intemperate, as a result, solely, of the alcoholic stimulants taken, must not be overlooked in this connection, neither must the equally important fact, that *all* of this agent, which has created such terrible havoc in the organs named, must move along in the blood-vessels, with a greater part of its fiery forces unexhausted, to a like attack upon the lungs, before it can find any possible outlet, whereby its fury may be abated. What must be its effects, then, upon the lungs of a consumptive, when there are tuberculous deposits, and probably ulcers therein, with such a marked tendency as always exists in such cases to congestion and the lighting up of inflammation under the most trivial excitement? Once it has been distributed through the lungs, the alcohol must have its force very much weakened, both by evaporation carrying off considerable portions of it in the exhaled gases, and by the chemical changes between its elements and those of the inhaled air; and yet, it even then reaches the most remote parts of the system, carrying more or less havoc in its course, and causing those irritations and derangements of the blood and tissues, which, as already mentioned, make it so difficult to heal wounds and ulcers upon those addicted to intemperance.

In addition to this we will simply say, the reader will find, by reference to another part of this journal, that we claim to have discovered the *cause* and true



pathology of Phthisis Pulmonalis, and the knowledge afforded by this discovery, shows us as clearly, if not more so, than anything presented in this paper, that alcohol in any form, is a most unmitigated curse in this disease. We are fully aware of the great responsibility which such a claim carries with it; still, we have no hesitation in asserting that it is supported by more *known facts* in both physiology and pathology, which have hitherto stood isolated, and not thought to have any connection with or bearing upon Phthisis, than is any other discovery in medical science. Indeed, we can say it is sustained by the most remarkable chain of evidence of any truth in organic Nature, with which we are familiar, and is without any conflicting testimony upon a single link in the entire chain. And we repeat, it is as much or more, from facts gathered in this new field, and through long research therein, that we condemn the use of spirituous liquors in all tuberculous diseases.

We know there are many who sincerely believe they have been materially helped, and others that they have been cured of consumption by whisky, or other stimulants, but we would say, and we think what we have shown warrants our saying, that all such got better in spite of both the violence of their disease, and the evil effects of their treatment; and we think we may assert, in view of the incontestable facts we have herein pointed out, that *in all cases of disease, life is more certain, and recovery more speedy, without, than with alcoholic poisons.* Is there a possibility of its being otherwise, in op-

position to all the laws of Nature bearing in any way upon the subject?

In conclusion we turn our attention a few moments to the claim made by many, that alcohol is an article of food, and necessary, as such, for the animal system. Notwithstanding the weight of authority sustaining this claim we cannot speak of it but as a most monstrous pretence, which is all the more degrading to man and derogatory to the Almighty, because advocated by able minds. What! After seeing that the Creator has provided food for us which is almost without limit in quantity and variety, and that He has made provision whereby the annual reproduction of all this is apparently to be continued to the end of all earthly things, must we say, in effect, that He did not furnish us with a sufficient variety, and thereby *neglected a plain duty which we are competent to correct?* And then, upon this blasphemous declaration, shall we set ourselves to work, and *rot* a portion of the *best* He has provided, to make an article one-fourth or less in quantity of what we destroy, and this an article so deadly that its destructive effects upon animal life can only be avoided by greatly diluting it with water; and which, when thus diluted, is and has been the greatest curse of our race? Does either of these enormities, or any other, even in the slightest degree, attach to any among the great variety of *natural* food which God has given us, we would ask? Again we must say, such pretense is most monstrous. Too monstrous, indeed, to be harbored an instant by any intelligent being.

A little material that would serve for food might be found in some of the most deadly vegetable poisons, but is there any evidence in this that such should be eaten? In the name of all that is right, are there not enough articles of food furnished us, which are entirely innocuous in every respect, without our using *any* questionable materials whatever?

### CENTRAL NEW YORK HOMŒOPATHIC SOCIETY.

#### OFFICIAL REPORT.

This Society held its regular meeting in Syracuse, Dec. 17, 1868. The following physicians were present: W. H. Hoyt, C. W. Boyce, H. Robinson, Jr., Belding, Sumner, Swift, Wells, Gardner, Sheldon, Benson, Southwick, Hauley, Miller, Bigelow, Brown, of Binghamton, Sweeting, Schenck, J. Bigelow, L. Clary, Mera and Gwynne.

The meeting was called to order by Dr. W. H. Hoyt, President.

Dr. C. W. Boyce, the Secretary of the Society, read the minutes of the last meeting, which were approved.

Medical reports were then taken up.

Dr. R. R. Gregg made a very interesting and instructive report upon Leucorrhœa.

On motion, the thanks of the Society were returned to Dr. Gregg for his very able and instructive paper, and it was ordered that it be returned to him for publication in his journal or such other as he may designate.\*

Dr. C. W. Boyce read an interesting paper on the use of carbolic acid as a local dressing.

All the physicians present were invited to take part in the meeting.

Dr. Gardner read a paper on Leucorrhœa, which was referred to the Committee on Publications.

Dr. Belding gave a very interesting history of a case of Leucorrhœa, cured by Phosphorus 5<sup>m</sup> dilution.

Dr. Guernsey, of Philadelphia, presented a paper on the same subject, for which he was tendered the thanks of the Society.

Drs. E. A. Munger, R. D. Rhoades, Geo. B. Palmer, J. C. Owens, J. C. Raymond and D. D. Loomis, were elected members of the Society.

The question with regard to the place of holding the next meeting of the Society was then taken up.

Dr. Wells offered the following resolution:

*Resolved*, That the by-laws of the Society, so far as they relate to the next meeting, be suspended, and that the said meeting be held at the Butterfield House, in the city of Utica, on the third Thursday of March next, at 10 o'clock A. M.

Adopted.

The Secretary read the history of a case of poisoning by corrosive sublimate, presented by Dr. Brown, of Binghamton.

Referred to the Committee on Publications.

The Secretary also read an article from the proceedings of the Boston Homœopathic Society, discussing the selection of remedies. Phosphorus was chosen as the subject for discussion at the next meeting.

A communication on "The Dose" was received from Dr. T. D. Stow, and was on motion laid on the table for want of time.

The Society then adjourned. H. ROBINSON, JR., Sec'y *pro tem*.

\* This paper will appear in the April or July number of this journal.—Ed.

THE  
Homœopathic Quarterly.

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VOL. I.

BUFFALO, APRIL, 1869.

No. 2.

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THE CAUSE OF TUBERCULOSIS.

[Nature, when undisturbed in her purposes, is ever perfect in all she does. Of the constituents of the blood, of which there are seven, in the general classification that is made of these, she has so nicely adjusted the proportions of each to that of all the others, that the health she seeks to bestow must result from its action. A loss, then, of a portion of any one of these constituents from the blood, leaves all the remaining ones in a relative excess in the blood-vessels, and hence the results which Nature seeks are defeated; these excesses becoming sources of physical derangement from the moment the healthy proportions of the blood are destroyed. Upon this proposition, the investigations which follow are based.]

*(Continued from page 12.)*

Again, as a further proof that the albumen discharged in disease from any of the passages lined with mucous membrane, is a waste of it from the blood, we give the following:

Lehmann, in the work of his before referred to, on page 537, Vol. 1st, in speaking of the abnormal constituents of the fæces, and of albumen as one of them, says:

“It is in dysentery that it [albumen] is secreted in the largest quantity from the intestine; the dejections in this disease are often so rich in albumen, that, on the addition of nitric acid, or on boiling after neutralization with ammonia, the whole fluid solidifies.”

And on page 618, same volume, he gives a partial list of the diseases in which albumen is found

diminished in the serum, and in this list, dysentery is given a place next preceding Bright's disease.

Well, then, as the abnormal discharge of albumen through the mucous membranes, is a loss from the blood in all the other diseases named, no less than in Bright's disease, of so much of so important and necessary a constituent as this is known to be, both to nutrition and to health, it becomes of the utmost consequence to inquire into the effects of such loss. Simply as a waste of a highly nutritious matter, after it has been once introduced into the blood, through the labors of digestion, the results must be serious, depriving the system, as it does, of a portion — frequently a large portion — of the *only* element upon which the vigor and strength of the muscular system, at least, depends (Leibig, as reported by Carpenter, page 56), thus inducing debility, etc. But bad as are the consequences in these respects, they are but trifles compared to the evils otherwise produced.

All know what a terrible disease Albuminuria is, yet, terrible as it is, we think we shall be able to show that it is no more so than others, where albumen is lost, through other mucous membranes besides that of the kidneys. Yet, no importance has ever been given, by any author or observer, so far as we can learn, to the fact that such large quantities of albumen are discharged by consumptives, from the lungs, in their expectoration, or other mucus secretions, as shown in the preceding pages.

This brings us to a point from which we diverge

into a new field, hitherto unexplored, so far as we know, or can ascertain by any one save ourselves; and from facts learned therein we are enabled to show the direct and far reaching influence of the loss of albumen in causing many diseases of a very diversified character, whose causes have never before been known to the profession, nor supposed to have anything like a common origin.

But our purpose here being to show what tubercles are, and the cause of their existence as such, we confine ourselves to that, and only refer incidentally to other diseased conditions arising from the same cause, to establish some general facts upon which the whole rests.

Let us now consider the effect upon the blood, which the loss of a portion of its albumen has, and how this loss operates to cause Tuberculosis.

The composition of healthy blood is shown in the following table of its principal constituents in 1,000 parts:

Albumen, . . . . .	70.00
Water, . . . . .	403.00
Blood-Corpuscles, . . . . .	512.00
Fibrin, . . . . .	2.20
Fatty matters, . . . . .	1.30
Salts, . . . . .	6.03
Extractive matters, . . . . .	5.47
	1000.00

The proportion of the blood-corpuscles, here given, is not that of their dried residue, of course, as

they are generally rendered in the books, but represents the gross amount of them in the circulation, in their natural state, holding within their cell walls the requisite quantity of water to enable them to suitably perform their functions: and in them, it must not be forgotten, is included all the hæmatin or coloring matter of the blood, which is 7.5 parts in 1000 parts of blood.

This table is taken from Kirkes' and Paget's Physiology, with the exception of the proportion of blood-corpuscles, which is given upon the authority of Lehmann.

It must be evident to all who may have reflected upon the subject, that Nature prepares healthy blood in just such proportions of its several constituents as are required for use in the normal condition of the system. Well, then, if there is a loss of any portion of any one of them, this loss leaves each of the remaining ones in a relative excess in the blood vessels: and that none of this excess of any one of them can be used in healthy nutrition, must be clear, for that would involve the using of them out of the proportion which Nature designed. The surplus then becomes foreign matter, to be cast out of the system in the secretions, or deposited in living parts, causing diseased action corresponding with the nature of the constituent whose excess is thus disposed of, and the organ or part in which deposited.

We will here consider only the effects caused by the excess of water and blood-corpuscles which

is left by a loss of any portion of albumen; although the consideration of the effects caused by the excess of the other constituents would be of great interest.

Besides it is unnecessary for our present purpose to consider any of the others, while these are so intimately connected together in our subject that they cannot well be separated.

The loss of albumen always makes, or leaves, the blood more watery, than it is in health. This is too well known to require proof, so much having been written about it in Albuminuria. The reason of it is, that the loss of each ounce of albumen would leave five and three-fourths ounces of water in a relative excess in the blood-vessels, as compared with the albumen remaining, and over seven ounces of the blood-corpuscles would be left in excess by the same loss. This excess of blood-corpuscles is acted upon by the too watery serum, under the law of endosmosis, by which they are distended from their natural disc shape to the globular form, and in this process have their coloring matter *washed out* of them, becoming colorless corpuscles, when they are deposited in the capillaries, in a manner to be hereafter shown, and there give up to the surrounding tissues the excess of water which they have absorbed from the too watery serum, shrivel into jagged, star-shaped, angular and otherwise distorted forms, and in this state are the so-called tuberculous-corpuscles.

Proof of all this here follows. If blood is drawn



and poured into pure water, the corpuscles are distended and their coloring matter washed out of them, but they are not destroyed as corpuscular bodies unless the distention by water is carried to an extreme, as we see by the following, from Kirkes' and Paget's Physiology, page 51.

“In examining a number of red corpuscles with the microscope it is easy to observe certain natural diversities among them, though they be all taken from the same part. The great majority, indeed, are very uniform; but some are larger than these, and the larger ones generally appear paler, and less exactly circular than the rest; their surfaces, also, are usually flat or slightly convex, they often contain a minute shining particle like a nucleolus, and they are lighter than the rest, floating higher in the fluid in which they are placed. These differences are connected with the development of the blood-corpuscles, and will be explained in the account of that process. Other deviations from the general characters assigned to the corpuscles, depend on changes that occur after they are taken from the body.

“Very commonly they assume a granulated form in consequence, apparently of a peculiar corrugation of their cell walls. The larger cells are much less liable to this change than the smaller ones are, and the natural shape may be restored by diluting the fluid in which the corpuscles float; by such dilution the corpuscles, as already said, may be made to swell up by absorbing the fluid; and if much water be added, they will become spherical and pellucid, their coloring matter being dissolved, and, as it were, washed out of them. Some of them may thus be burst, the others are made obscure; but many of these may be brought into view again by evaporating, or adding saline matter to the fluid, so as to restore it to its previous density. The changes thus produced by water are more quickly affected by weak acetic acid, which immediately makes the corpuscles pellucid, but *dissolves few or none of them*, for the addition of an alkali so as to neutralize the acid will restore their *form, though not their color.*”

Lehmann, in volume I., page 565, gives the following:

“It is very probable that the cell walls of the corpuscles even of the same blood, have not a precisely identical composition; at all events we see that the colored cells of the same blood are, as a general rule, very unequally acted upon by the same re-agents; if, for instance, we allow water, dilute acids, ether or dilute alkaline solutions, to act on the blood-corpuscles, we perceive that the work of destruction does not by any means proceed uniformly, thus some do not disappear even when the blood is very much diluted with water; these we consider to be the younger cells, while those which are easily destroyed are regarded as the older blood-corpuscles; for it is believed that the capsule of the colorless corpuscles, from which the colored cells at all events in part proceed, retains for some time its former chemical nature, even when pigment has become formed within the cell. The cell wall, which so rapidly disappears from our sight under the microscope, is, however, actually dissolved by *very few of these re-agents*. It only passes into a gelatinous or rather a mucous-like condition, in which its co-efficient of refraction is nearly the same as that of the plasma; we arrive at this conclusion, not merely from the experiment to which reference has been frequently made, by which the cell wall may again be rendered visible, either in all its integrity, or at all events in fragments by solutions of salt, iodine, etc., but also from the viscosity and tenacity which are imparted to the blood by the addition of certain substances, as dilute organic acids, alkaline carbonates, iodide of potassium, hydrochlorate of ammonia, etc. If blood which has been thus modified be saturated with acids or alkalis, or if a solution of iodine, or of sulphate of soda be added to it, the walls of the corpuscles again become apparent, and the blood at the same time loses its acquired viscosity. Moreover neither the intercellular fluid nor the serum is reduced by the above means to such a viscid or tenacious condition, which must therefore be dependent upon the blood-corpuscles.”

Speaking of the distention of blood-corpuscles,

when undergoing treatment by water, Virchow, on page 173, says:

“The expression generally made use of under such circumstances, is that the blood-corpuses are dissolved, but it has long been a well known fact that, as was first shown by Carl Heinrich Schultz, although there apparently no longer exist any cells, yet their membranes may, by means of an aqueous solution of iodine, again be rendered visible, whence it is evident that it was only the high degree of distention, and the extraordinary thinness of the membranes which prevented the corpuscles from being seen. Indeed very violent action on the part of substances chemically different is required in order to effect a real destruction of the blood-corpuses.”

Serum diluted in any degree beyond its natural fluidity will have a similar effect upon the corpuscles, but the process will be slower in comparison as it is less diluted than when pure water is used.

Carpenter says, in his work before quoted, page 157:

“The form of the disc is very much altered by various reagents, for the membrane which composes its exterior or cell-wall is readily permeable by liquids; so as to admit of their passage, according to the laws of endosmose, either inwards or outwards, as the relative density of the contents of the cell and of the surrounding fluid may direct.

“Thus, if the red corpuscles be treated with water, or with a solution of sugar, albumen, or salt, which is of less density than the liquor sanguinis, there is a passage of this liquid into the cell; the disc first becomes flat, and then double convex, so that the central spot disappears; and by a continuance of the same process, it at last becomes globular, and finally bursts, the cell-wall giving away, and allowing the diffusion of its contents through the surrounding liquid. If, on the other hand, the red corpuscles be treated with a thick syrup or with a solution of albumen, or of salt, they will be more or less com-

pletely emptied, and caused to assume a shrunken appearance; the first effect of the process being to increase the concavity, and to render the central spot more distinct. It is probable that the blood-corpuscles, even whilst they are circulating in the living vessels, are liable to alterations of this kind from variations in the density of the fluid in which they float, and that such alterations may be constantly connected with certain disordered states of the system.

“Thus, even without such an alteration in the blood as would constitute disease, its proportion of water may be temporarily so much diminished by diuresis, or excessive perspirations, unbalanced by a corresponding ingestion of liquid, that the corpuscles may be made to present a *granulated edge*; which is rendered smooth again by the dilution of the liquor sanguinis with water. We hence see the necessity in examining the blood microscopically, for employing a fluid for its dilution that shall be as nearly as possible of the same character with its ordinary “liquor sanguinis.”

If the blood-corpuscles are so difficult to destroy out of the body,—as Lehmann and Virchow say,—they must be equally or more so in it, when under the influence of their own vital action, and the general vitality of the system. But of course they must be entirely destroyed by continued immersion in pure water, or by circulation in very dilute serum, as is the case, for instance, in albuminuria, as will be seen further on, still that they do resist such destruction quite tenaciously, we have seen by the quotations must be the case. When not destroyed but rendered useless as blood-corpuscles, by distention and decolorization they must be deposited somewhere to get them out of the general circulation. They cannot be discharged through the coats of the vessels, nor in any other manner expelled,

until suppuration takes place. Therefore they are deposited in the capillary vessels as we will soon show. If the deposit of them is rapid, and in great numbers, an acute abscess will result at once; when not so rapidly, but in great numbers, a chronic abscess like lumber abscess, etc., results; but when they are deposited very slowly, and in much less numbers in any one place, as is always the case in tuberculous diseases, they have more time to, and do, give up their excess of water to the surrounding tissues, shrivel, and then are known as tuberculous corpuscles.

[*To be continued.*]

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## INDICATIONS FOR DRUGS IN PULMONARY DISEASES.

### ARSENICUM ALBUM

(*Continued from page 23.*)

In the haste of preparing the article upon this drug for our last number, we carelessly used one expression in regard to it, which we wish to correct, and omitted a few indications which we will now supply.

After saying: "That Arsenicum will cure *all* patients of pain in the region named [upper portion of right lung], even though tuberculous action be the cause, we do not claim," we said, "much less do we assert, that it will cure such pain where the cause is other than tuberculous in character." This was in part an error of expression. We should

have said, much less do we assert that it will *always* cure such pain, etc., and supposed it was so written until we saw the mistake in print. That it will cure some cases where the patient complains of pain in the superior lobe of the right lung, when its cause is not tubercle, we well knew, and have had one striking illustration of it since we wrote that article. This was the case of a girl aged fourteen, of about medium size, dark hair and dark skin, and of a generally unhealthy constitution. A year and a half since she had sciatic neuralgia in left hip, without ulceration, from which she was laid up and unable to use that limb for five months, under Allopathic treatment. She at last recovered from that, but was in poor health, with almost daily severe headaches and various other troubles, until the second week of this last January, when she was seized with a severe, sharp stitching pain in the right side of chest, at a point in the lung posterior to the outer and lower portion of right mamma. This was so acute as to entirely prevent a full inspiration. For it we gave Aconite 1<sup>m</sup> without relief, then Bryonia 2<sup>m</sup> to as little purpose, although the pain was very greatly aggravated by the slightest movement of the patient. After several hours the pain commenced gradually moving upward and inward, until it reached a point at some depth in from the surface, behind the second rib, some two inches from the right border of the sternum. Here it was so acute that full respiration was impossible, in fact the shortest inspiration

was complained of as causing almost unendurable suffering. We now gave *Ars. Alb.* 40<sup>m</sup>, one dose. This afforded entire relief in the course of about ten minutes, although the pain had then run twenty-four hours or more from its first appearance, and was hourly getting worse; and it has not since returned. We should, perhaps, also say, there was no other symptom in the case that would have guided us to the selection of this drug, save the bare one, the *location* of the pain. That there was no tuberculous deposit, or anything of that character that caused the suffering, was very evident, and we were satisfied it was not pleuritic. Had it been the latter, *Acon.* or *Bry.*, most probably the latter, must have relieved. We regarded the case as one of acute neuralgia, resulting remotely from the suppression, by external treatment, of the similar trouble in the sciatic nerve, and the general disturbance of the whole system that followed this.

About the time of treating the above case we obtained very marked relief in another patient, with same drug, though the two cases were entirely dissimilar in all things else except pain in upper portion of right chest. This patient was a man of about sixty years, of large bony frame, and evidently of powerful constitution in his younger days. He had been out of health a year or more, and complained of a sharp pain which would start from the region of the stomach and shoot upward to a point deep in the right side of chest, behind the third rib, at about three inches from right border of

sternum. From here the pain would frequently shoot outward into the right axilla, but was nowhere else in its course as severe as at the point above described, posterior to third rib. He suffered from dyspnea also, and could not lie down day or night for several days, on account of the greatly increased difficulty of breathing in a recumbent position. We diagnosed the case as one of some kind of obstruction to the free passage of blood through the right side of the heart. The liver was evidently suffering from being engorged with blood, while auscultation and percussion showed that the right lung was similarly affected. There was apparently no other diseased condition of either lung. We prescribed Ars. Alb. 40<sup>m</sup>. This so far relieved that the patient was able to lie down in a day or two and take his accustomed night's rest. We have not seen him in some weeks, as he lives at a distance, though when we last saw him he could lie down with comparative ease and was much better of the pain, though not yet cured.

Among other symptoms which we have seen Arsenicum relieve, are wheezing respiration and a sense of constriction in the trachea. The former symptom is complained of as a *fine* wheezing, not a rattling, and more generally referred to the throat, or along the course of the larynx and trachea, and out into the right lung; though we have cured it with this drug, when in left lung, and attended with the dyspnea and other symptoms belonging to Arsenicum. The sensation of constriction of the



respiratory organs, which we have generally seen relieved with this remedy, has been more commonly referred by the patient to the throat, or larynx, and greatly aggravated by talking, coughing and lying down; and we have seen it give prompt relief, in its highest potencies, when this symptom was so severe as to greatly alarm the patient for fear of immediate suffocation. Some years since we cured at once, the most violent case of this kind arising from a severe cold, that we have ever seen, with one dose of Phosphorus 3<sup>m</sup>, after failing with three or four other drugs, but have now forgotten whether Ars. Alb. was one of these, though think it was not.

Pulmonary Œdema of the right lung, that is, an effusion of water into the extra-vesicular cellular tissue of the lung, we have promptly cured with Arsenicum 8<sup>m</sup>, when the effusion was so great as to press most of the air-cells together, and prevent much air from being received into that lung, and when all the indications were that the case must soon terminate fatally if relief was not given.

We regret having been unable to prepare for this number, as we intended to have done, the indications for, with cases illustrating the action of, that drug which, in our hands, has held a similar relation to about the middle third of the right lung, as has Arsenicum upon the upper third of the same. We will endeavor to have this appear in our next.

## THE METASTASIS OF DISEASE AND THE LAW OF ITS ACTION.

[One of the most important points for the physician to determine, in the treatment of disease, is, whether he is getting a *curative* action, or only a *transferring* action, from the drugs he is administering; and to know, when he dismisses his patient, whether he has *cured* his disease, or simply *suppressed* it in its original form, and driven it to a more vital part, there to show itself, sooner or later, in a more fatal character.]

The *fact* of the metastasis of disease, or that diseases sometimes change their location in the system, leaving one organ, or part, and seizing upon another, and that they do this sometimes suddenly, at other times more leisurely, has long been known to the profession. The *Law* governing this, however, it seems was not known, until we discovered and announced it, in 1859. At least we have never seen any allusion to such law, or claim that one existed, excepting such as we have ourselves made.

This law we will now explain. But preliminary to this, it becomes necessary to state a fact, which long, careful and extensive observation, and years of reflection have convinced us of beyond all question or doubt, even, namely, that each and every *primary* disease, or species of primary disease, is specific to, and has its *seat* in, or upon, some one particular class of tissues, which, whatever else it may do, it never leaves, to locate itself in tissues *dissimilar* to those in which it commenced. And furthermore that though it may, and in fact almost always does, disturb some, and occasionally, perhaps, all of the other classes of tissues in the whole system, it does this only, or solely in consequence, or as an indi-

rect result of, its continued primary or direct action upon that class in which it has its natural home. Much of the proof of this characteristic of disease will be found to follow, still there is much, also, which we cannot now turn aside to consider.

Well, then, such being the nature and specific action of disease, the law of metastasis is such, that it compels *all* primary diseases, when they change their location in the system, to seize upon the *same class of tissues* in the organ or part they select for their new seat of action, as that which they left to make the change. Many of the secondary diseases also obey this law. The distinction which we make between primary and secondary disease will appear as we proceed with our subject.

If the disease is of that character that its most natural seat is in or upon the skin, like measles, scarlet-fever, small-pox, erysipelas, etc., among the acute cutaneous diseases, or scabies, salt-rheum, tinea-capitis, psoriasis, lepra, etc., etc., among the chronic, and is suppressed by external treatment, or from other causes, leaves this texture to go internally, it *always* seizes upon some one or more of the tracts of *mucous membrane*, and locates therein; this membrane being essentially the same tissue as the skin, and the only internal texture which is analogous to it, as we shall soon show. We will here add, also, that diseases belonging to this class of tissues frequently change about from one mucous tract to another, for instance, from the genital or alimentary mucous membrane to that of the respira-

tory organs, etc.; and this very commonly, under local, or other improper treatment, as we shall have occasion to prove by great numbers of cases.

Diseases of the serous membranes obey the same law. Inflammation, or other diseased action which belongs more naturally to the serous membranes of the joints, for instance, always seats upon the serous membrane of some of the vital organs, when transferred, from any cause, internally. The same is true of disease of the glands. Metastasis always leaves the disease still acting upon the glands; and this is true, even where the difference of sex *involves the necessity*, as in the case of mumps, of seeking such glands in *different parts of the human organism*. Again, the nervous system exhibits the same fact. Symptoms, or diseases, which belong naturally to this system of tissues, and arise in any part thereof, will, when locally tampered with, or from other influences, frequently disappear from one part and reappear in another, but always upon the nerves, as is almost daily seen in neuralgia, etc. Phlebitis and other specific diseases of the veins, also, equally recognize this law; as, in all the changes of location of these, they never leave the veins for any other tissue. Bone periosteum, areolar tissue, etc., etc., all furnish familiar illustrations of the same prescribed law. This, then, is the law of metastasis and the method of its working. It compels disease to confine and continue its primary action to that class or system of tissues, upon, or in which, it commenced operations; and forbids its

acting upon any other tissues, excepting, as it does this *secondarily*, or as a *result* of its continued specific action upon that class in which it commenced, and in which it must still continue such specific work until cured.

We well know there are many apparent exceptions to this law, as we have here laid it down, but that these are only apparent, we shall endeavor to prove. For instance, we shall show that the exceptions are the secondary diseases arising in consequence of the derangements of the blood caused by the primary disease, and that no part of the latter has left those tissues upon which it originally seated to go to another class. The secondary diseases arising from derangements of the blood are far more numerous, and of much wider range in variety, as occurring from the action of the primary disease upon the *mucous membranes*, than they are from the action of the latter upon any other animal textures, as we will explain; but before we enter upon this we must first show that the skin and mucous membrane, both belong to the same class of tissues as we have asserted, and this we now proceed to do.

Anatomy teaches us that these two tissues, viz., the skin and mucous membrane, are nearly identical in structure, the latter lining or covering the inner surface of all the internal cavities which open upon the surface of the body, just as the skin envelops the external surface of every part of the body; so that in fact the one is simply a continua-

tion of the other. Wilson, in his anatomy, so treats them. He says:

“The skin is the exterior investment of the body, which it serves to cover and protect. It is continuous at the apertures of the internal cavities, with the lining membrane of those cavities, the internal skin, or mucous membrane. Mucous membrane is analogous to the cutaneous covering of the exterior of the body, and resembles that tissue very closely, in its structure. \* \* \* \* \* The epithelium is the epiderma of the mucous membrane. Throughout the pharynx and œsophagus it resembles the epiderma, both in appearance and character.”

But anatomical identity, in these two tissues, is not all, here, for they may, in addition to this, be made to exchange physiological functions, to a certain extent.

We quote Carpenter:

“It is interesting to observe, that when a portion of the cutaneous surface has been turned inwards, so as to form part of the boundary of one of the internal cavities, (as in plastic operations for the restoration of lips, eyelids, &c.) it undergoes a gradual modification in its character, and comes, after a time, to present the appearance of an ordinary mucous membrane.”

The reverse of this, in regard to these two tissues, is no less true; for when a portion of mucous membrane, from any cause, is turned to the surface, it hardens and assumes the functions which belong to true skin.

The close natural similarity, then, if not the actual identity of these two tissues, namely, the skin and the mucous membrane, being clearly established, we are now prepared to realize that the dis-

eases of the two, according to the law of metastasis, as we claim this to act, must be similar, and that, therefore, the transfer of diseases of the skin internally, whether caused by external applications, which is most frequently the case, or by some internal action, as is not unknown, must, of *necessity*, be to the mucous membranes. This gives us, when thus seated, some form of what is called *constitutional disease*, the precise nature of which being determined, of course, by the mucous surface which is attacked. Were it necessary to further fortify the position here assumed, it would be easy to establish it, in the most positive manner, in regard to a variety of cutaneous diseases, by the authority of the most accredited Allopathic observers. We might cite, for instance, of these diseases, the small-pox, measles, scarlatina, erysipelas, herpes, elephantiasis, urticaria, lepra, etc., etc.; and with these the details, in full, of Watson, Wood, Dunglison, Patterson, Gregory, Macintosh, and others, in regard to them, from which the most direct and reliable evidence can be drawn to sustain our position in its fullest extent—that if these diseases are not allowed to act upon the skin they will upon the mucous membranes—but to what possible purpose? All which these authors have carefully done, in this way, is familiar to every well-read physician, of whatever school; and so is the degree of weight which is accorded to each name cited; and it therefore seems wholly superfluous to cumber our pages with what every student has read, and the same that physi-

cians, generally, possess in their professional libraries.

We will simply add, that we went over this whole field, years ago, in a careful research for the truth, and found this uniform record, namely, whenever there occurred a metastasis of the skin eruption, to internal organs, whether of small-pox, scarlet-fever, measles, erysipelas, etc., among the acute skin diseases, or of that of all the chronic cutaneous diseases of which we could find any record in this direction, and death resulted, as it always must sooner or later in such cases, unless the eruption is restored to the skin, post-mortem examinations *always* revealed a far worse diseased condition of some one or more tracts of mucous membrane than that of any other class of internal tissues; unless it was that congestion, inflammation or ulceration, involved all the tissues of a portion, or the whole of an organ. But in that case these results came not from the action of the *specific* disease upon all the involved tissues, but from the effects of this upon the mucous surface, and through this upon the blood, as we shall endeavor to prove. Of the fact that the suppressed skin disease locates upon the mucous membranes, and only upon these of all the internal tissues, we have only the space here to give one short extract in proof. Wood, in speaking of "Anatomical Characters," observed in the post-mortem examinations of those dying of small-pox, says:

"The only characteristic alterations are those upon the skin



and mucous surfaces. It is true that signs of inflammation are often found in the lungs, pleura, membranes of the brain, etc., but these lesions are neither constant nor essential, and offer nothing in small-pox to distinguish them from analogous changes in other diseases."

Every observing physician knows the same to be true of both the premonitory and subsequent conditions of the mucous surfaces in measles, scarlet-fever, etc.

It should be remembered, in this connection, that in what the authors named say upon the points to which we have called attention, they were not advocating any theory, as they knew nothing of the law of metastasis, or that such results were governed by any law, but were faithfully recording what they saw in their examinations of the dead of those diseases.

All skin diseases, whatever their specific nature, and whether acute or chronic, equally recognize and obey this law. But there is generally a great difference in the time required for an internal development of the two classes, acute and chronic. The violence and rapidity of action of the former, or the acute cutaneous maladies, is such, that when suppressed, or they of their own accord set to work internally, they there become even more violent and rapid in their work, and very soon kill, unless speedily and fully restored to their natural place upon the skin. The chronic skin eruptions, on the contrary, when suppressed may even lie dormant in the system for many years after the suppression; as long, in fact, as the vital force of the individual system—

this varying greatly, of course, in different persons—is sufficiently vigorous to keep it under; but when this power is no longer sufficient to accomplish that result, then the disease reappears, in some form, and in due time completes its work. This is often exemplified in children, when the digestion and nutrition are very active, and the vitality is vigorous. Such a child may have a chronic eruption suppressed and it will often lie dormant through the whole period of youth; but when this is passed, the nutrition becomes less active, and consequently changes in the tissues are effected more slowly, and with less vigor, while the disease is thus afforded more opportunity for fixing itself upon some of the mucous surfaces, and developing itself more or less rapidly there, in accordance with the degree of resistance it may encounter from the repellent power of the vital force. In some instances, however, because of feeble constitutions, and perhaps also from other causes, the suppressed chronic eruptions will immediately commence their specific action internally, but from their much more sluggish movements, as compared with the acute, they afford the system much more time to accommodate itself to their encroachments, so do not generally so speedily terminate life as do the acute; still, we are not wanting in the record of numerous cases where the suppression of chronic cutaneous diseases has been followed by as immediate and violent death as a suppression of any of the acute eruptions often cause.

[*To be continued.*]

## DYSENTERY.

BY ROLLIN R. GREGG, M. D.

[This paper was prepared for, and read before the Erie County, New York, Homœopathic Medical Society, in the spring of 1866, and a copy requested for publication, but it has never before been published.]

MR. PRESIDENT AND GENTLEMEN:

It is known to all present, I suppose, that the duty was recently assigned me to report to you upon Dysentery and its Homœopathic treatment.

This labor, though cheerfully undertaken, is not, to me, without its difficulties and embarrassments. Difficulties, because if I express my convictions of the nature of this disease, I must extend the present supposed limits of its pathology, which is not a light task to undertake in any disease; and embarrassments, because I may, perhaps be brought into conflict with a large portion of our profession, if I say what I wish to in regard to its therapeutics. I will, however, proceed with my subject in my own way, and trust to facts to sustain me.

No disease is better known to the profession, in its more prominent and distressing symptoms, than is dysentery, and the more common details of the therapeutics of none are better understood than of this; hence I could not hope to enlighten you upon either of these points, if I should make the attempt. I will, therefore, pass over those, and enter at once upon the consideration of *other* facts, in regard to both the pathology and therapeutics of this malady, which have never before, to my knowledge, been

presented to the medical profession; facts which appear, indeed, to have been entirely overlooked up to the present time, but which I do not regard as any the less important because so neglected. On the contrary, the welfare and safety of patients suffering from this disease, will be found to depend, not a little, upon the full recognition of these facts, by all the members of our school.

With these preliminary remarks, I will first take up those points in the Pathology of dysentery which I wish to consider. All must know that this disease is declared by the best authorities to be, or consist of, an inflammation of the mucous membrane of the rectum, and of portions of the colon, with certain characteristic symptoms.

Wood says: "Dysentery is inflammation of the mucous membrane of the colon and rectum, characterized by small mucus or bloody evacuations, griping pains in the abdomen, straining at stool, and tenesmus," and "may be acute or chronic."

Watson says: "Dysentery consists, essentially, in inflammation of the mucous membrane of the large intestines; yet not, I apprehend, of the whole of that long surface indiscriminately. Observation of the course of the disorder, during life, and of the morbid appearances visible after death, leads to the conclusion that in simple dysentery, marked by tormina and tenesmus, and frequent dejections of sanguinolent mucus without fecal matter, the inflammation chiefly affects the *rectum* and the *descending colon*."

Now, if these authors mean to be understood as saying that the inflammation found existing in dysentery, is the disease itself—and the first one quoted seems to say as much, in so many words—I must take issue with them, notwithstanding the weight of their names, and notwithstanding the fact, that inflammation is one of the most prominent pathological phenomena developed in dysentery. Instead of this disease being so constituted from the first, I think it is clearly susceptible of positive proof, that the inflammation existing therewith, is neither the disease itself, nor the cause of it, but simply and *only* one of the results, like other conditions and symptoms of the malady; and not only this, but that it is not the first or a direct result of the primary cause. It is removed one step further and is an effect resulting somewhat indirectly from one of the first effects which is produced by that primary cause. The first result of this cause, or at least, one of the first *visible* results, is simply an irritation of the free surface of the mucous membrane—perhaps also of the mucous follicles—of the rectum and descending colon. This irritation causes an increased or abnormal secretion of mucus by the parts irritated, by means of which a slight waste of *albumen* from the blood takes place, the same that a similar irritation of any and *every* other mucous surface causes. Then, as the irritation increases in intensity, the epithelial covering of the membrane is destroyed, in a manner similar to the destruction of the epidermis in scarlatina,—but much more

rapidly than this, and in the very first stage of the disease, instead of as one of the sequelæ—and then it is cast off in shreds or masses with the other evacuated matters. This desquamation or destruction of the epithelium, lays bare the basement membrane, and this of course, uncaps the interstitial spaces of the tissues beneath the epithelial covering, when albumen is wasted from the blood much more rapidly than it is in, or by the mucus secretions, for now the albuminous matters which are being more or less continuously poured out from the capillary blood-vessels, into those spaces, for nutritious purposes, flows out unimpeded—there being no longer the natural covering of the membrane to hold them in place—upon the free surface of the denuded membrane, and constitutes a large part of the evacuated matters; so large a part, in fact, that these are very often found extremely rich in albumen. And it is not till *after* such discharges occur that active inflammation sets in, in this disorder, as will be shown further on in this paper.

That no doubt may arise as to this being the course of dysentery, namely, that the epithelial structure of the rectum is first cast off, and that the intestinal discharges are later characterized by large quantities of albumen, I furnish the following quotations from one of the most reliable authorities to prove.

Lehmann, in his *Physiological Chemistry*, Vol. 1st., page 539, says:

“At the commencement of *dysentery*, the intestinal discharges consist chiefly of epithelium, and of a fluid poor in albumen, and mixed with a little true fecal matter; when the process assumes a well marked croupous character, the evacuations consist chiefly of a mixture of blood and purulent matter, in which we can detect fibrinous exudations, blood-corpuscles, cylindrical epithelium, and pus-corpuscles. When the disease runs a less severe course, clots of glassy mucus from the follicles of the colon predominate; moreover, crystals of triple phosphate may always be observed; the fluid is extremely rich in albumen, being a true exudation of the blood plasma.”

On page 538, same Vol., this author further says :

“*Epithelial Structures* occur in the stools in all cases of diarrhœa; in typhus, cholera, and dysentery, the diarrhœa causes a rapid desquamation of epithelium, which for the most part hangs together in masses.”

On page 537, same Vol., he also says :

“It is in dysentery that it [albumen] is secreted in the largest quantity from the intestine; the dejections in this disease are often so rich in albumen, that, on the addition of nitric acid, or on boiling after neutralization with ammonia, the whole fluid solidifies.”

By these quotations, then, we see that albumen must be even more freely discharged by the mucous membrane of the rectum and colon, in dysentery, than it is by the mucous membrane of the kidneys, in albuminuria; and had I the space to spare here, could give the proof which I long since gathered for my work upon Phthisis, and show that such discharge or waste of albumen occurs in both these diseases—no less than in all similar disease of *any* and all the other mucous surfaces—

*solely* as a result of first irritating, then stripping the membrane of its epithelium, which, as before stated, permits the albumen which should be held in the interstitial spaces beneath that covering, for nutritious purposes, to flow out upon the free surface of the abraded membrane, and be discharged with the other evacuated matters. Indeed, we may gather almost sufficient evidence from the quotations above given to show such to be the fact in dysentery, for we see by the first one given, that, "at the *commencement* of dysentery, the intestinal discharges consist *chiefly of epithelium* and a fluid *poor* in albumen," while in the second one occurs the statement that there is a rapid desquamation of the epithelium in this disease, and in both the first and third quotations, it is stated that the dejections are extremely rich in albumen. Of course, if the evacuations are poor in albumen at first, or at the commencement, they can only become rich in this material as the disease progresses, and if there is a *rapid* desquamation of the epithelium, much of this must be cast off by the time, or before, albumen is discharged the most freely.

It is susceptible of the most positive proof, too, that the albumen so discharged, in all these cases, is a portion of that which nature had prepared and introduced into the blood for the sole purpose of being used in the nutrition of the system. That no question may be justly raised upon this assertion, I here cite the following facts: We are told by both Andral and Christison, as is so tersely stated by



Carpenter and Watson, that, in Bright's disease, there is a "diminution in the amount of albumen in the serum, exactly proportional to the quantity abnormally discharged in the urine," "so that the deficiencies of the one fluid balance the superfluities of the other." Thus much, then, for the facts in albuminuria. Now for the proof that a similar decrease of the same constituent of the blood occurs in dysentery. Well, here we have it in what follows. Lehmann gives in his work, on page 618, Vol. 1st, a list of diseases in which albumen is found, by chemical analysis, to be *constantly* diminished in the blood, and in this list dysentery is given a place *next preceding* Bright's disease. This is deemed sufficient, here, though, were it necessary, enough corroborating proof could be furnished to establish the fact in question beyond all controversy.

Now, let us make a very simple, and at the same time a very rational application of these important facts; an application which has never before been made in dysentery, nor, in fact, in any other disease, excepting that which I myself made of similar facts in a recent publication, in regard to similar discharges of all the other mucous membranes; though more especially was this done there, for the purpose of showing the *chronic* discharges of albumen to be the cause of all tuberculous and kindred diseases. That application is as follows:

The loss of albumen from the blood, in dysentery, no less than in albuminuria, and all other diseases where it is lost, must necessarily leave all the other

constituents of that fluid in a relative excess in the blood-vessels, and as none of this excess can be used in the performance of any of the normal functions of the system, it being now the same as foreign matter, the disturbances created by its retention within the vessels, or those which are caused by its expulsion from them, constitute, or cause, a large portion of the symptoms of dysentery, and give rise to some, at least, of the sequelæ which may arise in bad cases, even if well treated, and which are quite certain to follow in milder cases if badly treated. The first point to which I will call attention, under this head, is the excess of the *Blood-Corpuscles*.

As there are about five hundred and twelve parts of blood-corpuscles, taking these in their natural state as they float in the serum, to seventy parts of albumen, the loss of each and every ounce of the latter, through any of the mucous membranes, would leave over seven ounces of the corpuscles in a relative excess in the blood-vessels. And this excess, be it understood, in a case of dysentery, is much of it left in the capillaries of the rectum and colon, at the points where the albumen escapes. The consequence is that in an active case of this malady, where a number of ounces of albumen would be discharged every twenty-four hours, we have a large mass of blood-corpuscles, now in excess, crowded into those capillaries, severely congesting them and stopping all further circulation, at least of corpuscles, through them. Such excess being now stagnant foreign matter, and withal, composed of organized semi-solid

bodies, which cannot be expelled through the coats of the capillaries, unless these are ruptured, or unless they, the corpuscles, are disintegrated or dissolved and reduced to a fluid state, they remain there and like other foreign matter of the same consistence, must produce inflammation to the extent that such congestion occurs. It must be borne in mind in this connection, that the real characteristic appearances of inflammation are never anywhere presented in any kind of inflammatory disease, until a dilatation of the capillaries has been effected. Well, then, if this be true, and if we place in connection with it the fact that there is not the least particle of evidence to show that anything else *does* or *can* congest and dilate those minute vessels, except the crowding of an excess of corpuscles into them, I think the claim made in the preceding pages, namely, that the inflammation developed in dysentery is secondary, or more properly the effect of an effect, is fully sustained. In other words, instead of the congestion and inflammation being due to an "unbalanced circulation," or an "exaltation of the vitality" of the part, as has been taught, or to any other vague and senseless imaginary cause, the former is simply the result of a loss of albumen leaving an excess of corpuscles in the vessels of the parts, which congests them, or blocks them up and distends them; while the latter, or inflammation, is a necessary result of foreign matter being deposited and remaining stagnant beyond a certain length of time in any part of the system. The fact that the

blood-corpuscles are or act as foreign matter when they stagnate in any of the vessels, will not, I judge, be called in question. The congestion and inflammation of the vessels, if continued, ends as all inflammation must end, if carried beyond certain limits, namely, in suppuration; and this leads to the ulcers of the mucous membrane of the parts involved, which, according to Wood, are so common in severe cases. All the foregoing facts, it will be seen, would strictly apply only to cases wherein all the vessels resist rupture and remain unbroken; but this is an uncommon if not impossible result in the graver class of cases of this malady, for the force of the congestion, straining at stool, etc., must and does rupture many of the superficial vessels, when some of the above named details are changed. In such case the corpuscles which had been crowded into those superficial vessels are discharged through the ruptures, thus ridding the parts and the system of so much of their excess, and this gives the characteristic bloody appearance to the evacuations, and avoids ulceration to that extent. The healing of such broken vessels would take place without much difficulty, or disturbance to the system, but the deeper vessels, which, by the aid of surrounding firmer tissues, are enabled to resist rupture, must be the seat of suppuration if the inflammation passes certain bounds; hence it is these that lead to ulcers and such other action within them as gives rise to such great sufferings, and aids in the serious constitutional disturbances so common in this disease. There is another point of interest,

also, in connection with this suppurative process that I wish to consider.

The loss of each and every ounce of albumen leaves five and three-fourth ounces of the water of the serum in excess, in the blood-vessels, and this, of course, keeps the blood much too watery all the time such loss is going on. Therefore, while suppuration is progressing, the *colored* blood-corpuscles—both those congested in the vessels, by allowing the too watery serum to percolate through them, and the older and less vital of those circulating through the system—imbibe portions of the too watery serum, under the law of endosmosis, and are distended from the disc shape to the globular form. During this process of distention, the hæmatin is dissolved or washed out of such corpuscles, when they present the appearance of colorless corpuscles, and finally, when they come to be discharged at the end of the suppuration, they are mistaken for what is called pus-corpuscles. Indeed, I have met with several facts in investigating this subject, which furnish ground for belief, that most, if not all, the so-called pus-corpuscles, in all cases where they occur, are nothing more nor less than an excess of red blood-corpuscles, changed in the manner above claimed. This brings me to speak of one of the sequelæ of dysentery, which sometimes occurs, namely, abscesses of the liver and other parts. These I believe to result from the great excess of corpuscles left in the general circulation, in severe forms of the disease. They cannot be disposed of in any other way, so are distended by the diluted serum, have

their coloring matter washed out of them, and are finally deposited in living tissues, and produce the abscesses in question.

The *Hæmatin*, dissolved out of the excess of corpuscles, as above claimed, may be excreted by the kidneys, giving the unnaturally deep color to the urine, so frequently existing in dysentery, and may be excreted in part, also, by the excretory glands of the colon, in which case, the scybala, or other fæcal matters, are much more deeply colored than natural fæces.

The excess of the *Water* of the serum left in the blood, which, as before stated, amounts to five and three-fourths ounces, for each ounce of albumen lost, gives rise to its characteristic conditions and sequelæ. Among the former we find that the blood is too watery, as it is called, during all the time of the continuance of active dysenteric symptoms, and when these subside, there may be "night sweats," to get rid of the surplus water; or if the case has been a severe one, and especially if badly treated, there will frequently arise, as one class of sequelæ, an effusion of this excess of water, either into the cellular tissue of the muscular system, causing anasarca; into the peritoneal cavity, causing ascites; into the pleural sac, causing hydrothorax; or into the ventricles of the brain, causing hydrocephalus—the latter being quite liable to occur as a sequel to dysentery in children. And all these dropsies, occurring in such cases, I claim arise solely in consequence of the water being left in excess and excreted into the parts and cavi-

ties named, under the necessity which exists for its expulsion from the general circulation.

The excess of *Fibrin*, which is about fifteen grains for each ounce of albumen lost, often accumulates in the blood in dysentery, as well as in other inflammatory diseases, until what is called the fibrinous crisis is the result; but, contrary to all teaching upon this subject, up to this time, I assert, and can prove if required, that *inflammation* has *nothing whatever* to do, as a cause, with the *increase of fibrin* in the blood, either in this or any other disease. On the contrary, such increase, in these diseases, is always due to its being left in a relative excess by the loss of albumen. Sometimes the excess of fibrin, or a portion of it, is thrown off in dysentery with the other evacuated matters. It will be remembered that in one of the quotations given from Lehmann, he says that "*fibrinous exudations*" can be detected in the evacuations, when the process assumes a well marked croupous character. Then, again, in severe cases which result in abscesses, some portion of the excess of fibrin is used in constructing the walls of those abscesses, etc.

In regard to the *Salts* and *Fatty Matters* of the blood, the same general facts hold, namely, that they are found, by chemical analysis of the serum, to be augmented in the circulation, in dysentery, and when expelled therefrom by excretion, they cause symptoms and conditions, corresponding with the chemical and physiological characters of these constituents. And in opposition to all the various hypotheses that have been advanced to account for

such increase, I assert that it finds its cause, in these cases, simply and only in consequence of a loss of albumen from the blood, by the dysenteric discharges.

Of the *Extractive Matters*, the only remaining constituent of the blood to speak of in this connection, I will say nothing beyond this, that so little is known of them, that nothing can be said definitely as to what conditions or disturbances their excess creates, though the same general fact must exist with these, as with the other constituents, namely, they are left in excess when albumen is lost, and must give rise to some characteristic troubles.

For a full and clear comprehension of our subject in this new aspect in which I have been considering it, I have been thus particular in describing the nature of dysentery, as I understand it; and, as has been seen, have repeatedly compared it with albuminuria, as frequently developing similar secondary results. This has been done mainly to illustrate the true pathology of the disease, but not alone for this. There have some important points arisen in its therapeutics, also, that could not be properly explained without the knowledge afforded by such comparison. One of these points is that the disease is not always cured when it appears to be, but is *transferred*, instead, to other mucous membranes. Like every other disease, I regard dysentery as never *cured* by medicine, excepting through the selection and administration of the proper Homœopathic specific, in each individual case. There are many methods, however, of treating it, which will,



under the law\* governing the metastasis of disease, which I discovered in 1859, *transfer* the action of its exciting cause, from the mucous membrane of the rectum and colon to other mucous surfaces. For instance, it may be driven, by such treatment, further upward along the mucous membrane of the colon into the small intestines and finally into the stomach, or it may be transferred to the mucous membrane of the kidneys, or to that of the liver, or even to the same membrane of the air passages; and in these several transfers, will either immediately develop severe and more or less dangerous acute diseases, corresponding in their symptoms with the nature of the organ upon which it seats, or if the vitality of the organ so attacked is quite strong, the disease will assume a chronic form and develop as a chronic malady; or, again, if the vital action of the part is very strong, the disease may be forced into a more or less latent state, as we frequently see is the case with inherited, infectious, miasmatic and other taints, and will thus remain ready to commence its ravages, in either acute or chronic disease, as soon as, from any cause, the vitality of that organ is sufficiently exhausted to enable it to do so.

Whatever mucous surface the transferred disease may attack, or whenever it may commence its work upon that surface, one uniform result must always occur, no matter what else may arise, namely, the waste of albumen from the blood, through greatly increased mucous secretions, the same as was the

\* This law will be found explained on another page of this journal.

case in its original action upon the rectum and colon; for the reason, that *no* similar disease of *any* mucous membrane can be active but a very short time without resulting in more or less injury to its epithelium, and the loss of albumen as a necessary consequence of such injury. And then, if it assumes a chronic form, the patient will have some tuberculous or other lingering malady, according to the temperament and nature of the individual attacked; while the physician, patient and friends may be astonished, or wonder why the sufferer should be afflicted with such a disease.

Now, it is my firm conviction, formed after much observation and reflection, that neither the Allopathic treatment, with its emetics and cathartics, its blood-lettings and blisters, its fomentations and cataplasms, its prepared chalk and injections of various agents from starch to the different preparations of lead and zinc; nor the Hydropathic treatment, with its wet sheets and compresses, its douche and sits-baths, its cold and warm water injections; nor the Eclectic and Botanic systems, with their various paraphernalia; nor any portion of any of these methods, which has been and is now adopted by some Homœopathists, nor indeed, any system of medical treatment excepting specific Homœopathy, ever did or ever can accomplish anything in the relief of dysentery, except by driving a part, or all, of the disease off upon other parts of the system; unless it be in those cases which, through Nature's efforts, get well in spite of even such treatment, when, of course, this accomplishes nothing, but to

annoy the patient and prolong his sufferings. Even an unguarded Homœopathic treatment might, and in fact sometimes does, cause a transfer of the disease, as we shall soon see.

To give one illustration of the effect of Allopathic treatment, as claimed above, I will cite a case. The second year of my practice, I was called to a case of dysentery, that occurred in a strong, healthy man, aged about sixty years. As the attack was a severe one, and had been at work a week or more in premonitory symptoms, before bringing the patient down, I told him I could not break it up at once, but that it would take several days to arrest it. I continued his treatment two days only, when he called an Allopathic physician. The result was even worse than I could have anticipated in so strong a man. He was very sick three or four weeks, part of this time not expected to live, had anasarca and ascites develop as sequelæ, was confined to his house some three months, never was well afterwards, and finally died two years later of what I was informed his physician pronounced chronic enterites, together with enlargement and ulceration of the liver.

I have never since had a similar case go under Allopathic treatment, therefore cannot furnish more such proofs, but have repeatedly been consulted by patients suffering from various chronic diseases, who dated the commencement of their ailments back to an attack of dysentery, for which they were treated Allopathically.

[Concluded in our next, where results which have followed the *Homœopathic* treatment of Dysentery, in some cases, will be considered from a new point of view.]

THE  
Homœopathic Quarterly.

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VOL. I.

BUFFALO, JULY, 1869.

No. 3.

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THE CAUSE OF TUBERCULOSIS.

[Nature, when undisturbed in her purposes, is ever perfect in all she does. Of the constituents of the blood, of which there are seven, in the general classification that is made of these, she has so nicely adjusted the proportions of each to that of all the others, that the health she seeks to bestow must result from its action. A loss, then, of a portion of any one of these constituents from the blood, leaves all the remaining ones in a relative excess in the blood-vessels, and hence the results which Nature seeks are defeated; these excesses becoming sources of physical derangement from the moment the healthy proportions of the blood are destroyed. Upon this proposition, the investigations which follow are based.]

(Continued from page 58.)

One of the forces, under the action of which the decolorized red blood-corpuscles *commence* their deposit in the capillaries, to form abscesses or become tuberculous corpuscles, is this: In the process of being distended by the diluted serum, and having their hæmatin "washed out of them," these changed corpuscles become *viscid or sticky, as all other soft animal tissues do in the first stage of their decomposition*; and in this condition they adhere quite tenaciously to the sides of the smallest vessels, and to each other, when brought into contact. To prove this we give the following from Virchow, showing the action of all colorless corpuscles in the circula-

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tion. He says, on page 184, of his Cellular Pathology:

“The colorless corpuscles possess \* \* \* the peculiar property of being sticky, so that they readily adhere to one another, and under certain circumstances also cling fast to other parts, when the red corpuscles do not present this phenomenon. This tendency to adhere to other parts is particularly evident when several of the corpuscles are at the same time placed in a position which enables them to stick together. Thus, in blood in which there is an actual increase in the number of colorless cells, it is extremely common for agglutinations to take place among them, as soon as the pressure, under which the blood flows, is diminished; in every vessel, in which the stream becomes slower, and the pressure weaker, an agglutination of the corpuscles may take place.

“The adhesiveness (viscosity) of the colorless blood-corpuscles produces besides this effect, that, as has been shown by Herr Ascherson, when the blood is flowing as usual through the capillary vessels, the colorless corpuscles generally float rather more slowly than the red, and that, whilst these move along more in the centre of the vessel in a continuous stream, a comparatively large vacuity is left at the circumference, within which the colorless corpuscles move, and that indeed often with such constancy, that Weber came to the conclusion that every capillary lay within a lymphatic vessel, in the inside of which the colorless blood or lymph-corpuscles floated. But there cannot be the least doubt but that the canals in question are single ones, in which the colorless corpuscles float along closer to the walls than the red ones; and it is in this peripheral space that, whilst the corpuscles move on, we see one here and there stick fast for a moment, then tear itself away and again move on slowly, so that the name of the *sluggish layer*, applied to this part of the stream, has been universally adopted.

“These two peculiarities, first, that, when the current becomes weaker, the corpuscles here and there cling to the walls of the vessel, and in some measure adhere to them; and, secondly, that they gather together and become conglomerated into largish masses, combine to produce this effect, that, when there exists a large number of colorless corpuscles in the blood, and

death occurs, as it does in ordinary cases, after a gradual weakening of the propelling force, the colorless corpuscles collect in vessels of every description, into small heaps, and generally lie upon the outside of the later formed blood-clot."

This, in the main, as will be seen, refers to the so-called natural colorless corpuscles of the blood. But there are reasons for believing that all these found in the *systemic* circulation, in the normal condition of the blood, are old and worn out red corpuscles—it must here be remembered that each and every red corpuscle completes its natural life in a few weeks, and goes to decay, undoubtedly through distention and decolorization, and that young cells are constantly being created to supply the places, and perform the functions of the old—which have reached the points in their successive steps toward entire dissolution, of being distended to the globular form, and having their coloring matter dissolved out of them; and that the completion of this stage of decomposition is what makes them sticky. But, be this as it may, such colorless corpuscles as are made so by disease, have a marked viscosity. Proof of this is found in Virchow's work, page 201, under the head of *Leukæmia*. After speaking there of other matters, irrelevant to our present discussion, he says he observed in this disease:

"That a continually augmenting increase of the colorless blood-corpuscles invariably took place; and that the coincidence of this increase with a diminution in the number of the colored (red) corpuscles became more and more marked, so that, as a final result, a condition was attained, in which the number of the colorless corpuscles was almost equal to that of

the red ones, and striking phenomena were displayed even when the coarser modes of observation were employed. Whilst in ordinary blood we can seldom count more than one colorless corpuscle to about three hundred colored ones, there are cases of leukæmia in which the increase of the colorless ones reaches such a height, that to every three red corpuscles there is one colorless one, or even two; or in which indeed the greater numbers are in favor of the colorless corpuscles."

And on page 202 he further says:

"These corpuscles possess extraordinary adhesiveness, and accumulate in considerable masses wherever there is a retardation in the stream of blood."

Of the fact, then, of the marked viscous or sticky character of the colorless corpuscles, both those which are considered natural, and especially those which are so as the result of diseased action, there can be no doubt; and it is to this property that the commencement of the deposit of the decolorized corpuscles in the capillaries to form abscesses or tubercles, as we claim, is certainly in part, if not wholly, due.

The real cause of this increase of the colorless corpuscles in Leukæmia, has so direct a bearing upon our subject, and the consideration of it affords so good an opportunity to elucidate a most important point therein, which might appear contradictory without explanation, we turn aside to discuss it. The cause which Virchow assigns in his work, namely, disease of the spleen, for such increase, is so wholly assumed, upon a simple coincidence, and the plainest *facts* and *laws* of physiology are so wholly ignored by him upon this point, that we are compelled

to dissent entirely from his whole course of reasoning upon the subject. Leukæmia is one of the most pronounced anæmic conditions with which we meet, that is, it is one of those diseased states in which the blood is the most watery that it is ever found—the serum is the thinnest or of the lowest specific gravity that ever occurs. It should be remembered, too, in this connection, that there is no other diseased action known that will bring about such a condition of the blood, but the loss of albumen therefrom. Well, then, we have all the elements of the problem complete for just what we claim, namely, that the increase in the colorless corpuscles in Leukæmia, no less than in other diseases where it occurs, is solely due to the decolorization of just that number of red corpuscles. The thinned or watery serum necessarily excites the law of endosmosis to action upon the red corpuscles, which, as we have already proved, must distend these to the globular form, and wash their coloring matter out of them; hence “the coincidence of this *increase* [of the colorless corpuscles] with a *diminution* in the number of colored (red) corpuscles,” which Virchow announces, and which is exactly what *must* occur as a result of the serum being so thin, though he seems to have entirely overlooked this as a cause. It is a law of Nature—endosmosis—it must be borne in mind, that does this work, and is supreme or absolute in directing such results, and consequently it is just as impossible for the red corpuscles to escape the legitimate effects—distension and decolorization—of the action of



this law upon them, under the circumstances, as it is for a stone thrown into the air to escape the action of the law of gravity upon it.

But, objectors will no doubt say, "if all this is true, Leukæmia, according to your (our) claim of the cause of tubercles, should furnish the most constant and worst forms of tuberculosis; which is not the case, and therefore this is fatal to such a claim." Not so, and for the best of reasons, as we shall now see. The decolorized blood-corpuscles, in this disease, are not changed to, or do not often, if ever, become tuberculous corpuscles, for the same reason that they seldom do in albuminuria, and that is, the blood is so very watery in these diseases—so much more so than in phthisis—and the capillaries are necessarily so *relaxed* thereby, that the changed and sticky corpuscles are readily washed on through those minute vessels, and ruptured or entirely broken down by the extremely thin serum, just as they would be by continued immersion in pure water, and about as quickly, no doubt, because of their constant and rapid motion through *warm* fluid but little more dense than water. Or, if any of them do secure a lodgment, all the soft tissues surrounding the capillaries are so filled with fluids so much thinner than natural, from the dilute serum constantly oozing through the walls of these vessels, that the conditions are not supplied by which endosmosis can possibly act to *empty* the distended corpuscles of the surplus water which distends them, as is always the case in the formation of tubercles, while this same very di-

lute serum is rapidly percolating through among them; therefore they are acted upon in this way so long, and to such an extreme, that they are broken down, their debris washed along into the veins, and finally entirely dissolved, and their solution then thrown off in the excretions. The same facts apply both to *Leucocytosis* and *Pyæmia*, as we shall no doubt sometime have occasion to prove.

When, on the contrary, as is always the case in all forms of tuberculosis, the loss of albumen is less rapid and extreme, or the excess of water left in the blood thereby, is more of it excreted, so that the serum is not so greatly diluted, still enough so to distend and decolorize numbers of the red corpuscles, but not to break them down, every opportunity is afforded these sticky corpuscles, upon passing through the capillaries, in this state, for their being brought into contact with the inner walls of these minute vessels and lodging there, when other corpuscles would adhere to them, and in this way soon fill a capillary, distending it into a protuberant sac, and insuring a permanent deposit therein. Adjoining capillaries will fill in the same way, and in this manner the tuberculous mass may grow to any known size. And as the adjoining tissues in these cases are occupied with fluids not nearly so much diluted as is the case in leukæmia and albuminuria, the conditions are supplied for the action of endosmosis, this time carrying the water *outwardly* from the distended corpuscles, thus emptying them of all of this that has distended them, when they must ne-

cessarily shrivel in consequence into the irregular forms of tuberculous corpuscles. That the capillaries, and even the smallest arteries and veins will allow readily of such a result being produced in them, we know by what occurs in them in inflammation.

The following from Wood's Practice shows, in a remarkably clear manner, how the small vessels demean themselves under congestion, by the corpuscles, and that the decolorized corpuscles may deposit in the exact manner above claimed. Under the head of "Inflammation," in volume 1st, page 44, this author says :

"When a part is irritated, either mechanically or by a stimulant substance, the minute vessels, whether arteries, veins or capillaries, are variously affected in relation to their diameter, being sometimes diminished in size, sometimes immediately expanded, and sometimes little if at all altered for a time. If not immediately dilated upon the application of the irritant, they very soon become so; and it is not till the occurrence of dilatation that the appearances of inflammation are presented. This expansion is sometimes very considerable, amounting to twice or even thrice the ordinary diameter of the vessel. At the same time that the observable capillaries are thus dilated, others, before unseen, become visible, probably by the entrance of the red corpuscles into vessels before too small to receive them. The motion of the blood is much affected along with these changes in the capacity of the vessels. At first the current occasionally slackens or even retrogrades for an instant; and not unfrequently oscillatory movements may be noticed; but, when the dilatation has been effected, the blood flows more rapidly, and a much greater quantity passes during a given time than in the unexcited state of the part. After a time, however, the current becomes slower, without any diminution, or even with an increase of its size; and this retardation gradually increases, until at length a complete stagnation takes place in some of the vessels, while in the others the circulation continues, and in some of

the larger, especially in the outskirts of the inflammation, may go on with a greater velocity than in health. The blood thus stagnating is not disposed to coagulate, remaining liquid for a long time, and sometimes resuming its onward movement when circumstances favorably modify the inflammatory condition. During the slackened or stagnant state of the blood, another very interesting change takes place. In the healthy state the red corpuscles occupy only the middle of the current, leaving a colorless space between them and the walls of the vessels, in which a white corpuscle may be seen now and then floating along. In inflammation the red corpuscles increase in proportionate amount in the part affected, till at length they fill the whole capacity of the dilated vessels, becoming also much more crowded. It is obvious that they are detained, while the liquor sanguinis flows onward. When the blood has become quite stagnant, the outlines of the corpuscles can sometimes be no longer seen, and the vessel presents an almost uniform bright carmine hue. Another phenomenon is one before alluded to, the appearance, namely, of an increased number of white corpuscles, which seem to have an affinity for one another, and for the inner surface of the tube along which they roll slowly, and to which many of them adhere. Whether this adhesion arises from a vital attraction, or a mere physical viscosity, has not been ascertained. In some instances they accumulate so largely as to block up the tube, and prevent the passage of the red corpuscles, though the colorless portion of the blood may percolate through them. \* \* \* \* \* In those instances in which the capillaries first contract under stimulation, and afterwards expand, a reapplication of the stimulant, after the dilatation of the vessel and retardation of the blood, will produce again a temporary contraction, and a more rapid current, to be again followed by dilatation. In such a case the original action of the irritant instead of producing immediate redness, causes the part to be even paler than before; but the subsequent dilatation is accompanied by redness which disappears when contraction is again produced, to return once more when the vessels expand. The walls of the vascular tubes are perfectly continuous, without exhibiting the slightest natural orifice, even when most largely dilated. The liquor sanguinis exudes through invisible pores, and, being quite transparent, cannot be seen at

first, unless colored, as sometimes happens, with the red liquid of the corpuscles, which, escaping from the cellular envelopes, exudes along with it. \* \* \* \* \*

“In parts softened by inflammation, as in softening of the brain, for example, the microscope renders visible numerous granules, and *compound granular corpuscles*, which are often very large, spherical, and consist of numerous cohering granules, sometimes, though not generally, surrounded by a vesicular envelope.

“Not unfrequently, these corpuscles may be seen apparently in the process of disintegration, breaking up more or less completely into irregularly clustered and isolated granules. Another singular phenomenon sometimes presented, when hæmorrhage accompanies the inflammation, is the presence of very large corpuscles, consisting of a transparent envelope enclosing several of the blood-corpuscles, which appear to be undergoing various degradation. Several microscopic observers have noticed an irregular dilatation, or as it were aneurismal pouching of the capillaries and of the small arteries and veins of an inflamed part, probably owing to a weakening of the coats, occurring in the progress of the inflammation.”

Here, then, we have the evidence that the minute vessels, whether arteries, veins, or capillaries, “sometimes expand under inflammation to twice or even thrice the ordinary diameter of the vessel,” and if not immediately dilated upon the application of the irritant, they very soon become so. The lodging and stagnation of the decolorized red corpuscles in the manner we have described, must soon, if not at first, become an irritant to the part, and develop the same result in the vessels that any other irritant would. Many of the corpuscles are dead when deposited, and the others soon die, and, as a matter of course, are then foreign matter, and must give rise to irritation. By reference again to the quotation, it

will be seen that Wood describes the deposit of colorless or white corpuscles in inflammation just as we claim that the decolorized corpuscles are deposited in the production of an abscess, or the organization of a mass of tubercle. He says: "Another phenomenon is one before alluded to, the appearance, namely, of an increased number of white corpuscles which seem to have an affinity for one another, and for the inner surface of the tube, along which they roll slowly, and to which many of them adhere. \* \* \* \* \* In some instances they accumulate so largely as to block up the tube and prevent the passage of the red corpuscles, though the colorless portion of the blood may percolate through them." When any of the red corpuscles not yet decolorized are blocked up in the capillaries in consequence of the congestion, and the liquor sanguinis flows on through them, it washes the coloring matter out, and renders these also colorless, to be discharged as so-called pus-corpuscles if the congestion ends in immediate suppuration, or as tuberculous corpuscles if they remain there longer and have time to give up their surplus water by endosmosis, and shrivel in consequence.

But of all parts of the quotation, the last paragraph relating to tissues softened by inflammation, has the most important bearing upon our subject. Our author says: "In parts softened by inflammation, as in softening of the brain," [which is frequently caused by the deposit of tubercle] "the microscope renders visible numerous granules and *compound granular corpuscles*, which are often very



large, spherical, and consist of numerous cohering granules, sometimes, though not generally, surrounded by a vesicular envelope. Not unfrequently these corpuscles may be seen apparently in the process of disintegration, breaking up, more or less completely, into irregularly clustered, and isolated granules."

The *compound granular corpuscles* referred to here, are decolorized red blood-corpuscles, while the vesicular envelope mentioned as sometimes surrounding them is the wall of the capillary in which they have congested. All this exactly corresponds with the primary condition of the tuberculous mass, as we shall soon see; while the free granules, or those independent of the corpuscles (these free granules have come from corpuscles previously broken up by the agencies at work), and the irregularly clustered and isolated granules into which the corpuscles break up, correspond exactly with the granules all red blood-corpuscles give when broken up by diluted serum, and with the free granules always found existing in a tuberculous mass, no less than with the granules that tuberculous corpuscles break up into.

That the tubercle grows in the way above claimed, we have proof in the following from Gross' *Pathological Anatomy*, published in 1836, Vol. 1st, page 159. He says, upon the subject of tubercle:

"In certain parts of the body, as for example, in the peritoneum, we can detect nature as it were in the very act of her work, and distinctly examine this substance as it is about being converted from the fluid into the solid state. In several cases

of chronic inflammation of this membrane, I (Gross) have discovered tubercles in every possible stage of development, some of them—evidently deposited only a day or two before the individuals expired—being of a soft viscid consistence, and perfectly transparent appearance, others semi-concrete, yellowish, and consequently more or less opaque, and lastly, another set perfectly dense and firm, like fibro-cartilage, organized and covered by an accidental serous membrane of the most delicate texture.”

Here, then, we have the tubercle portrayed to us from actual sight when it was apparently but a day or two old, and then it was “of a soft *viscid* consistence and perfectly *transparent* appearance,” precisely as the decolorized *viscid* corpuscles would be when deposited in the capillaries, distending these into protuberant sacs, or “anuerismal pouchings.” It will be remembered that according to the quotations from both Kirkes and Paget, and from Lehmann, describing the red corpuscles when they were distended by a fluid of less density than natural serum, and had their hæmatin washed out of them, they were perfectly transparent and could not be seen with the microscope, except by increasing the density of the water in which they were treated, when a portion of the water would be abstracted from them, and they would then come back into view as unbroken corpuscles, but without their original coloring matter, or hæmatin; hence the transparency and semi-fluid condition of the tubercle in its *first* stage. Next we have the tubercle, as stated by Gross, showing itself in its next succeeding stage, as a “semi-concrete, yellowish, and consequently more or less opaque” body, precisely as a quantity of de-



colorized red blood-corpuseles deposited in a number of adjoining capillaries would do, after giving up to the surrounding tissues the most or all the excess of water which they have absorbed from the diluted serum. Lehmann tells us on page 327, volume 1st, *Physiological Chemistry*, that *Globulin*, of which the corpuseles are almost wholly composed, is yellowish and partially transparent, when the hæmatin is separated from it, and this corresponds exactly, both with respect to color and partial transparency, no less with the description which both Lænnec and Louis gave long since of the second stage of tubercle, than it does with the description by the author quoted above.

[*To be continued.*]

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## INDICATIONS FOR DRUGS IN PULMONARY DISEASES.\*

### SEPLÆ SUCCUS.

This is the drug which, in our hands, has held about as important curative relations to tuberculous, and some other chronic diseased conditions, of the *central* third of the right lung, as Arsenicum has to the upper third of the same. Some of its more prominent special indications are: *Stitching* or *darting* pains through the central portions of the right lung. It will also sometimes cure dull, aching, and pressing pains in the same parts, but must not be

\* In our last number, page 61, eighth line from the bottom, for trachea read larynx.

blindly relied upon for the cure of any of these pains, not even the stitching, unless the other prominent symptoms of the case, if there are such, call for this drug. The cough of Sepia may be dry, or attended with whitish and greenish mucus expectoration, or with purulent expectoration, which may be yellow or gray, and often fetid. When dry the cough is generally worse in the evening, both before and after going to bed; when attended by expectoration it may be in severe paroxysms at all hours of the day and night, but we think this more liable to be the case when the expectoration is purulent. Another feature of a Sepia cough is that it will frequently be *dry in the evening* and therefore severe, while there will be a free expectoration in the morning; again, the expectoration sometimes occurs only at night, none at all during the day. Dyspnœa may be an attending symptom of a Sepia case, but it is much less common and markedly different from the oppressed respiration in Arsenic cases. In the latter, dyspnœa frequently appears among the *first* symptoms, sometimes indeed before any other serious symptoms declare themselves, and seems to belong more to disturbance of the function of respiration itself, possibly of the nervous force which controls this, while in the Sepia case this symptom seldom occurs except as a result of great exhaustion from the advance of the disease; or a filling up of a portion of the lungs, so that there is not the capacity for admitting the full supply of air, and this want has to be made up by more frequent inspirations.

We will give two or three cases illustrating the action of this drug. In the summer of 1861, a night conductor upon the cars called upon us for relief from a *sharp darting* pain through the right side of the chest, rather below the centre of the right lung. It was at times very acute, preventing full respiration, then again more dull, but all the time more or less painful. Had been of some weeks duration, and was gradually getting worse. There were no other symptoms in the case; no cough, and no pain complained of anywhere else. The patient was of medium height, of very stout build, had black hair and eyes, and apparently had a very strong constitution. Being somewhat surprised at such a symptom, standing so entirely alone as it did, and so persistent as it had been, in a man of such a large and fully developed chest, we inquired if some diseased action had not preceded it. He then told us that some months previously he took a very severe cold, which developed the most violent cough he ever experienced. It was generally worse at night, he said, was without much expectoration, and the irritation which caused it seemed to be confined entirely to the throat. He took various medicines but could get no relief from its great severity until he took some kind of balsam. This soon gave great relief, and finally entirely subdued the cough. But shortly after, an uneasiness or slight pain began to manifest itself just below the centre of the right lung, and gradually developed into the pain we have described. For this we gave him *Sepia 12<sup>c</sup>*, which entirely cured

the pain in a week or ten days. No sooner had this been done, however, than the same identical kind of cough, that he had, before taking the balsam, returned, and for a few days was of nearly equal severity as at first; but we gave no other medicine, allowing *Sepia* to continue its action, and in some two weeks the cough disappeared, leaving no vestige of itself or of the pain remaining. We saw the man a year or more afterward, when he told us he had had no return of his trouble, and that his lungs were as strong as they ever were, notwithstanding he continued his night work. Can there be a doubt that the balsam suppressed the disease in this patient's throat and drove it down into the right lung, or that *Sepia* drove it back to the throat again and radically cured it? And must it not soon have developed into a very serious condition there, had it not been relieved?

A much more serious case of disease of the central portion of the right lung, which we cured in the winter of '61 and '62, was that of a young lady from the West, who was given up by her physician as beyond the reach of medical aid, from consumption, and sent to friends in this city, hoping the change might be beneficial. She had been declining a year or more with cough, etc. There was dullness upon percussion and auscultation in the right lung, posterior to third and fourth ribs, which must have been caused by some kind of deposit there, and there was complaint of much pain, both dull and sharp, in that region. She had a severe cough that was dry and

aggravated in the evening, but attended with expectoration in the morning. Had chills, fever and night-sweats, was considerably emaciated, etc., but was entirely cured in the course of that winter with *Sepia 12°*.

As with the action of *Arsenicum* upon the upper part of the right lung, we claim for *Sepia* that it will cure some cases where actual tuberculous ulceration has resulted in the *central portions* of the same lung. A case in point we will give. October 14th, 1862, a most forlorn and exhausted looking man, of light sandy hair, and light blue eyes, called to consult us about his lungs. He was from Washington, had been several days getting here, and was so debilitated by his disease, and his lungs were so obstructed, that the effort of coming up a few front steps, to get into our office, made his respiration so labored, or, in common parlance, so put him out of breath, that he had to sit five minutes or more before he could speak more than a word or two at a time. After learning the main features of his case as it then stood, we gathered the following history of it up to that time. He was 53 years of age that fall, and had been a great sufferer all his life from dyspepsia and sick-headache, till the early part of the preceding spring, when the disease of the stomach began to subside. He had taken great quantities of medicine, of various kinds, for his dyspepsia, but without any relief until that spring. But no sooner had the stomach got better than he observed that he was beginning to suffer with un-

easiness and pain just below the centre of the right lung. He thought lightly of this at first, attributing it to a cold. The pain increased in severity, however, and he soon began to cough. With these symptoms gradually, but not rapidly, increasing, he passed along until sometime in July, when, during a very hot day, but without any unusual effort or exposure on his part, he was seized with such a sense of suffocation that it was only with the greatest difficulty that he could breathe; probably from congestion of the right lung. This continued several days without much relief, and then only partial, and was accompanied with much pressure and sharp pain through the central portion of right chest. In the meantime his cough had greatly increased and was now very troublesome night and day. In this state he said he continued for some weeks, when an abscess broke in the lung and he expectorated more than a pint of the most fetid matter. At first the discharge was greenish, then bloody and yellow, and finally gray, all of it excessively fetid, and was so profuse that it came near strangling him. While the abscess was gathering, chills, fever and night-sweats set in, and continued to the time he called upon us. After the abscess broke he continued to cough very severely at all hours of the day and night, frequently preventing sleep most of the night. The cough was more or less annoying most of the time, but unattended with any unusual expectoration, excepting during severe paroxysms which occurred every half hour or hour, when he

would throw off very fetid gray expectoration. He continued in this condition up to his visit to this city. Two or three times when in our office he expectorated this gray fetid matter, which readily scented the whole room, and was very offensive. He complained of much pain, both sharp and dull, through the middle third of the right lung, sometimes extending to the lower part of the lung. Was much emaciated, very pale, pulse as high as 120 per minute, and was really one of the most feeble men in appearance that we ever saw able to be about. He had been examined by several physicians, and told by all that his disease was consumption, and incurable.

We prescribed *Sepia* 12<sup>c</sup>, and will let him tell his own story of the effect. Oct. 25th, '62, he wrote:

“I am better, although I can see but little difference in my cough. I continue to raise a great deal both night and day; it is of the same ashy color, and is very offensive. My appetite and strength are fifty per cent better.”

Nov. 7th, he again wrote:

“I think I am slowly improving. My cough at times is very severe, and the matter raised is still very offensive. Have coughed up some pieces of decayed flesh [probably coagulated blood] which are very dark. My appetite continues good. I have gained two or three pounds of flesh since my return home.”

And Nov. 16th, he again wrote:

“I am in every respect a different man. Since I last wrote you my cough has all disappeared. I do not raise scarcely any, and there is no odor to it. I have every symptom of a healthy

- person. I am gaining in flesh and in strength, and feel as though I could go to work."

After this date he never had the slightest return of any of these symptoms. We saw him a year ago, when he told us he did not believe there was a man living at his age that endured more hours of labor daily than he did.

Thus was wrought in thirty-three days, with a single remedy, and that in a high potency, one of the quickest and most remarkable cures, it seems to us, that it has ever been the fortune of medicine to record of so formidable a disease. Then, a few weeks succeeding the cure of the lungs, there were some most remarkable and interesting developments in the case, and these we now give.

As we have said, the disease of this patient's right lung commenced immediately subsequent to the relief of his stomach, in the early spring preceding the October that we saw him. Our explanation of the case to him was, that the same diseased action that had been going on in his stomach all his life was now acting in his lung; that he had driven it there from the stomach by the harsh medicines he had taken, which, by greatly irritating this organ, had finally caused so strong a reaction to come up in it that it had thrown the disease to the lung; or that in his advance in years and his long suffering, the vital action of that lung had become so exhausted that it was now the weakest organ in the body, and the disease had left the stomach and gone there, because of its being the weakest part. That



its cause was of the nature of a humor that had been acting upon the mucous coat of the stomach, causing his dyspepsia while there; but after the transfer, it seated upon the free surface of the mucous membrane of the bronchial tubes in the right lung, abrading that, and in that way had led him into consumption. We also told him that if his lungs were ever relieved the disease would all return to his stomach again, and be just as it was before it was transferred. He then said, "Well, if you drive it back to the stomach, can you remove it from there, for I don't care to suffer the balance of my life as I have done?" To this we replied, that we thought we could. "Where will it go then?" he inquired. It will come to the surface, we answered, and show itself in some kind of an eruption on the skin. To which he responded, "Why, Doctor, I never had even so much as a pimple on my skin in all my life, and my friends have always remarked how free I was from all kinds of humors." It is in your system, nevertheless, in profusion, we replied, and the only reason it has never shown itself upon the skin is because there has not been sufficient vital vigor internally to throw it to the surface. There was one peculiarity in his case that we had forgotten to give. He told us that never in his life had he been able to eat any kind of fruit whatever, on account of its throwing him into a severe attack of dyspepsia and sick-headache, until after his stomach was relieved that spring, when he could eat it freely; and at the time he was here, he said he could make an entire

meal of apples, without suffering the slightest inconvenience therefrom, or experiencing any feeling different from what he had in eating other food.

Now mark the result of treatment, and the fulfillment of Nature's law. After the receipt of his letter of Nov. 16th, we wrote immediately, telling him that he must not go to work, or run any risks whatever, and that he must remember what we told him about the return of the disease to his stomach, for his lungs were not safe from a renewal of the disease there until it reappeared in his stomach. After this we heard nothing from him until just after the first of January following, when he one day walked into our office. He looked worn, and not as well as we thought he should. Upon inquiry he told us the reason. He said that he had continued gaining rapidly in strength and flesh after his last letter, without any further symptoms of the lungs, and without any trouble whatever with his stomach, until on his way here, just before reaching Elmira, he bought some apples of a boy passing through the cars with them, and ate no more than a third to half of one, when he began to feel that he was going to have one of his old attacks of the stomach. He consequently ate no more of it, and by the time he reached Elmira was so sick that he had to leave the cars and go to a hotel, where he took a bed, and kept it two days with one of the most violent attacks of vomiting, pain in his stomach, and sick-headache, that he had ever suffered. After recovering sufficiently from this he came on here, but his stomach

was still very sensitive. From here he went West in a few days, was gone some two or three weeks, when he returned, suffering the worst torment, he said, that he had ever endured. But this time it was from a VERY EXTENSIVE ERUPTION UPON THE SKIN. Upon examination, we found it an eruption of very small vesicles at first, which soon became pustular, though none of them were larger than the head of a pin, and they stood so thick together that, as the points of them came off in the process of suppuration, the entire skin was abraded over large surfaces. His chest, back, shoulders and arms to the wrists, were almost one continuous raw surface, while the abdomen and legs were nearly half covered with the eruption, all itching, smarting and burning at times, he said, intolerably. Here, then, was the cause of all this man's sufferings for over half a century. When it was acting upon the mucous coat of his stomach which had been its seat for life, excepting the preceding nine or ten months, it caused dyspepsia primarily, and secondarily upon this, sick-headache; when it was transferred to the lung it seated upon and abraded the free surface of the mucous membrane of the bronchial tubes in that lung, which caused a waste of albumen from the blood, thereby leaving the blood-corpuscles in excess, and they congested the lung, resulting in an abscess which destroyed a portion of the lung, and then took on tuberculous action and became consumption. When it was driven out of the lung by curative treatment, it returned to the stomach and developed

the identical conditions there that it had before; and when, finally, it was driven out of here, by a continuance of the same curative means, it came upon the skin, and was there to all appearance radically cured in two or three months, with the same drug that had done all the rest, for from first to last we gave *nothing but Sepia, and this in no other potency but the 1200<sup>th</sup>*. Could anything show more clearly the terrible ravages of cutaneous diseases when they act internally? Could any case better illustrate the action of the law of Metastasis as we laid this down in our last number? Or, finally, could the results of medical treatment be more satisfactory than in this case?

If any of the details above narrated shall seem extreme, we can assure the reader that they have been prepared with care from a record made at the time, and that no error has been allowed a place among them.

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## DYSENTERY.

BY ROLLIN R. GREGG, M. D.

[This paper was prepared for, and read before the Erie County, New York, Homoeopathic Medical Society, in the spring of 1866, and a copy requested for publication, but it has never before been published.]

(Continued from page 88.)

I now pass to the evidence of a transfer of the disease under consideration, from the rectum and colon, to other parts and organs, through the agency of what has been, and in fact is now, regarded by al-

most the entire body of our school, as good Homœopathic treatment. This evidence consists chiefly in two reports which I find in print; one from the pen of Dr. Dunham, of New York, whom we all have reason to respect for the much that he has done and is still doing to advance Homœopathy; the other from the pen of Dr. Boyce, of Auburn, N. Y., who is less generally known to the profession, but whose report is none the less important and unmistakable in the direction in question. But, before proceeding further in this matter, I wish it distinctly understood, that I do not bring up these reports to raise an issue with their authors. On the contrary, I use them simply because they contain the very clearest and best proof that I can find, on record, to illustrate my position, and out of the candid consideration of which, I hope much good may come to Homœopathy.

Dr. Dunham's report, which was prepared, as appears, for the Homœopathic Medical Society of Cayuga county, New York, was published in the *Hahnemannian Monthly*, of December, 1865, and is, so far as I copy from it, as follows. He says:

“From the nature of my business I have not been called to treat many cases of dysentery. Three forms of that disease, however, have come under my observation in this city and its vicinity during the present summer.

“1. In one of the adjacent cities, I have seen several cases in consultation and have heard of others, which presented the following history:

“The disease began with moderate febrile excitement and with symptoms, both local and general, which clearly indi-

cated Mercurius. Under Mercurius, the cases improved until nearly convalescent on about the third or fourth day after the disease had fairly declared itself. At this period the amelioration ceased; the patients became drowsy and stupid, the urine was scanty, and that which was secreted was retained in the bladder; the appetite failed entirely; emaciation was very rapid, and the patient presented a strong resemblance to one in the second stage of a severe typhoid fever. Some of these cases lingered in this condition, causing great anxiety to the attending physician, until Opium was administered. Under this remedy (given in the 200th Potency) rapid improvement took place. The secretion of urine became free, and the intelligence clear. The appetite returned, as did likewise the dysenteric symptoms. The latter seemed to require Mercurius again, and under this remedy the patients made satisfactory recoveries."

What the Doctor says of the second form of the disease, though of interest, does not contain anything applicable in the direction of our present investigation, and therefore I omit it and pass on to the third form which he gives. Of this he says:

"3. In the city of New York, several severe and rapidly fatal cases have been reported to me, though I have not seen any such. The patients (all children) were taken with dysentery of only moderate severity, and which seemed to indicate Mercurius, or Nux Vomica. Under this remedy the evacuations ceased, and the patients appeared to be convalescent. On the third or fourth day (when there had been no stool for eighteen hours), suddenly the patients sank into a complete collapse, from which no treatment, no remedies, internal or external, no stimulants of any kind, sufficed to restore them. Homœopathic and Allopathic treatment were equally unavailing. In the space of six to twelve hours death occurred. In one case there was green, watery vomiting during the collapse; in another dark hæmorrhage from the rectum."

I will now make such comments upon this report

as I think the good of Homœopathy justly demands. There is in it, more especially in the first section, the clearest evidence, I think, that could have been given in an unconscious way—and it has all the more weight from this fact—to show that the disease, or at least the exciting cause of it, was, in all the cases mentioned, driven from the rectum and colon by the treatment pursued, and by this means compelled to continue its action upon other parts or organs of the system, which are *more* vital than those upon which it originally seated. In those cases which the Doctor classifies under the first form of the disease, which came under his observation, the transfer was evidently made to the mucous membrane of the kidneys, causing acute albuminuria. He says that the improvement from Mercurius, the first time it was administered, ceased on the third or fourth day, and then the patients became drowsy and stupid, the urine scanty, etc. Here, we see, are two of the most prominent symptoms that could arise, to lead us to suppose we have to deal with acute Bright's disease. Scanty urine, as is well known, is one of the leading pathological evidences that it contains albumen, and in the cases given, the brain was evidently poisoned by the retention of urea in the blood. But the Doctor says nothing in regard to the urine being albuminous, nor whether tests were made to determine this. It would have been of importance to have had this done, though perhaps none of the urine could have been obtained, as he says what little was secreted was retained in the blad-

der. But, however the facts may have been, in this respect, we see that under the administration of Opium 200th, the secretion of urine became free and the intelligence clear. And *just so soon as those symptoms were relieved, the dysenteric symptoms returned.* Can anything be more clear, then, than that the dysentery had not been cured, but that its exciting cause was driven by medicines to act upon the kidneys and perhaps other parts for the time, and when this secondary condition was relieved by medicine, though another drug, that it was driven back to act upon its original seat in the rectum just as it did before the transfer? Now another very interesting feature presents itself. The Doctor says Mercurius seemed indicated again, and under it the patients made satisfactory recoveries. But if this drug did not establish a curative action in the first instance, as we have seen that it did not, that it only, in fact, transferred the disease to more vital parts, causing much more alarming and dangerous symptoms, I contend that it could not have cured in the second instance of its administration to the same patients, if given in the same potency and the doses at the same length of interval. Instead of this, the disease must have been driven again to seat upon other parts or organs, where by the vital strength of the part, it was forced into a more or less dormant condition, to be developed in the future in some acute or chronic form of disease. It evidently did not go to the kidneys again, as no mention is made of symptoms from these organs; be-



sides, they were probably sufficiently strengthened by their reaction from the first attack, to resist a return of the disease there a second time. Happily Dr. Boyce's report will be seen to throw some light upon these points in Dr. D.'s cases, when we come to consider that.

In the third form of dysentery which Dr. Dunham reports, there was evidently a transfer of the disease also to other organs, and, like the cases mentioned in the first form, this transfer appears to have been brought about solely with medicine, though no evidence is given that it was in these patients driven to the kidneys. He says these cases were of only moderate severity, that under the remedy that seemed indicated, which he states was either *Mercurius* or *Nux Vomica*, the evacuations ceased, and the patients appeared to be convalescent, when on the third or fourth day, JUST THE LENGTH OF TIME THAT THE BAD ACTION SHOWED ITSELF IN THE FIRST CLASS OF CASES, they suddenly sank into a complete collapse, from which no treatment sufficed to restore them, and death occurred in from six to twelve hours. From the course these cases apparently took, and the symptoms developed, I think the transfer must have been to the mucous membrane of the small intestines and stomach. Indeed the Doctor says there was, in one case, green watery vomiting during the collapse, which is proof there must have been some trouble with the stomach in that case, at least. In another there was dark hæmorrhage from the rectum, which probably arose

from the excess of blood-corpuscles left by loss of albumen, and expelled through ruptured capillaries in the mucous lining of some portion of the intestinal canal. Now, let it be borne in mind, that this terrible condition, which was fatal in *every* instance, was *not* the fatal culmination of the *dysenteric* action, nor was the collapse caused by the exhaustion from that action, for it is distinctly stated that the dysentery was of only *moderate* severity, but the fatal state immediately succeeded the *relief* that medicine afforded the *dysenteric* symptoms. Well, then, was the dysentery cured? Clearly not, but the cause of it was driven, as with the first class of cases, to act upon other and still more vital parts, where death was the *invariable* result. The difference in the action of the disease in the various localities, it will be readily comprehended, arose solely from the different symptoms which each organ attacked must necessarily give.

I now turn to Dr. Boyce's report, which I find in the November number of the *American Homœopathic Review*, for 1863. That part of this report which I copy, succeeds an account of a case of poisoning with Arsenic, from which the Doctor claims to have seen clearly the indications for giving Arsenicum in dysentery. He says:

“Two children, twins of eighteen months, were attacked with dysentery. The first was taken on Tuesday, Sept. 22d, 1863, with vomiting of ingesta, followed by very offensive watery stools, described by the nurse as smelling like rotten eggs. On Wednesday morning commenced to pass the peculiar stools

of dysentery, and from that time until the next Wednesday, when the child died, there was no cessation of the green mucus passages. The passages were almost black, yet retaining the distinct green color, nor did any treatment, including Chamomilla and several doses of the sixth dilution of Arsenicum, make the least impression on the case.

“On Thursday, October 1st, the other child was taken with the same disease. There was high fever; the treatment of this case was commenced with Aconite and cold water compresses applied to the abdomen, repeated quite often through Thursday night and Friday forenoon. Friday P. M., the fever abated, and the stools were arrested. These first stools were of the same offensive smell, and were mixed with blood and mucus. Before daylight on Saturday commenced those peculiar green mucus stools, which continued every hour and hour-and-a-half until Monday morning. There was continued fever with little thirst; there was extreme exhaustion, the child lying without motion between stools. There was entire aversion to food of all kinds.

“Nothing so far had arrested the onward course of the disease, and it must have proved fatal had the same treatment been pursued as with the first. The case seemed clear for Arsenicum, but the ill success with the first did not seem to warrant any hope from that remedy. At four P. M., of Monday, when reading *Teste* on Arsenicum, the following sentence attracted attention :

“‘The symptoms caused by Arsenic seem to assume a nervous form, the higher the attenuations with which the provings were instituted; thence it follows that the lower attenuations of Arsenic are more particularly adapted to organic affections, and especially the very acute affections of the bowels.’

“The disease under treatment was very severe and with no nervous manifestations. The above suggestions of *Teste* led to the administration of Ars. in the third trituration. Two doses of a solution of one grain of Ars.<sup>3</sup> in one-third of a glass of water was given, a teaspoonful each time. The effect was prompt and decided. There was less prostration almost at once, and the evacuations were less often. The change was so great that at two P. M., when a consultation was held, there seemed to be metastasis to the brain. Bell.<sup>30</sup> was given for

thirty-six hours and Arsenicum omitted. On Wednesday, at four A. M., the disease was as acute and dangerous as on Monday. The evacuations were as often and the prostration as great. Arsenicum in the same preparation as before was again given. Two doses at four hours interval arrested the disease as promptly as before; this time the effect was not interrupted. On Thursday there was much less prostration, and the stools were at intervals of three hours, but there was more tenesmus. On Friday the condition was so changed that Merc. dulc. seemed called for; two doses were given at four hours interval. Under its action the stools gradually changed from green to yellow. As the stools became yellow they smelled more natural and began to assume the nature of fœces. The case was evidently improving and no more medicine was given for the dysenteric condition.

“Perhaps this paper ought to end here as the condition calling for Arsenicum was cured, yet as the child was still very sick and remained so several days, it may not be uninteresting to follow the case further.

“Sunday, October 11th. On a careful review, the case disclosed the following symptoms: no disposition to move except to stool, which must be attended to at once; the stool is followed by worrying and moaning. Fine red rash on the head, neck and face, with great itching. Uneasiness during sleep, which was short and light. Excessive irritability when awake. Continued fever, with hot hands and body and cool arms. Pulse 150 through the twenty-four hours. The lips are deep red, cracked and ulcerated. The tongue is red, dry and ulcerated, with inability to protrude it. The throat is sore and dry. When commencing to swallow, there is crying and unwillingness to renew the effort, yet afterward this ceases. Discharge of clear ropy saliva. Every motion of the body causes the child to cry out. Urine natural. Coughs occasionally, which is always attended with crying. There is coryza and rattling respiration. Lachesis<sup>12</sup> was given.

“Monday, no change. Lachesis<sup>200</sup> one dose was given.

“Tuesday, pulse 140, otherwise same condition. From this time the child took no medicine, as it grew gradually better from day to day, and no new remedy was called for.”

This case, as reported by Dr. Boyce, we see is as remarkable for its changes as those by Dr. Dunham. He says that, after other medicines had failed, two doses of Arsenicum<sup>3</sup>, in solution, promptly controlled the dysenteric symptoms; but, mark the result. Immediately upon their relief, he says there seemed to be metastasis to the brain. Nothing is said about the urine, so we cannot know whether this case should be classed with class first of Dr. Dunham's cases, as is more than probable; or whether the brain symptoms arose from a threatening of an effusion into the ventricles of the relative excess of water left in the blood, by waste of albumen in the dysenteric discharges. But fortunately we are not left in doubt upon the most important part of the case in this connection, namely, that when the symptoms of the brain were controlled by Belladonna<sup>30</sup>, after thirty-six hours of its administration, the dysenteric symptoms *returned* as acute and dangerous as they were before the metastasis. The evacuations were as often and the prostration as great, he says, as in the first instance. Then of course the dysentery, or rather the exciting cause of it, had been *transferred*, not cured, and not the least curative impression made upon it, for it was back there again in all its original severity. Now, Arsenicum, in the same preparation as at first, was again given. Two doses at four hours interval arrested the disease as promptly as before, and this time the effect was not interrupted. But let us look at the sequel. Arsenicum was last given on Wednesday, from which there was an improvement till Friday, when two doses of

Mercurius Dulcis were administered for a change of symptoms, and then a further improvement in the dysenteric symptoms till Sunday, when it was that the Doctor says :

“Perhaps this paper ought to end here as the condition calling for Arsenicum was cured, yet as the child was still very sick and remained so several days, it may not be uninteresting to follow the case further.”

I think it fortunate for suffering humanity that the record of this important case did not end here, as long as there was so much more to add, for we might not again in many years have the sequelæ of a case reported under circumstances so entirely free from bias, by preconceived ideas or theories, as seems to have been afforded in this instance. At the expense of the repetition, I again quote the last part of his report.

“Sunday, October 11th. On a careful review the case disclosed the following symptoms: no disposition to move except to stool, which must be attended to at once; the stool is followed by worrying and moaning. Fine red rash on the head, neck and face, with great itching. Uneasiness during sleep, which was short and light. Excessive irritability when awake. Continued fever, with hot hands and body, and cool arms. Pulse 150 through the twenty-four hours. The lips are deep red, cracked and ulcerated. The tongue is red, dry and ulcerated with inability to protrude it. The throat is sore and dry. When commencing to swallow, there is crying and unwillingness to renew the effort, yet afterward this ceases. Discharge of clear ropy saliva. Every motion of the body causes the child to cry out. Urine natural. Coughs occasionally, which is always attended with crying. There is coryza and rattling respiration.”

Is it not clear from the evidence thus presented, that the cause of the dysentery was, in this second instance, transferred to the mucous membrane of

the mouth, throat and bronchi, thus causing such severe symptoms of these parts as the Doctor reports? Two doses of Arsenicum, the first time this was administered, did cause a metastasis, as was proved, and did not act at all in a curative manner, for when its bad action was controlled, the original disease returned in its full force; then by what rule or law could two doses of the same, given in exactly the same manner, in all respects, cure in the same case the second time they were given? Besides, does the aggravated condition of the mouth, throat and lungs, the dry, cracked and *ulcerated* lips and tongue, the discharge of clear ropy saliva, the sore throat, the coryza and rattling respiration, and the "*excessive irritability*"—clear evidence certainly of a serious diseased condition of all the parts named, and of the nervous system as well—which succeeded the second relief of dysentery, with the pulse at 150 per minute, by the twenty-four hours, comport well with the almost certain, speedy, and safe return to health which we claim Homœopathy will ensure?

No, nothing explains this case except the idea of transfer, and this does fully. And I claim that the cause of all that trouble must still remain, probably latent, in that child's system, if alive, or unless it has since been radically cured with the specific remedy, and will there continue, unless so cured, causing croup\* or other more or less serious acute dis-

\*After I had finished reading this paper, one of our members stated to the Society, what I knew nothing of before, in regard to this patient, namely, that this child did have a most violent attack of membranous croup the first or second winter following the attack of dysentery, from

eases, until, finally, if it does not culminate in some fatal action in childhood, must sooner or later in life help to develop some form of tuberculous or other equally serious chronic malady.

The same general facts I would apply to Dr. Dunham's first class of cases. It was proved that there was in those one transfer; then why could there not have been another, especially as the same drug was again given which caused the first? As well might this have been so, as that such a thing should occur in Dr. Boyce's case under exactly the like circumstances, though in Dr. D.'s cases the disease might, under the second transfer, have been forced at once into a dormant state for a time, and when circumstances favor, will develop from that into the secondary disease.

To give further evidence of the action of that great law of metastasis, the violation of which the life and the welfare of suffering humanity will not tolerate, under *any* system of medical treatment, I will add to the foregoing an experience of my own, or rather in part my own, in one case. The first year of my practice, I was called with my professional associate, Dr. West, to attend a case of dysentery that occurred in a large, strong and healthy man, aged about fifty years. The attack might be classed among the very severe ones. We gave the low potencies, from the first to the sixth,

which, for several days, it was not expected to recover. If there is any error about this, I trust Dr. B. will correct it, for above all things I wish to avoid compromising what I believe to be a most important pathological truth with even the slightest error, however strongly this might fortify me in my position.

R. R. G.



and either alternated or repeated the remedies we thought indicated, giving the doses at one, two and three hours intervals, according to the urgency of the symptoms. The patient was carried through safely in about two weeks, when we dismissed him, radically cured, as we both then supposed. Indeed we congratulated ourselves upon having accomplished a fine result in so severe a case. Soon after his recovery our patient removed to a western State, and I did not see him again in five years, when I accidentally met him one day, upon the cars, going East. He was somewhat emaciated, and appeared, of the two, rather feeble, though not markedly so. I enquired at once for his health, and was answered that he had *never been well since his attack of dysentery*. He regained a fair portion of his strength and flesh in a proper length of time, but his bowels never after became natural in their action, and both his stomach and liver, as he thought, had given him much trouble. He never had had any of these symptoms before the dysentery, nor could the change of climate explain their occurrence, for only a few years previously he lived a number of years in the same locality, and then had not the least trouble. Well, can we claim that this case of dysentery was cured? I certainly do not and cannot. But rather, that the cause of it was transferred or driven, by the treatment, to locate further upward in the intestinal canal, from which it affected the liver secondarily, or part of it was driven to seat primarily upon the mucous membrane of this organ; hence the chronic disease, and probably the balance of a life-time

spent in suffering from what was not *curative* treatment, though it appeared so satisfactory at the time.

Besides what is above given, I have seen much of the transferring action of medicines in other acute, as well as in all kinds of chronic diseases; and I may as well explain here that there are two kinds of transferring action in drugs, one to *less* vital parts, which is the curative action of the drug, and the other to *more* vital parts or organs, which is never a curative action, but always an injury to the patient. Phthisis Pulmonalis, following so frequently upon convalescence from fevers and other acute diseases, under Allopathic treatment, is a marked illustration of the latter.

Now, with all these facts before us, is it possible to suppose that the therapeutics of Homœopathy can ever be perfected, until the transferring power of drugs over disease is fully known, and this knowledge applied as carefully as the knowledge of their real curative powers? No, such a result can never be reached until the requisite information is sought and obtained. Why, look at the case as it now stands. A physician prescribes a certain drug in low potencies, for a symptom or a combination of symptoms, and if there is marked relief afforded, he makes a record of the fact, perhaps publishes the case, as showing the great curative power such a drug has over such and such symptoms, and conscientiously believes he has *cured* his patient, when he may have done him a great injury instead, by driving his disease to more vital parts. Even two physicians might prescribe entirely different drugs, for

the same combination of symptoms, similar temperaments, etc., and each get equally favorable results, so far as the simple relief of those symptoms was concerned, while it might be that neither was the curative action of the drug, or one the curative and the other a transferring action, and both be equally earnest and candid in the declaration of a cure. Then if both are equally prominent in the profession, the results of each go into the books as *cures*, when one certainly cannot be. In this way, with low potencies often repeated to the great injury of the patient, and in violation of Hahnemann's most solemn warnings, both our materia medica, and therapeutics, are rapidly being run into an interminable confusion, that will require a vast amount of labor to clear up, and which never can be properly understood unless we pursue a very different course in this matter from what we have up to this time.

In conclusion, I will say, if any shall ask how to avoid the transferring effect of drugs until the necessary knowledge can be obtained to prevent it, I would answer that I do not yet know of any way so good as to give high potencies in single doses, at as great a length of interval as the urgency of the symptoms will possibly allow; and if asked if this is safe treatment, I have to say that, I have treated many cases of dysentery, and never yet lost one, either with low or high potencies, but have invariably found the latter, at long intervals, to have by far the best action; and that they are seldom or never followed by chronic maladies as a result of their transferring the acute disease.

THE  
Homœopathic Quarterly.

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VOL. I.

BUFFALO, OCTOBER, 1869.

No. 4.

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THE CAUSE OF TUBERCULOSIS.

[Nature, when undisturbed in her purposes, is ever perfect in all she does. Of the constituents of the blood, of which there are seven, in the general classification that is made of these, she has so nicely adjusted the proportions of each to that of all the others, that the health she seeks to bestow must result from its action. A loss, then, of a portion of any one of these constituents from the blood, leaves all the remaining ones in a relative excess in the blood-vessels, and hence the results which Nature seeks are defeated; these excesses becoming sources of physical derangement from the moment the healthy proportions of the blood are destroyed. Upon this proposition, the investigations which follow are based.]

*(Continued from page 102.)*

We next come to consider the fibro-cartilaginous stage of tubercle which is mentioned by authors generally, upon this subject, and referred to by Gross in the quotation from him in our last issue. This is undoubtedly brought about in the following manner:

While the changed corpuscles are being deposited in the capillaries of a part, a greater or less portion of the excess of fibrin, which is left in the blood by the same loss of albumen that left the corpuscles in excess, is poured out into, or among the tissues of the same part, to get rid of it from the circulation, and here it organizes and gives the fibrous character

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to this stage of tubercle. This is the last stage of growth of a tuberculous mass, and from this point on, the changes in it are of a destructive character, belonging either to absorption and cretification—which are destructive to the tubercle as a tubercle, and a relief to the tissues in which it was embedded—or suppuration, which is destructive to both the tubercle and the parts in which it was deposited.

Proof of a most remarkable character, considering that it is given to establish an entirely different view of the cause, origin, and production of tubercle, from the one we are here advocating, may be drawn from the following, from Virchow's Cellular Pathology, page 522. He says :

“This structure, which in its development is comparatively most nearly related to pus, inasmuch as it has the smallest nuclei, and relatively the smallest cells, is distinguished from all the more highly organized forms of cancer, cancroïd and sarcoma, by the circumstance that these contain large, voluminous, nay often gigantic, corpuscles, with highly developed nuclei and nucleoli. Tubercle, on the contrary, is always a pitiful production, a new formation, from its very outset miserable. From its very commencement it is, like other new formations, not unfrequently pervaded by vessels, but when it enlarges, its many little cells throng so closely together, that the vessels gradually become completely impervious, and only the larger ones, which merely traverse the tubercle, remain intact. Generally fatty degeneration sets in very early in the centre of the knot (granule) where the oldest cells lie, but usually does not become complete. Then every trace of fluid disappears, the corpuscles begin to shrivel, the centre becomes yellow and opaque, and a yellowish spot is seen in the middle of the grey translucent granule. This is the commencement of the *cheesy metamorphosis* which subsequently characterizes the tubercle. This change advances from cell to cell farther

and farther outwards, and it not unfrequently happens that the whole granule is gradually involved in it.

“Now, the reason why I think that the name of tubercle must be especially retained for this formation, as being extremely characteristic of it, is this—that the tubercle-granule never attains any considerable size, and that a tuber never arises out of it. Those which are wont to be termed large tubercles, and attain the size of a walnut or a Borsdorf apple, as for example, in the brain—those are not simple tubercles. You will generally find the tubercles in the brain described as being solitary, but they are not simple bodies; every such mass (tuber) which is as large as an apple, or even not larger than a walnut, contains many thousands of tubercles; it is quite a nest of them which enlarges, not by the growth of the original focus (granule), but rather by the continual formation and adjunction of new foci (granules) at its circumference. If we examine one of these perfectly yellowish white, dry, cheesy tubera, we find immediately surrounding it a soft, vascular layer which marks it off from the adjoining cerebral substance—a closely investing areola of connective tissue and vessels. In this layer lie the small, young granules, now in greater, now in less number. They establish themselves externally (to the previously existing ones) and the large tuber grows by the continual apposition of new granules (tubercles), of which every one singly becomes cheesy; the whole mass, therefore, cannot in its entirety be regarded as a simple tubercle.

“The tubercles themselves remain really minute, or, as we are wont to say, *miliary*. Even when on the pleura, by the side of quite small granules, large yellow plates, looking as if they were deposited upon the surface, are met with, these too are not simple tubercles, but masses composed of a large aggregate of originally separate granules.”

We see by this, that tubercles are not simple or solitary bodies, as they have usually been described. Each “mass (tuber) which is as large as an apple, or even not larger than a walnut, contains many thousands of tubercles; it is quite a nest of them

which enlarges, *not by the growth of the original focus (granule)*, but rather by the continual formation and *adjunction* of new foci (granules) at its *circumference*." Now this is precisely the way a tubercle must grow, by the deposit in the capillaries, of the decolorized blood-corpuscles, as we claim. One, or a few adjoining capillaries are first filled with the corpuscles to the extent which they will hold. These being distended by the congestion, press upon each other, and upon those immediately surrounding them, which obstructs the latter, so that the viscid corpuscles more readily secure a lodgement therein. And so it extends outwardly, from capillary to capillary, and this necessarily involves a growth at and upon the *circumference* of the mass, as Virchow says is the case.

The known diminutive size of the capillary blood-vessel would allow of many thousands of them, each filled with all the corpuscles it would hold, being contained within the size of a walnut or apple, and these constitute the so-called foci, or granules of Virchow. Again, as will be seen by reference to the quotation, he says: "If we examine one of these perfectly yellowish white," (the exact color again of decolorized blood-corpuscles in their shrivelled state) "dry, cheesy tubera, we find, immediately surrounding it, a soft, vascular layer, which marks it off from the adjoining cerebral substance,—a closely investing areola of connective tissue and vessels. In this layer lie the small, young granules, now in greater, now in less number."

Here, again, is accurately described what would happen in the growth of tubercle, by the deposit of surplus blood-corpuscles in the capillaries. The small, *young* granules would necessarily be found at the surface of the mass, in the vascular layer which invests it, for all the capillaries which were within the space occupied by the mass are already filled, and no more of the changed blood-corpuscles can be carried in there, to be deposited, therefore they must be left in the vessels at the surface, if at all. The vascular layer, which marks the mass off from the adjoining substance of an organ, is an adventitious growth of vessels, similar to those frequently, if not always, found existing in or around morbid growths, and affords more capillaries than naturally exist in the parts, to receive the corpuscles, and in this way aid in getting rid of more of their excess than could otherwise be done. This would, perhaps, be more especially the case in parts where the capillaries are naturally farther removed from each other (as in the brain, where Virchow describes this method of growth) than is the case in tissues which contain them in greater abundance, or in which they exist nearer together, as in the lungs. And this would necessitate the growth of the "tuber by the continual *apposition* of new granules," filled capillaries, "of which every one" would "singly become cheesy," and "remain really *minute*, or, as we are wont to say, *miliary*."

Whatever the form in which the tubercle may grow, whether in masses of globular or irregular



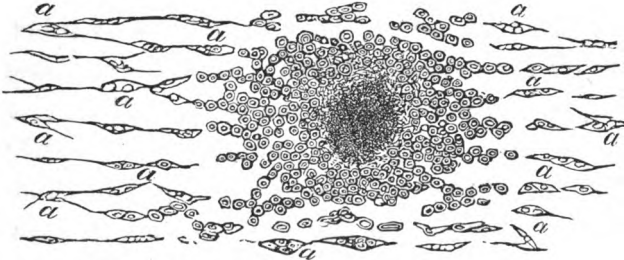
outline, or in plates, the same fact holds good. On the pleura and peritoneum, it would be in plates which would be no thicker than the depth of capillaries in these thin membranes would allow, when filled, and in these cases, too, the tubercle would be "composed of a large aggregate of originally separate granules."

Virchow says nothing, as will be seen, about each individual knot, or granule, being inclosed in, or having for its boundaries, a delicate membrane which would correspond with the wall of the capillary; but that there must be something of the kind, or some partition which he omitted to describe, would appear to be self-evident, in fact absolutely necessary; else how could the small aggregation of corpuscles, which composes each of the various granules, remain separate, and so distinct from each other, and yet be in close contact or apposition, as he says they are? The tubercle, as all must know, *finally* becomes, through absorption of the separating tissues, one homogeneous mass of tuberculous corpuscles, without division in any part, and this would necessarily be the case from the first, were it not that there was some membranous texture, that divided them up into the small collections of corpuscles, which make the knots or granules of which Virchow speaks.

With the growth of tubercles in the manner we have described, the capillaries are, of course, sooner or later rendered impervious to any further circulation, even of serum, through them, hence nutrition is

cut off, and the walls of these vessels, together with all other tissues involved in the tuberculous mass, must ultimately be absorbed, leaving nothing behind but the decolorized and shrivelled blood-corpuscles, and then *cheesy metamorphosis* is said to have taken place.

(Fig. 140 from VIRCHOW.)



This figure, which is an exact copy of one given by Virchow on page 521 of his "Cellular Pathology," and which he says is the "development of tubercle from connective tissue in the pleura," magnified "300 diameters," we give here for two purposes. One is to show how entirely all the organized tissues have been absorbed from the central portions of the tuberculous mass; the other is to show, in what surrounds the central mass at *a, a, a*, how exactly Virchow has pictured for us the growth of a tubercle, in the manner we claim, viz., by the deposit of decolorized red blood-corpuscles in the capillary blood-vessels, and the distention of these, under the congestion, into "anerismal pouchings." We could not possibly have drawn a figure that would better have exhibited this fact. In the center of the tubercle we see the tuberculous corpuscles represented as broken up into the *granules* that the blood-corpuscles are composed of, and which they always give when they are broken up by any similar process; then unbroken corpuscles around these; and, finally, outside of, or around all, at *a, a, a, a*, the "knots" of Virchow, which are simply scattered capillaries filled with decolorized blood-corpuscles in the process of extending the tubercle still farther in size, and into the surrounding tissues in which it was embedded. As the figure is magnified 300 diameters, it will be seen that if it should be reduced to, or drawn at its natural size, the little protuberant sacs, distended capillaries, full of corpuscles, would be brought almost into actual contact. But they have not yet reached the point of being sufficiently compacted together to cut off all circulation—not all the capillaries have yet been filled—so that the tissues would be absorbed under the pressure, as has been the case in the center of the mass. Virchow has, of course, given this figure from Nature, and so far it is entirely reliable. As for his assumption that it is a "development of the tubercle from connective tissue," it will be seen by the opening of the next quotation given from him, on page 140, that this is simply his "opinion," a guess, nothing else, without the slightest proof of any kind to sustain it. It may be proper to add that we never saw this figure until long after we had settled, in our own mind, all the details of the cause and growth of tubercles.

*Fatty degeneration* of tubercle comes about in this way. A portion, more or less, of the excess of

fat left in the blood by loss of albumen, is deposited with the corpuscles, the same as we have stated the excess of fibrin to be, and it remains behind sometimes when the other matters are absorbed; or the matter of the corpuscles, all but the fat which they naturally contain, may be absorbed, leaving the latter in a concentrated mass of fatty matter.

We are fully aware that the claim, that tubercles grow by the deposit of corpuscles *within* the capillaries, is in direct contradiction to all the ideas hitherto held upon this point of our subject. Whatever have been the theories put forth about the cause of tubercles, and their manner of growth, all authors assert with singular unanimity, that these corpuscles are organized *outside* of the blood-vessels. That tubercles grow outside the *larger* blood-vessels is well known, for these are frequently found crossing through the cavities which are left in organs from tuberculous ulceration, and are also found passing through tuberculous masses, or rather, these masses are found organized around the larger blood-vessels. This is all the proof there is to sustain the claim of the growth of tubercles outside of *all* blood-vessels, while there is one of the strongest points of negative proof that could possibly be had to show that all tuberculous corpuscles must have first had their deposit within the capillaries. This proof is as follows: Rokitsky tells us, in his work upon Pathological Anatomy, that tubercles *have never been found in cartilages*; and Virchow tells us there are no blood-

vessels in cartilages. Consequently no decolorized blood-corpuscles could be carried into them and be deposited, to commit their ravages, while we have unlimited evidence that every other part, or tissue, of the whole animal body, into which blood-vessels do enter, are devastated by tubercle. But let us look at this matter from another point of view. There is as much, nay more, space for the deposit of corpuscles *within* the capillaries, than outside of these, in organs most ravaged by tubercles, as the lungs, for instance, and this is another point strongly favoring our position.

Gray, in his *Anatomy*, page 361, speaking of the size of the capillaries and the spaces between them, says:

“The number of the capillaries, and the size of the meshes, determine the degree of vascularity of a part. The closest network, and the smallest interspaces, are found in the lungs and in the choroid coat of the eye. In the liver and lung, the interspaces are smaller than the capillary vessels themselves. In the kidney, in the conjunctiva, and in the cutis, the interspaces are from three to four times as large as the capillaries which form them; and from eight to ten times as large as the capillaries of the brain in their long diameter, and from four to six times as large in their transverse diameter. In the cellular coat of the arteries, the width of the meshes is ten times that of the capillary vessels. As a general rule, the more active the function of an organ is, the closer is its capillary net, and the larger its supply of blood; the network being very narrow in all growing parts, in the glands, and in the mucous membranes; wider in bones and ligaments, which are comparatively inactive; and nearly altogether absent in tendons and cartilages, in which very little organic change occurs after their formation.”

We see, then, that those organs which are by far the most frequently destroyed by tubercles, namely, the lungs, have the smallest interspaces between the capillaries, smaller indeed than the diameter of the capillaries themselves, while these spaces are filled with, or contain, *all the tissues* which enter into the structure of these organs, so that far more room is furnished *within* than without these vessels, for the deposit of tuberculous matter. And is it not a significant fact, that as a general rule, the greater the vascularity, or nearer together the capillaries of an organ or part, the more liable it is to tuberculosis; and the less vascularity, the less liable to such disease? The lungs, in which the capillaries are the nearest together, suffering the most, and so along down with all the organs and tissues, each suffering *less* according as the space between the capillaries is greatest, until we come to the cartilages, which have NO CAPILLARIES, and in which TUBERCLES ARE NEVER FOUND.

The fact of the organization of tubercles around, or outside, the larger blood-vessels, exactly conforms to our theory, for the surplus and changed blood-corpuscles cannot secure a lodgement in vessels of any size, and block these up, because of the stronger current through them; while they can, and do, collect in the capillaries of the tissues around the larger vessels, and thus by continued growth enclose these within the mass. Again, if tubercles present organized elements, and none others, at the earliest period of their existence, as Lehmann, Cop-

land, and Virchow say is the fact, it is clear that those elements were organized *before* they were deposited, and how else could this be except that they are decolorized blood-corpuscles.

PROOF OF THE IDENTITY OF DECOLORIZED BLOOD-CORPUSCLES AND TUBERCULOUS CORPUSCLES.

We have already shown in part the great similarity between decolorized blood-corpuscles and tuberculous corpuscles in external or superficial appearances and conditions, namely: that they are both transparent when distended with watery fluid, as the latter are in the earliest stage of existence in which they have ever been seen, and as the former always are when their hæmatin is washed out of them by immersion or treatment with water of less specific gravity than natural serum; that both are alike viscid in this condition, as animal tissues only become in the preparatory stages of decomposition; that both exhibit the same indetical yellowish white color as they yield the fluid which distends them; and that upon yielding this fluid, both alike assume the same variously distorted shapes, as angular, jagged, elongated, bent, constricted, etc., etc., as tuberculous corpuscles are described as always being in the crude stage. Now let us turn our attention to the internal structure of these two sets of corpuscles, and see what significant facts we there find. All authorities of the present day tell us

that the red blood-corpuscles have no nuclei, while the entire Paris school of physicians concur, so far as we can learn, in the opinion that tuberculous corpuscles are also entirely destitute of nuclei,—these facts it seems, have never before been put together to indicate anything in common in these two bodies,—and yet, according to the best authorities, these are the only two sets of cell structures, among the great multitude and variety of cells, either in natural or morbid growths, which are without nuclei. What can this mean, then, but that the two are the same.

But Virchow says tuberculous corpuscles have nuclei, and in a spirit of fairness to our subject we will quote what he says upon this point, on page 521 of his “Cellular Pathology.”

“I am of opinion that a tubercle is a granule, or a knot, and that this knot constitutes a new formation, and indeed one, which from the time of its earliest development is necessarily of a cellular nature, and generally, just like all other new formations, has its origin in connective tissue, and which, when it has reached a certain degree of development, constitutes a minute knot within this tissue, that, when it is at the surface, projects in the form of a little protuberance, and consists, throughout its whole mass, of small uni- or multi-nuclear cells. What especially characterizes this formation is the circumstance, that it is extremely rich in nuclei, so that when it is examined as it lies imbedded in the tissue which invests it, at the first glance there seems to be scarcely anything else than nuclei. But upon isolating the constituents of the mass, either very small cells provided with one nucleus, are obtained—and these are often so small that the membrane closely invests the nucleus—or larger cells with a manifold division of the nuclei, so that from twelve to twenty-four or thirty are

contained in one cell, in which case, however, the nuclei are always small and have a homogeneous and somewhat shining appearance."

Now, it is clear that Virchow in his examinations, or, at least, in this his description of tuberculous corpuscles, must have mistaken the *granules* of these corpuscles for nuclei. His uni-nuclear cells are the granules which the decolorized blood-corpuscles had been broken up into, either by the diluted serum before they were deposited in the tuberculous mass, or by suppuration after their deposit; and his multi-nuclear cells are the changed blood-corpuscles, which had thus far resisted being broken by either of the agencies named, but were still held together as the mass of granules that they are, and these granules he has evidently mistaken for nuclei. Every fact in connection with this point bears us out in this opinion. For instance, he says, "upon isolating the constituents of the mass, either very small cells provided with one nucleus are obtained, and these are often so small that the membrane closely invests the nucleus;"—which would be the exact case with the granules liberated from broken blood-corpuscles—"or larger cells with a manifold division of the nuclei, so that from twelve to twenty-four or thirty are contained in one cell," and this is the exact description of the unbroken decolorized blood-corpuscles holding their varying number of granules. If proof of this is needed it can be given in most ample detail. Even Virchow, him-



self, in the same volume from which the above is taken, on page 215, pictures "decolorized" blood-corpuses as nothing but a mass of granules, and the above description of tuberculous corpuses could not more accurately describe, in language, these shrivelled blood-corpuses as he has pictured them, as will be seen by the following figure, accurately copied from the one he gives on page 215.



"Fig. 65. Inspissated hemorrhagic pus from a case of empyema, some of it in process of disintegration. *a.* The natural mass, containing granular debris, shrivelled pus and blood-corpuses. *b.* The same mass treated with water; a few granular, decolorized blood-corpuses have become evident. 300 diameters."

It will readily be seen how exactly what Virchow himself says are "*decolorized* blood-corpuses," and pictures as such at *b* in the above figure, correspond with his description of what he calls multi-nuclear tuberculous cells, in the quotation just given from him: his so-called nuclei in this instance being nothing but the granules of the blood-corpuses, brought into view by the change that decolorization has wrought in the latter; while his uni-nuclear tuberculous cells are nothing but these same granules separated from each other by the breaking up of the corpuses, and thus presenting some of the appearances of very small cells.

That the decolorized blood-corpuses break up into their granules, in the progress of disorganization, is self-evident, for, *it is the law of all organic nature to break up, or disintegrate, under natural decay, by successive steps, into its integral parts, and then its primitive elements, and this always in the inverse order of its growth.* Indeed the granular character is so impressed upon globulin, the material of which blood-corpuses are almost wholly composed, that after it has once been entirely dissolved in water, and then heated, it becomes granular, as we see by the following from Kirkes and Paget's *Manual of Physiology*, page 57. In speaking of globulin they say:

“ It is soluble in water, and its solution, when heated, forms a granular coagulum.”

Again, Virchow, in describing tuberculous corpuscles as possessed of so many nuclei, appears to have forgotten his own teachings about the office of nuclei, or the great purpose for which they were created. He tells us, for instance, in another part of his work, when describing cell growth, etc, that the *maintenance, multiplication, and activity* of cells of *all* kinds depend upon their nuclei; and frequently speaks of cells having but one nucleus, never of their having but very few nuclei; that cells doomed to a transitory existence, like the red blood-corpuscles, have no nuclei, and that those soon to perish first lose theirs. Yet, in regard to tuberculous corpuscles, which *invariably* tend to *inactivity* and speedy dissolution, he talks of their dying possessed, many of them, of twelve, twenty-four, or thirty nuclei; a greater number than he gives any evidence that any other cell structure ever yet exhibited. This is a contradiction that Nature does not tolerate, and shows upon its face that it must be an error. If the office or function of nuclei is properly understood, namely, that they are, or contain, the life or governing principle of cells, and that no change in the development of these can take place without the nuclei taking the initiatory steps in the change, and even that their existence cannot be maintained without them, then no cell can go to natural decay without first losing its nuclei: while that softening is the

natural decay of tubercle is self-evident from its almost universal destruction by this method. It is never deviated from except when absorption prevents it. Besides, that Virchow had no knowledge, or conception even, as to what tuberculous corpuscles really are, or the cause of their existence, as such, is seen in the following positive contradiction of himself in regard to them. On page 518 of his work, in speaking of tuberculous corpuscles, he says:

“But if the development of these corpuscles be investigated, it is easy to convince oneself that, wherever they occur, they arise out of previous organic morphological elements, and that they are not by any means the first bungling products, unfortunate essays of organization, but that they were once well-grown elements, which by an unhappy chance were early checked in their development and early succumbed to a process of shrivelling.”

While on page 522, only four pages from the above, in speaking of the large corpuscles of cancer, cancrroid and sarcoma, he says:

“Tubercle, on the contrary, is always a pitiful production, a new formation, from its very outset miserable.”

To show still further the granular character of tubercle, and that the granules of blood-corpuscles must be the source of this, we quote the following from Wood, volume I. page 116. He says:

“The microscopic constitution of tubercle has been *definitively* ascertained by M. Lebert, whose statements have been essentially confirmed by subsequent observers. The constituents, before the softening of the tubercle, are: 1st—a hyaline,

formless substance; 2d—molecules or molecular granules in great numbers; and, 3d—peculiar and characteristic corpuscles; the two latter being held together by the translucent material first mentioned. The corpuscles are quite distinct from all others. They are seldom perfectly round, but are irregularly polyhedral with rounded angles, approaching sometimes the spherical, and sometimes the oval form. Their diameter varies from about  $\frac{1}{1000}$  to  $\frac{1}{2000}$  of an inch. Within the transparent envelope is a somewhat translucent matter, probably of a solid consistence, in which are embedded from three to ten or more granules. Water does not change them. Acetic acid renders them more transparent, and enables us to determine positively that they contain no nucleus; by which circumstance, as well as by their shape, and their much smaller size, they are readily distinguishable from pus-corpuscles. In only one instance did Lebert ever detect a nucleus. These peculiar corpuscles are found in all varieties of tubercle. They are numerous and closely compacted together, and to this circumstance probably owe their irregular form.

“When the tubercle softens, the cementing hyaline substance liquifies, and the corpuscles thus set free imbibe apparently a portion of the liquid, become somewhat larger, and assume a spherical shape. In the progress of the change, the cell wall ultimately dissolves, and the included granules are liberated, thus increasing this constituent of the tuberculous mass.”

Nothing could more definitely portray the character of tubercle than this, and when properly dissected, and its full meaning seen, no one point can be stronger in proof of our position.

We see that the constituents of tubercle, before softening, are: “1st—a hyaline formless substance; 2d—molecules or molecular granules in great numbers; and, 3d—peculiar and characteristic corpuscles; the two latter being held together by the translucent material first mentioned”—and that, “when the tubercle softens, the cementing hyaline

substance liquifies, and the corpuscles thus set free imbibe apparently a portion of the liquid, become somewhat larger, and assume a spherical shape. In the progress of the change, the cell wall ultimately dissolves, and the included granules are liberated, thus increasing this constituent of the tuberculous mass." How exactly does this result, upon what Wood calls the characteristic tuberculous corpuscles, correspond with the result which would be wrought, by like means, upon the decolorized blood-corpuscles, which had been deposited, and shrivelled by giving up the great bulk of the water which distended them. This class of corpuscles must first be expanded to the spherical shape, by the action of a fluid upon them of less density than their own contents, and finally, as this more dilute fluid accumulates within them, they must burst, or their cell walls be dissolved, thus liberating their included granules into the surrounding matter. And if it is true that the granules which are liberated by dissolving or bursting the cell walls of the characteristic tuberculous corpuscles, increases this identical constituent of the tuberculous mass, or rather, if the granules so liberated are identical with the molecules or molecular granules, which Wood says exist in such great numbers in tubercles *before* the softening of these, the question is, how came they here free and independent of those corpuscles which furnish the like granules upon bursting, under the process of suppuration? Is it not clear that like corpuscles had had their

cell walls dissolved, or burst, and thus yielded their granules, before the deposit of either to make the tubercle? Such is the fact, and such is precisely what our theory calls for. Some of the decolorized blood-corpuscles, that is, a greater or less number of them according to their weakness by age, etc., and according to the extent to which the serum is diluted, or the length of time they have to circulate in diluted serum, before they can secure their deposit in the capillaries, must inevitably be burst, or have their cell walls dissolved, which would liberate the included granules into the serum, and then these would be deposited along with the corpuscles which were strong enough to resist the agencies that destroyed their fellows, or which were deposited so soon after being decolorized that time was not afforded for their bursting, and in this way, the two together make the tuberculous mass of molecular granules and characteristic corpuscles, as Wood describes it.

Now, in closing what we have to say in this paper upon tuberculosis, we would ask: Can it be possible, that such a chain of evidence as we have presented upon this subject, all pointing in the same direction, and without any conflicting testimony upon a single link in the entire chain, is to be found anywhere in Nature, without its indicating a great truth? If so, it would be but a hollow mockery of all of man's most earnest and candid investigations into those things which concern him more than all else besides in this life.

## BOILS AND CARBUNCLES.

Boils and Carbuncles have the same primary cause, namely, loss of albumen through some one or more of the mucous membranes, and grow in the same manner as tubercles, by deposit of the excess of blood-corpuscles in the capillaries of the superficial tissues; but their deposit takes place many times, in such cases, before the coloring matter is washed out of them; or some of them may first be decolorized and made viscid, so that they can secure a lodgment in the capillaries, block these up, and thus ensure a congestion of great numbers of corpuscles therein; and these then go on to suppuration. From this fact of the deposit of the corpuscles before they are decolorized, we have the so called "blood-boils," and the bloody discharges from boils and carbuncles generally. As a rule, the more bloody the discharges the more acute the case; while the more indolent, the more will the pus resemble tuberculous matter, from the fact of affording more time to decolorize the corpuscles, and shrivel them after their deposit. The boils, or crops of boils, and the abscesses, occurring during convalescence from fevers and other acute diseases, arise from the excess of blood-corpuscles left by loss of albumen during the continuance of those diseases. Frequently, instead of boils and abscesses, patients getting up from fevers, etc., will show strong symptoms of phthisis, and many will go directly into this disease, and now

we see the reasons for it. Such have not sufficient vital vigor left in their lungs to resist the deposit, in these organs, of the excess of blood-corpuscles occasioned by loss of albumen in their sickness, and thus force these off upon the muscular system, to be disposed of through boils, etc., therefore they go down in consequence of their deposit in the lungs.

We have known several cases of phthisis, and some cases of other internal tuberculous diseases to follow immediately after the suppression of boils, and in many instances have seen boils in successive crops, or successive single eruptions of them, attend and follow the cure of consumption.

#### CRITICAL HÆMORRHAGES.

Again, the critical hæmorrhages, that is, all hæmorrhages that properly arise as crises in disease, and many of those that occur in other ways, from diseased action, we regard as the result of, or caused by, an excess of blood-corpuscles left in the blood-vessels, by the loss of albumen,—for it must be remembered that there can be no irritation of any mucous membrane, in the course of any disease, without its wasting albumen,—and Nature takes this method, in such cases, to rid the system of that excess, and thus avoids the necessity of disposing of it by other means. The capillaries of a mucous membrane, generally of that mucous membrane that has suffered the loss, through it, of the albumen, become congested, or much of the excess



of corpuscles is left crowded into them, at and near the point where the albumen escapes, and these minute vessels are distended by this continued pressure, into "anuerismal pouchings," the same as Wood describes, in the quotation we gave from him in our last number, that they are distended in inflammation. By this means the capillaries are dilated to the size of vessels three or four times their diameter. Then, if they have to endure this distention for some days, or weeks, as in the case of lingering diseases, their walls become so weakened they give way under the pressure, when we may have as profuse and dangerous hæmorrhages as in case of opening a great number of arteries and veins of equal size to these greatly enlarged capillaries; and the bleeding be more difficult to control, because vessels lose all their natural contractility after such long continued distention. In such cases more than the excess of corpuscles is expelled. Even almost the entire contents of the blood-vessels may be emptied out, before the ends of the broken vessels can be excited to contraction. All this is well exemplified in typhoid fever. Lehmann tells us that albumen is discharged in "large quantity," through the intestinal canal, in typhus, that it is found deficient in the blood, in this disease, and that "the blood-corpuscles are always increased" during the first stage of typhus; while we all know that the hæmorrhages in this fever are among the most terrible that we ever meet.

In conclusion we will make a few general remarks, and but a few, upon the principles which should govern the treatment of tuberculosis, and all the other diseases that an excess of blood-corpuscles gives rise to. It is clear that if what precedes is true, namely, that the loss of albumen from the blood, by irritated and abraded mucous membranes, is the primary cause of all such diseases,—the deposit of the excess of blood-corpuscles left thereby, being the secondary cause—the cure of all such is necessarily accomplished simply by healing those membranes. If the case has taken the chronic form, and gone on to a deposit and shrivelling of the decolorized blood-corpuscles, into tuberculous corpuscles, these may be absorbed if they have not advanced too near the point of suppuration. Simply stopping a further supply of them for deposit, by stopping a further loss of albumen, will allow of what has been deposited being absorbed, on the well known ground that cutting off the supply of materials that nourish morbid growths, will allow of what has already grown being absorbed, if left otherwise undisturbed in its connection with living tissues. If the case has been allowed to go on to suppuration, particularly in vital organs like the lungs and mesenteric glands, the cure is far more difficult; yet we know we can truthfully say we have cured a number of cases of tuberculous ulceration of the lungs; though we have done this only by means of the most careful Homœopathic treatment.

It has been suggested to us by some to whom we have submitted the foregoing facts, as to the cause of tubercle, that feeding tuberculous patients with albumen in large quantities might remedy their disease; but this is impossible, for if they ate entirely of it, digestion would change the character of the whole mass taken, while absorption would only allow of the proper relative proportion of albumen to the other constituents, as digestion had prepared them, being admitted into the blood-vessels; as we see is the case with all the feathered tribes, which, through a similar process, receive the proper proportions of nutriment for all their various tissues, from albumen, and this alone, until they are hatched and escape from their shell. Hence an extra amount of albumen can in no way be introduced into the blood, to take the place of that which is wasted; and the waste must go on until the mucous membranes are healed through specific medication.

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## INDICATIONS FOR DRUGS IN PULMONARY DISEASES.

### CALCAREA CARBONICA.

This is one of those powerful constitutional drugs, which frequently finds its indications in the general symptoms or constitution of the patient, quite as prominently as in the specific symptoms of an individual case, and yet characteristic symptoms

are by no means wanting, either in its pathogenetic or clinical record.

Some of the more prominent symptoms calling for this drug, in diseases of the respiratory organs, are, in our experience, as follows: Fluent coryza, the discharges soon, if not at first, putting on a purulent character, that is, soon becoming yellowish, or more definitely, of a whitish yellow color, yet distinctly purulent as applied to mucous secretions. Hæmorrhages from the nose, more especially, perhaps, from the *right* nostril, and often profuse, in rapidly growing light haired youths. *Loud breathing through the nose*, that is, a distinctly audible roaring sound from the air passing through the nostrils in respiration. Cough more severe in the morning on rising and in the early evening, yet recurring in paroxysms during the day, not as much or but little in the night. The cough is almost always accompanied with a more or less profuse expectoration, which has the same whitish yellow color as the discharges from the nostrils spoken of above, and like those, *early putting on this purulent character*. The respiration is seldom greatly disturbed, though it is liable to be somewhat so, from a sense of oppression or constriction of the chest, and then it is almost always ameliorated by drawing the shoulders backward. Dull or somewhat acute pain in the spine between the scapulæ, which is relieved for the moment by this same drawing back of the shoulders. Amelioration from lying upon the back; aggravation from

lying upon the sides, more particularly perhaps in turning from the back to the sides, or impossibility to do this without assistance.

Calc. Carb., with us, has shown a more marked control over the upper half of the right lung than over any other portion of either lung, but in this it has been for an entirely different class of symptoms from those for which we would prescribe *Ars. Alb.* A case which was of great interest to us we will give to illustrate the action of this drug. In September, 1866, a gentleman of this city, 42 years of age, very tall, but slim, with dark hair and dark eyes, for whom we had frequently prescribed before, for various ailments, called upon us for relief from a chronic sore throat. Upon examination we found the fauces inflamed in all parts about alike, the mucous membrane thereof being much injected throughout, but without much swelling in any one part, and showing the dull redness and other appearances of chronic inflammation, not the bright redness, etc., of acute inflammation. There was some aggravation upon swallowing, and an expectoration of frothy transparent mucus. But little if any cough, though the irritation appeared to extend somewhat into the larynx.

Though apparently foreign to the case as it then stood, there was one thing in the preceding history of the patient that is important to mention, for reasons that will be seen. In the preceding twenty years, he had had two or three attacks of inflammation of the right eye, the first of these being of

great severity, and from which he was confined in a dark room twelve weeks. The other attacks were much less severe, and controlled in much less time.

For the sore throat we prescribed Phosphorus 3<sup>m</sup>, which relieved all the symptoms, there, very promptly, but immediately the right eye became inflamed. For the treatment of this he called another Homœopathic physician, one who had treated him before for his eye, with good results, at least so far as the eye was concerned. This physician gave him Homœopathic remedies, but at the same time made use of cold wet compresses upon the eye. This very soon relieved that, but it was not more than ten days or a fortnight before the patient came to us again with the throat as bad, or worse, than at first. We again gave Phosphorus 3<sup>m</sup>, which relieved the throat as promptly as before, and with the same result, in driving the disease back to the right eye. Again he employed the other physician, who prescribed the same treatment, that is, wet compresses, etc., with the same result on his part, again, in relieving the eye, but with return of the disease to the throat in about the same length of time. The patient now came to us the third time, with the throat in a bad condition, when, as we had learned of his having employed another physician, we told him he must let one or the other of us go through with the case, for some bad complication was to be feared in going on in this way. He then put himself under our

sole care until he should be cured of all the symptoms. We again prescribed Phosphorus 3<sup>m</sup>, with the same prompt relief of the throat as in each of the other instances, and without the disease going the third time to the eye, but instead of this, a very large and very painful boil formed in the perineum, and confined him to his bed several days. This went on to suppuration and profuse discharge, in proper time, and all the diseased action promised to be broken up speedily; but the patient went to his office on the wharf the next day after the boil broke, and sat there several hours without a fire, though it was a cold day near the last of October, with a high wind blowing off from the lake. In the relaxed and debilitated condition of his system, he took a violent cold, from this exposure, which settled at once upon his lungs. A very severe cough soon developed, with expectoration, which, within a few days, assumed that whitish yellow color already described, and became very profuse. At the same time there arose a severe coryza, and an active catarrhal irritation of the fauces, with a profuse secretion of the same colored mucus from the latter, and from the posterior nares, requiring much effort, in addition to the cough, to clear these passages. The cough was more severe in the morning, with less violent paroxysms during the day, worse again in the evening, from about 5 P. M., for two or three hours, and much less at night, but always attended with the characteristic expectoration named above. A slight pain also came up

behind the third and fourth ribs in the right lung, which he described as a sensation between a numbness and a pain. There was scarcely any dyspnoea whatever in the case at any time, but there was, all the time, *loud breathing through the nose*. The appetite kept fair and the bowels regular. Considerable fever of a hectic character arose, pulse varying from 100 to 120 per minute, but without chills or night sweats.

For these symptoms we prescribed Aconite. 1<sup>m</sup>, Belladonna 2<sup>m</sup>, Nux Vom. 2<sup>m</sup>, Merc. Sol. 3<sup>m</sup>, Bryonia 2<sup>m</sup>, Phosphorus 3<sup>m</sup>, etc., being governed in the prescription, as nearly as we could, by the totality of the symptoms as they stood, but none of them afforded any relief. In fact the patient grew steadily worse, to the great alarm of his friends, for some six weeks, when it became evident that if relief was not soon given he must go down rapidly with "quick" consumption. He was expectorating very large quantities of the whitish yellow sputa described, and the whole powers of life were beginning to show that they were being rapidly undermined. At this time there was a strange feature revealed by auscultation, and this was, that the sounds given by the upper portion of the right lung were exactly those of cavernous respiration; and if governed alone by them, we should have said the entire upper third of that lung had been destroyed by ulceration. Still we knew from the other indications of the case this could not be so, that there was no breaking down of lung tissue;



but instead of this, that it was one of those cases, of which we have seen several, giving deceptive sounds of cavernous respiration, where no cavity existed. But the patient was certainly approaching, and that rapidly, a condition where medicine could no longer have been of any avail. The left lung was entirely normal in all respects.

Under this state of affairs, and with not a little anxiety, we made a careful review of the symptoms, and saw that with any knowledge we then had of such a case, we could not hope to select the curative agent by following only those symptoms which then existed; so admitted all the symptoms we could get of diseased action in his past life. We then found that he had grown very rapidly and slender while a boy; that he had had great numbers of profuse hæmorrhages from his nose, which in early boyhood were always from his left nostril, and later invariably from the right nostril; and that there had been other symptoms and conditions of his earlier life that called for the Carbonate of Lime, though the color of the hair and eyes were the opposite of what would generally lead us to think of this drug. We therefore gave *Calcareæ Carbonicæ* 6<sup>m</sup>, Dec. 11th, '66, and awaited the result. The delay was not long however, for it was not to exceed three days when it was distinctly to be seen that the entire symptoms of the case were giving way to a rapid improvement; and after a week or ten days, so great was the change, that we had no more anxiety for the result; while at the end of a month or six weeks there was not a symptom of importance left in the

case, but debility, and from this he rapidly recovered. After the first dose of Calcarea, Dec. 11th, we gave no other remedy, but let this entirely complete the cure, and restore his strength, which it did so fully, that he has been about as strong and healthy since as at any time in his life preceding this sickness.

Now, we feel quite confident that if Phosphorus had been allowed to act in this case, undisturbed, when it was first given for the throat and drove the disease to the eye, it would soon have relieved the inflammation of the latter organ as effectually as it did the throat; or, if it had not accomplished this work fully, we feel that we know that a high potency of Belladonna or Calcarea, more probably the former, would have done so promptly, and saved the boil and the lung attack, in short, all that followed in the case.

It was the relaxed condition of the patient's system, from enduring the pain, fever and general disturbance of the vital forces, caused by the boil, that induced the cold and its alarming effects upon the lungs; and all of this suffering and risk, we repeat, would have been avoided if the case had been allowed to go on as it was commenced. The action of Phosphorus was purely curative, in driving the disease from the *more* vital organ or parts (the fauces), to the *less* vital organ (the eye), and should not have been interfered with, under any pretext whatever, until it had done all it could; and then, if anything further had been needed, it should have been followed with the drug then indicated

by the totality of the symptoms, without any external or local treatment, of any kind, name, or nature.

It is the highest duty of the physician to *prevent* disease whenever and wherever he can, and when he cannot do this, it is his next highest duty to avoid everything in his treatment that can possibly complicate the case, or occasion any risk; BUT HE CAN NEVER DO THIS IF HE RESORTS TO LOCAL TREATMENT FOR ANY DISEASE, OR ANY CONDITIONS ARISING FROM DISEASED ACTION.

We have known repeated instances, where some of the most serious and fatal diseases of the throat and lungs, followed, or commenced, immediately after the treatment and suppression, by local means, of inflammation and ulceration of the eyes.

In conclusion, we desire to say to the profession, we wish it specially understood, that in what we have said, or may say, about the particular locality, or localities, in the lungs, upon which the various drugs act, we by no means limit or confine the action of these to such parts, or say they cannot go beyond. It is only the result of our own careful observations, thus far, that we are giving. We expect, indeed we know, that the observations of others, no less than further experience of our own, must extend these limits, and at the same time give us more and more clearly the characteristics of each drug; and that a fuller knowledge of these, with the aid of the exact localities of their action, will make our prescriptions, in such cases, much more unerring than they have ever been.

COMPARISON BETWEEN ACONITUM AND  
BELLADONNA.

BY AD. LIPPE, PHILADELPHIA.

[Read before the Central New York Homœopathic Society, June 17th, 1869.]

ACONITUM.

Inconsolable anxiety, with restlessness and tossing about.

Delirium, worse at night and has ecstasy.

Predictions of the time of death, not in dangerous diseases, but when there is nervous anxiety.

Giddy when rising, with vanishing of vision, as if in a swing.

Congestion of the head, with red face. Heat of the head, with perspiration of the head and red face.

Fullness and heaviness in the forehead.

Pain in left side.

Headache, better when lying quiet, worse when moving.

Sensation of the brain as if moving to and fro.

BELLADONNA.

Unconsciousness; the patient does not see any one nor hear.

Delirium, with violence, raving, tearing of objects, with striking and spitting. Bell. is demonstrative.

Great cunning and vehement talking.

Vertigo with unconscious falling down. Loss of sight when sitting up in bed.

Congestion of the head with red face. Heat of the head, with congestion of the head, and pulsation of the arteries of the head.

Stupifying pain in the head, with unconsciousness.

Pain in right side.

Headache, better when sitting and worse when lying.

Boring of the head into the pillow.

## ACONITUM.

*Eyes closed.*

Excessive photophobia and photomania; ophthalmia. Eyes protruded and pain insupportable, with great pain and restlessness. Inflammation from foreign bodies in the eye. Inflammatory swelling of the eye-lids.

Dilated pupils. Pupils movable—contracted and then dilated.

Red face, but pale when rising.

Lips dry and black, peeling off.

Perspiration on the side of the face, on which the patient lies (characteristic).

Pulsating pain in the face, with restlessness.

Dryness and dark-redness of the throat.

## BELLADONNA.

*Eyes open*; has visions as soon as the eyes are closed.

Photophobia and photomania. Heat in the eyes, with fullness of the vessels and swelling of the lids—lids turned over.

Bleeding of the eyes. He sees sparks of fire. Things look red.

Dilated pupils (immovable); wild staring look; red glassy eyes.

Red face, with burning heat hotter than Acon.—pale bluish-red (purple) face, and puffed.

Black and bleeding lips, and hard swelling of the upper lip.

Erysipelas of the face.

Violent cutting pain in the face. Violent pain in the teeth, aggravated by eating.

Dryness and dark-redness of the throat. Dryness of the mouth, without thirst.

**ACONITUM.**

**BELLADONNA.**

Prickling on deglutition and coughing.

Prickling on deglutition.

Tingling in the throat.

Constriction, with desire to swallow. When not swallowing, cutting in the throat. Swelling of the tonsils.

White coated tongue.

Red tongue. Tongue coated with mucus, or inflamed and swollen, preventing speech. If the tongue is white, the edges will always be red.

Aversion to food.

Aversion to food, loss of taste.

More violent thirst than Bell.

Thirst, causing to drink very fast, with trembling. Aversion to drink even when there is dry throat.

Bitter taste of all food and drink, except water.

Sour taste of bread.

Vomiting of bloody mucus.

Vomiting of pure mucus, or sour (acid) vomiting.

Vomiting of what has been drunk.

Vomiting of bile, or empty retching.

Tensive pressing pain as from a weight in the abdomen (stomach?).

Swelling of the pit of the stomach.

Swelling of the abdomen, with tympanitis.

Swelling of the abdomen, with tympanitis.

Sensitiveness of the abdomen to the touch.

Sensitiveness of the abdomen to the touch.

## ACONITUM.

Colic from flatulency.

Light (white) evacuations.

Small evacuations, with straining.

Suppression of the urinary secretions.

Anxious urging to urinate.

Increased secretion of urine, with very frequent urination, and much thirst.

Red fiery urine.

Frequent and short breathing, especially when rising from a recumbent posture.

Dry short cough.

Expectoration of blood, or blood-streaked, or of a thick white substance.

## BELLADONNA.

Painful tearing and clawing (as with the finger nails), in the abdomen.

Colic from flatulency (the transverse colon is very considerably inflated and palpable to the touch), relieved by stooping and pressure (leans over a chair and presses the abdomen).

Green evacuations (white evacuations).

Involuntary evacuations.

Suppression of the urinary secretions.

Involuntary evacuation of urine.

Red fiery urine.

Frequent and short breathing, with violent heaving of the chest.

Constrictions of the chest.

Dry, hacking cough through the night.

Very little expectoration, except in the morning after rising, when a thick substance like pus is coughed up.

**ACONITUM.**

Stitches in the chest when coughing. Cough when smoking tobacco.

Stitches in the chest aggravated by breathing, coughing and motion, even by lifting up the arm.

Hollow voice.

Palpitation of the heart, with anxiety.

Stiff neck.

Tingling of the fingers.

Hot hands and cold feet.

Loss of power of the hip and knee joints, generally of the left side.

Dry burning skin.

**BELLADONNA.**

Stitches in the lumbar region when coughing, cough caused by the least motion, especially in bed at night.

Sneezing after coughing. (Hep.)

Congestions to the chest, with pulsations.

Aphonia, entire loss of voice.

Violent palpitation of the heart, reverberating in the head.

Stiff neck, accompanied with swelling of the neck and head. Distended arteries of the neck (also an acid smell from the perspiration of the neck).

Swollen glands of the neck.

Twitching in the hands.

Cold hands and feet.

Stitch in the hip joint, generally on the right side, both at night and when touched.

Dry burning skin. Alternate redness and paleness of the skin. Burning hot swelling of the affected parts. Smooth shining scarlet-redness,—not circumscribed,—with dryness, burning and swelling.



## ACONITUM.

Sleeplessness, with anxiety and constant tossing about.

Sleeplessness and stupor, with closed eyes.

Full, hard, accelerated, and only sometimes intermitting pulse; very seldom slow, and small pulse. Slow pulse is like a thread.

Coldness in the blood-vessels.

At the commencement of the disease, chilliness, most violent in the evening after lying down, often with one red-hot cheek, and contracted pupils.

Chilliness from being uncovered or being touched.

Chill with internal heat, anxiety and red cheeks.

Shuddering, which rises from the feet up to the chest.

Dry burning heat, mostly extending from the hands and face, with much thirst for cold drinks.

Heat, with anxiety and tossing about.

Continuous heat, with desire to be covered.

## BELLADONNA.

Deep stupor-like sleep.

Sleeplessness from visions passing before the eyes as soon as they are closed.

Quick, hard, and tense pulse, occasionally small and soft,—seldom soft, but when so, it is full.

Fullness in the carotid and temporal arteries.

Chilliness in the evening, mostly on the extremities, and hot hands, or cold extremities with hot head.

Chilliness when moving.

Internal chills, with external heat.

Shuddering which runs down the back.

Dry burning heat, with perspiration only on the head.

Heat, with stupidity; or red face, with delirium.

Hot head with cold cheeks.

## ACONITUM.

Burning heat, with chilliness at the same time.

Long, lasting perspiration over the whole body, of a sour smell.

Most perspiration on the covered parts.

*Left side.*

Pains which are insupportable.

Congestion to various parts.

Diminution of almost all pains, while sitting still; but at night, and while in bed, it is unbearable.

Great and sudden sinking of strength.

## BELLADONNA.

External or internal heat, or both, at the same time.

Perspiration while asleep, day or night. Perspiration begins at the feet, and ascends.

Perspiration only on the covered parts.

*Right side.*

Over-sensitiveness of the senses.

Congestion to various parts.

Renewal and aggravation of the attacks by the least touch.

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 RETROSPECTIVE.

With this number we close the first volume of this Journal. It will be seen, also, that herein we conclude our article upon "The Cause of Tuberculosis." In order to do this, we have had to give more space to it in this issue than we desired, but thought it less objectionable to do so than to resort to the questionable expedient of continuing a leading article from one volume to another, when this could be avoided.

As our facts and argument, upon the cause of Phthisis, are now before the profession, they can judge for themselves whether we have maintained what may have seemed, perhaps, a somewhat startling claim, made at the outset, to having discovered the real cause and nature of this terrible human scourge. To us the proof seems sufficient, and we think it must

be so regarded when subjected to the most rigid, but just scrutiny; though it is scarcely more than half we have gathered upon the loss of albumen, and the ravages of the blood-corpuscles, thereby left in excess; while it is hardly more than a tenth of what we have collected upon the various branches of this almost inexhaustible subject. As stated in the beginning, we wrote the paper for, and submitted it to, those who are among the best educated medical men in the world, viz., the members of the Academy of Medicine, Paris; consequently omitted very much of the details of proof with which we knew they would be familiar. For them, what we gave was sufficient for a full understanding of the subject, and they conceded that *all* the facts upon which the argument was based were correct. But others must judge the matter from their standpoint, and as they are given to see the evidence. One thing, however, it would seem, must result from this discussion, whatever else may come of it, and that is, if all have been governed by the same earnest desire to study and understand our views, with which we have endeavored to present them, a more extended specific knowledge of the *nature*, at least, of tubercle, must be reached than has ever before been attained.

With this we leave our work of the year in the hands of our school, without doubts or fears, and with the conviction that entire justice will be done by all those who earnestly desire the advancement of knowledge in the profession, and the prevention and relief of human suffering. Indeed the extensive endorsements and encouragement we have already received, and which are still constantly flowing in upon us, far exceed our most sanguine expectations, and leave nothing in doubt on this score; while for it all, we return our most heart-felt thanks.

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#### NOTICES OF JOURNALS, ETC., RECEIVED.

In exchange, we have received regularly during the year, *The Hahnemannian Monthly*, *The American Journal of Homœopathic Materia Medica*, and *The New England Medical Gazette*. Though we have omitted to notice the receipt of these before, it has not been from any intentional neglect, or from want of disposition, but simply because our pages have been so crowded each time with matter we furnished that we could get nothing else in. In fact we had to divide the article on Tuberculosis, in each number preceding this, at points where we did not desire to, in order to allow room for the completion of other articles.

We have also received *The Occidental*, and *The Canada Journal of Dental Science*, since July, besides numerous pamphlets and books, which we cannot now notice for reasons given above.

THE  
HOMŒOPATHIC QUARTERLY,

A JOURNAL DEVOTED TO THE INTERESTS OF  
PURE HOMŒOPATHY.

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ROLLIN R. GREGG, M. D.,

EDITOR AND PROPRIETOR.

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BUFFALO, N. Y.  
PRINTING HOUSE OF MATTHEWS & WARREN,  
*Office of the "Buffalo Commercial Advertiser."*  
1870.

Entered according to Act of Congress, in the year of our Lord 1869,

By ROLLIN R. GREGG, M. D.,

In the Clerk's Office of the District Court of the United States for the Northern  
District of New York.

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THE  
Homœopathic Quarterly.

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VOL. II.

BUFFALO, JANUARY, 1870.

No. 1.

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AN ILLUSTRATED REPERTORY.

On the next succeeding page, we commence the development of our plan for representing to the *eye* the pathogenetic symptoms of drugs, in a manner which furnishes, at the same view, the indications for their administration in disease. In other words we commence the work of making an *Illustrated Repertory*, whereby we shall all be enabled to bring the powerful aid of the *sight* to the assistance of the other faculties, in determining by the locality, and the kind of symptoms, together with their direction and extent,—in all instances where they have these qualities,—that drug which is surely indicated in each individual case; and this without the necessity of that long and tedious search through several volumes, which is at present so often required to ensure the best success in the treatment of disease, by a strict application of the Homœopathic law.

All know how greatly the study of anatomy, surgery, midwifery, and even of physiology, has been

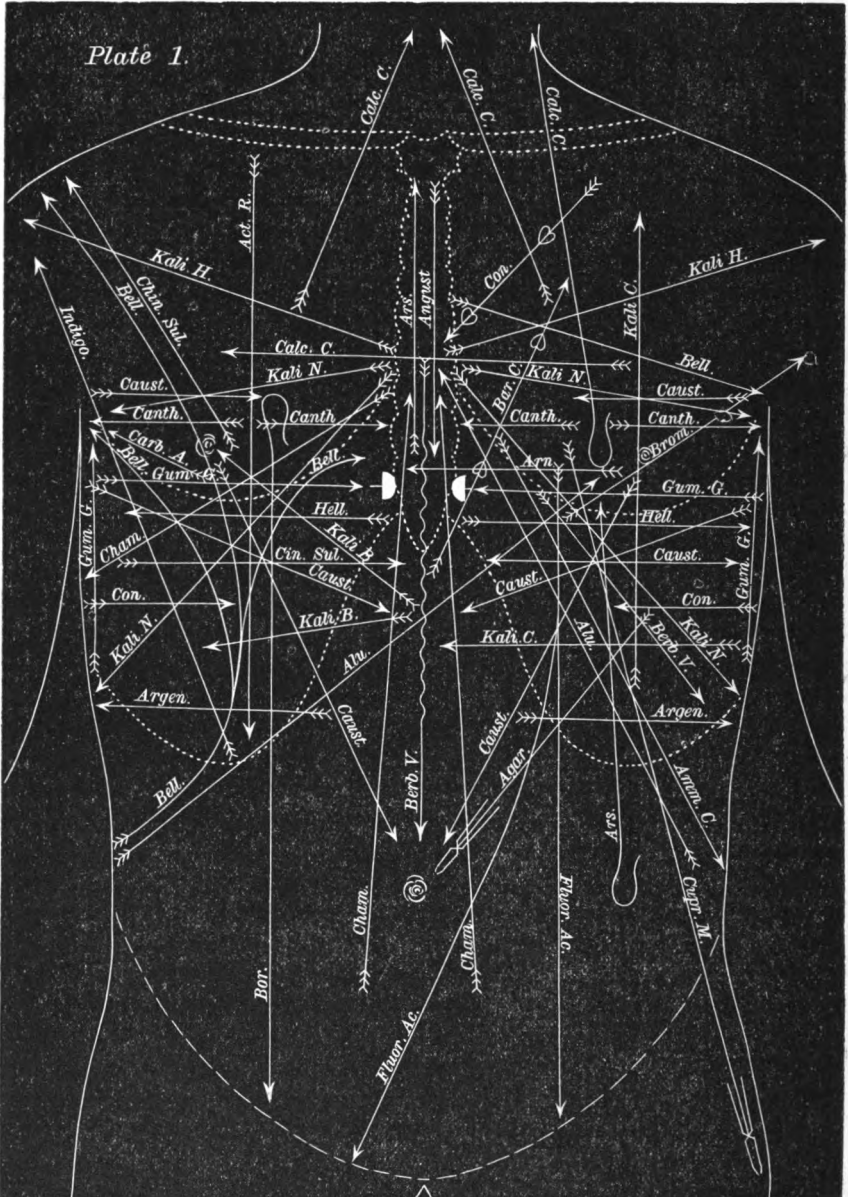
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VOL. II.—1.



AN ILLUSTRATED REPERTORY

For all the acute pains of a darting or stitching character, that pass from point to point in the chest, in a manner that can be represented by a front view of the body.



In using this plate consult the explanation in the succeeding pages.



facilitated by means of figures and plates of the various parts and organs of the human body, and also of many of the natural operations transpiring within, or of the artificial operations performed upon it. Then why not make use of this same great aid in Therapeutics, where the knowledge which may be obtained thereby would be so much more important, because of so much more general use? The only question is, can such a work be properly done? And this question we trust we shall be able to answer to the satisfaction of all, as we proceed with our work, and to the extent we claim.

It has long seemed to us impossible for any one to form in the mind, by reading alone, a clear and correct image of the full range of action of any one drug, and retain all its symptoms, especially if that drug has an extended action upon the system, and such a large number of symptoms as Aconite, Arsenicum, Belladonna, Mercurius, Sulphur, etc. At least we acknowledge our inability to do this. Detached portions of this image may be obtained and correctly impressed upon the mind, so that we can often make the proper application of the drug in the cure of the sick; but, we repeat, as to getting the whole image complete in all its parts, standing out in bold relief before the mind, ready for use under any and all circumstances, it seems to us impossible to be done, by any means we have hitherto had to accomplish such a purpose. Yet, alas, what a terrible necessity exists for this being done. Then when we come to pass from one drug to the large

number of these we use, the difficulties become multiplied just in proportion to numbers; while the mind becomes confused and memory literally overwhelmed with the vast multitude of symptoms which should, if they could, be retained.

These obstacles to those grand results which we know our system to be capable of, and which we are sure will ultimately always be attained, we must confess have been a source of serious trouble to us, individually, ever since we entered upon the practice of our profession. And the proving of more drugs has been adding to the confusion, notwithstanding the importance and need of those provings. Now, however, to our mind, much of this is changed, and we trust we do not build up false hopes to mislead others, when we claim that under the plan we present herein, a great portion of all this apparent confusion, comes out into that beautiful order and harmony which Nature everywhere displays, when we correctly interpret her language and accurately picture her work.

With this we enter upon an explanation of our method, and of the plates we give in this number. The plates, as will be seen, have for their groundwork the outlines of the human body, from the neck to the hips. The arrows are used to indicate all the acute pains, such as *darting*, *stitching*, and the like, which pass from point to point in the chest, or from this to other parts of the body, and are placed upon the track of the pain; the tail upon the point where the pain arises, and the head where it termi-

nates. The two plates are intended for but one view of the chest, though given in the two, so that the tracks or lines of the arrows may be clearly traced without confusion; and also to afford room for the names of the drugs, which, in each instance, will be seen to be placed above, or immediately along-side, the arrow that represents its symptom. Where there are two heads upon an arrow, one at either end, it indicates darting, or stitching pains in *both* directions. The hook combined with the arrow signifies a *drawing* stitch, or a *drawing* ending in a stitch. The figure of a heart placed upon an arrow means a *throbbing* or *pulsating* stitch. The short lines or bars placed across the arrow signify a *tearing* stitch; they are to represent that if the arrow should move forward the bars would tear the tissues through which they passed. The pinchers stand for a *pinching* pain or *pinching* stitch. The half-globe, or plano-convex figure, represents a *pressure* in connection with the stitching or darting pain. Where the line of the arrow is crooked it indicates a *contractive* stitch.

We will now give in detail the symptom, or symptoms, of each drug represented on the plates. These we copy direct from Hahnemann's Chronic Diseases, from the Symptomen Codex and from Hull's Jahr's Symptomatology, as they are given there, and of course, as all these were procured by trials of the several drugs upon *well persons*, they are the characteristic symptoms which belong to the different drugs respectively.

*Actea Racemosa.* "Acute pain in the right lung, extending from apex to base, aggravated by inspiration"; represented on plate 1 by the arrow correspondingly placed.

*Agaricus.* "Pinching in the left side of the chest down to the umbilicus"; illustrated by a pair of pinchers in the proper position.

*Alumina.* "Lancination passing like lightning from the right loin to the left side of the chest, through the pit of the stomach when breathing"; and: "When stooping, a lancination coming out at the left side of the abdomen, and reaching the middle of the chest; the lancination comes on at every inspiration; afterward, also, when standing straight."

*Ammonium Carb.* "Violent stitches in the left side of the chest, commencing in the præcordial region and then moving downward toward the side, and afterward toward the back."

*Angustura.* "Pressure across the whole right side of the chest and abdomen, as if these parts were compressed in front and behind, *accompanied* by an incisive cutting from above downward, in the sternum, and in the dorsal spine, increased by inspiration and every movement of the trunk."

*Argentum Met.* "Violent cutting, in both sides, in the region of the lowest ribs, from within outward; the pain is severe only during a deep inspiration."

*Arnica.* "Stitches in the heart, from the left side to the right, with fainting fits."

*Arsenicum Alb.* "Drawing-stitching pain under the left hypochondrium, extending into the chest when clearing the throat." This symptom is represented in plate 1 by the hook and arrow. *Ars. Alb.* also has: "Stitching pain in the sternum from below upward, when coughing."

*Baryta Carb.* "Throbbing stitches in the left side of the chest, from the pit of the stomach upward"; represented by the arrow with two figures of a heart upon it.

*Belladonna.* "Violent contractive griping in the right side of the abdomen when walking, accompanied by sharp stitches darting from that side through the right side of the chest and the axilla," as the *Materia Medica* has it, but we have considerable to add to this symptom from experience. Last summer we had a lady patient who was seized with a most violent acute shooting pain, which started in at the right side of the abdomen, and extended up through the right side of the chest,

one branch of it shooting through to the vertebral border of the scapula, at a point about one-third of the distance upward from the inferior angle of this bone, and there causing the most extreme tenderness to touch; another branch of it extended to the right axilla, and a third branch of the pain extended to the top of the right shoulder. As would be expected from such a branching pain, there was, or seemed to be, much acute pain through all the lower half or two-thirds of the lung besides, but these three branches predominated over all else, and stood out clear and distinct, while the suffering from them was, to all appearance, as great, if not greater than we ever before witnessed from acute pain. The lady had been an old chronic patient of ours for some three or four years, had suffered much from spinal irritation and very sensitive lungs for many years, was confined in May last, had several very severe chills, and two or three acute attacks of the lungs, threatening pleuro-pneumonia of a typhoid type, before she got up from her confinement. From all this she finally recovered sufficiently to be up about her house part of the time; but was left much emaciated, and with a severe cough and profuse purulent expectoration, night sweats, and much acute pain through the right lung; in fact had all the symptoms of phthisis so marked, that we were censured severely by some of her friends for giving encouragement of a cure in her case. Well, after continuing in this state a few weeks without much change, and no apparent relief of the acute pain from Acon., Bry., Ars., Phos., etc., we were summoned to her one morning in haste, and found that the pain in the right lung had developed into the shooting, branching pain that we have described, and so violent was it, that she was almost suffocated from the obstruction to respiration, caused by its severity. The face was somewhat bloated and assuming a purplish hue, while the borders of the lips were already a distinct purple. We at once prescribed Belladonna 2<sup>m</sup>, and visited her again in two hours, when we found her so much relieved that she could breath quite comfortably, though of course the severe pain was not yet wholly controlled. She said she was very much relieved in the first half hour, while all appearances of threatened asphyxia had disappeared. From this on she recovered quite rapidly from cough, expectoration, and pain, though still, at times, suffering quite severely from the latter for some weeks,

when more rapid improvement manifested itself, until she was restored to a better state of health, by September, than she had before enjoyed since a girl. And all this was done by Bell. 2<sup>m</sup>, alone, without any other remedy.

Belladonna also has: "Fine stitches in the left side of the chest extending from the sternum toward the axilla, more violent during motion."

*Berberis Vulgaris.* "Violent, sudden, incisive, contractive pain, in the front part of the middle portion of the chest extending down to the abdomen, obliging him to bend double"; represented in plate 1 by an arrow, the central portion of which is a crooked line, to give the idea of being contractive. This drug also has: "Painful dragging-sticking in the region of the heart, outward and downward."

*Borax.* Rivals Sepia in its stitching pains in the *right* lung, with this clear distinction, that the stitches of the former are many of them *drawing* stitches, while of the latter they are simply stitches; and with Borax: "The drawing stitches in the right side of the chest descend into the right groin, where he then feels a violent pain when hiccoughing, sneezing, coughing or gaping." These drawing stitches are represented by a hook, placed in about the center of the right chest, and an arrow extending from it to the right groin.

*Bromine.* "Sticking pain in the left side of the chest toward the arm." The starting point of this pain not being given we place the arrow upon the track of a *drawing* pain through the left breast into the left arm, which is the preceding symptom of Brom. Future experience must correct this if it is not right.

*Calcarea Carb.* "Stitches in the chest, toward the throat, for some hours"; represented by two arrows, one from each side, up into the throat. It also has: "Stitches across the chest, from the left to the right side, with a sensation as of constriction of the chest; his breathing was difficult, and during breathing the stitches became more violent"; and: "Stitches and drawing in the left half of the chest extending to the left submaxillary gland"; these being represented by a hook placed in the center of the left chest, and an arrow extending from this up through the left side of the neck, as far as the figure allows.

*Cantharis.* "Sticking pain and stitches in the chest, sometimes during an inspiration, in one or the other half of the



chest, or one or the other side, extending to the axillæ, or into the sternum," represented by two arrows upon each side, one extending to the sternum and the other to the axilla.

*Carbo Animalis.* "Stitches in the back part of the right breast, extending to the axilla."

*Causticum.* "Sharp stitches in the chest, near the nipple, in the direction of the umbilicus, especially when breathing"; also: "Stitches in the outer parts of the chest, below the arm, extending to the pit of the stomach, accompanied by slight anguish"; all represented by two sets of arrows between the points named, though we suspect they are one and the same symptom differently expressed by different provers. *Caust.* also has: "Dull stitches from the axilla toward the chest," represented by the arrow in place upon *each* side, as no distinction is made in the language; and: "Sharp, slow stitches in the left side of the chest in a horizontal line with the pit of the stomach"; represented by a double headed arrow, as the direction is not given.

*Chamomilla.* "Stitches (rather dull) darting from the abdomen into the middle of the chest, as if caused by flatulence"; also: "Stitches from the middle of the chest to the right side after every inspiration."

*Chininum Sulphuricum.* "Lancinations in the right half of the chest, extending toward the shoulder, arresting the breathing and relieved by bending the trunk forward"; represented by an arrow extending from about the center of right lung up to the right shoulder.

*Cinchoninum Sulphuricum.* "Stitches in the chest from the right side to the pit of the stomach."

*Conium.* "Beating-stitch, with pain, in the upper and left part of the chest toward the center of the chest"; represented by an arrow in the proper place, with two small figures of a heart upon it. *Con.* also has: "Violent stitches in the side, as if a knife were plunged into the side, causing loud moaning." Whether right or left, or both sides, is not here designated, so we place the arrow upon each side, and leave the matter for future confirmation or correction.

*Cuprum Metallicum.* "Pinching pain in the left side of the chest extending to the hip"; represented by an arrow, in the proper place, with a pair of pinchers for its head.

*Fluoric Acid.* "Pain from the left side of the chest to the

groins, increased by deep respiration, particularly in the groin and back, like a stitch."

*Gummi Gutti.* "Painful stitch from the ribs to the axilla, arresting the breathing"; whether upon one or both sides is not mentioned, but we place the arrow upon both, that experience may be had to settle the matter; and we give the direction perpendicularly beneath the axillæ, believing this to be the meaning of the symptom, though the language is ambiguous. Gum. G. also has: "Pressure in the middle of chest, and stitches going from both sides of the chest toward each other"; the pressure being represented in plate 1 by two plano-convex figures placed near the sternum, and the stitches, by the arrows coming from each side to them.

*Helleborus.* "Sharp cutting in the region of the lowermost true ribs across the chest, from within outward, increased by inspiration."

*Indigo.* "Painful spot, of the size of a hand, in the region of the right lower ribs, with a stitch extending to the shoulder joint when sitting (going off by motion)."

*Kali Bichromicum.* "After dinner external stitches in the epigastrium and breast into the nipple (male), and in the right hypochondrium"; represented by two arrows running from the epigastrium, one to the right nipple, and the other to the right hypochondrium.

*Kali Carbonicum.* "Cutting sensation in the lower part of the chest, especially in the left side of it, moving into the epigastrium and leaving a stinging sensation in the left half of the chest." Kali Carb. also produces: "Stitches under the left mamma, and sometimes ascending deep into the chest; also in the evening."

*Kali Hydriodicum.* "Violent stitches in the middle of the sternum extending to the shoulder"; whether upon one or both sides is not named, so we carry the arrows to both shoulders in order to ensure future observation, and correct the error if it is one.

*Kali Nitricum.* "Stitches in the middle of the chest, extending to both sides and toward the axilla, when walking (during the menses)"; represented by two arrows upon each side, starting from the same point, and terminating, one in the axilla, the other at the lower part of the chest.

Since placing the arrows and writing the above, we have confirmed this symptom in a man, aged about thirty-five years, an old and bad syphilitic subject, in whom the disease was suppressed, years ago, by Allopathic treatment. Dec. 13th, '69, he called upon us and said he had been suffering some weeks from severe acute pains in the chest, like the cutting of a knife. Upon inquiry for the exact locality of the pain, he placed the palm of his hand upon the center of the sternum, and spreading the fingers said, "It shoots like that from the center to the arm-pits and sides of the chest below, being about alike," he said, "upon both sides." With this he had considerable cough and expectoration, and said he was feeling badly throughout his whole system. For these symptoms we prescribed Kali Nit. 3<sup>m</sup>, and he reported, the eighth day following, that by the fourth day after taking the medicine the pain was entirely relieved, and he was feeling much better in every way. Here, then, in this pain, is one of the great characteristics for this drug, independently of concomitants, for it will be borne in mind that this result was obtained upon the male organism, and, of course, was uninfluenced in any way by the menstrual function named in the quoted symptom above. And the symptom should be remembered as corresponding to several arrows upon each side, all starting from behind the center of the sternum and radiating from thence, the upper one to the axilla, and the others from this along down to the lower ribs upon each side.

This completes all the remedies represented in plate 1, and we now pass to plate 2.

*Kreasotum.* "Acute stitches in the middle of the chest, worse during an inspiration, attended with a feeling of lameness, and extending to the elbow joint across the right shoulder, where the pains are most violent on lifting the arms." This symptom, Dr. L. M. Kenyon, of this city, informs us he has confirmed in two cases, one some ten or twelve years since, the other more recent; that it occurred in both as a concomitant of *chronic leucorrhœa* and that both were very promptly relieved by *Kreas*. This drug also produces: "Stitches below the left mamma, proceeding thence as with a sharp knife, and like an electric shock across the pit of the stomach, the chest, the right side of the abdomen, thighs, down to the tarsal joints."

Each of these symptoms is represented by its appropriate arrow, with the head of it carried in each case as far as the size of our plate will allow. The same drug further has: "Sticking across the middle of the chest from morning till noon," which, as the direction is not given, we represent with a double headed arrow, as though the pain passed both ways, and thus leave it for future experience to correct, if it is wrong.

*Lachesis.* "Stitch through the chest, from the abdomen to the shoulder"; as expressed under the chest symptoms, but explained under the abdominal symptoms as follows: "Stitches from the right os ilium, through the abdomen and chest, as far as the shoulder; after which the stitches strike from the left lower to the right upper side" of the abdomen, we infer, and place this arrow accordingly.

*Lactuca Virosa.* "Pleuritic stitches from the middle of the sternum toward the right side."

*Laurocerasus.* "Stitches through both sides of the chest toward the sternum"; and: "Stitches from the right axilla to the chest." It also produces: "Stinging tension in the left side when lying on it, extending up to the neck, in the morning."

*Magnesia Carb.* "Stitches below the right side of the chest, toward the umbilicus, or darting out at the shoulder, also during an inspiration"; and: "Dull stitches in the left half of the chest, during an inspiration, extending into the shoulder." *Magnesia Carb.* also produces: "Stitches below the left half of the chest, when yawning, also after dinner, or in the evening when they are felt in a sitting posture, and sometimes extend into the sternum."

*Magnesia Sul.* "Stitches from either side toward one another, in the evening, on entering the room from the open air"; and: "Stitches from the left axilla to the chest."

*Manganum.* "Drawing-stitch in the left half of the chest, darting continually upward and downward"; represented in plate 2 by a hook and arrow-head at each end of the arrow, and this placed perpendicularly in the left chest. This drug also produces: "A sticking pain in the chest, from below upward, which is sometimes felt during an expiration;" which we cannot locate from this language, so do not represent it on the plate.

*Moschus.* "Stitches in the right side, down to the region of the liver."

*Muriatic Acid.* "Tensive darting, from the left false ribs to the right ribs"; also: "Stitches deep in the præcordial region, extending as far as the axilla and back, with stitches in the thigh extending to the knee, when sitting, going off when rising." Mur. Ac. also produces: "Slowly ascending, broad stitches, externally in the sides of the chest."

*Natrum Muriaticum.* "Stitching pain, transversely through the lungs, in frequent attacks, at intervals of an hour;" represented by an arrow with a head upon each end; and: "Single stitches along the sternum"; which, as the direction is not given, is also represented by a double headed arrow. Natr. Mur. produces, also: "Tearing stitching pain from the left upper region of the chest to the shoulder-joint"; represented by an arrow with bars across it; and: "Dartings under the right arm down the side."

*Nitric Acid.* "Violent stitch, in the upper part of and within the right ribs, through the abdomen and back."

*Nux Moschata.* "Dartings in the fore part of the chest, shooting upward in an oblique direction and arresting the breathing"; not represented on the plate by an arrow, as the locality is not given definitely enough to locate it, but mentioned here so that future experience will be had to properly locate it.

*Oxalic Acid.* "Sharp shooting pain in the left lung and heart, extending down to the epigastrium, lasting for some seconds."

*Petroleum.* "Lancinating pain, in front, from the right to the left side of the chest, when bending the trunk to the left side." It also has: "Violent stitch as far as the heart, arresting the breathing"; which we cannot locate, as the point of its origin is not named.

*Phellandrium Aquaticum.* "Pointed stitch in the upper part of the sternum, somewhat to the right"; also: "Dull stitches from the last true rib to the xiphoid cartilage, with painful sensation in the stomach, as if screwed together." The side not being mentioned in this instance, we place the arrow upon the right side, to correspond with a similar pain given under the abdominal symptoms, and thus located.

*Phosphorus.* Very violent stitching pains, starting in just beneath the skin upon the acromial extremity of the left clavicle, and shooting from there downward through the left lung, and out at the left side of the abdomen, just below the ribs. This is not from the *Materia Medica*, as there are no acute pains passing from point to point, given there under *Phos.*, which can be represented by a front view of the chest; but is a symptom which we recently found by clinical experience to be readily controlled by this drug. The case here follows: We were called to a tall powerful man having this symptom in great severity. After laboring under a severe cold a week or ten days, he was taken very suddenly with this pain, was in a severe chill at the time of our call, and apparently under extreme suffering. There was utter inability to take any but the shortest inspirations; great aggravation upon the slightest movement of the body; and it was impossible for him to lie upon the left side. Though there is no drug in the *Materia Medica* covering this symptom, we prescribed *Phos.* 3<sup>m</sup> with confidence, and awaited results. The next day we found the chill had been soon relieved, and the pain greatly mitigated within two or three hours, when a profuse perspiration broke out and put an end to further suffering from pain. And early that morning he commenced expectorating very thick, heavy, yellow sputa, which was accompanied with considerable blood; so the pain was from no mere neuralgic action that would soon have subsided of itself. The expectoration almost wholly ceased in the course of that forenoon, a gentle perspiration continued some two or three days, and the patient rapidly convalesced without any other remedy. Now, believing this speedy and marked relief to have been due to a specific and powerful action of *Phosphorus*, we place the arrow, to represent the symptom, upon plate 2, with confidence in its value for future guidance in cases where there is suffering from like pains, similarly located.

*Phosphoric Acid.* "Dull stitch in the left side between the lowest rib and the pelvis, through the whole cavity of the abdomen, more violent during an inspiration."

*Platina.* "Cutting shocks in the right chest from below upward."

*Ranunculus Bulbosus.* "Sticking in the side of the sternum

toward the left side, with sensation as if bruised, while going up hill." It also produces: "Pain" which "extends from the left into the right chest, the sticking pain being felt in both sides of the chest at the same time; however he is able to take deep breath while bending forward."

*Raphanus Sativus.* "Pain in the chest, particularly when eating and coughing, less when drinking, the pain being of an aching and sticking character, extending from the pit of the stomach to the throat-pit, and frequently to the back."

*Rhus Radicans.* "Stinging-tearing pain in the sides of the chest, commencing in the stomach, and extending first to the left side of the chest, then to the right"; and: "In the forenoon when walking, sharp pain in the left side of the chest, feeling as if it extended to the throat"; it also has: "Painful stitches in the right side of the chest, extending to the neck, aggravated by motion and deep inspiration."

*Rhus Toxicodendron.* "Lancination from the left chest to the left side of the abdomen (in the evening)."

*Ruta Graveolens.* "Sharp stitches between the left nipple and axilla, more violent during an inspiration"; also: "Fine cutting, which extends from the throat into the chest, especially into the region of the clavicle and the axilla, where it stops; the cutting is felt when walking, and becomes worse as one walks faster." The side not being given in this last instance, we place the arrows upon both sides, subject to confirmation, or correction, if one is wrong.

*Sabina.* "Sharp stitches in the region of the last true ribs of the right side, toward the sternum, only during an inspiration."

*Sanguinaria.* "Stitches from the lower part of the left breast to the shoulder."

*Sepia.* "Stitch around the right lower rib, toward the pit of the stomach, continuing for minutes, going off by an empty eructation"; and: "Stitches darting occasionally from the epigastrium close below the pit of the stomach into the left side, upward"; also: "Stitches from the umbilicus to the genital organs, when coughing and throwing off mucus."

*Spigelia.* "Lancinating pain commencing below the left nipple, and extending into the region of the scapula and the upper arm, more violent during deep inspirations." That

part of this symptom relating to the arm is represented in plate 2 by its appropriate arrow, while that which extends to the scapula will be given in a side view. Spig. also produces: "Sudden, drawing, stinging pain along the sternum from above downward"; represented by the hook and arrow properly placed. This drug further produces: "Momentary, violent sticking pain in the left chest toward the clavicle, preventing the breathing, in the evening"; and: "Dull oppressive sticking in the heart, between the region where the beats of the heart are felt, and the scrobiculus cordis; the same sticking is felt, in and above the scrobiculus cordis, and the chest is oppressed."

*Squilla Maritima.* "Drawing stitch from the last true rib as far as the shoulder"; which, as the language is so indefinite, we represent upon both sides, and leave the future to correct one, if wrong. This drug further has: "Pointed stitches in the region of the extremity of the clavicles toward the shoulder, during an inspiration and expiration"; and: "Excessive stitching near the sternum from above downward, making the breathing difficult"; which are also represented upon both sides.

*Stannum.* "Sudden drawing under the left breast when raising one's self in the bed, followed by sharp cuttings extending thence to the clavicle, in the direction of the shoulder where the pain remains fixed; thence it moves along the left shoulder into the abdomen, made worse when drawing in the chest, pressing upon the part, and especially during an inspiration and vomituration; in all these conditions the pain is felt as a painful jerk." Stann. also has: "Frequent cuttings through the chest from below upward, and in front in the region of the upper ribs from within outward, independent of breathing." This we suspect may be a repetition of the previous symptom, given in different language by another prover, so we represent it only upon the left side, but in this may be wrong.

*Strontiana Carb.* "Shootings through the chest, from below upward, along both sides of the sternum."

*Sulphur.* "Violent stitches from the right chest through the pit of the stomach and the stomach"; and: "Cutting in the chest down to the pit of the stomach"; both of which, it



seems to us, must be meant for one symptom, so we represent them with one arrow upon the right side.

*Thuja.* "Strong, dull, intermittent stitches in the chest, from the left axilla inward."

*Tongo.* "Stitches under the left chest extending to the axilla"; and: "Bruised sensation and cutting under the left chest, thence shifting to the pit of the stomach and back again, relieved by pressure."

*Valeriana Off.* "Dull stitch, resembling a pressing from within outward, in the left side of the chest (below the axilla), during a deep inspiration; the stitch lasts as long as the inspiration."

*Zincum Met.* "Violent stitches in the chest when walking in the open air, extending as far up as the left side of the neck, with difficult breathing for several hours." The wording of this leads us to infer the stitches must pass up from both sides of the chest, and we so represent it. Zinc. also has: "Violent stitches into the sternum when stooping, followed by painful pressure extending from the inmost chest into the throat." All this is represented by a pair of arrows, one from each side, extending into the center of the sternum and a line continuing from thence up to the throat, where a plano-convex figure is placed to represent the pressure. This drug further has: "Stitch in the upper part of the sternum, extending into the left lumbar region, with dread of stooping early in the morning."

This closes the list of remedies for those diseases that have acute pains passing from point to point in the chest, which can be represented by a *front* view of this portion of the body; or at least, it comprises all given in Hahnemann's Chronic Diseases, the Syntomen-Codex and Hull's Jahr's Syntomatology; each of which works furnishes some of the symptoms that are not to be found in either of the others. There are several of the remedies having a place on the plates that have darting,

stitching, or kindred pains, in addition to those given, which we are left to infer, from the language, extend a longer or shorter distance in the chest, but which, unfortunately, we cannot represent, as the origin and termination are not given, nor the lung in which they occurred. There are also others not given on the plates, that have the same kind of pains, evidently extending from one point to another in the chest; but neither point being named, we have been compelled to omit them, much to our regret and annoyance. The terms "long lancinating pains," "long stitches," and "stitches darting through the chest," occur under several drugs, without the track they traverse being named in any way so that the arrow could be located. The only remedy now for this serious defect is the re-proving of all such medicines, and accurately giving the exact localities of these symptoms, with the points of their origin and termination distinctly named in each instance; and we regard it as important that this should be done. While upon this part of our subject, we will also call upon all provers of drugs in the future, to name accurately the exact point, or points, of the body, upon or beneath which the symptoms appear; if posterior to a rib, for instance, state by number which rib, and the exact place upon it behind which the symptom occurs; the direction and extent of all symptoms where they have these qualities, or their exact origin and termination; and by all means the side of the body, or the limb, whether right or left, or both, in which the symptoms occur.

Rigid care in the future upon these and all like matters, will be of incalculable value to the profession and to mankind. There are still other instances than those above named, where stitching and kindred pains occur, either in succession, or alternation, in different parts of the chest, or now in the chest, then in the stomach, abdomen, groins, shoulders, etc., while they do not exist, or pass *between* these points; and these are not given on the plates now presented, as the arrow would not correctly represent them; but they are to be given on a plate by themselves, and by a device that will as correctly represent them as the arrow does the darting pains. And again, all the local stitches which do not move from the place where they first show themselves, and occur independently of pain elsewhere, are to have still another device, the simplest possible, to represent them.

It will have been seen that on the plates, and in the symptoms quoted from the various drugs, we have both represented and used the words acute, cutting, darting, incisive, lancinating, piercing, stabbing, sharp, shooting, sticking, stinging, etc., synonymously, and given the arrow to represent each indiscriminately, because patients will not certainly discriminate, and many of them cannot, between these various words, and use them literally according to their true meaning; one using one of the words, and another selecting another word of similar meaning, to convey the same symptom, just as each should be most familiar with the word he used. We doubt

if even educated physicians would not use, some one, and some another of the above-named words to express the same pain. Indeed, by reading the *Materia Medica* closely, it will be seen that most of these words are there used synonymously. For instance, stitches, darting so and so, or lancinating pains, shooting so and so, etc., etc., are common expressions.

But above and beyond all else, it is unnecessary to make any distinction between these various but similar pains, for there is a fact in connection with this very point, brought out by illustrating symptoms in this way, which shows clearly that there is no need for any distinction. Nature evidently provided against any necessity for it, and against the errors which would certainly be committed by different persons, endeavoring to distinguish by the uncertain medium of language, between certain pains, which by name are different, and yet have so great a similarity. This fact, so brought out, which surprised us and no doubt will surprise others, is this: Though the plates may, at first view, appear somewhat complicated or confused, yet among all the drugs thus far proved and represented thereon, there are but very few of them, in which the arrows that represent their symptoms, even seem to conflict with each other, by extending between the same points; and no two where the symptoms are exactly alike, or, indeed, where the language of the symptoms is not sufficiently distinct, in itself, to point out a clear difference, while the concomitants

will make the matter doubly sure and allow of no mistake as to the drug indicated.

To illustrate this, we will take up some of the drugs represented, whose symptoms seem to clash. Gummi Gutti, Laurocerasus and Magnesia Sul. each have a pair of arrows, one upon either side, extending from the sides of the chest toward each other, and to near the sternum, and in this bare fact there is no difference; but let us look a little more closely into the matter. Gummi G. has: "*Pressure in the middle of the chest, and stitches going from both sides of the chest toward each other,*" represented in plate 1 by the figure we have chosen to illustrate pressure, placed one upon either side of the sternum, and the arrows running toward them; while with neither Laur., nor Magn. Sul., is there any mention of pressure at any point in connection with the stitches. This certainly makes a clear and marked distinction, and takes the former, or Gum. G., out of the list for comparison, and destroys the appearances of real similarity in symptoms. The difference between Laur. and Magn. Sul., is not so decided in this one symptom, however, and yet there is a clear distinction, as seen by the following. Magn. Sul. has: "*Stitches from either side toward one another, in the evening on entering the room from the open air;*" while Laur. has simply: "*Stitches through both sides of the chest toward the sternum,*" without reference at all to the evening, or entering the room from the open air, and this makes a clear distinction certainly, and one that is sufficient. But Nature, as

if fearful of being caught at fault upon this point, has added a most positive distinction between the two drugs, in their stitching pains in the chest, for she gave to Laur. the power to produce and cure "Stitches from the *right* axilla to the chest," and to Magn. Sul. the power to both cause and cure "Stitches from the *left* axilla to the chest," making the two the exact antipodes of each other in this respect.

Chamomilla and Lactuca are two other remedies which seem to conflict, yet do not. Cham. has: "Stitches from the middle of the chest *to* the right side, *after every inspiration*"; while Lact. has: "Pleuritic stitches from the middle of the sternum *toward* the right side," without any reference to inspiration in connection with this symptom. And the concomitants of these symptoms are as different under the two drugs as it is possible for them to be. For instance, with Cham. the conditions of the throat and larynx are characteristically those arising from a free secretion of mucus in these parts, causing rattling respiration; and "almost uninterrupted titillation under the *upper part of the sternum*"; with Lact., on the contrary, the prominent feature is "*roughness*" and "*dryness*" of those parts, and "*dry cough*," and "*cough from tickling in the throat*." Again, the great characteristic features of the chest symptoms under the latter remedy are, "*oppression of*," and "*heaviness on the chest*," as if oppressed by a great weight, while with Cham. these symptoms have no prominence, in fact oppression is but

barely mentioned, and heaviness not at all named under its chest symptoms.

Calcarea Carb. and Ranunculus Bulbosus, are two other remedies which seem to rival each other upon the plates, in the fact that each has an arrow extending from the *left* into the *right* side of the chest, to represent "*stitches*" with the former, and "*sticking*" with the latter drug, passing in that direction; but with Ran. Bulb. the "*sticking* pain is felt in *both* sides at the *same time*," which is not a condition of the stitches of Calcarea. But to make assurance doubly sure, Nature was again on the alert, in the fact that she gave to Calc. the characteristic symptom, "*difficult breathing, relieved by bending (or drawing) the shoulders backward*"; but with Ran. Bulb. the conditions are just the opposite, the patient being "*able to take a deep breath while bending forward*," and "*he has to sit or stand stooping with his head and chest forward*." Again, Calc. has this: "*The breath becomes short when ascending the least height*," which is a leading characteristic of this drug; under Ran. Bulb., on the contrary, all of this is exactly reversed, as shown in the following: "*Pressure in the chest, and shortness of breath when walking on level ground, but no oppression of breathing when going up hill*."

And so it is with the few remaining remedies that have arrows upon the plates, which seem to conflict by passing in the same direction, and between the same points; they could be shown to be so different in most of their other symptoms, and so

directly opposite in some, that no mistake could be made as to which was indicated for this one similar symptom; but we have neither the time nor the space to draw the comparison, and therefore must throw the labor of it upon the reader, who can do it as well as we, now that he has the key by which it should be done. But with the great majority of the remedies represented on the plates, there is no confusion caused by the position of the arrows; and it is curious to see how exactly opposite some are in their direction with reference to others, and how entirely different a few are in their location, direction, and extent, from all the rest. When we commenced this work we had no expectation of finding what we have, supposing there would be a great similarity in many of the remedies, with reference to the location and direction of the arrows, but thought that by representing the symptoms to the eye, we could all get, upon the whole, a better idea of the various drugs and their range of action, and this was all we hoped for. Therefore, our surprise at what we did obtain, may be better imagined than expressed.

Another remarkable feature, as it appears to us, which has been developed by this method of illustrating symptoms, is the fact that the stitching pains, which are caused and cured by the various drugs, few or none of them pass along the lines of nerves or the fibers of other tissues, for neither the nerves or other tissues have continuous fibers passing in the direction, and to the distance, that such



stitches frequently do. In our casual reflections hitherto upon this part of our subject, but without giving it careful study, we had supposed, as a matter of course, that all acute pains must, of necessity, pass along the filaments of some nerve or nerves, for a longer or shorter distance of their course, in a direction outwardly from the nervous centers, or inwardly toward these; or that they might pass along the filaments of fibrous tissues, and here we supposed was the limit and guide to all such symptoms; but see how far this was from the truth. Take the symptom of Belladonna, for instance, which we have represented as extending from the right side of the abdomen by three lines, upward through the right chest; there are no continuous filaments of nerves or any other tissues passing such a distance, in those directions. Again, Kreasotum shows an equal independence of continuous fibers of tissues upon which to travel, in its stitches shooting from below the left breast across to the right side of the chest, and down through the right side of the abdomen and the leg into the toes. The same may be said also of Stannum in its drawing stitches, shooting upward through the left chest to the clavicle, and there turning and darting downward again into the abdomen; and of Phosphorus, with its stitching pain from the point of the left shoulder down through the left lung and out at the left side of the abdomen. There are no continuous fibers of any of the tissues passing in these various directions, and to such extent, upon which the pains could travel;

but instead of this, they strike through and across all classes of tissues indiscriminately, without guide or regard for the structures over or through which they pass.

To our mind this shows more clearly and forcibly the specific action and power of drugs, than anything else in connection with their effects upon the human organism, and must it not be, that this fact, taken in connection with the other that these results are, most of them, in appearance, and all, in fact, so different from each other, when we come to portray them to the eye, must not all this, we repeat, raise these hitherto, perhaps, too much neglected symptoms into prominent if not leading characteristics? And does not all this give us a reliance upon our *Materia Medica* that we could not have without? We have heard much in times past, and read some articles, charging that many of the symptoms of the drugs, given as provings, were imaginary, or not the specific effect of medicine; and no doubt some in our school entertain this view now, while all in the old school, who have any knowledge upon the subject, so regard them. It is no doubt within the province and power of the imagination for it to excite nausea in some persons, who should attempt to prove drugs, especially where they had previously been greatly nauseated by medicine; or possibly to cause, in others, gripings in the abdomen, if they had previously taken active cathartics; but no extent or stretch of imagination could excite, or in any way lead to, such stitching

pains as we have illustrated as the effects of medicines, and so different with each drug from that of any of the rest. Nor is it possible for them to be accidental. Instead of either of these, the results, when viewed in this light, show for themselves, that they belong in each instance to the drug that is credited with them, and to nothing else; in other words, that they are *specific*. And do not these great facts, taken either individually or collectively, show the mistake in alternating remedies?

In quoting the symptoms, it will be seen that we have not made the distinctions, by italics, as is done in the *Materia Medica*. This appeared to us unnecessary, as the symptoms are all really so different when represented to the eye. It should also be understood, that the symptoms we represent on the plates, are all copied from among the chest symptoms under the various drugs, excepting in a few instances where we have made use of the stomach, or abdominal symptoms, to correct or explain the others. When this work comes to be extended to illustrate the shooting pains of the hypochondria, the stomach, and the abdomen, it will be seen that many of these reach into various parts of the chest. And the same may be said of the darting pains of the throat and neck. Many of them will be found to descend into the chest.

It seems unnecessary to dwell upon the advantages of this method of representing symptoms, for they must be apparent to all. The two plates illustrate, certainly, not less than from three hundred

to four hundred pages, which we have read, from which to select the symptoms, and all of which every physician is liable to have to read for each case with any like symptoms, to gather these by the old method, for application at the bed-side; with the certainty of his forgetting many, if not the most of them, among the multiplicity of his professional duties. Even those symptoms now illustrated, when separated from all else, and placed by themselves, fill some eleven pages of fine print in this number, as will be seen, and we doubt if there are many in the profession who can commit them to memory, without the aid of the plates, and retain them for use, to say nothing of the great number of other symptoms he needs to remember. But the plates will make all this part of his labor unnecessary, and leaves him free to apply his mind to such symptoms as cannot be illustrated.

It is our purpose ultimately, if life and health are spared, to produce a complete Illustrated Repertory upon this plan, with plates of all the organs and parts of the human body, with all the pathogenetic symptoms which can be represented by their locality, applied to the parts just as they naturally belong, or were produced in proving the various drugs. It will be borne in mind that on the plates now given, it is only the acute pains of a darting or stitching character, belonging to a front view of the chest, and passing from one point to another therein, that are illustrated. In addition to this, there are all the local stitches in the chest which do not pass from the point where first felt, and all

those occurring in alternation, or succession, in various localities, to represent by a front view thereof; then the like is to be done with reference to each side of the chest and the back, and so of every other part of the body. But when this is finished, it only completes the stitching and kindred pains; after which comes all the drawing, pressing, tearing, pinching, burning, boring, throbbing, digging, tensile, bruised and aching pains, with each to be represented by a character as appropriate to it as the arrow to darting pains, and all given with the same care as these. In this way, it will require at least from twenty-five to thirty plates, to properly present all the symptoms of the chest, and so it must be of the other portions of the body, and of the extremities. This shows something of the magnitude of this work and of its importance when completed.

Then, when this is done, we still further design, Providence permitting, to construct a *Materia Medica* upon the same plan, that is, by giving a full figure of the human form, in four views, front, back, and the two sides, to each drug, with all the symptoms that each has produced in the proving, placed exactly upon or over the localities where they occurred. This must furnish us with the best method for confirming symptoms, and correcting errors in reported provings, that has ever been devised. If it is necessary, as we all believe, to select the exact *similimum* in the drug, to radically cure a disease, then no other method affords the facility that this affords for the selection. Let us consider this in short.

With the Illustrated Repertory, and *Materia Medica* properly completed, a patient consults us for a: "Drawing pain in the abdomen, proceeding from the left side, and passing across the umbilicus"; or for a: "Drawing-tearing proceeding from either side toward the point above the pubic bone." By looking at the abdominal plate for *drawing* pains, we will find *Nux Vomica* represented by its appropriate characters for these symptoms. Then by turning to the front figure of the man that represents *Nux Vomica* in the *Materia Medica*, we will there find the same symptoms, of this drug, as we have said would be found in the Repertory, and no doubt *all the other located symptoms our patient complains of*. From the comparatively short experience we have had with this method of prescribing, and from the nature of things, we now think it must come to this. And so it must be of all other local symptoms, and so it must be with all other drugs; with *Sepia*, for instance, in its "Transverse stitches through the abdomen from the *right* to the *left* side, quick as lightning"; and *Stannum* with its symptom: "When taking an inspiration, a cutting as with a knife suddenly darted through the abdomen from the *left* to the *right* side, making her start," etc., etc. But, finally, if this method does not develop our system of practice into this certainty, then it will have shown the error of strictly following the *similimum* in all cases, and will have done a good work in this respect; though we cannot believe such will be the result until absolute proof, by trial, is furnished of it.

This is the first instance, we believe, in the history of medicine, in which symptoms for medical guidance have been represented to the *sight*; and it becomes proper to consider what may be hoped for from it, in some other respects than those already named. Scientific men have always hitherto denied to medicine the position of a positive, or exact science; and with reason, because of its many uncertainties. But in view of all the facts herein pointed out, together with the order and system which we have endeavored to show can be given them, may we not hope to change this decision? Nature is ever true to herself, and our faith in her provisions is unbounded. We believe that no limit will ever be found to the means she has provided to minister to the comfort, the welfare, and the true happiness of the human race. The only difficulty is to find these and learn how to properly apply them. Wherever there is suffering to be relieved, there must be a remedy for it. It cannot be within the providence of God to be otherwise. With the *Illustrated Repertory* completed as we have pointed out, and a *Materia Medica* to correspond, and aid in correcting errors, and confirming all our facts, it must be that, through the genius of the immortal Hahnemann, following where he led the way, and completing what he began, we shall in time be able to so perfect Homœopathy, that it will step forth as one of the most exact of sciences; an equal of any, in its beauty and in its symmetry, and the *noblest of them all*, BECAUSE OF ITS EXALTED MISSION OF MERCY TO MANKIND.

ANSWERS TO OBJECTIONS TO OUR THEORY  
OF TUBERCULOSIS.

In the winter of 1866 and '67, when Dr. Brown Sequard was in this country, a friend of ours, an American gentleman then residing in this city, but who was in his younger days a resident of Paris some fifteen years, and then an intimate friend of Sequard's, called upon the latter in New York, and verbally stated to him our claim to having discovered the cause of Phthisis Pulmonalis, and some of the points sustaining the claim, as he understood them. This gentleman told us the Doctor raised five objections to the theory and presented these to us. They were as follows:

1st. The Doctor said: "It is well settled that tubercles are the result of an exudation."

2d. "That tuberculous corpuscles are organized outside of the blood-vessels."

3d. "That fully developed red blood-corpuscles have no granules."

4th. "That he had known several cases of albuminuria in which there was no evidence of tubercles or tuberculous disease of any kind."

5th. "That the blood-corpuscles have of late been regarded by some as a gelatinous mass, without a cell membrane for the water to pass through, by endosmosis."

These objections we at once answered in the following manner, and the gentleman in question took the answers to New York, at his next visit to that



city, and called again upon Dr. Sequard, but found him too ill to give his attention to such matters, therefore he never saw them.

*The exudation theory of the origin of tubercles.*

As we understand this theory, there is actually *no proof* to sustain it. The entire theory is an assumption, made to account for a fact which its authors could not account for in any other way, and has no truth whatever upon which to rest, as will be seen by the following quotations. Lehmann says, in his *Physiological Chemistry*, volume II., page 287:

“Notwithstanding the rapidity with which the tuberculous exudations are separated, and the circumstance that they are frequently secreted to the last moment of life in tuberculous patients, no attempts have as yet succeeded in obtaining for examination a perfectly fresh, still fluid exudation, of which one might presume, with tolerable certainty, that it would have been tuberculized, had the life of the sufferer been prolonged.”

And yet, Lehmann endorses and teaches the exudation theory; hence would put as fair a construction upon the evidence of it, if there was any, as the facts would warrant.

Copeland says, in his *Medical Dictionary*, volume II., page 813:

“It is probable that tubercles are secreted in a fluid state, but the fact is not demonstrated; and however small tubercles may be, they are *always* found in the solid state. I have observed these bodies in the lungs of very young infants, and of the fœtus at the full time, where they are extremely rare, but they have always presented the *solid* or *consistent* form.”

Copeland is also an endorser of the exudation theory, as will be seen by the first part of the first sentence, above quoted, and yet the evidence he gives, so far as it proves anything, proves that there is no such thing as an exudation, within, and from which tubercles are or can be organized.

Virchow says, on page 439, of his *Cellular Pathology*:

“My first observations, in consequence of which I began to entertain doubts with respect to the prevailing blastema, and exudation doctrine—as to how far, namely, new formations could be derived from this source—date from researches of mine, on *tubercle*. I found, namely, that a series of tubercular deposits, in different organs, especially in the lymphatic glands, the membranes of the brain and the lungs never at any time exhibited a discernable exudation, but always, during the whole course of their development, presented organized elements, without its ever being possible to observe either in them, or before they existed, any stage in which amorphous shapeless matter was present.”

Virchow, as will be seen, denies in toto the exudation theory; and here we rest our answer upon this point, satisfied that with such a weight of evidence against this groundless assumption, it requires no further attention from us.

*Tuberculous corpuscles, where deposited.*

Next comes the objection raised, that tuberculous corpuscles are organized outside of the blood-vessels, and not deposited within them, as we claim. There is proof that tubercles organize outside of the *larger* blood-vessels, but none whatever that

the tuberculous corpuscles organize, or are deposited outside of either the capillary vessels, or the smallest arteries and veins. On the contrary, there is one strong point in proof that they must be deposited in the smallest blood-vessels. This proof is as follows :

All authors who speak upon the subject agree in saying that tubercles have never been found in cartilages. Neither are there any blood-vessels in cartilages, by means of which decolorized blood-corpuscles can be carried into them, there to be deposited to make tubercles. And yet, every other tissue or structure of the whole animal system, into which blood-vessels do enter, have repeatedly shown the organization of tubercles within, and their ravages upon them. This leaves us to infer that the entrance of blood-vessels into a particular tissue or organ is necessary in order to carry the matter of tubercle, whatever this may be, into that tissue or organ.

The whole question then turns upon what this matter is. It certainly cannot be in *solution* in the serum,—as it must be if the exudation theory was true—for in that case, some of it *must* be carried into the cartilages, and there organized ; as the few following facts will show.

Virchow tells us there are little canals (canaliculi), penetrating every part of cartilages, and opening into the vascular canals, containing the blood-vessels, which pass along the surface of, or lie in contact with, the cartilages. These canals (canalic-

uli) are too small to admit the blood-corpuscles, even if these could pass through the walls of the vessels, which is impossible; but are large enough to, and do, admit any and all matters in solution in the serum. Portions of the serum, in fact, pass through these canals to all parts of the cartilages, carrying along with it all matters in solution therein, and it is in this way that they receive the materials to nourish them. Well, then, we repeat, if tuberculous matter was held in solution in the serum, some of it *must* pass into these canals, and would then and there as readily become organized in the cartilages, as it would in the bones, where there are blood-vessels to carry the corpuscles. But as tubercles have never been found in the former, we must look to such parts of the blood as never do, nor can enter the canals in question, for the solution of our problem, and as the *only* substance in the blood, which is excluded from them, is the blood-corpuscles, it is *clear* that *we must look to these as the materials out of which tubercles are organized.*

Hence we say, that this great fact, taken in connection with the other facts, namely, that blood-corpuscles and tuberculous corpuscles are both destitute of nuclei,—these being the only exceptions to this fact in all cell structures,—and that these two corpuscles show an *identity* in their granular character, proves first, that the tuberculous corpuscles are deposited in the capillary vessels, and perhaps also in the smallest arteries and veins;

and secondly, that tuberculous corpuscles, are nothing more nor less than decolorized red blood-corpuscles, deposited as above described, in order to get rid of them from the general circulation; and thereby avoid the much earlier fatal termination that must necessarily ensue, if their unceasing accumulation in the circulation was allowed.

*The granular character of red blood-corpuscles.*

The objection, that fully developed red blood-corpuscles show no granules under the microscope, is not the slightest objection to our theory. Indeed, there are facts connected with this very point upon which we rely as most positive proof of the correctness of our position. These facts are as follows:

The white, or *colorless* blood-corpuscles, do show the granular character in a marked degree, and many among the best physiologists assert that the red corpuscles are developed from, or are the perfected development of, the colorless corpuscles, and in the process lose the granular character; but, be their origin what it may, the colored corpuscles show themselves as nothing but a mass of granules, like the tuberculous corpuscles, both when undergoing spontaneous disorganization, and when destroyed by treating them with water. Witness the following proof:

Carpenter says, on page 159 of his *Physiology*, in speaking of "Red Corpuscles":

"When undergoing spontaneous decomposition, the blood

disks become *granulated*, and sometimes (as long since noticed by Hewson) even mulberry shaped, and particles in which these changes appear to be commencing may be found in the blood at all times."

Virchow in the work of his before cited, page 215, gives a plate\* in which is shown the appearance of colored blood-corpuscles when they are treated with water. He says they are decolorized by water, and pictures each as nothing but a mass of granules, after undergoing such treatment.

When circulating in serum diluted by the loss of a portion of its albumen, the same result to the red corpuscles *must inevitably* ensue as when they are treated with water outside the blood-vessels, only the effect will be more slowly developed, in comparison as the serum is less diluted than water. But, we repeat, the result will in the end be the same, for the law of endosmosis is, under the circumstances, supreme, *compelling* the absorption of the water of the dilute serum, just as it compels their absorption of pure water, when they are immersed in it.

Again, the granular character of the material used in the construction of red blood-corpuscles is so impressed upon it, by Nature, that even after it has been dissolved and then heated, it shows that character, as witness the following :

Kirkes and Paget, in their Manual of Physiology, on page 57, in speaking of Globulin, say :

"It is soluble in water, and its solution when heated, forms a granular coagulum."

\* We gave an exact copy of this plate, with a full explanation, in our last preceding number.

*Albuminuria and Tuberculosis.*

The objection, that you have known several cases of albuminuria in which there was no evidence of tubercles, or tuberculous disease of any kind, is easily answered.

The discharges of urine in albuminuria, are, as has long been known, almost always exceedingly scanty; and we well know why this disease *prevents* the excretion by the kidneys of a large portion, many times of much the larger part, of even the natural quantity of water which these organs should and must extract from the blood, to keep the patient in health. Blocking up the natural outlet of the refuse water from the system, or rather, preventing its excretion from the blood, necessarily enforces its accumulation in the blood-vessels, which would of itself soon lead to serious consequences, by making the blood too watery; but when we come to add to this, the constant accumulation, also in the blood, of the *excess* of water which the loss of albumen, in these cases, leaves there, we have the blood soon made so watery, that both the middle-aged and older blood-corpuscles are so distended by it, that they are ruptured, and entirely broken down, or dissolved, as they would be if treated with pure water; and being now in solution, they can be expelled through the walls of the capillary vessels, and finally from the system entire. Consequently there is nothing left of them to be changed into tuberculous corpuscles.

Such a state of things does not occur when albumen is lost from other mucous membranes, and not from the kidneys, for then these organs are left free to perform their functions, and carry off all of the natural refuse water and much of that left in excess. This accounts for the fact that many consumptives pass much more water than was natural to them in health. The increased discharge is the excess, or a portion of it, left by the loss of albumen, which the kidneys excrete, and which saves the patient from night sweats and dropsy longer than would otherwise be the case. So much of the excess of water being taken from the blood, prevents that from becoming sufficiently watery to distend all the excess of corpuscles to the point of rupture, as is the case in albuminuria, therefore, these are decolorized and deposited as described, and then changed in form by giving up the water which they have absorbed from the diluted serum, and become angular, jagged, star-shaped and otherwise distorted, just as blood-corpuscles always do when the water which they naturally hold is extracted from them, and just as tuberculous corpuscles are always described as being when examined in the dry or cheesy stage.

*The membranous wall of blood-corpuscles.*

The last and least objection, namely, that the blood-corpuscles have of late been considered by some to be a gelatinous mass, without a cell membrane, has not the slightest bearing, that we can



see, upon anything that we have advanced on this subject.

The fact that they are distended from the disk shape to the globular form by immersion in water, is one of the best proved facts in connection with them, and it makes no difference whether this is done by absorption through a membranous cell wall, or how it is done, so long as the result is the same, and that, when so treated, they show themselves a mass of granules, which correspond in every respect, both in their general and in their minute structure, with tuberculous corpuscles.

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### HOMŒOPATHIC INSANE ASYLUM.

BY GEO. F. FOOTE, M. D.

The Homœopathic practice of medicine in this country alone now numbers over five thousand physicians, while its recipients and believers are numbered by many hundreds of thousands. These are from the most intelligent and respectable portion of the community,—people of good sense, good judgment, in every way competent to distinguish between right and wrong. They represent all professions, trades and arts, and their numbers are increasing at a ratio in harmony with the progressive age in which we live; affording abundant evidence that this great system of medical reform is one of the powers that helps to modern improvements, while it is promoting the happiness and well-being of mankind.

We have colleges for the instruction of those who aspire to the healing art; we have dispensaries and hospitals where the unfortunate sick may receive proper medical attention; but we have no asylum where the sick insane can receive the blessings of Homœopathic treatment.

This is a startling fact, in view of the daily calls that rise up from all parts of the country for our aid in this direction, and all the more so in view of the danger that besets our friends, our families and even our own persons, liable as we all are to become victims to this terrible scourge, which may at any time drop into the domestic circle, leaving a direful wake of desolation and heart-rending misery.

The time has come for action, the call is imperative, and we cannot longer fold our hands and, Micawber-like, "wait for something to turn up," wait for somebody else to do this work. We must bring this matter home to our own doors and stand face to face with the facts; and they are facts which, when duly reflected upon, are startling in the extreme.

Is it not alarming when we come to reflect that we ourselves, or any member of our household, a bosom companion, or our children, if attacked with this disease, must be hurried off to an asylum where the Allopathic treatment reigns supreme? Where we and our friends cannot, in any particular, be advisory as to the administration of remedies, or even to visit them in person? Is it not alarming when we reflect that there is no retreat, no home, where, if necessity requires it, they can be sent and receive that benign treatment our long experience has taught us is so efficacious in curing the sick mind as well as the sick body?—nothing but Allopathy for ourselves and our dearest friends, when the worst of all calamities, in the shape of disease, shall beset us or them?

We may continue to walk our daily rounds and pursue our daily avocations with commendable zeal; we may gather into our garners the goods of this life, and even say to our souls, "Take thine ease, eat, drink and be merry." But we are in danger; the storm king may be howling in the distant horizon, and the deluge may come with terrific fury and engulf us in a fearful flood, entailing desolation and sorrow when we least expect it.

These are serious thoughts that it behoves us to dwell upon. We are personally interested, and the prospective possibilities demand a preparation; while the pressing calls of those now suffering, demand *immediate* action.

The subject is momentous and we must be up and doing. We must work until we have an abiding place for our sick insane, where we can pour on the oil and wine, where we can say to our suffering friends come and be healed.

We must talk about it in our homes, in our offices, upon the street corners and among our patrons. We must give from our own stores, and gather from the overflowing coffers of our friends. And if we all labor with a heart and will, we shall soon see our efforts crowned with success, and the desire of our hearts gratified, while the rewards due to a good action shall tell upon our lives, and "our children shall rise up and call us blessed."

#### THE ORGANIZATION.

To ensure success in any enterprise those engaged in it must become conversant with the business in hand. They must know their wants and the means to secure the ends sought.

They must profit by past experience and be able to anticipate probable results.

It is also equally important in this great work, from which we anticipate so much good professionally and socially, that we carefully canvass this matter.

And first, what do we want? The answer is, the best asylum for the insane that the ingenuity of man, duly enlightened by all past experience, can devise. The best designs for buildings, combining all modern improvements, with the best system of ventilation and warming, the most appropriate furniture, and the best and most humane system of management, where everything combines to give a home-like appearance; where a mild and proper restraint can be enforced without the horrors of bars and prison discipline, and where all this can be combined with an intelligent administration of hygienic measures and Homœopathic medicines, so mild, so efficacious, so certain in their results. Where we can demonstrate to the world that for this disease, as well as for other sufferings, we hold in our hands, through Divine aid, the balance of medical power; and where we can add to the charities of this progressive age, a new blessing pregnant with the good of life, and at the same time establish a new era in the progressive uses of our much loved profession.

Having established our wants, how shall we obtain the end? And this must lead us to the inquiry as to what has already been done, and what is now being done for the unfortunate insane throughout the world?

Within the past few years great changes have been wrought in their management. Comfortable quarters and pleasant homes, take the place of crowded jails and prison cells; mild measures and persuasive means, take the place of cruel stripes and galling chains; while a wholesome diet and the best hygienic treatment are substituted for a prisoner's fare, and the loathsome exhalations of the felon's dungeon.

And while everything is being done that shall conduce to the comfort of the patients, and while the best, most kind-hearted and worthy men are selected as superintending physicians, yet in all the institutions throughout the world, up to the present time, the medical management is Allopathic. The treatment consists in supporting the body with a wholesome diet and hygienic surroundings, and abiding the event of time. In other words it is expectant. They give but little medicine to reach the conditions of the mind, for the reason that they look upon these as adjuncts of debility that do not require special medication: a striking contrast to the Homœopathic law of cure which accepts the conditions of the mind as an expression of the disease, the symptoms of which conditions form a prominent guide to the selection of the remedy.

Other questions arise that concern us at this stage of the proceedings, viz: what plan of organization has been found to answer the most desirable ends, and what is best adapted to our wants?

These are important questions and must be answered before our plan of operations is matured.

Both in this country and in Europe there are three modes of inaugurating similar institutions:

1st. As public charities under the direction and support of the State, county, or city, free to all who are not able to pay, —as the Utica and Blackwell Island Asylums.

They receive some paying patients who, with reason, complain of the over crowded conditions, and the unpleasant associations incident to pauperism.

2d. As private asylums, of which there are but two in this country, one at Flushing, under the management of Dr. Barstow, and the other at Canandaigua, under the management of Dr. Cook. These in no sense can be termed charities. They are individual enterprises, created with a view to money making, like the various water cures and private hospitals. The objections to these may be found in the fact that they are necessarily expensive. The patient must pay, in addition to the outlay, for medical supervision, attendants, living, etc., a per cent. on the cost of the ground and buildings, with a profit to the owners. This places it beyond the reach of a large proportion of our worthy and most respectable inhabitants who have but a moderate competence.\* And again, the number necessarily being limited, the patients cannot be classified according to their mental conditions. Whereas with larger associations both sexes are each arranged into six or eight divisions with separate apartments. And finally they are not under the supervision of a board of trustees to watch over the general interest of the patients. There is no appeal from the superintending physician, who is a participant in the profits.

3d. As a close corporation, an intermediate between the two former—like the Bloomingdale Asylum, New York, the Retreat for the Insane, at Hartford, Conn., and the McLean Asylum, at Summerville, near Boston.

These are founded on private charity and endowments. The lands are obtained and the buildings erected and furnished by contributions for this object. But the current expenses are

\* Average cost per week in different asylums for each patient, for 1869, the charges for each varying according to the attention required.

McLean Asylum, near Boston, (about) .....	\$16.00
Bloomingdale Asylum, New York, (about) .....	12.00
Pennsylvania Hospital for the Insane, Philadelphia .....	8.72
Blackwell Island Asylum, New York (pauper), 1200 patients, with room intended for only 600, (including clothing) .....	2.34
At Flushing (private) charges are from \$35 to \$55.	

paid by the patients, each in proportion to the rooms occupied and the attention given. The superintending physician and officers are all salaried, and have no pecuniary interest beyond this. It is under the direction of a board of trustees, selected from well known and most trustworthy citizens, who control the management and keep a general supervision of its operations. They stand between the public and the officers, listen to complaints and correct abuses. The advantages are—

1st. It is a large charity without the stigma of pauperism attached to it.

2d. It is self-supporting.

3d. It is accessible to a large class of respectable citizens who are able and willing to pay current expenses, but are not able to pay extravagant prices. At the same time it is equally available to the more wealthy who can receive the attention, and be accommodated with quarters commensurate with their ability to pay. It is, to all intents and purposes, a respectable charity, where the occupants and their friends feel that they are giving a *quid pro quo*.

4th. It being a close corporation the board of trustees, or governors, who are chosen for life, fill all vacancies that may occur in their number, thus placing it above all political influence, while the managing power acquires experience and a paternal interest and devotion attained only through time and continued application.

It has been proposed to raise the funds to build an asylum by issuing stocks with a promise of dividends; but any business man will readily see that this must result in a failure. No one wishing to make investments with a sure return of profits would venture upon such expectation, knowing that in justice to the patients all the surplus, above current expenditures, should be applied in improving their condition by beautifying their surroundings, contributing to their amusements, and in every way adding to their comforts, so as to make the time pass as pleasantly as their mental state will admit.

But few persons would care to speculate out of the unfortunate insane, while all are interested in providing for them a pleasant retreat with home-like comforts and good medical attendance. A stock organization precludes all hope of any donations or endowments, as well as any aid from the State.

Having visited the different asylums and witnessed their workings, having been in consultation with their governors any superintendents, who have generously aided in these investigations, I am of the opinion that the best form of organization is that of a close corporation above described, like the Bloomingdale asylum.

In addition to the reasons given above in favor of this plan,

I will add that by adopting it we can safely rely upon aid from the State. Bloomingdale received \$10,000 a year for a number of years, until by donations and advance of real estate they were placed above this want.

In this charity, as in most others, we have been deprived of our rights to participate in the legislative disbursements. Heretofore all private as well as public donations have been given to asylums placed under Allopathic supervision. This has been an injustice to us, and an injustice to the friends of Homœopathy.

Knowing, as we do, that this disease would be far less formidable, its duration greatly shortened, and the number of incurable cases materially lessened by Homœopathic treatment, we have a RIGHT to demand that a public asylum should be set apart to our management, where we can extend its blessings to a large class of patients desiring it, and where we can show to the world its superior advantages.

A strong appeal to the friends of Homœopathy, with the facts duly presented, will result in substantial aid. It has been given for other charities, and it will be given for this. Homœopaths have contributed largely to Allopathic charities, and Homœopaths will contribute to a Homœopathic charity. Let every one, then, put his shoulder to the wheel and feel personally that success depends upon action, and in the end we shall see an asylum that will be a lasting monument in proof of the law *similia similibus curantur*.

At a regular meeting of the HOMŒOPATHIC MEDICAL SOCIETY OF THE CITY AND COUNTY OF NEW YORK, held this Nov. 10th, 1869, the following preamble and resolutions were unanimously adopted:

*Whereas*, The Lunatic Asylums of this State, owing to their present overcrowded conditions, are inadequate to the wants of our increasing population,

*Whereas*, The Medical practice of the existing asylums is exclusively Allopathic, thus debarring our patients from their chosen system,

*Whereas*, We believe that under Homœopathic treatment mental diseases are less formidable, the time required for their cure much shorter, and the number of incurable patients less than under any other system of medical practice, therefore

*Resolved*, That this society recognizes the necessity for an additional Lunatic Asylum in which patients should have Homœopathic treatment; and that we will aid in its establishment.

*Resolved*, That GEO. F. FOOTE, M. D., being engaged in preparing plans and soliciting subscriptions for the organization and construction of such an asylum, this society endorse his project and recommend it to the profession and the community.

HENRY D. PAINE, M. D.,  
*President.*

HENRY M. SMITH, M. D.,  
*Secretary.*

### PROSPECTS FOR AN INSANE ASYLUM.

We have the pleasure of announcing to the profession that, as we go to press, the prospects for our school having an Insane Asylum, to be placed exclusively under Homœopathic management, are very flattering. Through the personal exertions of Dr. George F. Foote, of this city, the project is being pushed with great energy. He has awakened such an enthusiasm among the people of the village of Middletown, Orange County, New York, that they have pledged themselves to raise fifty thousand dollars for the purpose, if they can have the institution located there; and at last accounts were filling up the subscription rapidly. So confident is the Doctor of success that he has selected two hundred and fifty acres of land embracing a beautiful sight, adjoining that village, upon which to erect the buildings for the Asylum.

Middletown is a village of some seven thousand inhabitants, is beautifully located, sixty-seven miles this side of, or north-west from, New York city, upon the Erie railroad; and is to have, or already has, the Oswego and Midland railroad running through the village, so that railroad facilities for reaching it from all points will be all that could be wished.

It should also be mentioned to the credit of Westfield, Chatauqua Co., N. Y., that forty-five thousand dollars were pledged by its inhabitants, if the Asylum could be located in their village; and the people of Binghamton, N. Y., are also anxious to have it built there.

The profession have Dr. Foote alone to thank for the great energy and good judgment he has thus far shown in working this matter up to its present point of promise, and should assist and sustain him by every means in their power. Especially must they aid him in getting subscriptions to make this an institution in which we may all take a just pride.

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### MECHANICAL EXECUTION.

We take no little pleasure in calling attention to the superior excellence of the mechanical execution of the engravings we give in this number. This was done at the Printing House of Matthews & Warren, in this city, where this Journal is published. Every letter upon the two plates, as well as every line, was cut by hand and it seems impossible that they could have been better done. In fact the whole job is almost absolutely perfect, barring two or three faults for which we alone are responsible. The clavicles are placed too high with reference to the shoulders, as will be seen. This occurred from our draftsman preparing, in haste, a sketch from which to take the outlines of the body, independently of, or before the drawing upon which the arrows were placed could be taken; and in our multiplicity of duties we overlooked the error until it was too late to correct it. This brings the tails of the arrows representing Squilla near the top of the chest upon plate 2, too low. They should both have been placed upon the sternal end of the clavicles, as they belong. The breadth of the body is also too great for its length, but this we felt obliged to give to get sufficient width to avoid confusion among the arrows.

THE  
Homœopathic Quarterly.

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VOL. II.

BUFFALO, APRIL, 1870.

No. 2.

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AN ILLUSTRATED REPERTORY.

We continue in this number, and on the next page, our work of constructing an Illustrated Repertory, by giving a view of the right side of the body, for the darting or stitching pains of the chest and back, which can be represented by such a view. We have added two characters not given in our last, and of course not before explained. One of these stands for a symptom, and will in the future always be used, when occasion requires, to illustrate any like or similar symptom; the other may be said to stand for a fact in connection with some of the symptoms. The former is a figure of one of the forms of a flame from a jet of gas, and is to be understood now, as in the future, to represent *burning* pains; or when placed upon the arrow as is the case on the accompanying plate, to illustrate a symptom of Oleum Animale in the upper right chest, it means a *burning* stitch. The character given to represent a fact in connection with some symptoms, is that of

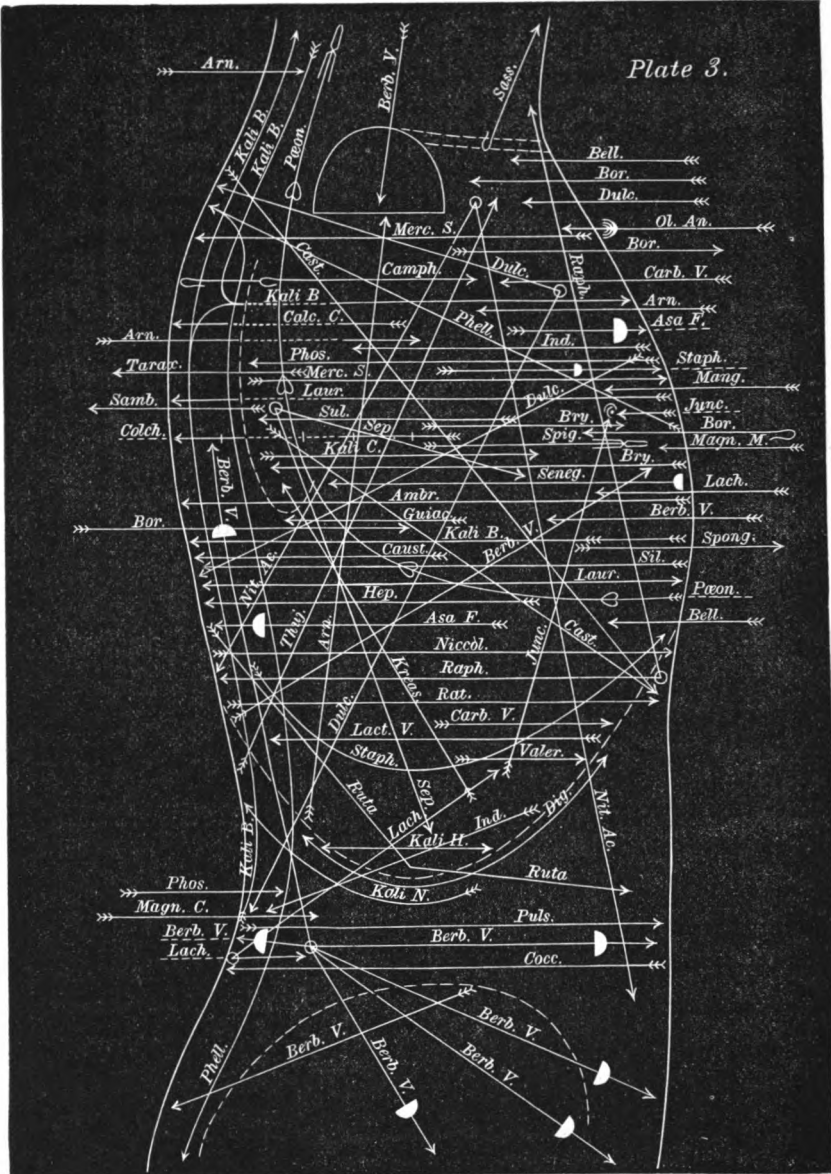
Entered according to Act of Congress, in the year of our Lord 1870, by ROLLIN R. GARCO, M. D., in the Clerk's Office of the District Court of the United States for the Northern District of New York.

VOL. II.—4.



AN ILLUSTRATED REPERTORY.

For the acute pains of a darting or stitching character, that pass from point to point in the chest, in a manner that can be represented by a view of the right side of the body.



In using this plate consult the explanation in the succeeding pages.

a small *circle*, with two or more arrows running out from the center of this, and shows that in such cases the symptoms start from a common center, or have a common point of origin.

There has been much more difficulty in representing symptoms by a side view, than there was in a front view of the chest, in order to give the correct idea of their exact origin and termination, for the reason that we have to give upon an entirely flat surface what so peculiarly belongs to a rounded one. For instance, a symptom starting from under the mamma, and passing through to any part of the back, to have its arrow correspondingly placed, may look, upon first view, as though it started at a point some depth in from the front wall of the chest, and so of any symptom starting from any point on the surface of the chest, out from the median line of the sternum, or upon the back from any point to the right of the spinous processes. But there are few instances of this kind, and any physician can soon make himself familiar with what there are.

Symptoms that commence, or end, "deep in the chest," or "deep in the thoracic cavity," as the expression occurs in several instances, we have endeavored to represent by the arrow commencing, or terminating, as the case may be, in about the middle of the chest antero-posteriorly. Where the darting pains commence or terminate in the right scapula, we place the corresponding head or tail of the arrow upon the scapula, as near the point of origin or termination of the pain as the language indicates.

And with all the symptoms which are given as terminating in the back, without any mention of the scapula as the place at which they stop, we have carried the arrows through below this bone, except Ambra Grisea, because with so many of them, the shoulder-blades are so especially named for all symptoms that commence, or terminate at, or pass between them, that we infer that when the back, and not the scapulæ, is given, as the stopping place, a point below these bones must be meant. With Amb. Gris. we had to place the arrow somewhat above the inferior angle of the scapula, in order to find room or a place for it. The plates must ultimately be given on a scale three or four times as large, then there will be ample room and all confusion will be avoided.

The dotted lines for the arrows across the scapula are to indicate that all such pains pass *between* this and its mate.

In some instances, we have had much difficulty in placing the arrows satisfactorily, from the fact that the language of the symptoms is so indefinite as to location. The expressions, "stitches from without inward," and "stitches from within outward in the right side of the chest," are common, without telling where, or at what point they occur, so we have had to infer the place, either from some facts in connection with other symptoms, or from some results we have known in practice. We do not claim these are all right, but thought best to give them, so as to insure future observation and make them right, if they

are wrong. In the majority of instances, however, the exact points of origin and termination are given, or near enough to this for all practical purposes; and every physician must feel a great satisfaction, or reliability, in this; while the defects we have named show more and more clearly, as we go on with this work, the great necessity there is for all provers, in the future, naming the exact locality, together with the direction and extent, where they have these latter qualities, of all the symptoms they experience.

The absence of Aconite from the previous plates, and also from the one now given, may seem singular to many, but we have to be governed by the recorded symptoms, in all instances where we have no facts outside of these. In the view of the left side this drug will have its place.

## SIDE VIEW—RIGHT SIDE.

*Ambra Grisea.* "Lancination in the chest extending to the back; in the right half of the chest a violent lancination arresting the breathing."

*Arnica.* 1. "Dull stitches in the thoracic cavity through the sternum, from without inward." 2. "Cutting thrusts between the scapulæ, extending into the thoracic cavity, when walking." 3. "Stitch, at every inspiration, in the right side of the back, extending from the last ribs up to the axilla." 4. "Cramp-like pain in the cervical vertebræ, accompanied by dull stitches from without inward."

*Asafœtida.* "Stitches (lancinations, dartings, etc.) in the chest, in the right half of the chest, in the region of the right ribs, after a meal, with oppression; pinching pricking in the region of the right ribs; sticking with pressure in the right side or in the sternum, from within outward; also in the right

thoracic cavity, or in the region of the right ribs, toward the spine." The expression, "right ribs," we infer must here mean some point from the middle to the lower right ribs, thus according with the common expression "under" or "behind the ribs," the *lower* ribs being always understood.

*Belladonna.* 1. "Quickly passing lancinations under the two last ribs, as with a dull knife, by the side of the ensiform cartilage and above the false ribs." 2. "Fine stitches under the clavicle from before backward, during a walk." Though the side is not indicated by the language of either of these symptoms, we place the arrows both upon the right side, as Bell. is so much more prominent in its action upon the right lung; but more especially have we done so with the latter symptom from the fact of recently obtaining so marked an effect from this drug in the 2000<sup>th</sup> potency in *curing* a patient who had a cavity in the apex of the right lung from tuberculous ulceration, with an entire suspension of the menstrual function for nearly a year, and the pulse running at 130 and over per minute for a long time.

*Berberis Vulgaris.* 1. "Sticking pain, or sticking pain with pressure, more or less acute, frequently recurring and long continued, in one or the other lumbar region, at times in the region of the kidneys, at others a little above or below, extending outward and forward in the side of the abdomen, or into the region of the hips, or into the dorsal spine or the small of the back, into the region of the bladder or the inguinal region, or extending from the region of the kidneys in a straight direction into the abdomen sometimes accompanied with a feeling of numbness, lameness, and as if bruised." All given with the plano-convex figure upon the arrow to indicate pressure with the sticking pain. 2. "Deep-seated, acute lancinating pain in the iliac bone of one or the other side, extending obliquely inward and downward toward the small of the back, sometimes accompanied with bubbling stitches darting into the part to a considerable depth." We locate the arrow for this according to the language "inward and downward," though it would be inward and a little *upward* to pass to the small of the back. 3. "Sudden stitch darting from the side of the neck into the upper arm." 4. "Lancinations from the lower region of the dorsal vertebræ through the chest, arresting the breathing."

The arrow for this must necessarily pass upward and forward, to go "through the chest" from the lower dorsal vertebræ, and we have so placed it.

*Borax Veneta.* 1. Stitching or darting pain from without inward, through the upper portion of the right lung, posterior to the second rib. This is not from the *Materia Medica*, but is given as a result from a case in practice, which we will endeavor to give in detail, under the head of "confirmations" in our next number. 2. "Sudden stitches from within outward in the right side of the chest, on lifting the arm." The location of this symptom not being given, we place the arrow in the upper part of the right chest, as the more probable locality, from the fact of the pain being excited by raising the arm. 3. "Fine prickings, extending from the back into the chest, in the evening," represented below the scapula, as this is not named in connection with the symptom. 4. "Tightness of the chest, with constrictive oppression of the breathing on going up stairs; he is then obliged to take a deep inspiration, which is always accompanied by an intensely-painful drawing stitch from without inward in the right side of the chest." 5. "Shortness of breath, after going up stairs, he cannot speak a word, and, when he speaks, he has a stitch from without inward in the right side of the chest; he experiences this same symptom when running, and when making a bodily effort which heats him." 6. "Arrest of breath when lying in bed; he has to jump up and catch breath; whenever he does this, he experiences a cutting in the right side of the chest from without inward." 7. "Stitches between the ribs of the right side, so painful that he cannot lie on this side, with intensely painful drawing and sudden arrest of breath, which obliges him to snap for breath; when lying on the painful side the pain immediately arouses him from sleep." Though the exact locality of all these pains is not given, as will be seen, yet they are all essentially one symptom; at least the stitches are so similar, that we illustrate them with one hook and arrow, placed to correspond with results which we have seen from *Borax* upon acute pains in the chest, posterior to the right mamma.

*Bryonia.* 1. "Pricking pain below the right nipple from within outward, in the cavity of the chest; these prickings are only felt during an inspiration." 2. "During an inspiration,

stitch through the chest to the scapulæ." This is represented as going through the chest just below the right mamma, as we have seen better effects from Bry. upon acute pains in this part of the chest than any other.

*Calcarea Carbonica.* "Violent stitches from the thoracic cavity, extending through the spinal column and coming out between the scapulæ."

*Camphora.* "Painful, drawing-stitches through and between the scapulæ, extending into the chest, when moving the arms for two days."

*Carbo Vegetabilis.* 1. "Violent dull stitches, like shocks from within outward, in the lower part of the right side of the chest." 2. "Deep stitch in the right side of the chest from without inward, when breathing deeply."

*Castoreum.* "Painful sticking in the scapulæ, or between the shoulders, through the chest as far as the pit of the stomach, aggravated by inspiration."

*Causticum.* "Stitches commencing deep in the chest and coming out at the back."

*Cocculus.* "Several stitches through the abdomen and the lower part of the back, from before backward, early in the morning, when in bed."

*Colchicum.* "Lancinating tearing, deep in the right breast, through to the back."

*Digitalis.* "Dull, clawing stitches along the lower border of the ribs, below the right axilla."

*Dulcamara.* 1. "Dull stunning stitch in the chest below the right clavicle from without inward." 2. "Dull sticking pain in the right side of the chest, in the region of the third rib, especially when pressing on the part, when the pain went to the small of the back and extended between the shoulders; with stitches in one of the borders of the left scapula, during inspiration." 3. "Lancinating pain from the middle of the sternum to the dorsal spine, when sitting, it goes off when rising." As this does not say "between the scapulæ" the common expression where the symptom ends there, we carry the arrow to the dorsal spine below the scapulæ.

*Guaiacum Officinale.* "Continued stitches, finally terminating in one, close below the right scapula, they seem to come

from the middle of the right half of the chest, and are increased by an inspiration."

*Hepar Sulphuris.* "Stitching pain in the side of the chest, in the direction of the back."

*Indigo.* 1. "Severe sharp stitch in the middle of the sternum, passing through the chest, when sitting." 2. "Stitch in the region of the lower false ribs, toward the small of the back."

*Juncus Effusus.* "Stinging in the sternum or darting from the third false rib as far as into the nipple."

*Kali Bichromicum.* 1. "Pain extending from the small of the back to the nape of the neck, and shooting through to the sternum, preventing him working for four weeks." 2. "Stabbing from third cervical to fifth dorsal vertebræ, striking forward through the chest to the sternum, increased on motion, with inability to straighten the spine after stooping; it prevented him from working for six weeks." 3. "Stitches under the sternum through to the back." Upon the arrow representing this symptom we have placed two tails, one just posterior to the sternum, the other under the right mamma. The reason for this will be found under the head "confirmations," on a subsequent page.

*Kali Carbonicum.* "Stinging pain as from blows and bruises, in the right scapula, when in motion; it may be felt as far as the chest."

*Kali Hydriodicum.* "Pain as from soreness with sticking deep in the chest, in the region of the right lowermost rib, in the evening."

*Kali Nitricum.* "Sticking below the short ribs of the right side toward the back apparently behind the liver."

*Kreasotum.* "Stitch in the right side, arresting the breathing, sometimes extending as far as under the scapula, and so violent that she imagines she will fall."

*Lachesis.* 1. "Stitches, sometimes extending to the liver or kidneys," from the "small of the back" we are left to infer, from what immediately precedes and follows this symptom in the Symptomen Codex. 2. "Stitch in the lower part of the breast in front, from without inward." This does not say which side, but from the two preceding symptoms we infer it must be the right breast that is meant.

*Lactuca Virosa.* "Stitches in the right chest, with subse-



quent sensation of spasmodic twitching, or in the lower part of the chest toward the back, in the region of the cartilages of the upper false ribs."

*Laurocerasus.* 1. "Stitches in the chest from the back to the sternum." 2. "Stitches in the sternum, also in the middle or in the lower part, also extending to the back, in the evening, during an inspiration."

*Magnesia Carbonica.* "Stitch in the small of the back, on the right side, from without inward, followed by jerking stitches in the small of the back."

*Magnesia Muristica.* "Contraction of the chest, with oppressed breathing and dull stitches, from without inward, in the right side of the chest near the nipple, after supper."

*Manganum.* "Violent stitches in the right half of the chest, near the sternum as if from without inward; nothing can relieve them."

*Mercurius Solubilis.* 1. "Acute pain striking forward through the chest from the right scapula." This is given as the result of clinical experience by a brother practitioner in a distant city. 2. "When sneezing and coughing, between the acts of respiration, he feels a stitch in the anterior and superior portion of the chest, extending through to the back; the chest feels contracted and squeezed together by the stitch."

*Niccolum.* "Stitch striking from the back to the pit of the stomach, in the afternoon when sitting."

*Nitric Acid.* "Violent stitch in the upper part of and within the right ribs, through the abdomen and back."

*Oleum Animale.* "Violent stitch in the upper part of the right chest, near the sternum, as with a red-hot needle, the burning at that spot continuing a long time after."

*Pœonia.* "Throbbing through the right chest and extending posteriorly up to the nape of the neck, where the throbbing terminates in intermittent pinching." Figures of a heart are placed upon the line of this symptom to indicate throbbing.

*Phellandrium.* "Violent stitch through the right mamma near the sternum, through to the back between the shoulders and then striking downward into the right side of the os sacrum, which is very painful on drawing breath, after dinner."

*Phosphorus.* 1. "Stitches in the lumbar vertebræ, from without inward, extorting screams." 2. "Cutting from the

middle of the sternum to the right scapula, worse during an inspiration, less during motion."

*Pulsatilla*. "Sticking in the small of the back, afterward the pain extends into the abdomen, where it becomes cutting and sticking and arrests the breathing, followed by a creeping, heaviness and a drawing sensation in the head, accompanied with vanishing of sight and hearing, afterward dullness, as if he had cold water poured over him."

*Raphanus Sativus*. "Pain in the chest, particularly when eating and coughing, less when drinking, the pain being of an aching and sticking character, extending from the pit of the stomach to the throat-pit and frequently to the back."

*Ratanhia*. "Several dull stitches from the spine to the pit of the stomach."

*Ruta*. "Painful darting in the dorsal spine, opposite the pit of the stomach; this becomes worse by pressing on the part, in which case a pain is felt under the last short ribs extending into the abdomen afterward and arresting the breathing."

*Sambucus*. "Sharp stitches from within outward, in the region of the right scapula, interiorly, most violent during rest."

*Sassaparilla*. "Violent, continual drawing-stitches in the right cervical muscles, from the clavicle to the os hyoides."

*Senega*. "Oppression of the chest, with slight shooting pains through the chest in the direction of the scapulæ, returning the first ten days at indefinite periods, especially in the open air and during a walk."

*Sepia*. "Stinging in the scapula, extending as far as the side and chest, only when sitting and walking fast; the stitching ceases when walking moderately, or when leaning against the affected side, mostly in the evening and afternoon."

*Silicea*. "Violent stitch through the right side of the chest. Stitch through to the back." These two, we take it, are really one symptom, so represent them with one arrow.

*Spigelia*. "Dull sticking-pinching pain below the right nipple, in the thoracic cavity, from within outward, more violent during an inspiration."

*Spongia*. "Violent prickings in the right side of the chest, from within outward."

*Staphysagria*. 1. "Sharp stitches commencing in the poste-

rior region of the right ribs, and winding round as far as the cartilages." 2. "Sharp stitches in the region of the fourth costal cartilage of the right and left side, at intervals of several seconds and lasting longer than usual; they press slowly from within outward, independent of breathing."

*Sulphur.* "Stitch from the right chest to the scapula."

*Taraxacum.* "Continuous dull stitch in the right scapula, from within outward."

*Thuja.* "Stitch in the back through the chest from below upward."

*Valeriana.* "Sudden stitches in the chest and in the region of the liver from within outward, causing him to start."

This completes the list of those drugs having acute pains of a darting or stitching character, which pass from point to point in the chest, or from this to other parts, in a manner that can be represented by a side view of the right side of the body. As was the case with the remedies illustrated in our last, by a front view of the chest, the symptoms of each of those now given are all really different from those of any of the others, although the position of the arrows of some corresponds with that of others. Such symptoms, however, are similar in appearance only, not in fact. For instance, *Bryonia* and *Phosphorus* each have upon the plate now given an arrow extending from the front of the chest to the right scapula; but mark the difference: *Phosphorus* has the symptom, "Cutting from the middle of the sternum to the right scapula, worse during an inspiration, *less during motion*;" and *Bryonia* has this: "During an inspiration, stitch through the chest to the scapulæ," the plural termination of this last word indicating, of course, that the pain passes to

both the right and the left scapula. Therefore to make this symptom complete in the illustration, it must be represented by another arrow upon the left side, extending through to the left scapula. Again the pain in this instance does not start from the middle of the sternum, as with Phosphorus, but from just below the mamma, according to our experience; besides, we all know that the acute pains of Bryonia are almost invariably greatly *aggravated*, not ameliorated, by motion, as is the case with the quoted symptom of the former drug.

And so it is with the other drugs represented on the plate by arrows similarly located, they are all really different, and there is nothing we would like more than to go through the comparison of all that appear similar, as we did with several such in our last number, for if we mistake not, there is no field in the whole range of our science of therapeutics so rich in material for instruction as this, but we cannot now get the time to give to this work. With those drugs whose arrows do not correspond in position, how strangely distinct they stand forth. Take for instance Dulcamara and Nitric Acid. There are pains of each of these which start from near the same point in the upper part of the right chest, but with the former they shoot to between the shoulders and downward to the small of the back, while with the latter they descend into the abdomen and down "through the back." Then take Kali Bichromicum, Phellandrium Berberis, etc., how peculiarly strange their symptoms are, and

how instructive to the true student of Homœopathy.

In order to make our illustration complete, we have copied the symptoms given in this number from both the chest and back symptoms of the *Materia Medica*.

We will here mention what we had forgotten to speak of before, and that is, the absence of a representation of *Arsenicum* from the upper right lung, upon the plates thus far given, may seem like an omission, after what we said last year of its action there. But the symptoms of this drug in that locality are more *fixed* acute pains than they are darting from point to point, and must be represented by another device than the arrow.

#### CONFIRMATIONS.

Under this head we design giving cases from practice, from time to time, as we obtain them, which serve to confirm the symptoms of the various drugs as we represent these upon the plates. And to make this work general, and therefore so much more reliable than could be the case from the observations of two or three physicians, we ask our readers to forward us the results of their clinical experience in this direction, that such may be given for the benefit of all. But to ensure the greatest reliability in this matter, we should ourselves very much prefer, and have no doubt others would desire, those cases which are cured by a single dose, or at most a very few doses of the high potencies, given at long intervals. Then we can all know that they are really *cures*, or that the medicine acted in a curative manner, and not in suppressing the symptoms to be followed by worse conditions. Again, it would be preferable to have those cases in which a long line of complicated chronic symptoms were broken up by the single dose—the key to the remedy

being furnished by the position and direction of the arrows. We commence this work with

## NATRUM MURIATICUM.

Dr. George F. Foote, of this city, has recently confirmed the symptom of this drug, represented in our last by an arrow extending from the upper portion of the left lung, out into the left shoulder joint. The case was as follows: A lady aged about thirty years, had complained of this symptom some two years. It was at times very severe and attended with many other symptoms which we cannot now give, owing to the Doctor's absence. She had, for some years previous to the appearance of the pain in the superior portion of the left lung, suffered greatly from facial neuralgia, upon the left side. But this was finally suppressed by local, and other wrong treatment, and soon after, the disease seated in the lung. And as we have said she suffered from this some two years until Dr. F. took charge of the case this last February. Upon ascertaining the locality and direction of the pain, he consulted the plates in our last number, and found *Natr. M.* to be the *only* remedy for such a symptom. Then by using this as a key to the case he examined the *Symptomen-Codex* and there found, under this drug, all the symptoms of which his patient complained. Upon this he at once administered one dose of *Natr. Mur.*, 40<sup>m</sup>. He said this entirely relieved all the suffering in the lung, in forty-eight hours time, when the facial neuralgia returned with great severity, and upon the same side as formerly, that is, the left side of the face. This continued very severe a few days, then gradually disappeared, without further medication, and the lady left here for the west some weeks after, averring that she was entirely cured of all the symptoms from which she had suffered so long and so much.

## KALI BICHROMICUM.

In January last we were called to a lady, aged some 36 years, who was suffering from chronic disease, the result of an attack of cholera morbus last August, and its partial suppression by a long course of Allopathic treatment. We say partial suppression for the reason that she was a long time in

getting any relief, and was finally left with a chronic diarrhea which troubled her daily. The evacuations generally occurred in the morning and forenoon, seldom in the afternoon or at night. She was much exhausted from it, and failing to get better by the treatment she had been pursuing, she went to a Water Cure establishment in November, and remained there some two months under treatment. This afforded some, though not entire, relief to the bowels, but at the expense of driving so much of her disease to the lungs. At least she returned with a cough and other symptoms showing that a good deal of irritation was arising in the respiratory organs. We prescribed in succession Arsenicum, Phosphorus and Nux Vomica in the order named, giving each several days to develop its action, but the results were not satisfactory. They ameliorated the cough and relieved the other chest symptoms somewhat, and as they did this the diarrhea became worse, still they did not seem to us to act in a really curative manner. Under the latter named drug, however, there came a decided change of symptoms, for one day as we called, our patient was complaining that she was taken early that morning with very acute pains in the chest. Upon enquiry for their locality she said they darted through the right lung, from just below the right mamma, to the back below the right scapula. She also said that at the same time she suffered with very acute pains darting from just behind the left hip joint down on the outside of the left thigh, and sometimes to the calf of the leg; and that with all the rest she had severe acute pains about the left eye and left side of the forehead, from which she had suffered at times, very much, for years.

Not remembering the remedy for this combination of symptoms, we returned to our office and consulted our plates. These directed us to Kali B., and upon consulting the symptoms of this drug, in the *Symptomen-Codex*, we found the following: "Stitches under the sternum through to the back," and "Dull heavy pain in the right side of the chest, passing through to the back, recurring at intervals of twenty minutes, and lasting about that time." Then again: "Pain in the course of the left sciatic nerve, extending from behind the great trochanter to the calf of the leg," and "Darting pain down the outside of the left thigh." For the pain about the left eye

and forehead we found the following: "Violent shooting pains from the root of the nose along the left orbital arch to the external angle of the eye," which "begins in the morning and increases till noon." Also this: "Soon after rising in the morning, darting pain in a small spot over the left eye, spreading over the forehead, but still remaining worse at the original spot; worse on motion; with gastric derangement, lasted several days." The lady always had gastric derangement with these headaches, and this attack commenced in the morning. We consequently prescribed Kali B. 2<sup>c</sup> one dose, followed by Sac. Lac. which in a day or two entirely relieved all the pains, and in a week so far relieved the diarrhea and recruited her strength that she went down two flights of stairs, to her meals, a thing she had not before done since her first attack in August last. And she was able to go out to ride in two or three weeks, and now appears as well as ever.

Could science, in any of its departments, go further, or be more exact than it was in this instance, in pointing out by the three different localities, the curative remedy for the case? True, the chest symptoms were not so exactly covered by the language of these, which we have quoted from the provings, as were the thigh and eye symptoms, but this was no doubt owing to those symptoms not having been carefully located by the provers. A re-proving would no doubt show pains in the chest to exactly correspond to the clinical result in this case. And we place the arrow to correspond with such result, but put two tails upon it, one to represent an acute pain passing from behind the sternum through to the back, according to the *Materia Medica*, and the other under the right mamma, upon the same arrow, to correspond with the facts of this cure.

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AN INDICATION FOR VERATRUM.—A very prominent indication for *Veratrum* is FROTHY vomiting, followed by vomiting of yellow matter, or bile, and attended by an intermitting pulse. This combination we have recently met in two cases, one with very serious trouble at the base of the brain, the other in a case of pneumonia complicated with acute bronchitis. In both the conditions were of the most serious and alarming character, and yet *Veratrum* 2<sup>n</sup> afforded very prompt and very great relief, taking the cases almost at once out of danger. The intermitting character of the pulse was as marked in each as we have ever seen. With the lung case there was cold perspiration, in the brain case there was no perspiration.



## TABES DORSALIS.

BY AD. LIPPE, M. D.

All the various and different atrophies of the spinal marrow, were formerly comprised under the collective term "Tabes Dorsalis," but of late the modern and progressive pathologists have classified them. The form to which our attention is most frequently called, and of which we propose to speak at present, has been termed "the primary degenerative atrophy of the spinal marrow."

Men suffer much more frequently from this disease than women, who are but rarely affected by it. Persons are more subject to it between the 22d and 42d year, and again between the 44th and 58th year. The causes which have been assigned are onanism, venereal excesses, over exertion of the muscles, and colds from suppressed perspiration of the feet; to which we here add, from our own observation, corroborated by other observers, that in many cases of men—at about the age of 40 years—suffering from this disease, the cause can be traced to an attack of syphilis, in which the chancre had been externally treated by Nitrate of Silver, and the patient had been further subjected to the ordinary mercurial treatment. It has been further observed that the results of such a common treatment are frequently appearing after the lapse of seventeen years. Predominant symptoms of this disease are great debility and paralysis. The disturbances of motion generally begin in the lower extremities, and

at times only one leg is affected at first, later the other leg also becomes paralyzed. As the disease progresses walking becomes more uncertain, more difficult. The foot is put down violently with a peculiar jerk, all the weight being thrown on the heel; the legs are widely separated when attempting to walk. The sensation when walking, is as if he walked on some soft thick carpets, or as if he had cushions under the soles of the feet. When closing the eyes, and in the dark, walking is impossible; the patient does not know where he puts his feet. The expulsion of the fæces and urine becomes more difficult. There is seldom much acute pain experienced in the spine; the sensation of numbness and formication predominates. At times the patient complains of a sensation of constriction around the abdomen. The sensitiveness of the skin is continually decreasing till, finally, all sensitiveness to the touch or to any painful excitations, ceases.

The pathology of this disease, comprising its anatomical description, its ætiology and symptomatology, are admirably given to us by the allopathic school (Virchow, Turk, Romberg, Hasse, etc.), and I have confined myself to state in this short paper only the most prominent characteristic symptoms of it. The great aim of medical science is the cure of the sick, but the therapeutics have scarcely held pace with the increasing ability to diagnosticate disease; while even in our school, which has done so much for therapeutics, a wide field for development and research remains yet open. The aim of these

lines is not only to state characteristic indications for certain remedies applicable to the disease under consideration, but also to demonstrate the manner in which previously obtained pathological knowledge will aid us in our search for curative agents, and that this mode of research is in full harmony with our law of cure, and the teachings of our great Master. The allopathic school is honest enough to acknowledge their utter inability to cope with this disease, and having no law of cure, no reliable materia medica, obtained by provings of drugs on the healthy organism (all other so-called speculative statements of the effects of drugs based on the experiment on the sick have proved utterly worthless), they, as a school, possess no means, have no prospect to improve their utter hopeless aspect of the case, and do say so themselves. Vide Virchow's *Pathologie and Therapie*, vol. 1, part 1, paragraph 83, where he says:

“Guided by general experience it will be proper to agree with Romberg in advising the patients to abstain from long and expensive trials of treatment, and that the physician should confine himself to a symptomatic *relief* and careful nursing. This remark is especially applicable to the form termed primary degenerative atrophy. Against this process, the pathogenetic connections of which is little known throughout its slow development, *we know of no remedy*. The anti-phlogistic treatment and counter-irritants are of no avail, and appear to be rather injurious. A partial improvement, a suspension of the progressive development is said to have been observed after a methodical hydropathic treatment, after sea-bathing, by the use of mineral waters, especially those of Teplitz, Gastein, Pfeffers, and Wildbad. Strychnin, Brucin,

Secale Cornutum; etc., as well as the much praised Kali hydrojodicum do no good and only cause injurious, spasmodic and painful nervous irritations.”

Homœopathy\* teaches us how to cure this as well as other chronic diseases formerly thought to be incurable.

At an early stage of the disease we will find *Nux Vom.* often corresponding with the condition. *Nux Vom.* causes (vide Hahnemann’s *Mat. Med. Pura*) volume I., symptom 548, painful, unsuccessful desire to urinate. 893. Shaking and instability of the legs. 896. Sensation of heaviness and fatigue in the legs (and arms) in the afternoon, especially when ascending. 897. The legs are not able to support (carry) the body; he must lie down. 898. Sensation of a sudden weakness of the legs. When constipation, paralysis of the bladder and sensation of formication in the spine are also present, *Nux Vom.* will be indicated.

*Sulphur.* Hahnemann’s *Chronic Diseases*, volume V., symptom 1559. The soles of the feet become soft, sensitive and painful when walking. 1476. Great heaviness in the legs when walking, as if they

\* In the October No. (1869) of the *British Journal*, a learned colleague holds up to us (page 550) the newly discovered existence of *three* species of Homœopathy. We only know one kind of Homœopathy, progressively following out the eternal truth first taught by Hahnemann, following his developments, appropriating to itself and aided by all new discoveries in the collateral sciences striding forward. We will be able to perpetuate this school and the well-intentioned compromisers, the Quixotic knights in search of specifics for specific diseases, the half-way men, the logicians who pretend to be able to take out of Hahnemann’s developing teaching, just what suits them, will be left outside of this school of true Homœopathy, they will be like the camp followers, left behind on the onward march,—to repent.

were paralyzed. 1479. Weakness in the legs, so that she can scarcely walk, and sensation as if there were no marrow in the bones. Sulphur will often follow well after *Nux Vom.*, and will be especially suitable if cough, oppression of breathing and afternoon fever set in.

*Phosphorus.* Hahnemann's Chronic Diseases volume V., symptom 1523. Periodically returning insupportable pains in the spine, preventing walking. 1524. Continuous stitches in the spinal marrow all day, at various hours. 1469. Heaviness and sensation of fatigue, especially when ascending steps. 1494. Drawing pain from the knees extending to the feet. 1529. The feet feel as if they were paralyzed. 1533. Sensation of heaviness of the feet. 1544. Pains in the soles of the feet, as if she had walked too far. 1545. Pains in the soles of the feet when walking; they are red. The feet feel weak and as if they were asleep, with great restlessness. *Phosph.* has been administered to advantage when the pain in the back was a burning pain, great sexual irritation, frequent involuntary seminal discharges, great irritability and nervousness.

*Nux Moshata.* The lower extremities are painful and languid, as if after a long journey, with great uneasiness in the limbs, and pain in the dorsum of the feet, as if a hard body had fallen on them. Pain near the lumbar vertebræ, as from blows with a fist. Pain in the back, or small of the back, as if broken and bruised. Sensation of great weakness in the small of the back and knees. Pain in the

back when riding in a carriage. This last symptom may frequently call our attention to this remedy, but if the pain in the back is always worse while *sitting*, then our attention will be called to Zincum Met., Cobaltum Met. and Sepia.

*Aluminium Metallicum.* The profession is indebted to our late colleague Dr. V. Boëninghausen for the finding of this valuable remedy for this disease. Dr. B. says in the *Allgemein Hom. Zeit.*, volume 54, No. 12 (May, 1857), in a paper on Aluminium Met. "My attention was called to the possibility that Aluminium Met. might become a curative remedy in *Tabes Dorsalis vera* (and in fact one case has already recovered under its action), from comparing the symptoms of Alumina where we find *vide Hahnemann's chronic diseases*. Symp. 981. Pain in the soles of the feet, as if they were swollen and too soft. 821. Pain in the back and small of the back, as if bruised. 831. Pain in the back, as if a hot iron were thrust through the lower vertebræ. 924. Heaviness of the limbs, she can scarcely lift them. 974. Numbness of the heels when stepping on them. 1002. Sensation of soreness in the loins, above the hips, in the muscles of the calves, while walking. 1012. Slow, staggering gait, as after a long sickness."

This combination of symptoms called B.'s attention to the similarity existing between them and the symptoms of which those complain suffering from *Tabes Dorsalis*; and these early disciples of the great master, following him implicitly, have done

much to develop the school, and have given us much good advice, both in facts appertaining to the cure of the sick, and in the manner in which we may safely go forward and assist the further developments of the healing art.

*Æsculus Hippocastanum.* Of this remedy we know but little, the provings are not exhaustive and have been made with too large doses; but we do know that whole flocks of sheep having been fed during the winter on horse chestnuts, have been afflicted with *Tabes Dorsalis*, and many have died of it. The constriction in the rectum, which has been observed by the provers of *Æsculus*, is often present in this disease. The lameness in the back as well as the severe aching in the knees, with aching in the lumbar and sacral region, are fully stated by the provers. In several cases where there was also present a great soreness of the spine, an almost complete paralysis of the lower limbs, *Æsculus Hippocastanum* has been of great service. Like all other remedies I have only administered one dose of the 200<sup>th</sup> potency and have not repeated even that dose till its effects were exhausted.

We hope that these few remarks, which by no means exhaust the subject, may induce some of our colleagues to give their own experience in the treatment of this dreaded disease, and give us some additional indications for the use of these, or other remedies.

## LEUCORRHŒA.\*

BY ROLLIN E. GREGG, M. D.

November, 1868.

C. W. BOYCE, M. D.,  
Secretary Central New York Homœopathic Society.

DEAR DOCTOR: In response to your urgent solicitation, I send you, for your society, the following paper upon the important subject which is to be up for discussion at your session next month.

All physicians, I believe, having the welfare of their patients at heart, must have experienced something of the perplexities incident to the proper and successful treatment of leucorrhœa. I would myself class this disease as next in importance to chronic nasal catarrh, and next to this in the difficulties of treatment and the obstinacy of cure. And as I think these difficulties and this obstinacy arise, in part, at least, from the want of a fuller knowledge of the pathology of this malady, and of its relations to other diseases, and diseased conditions; no less than from the little knowledge we yet have as to how our treatment may affect all those relations, I proceed upon these bases in my discussion of the disease under consideration. If it shall be thought that I do not give sufficient attention here to the therapeutics of leucorrhœa, your members will please bear in mind that there is some advantage in being able to determine, if we can, how much and just what there is to be done in a given case, together with all the bearings of what we do; and *what we must not do*, in prescribing for that case, as we shall see further on.

First, then, we will consider the pathology of leucorrhœa. Not to go into confusing details, I will only mention the more common points, in this, with which all are familiar. Leucorrhœa, as all must know, is the result of, or arises from, acute

\* This is the paper we promised to publish a year ago in these pages, but could never before find space for it. It will be seen by the date given above, that it was written before we commenced the publication of our Quarterly, and repetitions will be found upon a few points hitherto presented and discussed in these pages, but this must be excused, as we have been unable to get time to change the article to the changed circumstances; besides, had we done so, it would not be the paper we presented for their consideration.



or chronic inflammation, or it may be only from a simple irritation of the mucous membrane of the genital organs of the female. It is the chronic form of the malady with which we have most to deal, and which is the most perplexing to treat, and obstinate of relief. That arising from acute inflammation, generally gives but comparatively little trouble to the physician, unless it degenerates into the chronic form.

Both the chronic inflammation, and the irritation, are more commonly confined to the vagina; still they frequently do exist in, or extend to, the mucous membrane of the uterus, and sometimes to that of the fallopian tubes. Lesions more commonly exist in or about the mouth and neck of the womb.

The physical character of the secretions, so far as relates to consistency, color, etc., it is of some importance to consider, in this, as in all other diseases attended by, or causing abnormal discharges. The secretions of leucorrhœa are of various consistencies, colors and conditions in other respects. They may be very thin, or watery, and almost as transparent as water, and vary in density from this up to semi-solid masses, these still maintaining a marked transparency; or they may be whitish, yellow, bloody, or greenish, though varying much in consistency in all, but showing more density in the semi-solid transparent masses named, and in the greenish, than in the other forms. All these different kinds of secretions may, I believe, come from the vagina, or from the uterus. When coming from the vagina they are all discharged without pain in the expulsion, and the same is true of the fluid secretions from the uterus, but with the semi-solid masses, spoken of, it is different. When these are formed, or the matter composing them is secreted in the uterus, there will always be, of necessity, decided labor-like pains in expelling them into the vagina, while they will fall from the latter, whether formed there, or received from the uterus, of their own weight, and lodge upon the linen or limbs of the patient. I have met several cases showing these characteristics in the matter expelled, and the manner of expulsion, from the two organs named.

In seriousness, the secretions rank as follows, in my observations: That which varies the least from natural mucus, of course, indicates the mildest form of leucorrhœa, the watery and transparent,—not ichorous—the next in seriousness, then,

comes the semi-solid transparent masses, with the whitish next, then the ordinary yellow secretion, next the bloody, and the green or greenish the worst of all, unless it be that ulcers actually exist from which the yellow or bloody discharges come; but in that case it is no longer simple leucorrhœa with which we have to deal, but ulceration, which may, or may not be, malignant in character.

Our next inquiry must be into what I will call the physiological characteristics of the secretions of leucorrhœa. Here, if I mistake not, we have an interesting field for research, in which we shall find more of importance than in all else besides, with reference to the pathology of this disease. And yet, so far as I know, its bearings upon the welfare of the patient have never before been considered. What, then, are the secretions of leucorrhœa physiologically considered? They are, in the first place, as a matter of course, more or less mucus in character, but they are more than this, they are *albuminous* as well, that is, they all contain *albumen*, and this being here is a loss, or waste, of just so much of this important constituent from the blood. In proof of these assertions I give the following:

Lehmann tells us in his great work upon Physiological Chemistry, that there cannot be the slightest irritation of *any* mucous membrane, without there being albuminous discharges therefrom, as a result of such irritation. So unequivocal is he upon this point, that he speaks of it in no less than three different places in the course of his work. In confirmation of this, so far as it relates to the mucous membrane of the female genital organs, I will cite another authority. Copland, in his Medical Dictionary, vol. 2d, page 81, gives a table of *one hundred and eleven* cases of leucorrhœa, for the purpose of showing the state of the uterine orifice and the *character* of the discharges; and of this number, no less than *eighty-four* are distinctly mentioned as having *albuminous* discharges, while eleven cases had an "aqueous discharge," and sixteen an "opaque discharge streaked." Whether these twenty seven cases exhibited anything of an albuminous character of the secretions, we are not told, and this is not essential for our purposes here, for under Lehmann's assertion that there cannot be the slightest increase in the normal quantity of mucus secreted by any mucous membrane, as a result of irritation thereof, without its containing

albumen, we know that they must have contained it. If we needed more upon this point we have it in the following: Carpenter says in his physiology, page 233, that the chief organic constituent of mucus is mucin, and that "this appears to be an albuminous compound." So that, in fact, it seems that all the secretions in leucorrhœa, which we are accustomed to call mucus, are really discharges of albumen or albuminous compounds. That this is a waste of so much of this highly important, nay, indispensable constituent of the blood, is self-evident, indeed it must of necessity be so, for there is no other possible source from which it can be drawn but from the blood. Then we have the authority of both Andral and Christison, that all the albumen discharged in the urine in albuminuria, is drawn directly from the blood, in other words, that the serum shows a loss of this constituent exactly proportional to the amount of it found in the urine. And as it is in the one case, so it must be in the other, as I have ample proof, but neither time nor space to give it here.

Of the general effects of this drain I need but cite albuminuria as an example. True, there are points of great difference between the symptoms and diseased conditions arising, both throughout the general system, and locally, in the two sets of organs named, in consequence of this like drain of albumen through them; which differences must correspond to the nature and functions of each class of organs; but there are points of great similarity as well. The *debilitating* effects in the two cases must be the same, or very similar, notwithstanding one allopathic author asserts that the discharges in leucorrhœa seldom, if ever, cause the debility arising in this disease. What a preposterous opinion to advance when such discharges rob the system of so large a portion of the only constituent of the blood that can give the patient muscular strength. (Leibig, as cited by Carpenter, page 56.)

But this effect, bad as it is, is by no means all we have to encounter in these cases, for the loss of the albumen leaves each and all the other constituents of the blood, in a relative excess in the blood-vessels, as compared with the albumen remaining; every particle of which excess becomes thereby entirely useless in normal nutrition, therefore foreign matter, and because of this, an irritant, or disease-creating agent. Proof of all this I

could give, showing that often, diseases of the most fatal character are caused in this way, but time will not permit, therefore I must content myself with simply asserting what I feel the utmost confidence can be proved. All diseases and diseased conditions, arising in this way, that is, all that are caused by the deposit, or irritation in other ways, of any portion of the above-named excess must be classed as *secondary*, and I will now call attention to the more prominent of these which are liable to arise in leucorrhœa, solely as a result of the loss of albumen from the blood in its discharges.

The proportion of water to albumen, in healthy blood, is such that for every ounce of the latter lost from the blood-vessels, there would be five and three-fourths ounces of the former, or the water of the serum, left in excess in the blood. So that in a case of active leucorrhœa, where two or three, or even more ounces of albumen might be lost every twenty-four hours, such an amount of water would soon be brought into excess in the blood as to make this very thin, or watery, as we frequently find to be the case in the severer forms of this malady. Then, as this constant accumulation of such an excess of water in the blood cannot be tolerated, without distending and bursting all the blood corpuscles,—through the inevitable action of the law of endosmosis upon them, under such circumstances, thereby causing immediate death,—it must be expelled from the blood-vessels. This is either done through the kidneys, causing greatly increased secretions of urine; through the skin, causing unnatural perspirations; or by deposit into the areolar tissue of the muscular system, causing anasarca; or into some one of the internal cavities, causing that dropsical disease whose name would be determined by the cavity into which it was poured. Ascites in females, I believe, to not uncommonly arise from this cause, while hydrothorax, hydropericardium, and even hydrocephalus might be caused in this way. The water in all these instances, whether ejected from the system entire, secreted into the areolar tissue of the muscular system, or into any of the internal cavities, escapes from the circulation in a natural manner and without violence, for it simply transudes the coats of the capillaries, and probably always does this through the aid of endosmosis.

Again, the proportion of red blood-corpuscles is such, that

the loss of one ounce of albumen would leave over seven ounces of them in excess in the blood-vessels. The necessity for the expulsion of such excess is as great as it is with the surplus water, but they being organized bodies, with no natural outlets through the coats of the vessels, by means of which they can be expelled in their organized state, very different and much more violent methods are resorted to, than is the case with the water, to rid the circulation of them. They must find their escape by rupturing the capillaries, and thus pass off in more or less violent *hæmorrhages*, or they must be broken down and dissolved by the excess of water, and being now in solution may be excreted along with this through the coats of the capillaries; or yet again be deposited in living tissues and only expelled at the end of suppuration. In the first instance they will often find their outlet from the system in menstrual hæmorrhages, for I am confident that many cases of unnaturally profuse menstruation, even where this amounts to metrorrhagia, are caused by an excess of blood-corpuscles left in the blood-vessels by a loss of albumen in leucorrhœa; and furthermore that this is likewise often the case in the female system, when albumen is lost in consequence of chronic irritations and abrasions of other tracts of mucous membranes, than that of their genital organs.

The excess of corpuscles in all these instances is seeking an outlet from the blood-vessels, and frequently finds it in the menstrual function, by first congesting and distending the capillaries of the parts from which the menstrual discharges come, until, when nature affords the opportunity, these minute but now dilated vessels give way, and because of being greatly distended, bleed as badly as would broken vessels of much larger size than they are in their natural condition. The hæmorrhage in such cases will often, if not always, continue till all the excess of corpuscles is, for that time, carried off, and it may continue until much more than the excess is expelled. Even hæmorrhage from the lungs, or from other organs may arise in this way, as a result of leucorrhœa, that is, by the excess of corpuscles, not finding an outlet through menstruation, but by distending the capillaries in such organs instead, and finally rupturing them, when we would have a hæmorrhage to deal with corresponding with the organ through which it came.

But when such excess is not expelled by means of hæmorrhages, the excess of water left in the circulation by the same cause, is set to work upon them, through *endosmosis*, and greater or less numbers of them, according to the quantity of the excess of water held in the blood-vessels, are distended to bursting, by their absorption of water from the thinned serum. They are then dissolved, when their debris is gotten rid of by being excreted through the coats of the capillaries as already mentioned. There is a somewhat curious action had upon the red corpuscles under this operation for their destruction. During the process of distention, the coloring matter is dissolved, and *washed out of them*, leaving them *colorless*, and to all appearance like the natural colorless corpuscles. Sometimes, in consequence of so much of the excess of water being retained in the blood, this action takes such a direction, as to decolorize or wholly destroy so large a proportion of all the red corpuscles that the whole mass of blood is rendered almost colorless, as so often happens to young females at, and after puberty, when we have a case of *Chlorosis* to deal with. And all this resulting from the loss of albumen through some tract of mucous membrane, which is generally, though not always, that of their genital organs in a simple leucorrhœa.

With females in more advanced years, however, or rather, in all cases where most of the excess of water finds a ready exit from the vessels, a portion of the excess of blood-corpuscles is not so liable to be ruptured, nor continued in the general circulation, but decolorized and deposited in the capillary vessels of the mucous membrane of the vagina, or uterus, at or near the point of escape of albumen. When so deposited, they are as much foreign matter as anything that might be introduced into these vessels from without, and must excite inflammation and suppuration, just as any other foreign matter of like consistence would, and would thus produce the ulcerations so common in bad cases of leucorrhœa. Indeed I think the yellow discharges in most, if not in all cases of this malady, can be shown to be the changed blood-corpuscles, decolorized as I have stated, for I have abundance of proof that as these are deposited in the capillaries and give up the water that distended them, they shrink and become opaque and yellow. Their deposit is simply a congestion or clogging of them in the

capillaries, which causes the congested state so commonly observed in the neck of the uterus in such cases. If this congestion continues beyond a certain point in its effects upon the vitality of the part, then we have either immediate ulceration, or the corpuscles pass into a cheesy stage causing the *granular* condition of the os uteri. Or if a mass of them is deposited in adjoining capillaries, *tubercles* about the neck of the uterus are the result. In the milder cases of ulceration, in connection with leucorrhœa, or resulting from it, the decolorized corpuscles are deposited in the capillaries of the mucous membrane, where they have only the wall of these minute vessels and the epithelium to suppurate through, while in the severer forms the deeper vessels become involved until those in the muscular substance are the seat of their deposit, when the case becomes *malignant* in character. Sometimes the changed corpuscles are none of them deposited in the genital organs, but in other parts of the system, not unfrequently into the lungs, thus commencing some of those cases of pththisis, which follow in the wake of serious female diseases; for proof is not wanting that all tuberculous corpuscles, so-called, are nothing more nor less than decolorized blood-corpuscles, brought into excess by loss of albumen, through some tract of mucous membrane, and then deposited as above claimed. But very often, if not in the majority of instances, all these results I have pointed out as possible to arise from an excess of blood-corpuscles retained in the blood-vessels, may be avoided, or long held in abeyance, as already intimated, by such excess finding an outlet from the system, through menstrual hæmorrhages.

It is similar with all the remaining constituents of the blood, that is, they are all left in excess in the blood-vessels, by the loss of albumen, and in that proportion which they each bear to the latter in healthy blood. And like the excess of water and corpuscles, become irritants, or disease-creating agents as soon as thrown into excess; though the disturbances or diseases caused by each, differ from those caused by any of the others, and correspond to the nature of that constituent whose excess is thus disposed of, and the part in which deposited, or through which it is expelled. The surplus fibrin is very liable to be deposited in the serous membranes, causing inflammation of these, as peritonitis, pleurisy, etc.; the surplus salts are liable

to be deposited in the bones at the joints, causing enlargements of these which we so commonly find, or they may be expelled through the kidneys, causing gravel, urinary calculi, etc.; the excess of fatty matters would cause fatty tumours, or be deposited in some of the vital organs, causing the so-called fatty degeneration, etc. And so on of the extractive matters, and even the vital compounds of the blood; all these being liable, when thrown into excess, to create some disturbance, or disease, which would correspond to the chemical nature of the material thus expelled from the blood-vessels. I ought, perhaps, to add, by way of explanation, that in a vigorous constitution, where the excreting functions are very active, none of the conditions or diseases I have named will be found, however much they may be sought, even though the patient lose albumen freely, for the simple reason that such a person's system would rid itself of all of the excess, of all the constituents left in excess, through the activity and vigor of the excreting organs; but when these are much exhausted from their extra labors, or when they are naturally weak, then some of the results I have pointed out are inevitable.

We have next to inquire into matters pertaining to the treatment of leucorrhœa, which I think are of no less importance in this department than are the matters we have been considering in reference to its pathology. The main point in this connection to which I wish to call your attention is the liability, nay, indeed, the certainty, in many cases, of transferring, or driving, the irritation or inflammation which is the cause of the leucorrhœa, from the mucous membrane of the genital organs to the mucous membrane of other and more vital organs, unless care is used in the treatment. In this matter I have no hesitation in asserting that all the tampering by *local treatment*, with whatever agents, even the mildest, and by whatever methods applied, *never did, nor never can CURE* leucorrhœa; or rather, I should say, cure the irritation or chronic inflammation which causes it. If such means do anything toward the relief of this, it only suppresses the action of the cause here, and drives it off on to some other tract of mucous membrane, which, unfortunately, is very liable to be that of the respiratory organs; thus laying the foundation of serious chronic disease of these organs, and very often



of consumption itself. I have seen many instances of this kind, and others, it seems, have seen something of the same, though, as I believe, they have attributed the results to the wrong cause. It is Dr. Carroll Dunham, if my memory serves me, who remarks incidentally in some of his published articles, which I cannot now find, that he has observed chronic sore throat, in several instances, follow the treatment of diseases of the female genital organs, by cauterizing the parts with the nitrate of silver; and attributes the throat disease to the specific action of the silver upon the throat, it being absorbed and carried there in the blood. In this I think the Doctor mistook the cause. It was more probably the disease itself which was driven from the genital organs. The great irritation and excitement which cauterization causes in these parts, brings up so strong a reaction, many times, as to drive the disease out of them, when, it not being *cured*, it *must* go to some other part of the system, and this under the law of metastasis, will be to another mucous membrane, which, in the Doctor's cases, was that of the throat. One of the reasons I have for thinking thus, is the fact that simple cold water injected into the vagina will bring about the same result, as I have positively known in many cases. One of these I will detail. A year ago this November, I was called to a lady in this city, who told me she had been confined to her house nearly the entire winter, for each of the preceding three or four winters, from serious trouble with her throat and lungs. There was considerable enlargement of the tonsils with feeling of fullness and general irritability of the throat, and that condition, or sensation, in which she could bear nothing fitting closely about the neck. There was also decided diseased action in the bronchia, amounting, in fact, to chronic bronchitis, and causing quite an annoying cough, together with marked oppression of breathing. And all these symptoms were so aggravated by exposure to cold air, that she was kept in her house, the winter through, in order to keep herself in a comfortable condition, any of the time, and even then was liable to frequent attacks of more acute suffering, simply from changes in the weather, without any outdoor exposure. For this condition, and these symptoms, I prescribed Lachesis 2<sup>m</sup>, and followed it with Sac. Lac. The relief was immediate and marked, and continued so

for many weeks, when some symptoms arose which called for Belladonna, which I gave in the 2<sup>m</sup> potency. From this on she had no more medicine, went out in almost all weather, and passed the winter very comfortably, notwithstanding the fact that she violated every rule of diet, even to the daily use of wine at dinner, as had long been her custom. These were all the general facts of the case that I learned at that time, but this fall I was called to this patient's daughter, a young married lady, when I gathered some additional facts of the mother's case. The daughter was afflicted, among other things, with a debilitating leucorrhœa. She told me she had been using cold water injections into the vagina, and asked if she should continue them. I answered that she must not under any considerations. The question was asked why, when I explained that if the injections did anything toward the relief of the leucorrhœa, they would drive the diseased action which caused it off to some other part of the system, possibly to the throat and lungs. Upon this, the mother, who was present, spoke and said, "That is a warning to me," and then explained that she had been afflicted with leucorrhœa for years, at times very badly; that she had been accustomed to using cold water injections, freely, for it, though had long observed and had remarked to some of her family, that when she would get relief from it in this way, she would invariably be worse with the trouble of her throat and lungs, and that winters when she was worse with these, she was entirely free, or nearly so, from leucorrhœa. I then asked if she had a return of the latter last winter, after the relief my medicine gave her lungs. She replied yes, that she was afflicted badly with it all the latter part of winter and spring.

To this I will simply add that I have treated very many cases of throat and lung diseases, in ladies who had previously suffered from leucorrhœa, or other diseases of the genital organs, for which they had received various kinds of local treatment, and as soon as, or shortly after, they would get relief from these troubles I would find that their disease of the respiratory organs commenced. While almost always, if not invariably, upon the latter being relieved the disease of the genital organs *would return, just as it was* before it was driven to the lungs. When this is done, great care must be observed in the treatment of

the returned disease, or it will be driven back again to the more vital organs.

I will cite but one case more illustrating the transfer of the disease under consideration, and that one is too important to be omitted here, although this paper is now much longer than I intended it should be. A Homœopathic physician belonging in the central part of the State, and who is a member of your society, wrote a few weeks since, to consult me about a case of lung disease which he had under treatment. I will give the case in his own language. "Mrs. —, aged about thirty, has been under my care since the second of August last. For eighteen months previously she had been constantly under Allopathic treatment, the first twelve of which she was subjected to a weekly application of cauteries, etc., to a so-called ulcerated uterus. Under this treatment, certain local symptoms, among which was a troublesome leucorrhœa, of long standing, were removed. Coincident to their removal, she herself noticed pulmonary irritation was set up, and an harrassing cough established. This was so marked, that she told the Doctor that she thought the trouble was going to her lungs." Without taking up time with a detail of the pulmonary symptoms of the case, I will simply add that he says he gives them "just as she stated them," he "being careful to avoid all leading questions," and these show that his patient is certainly in the second if she has not already entered upon the third stage of Phthisis. He says: "Percussion reveals slight dullness over the upper part of both lungs, and auscultation shows that in the same parts the respiration is decidedly puerile, while bronchophony is more or less distinct on both sides near the scapula." Dyspnœa and hectic fever he also gives as marked and troublesome symptoms of her case.

What a terrible commentary is such a record upon the boasted *wisdom* of the Allopathic branch of the medical profession, which they claim to have been thousands of years in accumulating. All their observations, through all this vast stretch of time, by thousands and hundreds of thousands of physicians, including their ablest men, no less than all others, have not taught them how to treat a case of common leucorrhœa, or simple uterine irritation, without the certainty in many cases, and the liability in all, of driving their patients from

these mild diseased conditions, into that terrible, and to them utterly incurable disease, Phthisis Pulmonalis. But after speaking thus severely of the old school, let us place the responsibility for this great evil where it properly belongs. It is not so much because they have not had able men and faithful observers in their ranks, that these facts have not been found, for they have had such in great numbers; but it is more due to their erroneous and vicious system of Therapeutics, which causes so much disturbance and violence to the organism, that they are never allowed to see Nature at her quiet and unerring work, while patients are under the effects of their powerful medicines, or other active treatment. They either excite or benumb the system, to such a degree, in the performance of its functions, that they can never see the operation of these in their true light after the first prescription, and while the patient remains under their care.

The case above reported is not an exceptional one, by any means, for I have myself seen scores upon scores of them, where serious and often fatal throat and lung diseases, have followed closely upon the suppression of leucorrhœa, uterine irritation and ulceration, by every species of local treatment, namely, injections, cauteries, etc., etc. And always, when I take charge of such a case, in time to establish a curative action in the respiratory organs, the disease, as these are being relieved, is driven back into the genital organs, and there *reappears in most, if not all its original symptoms*. Indeed I never regard the lungs of such a patient safe until the disease does reappear in the genital organs.

Sometimes the disease, in being driven from the mucous membrane of the vagina, or uterus, or both, will go to the mucous membrane of other organs, and not to that of the lungs. In this case it produces diseased action corresponding in character to the nature and functions of the organ to which it goes.

Perhaps I should add, that when the leucorrhœa, or the cause of it, is driven from the mucous membrane of the genital organs, to the mucous membrane of the respiratory, or indeed to that of any of the other organs, it invariably and necessarily causes the secretion of albumen by that membrane, and its loss from the blood, just as it did when acting in its original seat.

And, like that, it leaves an excess of all the other constituents of the blood in the blood-vessels. Then, as before stated, if the patients excretory organs are not vigorous and active, disease or diseases, whose cause is an excess of some one or more of those constituents, will unavoidably follow. If, as so commonly happens, it is the lungs that are attacked, and the blood-corpuscles that are not excreted, these will be deposited in the capillary vessels of these organs, when they shrink from their distended form and become the so-called tuberculous corpuscles.

I should also say that sometimes, after the suppression of the vaginal or uterine irritation, the vital vigor of other parts of the system will force the disease into a dormant state and the physician be led to think the case has been cured, but sooner or later it will renew somewhere, and then go on as though it had become active there at first.

A word now to Homœopathic physicians in regard to the treatment of leucorrhœa under the law *similia similibus*. The selection of the drug, to properly meet the symptoms of a given case, may be strictly correct, and all tampering by local treatment may be carefully avoided, and yet, the unguarded administration of that strictly indicated drug, will bring about many, perhaps all, the evils of local treatment, which I have pointed out, simply by overdosing the system and weakening other organs, so that the disease leaves the genital organs, and goes to the weakened point, upon the well known ground that it must act with its greatest force upon that part of the system—natural to that disease—which has least power from any cause to resist its encroachments. Sometimes when such treatment does not drive the malady to other parts, it will bring about as bad results, in other respects. A case in point I will relate. The second year of my practice, I was called to a lady afflicted very badly with leucorrhœa. She had been under the care of many physicians, both Homœopathic and Allopathic, during the preceding eight or ten years, without relief, and her case was pronounced incurable. Under these circumstances I resolved to give the doses at *long intervals*, although I had then had no experience in administering drugs in this manner. But I was satisfied there must be some *different* method tried from the ordinary course, or another failure would result; that

the case had been of too long standing and was too inveterate in character to tolerate any inconsiderate urging in the cure. The character of the discharges was thick, greenish masses, accompanied sometimes with yellow matter, and all very fetid. The whole system was badly broken down, the nervous system suffering severely. Altogether I think it the worst case of the kind I have ever yet seen. I selected and gave Sepia 6<sup>th</sup> potency one dose. The response to this was prompt and very satisfactory, so I let it act seven or eight days, when though still improving, I feared I should lose the favorable action, and therefore gave another dose. This seemed to occasion a more rapid improvement, which, however, began to subside, somewhat, in the course of about ten days, when my fears got the better of me again, and I gave another dose of Sepia 6<sup>th</sup>. But woe to my peace of mind from that third dose. My patient immediately, that is, within a day or two, commenced sinking into a most lamentable condition, of both body and mind, and was the worst wreck, I think, that I ever saw, from the bad action of medicine; and I was dismissed from the case in disgrace. The disease did not appear to be transferred, for the leucorrhœa became worse than ever before, and the whole system was terribly shattered. But the patient lived through it all, though she was years in getting over the evil effects of my dosing.

Such are the results of violating Hahnemann's most solemn warnings against the too frequent repetition of doses.

In conclusion I have to say, that full proof upon all the points I have raised in regard to the pathology and metastasis of that diseased action which causes leucorrhœa, is so vast, that it was utterly impossible for me to give it here, or you to give time to listen to its recital, therefore, I have had to assume a good deal upon which I have assured you I had proof; and for its corroboration I must refer you to the pages of the *Homœopathic Quarterly*, where these subjects will from time to time be fully discussed.

#### AN EXPLANATION.

We were informed that after the reading of the foregoing paper, a question was raised by two or three present, as to whether we would not allow our patients, suffering from leu-

orrhœa, to go without treatment, for fear that something worse might follow. Though we think this an unfair deduction from the argument advanced, still we do not regret its having been raised, as it affords us an opportunity for explaining what might otherwise appear to some to be left in doubt. Instead of such being the fact, our greatest anxiety is to radically cure these patients, without leaving the slightest vestige of their disease to act either upon their genital or more vital organs, and thus make sure of avoiding the long line of terrible evils which we have pointed out; and we sincerely believe that had we let the case in which we have reported such a bad action from the third dose of *Sepia* pass along for many weeks, upon one, or at most upon two doses of this drug, and one or two of any other that might have been required after the former had done all it could, we should have made one of the finest cures we ever made in any similar case. And the more we see of the effects of attenuated medicines, the more confident are we in this belief. There would be no danger to life, certainly, in waiting for a full development of the action of medicine in such cases. The only difficulty in this course of treatment is to be patient ourselves, when we are sure of having selected the right remedy, and await the results.

One year ago now, we did cure a case with a single dose of *Phosphorus 3<sup>m</sup>*, which in some respects was much worse than the one reported, though in some others it was not so bad. This occurred in a lady aged about 48 years, who had just passed the change of life, and who, some eight years before, had a bleeding polypus of considerable size removed from the uterus by ligatures. She had, at the time of our treatment, a year since, anteversion of the womb, in which the organ laid horizontally across the pelvis, the os uteri pressing back against the rectum; ulceration of the neck of the uterus; a very profuse leucorrhœa, the discharge being mostly yellowish and acrid; and the vagina was completely filled throughout its whole extent with condylomata, somewhat pyramidal in shape, from about one quarter to three-quarters of an inch in size, the base attached to the wall of the vagina and the points presenting toward the opposite side of the organ. There certainly must have been several dozens of these vegetations, and they had been several years growing. Well, after trying *Thuja*

Nitric Acid, Staphysagria and two or three other remedies, and giving each full time to develop its action, but without benefit, we prescribed one dose of Phosphorus 3<sup>m</sup>, with almost immediate relief from the symptoms causing most suffering, while the leucorrhœal discharge all ceased in from four to six weeks, and in some three or four months at the longest every vestige of the condylomata disappeared, leaving the vagina, as the patient expressed it, "as clear and natural as when a girl." Reader, this is no fancy sketch. We examined the case carefully with the speculum, and are simply giving you the *facts*. And yet, as we have said, all this was done with one single dose of Phosphorus 3<sup>m</sup>, without any other remedy, or the aid of any adjuvants whatever. We found that the lady had made it almost a daily custom all her married life to inject water into the vagina, and introduce the finger and wash it out, but this, together with any and all other local treatment, we strictly prohibited; and we feel as though we received our reward for our faithfulness to Similia Similibus.

In concluding this subject, we have to say that we have always, since we entered upon the practice of medicine, scrupulously refrained from the use of local treatment, or any so-called cleansing methods in diseased conditions of these, as well as of all other parts or organs, and believe that man never uttered a truer sentiment than did Dr. Guernsey, recently, when he said that the female genital organs "are *self-cleansing organs*."

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## ARE WE TO BE ALLOWED NONE OF THE CREDIT?

As we go to press the April number of the *Hahnemannian Monthly* comes to hand, containing upon page 377, the following editorial item:

"THE HOMŒOPATHIC QUARTERLY.—This Journal has now entered upon its second year, and with every prospect of a successful continuance. The chief feature, for some time to come, will be the publication of an 'Illustrated Repertory.' Two plates are presented in the initial number representing *coup d'œil*, many symptoms in our complex symptomatology.



We have no doubt but that this method of representing the action of remedies will prove very valuable to practitioners. The editor remarks (page 32): 'This is the first instance, we believe, in the history of medicine, in which symptoms for medical guidance have been represented to the sight.' We beg to assure Dr. Gregg that his belief is incorrectly founded. More than twenty years ago, Drs. Hering, Jeanes, and Williamson, of Philadelphia, and perhaps others working with them, figured the *Materia Medica* in a manner very similar to the plan of the two plates referred to above, and thought of carrying the work throughout the whole list of medicines. We have seen some of these plates or pictures in the possession of Dr. Williamson. It is customary, nowadays, in asserting that there is 'nothing new under the sun,' to refer to China for the finding of something analagous to every new discovery and invention; but in this instance we need go no further than Philadelphia, the headquarters of things Homœopathic."

Of this we desire to speak plainly, but at the same time without any ill-feeling, or from other improper motives, and we trust without affording any just ground for offense. The sufficient answer to it all would seem to be, if the gentlemen named had found any such *complete* system for representing so large a portion of our very "complex symptomatology" to the sight, as we have devised, or indeed, if they had secured any portion of it that was satisfactory to them, why did they not long ago produce it for the benefit of the profession and of mankind? Why allow so important a thing to slumber "more than twenty years," when the constant cry has been by every earnest and conscientious physician in our ranks, "give us something more definite and tangible than we yet have, to enable us to find and to *know* the exact curative drug in each individual case of disease."

Two of the gentlemen named have, in turn, been several years at the head of a medical college, sending out numbers of young men every spring, each with his diploma as a passport to society, and a guarantee that he is qualified for the responsible duties of a physician; and yet, we are called upon now to believe that these men have withheld from their classes all these twenty years, or more, the most important of all methods that could possibly be devised, for familiarizing the mind with full

one-half of our excessively complicated *Materia Medica*. Better by far always send out inexperienced men for mariners, without chart or compass, and make them supply the place of the latter, with their own unaided observations in storm and tempest, and depend upon their *memory* of what they may—or may not—have read in the books for a knowledge of all the reefs, rocks and shoals, which the former would point out with unerring precision. The loss of human life, and the wreck of human hopes, would be nothing in this instance, as compared with what they actually are in the other, and the neglect far less culpable. Within the twenty years named, that is, seventeen years ago this spring, we ourselves graduated under, and received our diploma from, Dr. Williamson, and have always retained a high appreciation of that gentleman's earnestness and sincerity as a teacher; but will say now, after having, during the last year, made drawings of all the general divisions of the body, and gone through the entire *Materia Medica*, locating various symptoms upon them, that we would much rather have the results of five years observation under this system than all the seventeen years experience, in learning by various other ways the indications of drugs. What human suffering we might have relieved, and valuable lives saved, had we at first been put upon the track which has required so many struggling years to reach. But for this Dr. W. is not, of course, responsible, unless he then withheld what he ought to have given us. No, believe us brother editor, there is no view that can be taken of this affair but what it looks too much like a claim, started upon insufficient grounds, to save the credit of Philadelphia, at the expense of detracting from what is justly due to Buffalo.

We are willing to concede to others what is rightly their due, but no more, and are at the same time willing to be held to the same rigid accountability, but the article we have quoted is not of that character. It is seldom indeed that an item is penned, which so utterly ignores the rights of others, as the article in question does our rights in the matter at issue. For, notwithstanding it is conceded that "this method of representing the action of remedies will prove *very valuable* to practitioners," it will be seen that not the slightest credit is allowed to us for our device, or being first to give so important a mat-

ter to the profession, but all is claimed for others, who, if they had found anything of value, have kept it hidden from the world.

But after having said this much we desire to say further, that we as yet prefer to, and do believe, that the article was thoughtlessly written and without a design to injure us. If, however, the homœopathic denizens of the Quaker City should persist in offering such treatment to those outside, with regard to "things homœopathic," these may be led to remind them that Homœopathy had its origin elsewhere, and has had quite as much done for its general advancement in other parts, as in Philadelphia.

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#### OBITUARY.

Died, in this city, January 15th, 1870, ROSWELL W. HASKINS, A. M., aged 73 years, 11 months, and 15 days.

It becomes our painful duty to thus announce the last, to earth, except in pleasant remembrances, of this, our *sincere* and *EVER FAITHFUL FRIEND*.

Although Mr. Haskins was not a physician, yet, in the name of Homœopathy, his memory demands a fitting tribute here. The story of his adoption of the law *Similia Similibus Curantur*, as the *true* law of cure, in medicine, is probably without a parallel, even in the profession; while his conviction of its universal applicability, and his unswerving reliance upon the purest precepts of its practice, could not have been excelled by the most intelligent, sincere and earnest disciple that Hahnemann ever had.

As long ago as 1836 or '37, years before he ever saw any results in practice to confirm him in his convictions, he became a firm and never-changing believer in the principles that underlie our school. Previous to the time named, he used to say he never saw anything in print upon Homœopathy, excepting articles in the English Magazines, ridiculing it and all its claims; and he could find nothing in the English language to tell him what it was, or what the principles upon which it was based. Upon this, and in one of the years mentioned, he sent expressly to Paris for works in the French language that would inform him upon the subject. These he received in due time, and such was his keen insight into Nature, his intuitive perception of truth, that upon reading them he became convinced that the true law of cure had been found, and from that

time to the hour of his death he remained as firm and true to this conviction, as but few beside him could. He at once told his family his conclusions in the matter, and settled then upon the determination to rely upon this practice as soon as the man should appear that was qualified to administer it; though, as we have said, it was years before the opportunity offered. It was not, in fact, until his brother-in-law, the late Dr. Noah H. Warner of this city, embraced Homœopathy in 1845, that he could carry into execution his long cherished design. And in Dr. Warner, he found one among the ablest in our school in this country, who was in many respects equal to the task of showing him very much of the best results of the Homœopathic treatment of disease, and who, as a practitioner, has never yet had but few equals in our ranks.

But when we have said this much we have no more than simply commenced to exhibit the high qualities of mind of which Mr. Haskins was possessed. Whether in Science, in History, or in Literature, it was all the same to him, he was equally at home in all, and a most profound student in each of these departments of human knowledge. But to Science he had given the most of his attention the latter part of his life, possibly because he had long since become so familiar with all that he deemed of importance, and that was available, in the two latter branches; though he always maintained a lively interest in each of these to the last, and was ever alive to anything new and valuable in either. Of his scientific attainments we will speak more extendedly soon.

In history such had been the extent and correctness of his research that some eighteen or twenty years ago he wrote an elaborate criticism on Hazlett's translation of "Guizot's History of Civilization," and such was the masterly manner in which he handled his subject that he received a letter of thanks from Guizot himself, acknowledging his indebtedness to the acute literary analysis of Mr. Haskins. Again, upon receipt of the news in this country some two years since of the capture of Samarcand in Independent Tartary, by the Russian army, the deceased wrote an article for one of our city papers, calling upon our Government to intercede with Russia for the release and publication of what was valuable, that had been stored and kept from the world so long in the enormous library of that ancient city. This, though it seemed not to attract much public attention at the time, was little less than remarkable in revealing his great familiarity with Oriental history, and especially with the history of that secluded country. He showed by whom and when that library was collected; that it was mostly captured from other nations by Tamerlane, in his successful wars against them, that every book was, at the time, and had been since, preserved with scrupulous care, and he

also stated something of the enormous number of volumes in store there. Such was the profound research displayed in this article that he received a letter, which we saw, from a friend who was fully capable of judging upon the subject, conveying the most flattering compliments upon his great attainments in history.

We will give but one more example under this head. Mr. Haskins was far more familiar with all the details of the history of ancient Egypt, as revealed by Champoleon through his great discovery which enabled him to read the Coptic language, than most men are with the history of their own country, and could talk for hours together with unflagging interest upon this absorbing subject.

In Literature, as we have already said, he was always at home. There was scarcely a writer of any eminence, whether of prose or poetry, in the English language, either of the past or the present, with which he was not familiar both with their writings and their biography, and would often in conversation, when occasion called it out, quote passages from them, or tell some anecdote of their lives.

Under this head it is proper also to speak of his own ability as a writer. In this respect he had but very few equals, and a still less number of superiors. His superiority here was in the great clearness and conciseness with which he wrote, and a felicity of expression peculiar to himself; while he could be truly eloquent when his subject called for it. We have often heard men who were themselves able writers, speak of his style of composition as so clear and felicitous, and point to it as in many respects a model to be followed. His writings were always free from superfluous language and from impurities.

In Science, however, in our judgment, was the great field for the display of Mr. Haskins' superior ability. To our mind he was at once, and by far, the most acute, and the most profound reasoner upon the phenomena of Nature that we ever met. Others might not accord so high a mede of praise as this, though all acknowledged him possessed of a high order of talent in this respect, still, in speaking for ourselves, we would repeat emphatically what we have said above, and in so doing feel that we are not at all governed by the great friendship he so long bore us, but solely by a proper regard for the truth, in this matter, as we are given to see it. His great power here was in his constant and never failing reliance upon the settled principles of Nature. No amount of sophistry would swerve him in the least from what he believed to be the truth. In fact, this would always excite his resentment, while his disgust at "maybes" and "perhapses," and their advocates, was not always of the mildest character. He often used to say "there is but one right to an infinity of wrong

upon any subject," and that if he would let his ideality have full play, there would be no end to the creations of his fancy, that he could *imagine* all that might be desired by the most imaginative, therefore he kept this part of his mind in strict subjection to reason.

Mr. Haskins' labors in science were very extended, but for want of space we can refer to but a small portion of them. In 1841 he published an "Astronomy for schools" which was at once adopted as a text-book by all the high schools of this State, and would no doubt have met with an extended sale had his publishers properly followed up the favor with which it was first received. He also translated a large number of papers upon astronomy and other scientific subjects, from La Place, Arago and others. In the days of the elder Silliman, between whom and Mr. H. a strong friendship existed, the former's Journal was often enriched by the pen of the latter, either in original or translated papers. His researches in and writings upon Geology were also very extended. His theory of the origin of Petroleum, written in 1861, was characterized by the most common-sense and was the most plausible of anything that we have ever seen upon that interesting subject. Though we have passed without notice much of his literary and scientific work that would be of interest, we must hurry on and will close this part of our task with a notice of the last labor of his life in the scientific field: This was a pamphlet of 25 pages, which he published last summer, entitled "An examination of the hypothesis of Central Heat in the earth, and of the assumed connection of Volcanoes and earthquakes therewith." This was a masterly production and a fitting termination of all his great labors. We, ourselves, take a peculiar interest in the paper, for it was written at our urgent solicitation. We knew he had all the facts at hand, and from frequent conversations with him upon the subject was familiar with his argument, so a year or more since we persistently urged him to write them out and publish them, to which he finally consented. But for this they probably would have been lost to the world. We think it the most thorough expose of the fallacy of the dogma of "central heat" that has yet found the light. We wrote a review of it for our last October number, but could not give space to it then, and must again postpone it to our next number.

In moral character Mr. Haskins was scarcely less conspicuous than in his great intellectual attainments. We refer to those high moral qualities, simplicity, integrity, honor and justice in all things. He lived a simple life, always without display of any kind, and despised nothing more than pretense. His integrity was of the highest order. Deception in any of its

numerous forms, we believe was never a greater stranger to the heart of any man than to his. We doubt if he ever occupied an equivocal position upon any question, even of the most minor order. No man was ever allowed to leave him with a doubt as to his views upon any subject they might have discussed, and what he advocated once, he always advocated, unless he found evidence that he was wrong, which was not often, for it was never his custom to form an opinion upon any matter of importance, without the most thorough research. In short, his was one of the most *positive* of characters. Not one of the vices of men ever tarnished his name, unless we should, perhaps, except a moderate degree of profanity when annoyed or excited, which seemed almost inseparable from his positive nature, and a certain, though not great, irritability in his later years, which was no doubt more due to half a life-times' annoyance from others trying to possess themselves of what was justly his, and which was vindicated to him only the week before he died, than it was to any defect of character. Though the latter he seldom exhibited, unless upon occasion of some real or fancied wrong; while to his friends he always showed great courtesy and good humor.

His sympathy with human suffering, and his delight at everything that tended to ameliorate the condition of mankind, were almost unbounded. His self-sacrificing devotion to the care of the sick, and to the interests of this community generally, during the epidemic of cholera in this city in 1832, when, as President of the Board of Health, he struggled almost single handed against that terrible visitation and its consequences, will remain a monument to his great kindness of heart, as long as the memory of it shall last.

The disease from which Mr. Haskins died was dry gangrene. It commenced in the great toe of the left foot, and soon developed the most alarming constitutional symptoms. His sickness was short, only confining him to his house one week, and to his bed four days. He had been seriously threatened twice before, in the last fifteen years, with the same, but Ant. Crud. stopped its development almost at once, in each of those instances, but this time nothing seemed to afford any relief, and he sank full of honors and of years.

Such was, in part, the character of this great friend of homœopathy, of whom it may be truly said, we may all honor ourselves in honoring him.

THE  
Homœopathic Quarterly.

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VOL. II.

BUFFALO, JULY, 1870.

No. 3.

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AN ILLUSTRATED REPERTORY.

In this number, and on the next page, will be found a continuation of the Illustrated Repertory, in a view of the left side of the body, for the darting or stitching pains of the chest and back to be represented by such a view.

A different course has been pursued, in one respect, with illustrating symptoms in this, from that which was followed in either of the preceding numbers. For instance, we have only illustrated those darting pains which are definitely located by their language. At least the only exception to this is Causticum in its symptom, "stitches at night, without arresting the breathing, as if a knife were thrust into the left side of the chest in front, and in the back," etc. This being so distinct from all other drug stitches in the left chest, none other having anything at all like it, we thought it important that it should have a place, and if the position given its arrows is not

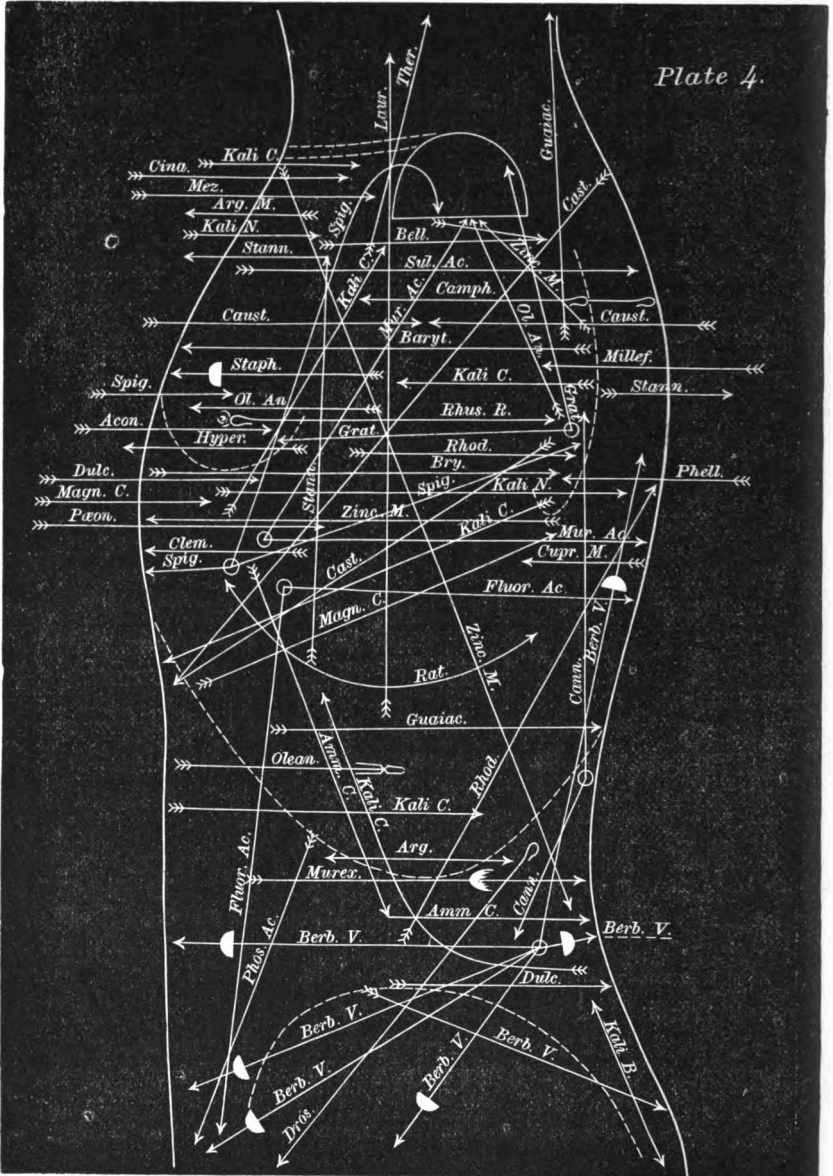
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VOL. II.—7.



AN ILLUSTRATED REPERTORY.

For the acute pains of a darting or stitching character, that pass from point to point in the chest, in a manner that can be represented by a view of the left side of the body.



In using this plate consult the explanation in the succeeding pages.

exact, it can matter but little, as it must almost certainly be the remedy indicated for pains shooting at one and the same time, from before backward, and from the back forward into the left lung. It is certainly the only remedy yet recorded for such a combination. Aside from this, the acute pains of those drugs which are simply mentioned as extending through the left chest to the back, or of those from the latter into the chest, without either their origin or termination being given, we have not attempted to locate, because of the uncertainty.

It would have been better had this course been pursued from the first, and thus have avoided confusion, and made every pain represented a fixed and positive fact; but in new things like this it is impossible to attain perfection at once. Experience and reflection must be had to suggest improvements. The correction may be readily made upon the plates previously given, by each subscriber running through the quoted symptoms, and finding those pains not positively located by the language, and then drawing a line of red ink through the abbreviated name of each drug on the illustrated page where there is any uncertainty about it. There are not more than one-fourth, we think, if there are that, which will be found in doubt, and then the balance will stand out clear and distinct as could be wished.

The stitching pains of uncertain location in the left chest we copy, and give at the close of the list of those that are definite. This is done to ensure observation that will properly locate them. They

are clearly too important to be entirely overlooked, and this was our reason for endeavoring to represent all such, the best we could, in the front and right side views; but the course now adopted to secure them attention, but not an illustration until they are properly defined, is clearly much the best.

In comparing the results, after pursuing the course named, we find, too, much less similarity in position among the arrows representing the various drugs, on the present plate, from that of its predecessors. Indeed there is none of this whatever excepting beneath the left clavicle, and in the left præcordial region, and this leads us still more to think there is a possibility, at least, that had provers stated exactly the location, direction and extent of all the darting pains experienced by them, no two drugs would be found alike in this respect; that we should probably not have had to go beyond this one fact for a certainty in the remedy indicated, nor required a corroboration in other symptoms. But be this as it may, it will be seen in regard to the stitches beneath the clavicle, there is really no similarity between them, though in the representation there is so much of an appearance of this. Kali Carb., for instance, has: "Dull painful stitches in the chest, from without inward, under the left clavicle, *going off* for a short while by *pressing on the parts*, in the evening"; while Cina has: "*Two* dull, piercing stitches, in *quick succession*, near the sternum beneath the left clavicle, during a deep inspiration, he feels *much pain* when *pressing* on the part," making the two

the *exact opposites*, in the fact that the same agency, namely pressing upon the part, relieves the one and aggravates the other. But this distinction would appear to be hardly required, for it will be seen that Kali C. has five other arrows on the present plate, whereas Cina has but the one. Again, Mezereum is markedly different from either of the foregoing, though it, too, has an arrow similarly placed beneath the left clavicle. Its symptom, however, leaves no doubt, as will be seen by quoting it in full: "Stitches in the left side of the chest, beneath the clavicle, *going and coming with the regularity of musical beats*, extending deep into the chest, shortly after, only a simple aching, aggravated by inspiration, and returning for some days in succession." Of the other short arrow, belonging to Kali Nit., below those representing the preceding drugs, and extending from without inward, it is only necessary to say it simply extends through the upper part of the sternum.

While upon this point it appears important to call attention to the following under Dulcamara: "*Deep cutting pain* in the left side of the chest, close below the clavicle, going off by pressing on the part." But whether this is a *fixed* deep cutting pain, or extends from one point to another, as the expression would seem to indicate, and if the latter, whether it passes antero-posteriorly, perpendicularly, or transversely, is so uncertain, we thought best not to represent it, but call attention to it in this manner, as it is too marked a symptom to pass by in silence. It will

be seen that it is ameliorated by the same that the illustrated symptom of Kali Carb. is in the same locality, namely, "by pressing on the part," but other symptoms will leave no doubt as to the one indicated.

Of the arrows in the præcordial region which correspond to each other in position, the same fact holds that does in the left infra-clavicular region. The symptoms of the drugs there represented are really so different, as will be seen by referring to them, and the concomitants so unlike, there can hardly be a mistake in regard to which remedy might be called for, if any care is taken in comparing them. Aside from these two localities, there are no two or more other arrows at all similarly located in the whole of this left side view. The nearest that any come to it are Zinc. and Oleum An., from the left scapula to the axilla, but the distinction is clear, as seen by the fact that the former has: "*Continuous stitching in the border of the left scapula, toward the axilla*"; and Ol. An. "*a few pointed and painful stitches from the left scapula*" not from its border "*to the axilla.*" The apparent similitude between Bryonia and Kali Nit. is at once dispelled, when we reflect that the arrow belonging to the former on this plate is the mate to the one upon the right side going through to the right scapula. Besides, Kali N. does not go to the scapula but through the chest below the mamma, toward the back. In all the rest of this plate, as just stated, there is no resemblance whatever in the

position of the arrows, when we consider their direction and the points between which they pass. Does not this fact, then, warrant as extravagant hopes, almost, as could be raised of its great value, and is it not of the very highest importance both to Homœopathy and to suffering humanity that the illustrations should be *fully* completed, for the whole system, as speedily as possible? But the labor required to do this is appalling.

All the darting pains passing through the *center* of the chest antero-posteriorly, or the reverse, were illustrated in our last, and are therefore not reproduced here.

SIDE VIEW—LEFT SIDE.

*Aconitum*. "Weight in the chest, accompanied with a number of fine, but violent stitches in the left breast, from without inward."

*Ammonium Carbonicum*. "Violent stitches in the left side of the chest, commencing in the præcordial region, and then moving downward toward the side, and afterward toward the back."

*Argentum Metallicum*. 1. "Fine stitches in the upper part of the sternum from within outward." 2. "Horizontal cutting, as with a knife, in the region of the left false ribs." 3. "Lancination across the last rib of the left side when stooping sideways and leaning on the arm." As the last two are probably, one symptom, we so represent them on the plate.

*Baryta Carbonica*. "Dull stitches through the left scapula, coming out at the chest."

*Belladonna*. Stitches shooting from the left axilla, and from a point on the front of the left chest, two or three inches to the right of the left axilla, through to about the center of the outer border of the left scapula. This is not a hitherto recorded symptom, but is from a case in practice, which will be

found under the head of "Confirmations" upon another page.

*Berberis Vulgaris*. 1. "Sticking pain, or sticking pain with pressure, more or less acute, frequently recurring and long continued, in one or the other lumbar region, at times in the region of the kidneys, at others a little above or below, extending outward and forward in the side of the abdomen, or into the region of the hips, or into the dorsal spine, or the small of the back, into the region of the bladder or the inguinal region or extending from the region of the kidneys in a straight direction into the abdomen, sometimes accompanied with a feeling of numbness, lameness, and as if bruised." 2. "Deep-seated, acute lancinating pain in the iliac bone of one or the other side, extending obliquely inward and downward toward the small of the back, sometimes accompanied with bubbling stitches darting into the part to a considerable depth."

*Bryonia*. "During an inspiration, stitch through the chest to the scapulæ."

*Camphora*. "Painful drawing stitches through and between the scapulæ, extending into the chest, when moving the arms, for two days."

*Cannabis Sativa*. "Violent aching and fine painful stinging, for fifty days, in the vertebræ at the base of the chest, the pain sometimes darted toward the loins or the scapulæ."

*Castoreum*. "Painful sticking in the scapulæ or between the shoulders through the chest as far as the pit of the stomach, aggravated by inspirations."

*Causticum*. "Stitches at night, without arresting the breathing, as if a knife were thrust into the left side of the chest in front and in the back, with great anguish and uneasiness, which obliges him to toss about in his bed without being able to sleep."

*Cina*. "Two dull piercing stitches in quick succession, near the sternum, beneath the left clavicle, during a deep inspiration, he feels much pain when pressing on the part."

*Clematis Erecta*. "Sharp stitches in the region of the heart, from within outward."

*Cuprum Metallicum*. "Broad stitches as with a knife, under the scapula, on the left side near the spinal column, independent of breathing."

*Drosera.* "Drawing stitches from the left loin into the penis."

*Dulcamara.* 1. "Pain in the left side of the chest, in the region of the fifth and sixth ribs, as if a blunt knife were thrust in." 2. "Dull stitch from within outward in the left loin, close above the hips, at every inspiration."

*Fluoric Acid.* "Pain from the left side of the chest to the groins, increased by deep inspiration, particularly in the groin and back, like a stitch."

*Gratiola.* "Darting from the left scapula to the shoulder and mamma."

*Guaiacum Officinale.* 1. "Stitches in the left side below the true ribs, rather toward the back." 2. "Frequent and continued stitches on the left side of the nape of the neck, from the scapula to the occiput, when moving about, also when holding the head still."

*Hypericum Perfoliatum.* "Continual stitches from within outward, through the left breast and sternum, aggravated by motion."

*Kali Bichromicum.* "Cutting pain in the outer left side of the sacrum, shooting up and down."

*Kali Carbonicum.* 1. "Stitches under the left mamma, and sometimes ascending deep in the chest, also in the evening." 2. "Dull stitches deep in the left chest under the short ribs." 3. "Dull painful stitches in the chest, from without inward, under the left clavicle, going off for a short while by pressing on the parts in the evening." 4. "An occasional stitch from the small of the back, through the left side of the abdomen, toward the chest." 5. "Stitch from the apex of the scapula to the pit of the stomach, during fatiguing labor." 6. "Violent stinging pain as from a sprain in the left scapula, extending into the chest."

*Kali Nitricum.* 1. "Violent stitch in the upper part of the sternum, from without inward, on the left side." 2. "Stitches in the left side of the chest, toward the back, and below the left mamma."

*Lactuca Virosa.* "Dull sticking from the left chest to the scapula."

*Laurocerasus.* "Stinging tension in the left side when lying on it, extending up to the neck in the morning."



*Magnesia Carbonica.* 1. "Stitch from without inward in the præcordial region." 2. "A stitch into the left region of the ribs, coming out below the left scapula when standing."

*Mezereum.* "Stitches in the left side of the chest, beneath the clavicle, going and coming with the regularity of musical beats, extending deep into the chest, shortly after only a simple aching, aggravated by inspiration, and returning for some days in succession."

*Millefolium.* "Violent fine stitch in the middle of the left scapula from without inward, during an inspiration."

*Murex Purpurea.* "Stinging and burning under the left short ribs, toward the spine."

*Muriatic Acid.* "Stitches deep in the præcordial region extending as far as the axilla and back, with stitches in the thigh extending to the knee, when sitting, going off when rising in the evening."

*Oleander.* "Fine stitches in the left chest. Stabbings in the left chest as with a knife. Pinching stitch in the left chest, through the false ribs. Dull stitches in the left side of the chest when walking." Of these we can only definitely locate the "pinching stitch," but copy the others here as they occur in this close connection in the *Materia Medica*.

*Oleum Animale.* 1. "Darting in the mamma, when standing, from behind forward." 2. "A few pointed and painful stitches from the left scapula to the axilla."

*Pœonia.* "Dull stitches in the chest from before backward, as if through the heart."

*Phellandrium.* "Stitch in the lower end of the left scapula, from without inward."

*Phosphoric Acid.* "Dull stitch in the left side between the lowest rib and the pelvis, through the whole cavity of the abdomen, more violent during an inspiration."

*Ratanhia.* "Several fine stitches under the left breast, along the ribs."

*Rhododendron.* 1. "Painful sticking in the left side below the ribs, the stitches extending in the direction of the dorsal vertebræ, during rest." 2. "Sticking pain in the middle of the left chest. He feels the pain as far as scapulæ, and it is increased by motion."

*Rhus Radicans.* "Drawing and stitching pain, extending from the left side of the chest near the nipple, through to the left scapula, aggravated by coughing, sneezing, yawning, etc."

*Spigelia.* 1. "Lancinating pain commencing below the left nipple and extending into the region of the scapula and the upper arm, more violent during deep inspirations." 2. "Dull oppressive sticking in the heart, between the region where the beats of the heart are felt and the scrobiculus cordis; the same sticking is felt in and above the scrobiculus cordis and the chest is oppressed." These symptoms are all represented by three arrows extending in the proper directions from one circle. 3. "Sharp stitches above the left nipple from without inward, when sitting bent while writing, recurring at various periods; the stitches disappeared speedily when raising his chest."

*Stannum.* 1. "Sharp broad stitches in the spine, between the scapulæ, from within outward." 2. "Frequent cuttings through the chest from below upward and in front in the region of the upper ribs from within outward, independent of breathing." As this is copied from the midst of symptoms given as in the left side of the chest, we think it, also, must belong there, and so place it.

*Staphysagria.* "Sharp stitches in the region of the fourth costal cartilage of the right and left side, at intervals of several seconds and lasting longer than usual; they press slowly from within outward, independent of breathing."

*Sulphuric Acid.* "Sudden violent and piercing stitch in the upper part of the left chest, extending to the back."

*Theridion.* "Violent stitches high up in the chest, through the left shoulder as far as the neck."

*Zincum Metallicum.* 1. "Stitch in the upper part of the sternum, extending into the left lumbar region, with dread of stooping, early in the morning." 2. "Stitches under the left scapula, extending to the forepart of the left region of the chest." 3. "Continuous stitching in the border of the left scapula toward the axilla, so violent that it caused her to start, with mounting of heat to the head."

STITCHING PAINS IN LEFT CHEST, WHICH ARE UNCERTAIN, EITHER AS TO LOCATION, DIRECTION, OR EXTENT.

*Aconitum.* "Shooting stitches in the pectoralis major muscle, and in the intercostal muscles of the left side."

*Asafoetida.* "Boring stitches in the left side and half left of the chest, from within outward."

*Borax.* "At every inspiration stitch into the left side of the chest, as with a knife."

*Bovista.* "Stitches in the left side, extending through to the back."

*Croton Tiglium.* "Fullness and weariness of the two cavities of the chest, with stitches in the left cavity and toward the scapulæ."

*Dulcamara.* "Deep cutting pain in the left side of the chest, close below the clavicle, going off by pressing on the part."

*Lycopodium.* "Stitches in the left side of the chest, also during an inspiration, and extending to the back; they almost hinder breathing."

*Magnesia Muristica.* "Stitches deep in the left side of the chest, independent of breathing. Stitches in the left side of the chest, from without inward, with soreness when touching the parts."

*Mercurius Solubilis.* "Stabbing pain in the left side under the short ribs, during every inspiration."

*Mezereum.* 1. "Sticking pain from the left side of the back through the chest, during an inspiration." 2. "Sudden sharp stitches in the evening, near the spinal marrow, through the chest, extending into the cartilages of the left ribs."

*Muriatic Acid.* Dull stitch in the left side of the chest, from without inward, with cough in the evening.

*Natrum Carbonicum.* "Stitches in the back, sometimes as far as the left side of the chest, evening and night."

*Niccolum.* "Stitch in the left chest, also striking to the inmost part of the chest and arresting the breathing, or causing one to start, or when walking and worse on drawing breath."

*Nitrum.* "Stitches in the left side of the chest, toward the back."

*Phellandrium.* "Sticking deep in the left chest. Pointed stitches below the left mamma."

*Senega.* "Oppression of the chest, with slight shooting pains through the chest in the direction of the scapulæ, returning the first ten days at indefinite periods, especially in the open air and during a walk."

*Stannum.* "A sudden long stitch in the left side of the chest, one hand's breadth below the axilla, causing one to start."

*Sulphuric Acid.* "Fine stitches deep in the left side of the chest, from without inward, with arrest of breathing."

*Taraxacum.* "Sticking in the left side toward the back."

## CONFIRMATIONS.

### BELLADONNA.

The symptom of this remedy, illustrated just beneath the left axilla, upon the plate given in this number, we have confirmed in the following case: September 15th, 1869, we were called to a married lady, aged thirty years, who was suffering from a severe cough and pain in the chest. Upon inquiry the cough was found to be dry, harsh, rather hoarse, and somewhat hollow in sound, unattended by expectoration at any time, troublesome at nearly all hours during the day and evening, but worse in the afternoon from 3 P. M. to 5 P. M. There was hectic fever attending the other symptoms, with burning of the palms of the hands and soles of the feet, and an aggravation or rise of fever every day at 3 P. M., lasting two or three hours. Soreness of the throat, that is, a dry, raw, or smarting soreness was much complained of, and upon examination the whole mucous lining of the fauces was seen to present many resemblances to an acute inflammation thereof, though there was no swelling of the tonsils or other parts. All these symptoms had been of about six weeks' duration, and soon after they had set in there had arisen an acute pain in the left axilla, and in the front of the left lung at a point about three inches to the right of the axilla, which extended from both of these places backward through the lung to about the center of the outer border of the left scapula. This pain had been of three or

four weeks' duration, and was gradually increasing in severity, though but little if any congestion had arisen in that or any other part of either lung, and we think the lungs were not yet really tuberculized, though they were certainly rapidly approaching, if not already upon the verge of this condition. The patient was much emaciated, weighing only ninety-seven pounds, though rather above the medium height. She was also much reduced in strength, being unable to take any outdoor exercise, and had but little appetite. Pulse 110 to 120 per minute. Cough always excited by tickling in the throat.

To give still further evidence of the awful curse being daily inflicted upon mankind by the local treatment of disease, we will state that this condition and all these symptoms, followed soon after the suppression by topical applications, of a chronic *leucorrhœa* and uterine irritation, from which the lady had suffered for some three or four years. She was at three different times, in the course of two years, subjected to treatment by cauterization and injections of nitrate of silver, twice and three times a week, for four or five months each time, causing such suffering that she would not fully recover from one of these assaults upon life till the next was made. The last of these periods was through the spring of 1869 and terminated but a few weeks before she was seized with the throat and lung disease described, and only just before the appearance of the latter did the female disease disappear.

The character of the cough and the symptoms of the throat were all so decided in calling for *Belladonna* that we prescribed this remedy in the 2000<sup>th</sup> potency, and awaited results, believing that it must control the acute pain promptly, because of its being so markedly indicated by the other symptoms. And the results were all that could have been desired. The pain and fever were among the first symptoms to yield, while the case progressed satisfactorily in all other respects, for three or four months, when the cough and irritation of the throat wholly subsided, and then the *leucorrhœa* and uterine irritation *reappeared just as they were before their suppression*, some five or six months previously. She said the identical pains and all other abnormal sensations in the genital organs returned, and were an exact repetition of their former action. We still allowed *Bell.* to continue its work upon these as upon the throat and

lung symptoms, and repeated it only once, to restore her, in two or three months longer, to such a state of health as she had not enjoyed during the preceding six or eight years.

## CALCAREA CARBONICA.

We have just confirmed the darting pains of this drug, illustrated by three arrows on plate 1, in the first number of this journal for this year, namely, by one arrow extending from the left into the right lung, across the center of the chest, and by two others, one from either lung, shooting up into the throat. The case was that of a married lady some thirty-one or two years of age, suffering from most inveterate symptoms of secondary syphilis. The disease was communicated to her some six or seven years since, through no fault of her own, and then suppressed by local treatment, only to be followed by constant suffering ever since. For three or four years she has discharged pus more or less freely from the rectum, and for the last two years has discharged large quantities of it almost daily, and latterly much blood also. She has in addition, been markedly dropsical for two or three years, principally of the nature of anasarca and ascites, and has been a victim to the worst form of constipation we have ever known. She asserts most positively that, in the last two years she has been no less than three or four different times, as long as four weeks at a time, or from one menstrual period to the next, without the slightest particle of fecal matter passing her bowels, and then they would work off in a diarrhœa, for a day or two, but after this resume the old condition, and go two, three and sometimes the four weeks before another fecal evacuation; but would daily have discharges of pure pus, during all the intervening period. Well, after treating her at intervals, for a year or over, with only tolerable results in controlling other symptoms, but never breaking in but little upon those above given, excepting once, for a few weeks, getting a very decided action of Cauticum 1<sup>m</sup> in relieving the constipation, she was one day seized with an acute pain just under the left axilla, which darted from there horizontally across the chest into the right lung, and with it came also darting pains in the upper half of both lungs and shooting from there up into the throat, and sometimes to behind

both ears. For these pains we prescribed Calc. Carb. 6<sup>m</sup>, one dose, which in a few hours fully subdued them all, and since that, now two weeks, she has shown more gain in the whole condition than she has before under any remedy.

SPIGELIA.

The acute pains of this drug, illustrated on the plate in this number, by three arrows starting out from one circle beneath the left mamma, and extending, one to the left shoulder, another to the left scapula, and a third into the sternum, we have confirmed in the following case: June 2d, 1870, we were called to an unmarried lady aged 28 years, who, upon examination was found to be laboring under an attack of acute rheumatic inflammation of the heart. The bellows murmur was loud and distinct. In the previous six or eight years she said she had had two very severe attacks of inflammatory rheumatism, and both times treated with local applications. But this time, as was to have been expected from the former suppressing treatment, the disease seized at once upon the heart, and soon developed acute pains through the præcordial region. We at first administered Aconite 1<sup>m</sup>, expecting it would subdue the inflammatory condition, but as it did not in twenty-four hours, and the pains were becoming more severe we prescribed Bryonia 2<sup>m</sup>. Ten hours later we were summoned to our patient in great haste, and found her in apparently the most excruciating agony, from acute pains in the left chest. She could scarcely take an inspiration, and could not even move hand or foot, so great were the aggravations therefrom. Upon inquiry, the pain was ascertained to start from the region of the apex of the heart, and shoot, one branch to the left shoulder and down the front and inside of the left upper arm, another branch backward and upward to about the center of the left scapula, and a third branch from left to right into the lower extremity of the sternum. Pulse 140 per minute. We then gave Spigelia 1<sup>m</sup>, one dose, and it certainly did not exceed half an hour before great relief from all the symptoms was afforded. After this, as auscultation showed constant improvement in the sounds of the heart and the whole condition there, we administered no more medicine for four days, though there was some pain most

of the time, and occasionally very severe threatening of a return of the acute suffering, but this would soon pass over again, until the fourth day, when there was more evidence of a cessation of the improvement, and we gave another dose of Spig. 1<sup>m</sup>. This again relieved for three days, though not as much as at first, when the symptoms called more prominently for Bryonia, one dose of which we gave in the 2000<sup>th</sup> potency, and from that on no more medicine was needed to fully restore her to health in two or three weeks. While the heart was improving, considerable rheumatic action showed itself in the right thumb, right elbow and right ankle, and some also in the left knee and left ankle; but for this we did nothing, allowing the above named remedies to complete the whole cure, as has already been stated that they did.

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#### TEA A PROLIFIC CAUSE OF SICK-HEADACHE.

Although this paper is given as an editorial, yet to avoid an awkward form of expression, make the matter more definite, and thereby better impress the lesson it is designed to afford, I violate the editorial rule and write in the singular, instead of in the plural number. I shall also use the, perhaps, unscientific expression, sick-headache, instead of the, to me, meaningless terms, megrim, hemicrania, or cephalalgia.

No disease has cast a greater, if so great an opprobrium upon the medical profession as the one under consideration. Seldom or never, in itself, fatal, or even dangerous, yet take the aggregate of cases, it may justly be said it is seldom cured, and very many patients suffer an entire lifetime from it, and suffer as severely, too, as though the practice of medicine had never had an existence. True, Homœopathy



has done much more in the relief of such cases than any other system of medical treatment, still it has not done, and *cannot*, under existing circumstances, do what it ought, for reasons that will be seen further on. Therefore it is in part to relieve our profession from this stigma, but more especially to point out the means of avoiding in a great measure this kind of suffering, that I publish this article.

From considerable observation in such cases, I have come to view tea as a more prolific cause of that terrible suffering so aptly described by the phrase sick-headache, than any other one thing, if it is not the cause of more cases of this disease than all else besides; and I will give examples which seem to confirm this view most positively. The first of these, and one of the clearest and most positive in its evidence, occurred in my own family, and although it may be regarded by some as a violation of propriety in such matters, to so definitely designate the patient, still the case seems of too much importance, too clear in its proof, to allow any alternative, or tolerate, in short, any doubt to arise as to its genuineness by withholding the name. Besides, it will readily be seen that a physician could hardly become so familiar with all the details of a case, and remain so for so long a time, outside of his own household.

My wife was several years a victim to frequent and most terrible paroxysms of sick-headache. She commenced suffering from it in the twenty-fourth year of her age, soon after the birth of our first child. Her

father, mother and grandmother, upon the mother's side, were also all great sufferers from the same—the grandmother till she died, the father and mother are so still. From this fact I attributed its appearance in my wife's case to a strong hereditary predisposition, developed into activity by the change her system had recently passed through, and so regarded it for four or five years. And believing as I do that inherited diseases ought to be cured, so long as they remain functional, or before any real organic changes have taken place from them, I gave my attention to the means of cure, without regarding the cause beyond what has just been mentioned. In regard to curing, however, I was doomed to disappointment, for not the slightest curative action was established in her case. During the first three or four years medicines frequently mitigated the severity of the paroxysms, but these would recur just as often, in fact they increased in frequency from year to year, until they occurred commonly every week, and became so violent that nothing afforded any relief; and then she used to say that, in addition to the frequent paroxysmal attacks, she did not pass a minute at any time, when awake, without more or less pain in the head. Under this state of things other and more serious symptoms began also to manifest themselves, which appeared as though they must sooner or later lead to paralysis if they were not arrested.

Medical aid having now, for so long a time, so completely failed to do what it certainly seemed that it ought, and what results in the treatment of

other maladies would lead us to expect, I began more seriously to consider the cause of her trouble, to see if this was not in part, at least, to be found in some daily habits of living, instead of its all being hereditary; or if not this, then to see if there was not something in those habits which was continuously acting in a manner to prevent medicines from developing their curative effects.

I then recalled the facts, that she had never drunk tea until after she was married; that she had drunk it invariably, three times a day, from that time—she was not in the habit of drinking coffee; that she never had sick-headache until some three years after commencing the use of tea; and that she never went without it one meal, after the headaches began to trouble her, but she was *sure to have one of her most severe paroxysms*. From this last fact, and the more I reflected upon it, the more confident I became, that the tea had something, at least, to do either in causing or aggravating her disease. Upon this conviction becoming more fully impressed upon my mind, I urged her to leave off drinking it entirely. This, however, she thought both very unpleasant and difficult to do, and substitute cold water for it. So time passed on for a year or two longer, and with it an increase of suffering, until it became still more clear that something must be done, or very serious consequences in the way of paralysis, or some kindred disease, would certainly ensue. She then abstained from her tea entirely. I told her she would no doubt suffer severely for a few days, as

this appeared unavoidable, from the fact that she always experienced such increased severity of pain from going without it one meal; and we were not disappointed. For nine or ten days her sufferings were continuous, and about half of this time they were terrible. On the fourth day the pain in the head was so extreme, it seemed that congestion and inflammation of the brain must result, if it continued. She was writhing in agony the most of that day, entirely unable to sit up, yet found it almost impossible to lie down, therefore was constantly changing her position in bed, to find a little relief. After this worst day, however, the intensity of the pain subsided in a measure, though she still suffered, much of the time greatly, until the tenth day, when all acute pain ceased, but the whole head, both internally and externally, was left very sore. The soreness continued a week or more, when that, too, passed off, giving place to a very weak feeling through the head of some days duration; and then she went along some three weeks before another attack of headache, longer than she had gone before in two or three years, and this was much lighter, and of shorter duration, than former paroxysms. After this she went six or seven weeks before another attack, and this was still lighter and soon passed over entirely, leaving the head more free from all symptoms than it had been for years. Following this she had no more trouble until the succeeding December, about six months from the last paroxysm, above mentioned. At that time our

little daughter had scarlet fever, and my wife seemed to contract diphtheria from it. At least she had a severe attack of this disease, as did very many other adults in this city, that winter, in families where children had scarlatina. This left her throat so sensitive for a short time that she could not drink cold water, but drank tea three or four days, when she was seized with another severe paroxysm of sick-headache. Then she abstained from it the second time, and from that day to the present, nearly three years, she has had but little distress of any kind from the head, until during a short illness last February, when she drank tea again, for a week or ten days, and in that time it commenced developing all the old symptoms. Upon this she wholly abandoned the idea of ever again using it, convinced that it is one of those agents that her system will not tolerate.

Now, all this might, with some plausibility, be said to be the result of a very unusual peculiarity of constitution, a highly marked idiosyncrasy, and therefore not important in its bearing upon other cases. But let us consider this point. Fortified with the facts that this case furnished me, I have advised all patients consulting me the last two years, for sick-headache, to abandon at once and wholly, the use of tea, of any and all kinds. It has been difficult, though, to induce any to do so, the hold which habit had upon them being so strong, and utterly impossible to persuade others to make the sacrifice.

Of the few who have complied with my request

there were three men past middle-age, and otherwise tolerably healthy, but who were among those the worst afflicted with this malady of any that I have ever met. One of these was upward of sixty years of age, and had suffered his entire lifetime, or from his earliest recollection, with sick-headache, frequently as often as every week, and sometimes for two days at a time. I prescribed for him several times, but with no other result than to partially relieve the severity of the attacks—did not break in at all upon the frequency of their recurrence—so finally prevailed upon him, two years ago last spring, to abstain from the use of tea. As he lived out of the city I never learned the result until three or four months since, when I one day met him upon the street, and he remarked: “Well, Doctor, I got rid of my sick-headaches by stopping tea.” He further said that his pain was much greater than common for a few days after leaving it off, but he then went much longer than usual before another attack, which was also less severe, and after two or three recurrences, each at longer intervals and in less violence, they disappeared entirely. And that of late he had tried to use tea again, but even when taken very weak it brought up many of the former symptoms.

Another of the three cases was that of a man aged about fifty years. He had been afflicted some thirty years or over, or from his early manhood, with sick-headache. For some two years or more I was called to him repeatedly for attacks of this disease, and in several instances had to attend him two and three

days before the symptoms would yield. His distress at such times was really terrible. No other expression would at all adequately describe it. He would sometimes go two and even three days and nights without sleep, and all the time under apparently as extreme pain as a man could endure and retain his consciousness. Indeed, during two or three of these attacks he did become very delirious. And finally, also, he began to show marked symptoms of paralysis, his extremities becoming numb, and in several instances losing the use of his legs, in a great measure, during the severity of the paroxysm. I had urged him repeatedly to leave off the use of tea, and finally about a year since, during one of the worst attacks he had ever had, I told him there was no need of all this, and no sense in his longer refusing to abandon what I believed to be the cause of it all; and that there was not a doubt in my mind that his legs would be paralyzed in another year if he continued it. He stopped the tea then in the midst of that attack, had but one or two light returns of it afterward, passed the winter free from them, and left here for the West this last spring, saying he had not been so well in years.

The third and last of these three cases was that of a man aged from forty-five to fifty years. He, too, was a great and frequent sufferer from the disease under consideration, and had been for many years, though the duration of the paroxysms was seldom, if ever, so long as in either of the other cases. And he found relief just the same in abandoning tea.

Now, then, in view of these cases, is it not important that all who suffer from sick-headache should be warned against drinking tea? It should be understood, however, that the claim is not made that all such cases are caused by this agent, for I well know the contrary to be true, having met with a few persons who suffered from it that never drank tea. But from the two or three years observation, since my mind was more especially called to the subject, I have no hesitation in declaring my belief that a large proportion, if not, indeed, a large majority, of those afflicted with this disease, who do drink tea, will find great, and many entire, relief from abandoning at once and wholly the use of this beverage.

In regard to the kinds of tea, there seemed to be no particular difference in their effects upon the nervous system in the cases given, so that the drinkers of *black* teas can claim no advantages in this, as is done in other respects, over those who use the green teas, nor *vice versa*. The relief was just as prompt in abandoning the one as the other. My wife never drank any other than black tea, and always used it weak. The first one of the three other cases reported, drank black tea also, but strong; the next one used both black and green strong; while the third, or last, generally drank green tea very strong. Neither did it appear to make any difference in regard to temperaments, with these cases, one of the four having black hair and black eyes, another dark brown hair and hazel



eyes, another sandy hair and blue eyes, and the fourth more of a flaxen hair and very light-blue eyes.

There are still other points in connection with this matter which yet remain to be discussed. The possible effects of tea in producing other and more serious diseased conditions, than we have been considering, should not be overlooked. As Homœopathic physicians, we all know, from the far-reaching effects of any of the numerous medicinal agents thus far tested upon the *healthy* system, that no drug stops at the production of one class of symptoms in the human organism. They all pervade and disturb almost every part to a greater or less extent. It will have been seen that in two of the cases reported there were marked indications of paralysis, and there certainly were reasons to fear that it might become permanent in both. Then when we reflect that this disease is so alarmingly on the increase, that, contrary to what used to be the case, so many young or younger persons are becoming paralyzed, it is of the utmost importance to investigate its causes, and see if tea may not be one of them, in some of these cases. Delirium, too, is not an uncommon attendant upon the severer paroxysms of sick-headache, and may not this possibly afford a clue to the cause of a few, at least, of the rapidly increasing numbers of cases of insanity throughout the civilized world? It is not asserted that tea does operate as a cause of such troubles, for there is no positive proof of it as yet, still I have seen a few

instances that have aroused my suspicions. We all know that this article is a powerful excitant of the nervous system, and from this fact alone is as liable to produce insanity as many other agents which affect the brain. The practitioners of our school will of course readily comprehend that if it does act through sick-headache, to cause either paralysis or insanity, in any case, it may in other cases cause these diseases direct, without first setting up another action. Hence it is clearly a duty devolving upon us all to prohibit the use of tea in all nervous disorders, until we learn the facts.

I should also mention, in this connection, that during the whole time my wife was afflicted with sick-headache she was also very much subject to *diphtheria*, frequently having three and four attacks of this in a year, and some of them very severe, with a formation of membrane upon one or both tonsils in each return of it, and never went through a year in all the time, after the first one or two years, without one and two attacks, while she *has never had any of this since*, with the one exception mentioned, when our little girl had scarlatina. Whether the tea had anything to do with producing the diphtheritic condition is not positively claimed, but I give the facts as they existed.

Again, the known astringent properties of tea would seem as though they must make it a cause of chronic constipation with many who drink it.

Carrying one of the facts given still further, and in a different direction, another hint of possible im-

portance may be afforded. As already stated, my wife's sick-headache appeared to be hereditary. There was certainly as much evidence for considering it so, as in almost any case of inherited disease. And yet, as we have seen, her malady did not make its appearance until after she had used tea some three years; that it disappeared entirely after dispensing with it; and that the headache returned on two different occasions when she resumed its use. In view of these facts, then, is it not incumbent upon us as medical men, as candid inquirers for the truth, to carefully investigate all classes of so-called inherited diseases, to see if in some cases of these the real cause may not be found in like injurious articles eaten or drank, or in similar habits continued from generation to generation, and which actually produce in children of like constitution to one or both parents the same or very similar diseased conditions to what they did in the latter before them? There are some reasons, really, for saying this must, in the nature of things, be found to be the case; and how worthy the profession of medicine will become of the confidence of mankind, when it can always act as a *true* monitor, and say to all, such and such are the ways to health, while such lead to disease and suffering.

As for hoping to *cure* sick-headache by medical treatment, when tea is the cause of it, and this is continued, it is utterly useless to waste time in the endeavor, and the height of absurdity to expect to produce such a result. No disease was ever yet

really cured, where, through the ignorance or perverseness of the patient, the cause of it was constantly or frequently renewed. It is not possible that it should be done; therefore let the physician do his duty in all such cases, and raise the warning voice, then place the responsibility where it properly belongs, if his advice is not heeded. We may frequently modify the symptoms by medicine, as I have repeatedly seen done, or we may change their direction, as I have also known to be the case; but as for curing, I repeat, it can *never* be done while the cause is daily continued.

This brings me to speak of the proper method for stopping the use of tea. I believe this should be done wholly and at once. I have not yet known any success to attend any other course. If patients are advised to break off "gradually," the gradual is seldom reached, and when it is, they see no improvement for so long a time,—from the fact that the weaker article is sufficient to keep the symptoms active after the resisting power of the nervous system has once been broken down,—that they will almost always abandon the effort, and stoutly maintain that tea has nothing to do with it. Besides, all the benefits of the powerful reaction accruing from the sudden stoppage are lost, and the patient will drag along for months, if not years, to reach that exemption from the effects that those stopping suddenly will get in a few days, or at most in a few weeks. When anything is actually causing suffering, how absurd to continue it in less strength, hoping

that thereby we can compromise with Nature and stop her protests.

In conclusion, I must be allowed to warn physicians against being misled by patients saying to them, as they have often said to me: "Why, Doctor, when I have the headache nothing gives me so much relief as a good *strong* cup of tea." This is the best evidence that it injures them. It is only the temporary relief afforded by a more powerful re-stimulation, while the next paroxysm must come so much the sooner, or in greater severity as a result of the renewed attack upon the nervous forces. In fact, though not so disreputable, it is only the old cry of the inebriate in his cravings: "Give me my drinks, they are all that relieve me."

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#### A CRITICISM.

The following letter from a highly esteemed correspondent, and one who is second to none in his knowledge of our *Materia Medica*, we give place to, for two reasons, namely: First because of the amount of valuable information condensed into so small a space; and secondly, because it is a fair and honorable criticism—the right to which should be conceded to every man who will candidly offer suggestions or present his objections—and allows of what we hope may be regarded as an equally honorable reply. It is only by such criticisms and proper responses thereto, that the *whole* truth in

our, as yet, greatly complicated system of therapeutics can be brought to light.

“MY DEAR DOCTOR: Your letter and No. 1 of Vol. II. of your Quarterly were duly received. As you asked me for a review of your paper, I do not hesitate to give you my own ideas after carefully reading it; and please do not understand me as discouraging you in your very laborious task, but merely call your attention to some points. Your plan will much facilitate to learn by ocular demonstration two sides of a given symptom, viz: the locality and kind of pain; and in many cases these two sides may give the key to the case, but the conditions and concomitant symptoms may in other cases be of much more value than the locality and kind of pain. I shall try to illustrate this. Stitches in the chest relieved by laying on the painful side. Now in this case I should contend that Bryonia is *the* remedy, no matter about the locality. Or stitches in the chest, very much worse from the *least motion*. In that case I should give Spigelia, no matter about the locality. Again, if in a case of typhoid pneumonia the locality or the kind of pains cannot be described by the patient, other symptoms than those of locality or kind will guide us in the selection of the remedy. If, for instance, the eyes should become exceedingly brilliant, the delirium be accompanied by great loquacity, the cheeks be red (circumscribed), etc., then Lachnanthes Tinctoria would be the curative medicine, neither the locality or kind of pain would guide in this case the true Homœopathician. In *some* cases the locality is the guiding symptom, and I have long been guided by *some* characteristic localities of remedies often verified by practice. In the chest I have found Borax, right upper lung; Kali C., right lower lung; Sulphur left upper; Phosphorus left lower lung, *provided* the other symptoms are also Homœopathic, *i. e.*, similar to the remedy. Stitches through from the right shoulder blade, Mercurius; the same on the left side, Sulphur, etc., but always remembering that we have to deal with the totality of the symptoms. You have one more difficulty to contend with, and that is the state of our Materia Medica, and the bad translations into the English language. I enclose a few symptoms of Kali Carb. translated from the original. If

you will carry out your plan, these ocular demonstrations will much facilitate the teaching, study and practical application of our *Materia Medica*, or at least of one half of it, and we can never know too much of it; and should the beginning of an acquirement of the knowledge thereof be made by first charging the memory with the local action of drugs, it will become a comparatively easy task to add afterward the conditions and concomitant symptoms."

## KALI CARB.

*(Hahnemann's Chronic Diseases.)*

Symptom 626. "Stitches under the last true rib (*right side*) when taking a long breath." 627. "Stitches under the *last right* rib, independent of breathing—lasting four days." 628. "Stitches between the middle ribs of the *right side*, while sitting." 629. "Dull stitch in the right side below the ribs." 630. "Dull stitch in the region of the liver and *right* groin." 631. "Sharp stitches in the region of the liver." 632. "Dull stitch, frequent, in a small spot in the region of the liver, with sensation of soreness to the touch." 633. "A squeezing stitching in the region of the liver." 634. "Stinging beating on a rib on the right side in the line from the pit of the stomach." This induced me to give Kali C. in formations of an abscess in the right lower lobe of lung. 1026. "A pricking pressure in the right side of the chest, etc."

"Kali C. has in its provings five symptoms of stitches, etc., on the right side to about one on the left side. The characteristic symptoms of the Kali C. chest symptoms are the stitches extending into the liver, or through to the back, and in pneumonia (*right side*), the inflammation extending *downward*, I found Kali C. the specific remedy."

*Response.*

We take up the points in this in the order they are presented. In regard to what is said of *Bryonia* we have not had sufficient experience with it, since prescribing more especially by the locality and direction of symptoms, to speak with that positiveness we would like. Of *Spigelia*, however, we can talk more decidedly. A case will be found under the head of "Confirma-

tions," upon another page of this number, which establishes the location of some of the stitches of this drug in the left chest, and clearly defines that much of its action, as will be seen. Spigelia also has other acute pains in the chest, which are definitely located in the pathogenesis, as will be seen by the following: "Sudden, drawing, stinging pain along the sternum from above downward"; also, "Momentary, violent sticking pain in the left chest toward the clavicle"; and, "Dull, sticking, pinching pain below the right nipple, in the thoracic cavity, from within outward." Whether these are worse from motion is not mentioned in the *Materia Medica*, aside from the fact that they are aggravated by respiration. Now the question arises, are we to entirely ignore these facts as to the localities in which this drug is thus *proved* to act, and prescribe it when there are acute pains at points in the chest where we have no evidence that it does act, simply because of the fact that such pains are "much worse from the least motion"? Is this following the *similimum*, or prescribing according to the totality of the symptoms, as we all claim should be done? Or is it a *fact*, that the conditions of the aggravations must sometimes govern, without reference to the location of the suffering? If so, it certainly ought to be known to all. Our correspondent is authority that we should hesitate to dispute, in such matters, without feeling very confident of our position. The same reasoning, it would seem, must apply to all other remedies, if it does to the two named.

There are yet other facts also bearing upon this same point. We never saw greater aggravation, from the slightest motion, than was the case with both the *Belladonna* and the *Phosphorus* patients, reported in the first number of this volume. Yet these were relieved, yes *cured*, respectively, with these drugs, and as quickly as we ever saw any cases of equal severity. And nothing can be more extreme than the sufferings from motion, in some cases of pleurisy, where one of a dozen or more drugs, according to the totality of the symptoms, may be indicated.

Give us the truth, that is all we care for, and if this shows us in the wrong, in these or other matters, no one will be more pleased than we, provided that the whole truth is made clear to all by the discussion. The illustration of symptoms was started on purpose to elucidate all these intricate points,



and it cannot be possible but that it will accomplish very much in this direction. The more experience we have under it the more certain are we of this, and of its value with all kinds of pains. Recently we obtained a remarkable curative action from *Sepia 6<sup>m</sup>*, one dose, upon the symptom: "Pressure in the upper part of the left side of the chest, toward the axilla, most violent during a strong inspiration; when touching the part it is painful, as if bruised." The patient, a lady, suffered an *entire loss of voice eleven weeks*, had repeated attacks of expectorating blood and pus, like the breaking of abscesses, and had other very serious symptoms, yet her voice was restored, the pain relieved, and she was otherwise much improved, after the entire failure of several other remedies which seemed better indicated, in all else save the pain, than did *Sepia*.

In what our correspondent says under *Lachnanthes*, he seems not to have fully understood us. We do not claim that our plan can be made available in cases where the pains cannot be defined or located; nor can it be of use, in a direct way, in the treatment of young children, or older patients laboring under delirium or unconsciousness, as a complication in their cases, unless the disease, or some portion of it, appears upon the surface; then it might be. Indirectly it must, in time, become of some use, even in cases where it is the most difficult to get the location of symptoms, because of its great aid in familiarizing the mind with the entire range of action, and through this with the *tout-ensemble*, of every drug.

In regard to what he says of the action of the four remedies, *Borax* upon the upper right, *Kali Carb.* lower right, *Sulphur* upper left, and *Phosphorus* lower left lung, we cordially endorse to the following extent. In our next number will be given a highly interesting case treated by Dr. Kenyon of this city, showing the action of *Borax* in the upper right lung, as illustrated in our last by an arrow extending from before backward in that region. We could not give it in this number, as we intended, the progress of the case making it desirable to know more of it by the lapse of time. Of *Kali Carb.* we cannot speak from experience upon what this correspondent says of its action upon the lower right lung. From *Sulphur* we obtained, a year ago, a most remarkable curative action upon a very acute pain in the left lung, posterior to the third and fourth ribs. The patient was a girl of thirteen years, who had

coxalgia in the left hip a year and a half before, from which the limb was drawn up and useless for some three months; had this suppressed under Allopathic treatment by external applications, etc. Soon after, severe pains appeared in the head, principally in the occiput and vertex, causing great suffering at times; from here it settled in the upper portion of the right lung, causing a very acute pain there, also a very annoying and almost always an incessant dry cough evenings, with an entire loss of voice; and, finally, after two or three months' action there, it settled in the left lung at the point named, with a continuance of the cough and aphonia. Well, Sulphur 6<sup>m</sup> cured the whole condition, driving the disease back in the order in which it came, to the head and then the hip, with an exact repetition of all the symptoms, and a final drawing up of the limb, though all of much shorter duration than in the first instance, and an entire cure in some three or four months, but all with two doses of this drug in the potency named.

Phosphorus we have prescribed for years in cases where there was pain, more particularly acute pain, in the lower portion of the left lung, *aggravated by lying upon the left side*; and it is no exaggeration to say we must have relieved as many as two hundred to three hundred cases of the kind with it. But this must not be taken as a recommendation to *always* prescribe this drug for such patients, without reference to the other attending symptoms, for Pulsatilla has, so far, the identical conditions of Phos., that is, acute pain in lower left lung, aggravated by lying upon the left side. We must, therefore, go beyond this for the facts to govern in the choice. Among these are, for Phos., generally, black hair and bright black eyes, a thin, delicate and pale, or a dark skin, circumscribed redness of the cheeks, sometimes a brighter redness than natural of the borders of the lips, chronic sore throat or a tendency to it, subject to hoarseness or loss of voice, especially toward evening; flatulency of the stomach, and empty eructations after eating, and a liability to chronic diarrhœa, with the passages occurring generally in the morning or during the forenoon. Pulsatilla, on the contrary, is more prominently called for, in the cases named, where there is light or not very dark hair, blue and dull eyes, thin and light skin, more or less disposed to freckles, and especially *aggravations from eating greasy food*. We remember two cases particularly, of pains in the lower part of

left lung, worse by lying upon the left side, which we cured with Puls., prescribing it especially upon the fact of the patients being unable to eat any fatty food. One of these was a lady upon whom the symptoms had come, under great grief, and with the rest there was almost entire sleeplessness nights, for some weeks. We first gave Ignatia with no effect, then Puls. 1<sup>m</sup>, one dose, which brought quiet sleep the night following, and speedily put an end to all other suffering. The other was a case of tuberculous action in the lower left lung, of one year's standing, attended by much purulent expectoration, great emaciation, night sweats, and other equally serious symptoms, yet the whole was arrested by one dose of Puls. 1<sup>m</sup>, while the second dose fully restored her, and she is well to this day, now four years since.

To those who will be warned by what we say, we must insist in regard to Phosphorus, that they *must not give it in repeated doses*, in any potency, upon the foregoing indications, or *they will surely drive many of these patients into Phthisis, who have not already reached that condition, and will greatly hasten on the disease in those who have, while they may cure all the former, and some of the latter, by due caution in the administration of medicine. Two doses, at intervals of several weeks, will do all that can be done by this drug in such cases, for several months, while a great risk will be run by giving more, as we well know by sad experience.*

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#### A CURIOUS FACT.

The great craving of consumptives for *vinegar* is a very common, we might, indeed, say it is almost a universal fact, and yet it is a very curious one, when we come to consider the reasons for it. The fact itself we became familiar with when a boy, from cases of consumption in the neighborhood, and used to hear it commented upon with wonder, that these patients always had such a strong desire for what was regarded as so injurious to them. And after our entrance upon the practice of medicine we, ourselves, used to wonder why it should be, until we found the *cause* for it, which is very simple, and as follows: The blood-corpuscles, as we have already shown in these pages, are always in excess in the blood of consumptives, in consequence of the loss of albumen in their expectoration

and other mucous discharges, and are decolorized and changed into tuberculous corpuscles, if they are not wholly broken down and dissolved. Well, there is scarcely any other article known, in the whole range of chemical agents, which exerts so powerful an effect in dissolving and utterly destroying the blood-corpuscles, as *acetic acid*; and it will do this when in a very dilute form. Here, then, is the whole explanation of this point. Through Nature's dictation these patients crave this article to enable them to destroy in part what is more or less rapidly destroying them. And how much wiser Nature is than men have hitherto been in regard to the appetites, especially the persistent cravings, of the sick.

Because of this fact, and since we learned it, we have allowed all our consumptive patients to gratify this appetite in a *moderate* degree. But this must not be taken as a license for the indiscriminate use of vinegar, for the following reason: If used too freely it will increase the cause of all the trouble. Why? Because when undiluted it will destroy the epithelial cells it comes in contact with, almost as rapidly as the more diluted will the blood-corpuscles, thus irritating and abrading the mucous membrane of the throat, œsophagus and stomach, and thereby give rise to a further loss of albumen, which is already the prime cause of the whole difficulty.

The same reasoning holds for other diseases, more especially the chronic, where there is a loss of albumen, and a craving for vinegar. And it becomes an interesting question now, to settle by a sufficient number of cases, as to whether patients suffering from Bright's disease—in whom the blood is so watery, for reasons already given in these pages, that the blood-corpuscles left in excess are all thereby so much more readily dissolved and prevented from becoming tuberculous corpuscles—have as strong appetites for vinegar as consumptives. We think it will be found they do not, still have not a sufficient number of facts in the matter to speak with any assurance.

To *cure* such craving, the mucous membranes must be *healed* through internal *specific* medication, and thereby stop the loss of albumen, which, as already stated, is the primary cause of the consumptive action and all that follows in the case; while the necessity which exists for the destruction of the excess of blood-corpuscles is the special cause of this appetite.

## REVIEW.

An examination of the Hypothesis of Central Heat in the Earth, and of the assumed connection of Volcanoes and Earthquakes therewith.\*  
By R. W. HASKINS, A. M. Buffalo, N. Y., Printing House of Matthews & Warren, 1869.

Such is the title of a pamphlet of twenty-five pages, a copy of which the author kindly furnished us. In appearance it is a model of typographical neatness, and its matter cannot certainly be less attractive to scientific minds.

If anything more were required, after the writings and mathematical calculations of Poisson, Lyell and others, to annihilate the absurd doctrine of Central Heat in the Earth, and the assumed connection of Volcanoes and Earthquakes therewith, from the minds of intelligent men—and it appears to be needed, for great numbers of intelligent men still believe in the absurdity—it would seem that this pamphlet must do the work most effectually. Though this is not a medical subject, and we have little space to spare for such matters, we will give our readers the advantage of two or three points in the argument, for their general scientific interest.

I. The author calls attention to the eruption of the volcano under the sea, which took place off Sicily in 1831, and the earthquake which destroyed Lisbon, opening the earth under the Atlantic and driving *flame* and vapor up through the waters above the surface of the ocean, but with the sea almost immediately settling quietly in each instance *over* and *into* the craters or fissures thus formed. Then he cites the acknowledged fact in metallurgy, that “a single drop of water falling into a furnace of melted copper would destroy an entire building”; and asks, if such are the facts, what would be the result of an entire ocean pouring its contents vertically downward through the craters or openings caused by these volcanoes, upon a globe of incandescent matter over 7,700 miles in

\* When attending our first course of medical lectures, we were indoctrinated into a belief in the theory of “Central Heat,” by the professor of Geology, and found it some labor to unlearn what we were then told was a well established fact, hence give place to this review here in the hope of aiding others out of the error. It was written nearly a year since but we could not before make room for it.

diameter? To understand this point in all its magnitude the reader must bear in mind that this assumed molten mass in the center of our globe, is, at the lowest estimate, over *one hundred times hotter* than melted copper. Well may our author exclaim, that if it was a *fact* that these warring elements were brought together in the enormous quantities which a literal interpretation of the theory calls for, "such explosions would be produced as to utterly destroy the theoretical 'crust of the earth,' leaving no fragments, even, upon which man could longer dwell."

II. Another equally strong point the author makes is the existence of the two volcanoes Maunna Loa and Kilauea upon the *same* mountain, in Hawaii, Sandwich Islands, only a few miles from each other, with the mouth of the crater Maunna Loa standing *eleven thousand feet*, over two miles, *above* the bottom of the crater Kilauea; yet during the eruption of the former in January, 1859, when "the mass of lava and stones were projected *one thousand feet* into the air, above the mouth of the crater," and in such great volume that the seething torrent flowed forty miles and into the sea, the lava at the *bottom* of Kilauea was "*steadily* but constantly boiling," as it had done for years, without giving "the least sign of disturbance," and as though nothing was transpiring in its vicinity. And this, too, notwithstanding it had an open vent of *more than three miles in diameter*, and lay, as will be seen, twelve thousand feet *below* the point to which lava was forced up in such quantity at so short a distance from it. Can anything be more absurd than to suppose that these two volcanoes are connected with the same melted mass only one hundred miles,\* or less, distant beneath the surface of our globe, and the higher one of the two be so active, while the lower remained so entirely quiet?

III. A third point which the author makes and *proves* by the best authorities is, that the deep seas are almost universally *colder* at the *bottom* than on the surface, and that this difference is often very marked.

If more were needed upon this subject,—but it does not

\*The author takes the average of several different calculations upon the thickness of the "earth's crust."

seem there can be,—we would ourselves ask the advocates of assumed Central Heat as a cause of volcanic action, how it could have happened that the eruption of Jorullo, in Mexico, in the year 1759, could have driven through the hundred miles of the asserted crust of the earth, and forced up what was previously a quiet cultivated plain to the height of sixteen hundred feet in one place, and formed six volcanic cones, when there were the open volcanoes Colima to the west, and Popocatepetl to the east, and each within less than twice the distance from Jorullo, of the thickness of *solid rock*, which the latter must have had to burst its way through, to get vent, if the old theory is true? The same holds good of the eruption under the sea off Sicily, already referred to, with both Vesuvius and Etna, as open volcanoes, almost in the immediate neighborhood. What law of fluid matter is there that would cause it to act so strangely? As well might we assume, that the steam in a steam engine would burst through the sides (crust) of the strongest boiler or steam chest, when all the escape valves were open, as to assume that molten matter in our earth would act thus in violation of all the laws and facts governing the movements of fluids.

The truth is, when volcanoes are attributed to their more probable cause, namely, the bringing together of the warring elements of chemistry, in vast quantities, by underground streams, of which many are known, science will not suffer, and mankind may be instructed.

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#### ERRATA.

On page 94, in our last, or April number, seventeenth line from the top, for "which" read whom. A few other errors which were self-evident, so did not effect the sense of the text, and which in the multiplicity of our duties we could not spare the time to correct, have also occasionally crept into these pages, but this one so annoyed us, that we went back to our manuscript to see if the fault was ours, and found it there plainly written whom; though it was overlooked in the hurry of reading proof. Still the publishers have taken very great pains to avoid all mistakes, and we feel under many obligations to them for their uniform courtesy, and the care they have shown to make their part of the work unexceptionable.

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THE DELAY in this number has been unavoidable, and in consequence of it there must be a corresponding delay in the next number.

THE  
Homœopathic Quarterly.

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VOL. II.

BUFFALO, OCTOBER, 1870.

No. 4.

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AN ILLUSTRATED REPERTORY.

We complete upon the next page the illustrations of the darting pains in the chest, by giving a view of those in the back, but as no proper division can be made in these, with reference to the chest alone, the whole length of the back is given, and the corresponding pains for all parts thereof.

It will be seen that there are three new characters upon this plate not before used. Their explanation is as follows: The figure of a miniature *spade* signifies a *digging* pain; or, when placed upon an arrow, as in this instance, to illustrate a symptom of Aconite, extending down the left side of the spine, it is to represent a digging in connection with the "sticking" pain. The figure of the *cork-screw* is to illustrate a *bor-ing* pain; with the arrow, a bor-ing stitch. And the *ring*, with a short bar through it, upon either scapula, to illustrate a symptom of Rhus Tox, stands for a sensation of *tension*, or a "tensive stitch," as it is there used.

Entered according to Act of Congress, in the year of our Lord 1870, by BOLLIV E. GAZOO, M. D., in the Clerk's Office of the District Court of the United States for the Northern District of New York.





Again we must call attention to the strange and unexpected distinctness given to drug symptoms by this method, where, before, nearly all appeared so similar, and because of this, so greatly confused. Among all the drugs illustrated upon this plate, no two are alike, even in the one symptom represented, excepting Cuprum, Sulphur, and Natrum Mur., in their transverse stitches through the small of the back; but no one ought to make a mistake as to which of these remedies might be called for by such stitches, if they compare their other symptoms. In all else, where there is a similarity in the location, direction, and extent of the arrows, the symptoms are so in the representation only, for by comparing the language upon which the illustrations are made, we in no instance have to go beyond the one symptom quoted of each, to establish which drug would be indicated.

Let us take those with arrows extending from the small of the back downward on to the thighs, for comparison. Oxalic Acid has: "Acute pain in the back," not from the small of the back, "*gradually* extending down to the *thighs*, occasioning ere long great torture." Dulcamara has: "*Drawing* from the small of the back *through* the thighs, *during rest*, with stitches in the part." Kali Bich.: "Sharp shooting pains, *first* in the left, *afterward* in the right renal region, extending down the thigh, *aggravated by motion*." Zinc Met.: "Violent *cutting* in the small of the back at the *least* motion, extending into the *calves* and *feet*, he is neither able to walk, stand, or lie down." Carbo An.: "Stitch in the small of

the back descending *along* the thighs, on *every inspiration.*" While Hepar Sulph. has: "Sharp *pressure*" "in the small of the back and the lumbar vertebræ, especially in the region of the sacro-iliac symphysis, extending into the *lower limbs.*" So in all this there are no two alike, or even similar in their essential features.

Passing up the spine the same fact holds in a still more marked degree, for there is here but little similarity, in any respect, and this is more astonishing than all else, when we consider the important functions and the great length of the spinal cord. The only drugs that at all approach even an apparent resemblance in the illustrations, are Lachesis and Phosphorus in their arrows ascending the spine: but how great the distinction between them; for the former has: "Stitches in the upper part of the back, or along the back from below upward, or in the whole back and in the nape of the neck, with stinging in the *right* arm and sensation as if it had gone to sleep, with *itching* on the *arms, hips, and lower limbs.*" With Phosphorus, on the contrary, the arrow is to illustrate a "Darting pain, *during stool, from the os coccygis through the spine as far as the vertex, the head being drawn backward by it.*" Staphysagria has: "Severe stitches along the *back, from below upward,*" but the locality and extent are, of course, so uncertain from this language, that we have not attempted to illustrate it. It is not probably along the *spine,* or this would have been specially mentioned as in other instances.

Of those *descending* the spine, Aconite has: "Violent, sticking, *digging* pain," down the left side of the spinal column to the small of the back. Prunus Spinosa: "Stitch from between the *shoulders* to the *lumbar vertebræ* on drawing deep breath." Natrum Carb.: "*Rigidity* and *drawing* between the *scapulæ*, *in the open air*," descending to the *anus*, where it terminates in a stitch when *sitting* or *lying*. And Magnesia Carb.: "Violent *tearing* and *darting*," descending *gradually* from the neck along the back. Thus, it will be seen, that no two of these are alike, nor indeed at all similar in the *character* of the pain, though the direction and extent of the arrows of some of them correspond with that of others; and by this comparison it will also be seen, that Prunus is the *only* known remedy for a simple uncomplicated stitch *descending* the spine the greater portion of its length. Angustura has: "An incisive cutting from above downward in the *dorsal* spine," accompanied by the *same* descending *the sternum*; Stannum: "Slow intermittent dull stitches between the *scapulæ* toward the *middle* of the spine." Asparagus: "Sensation when sitting, as if something were *darting through the small of the back* toward the *sacral vertebræ*." And Ginseng: "Lancinations between the *scapulæ*, extending to the *right shoulder*, or along the spine down to the small of the back," etc.

Well, then, could anything be desired more clear in the distinctions, than is here displayed, where there would appear by simply reading, unaided by illustrations, such similarity and complication? In

all the rest of this plate there is not the slightest resemblance in anything as regards the positions and directions of the arrows; while there are some most remarkable contrasts. See, for instance, the arrows representing *Cantharis* and *Cannabis*, two drugs so frequently called to mind in connection with diseases of the urinary organs.

In view of all these things, can there be two opinions as to the importance of this work being completed as speedily as possible, on the plan we have proposed to the profession, on a subsequent page of this number?

There is one remaining point to which we will call attention, as showing the great practical value of this work. The fact that more or less severe pains, of some kind, so commonly occur in parts or organs before diseased action, whether acute or chronic, becomes really seated in them, cannot have escaped the attention of every observing physician. Here, then, is the *cry of distress* and the *call for relief*, before the part has become dangerously, often, indeed, before it has become even seriously involved; and, because of this, such pains *must have been intended as the surest guides* to the proper curative agent, that all cases might be reached before danger arises. In the very large majority of instances where the illustrations have shown but *one* remedy for a given pain, no other can be indicated but that, for such pain. Then, if all the pains of every drug were illustrated in their characteristic localities, direction, and extent, so that the physician could ap-

ply, at once, the exact curative remedy pointed out by such symptoms, how grand would his successes and his mission be.

## BACK VIEW.

*Aconitum.* "Violent sticking, digging pain, all along the spine, on the left side, down to the small of the back, aggravated by an inspiration."

*Alumina.* "Stitches in the left hip, extending to the small of the back and to the loins; when taking an inspiration, the stitches come on again."

*Angustura.* 1. "Dull stitches between the top of the left shoulder and the neck." 2. "Pressure across the whole right side of the chest and abdomen, as if these parts were compressed in front and behind, accompanied by an incisive cutting from above downward, in the sternum and in the dorsal spine, increased by inspiration and every movement of the trunk."

*Arnica.* "Stitch, at every inspiration, in the right side of the back, extending from the last ribs up to the axilla."

*Asafœdita.* 1. "Stitches in the region of the sacrum, extending down to the anus." 2. "Boring sticking, in the left loin from within outward, going off during an inspiration." 3. "Lancinations from the right loin toward the ribs?" 4. "Sticking, with pressure in the region of the right ribs toward the spine."

*Asparagus.* "Sensation, when sitting, as if something were darting through the small of the back toward the sacral vertebrae."

*Belladonna.* "Repeated stitches, as if caused by the electric fluid, from the left scapula to the right."

*Berberis Vulgaris.* 1. "Sudden stitch darting from the side of the neck into the upper arm." 2. "Deep-seated, acute lancinating pain in the iliac bone of one or the other side, extending obliquely inward and downward toward the small of the back, sometimes accompanied with bubbling stitches darting into the part to a considerable depth."

*Cannabis.* "In the evening, when in bed, she feels a few dull stitches in both sides of the abdomen, the pain then dart-

ing upward along the back, terminating in stitches between the scapulæ, and afterward returning to the sides of the abdomen."

*Cantharis.* "Cutting in the region of the kidneys, extending to the axillæ."

*Carbo Animalis.* "Stitch in the small of the back, descending along the thighs, on every inspiration."

*Chelidonium.* "Dull stitches in the left loin, in quick succession, toward the back."

*Cina.* "Lancinating pain in the upper part of the spinal column toward the right scapula."

*Cocculus.* "Stitches in the scapulæ from the right to the left."

*Conium Maculatum.* "Stitches in the small of the back, with drawing through the lumbar vertebræ when standing."

*Cuprum Metallicum.* "Lancination in the small of the back, in a transverse direction."

*Cyclamen Europeanum.* "Piercing, pinching, dull stitches, recurring at equal periods of some seconds, on the right side of the spinal column (between the os innominatum and the last false rib), in the region of the kidney, more violent during an inspiration, which is interrupted by the extreme pain."

*Daphne Mezereum.* "Dull drawing stitches downward, between the shoulders, less when moving the parts."

*Drosera.* "Lancinating tearing from the spinal marrow to the os ilium, when sitting."

*Dulcamara.* "Drawing from the small of the back through the thighs, during rest, with stitches in the part, during motion, which are relieved by pressure."

*Ferrum Aceticum.* "Stitch-like jerks, in the small of the back when walking, extending toward the hips rather than the upper parts; more painful after sitting, or standing (almost as after straining the parts by lifting)."

*Ginseng.* "Lancinations between the scapulæ, extending to the right shoulder, or along the spine down to the small of the back, particularly on raising the trunk from a stooping posture, attended with oppression of breathing."

*Gratiola.* "Darting from the left scapula to the shoulder and mamma."

*Guaiacum Officinale.* "Frequent and continued stitches on

the left side of the nape of the neck, from the scapula to the occiput, when moving about; also, when holding the head still."

*Hepar Sulphuris.* "Sharp pressure and pain, as from bruises, in the small of the back and the lumbar vertebræ, especially in the region of the sacro-iliac symphysis, extending into the lower limbs: the pain is felt when sitting, standing, or lying, and causes a sort of limping when walking."

*Ignatia.* "Lancinations from the small of the back through the loins."

*Indigo.* "Drawing lancinating pains, following the course of the left rhomboideus muscle."

*Kali Bichromicum.* 1. "Cutting pain in the outer left side of the sacrum, shooting up and down." 2. "Sharp shooting pains, first in the left, afterward in the right renal region, extending down the thigh, aggravated by motion."

*Kalmia Latifolia.* "Sharp pain in the three superior dorsal vertebræ, extending through the shoulder blades."

*Lachesis.* "Stitches in the upper part of the back, or along the back from below upward, or in the whole back and in the nape of the neck, with stinging in the right arm and sensation as if it had gone to sleep, with itching on the arms, hips, and lower limbs."

*Lycopodium.* "Darting in the right cervical muscles from below upward."

*Magnesia Carbonica.* "Violent tearing and darting in the nape of the neck, gradually descending along the back, and then passing off."

*Magnesia Muriatica.* 1. "A stitch into the right ilium toward the small of the back." 2. "Stitches and burning in the region of the left shoulder down to the hip."

*Menyanthes Trifoliata.* "Dull boring stitching in the region of the left scapula, extending toward the spine."

*Natrum Carbonicum.* "Rigidity and drawing between the scapulæ, in the open air; or in the back, extending as far as the anus, in paroxysms, and terminating in a stitch when sitting or lying."

*Natrum Muriaticum.* 1. "Sharp stitches transversely through the small of the back, close above the hips." 2. "Stitches in the outer parts of the neck, from above downward, even in the night."



*Nux Vomica.* "An illness in the afternoon, with violent stitching in the small of the back; afterward extending into the sides, and oppressing the breathing."

*Oleum Animale.* "A few pointed and painful stitches from the left scapula to the axilla."

*Oxalic Acid.* "Acute pain in the back, gradually extending down to the thighs, occasioning ere long great torture, and continuing almost to the moment of death."

*Paris Quadrifolia.* "Stitches through the back, on either side of the back and nape of the neck."

*Phosphorus.* 1. "Stitches in the axillæ through the shoulders. 2. "Darting pain, during stool, from the os coccygis through the spine, as far as the vertex, the head being drawn backward by it."

*Prunus Spinosa.* "Stitch from between the shoulders to the lumbar vertebræ on drawing deep breath, arresting the breathing."

*Rhus Toxicodendron.* "Tensive cutting across the scapulæ."

*Sassaparilla.* "Stitches, sometimes lancinations near the spinal column, from the right scapula to the last false rib, increased during an inspiration, and arresting the breathing when taking deep breath."

*Sepia.* "Stinging pain from the scapula down through the ribs, on the right side of the back, at every inspiration, lasting as long as this does, in every position of the body, but less when walking in the open air."

*Stannum.* 1. "Lancination in the left side of the back, from below upward, when standing." 2. "Slow, intermittent, dull stitches, between the scapulæ, toward the middle of the spine."

*Sulphur.* "Stitches transversely across the small of the back."

*Taraxacum.* 1. "Sharp boring stitches in the left side of the neck, from within outward." 2. "Sticking pain with pressure in the whole spine toward the right side when lying, with difficult breathing, especially violent in the small of the back."

*Tongo.* "Stitch from the right scapula, through the shoulder, early in the morning."

*Verbascum.* "Cutting between the right loin and spinal column."

*Zincum Metallicum.* 1. "Continuous stitching in the border of the left scapula, toward the axilla, so violent that it caused her to start, with rising of heat to the head." 2. "Violent cutting in the small of the back at the least motion, extending into the calves and feet; he is neither able to walk, stand, nor lie down."

STITCHING PAINS IN THE BACK WHICH ARE UNCERTAIN EITHER AS TO LOCATION, DIRECTION, OR EXTENT.

*Alumina.* "Fine stitches extending from the back to the ribs."

*China.* "Sticking drawing toward the lumbar vertebræ."

*Dulcamara.* "Dull stitches in both loins, with sensation as of squeezing from within outward, at every inspiration, while sitting bent (after a short walk)."

*Hepar Sulphuris.* "Sticking pain in the side of the chest, in the direction of the back."

*Laurocerasus.* "Sticking, particularly on the right side, or toward the left shoulder."

*Lycopodium.* 1. "Stitches in the back, toward the small of the back, when sitting." 2. "Sticking pain in the back, extending to the right scapula."

*Morphium Aceticum.* "Inspiration accompanied by sharp pain in the abdomen and along the spine."

*Sambucus.* "Cutting pinching in the region of the last false ribs, toward the dorsal spine."

*Staphysagria.* "Severe stitches along the back, from below upward." As this says along the *back*, not along the spine, it is, of course, uncertain as to the exact locality meant.

#### OMISSIONS.

The following symptoms were overlooked. They should have been illustrated in the side views.

*Aconitum* "Cutting pain extending in a circle from the spine to the abdomen, over the left hip." This is the only drug symptom of the kind, and should have been represented in the view of the left side.

*Angustura.* The symptom of this remedy, illustrated on plate I., by an arrow descending the sternum, and on the present plate by one descending the dorsal spine, would have been

better given upon one of the side views so as to have shown the natural connection existing between the acute pains in the two localities.

*Calcarea Carbonica.* "Spasmodic shooting pain from the small of the back toward the rectum."

*Kali Bichromicum.* "Cough causes pain in the middle of the sternum, darting through to between the shoulders."

*Kreosotum.* "Sticking, with pressure through the whole chest, extending to the inner border of the scapula." To which scapula is uncertain, though it is probably to the right one, as most of the acute pulmonary pains of this drug occur in the right chest.

### CONFIRMATIONS.

#### BORAX VENETA.

BY L. M. KENYON, M. D., BUFFALO.

The following is the confirmation by Dr. Kenyon, of the symptom of Borax, illustrated in our April number, by an arrow extending from before backward beneath the right clavicle, through the apex of the right lung. The patient was an unmarried lady, aged twenty-eight years, and her case here follows: The Doctor was first called to her for an attack of acute sore throat, and says: Upon examination he found the entire fauces, as far down as he could see, completely covered with small whitish pimples, strewn as thickly together as they could stand. There was extreme suffering from deglutition, and great burning sensation in the fauces, extending down the throat. *Mercurius Cor.* relieved these symptoms promptly, but two or three days following, some other throat symptoms manifested themselves, for which he prescribed *Baryta Carb.* This appeared to control all remaining troubles, and he heard nothing more from his patient for four or five weeks, when he was called again and found her complaining of burning and raw feeling in the fauces, and oppressed respiration. This was in February, 1869, and these symptoms continued, with but little, if any, relief from various remedies, until the last of May, when there arose an acute or *sharp aching pressure* just beneath the right clavicle, and extending through to the right scapula. After the appearance of this symptom, there was still no curative action established by medicine, through the summer, and

no time that she would pass more than a week or ten days without an increase in the symptoms of soreness and burning in the throat, or an aggravation of the acute pain under the clavicle, until December, when there appeared a glandular swelling in the left axilla. For a time this was very painful, remaining about the same for four weeks, then, under the action of *Lycopodium* suppuration took place rapidly, and entire relief followed, both to the throat symptoms and the pain through the apex of the lung for another four weeks. The pain then returned, but not the sore throat, and continued until February 20th, 1870, when, acting upon the statement as to the action of Borax upon the upper right lung, contained in the letter which was published in our last number, he administered one dose of Borax 3<sup>m</sup>. The result was an immediate subsidence of the pain, and the evening following, the moment she laid down, there arose a sensation as though she was *falling out of bed*, and during the night she dreamed much of falling out of bed, and would awake with a start. The sense of falling, and the dreams, persisted in returning for several successive nights, but there was no return of pain or throat symptoms until March 7th, fifteen days, when there was a slight recurrence of the pain, and another dose of Borax 3<sup>m</sup> was given, followed with a repetition of all the sensations and dreams of falling out of bed. After this there was no further pain until the middle of May, when it arose again in a good deal of severity. Borax 3<sup>m</sup>, one dose, was again prescribed, with the identical sensations of falling, but each time the dreaming was less. The pain did not return again until August 19th, and then but slightly, when Borax 3<sup>m</sup> was again repeated, but as she has been absent on a visit, the result has not yet been learned. In addition to the Borax he also gave three doses of *Arum Tri.* 5<sup>m</sup>, the first one June 22d, 1870, and the other two at intervals of two or three weeks, for burning and a sense of excoriation of the fauces and a husky, changeable voice, which then arose for the first time in some six months, and this drug afforded quick relief, each time, to these symptoms.

A still further important fact and result with the patient was, that she had had an attack of "Hay-fever" between the 10th of June, and July 1st, every summer for nine years in succession, until this summer, when there was no appearance

of it, thus showing that this disease, as well as the other symptoms of the case had been broken up by the treatment.

Since writing the above we received the following note from Dr. Kenyon in regard to the case, and the result of the last dose of Borax.

"BUFFALO, Sept. 6, 1870.

"DEAR DOCTOR:—My patient has returned and has had no recurrence of either sore throat, or the pain under the right clavicle; and says she has ridden over rough roads, and exercised in various other ways, that she knows would heretofore have excited both, for frequently, getting into a street car and riding a few blocks, would bring on the pain very severely.

"In haste,

"L. M. KENYON, M. D."

According to this result, the arrow illustrating that symptom of Borax, should have had the character representing pressure, upon it, to correspond with the sensation of *sharp aching pressure*, a fact we did not know when the illustration was made.

#### CANTHARIS AND ZINCUM METALLICUM.

BY W. H. BLAKELY, M. D.

"BELLEVIEW, Ky., Aug. 20, 1870.

"R. R. GREGG, M. D.

"Dear Sir:—I see you request all confirmations to be reported to you. I have had two cases where the medicine acted like a charm, and produced relief in a few minutes. One was a case of sticking pain in the chest, just above the region of the heart, and flying both ways, not affected by inspiration, shooting to the sternum and axilla, left side: *Cantharis*.

"The other, was a lady who had been suffering from ulceration of the cervix uteri, and has lately had a tumor removed. The pain began at the pit of the stomach, and would pass up, following the course of the œsophagus, with a sense of drawing, and a cold streak; it afterward changed to a gurgling sensation, but was removed both times by *Zincum Metallicum*.

"In some cases I could not do without the diagrams, and hope you will soon have them printed in large sheets, say 15 by 30 inches. If you do, I will take one set. Excuse brevity. Yours, truly,

"W. H. BLAKELY, M. D."

Although these cases are given so briefly, yet how important they become. Think of it; a physician is led, by an illustrated symptom, to at once, and without hesitation, select and prescribe, the *only* known *curative* remedy in the world, for that symptom, which had arisen probably, in the second case

certainly, from a serious diseased condition of the system, and finds the medicine acting "like a charm," and giving "relief in a few minutes." Can anything be more astounding than such results in a field where we have all, no doubt, been too much given to view matters in the light of doubt and uncertainty? That the picture is not overdrawn by the Doctor, we fully believe, for we have, ourselves, seen just such astonishing results, and point to the next case as a sample of many such that have come under our observation.

## COCCULUS.

August 25th, 1870, we were called to a man aged forty-six, who, after passing through the premonitory symptoms, for two or three weeks, was, the day before our call, taken down with Typhoid Fever. The symptom of which he complained the most was a *dull aching pain* through the forehead, and from there back to the center of the head, it not being felt much in the temples. This was controlled in two or three days, and the appearances were that the fever was being broken, but a day or two following that, the same kind of pain seated in the abdomen, just below the umbilicus, and increased in severity from day to day, notwithstanding the administration of Nux Vom., Rhus Tox., etc., until, in a few days, it culminated in a very acute pain, darting through just below the umbilicus to the spine. For that we prescribed Belladonna, Bryonia, and Pulsatilla in succession, giving each one day to develop its effect, but without any relief, and then allowed ourselves to be governed especially by this one symptom of acute pain, without reference to the other indications of the case, and gave Cocculus, according to the illustration of it on plate 3, in the April number, though this drug seemed so foreign to our patient's condition, in all else excepting that pain. The next day we found that all acute suffering had ceased, leaving the same aching pain and a soreness behind, but it was a matter of great question with us whether the symptom had not stopped of itself, from the length of time it had continued, or if medicine had anything to do with its disappearance. Following this, the dull aching continued, and increased in severity, until it caused great suffering, and then extended into and through both legs,

the right the worst, down into the great toes. And now a moderate drawing and severe bruised sensation set in with the aching, and extended to the back and into the legs, and the bowels became very much constipated. Pulse about 100 per minute, urine very turbid.

Again we prescribed *Nux Vom.*, *Rhus Tox.*, Sulphur, and two or three other remedies, but they had no effect whatever in allaying the pain, though the tongue cleared up under their action, and all appearances of fever, and the typhoid condition wholly subsided, leaving the pain still worse, if anything, and the patient very weak. He then passed some five or six days entirely without fever, but with no abatement of pain, when a sister came from a distance to see him, and said she knew how to treat "nooraligy," and without waiting to consult us in regard to it, went to making applications of cloths wrung out of hot water, to the abdomen and limbs. The effect was decided, to say the least, for the pain was relieved in a few hours, but at our visit the next morning we found him with quite a high fever, the tongue covered with a brown coating through the center, and many other symptoms indicating a return of the whole typhoid state. Prohibiting further interference we prescribed Phosphorus, following it in a day or two with *Rhus*, which subdued the fever in four or five days, but no sooner had this been done than the same kind of pain returned to the abdomen, and soon became worse than at all before. He now, too, presented more indications of exhaustion of the vital energies, than at any previous time, and through it all extreme constipation continued, once going ten days without a fecal evacuation. The abdomen did not become very sensitive to pressure, from the pain, neither did it become in the least hardened, or but slightly tympanitic.

We diagnosed the case as one in which the suffering arose from diseased action, or irritation, in the spinal cord, having passed down the spine from the brain under the effect of medicine the first few days, and that the pain in the abdomen and legs was the result of the nerves manifesting their sufferings at their extremities in those parts. But what was to cure this condition, was the more important question? We now again tried *Nux Vomica*, *Belladonna*, *Pulsatilla*, *Bryonia*, and *Rhus Tox.*, then *Mercurius*, *Colocynth*, and *Veratrum*, but each

day he suffered more, groaning every breath when awake, and not sleeping to exceed two or three hours in twenty-four, then only from sheer exhaustion, until most profuse *cold* perspiration set in, and finally one day when we called, indications of paralysis of the organs of deglutition had arisen, though there had not before been the slightest suffering of any kind in those parts. He had no appetite, in fact, a great repugnance to food of all kinds, but we had ordered beef tea, etc., and insisted upon his eating something, so that morning he tried to eat a piece of toast, but in attempting to swallow, the throat would not act at all to pass it down into the œsophagus, and after three or four efforts he had to desist. Pulse was now running to about 130 per minute; hands very cold and becoming purple.

In reflecting upon our patient's condition, it did not seem to us possible that he could live to exceed two days, if he was not relieved in a few hours. So, from not knowing what better to do, and more in a fit of despair than from the exercise of any skill, we put together the two facts of the darting pain below the umbilicus through to the spine, which had arisen in the early stage of the case, and the threatening paralysis of the fauces, or œsophagus, which had now come up, and upon these two symptoms prescribed *Cocculus 1<sup>m</sup>*, one dose, followed by *Sac. Lac.* Making an appointment to visit him again in a few hours, we left, with scarcely a ray of hope of ever seeing him any better. But at the next visit, some eight hours later, almost the whole condition of the patient had changed, or was rapidly changing. His wife said that it was not more than fifteen or twenty minutes after we gave him the dose of medicine, before he called for toast and ate a whole slice of it with evident relish, and without any difficulty in swallowing. The cold perspiration, which had been very profuse the night before and that morning, had almost wholly ceased, the pain had so far subsided that there was no more groaning, nor a complaint of it, though upon inquiry he said he still felt it slightly; his voice, which had been very weak was now quite strong, in short, he seemed in all respects like another man. He slept well the night following, and the next day found him almost without symptoms, except the debility, which was, of course, very great, but he rallied rapidly from this, his bowels became regular in their action, the appetite good, and we dismissed him ten days



after, able to walk out of doors a short distance, and not requiring further medical attendance. Such, then, as extreme as it may seem, was all the result of the action of *one dose* of *Cocculus 1<sup>m</sup>*, for we did not give him another dose of it after the one mentioned. The improvement was so rapid that it would have been the height of folly to have meddled in any way with it, even by one more dose of the same remedy.

Now, is it not clear, that *Cocculus* was the only drug indicated in this case, *first, last, and all the time* (it has: "*Aching pain in the forehead,*" the first prominent symptom of the patient), while all the other remedies given were useless, or, perhaps, worse than useless? And had we allowed ourselves to have been governed by the *one* symptom of acute pain darting through the abdomen, below the umbilicus, to the spine, as we had illustrated this on plate 3, and held to this remedy from that time, should we not have cured our patient without ever allowing a dangerous symptom to have arisen, and avoided all the extreme suffering? And if so, do we go too far in saying that the exact locality, direction, and extent of any specific kind of pain is of far more consequence, because more characteristic as guides in therapeutics, than all else besides in any case of disease where pains locate themselves, and remain long enough to show there is no doubt about them? From our experience thus far in this matter, we are led to place just as much reliance upon the locality and direction of aching, boring, burning, drawing, pinching, pressing, throbbing, and other pains, as true guides in the indications of remedies, as we do upon the darting or stitching pains.

In conclusion, we will say we firmly believe that highly attenuated medicines are capable of *always* performing as remarkable cures, or nearly so, as *Cocculus* did in this instance, while disease remains *functional*, or before it reaches the point of developing organic changes, and where its primary causes are not daily or frequently renewed, as in sufferings brought on by errors in diet, or other abuses; and the only reason why physicians of our school do not uniformly get such effects, is from our not yet having the means of always positively knowing the one and only specific remedy indicated in every case, then relying upon that, and avoiding its too frequent repetition. Let us all, then, work together in this promising field,

and have every symptom of every drug illustrated as soon as possible, so that we shall have that great aid, before unused, to the knowledge we need.

RHUS RADICANS.

One day last summer, the draughtsman who has made the drawings for all our illustrations, came in and said he was taken that morning on rising, with a "drawing and stitching pain," which started in at the left nipple, and extended through to the left scapula. There was no cough, nor other symptoms, but the pain had gradually increased in severity, he said, until then, when it was causing severe suffering, and his countenance was quite pale. One dose of Rhus Radicans 2<sup>c</sup> was given, which relieved him entirely in from one to two hours, and he has never had this symptom since.

CONIUM.

BY L. SHAFER, M. D., KINGSTON, N. Y.

We recently received the following highly interesting, and concisely reported case, from Dr. Shafer, and if we were going to continue this journal, should certainly call urgently upon him for further reports,

[For the Homœopathic Quarterly.]

"R. R. GREGG, M. D.

"*Dear Sir* :—In the Homœopathic Quarterly, Vol. 2d, January, 1870, under the head of Illustrated Repertory, on page 10th, you say: Con. also has: 'violent stitches in the side, as if a knife were plunged into the side, causing loud moaning.' 'Whether right or left, or both sides, is not here designated, so we place the arrow upon each side, and leave the matter for further confirmation or correction.'

"The following may throw some light upon the subject, so far as the right side is concerned:

"In February, 1870, was called to see Mrs. —, aged 75 years. Found her laboring under a severe attack of pneumonia, affecting the right lung. The respirations were somewhat accelerated and painful, the cough troublesome, the sputa rust-colored, the tongue coated and whitish, the pulse about 100. Under the use of Acon.<sup>2c</sup>, followed by Bry.<sup>20</sup>, the symptoms were considerably mitigated. On calling again I found a marked change in the symptoms. She complained of 'violent stitches in the side, as if a knife were plunged into the side, causing loud moaning.' On inquiry as to the precise situation of the pain, she pointed out, upon her person, exactly the region covered by the arrow on the right side in plate 1st.

"A few pellets of Con.<sup>30</sup>, were dissolved in a dozen teaspoonfuls of water, and a teaspoonful ordered to be given every three hours. The pain soon passed off, as by magic, and the patient made a rapid and very satisfactory recovery.

"Respectfully,

"L. SHAFER, M. D."

Does not the above prove that the one symptom of stitches in the locality named was of far more value than all the other symptoms of the case combined? Who would have otherwise thought of Conium as a curative remedy in pneumonia, and given it in preference to several other remedies for *rust-colored sputa*? And yet we see that under it, "*the pain passed off, as by magic,*" and the "*patient made a rapid recovery,*" of course from *all* other symptoms as well as the pain.

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## PROVINGS OF SULPHATE OF COPPER.

BY E. W. BERRIDGE, M. D., LONDON, ENGLAND.

(1). Mrs. — took ten drops of the 30th centesimal potency, prepared by me with water:

Heat beginning on dorsa of feet, *first left, then right*, then extending up anterior part of legs as far as knees; it lasted thirty minutes, then went off, leaving a sensation as if needles were pricking the parts for five minutes (after two hours and five minutes).

Coldness beginning in small of back, going all over body, then suddenly going into legs, *first the left, then the right*, with shivering so that she sat near the fire for a few minutes (in two and one-fourth hours).

Sick feeling in stomach (in three and one-fourth hours).

Shooting inwards in temples at short intervals, the *left* being first affected, relieved by pressing temples with hands, and causing irritability of temper (in three and three-fourths hours).

(2.) Mr. — took ten drops of the 30th in water:

Dull aching soreness in middle of right tibia, felt when walking, not when at rest, with tenderness on pressure.

(3.) The same prover took ten drops of 3d centesimal. Woke next morning with metallic taste in mouth.

(4.) Mr. — after several doses of 3d centesimal:

Feeling as if there was a throbbing lump in the heart internally, the beating of the heart seemed louder; this lasted five minutes, and went away gradually.

(5.) Mr. — two days after last dose of 3d :

After rising from bed, pain like a tight narrow band all round head (on a level with upper part of forehead) and feeling as if top of head would come off. This lasted all day, varying in severity; worse on laughing or stooping; relieved by cold wind. It was accompanied with desire to be quiet.

NATRUM SULPHURICUM.

BY E. W. BERRIDGE, M. D.

This preparation was made by dissolving a few globules of 200<sup>th</sup> (Lehrmann) in water, and adding alcohol.

(1.) *E. W. Berridge, M. D.*, took thirty drops in a large amount of water.

Inability to think (in fifteen minutes).

Great sleepiness after dinner, and on waking after the sleep a disagreeable taste in mouth (second and third days).

(2.) Miss — took a drop in water at 3.30 P. M. :

Pressure in forehead and coronal region for a few minutes (in forty minutes). All the evening, after sunset, the same pain in forehead and vertex, with great heat on top of head. The pressure was relieved by the pressure of the hand, or by keeping quiet, or when lying down in bed; much worse on thinking (first day).

During evening, after sunset, creeping in scalp of vertex, for ten minutes (first day).

9.30 P. M. after sunset, feeling of oppression of chest and of a ball in throat, with tendency to cry,—like hysterics; for fifteen minutes (first day).

During night, constant waking; unpleasant fantastic dreams (first night).

(3.) The same prover took one and one-half drops in water at 4.15 P. M. :

Evening after dark, feeling of heaviness in head, better when in bed (first day).

In afternoon, slight pricking in abdomen (second day).

(4.) Miss — took one and one-half drops in water at 4.15 P. M. :

Pinching in bowels with pain in forehead *at the same time*, off and on; when bowels got *better* the pain in head *ceased*, for half hour (in ten minutes).

Sore throat, chiefly at back, with feeling of contraction when swallowing saliva; the soreness is worse by talking or swallowing solid food, for three-fourths hour (in forty-five minutes).

Cough excited by tickling in throat; causing raw feeling in middle of chest (in forty-five minutes).

Roof of mouth feels sore when the bread touches it; afterwards sore even when not eating, for two and a half hours (after one hour).

At tea time, more appetite than usual (after one hour).

A spot on left chest close to sternum, about the middle, is sore to the touch (in two and a half hours).

(5.) Mrs. — took a drop in water at 4.30 P. M.

Tingling in both arms and hands (especially in hands), chiefly in the right, as if galvanized; arms feel as if paralyzed, for two hours (in five minutes).

Dull aching pain in forehead over eyes (in ten minutes).

### THE "FIBRINOUS CRISIS,"—ITS CAUSE A LOSS OF ALBUMEN FROM THE BLOOD.

In discussing the cause of the so-called "*fibrinous crisis*," or what we prefer to call, simply, an excess of fibrin in the blood, it should be understood at the outset, that this is one of the NATURAL constituents of the blood, furnished to the latter from the chyle, in its proper relative proportion to the other constituents, through entirely *healthy* action, and as fast as the completion of the digestive process introduces into the lacteals the proper materials for its organization; just the same that each and all the other constituents are introduced more or less directly into the blood, either through the lacteals or the walls of the intestinal capillaries, in their proper relative proportion, by entirely healthy digestion and absorption.

And for these reasons, among others, soon to be noted, we must take issue with the claim so universally made by path-

ologists, physiologists and chemists, that *inflammation* causes the increase of fibrin in the blood, which is so commonly found existing in connection with that diseased action. That there may be no doubts, or misunderstanding, upon these two points, we introduce the subject with the following quotations to elucidate the former assertion, and will then give proper attention to the second proposition.

Kirkes and Paget, in their "Manual of Physiology," say on page 67 :

"The development of fibrin appears to proceed commensurately with that of the second set of corpuscles. In the earliest state of the chyle no fibrin exists ; but when chyle-corpuscles are formed, the fluid in which they float is spontaneously coagulable ; and the fibrin, whose existence is thus proved, appears to increase as the chyle proceeds onwards to the blood, and passes through the lacteal glands. Yet, in the most perfect chyle and lymph the fibrin is less abundant, and coagulates less firmly than in the blood : we may therefore assume that its development, like that of the corpuscles, is perfected in the blood itself."

Carpenter also says on this point, pages 452 and 453, of his "Physiology ":

"The chyle drawn from the lacteals that traverse the intestinal walls, contains albumen in a state of complete solution ; but it is generally destitute of the power of coagulation, no fibrin being present in it. \* \* \* \* \* During the passage of the chyle through the absorbents on the intestinal edge of the mesentery, towards the mesenteric glands, its character changes in several important particulars. The presence of fibrin begins to manifest itself, by the slight coagulability of the fluid when withdrawn from the vessels ; and while this ingredient increases, the albumen and the oil-globules gradually diminish in amount. \* \* \* \* \* During the passage of the chyle through the mesenteric glands, a further increase in the proportion of fibrin takes place ; and the resemblance of the fluid to blood becomes more apparent. The chyle drawn from the vessels intermediate between these and the central duct possesses a pale, reddish yellow color ; and when allowed to stand for a time, undergoes a regular coagulation, separating into *clot* and *serum*. \* \* \* \* \* The chyle from the Receptaculum and Thoracic Duct coagulates quickly, often almost instantaneously" ; thus showing, of course, that the fibrin has here still more nearly approached its maximum quantity, and also the perfection it attains in the blood.

These statements by Kirkes and Paget, and by Carpenter, are essentially confirmed by all other physiologists. From all this, then, it is clear that there is a special natural function

operating within the lacteal vessels, or mesenteric glands, or both, whose office it is to produce fibrin out of the normal materials furnished to the chyle by healthy digestion; and also that fibrin is an entirely *natural* product of this natural function; one constituent of the blood which is absolutely necessary to the continuance of health and even of life, or such great care would not have been taken to insure the constant repetition of its regular daily production, during the entire lifetime of the individual.

How unreasonable it seems then, to assume and assert, as all pathologists and physiologists do, that fibrin is increased, that is, actually *produced* by inflammation, in any part of the system in which this may arise: In other words, that a *healthy* constituent of animal life can be actually organized, or produced, indiscriminately, by *unhealthy* action; and this too in parts of the system, or in tissues, where we have no evidence that the fibrin-producing function exists. How can such a thing be possible? A healthy and therefore natural constituent of the blood, or a normal ingredient in any department of organic creation, produced by an *unhealthy* and *unnatural* process is an abnormality which Nature must abhor; and an absurdity, upon its face, as it seems to us, for science to pretend to teach.

In saying this, we fully understand that there is great unanimity, as already stated, among all the authorities upon the subject, in asserting that fibrin really is found increased in the blood, or in other words in excess of its natural relative proportion to the other constituents, in inflammation and inflammatory diseases. And let it be borne in mind, also, that it is the *cause* which has been assigned for this result, upon which an issue is here raised, not upon the fact itself, as this must generally, if not always, be as claimed, for the exact conditions exist, *independently* of inflammation as such cause, to *fully* account for its increase on perfectly rational grounds, as we shall now endeavor to prove by some of the best among these very same authors themselves. The essential condition, and one that appears sufficient to establish the whole truth in this matter, is, that there is a *loss of albumen* from the blood, at such times, which simply leaves the fibrin in a relative excess in the serum.

Lehmann tells us on page 618, Vol. I., "Physiological Chemistry": that albumen is *diminished* in the blood "in severe inflammations," and we know from what has already been so fully demonstrated several times, in this Journal, in regard to diseases of the mucous membranes, that when these are the seat of the inflammatory action, and excite any catarrhal secretions, albumen is lost from the blood; hence the former, or albumen, would be deficient in the serum, and necessarily leave *all* the other constituents, *fibrin* included, in a relative excess in the circulation, as compared with the albumen remaining, after the loss of any portion of this has been sustained, as has also, already, been so many times shown in these pages, during the last two years. Besides, if the increase of fibrin, under such circumstances, must be referred to inflammation as the cause, in consequence of its actual production by inflammation, there is no escape from referring the increase of all the other constituents of the blood, found in excess therein at the same time, to the same cause, which would certainly be a great absurdity, in so far as some of those constituents are concerned, to say the least. Let us consider the following in this light:

"The quantity of water in the blood is always proportional to its quantity of fibrin." Lehmann, Vol. 1st, page 616.

And this:

"Almost from the beginning of every acute disease" (inflammatory diseases, of course, included,) "there is an augmentation of the fats in the blood." Lehmann, Vol. 1st, page 620.

Now, we repeat, if the increase of fibrin is properly to be ascribed to inflammatory action as *producing* it, we must also attribute the increase of water, and that of the fats, as shown in these quotations, or the augmentation of the blood-corpuscles, or any of the other constituents, which might be found existing in excess in the blood, in inflammation, (as they all are, except albumen, when this is lost,) to the same cause, and it would only be carrying the idea to its legitimate conclusion to do so. This brings us to speak of pneumonia, that inflammation, or inflammatory affection, which, according to Virchow, Carpenter, Lehmann and Wood, is one of the very few diseases, that shows the most striking increase, or excess, of



fibrin in the blood, of any kind of diseased action. Well, now, what about the loss of albumen in this disease by which to account for such excess, instead of attributing it to inflammation? We will let the following, from "Copland's Medical Dictionary," Vol. I., page 983, answer:

"Viscid, thick, and adhesive sputa, containing *much* albumen, characterize acute inflammation of the lungs."

Here, then, in this simple fact, of a loss of much albumen in the expectoration, we have the most rational and complete explanation of the augmentation of fibrin in the blood in pneumonia, without resorting to any bald assumptions, or speculations, to account for it; and does not this point directly to the only key, namely, loss of albumen, through some one or more of the mucous membranes, for the solution of the long and much-talked-of increase of fibrin in all inflammatory diseased action? especially when Lehmann tells us, as has already been stated, that *albumen* is always *deficient* in the blood in all cases of severe inflammation.

We are, however, by no means limited to inflammatory diseases for cases wherein fibrin is found in excess in the serum. Lehmann, Vol. I., page 319, after speaking of its augmentation in the blood in such diseases, says:

"It is moreover worthy of remark that inflammation in which no fever is present, and likewise mere fevers without inflammation, augment the quantity of fibrin in the blood."

Besides, as is well known, fibrin is found in excess in the serum in albuminuria, during *all* its stages, whether acute or chronic, and this, too, independently of inflammation as its real cause, as what precedes would appear to go a long way toward proving. Though this point, even, we are not compelled to leave to doubt, or to rest upon probabilities, notwithstanding so much of the accumulated testimony, upon the subject, appears, upon its face, to be against us—and one of the most marked instances of which we will now give. Lehmann again tells us, in the paragraph next succeeding the one just given from him, that:

"In other diseases, as for instance in chlorosis, typhus, tuberculosis, Bright's disease, and carcinoma, there seems only to be an augmentation

of the fibrin when an inflammatory complication supervenes; in carcinoma, however, certain observations of Popp and Haller appear to indicate that there is a decided augmentation of the fibrin, independently of any inflammatory fever."

This, certainly, is quite direct evidence that an inflammatory complication does augment the fibrin in Bright's disease, as well as in all the other diseases named, except the last; but, if there is anything in scientific truth, the one exception destroys the entire weight of testimony of all the rest. Still as the main assertion therein is so fully supported by all other authors upon the subject, it necessarily must have become in the minds of many, if not all, a formidable point to carry by assault; but mark how easily it is *turned*, and that too by a fact communicated by one of the most prominent advocates of the view we are contesting, namely, by Watson himself. He says, on page 883, of his "Practice of Physic," after speaking very fully of the qualities of the *urine* in all stages and conditions of Bright's disease that:

"In general the albumen is plentiful and almost constant in the outset of the malady. \* \* \* \* \* And another fact, which it is essential for you to know and to remember, is, that, in any stage of the disease, the supervention of febrile disturbance, from local inflammation, or whatever other cause, tends to renew for the time, those qualities of urine which belong to the early period."

If this be true, then, and there seems to be no doubt of Watson's entire conviction of its truth, from the earnest manner in which he calls attention to it by saying it is essential "to know and to remember," we have the fact established, that there is a *renewal* of the loss of albumen in the urine, in amount corresponding with the first stage of albuminuria, whenever in *any* of its stages there arises febrile disturbance from inflammatory action. How perfectly and fully this corroborates all that we have before claimed upon this subject. Here we find a marked increase in the loss of albumen *from* the blood, at the very time in the disease, when all observers say there is an increase of fibrin *in* the blood, and assert that to inflammation such increase is due. While we reassert that this augmentation of fibrin is solely due to the increased loss of albumen, which Watson, as we see, tells us occurs in this disease whenever inflammation arises, thereby simply leaving the former, no

less than all the remaining constituents of the blood, in so much excess of what the system can use for nutritious purposes; and this fact which this author furnishes us, is one of the most convincing evidences of the truth of our position that we have anywhere met.

If it is a fact, also, that fibrin is augmented in the serum whenever inflammation supervenes in phthisis, as many authors assert, we find it to be explained upon the same basis as the foregoing, that is, that there is an increased loss of albumen, in this case, through the mucous membrane of some portion of the air passages, by catarrhal secretions, in consequence of inflammatory action arising therein. For have we not already given proof from one of the best authorities, that viscid, thick expectoration, containing much albumen, characterizes inflammation of the lungs? And if so, then is there not an increased loss of albumen in this very identical kind of expectoration, which so commonly arises whenever inflammation lights up in consumption, and at a time, too, when the surplus fibrin is found in the blood? Again we ask, do not these facts fully account for the excess of the latter, upon perfectly rational grounds, in all the cases named belonging to this class, and without resorting to any hypothesis whatever, just the same as the similar facts did the like condition, in connection with albuminuria?

In typhus, which Lehmann also says in the last quotation from him, and in dysentery, which he asserts on page 634, same Vol., show an augmentation of fibrin in the blood, we have the same explanation to offer, for this very author states on pages 537 and 538, Vol. I., that "large" quantities of albumen are discharged from the bowels, in both of these diseases; while on page 618 he gives a list of diseases in which albumen is found *deficient* in the serum, and in this list both typhus and dysentery have a prominent place.

Other diseases in which fibrin has been, or may be, found in excess in the circulation, we leave to the same rational method of solution, fully convinced that future investigation will confirm what we here claim; and show that this, like all other facts in the natural world, has a fundamental principle in nature for its basis, and is not the result of indiscriminate causes.

This brings us to a consideration of the *effects* produced by

an excess of fibrin in the blood. If this constituent is allowed to go on augmenting within the blood vessels, from day to day, and week to week, when albumen is lost in considerable quantity daily, through any of the mucous membranes which may be suffering from catarrhal irritation, the amount of it, beyond what could be used for nutritious purposes, would soon become so great that it would begin to coagulate, or fibrillate, and form clots, or *thrombi*,\* within the blood vessels. When this effect occurs, the clots are, of course, generally of the small size, at first, that would only clog the smaller vessels; but they may grow to larger masses, as the fibrin increases in quantity, and soon attain such dimensions that some of the larger arteries, or possibly one or more of the cavities of the heart would be blocked up entirely by them, and thus suddenly produce death, a result which sometimes actually occurs from this cause. But it is seldom, however, that so sudden a termination of life is permitted, for under the protecting care of the vital force, the excess of this agent is expelled from the circulation, evidently to avoid, among other things, such an immediately fatal result. Through the successful efforts of the system in expelling this surplus, we have exceedingly various conditions and diseases produced, which we will now proceed to notice.

Often, one of the first results which arises in albuminuria, from throwing off the excess of fibrin, is the excretion of this into the uriniferous tubules, where it coagulates and forms casts of the tubuli, and is then frequently discharged in that form in the urine. Sometimes, also, we find that a very similar action transpires in the lungs. The excess of fibrin, or a portion of it left by loss of albumen in the expectoration, in diseases of these organs, is occasionally excreted into the bronchial tubes, and there moulded in the ramifications of the bronchi, either as solid or tubular casts of these passages, and then expectorated, sometimes with various prolongations, corresponding with the branching of the tubes.

\* See Virchow's very interesting account of thrombi in his work upon Cellular Pathology. Of course, the cause he assigns for them, is very different from that given by us above, except that they have their origin in fibrin, but this does not detract from the interest of his description of them and their effects.

The membrane in *Croup* arises from the same cause. And as this is a condition, or disease, of much more frequent occurrence than the last named, we will give more details in regard to it. Virchow, on page 434, "Cellular Pathology," says of fibrinous exudations and croup :

"If we confine ourselves to those parts, where inflammations with real unquestionable fibrinous exudations do occur, we have a category nearly as limited as that of the mucous inflammations. In such a category the first place is occupied by the serous membranes proper, which even upon slight inflammatory irritation generally produce fibrin; the second place is filled by certain mucous membranes, in which, in a great number of cases, fibrinous inflammations unmistakably arise, as an aggravation out of mucous ones. Ordinary croup does not generally at its very outset manifest itself in the form of fibrinous croup; at the commencement, at a time when the danger may already be very considerable, there is often nothing else found than a mucous or muco-purulent false membrane. Not until after a certain lapse of time does the fibrinous exudation set in, and then it does so in such a manner, that we can trace the transitions in the same false membrane, and see that a certain portion is manifestly mucous, another manifestly fibrin, whilst in a third part it can no longer be affirmed with certainty whether the one or the other is present. Here, therefore, both substances appear as substitutes for one another. Where the inflammatory irritation is more violent, we see fibrin, where slight mucus, appear."

In Copland's *Med. Dic.*, Vol. I., page 983, we find the following, in regard to the secretions from the larynx in croup :

"A membranous or tubular substance, with thin, viscid or puriform mucus, is often discharged in croup, and consists chiefly of albumen, sometimes approaching the fibrinous state."

These quotations, then, furnish us with the evidence of all the conditions existing in croup, requisite for the construction of the membrane out of an excess of fibrin in the blood, left there by the loss of another constituent. The mucus secretions, and even the muco-purulent false membrane, referred to by Virchow, as occurring in the early period of this disease, before the fibrinous membrane is created, and which we all know to take place as he describes, wastes albumen as its chief organic constituent, even if there was no pure albumen in it, as we have before proved to be the case with *all* mucus discharges. Besides which, we have the direct evidence in this very quotation from Copland, that such discharges "consist

chiefly of albumen" in the first instance, and then approach the fibrinous state. In other words, as we claim, there must necessarily first be a loss of albumen in a more or less pure state, by the mucus secretions, which occur in the early period of membranous croup, and not until this takes place can the fibrin be in excess, to be poured out in a fibrinous exudation. But when it is brought into such excess, then it would be secreted along with mucus, and be mingled in it, producing a membrane of both characters about equal, or predominating in the one or the other, or in a layer by itself, as the case might be, and as the quantity of fibrin thus disposed of might regulate, even to the creating of an entirely fibrinous membrane. How well this accords with Virchow's assertion that, "not until after a certain lapse of time does the fibrinous exudation set in;" that is, not until sufficient albumen has been lost, in the preceding albuminous discharges, to throw the fibrin into such excess that the system cannot dispose of it, in any other way, in each individual case, than by pouring it out as an exudation upon the inner surface of the larynx, where the vital force has already been partly overcome by disease, there to organize or fibrillate into a membrane, or be expectorated in a more fluid form, as circumstances favor. In this sense, and in this alone, as it appears to us, do fibrinous inflammations, or more properly exudations, "arise as an aggrayation out of mucous ones," as Virchow claims. And, of course, in our explanation of the origin or cause of the membrane, the fact that, the more violent the inflammatory irritation, the more purely fibrinous it would be, is as fully and more naturally covered than it is by Virchow's theory that fibrin thus exuded is the *product* of the local inflammation, even provided there was any basis whatever in truth for this, but which we have already shown there cannot be.

There are some good reasons for believing, furthermore, that occasionally the excess of fibrin may be exuded upon the mucous membrane of the larynx, causing membranous croup, when albumen is lost from some of the other mucous membranes than that upon which the exudation forms, in a similar manner to its being expelled through or upon the serous membranes, or into fibrous tumors, and there organized,

as we shall soon show is sometimes the case, when albumen is lost through a more or less remote point.

The foregoing general facts in regard to membranous croup apply equally well to *Diphtheria*. In this disease, also, there are mucus and albuminous discharges *preceding* the formation of the membrane upon the tonsils or other parts of the fauces, which would give rise to the excess of fibrin, out of which the membrane in these cases is likewise wholly or in part formed. And again, cases of diphtheria are quite common where albumen is discharged by the kidneys in the urine, thus adding to the surplus fibrin left by the mucus discharges from the throat, thereby complicating the case and greatly enhancing the danger by acute albuminuria. This leads us to speak also of the ulcerated, or malignant sore throat, of scarlatina, as very similar to, if not identical with, diphtheria. When such complication arises it leads to more or less mucus discharges from, and membranous exudation in, the throat; and the urine, in scarlet fever, as all must know, is often albuminous, thus leaving this constituent so much more deficient in the serum, and causing a still greater excess of fibrin, which no doubt may in some of these cases, aid in increasing the amount of the membrane, by being poured out into the fauces, and there organized.

In view of these alleged facts, which we confidently believe the most thorough investigation will only serve to establish to the fullest extent claimed, how wrong and even dangerous must be the local treatment of diphtheria, and membranous croup, by cauterizing the fauces, by pungent gargles, and all other *irritating* methods of the Allopathic school, or any part thereof, adopted by some Homœopathic physicians. All medicinal, or even mechanical, irritation of the mucous membrane of the parts, by whatever agents employed, must *necessarily* result in a greater waste of albumen, and the leaving a greater excess of fibrin than is there as a direct effect of the disease. Then, as this is the main cause of the immediately alarming symptoms, and conditions, in all these cases, what shall be said of that treatment which can only result in greatly increasing, for further deposit, the very agent which so much effort is made to remove? What an endorsement this becomes of the course pursued by the true Homœopathician who eschews all local treatment, and relies upon his specific remedies; and that, too, by a great fact of which he little dreamed.

The fibrinous exudations into both the small and large intestines, and the formation, in consequence, of false membranes therein, no less than the like results upon other mucous membranes not mentioned, are, of course, to be explained upon the same general principles, as membranous croup and diphtheria.

We next consider those cases in which a greater or less portion of the surplus fibrin is expelled from the circulation through, or upon, the free surface of serous membranes. The *false* membranes that form on these surfaces are, according to all the authorities we have consulted upon the subject, far most commonly, if not always, fibrinous in character. It will be remembered that Virchow, in the last quotation given from him, in speaking of fibrinous exudations, says: "The serous membranes, \* \* \* \* \* even upon slight inflammatory irritation, generally produce fibrin." That these exudations, and false membranes, if they come to that, are from an excess of fibrin in the blood, in all cases of inflammation of the serous surfaces caused by disease, and not a product of the local inflammation, as Virchow asserts, in this, no less than in other cases, we will now endeavor to prove.

In the outset of this effort, we must again revert to the fact, so fully established in the preceding pages, namely, that albumen is deficient in the blood in all severe inflammations; hence it must be in those of the serous membranes, for these are classed among the most serious in character. If, then, such is the fact, here is ample ground to account for the augmentation of the one constituent, as the abstraction of a portion of another left it so. But we do not require to rest upon this proof. To show this, we take pleurisy as an example. All know how liable this disease is to arise in connection with pneumonia and phthisis, often greatly complicating these; and not only this, but it occurs very commonly in those of a consumptive predisposition, while there is yet no tuberculous disease of the lungs themselves. Well, in these cases, in which false membranes are so common, we proved last year that albumen is deficient in the serum, and just how it came to be deficient, namely, by catarrhal irritation of some of the mucous membranes, and its waste thereby in the expectoration, or other mucous discharges, while chemical examinations have shown fibrin



in excess in the blood in just these very cases. Therefore, is it not rational to claim, indeed, is it not, in all candor and common sense, unavoidable to think, that all fibrinous exudations in such cases, must arise from the efforts of the vital force to expel the excess of this constituent from the blood, through the pleura, and thereby avoid the much more immediately fatal effects which we have shown must commonly result from thrombi forming within the vessels, out of the constantly accumulating fibrin, if this was not expelled? And, as pleurisy, arising under such circumstances, embraces by far the greater number of cases of this malady that occur, we think it reasonable to give it as a type of all those with fibrinous exudations upon serous surfaces, which are not of a traumatic character. Before leaving this point, it is as well perhaps to refer to the fact that in some cases the excess of water left in the blood by the same cause is also expelled through the pleura, along with the fibrin, into the pleural sac, causing hydrothorax; and that the latter, or fibrin, in such cases, does not always organize into a membrane, but coagulates wholly, or in part, into flakes, which are found floating in the dropsical fluid.

Pericarditis and peritonitis, with fibrinous exudations, when they do not arise from mechanical causes, we refer to the same general fact, of excess of fibrin in the serum, for explanation. Watson, in speaking of peritonitis, on page 729, *Prac. Phys.*, says of the effects of inflammation upon the three principal serous membranes:

“Like the serous membranes in general, the peritoneum is very *ready* to take on inflammation, upon the operation of certain exciting causes. Acute inflammation, beginning in one spot, is almost sure to transfer itself to any other spot that happens to lie in contact with the first; and is very apt to extend itself rapidly to the whole membrane. The inflammation tends to the effusion of serum, and of coagulable lymph; it is of the adhesive kind; and its effects are those of distending the peritoneal cavity with fluid—or of gluing its opposite surfaces together, so as to obliterate that cavity—or of forming partial attachments. In all these respects the analogy between inflammation of the peritoneum and inflammation of the serous membranes of the thorax—the pleura, and the pericardium—is perfect.”

Hence, as like results must come from like, or more or less similar causes, and as we have the fact furnished by Lehmann,

of a deficiency of albumen in the blood in severe inflammations, and the still other fact of an excess of fibrin in the serum in all inflammatory action, we are certainly warranted in attributing the fibrinous exudations of pericarditis and peritonitis to the same immediate cause that we did pleuritis, namely, surplus fibrin poured out from the blood.

We have, moreover, seen some evidences, independently of the general law of diseases of the serous membranes, and the more marked excess of fibrin in these than in almost any other malady, that rheumatism, or inflammation of the synovial or serous membranes of the joints, may be connected more or less directly with loss of albumen, through some of the mucous membranes, for its cause. The first point we cite in this connection, and one we think suggestive, is the following statement by Wood, Vol. II., page 544, *Prac. Med.* Under the head of Bright's disease, and its associated disorders, he says :

“ The British writers upon Bright's disease speak of a strong tendency which it has exhibited, within their observation, to favor the development of inflammation in other parts of the body, especially the serous membranes. The pleura, peritoneum, and pericardium are attacked, in relation to frequency, in the order in which they are here placed ; and the arachnoid is sometimes affected. \* \* \* Chronic rheumatism is said to be very frequent and obstinate in the chronic disease [albuminuria] of the kidney.”

Another point, is the fact stated also by Wood, and familiar to all practitioners, that the urine, more especially in acute rheumatism, is almost always scanty and high colored, just the condition and appearance of this, that we find in acute albuminuria, when albumen is generally the most profusely discharged from the system in the latter disease. A still stronger and more direct point, however, is the following from Copland's *Med. Dic.*, Vol. III., page 677. In speaking of “ the urine, in rheumatism,” he says :

“ In eighteen cases in which the urine was examined by Becquerel, it always presented the characters usually observed in inflammation, as long as the fever continued. \* \* \* \* \* Albumen was detected in seven of the eighteen cases.”

Then we all know that some of the other mucous membranes, besides that of the kidneys, are also very frequently more or

less irritated, or diseased, in rheumatism. This would waste albumen from the blood the same as does Bright's disease, and thus account for its deficiency there, and the augmentation of fibrin in those cases where the former did not find an outlet through the kidneys. But we leave it to future investigation to settle this point, either for or against the views here advanced, as the interests of truth may demand.

Before leaving the discussion of inflammation of the serous membranes, we will raise one question more, which future research must also answer, and that is, has the excess of fibrin, which we have shown to exist in the blood, and to be expelled therefrom in fibrinous exudations through the serous membranes in all of these various cases, anything to do with *causing* the inflammation thereof? The *excess* of this constituent cannot reasonably be regarded in any other light than as foreign matter in the blood, especially when we reflect upon the immediately fatal results its undue accumulation in the circulation would, and sometimes does, lead to, through thrombosis, and when we consider also the various efforts which we have shown the system puts forth to expel it from the blood-vessels. But whether the excess of it is foreign matter in the *blood* or not, it must be to the free surface of the serous membranes, when it is expelled from the vessels upon that surface, and there coagulates or organizes as a false membrane. And if foreign then, it would certainly be liable to aggravate the inflammation, (if it did not cause it in the first place), while it was exuding through the membrane, and until it became organized and covered the serous surface, or became more or less incorporated with this, or until this became more or less changed by the new order of things, and accommodated itself to the circumstances in which it is now placed. One thing pointing to this is the statement cited from Wood, of the tendency of Bright's disease, according to the British writers, to favor the development of inflammation in the serous membranes. If such be the case, the cause of this inflammation becomes invested with a peculiar interest here.

That inflammation, in any part of the system, is always caused by the deposit or presence of foreign matter of some kind in the living tissues, and that this is probably the only cause of inflammation, seems almost self-evident to us, and we

hope we shall be able to endeavor to prove it at some future time. Well, then, the question occurs, what foreign matter is the cause of the pleuritis, peritonitis and pericarditis arising from, or in connection with, albuminuria? It must, in this view, be some one or more of the constituents of the blood left in excess in the vessels, by loss of albumen through the kidneys, and deposited therefrom in the serous membranes, but none of these, certainly, appear to be present in such profusion, if at all, in the inflamed part, as fibrin, except when a portion or all the excess of water, is also poured out through the membrane at the same time—a result that happens in only a part of these cases. But as fibrin is *always* present, in greater or less quantity, in such cases, and is, withal, as we have already shown, a foreign matter deposited in one of the most sensitive of living structures, is there not reason to think that it is the cause of the inflammation? Urea cannot be the cause of it in all instances, if it is in any, notwithstanding the claim by so many authors that this is the great disturber of the general system in Bright's disease, for the kidneys must perform their functions well, and prevent the accumulation of urea in the blood in many cases of pleuritis occurring idiopathically, or arising in connection with pneumonia and consumption, hence it cannot be the cause here; therefore we must fall back upon something else as the cause, and again we ask, what more liable to be this than the *excess* of fibrin, which is always present?

One of the *curious* facts which we have met in our researches upon this subject, is that the surplus fibrin of the blood, or a portion of it, in cases of tuberculous deposits, or even in common abscesses, is poured out, or secreted, from the vessels, in many, if not all, instances, into the tissues around the tuberculous mass, or gathering abscess, and there organizes and finally consolidates and forms an impermeable wall or lining for the cavity, which results from the suppuration and discharge of the tuberculous or other matter. The proof of this we find in the following from Carpenter's Physiology, page 203. After speaking somewhat upon the offices of fibrin, he then refers to the increased plasticity of the blood by its augmentation, and says:

“ This increased plasticity of the blood, however, may frequently be regarded in the light of an ‘ effort of Nature ’ to antagonize the evil conse-

quences of that depression, or positive destruction of the vitality of the solid tissues which seems to form an essential part of the inflammatory condition; and thus it is that whilst the central part of a mass of tissue, in which the inflammation has been most intense, suffers complete death, and is carried away in the suppurative process, the peripheral part, in which the violence of the inflammation has been less, becomes infiltrated with plastic matter poured out from the blood, and forms the solid and impermeable wall of the abscess."

As the phrase "plastic matter" is used by this author synonymously with fibrin, which is shown more especially by what, in his work, precedes the above quoted language, we have the fact established that the false membrane, if we may so speak, or dense tissue which forms the walls of an abscess, is fibrin; and being this, it must be from an excess of it in the blood of these patients, thrown out with, or around the excess of some of the other constituents of the blood, which are also expelled there to get them out of the vessels; the former to protect the organ or tissues, in a measure, from the greater ravages the latter might otherwise commit. In this way, and by a secretion of some of the surplus fibrin from the blood, through the walls of the abscess, after this had secured its first discharge, there would be fibrin in the pus, without its exudation being the source of pus, about which there appears to have been some controversy. The walls of the fistulous outlets of deep ulcers are, undoubtedly, also, of the same material.

The so-called fibrous degeneration, and all real fibrous tumors, no doubt have their origin, too, in excess of fibrin. Of the first of these, Jones and Sieveking, "Pathological Anatomy," page 164, say:

"*Fibrous Degeneration* is somewhat allied to Induration, and is probably connected with the existence of a fibrinous crisis. It occasions the gradual thickening of serous membranes and of areolar tissue by the formation of an imperfect kind of fibrous structure. This may attain a considerable thickness, and then by its dead white aspect resemble very much a layer of cartilage. The capsule of the spleen is sometimes thus altered, and has been wrongly said to have undergone cartilagification, for there is no real similarity between this substance and cartilage. The white patches formed on the surface of the pericardium and in the capsule of the liver, are produced in this manner, and so is also that thickening of the Glissonian sheaths, which give rise, in many cases to cir-

rhosis. The fibers are probably formed, in part, directly out of the effused blastema, in part, also, by nuclei, developing short fibers, which unite as Henle has described. This latter mode of formation is often observed in the spleen. The chief difference between induration and fibrous degeneration consist in this, that in the former, a notable quantity of blastema is effused, which becomes the indurated matter, and compresses and atrophies the adjacent texture; in the latter, there seems to be scarce any perceptible exudation, as it takes place slowly, and passes at once into the condition of fiber. Induration may affect any tissue, while fibrous degeneration is chiefly seen in membranes."

Of *fibrous tumors* the same authors say, page 167: "These tumors develop themselves in very different parts of the body, usually in such as normally contain much fibrous tissue." That is, those parts to which fibrin is the most naturally directed in the normal condition of nutrition, are the parts to which the excess of it would be most liable to be directed, for its expulsion from the circulation; hence the development of the tumors in those parts naturally containing the most fibrous tissue. These authors further say, on page 168: "Melanic matter is sometimes deposited abundantly in fibrous tumors,"—a statement showing that more or less of the hæmatin dissolved out of the corpuscles, which are left in excess by the same cause, as we have already proved so fully in this Journal, is deposited in such cases with the excess of fibrin. They furthermore give instances on the same and next page, of such tumors containing a greater or less amount of fatty or oily matter. Then when we state the fact, which is susceptible of as ample proof as any other point in this most fruitful field of scientific pathology, that the fatty matters are always found in excess in the blood when albumen is deficient and fibrin augmented, it shows, of course, that the excess of such matters is also thrown out along with the fibrin and the hæmatin to get rid of it from the circulation, and it becomes thereby incorporated more or less intimately with them in the morbid growth. What can this mean, then, but that there is one explanation for it all, and one only, and that is, a necessity to get rid of such excess of each from the blood vessels, in order to avoid much more serious, or even immediately fatal results by their retention within the circulation, and poisoning the very fountain of life itself? And if either one of these constituents is thrown out into such tumors to rid the blood of its excess, and by

that means prevent worse consequences, it is certainly clear that the others are there for the same reason. And, again, if they are all in excess in the blood at the same time, as can be most positively proved, what can possibly have brought about such a result but a loss of albumen through some mucous surface, leaving them so? Certainly it will not be claimed that inflammation increases the fatty matters in the blood, and also the hæmatin, freed from the corpuscles, as is done in regard to the fibrin, a point which has already been discussed in this paper in regard to the fatty matters and the salts.

We pass now, for a few moments, from the foregoing details, to more general facts belonging in this same great category of pathological truths. As we must again, for the present, and the second time, abandon this work on account of the threatening state of our health, we assure the profession, under the most profound conviction of the responsibility that rests upon us in making the assertion, that the proof is almost unlimited, certainly of the most ample proportions, going to establish the *fact*, that whenever albumen is lost from the serum through any of the mucous membranes, in any of the catarrhal discharges therefrom, all the remaining constituents of the blood, besides the fibrin and the corpuscles, are left, the same as these, in a relative excess in the blood vessels, as compared with the albumen remaining; that apparently no part of this excess is used in normal nutrition, therefore, it becomes the same as foreign matter in the circulation, which often calls for the greatest efforts being put forth by the vital power to rid the system of its disturbing influence; and the proof is equally ample as to the conditions and diseases which all these produce as they are being expelled at once, and entire, from the body, through the various outlets for refuse matter, or when deposited in living tissues.

In Vol. I. of this Journal we proved beyond the possibility of successful contradiction, as it seems to us, that the blood-corpuscles left in excess in the vessels by a loss of albumen in the expectoration, or other mucus discharges of tuberculous subjects, are distended to the globular form, and *decolorized* under the direction of endosmosis, by the action upon them of the excess of water left in the blood by the same cause, and that such corpuscles are then deposited in living tissues, when

they gradually give up the water that has wrought these changes in them, shrivel in consequence into "angular," "jagged," and other distorted shapes, when they are known as tuberculous corpuscles, and that the latter have no other origin but this. And now we have given proof which seems fully as clear and complete as to the cause of the so-called "fibrinous crasis," (more properly, a relative increase of fibrin in the serum,) and the effects which this produces.

In addition to this we have accumulated upon each of the remaining constituents, an equally formidable array of *facts*, that have long been known, but which have nevertheless always hitherto stood isolated, and not thought to have any special connection with each other; such facts proving that the blood is left "poor," "thin," "watery," in all cases of persistent mucus discharges from any organ lined with mucous membrane, because of the excess of water left therein by the loss of albumen, and that this watery condition of the blood is the cause of most, if not all, forms of diuresis arising from diseased action, of unnatural perspirations, whether in sleep or awake, such as "night sweats," etc., and of all kinds of dropsies not arising from mechanical obstructions to the circulation; that the salts are found in excess in like cases and are the cause of the gravel, and of all forms of calculi, whether arthritic, biliary, intestinal, pulmonary, urinary, etc., of unnatural enlargement of bones, osseous tumors, and the like; and that the excess of fatty-matters leads to all forms of fatty growths, to the so-called fatty degeneration of organs and tissues, to the oily discharges in the urine, and to the evacuation of fatty matters from the intestinal canal when this arises from abnormal conditions.

If all that precedes is true, then, this whole subject becomes invested with an immense *practical* importance, scarcely second to anything else, save Hahnemann's discoveries, that has ever preceded it in the domain of medicine. For it must be seen from this that the *cure*, and the only *radical* cure, of all these multifarious conditions and diseases, from the simplest case of a watery state of the blood and of unnatural perspiration, or of diuresis arising therefrom, all the way up through all the dropsies, through all the effects we have pointed out herein as resulting from the excess of fibrin, through all fatty degen-



eration, fatty tumors, and the like, through all the calculous diseases, abnormal enlargement of any of the bones, bony tumors, etc., to and through every species of tuberculosis and attending sufferings; the radical and only cure of all these we repeat, consists simply in *healing* the mucous membranes, and thus stopping the further loss of albumen, thereby preventing the other constituents from being brought into excess; and so at one master-stroke annihilate the cause of full three-fourths of all the diseases with which mankind are afflicted. And furthermore we believe, indeed, we have gathered much proof going to show that many, if not all, the various forms of cancerous growths may be reached in the same way.

But what can do this great work except specific Homœopathy? Certainly all expectorants, emetics, cathartics, diuretics, etc., etc., and all local treatment of any mucous membrane by cauterizing, or by irritating injections, for whatever purpose employed, and so on to the end of the chapter, can only serve to increase the irritation already existing upon these surfaces, and cause a still greater loss of albumen, and a marked aggravation of some one or more of the great evils which we have already shown to necessarily follow from the workings of this hydra-headed monster. It is granted that such exciting treatment sometimes affords *apparent* relief, but as we have already given the proof in abundance upon other occasions, this apparent relief is at the expense of driving the disease to still more vital parts or organs of the system, where it must sooner or later develop itself into a still more inveterate or dangerous malady. The only exceptions to this are the cases where the *vis medicatrix naturæ* is strong enough to cure the patient in spite of such treatment.

Now we see upon what complete yet exacting principles nature operates, within the animal system, in all these cases, and how she cries aloud to the medical profession to stop all the irritating methods named, which she is constantly rebelling against, and adopt a system of treatment which shall strike at once at the root of the evil, by healing the mucous membranes, when all effects must necessarily and speedily cease, as there would then no longer be an excess of any constituent left by which their continuance could be maintained.

And, in conclusion, we must ask if there is not enough in the

multitude of facts we have given upon this most interesting subject, to show the Homœopathic school that they can go on and build upon such a basis a system of Pathology which shall be complete in all its parts, and every way worthy of our noble system of Therapeutics, its natural and indispensable handmaid and companion under all circumstances, its counterpart and complement in the fullness of its truth; a system of Pathology, in short, which shall be wholly and absolutely independent of the old school, in showing the grand combination existing between the *causes* and *relations* of disease, and one far more complete and *scientific* than any for which they have ever yet dared to even hope.

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#### A PROPOSITION TO THE PROFESSION.

Recently we received a letter from Dr. Hering, of Philadelphia, in which he says: "I have this year to lecture to a class of 130, and as it is my duty to make our students acquainted with your Illustrated Repertory, I have ordered four or more drawings in life size to serve as diagrams;" then asks: "Would you allow your Alma Mater to use such a copy?" As this is an endorsement of the value of our method for both teaching and studying the Homœopathic Materia Medica, which must be conceded by all as carrying the matter far above our individual opinion, or claim, of its merits, we have a proposition to make to the profession in regard to it. And that is: If those physicians, who are in position to do so, will raise sufficient funds from the wealthy patrons of Homœopathy to go on and complete and publish an Illustrated Repertory for every symptom, and an Illustrated Materia Medica for every drug, we will yield all our rights and interest in the matter, for the common good, upon the re-payment to us, simply, of the amount of money we have invested in it, and a moderate compensation for the time spent in devising the plan and bringing it to its present state of development.

It would seem that such a fund might be raised, for such a purpose, without difficulty, especially when the benefits which would accrue to the whole human family would be so great.

Money has been given by an admirer of Homœopathy, to partially endow, at least one of our medical colleges, yet this, though important, is restricted to very narrow limits as compared with the universal applicability and need of these illustrated works, which every *physician*, no less than student, must ultimately have to guide him in practice, as much as the navigator his charts. The amount which would be required to complete the illustrations upon an adequate scale would probably not be much less than fifty thousand dollars, according to partial estimates we have had made, and might be considerably more than this, as four views, front, back, and the two sides, must be given to every drug in the *Materia Medica*, and in the *Repertory* plates must be given of every part of the body, for every specific kind of pain; but let the cost be what it may, it ought to be done at once, for, if it is what it has certainly promised thus far in our practice, there is not a human being upon the face of the earth but has a direct and the highest interest in it of any earthly matter, to the same degree that health and life are above other considerations.

If this is thought to be an extreme position to take, it should at the same time be remembered, that *it is not possible* for any living man in the profession to remember all the pathogenetic symptoms of every drug, so as in all instances to make the proper comparisons, and application of the indicated remedy, at the bedside, through the aid of memory alone. Even physicians possessing the very best minds for this particular labor must fall far short of full success in this way, and they must sometimes run the risk of allowing critical cases to pass beyond the curable point, in waiting to consult the pathogenesis of, perhaps, many remedies, to find one, and the only one, to cover all the local, as well as other, symptoms of the case, and thus make doubt give way to positive knowledge; whereas, by the aid of illustrations they would often be enabled to see at a glance, what it might take all the leisure time they could find for days, or even weeks, to look over the great bulk of provings, and satisfy themselves upon some peculiarly located, and possibly the most characteristic, symptom of the patient. And it would be next to impossible for them then to realize fully, the connection frequently existing between localized and unlike symptoms in different parts of the system, which may be given by a device not yet explained, and seen at once as readily as the most simple of any part of this work. From the very nature of the case, as matters now stand, all these difficulties, we repeat, must hamper the very ablest minds in the profession, and that, too, in no small degree; then what is to be said of such insurmountable obstacles in the way of the majority of physicians, who are less endowed, but who must have the care of the sick; and especially how must it be with

the vast majority of mankind who must depend upon the latter class of physicians for medical aid, and frequently suffer and die for the want of more definite knowledge, which a proper system of illustrations, fully completed, would enable the practitioner of fair but ordinary capacity to apply at the bedside, with a skill nearly if not quite equal to that of the very ablest? Something certainly should be done to clear up our *Materia Medica* and remedy these difficulties, and what promises so much as this method? Physicians, themselves, when they fall sick, are exposed to the same risks, because of these defects, as everybody else.

The consequences to Homœopathy, too, in having this work speedily completed, would be only second to its great blessing to suffering humanity. Why, look at what it would seem must be the inevitable result. If such works were engaged upon and rightly done, it could not be ten years after they were completed, with the constant confirmations afforded by the great numbers of Homœopathic physicians throughout the civilized world, before Allopathy would be completely overwhelmed by them, and not many years longer before all forms of quackery, by which so many thousands now annually perish, would disappear from the face of the earth. Let such works be seen, and comprehended, or even partially so, by the intelligent in every community, and nothing else could stand before them as guides in medical treatment. Every thing else claiming preference would be frowned down at once, as the pretensions of ignorance, or worse. We have never yet exhibited the plates to a non-professional person, and many have seen them, but what they have expressed great surprise that these matters could be brought to such accuracy, and medicines given to directly reach all kinds of pains in any part of the system, while many have seemed to fully appreciate their great value, and would dilate upon the advantages of the plan in comparison with any of the old methods.

If the money should be raised for this purpose, every part of the work should be *supervised* by such physicians as Drs. Hering, Lippe, H. N. Guernsey, Wells, Dunham, etc., etc., each superintending such part as he might choose, thus ensuring the greatest possible accuracy, while younger physicians of more leisure could look up and copy the symptoms, and do the mechanical part of the work, in getting ready for the artist and printer; but all should be paid a fair compensation for the time and labor spent upon it. And it *must be done soon*, for neither the interests of our school, nor the welfare of our patients, can afford to allow this matter to drag along the weary years that it would take one man to complete such a herculean task.

And to conclude, we would suggest another incentive to the

speedy undertaking and consummation of this enterprise, and that is, when the works were published, a price not less than the cost per copy of the first edition, should be set upon them, and all the funds raised therefrom be set apart for the founding of a National Homœopathic University. That there would be a large and continually increasing sale for them, as Homœopathy becomes more generally adopted, seems certain, for we are already in receipt of very many earnest commendations of the idea of illustrating symptoms, and urgent appeals for full sets of the plates. We would ourselves, to-day, gladly give one thousand dollars, in addition to what we have already expended upon them, for an Illustrated Repertory, and an Illustrated Materia Medica, such as we have in mind, and consider it the best investment we ever made of a like amount of money. But the cost of both need not be over one hundred dollars, and what physician would not pay this sum for so much accurate knowledge, that he would be hourly called upon to put in practice, brought directly to the powerful aid of his sight? Whenever the first edition was exhausted another could be published at little additional expense, with all additions and confirmations then known, and sold at the same price, the copy-right being held by trustees appointed, say, by the American Institute of Homœopathy, for the profession, and thus ensure a constantly increasing fund which possibly might become ample to sustain the finest institution of the kind in the world.

It is our design to go on with the preliminary preparations for such works, by making diagrams and locating symptoms upon them, as fast as the state of our health will permit, and to that extent hasten the time of their ultimate publication.

We cheerfully granted Dr. Hering the right to use the illustrations to the full extent he desired for teaching in his college, and take this occasion to say that the same privileges are hereby extended to all our other Homœopathic colleges.

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IN answer to a question by Dr. Berridge, of London, we would state that we use Jenichen's potencies, and that these preparations are to be understood in all cases reported by us, herein, at least, where the remedies are such as he potentized.

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WE beg to assure the editor of the *New England Medical Gazette*, that men are always *amused*, not enraged, at the various antics of all small creatures, and never more so than when the latter try to make it appear, by their own rage and ravings, that everybody else has gone mad.

## ANSWERS TO FURTHER OBJECTIONS TO OUR THEORY OF TUBERCULOSIS.\*

A further objection may be raised to our theory of Tuberculosis, in the fact that the red blood corpuscles are not found in excess in the blood vessels, in all cases where albumen is lost from the blood through the mucous membranes. This, though an apparent, is yet not a real objection, as will readily be seen. For instance, all authors speak of a *decrease* of the red corpuscles in albuminuria, but at the same time tell us there is a great *increase* of the colorless corpuscles, which are just the conditions our claim calls for. The coloring matter is washed out of a portion of the red corpuscles by the too watery serum, thus decreasing the number of these to the extent that such washing is carried on, and necessarily increasing the colorless corpuscles much beyond their proper relative proportion. But the latter will not show so great an increase in all cases of Bright's disease, if they do in any, as the colored ones do a decrease, for the serum is so much more watery in this malady in consequence of the outlet of refuse water through the kidneys being so blocked up, than it is where albumen is lost through other organs, and the kidneys left free to vigorously prosecute their work, that the cell walls, and finally the granules are burst and dissolved, thus allowing of their excretion into and through the intestinal canal. In this case there would not be so great an increase of the colorless corpuscles as the decolorization of the red corpuscles would call for, and the former being generally destroyed in albuminuria they would not be changed to tuberculous corpuscles, though tubercles are by no means entirely unknown in this disease, from the fact that sometimes a small portion of these corpuscles do escape destruction.

There is also a decrease of colored corpuscles and a corresponding increase in the colorless ones, in all forms of tuberculosis, in consequence of the same washing process, hence the *general paleness of the surface in all such subjects*. But the serum not being left sufficiently watery in such cases (because of the more ready excretion of most of the excess of water through the healthy and vigorous action of the kidneys), to entirely destroy only a small part of the latter, all those decolorized but not ruptured, must be deposited and cause suppuration as the only means by which the system can rid itself of them.

But in some, if not all acute diseases, where albumen is lost from other organs besides the kidneys, there is found a rela-

\*This and the article answering Dr. Brown Sequard's objections, were sent out to Europe with, and as supplements to, the paper entitled "The cause of Tuberculosis," which was published in Vol. I of this Journal.

tive increase of the red corpuscles, as we should expect. In proof of which we offer the following from Lehmann's "Physiological Chemistry," Vol. 1st, page 605. He says:

"During the first eight or ten days of typhus the blood-corpuscles are always increased; but subsequently to that period, at least until the twenty-first day, their number is considerably diminished."

And that a large amount of albumen is lost from the system in typhus, by which to account for this increase of red corpuscles, is seen in the following from the same author, same vol., page 538. He says in speaking of *albumen* being found in the *fæces* in various diseases: "It is constantly present in tolerably large quantity in the fluid stools in typhus." The *decrease* of red corpuscles in this disease, after eight or ten days, would necessarily result from the serum becoming so watery in that length of time, that they could not longer resist its action. Careful examination will no doubt reveal the same fact of an increase of red corpuscles in the early stages of dysentery, and that some of the excess of these finds an outlet in the bloody discharges which are especially characteristic of this malady.

Again, it may be objected to our theory, that an occasional case of tuberculosis, occurring in other organs than the lungs, may be met where albumen cannot be readily found in the discharges from any of the organs lined with mucous membrane. To which we answer that no investigations have ever yet been made by others upon the basis of, or under the stimulation to enquiry which our claims must excite, to know what may be found in that direction. Besides it is already well known that nothing is more common in all tuberculous diseases than a marked chronic irritability of some one or more of the mucous membranes and catarrhal discharges therefrom, either of which must *always* be attended with a loss of albumen from the blood, as we have seen by the quotations from Lehmann and others, already given in other places. Lehmann, it will be remembered, says there cannot be the *slightest* irritation of a mucous membrane without an abnormal secretion of albumen by it as a direct result of such irritation. But there are other very essential facts also bearing upon this point. If albumen is secreted by the mucous membrane of the stomach into that organ, it must often be digested like all albuminous food, and in that case it could never be found in the excretions from the intestinal canal. Or if it is secreted by the mucous membrane of any portion of the small intestines it would be so intimately mixed with the fæcal matter when this was in a fluid, or at most, a semi-fluid state, that it could not be found without the most careful investigations, that would be too revolting to be often undertaken. If secreted by the large intestines we may

find it without so much difficulty, as the fæcal matter is there generally much firmer, and would prevent the albumen being mixed with it. Still, great care would have to be exercised even then, or it would frequently escape detection.

It should be remembered in this connection also, that the albumen is secreted in most cases, especially the chronic, without pain. Evidence of this is found in chronic nasal catarrh and chronic sore throat, where the secretion produces no other sensation than that of obstruction and a desire to remove it. And in Bright's disease the fact of the kidneys discharging albumen is generally beyond the recognition of even the best informed physician, short of the proper chemical tests of the urine. The patient has no pains or other sensations that reveal it with any certainty, unless it might sometimes be in the advance stages. And so it must be when, in chronic cases, albumen is secreted into any part of the intestinal canal. The patient would have no *sensations* by which the physician could determine, with any certainty, that such a result was transpiring within, and the only possible way he could know would be by the greatest care in examining the discharges, and even at that, if it was secreted into the stomach, it would be often digested, so that no amount of scrutiny could find it, as has already been stated. And yet here, in the intestinal mucous membrane, is by far the largest mucous tract to waste albumen from the blood, of any in the whole system, if it is not larger than all else besides, and the immediate exciting causes, which would produce irritation thereof, that would aggravate constitutional tendencies and lead to a secretion of albumen, are far more numerous than in other instances.

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### VALEDICTORY.

It is with feelings of unmingled regret that I am compelled to announce to the readers of the Homœopathic Quarterly that, with the issue of this number, its further publication must, for the present, be suspended. Ill health, or, at least, a very serious threatening of ill health, is the cause of this step. I am myself a marked subject for that terrible scourge about which so much has been said in these pages. My mother and two older brothers died of Phthisis Pulmonalis, while two sisters—the only remaining children of our family besides myself—have been seriously threatened with it, and scarcely a year has passed over my head since a boy, but that its ugly presence, or nearness to me, has not been made manifest in some of its premonitory symptoms. By this it will be seen that I have been an *interested* investigator into all the characteristics of Phthisis—whether an intelligent one or not, time must determine.



Well, in September, 1861, after long and tedious research and observation, I fell upon the idea, more by accident, perhaps, than through any merit, that the loss of albumen, in the catarrhal secretions of such patients, was the cause of Consumption, or, rather, of all forms of Tuberculosis. So intensely interested did I become in this, that the clue it afforded was pursued almost night and day, for over four and a half years. Certainly a greater or less portion of nearly half the nights, in all that time, was spent, after the fatigues of the professional duties of the day, in investigating this vast subject. And all the leisure that could be found during the daytime was improved in like manner.

As one effect of this excessive labor upon the already existing predisposition, I was seized about the first of May, 1866, in the midst of preparing a volume upon the subject, for the profession, with pulmonary hæmorrhage. Successive hæmorrhages, once, twice, and sometimes three times in twenty-four hours occurred for some ten days. Generally these were slight, but in three or four of the attacks the blood came quite freely from the trachea. But little physical exhaustion attended or followed this, though the loss of power to endure mental application was so great that I could scarcely study or write at all upon any subject that required much effort, for many weeks, and was quite readily overtaxed by close application, up to the fall of 1868, when, having, as it then seemed, recovered sufficiently to allow of my engaging again more earnestly upon the work, I concluded to establish this Journal, and thus give in successive portions, as the labor could be endured, what I would have much preferred should have appeared in one volume, with such an array of proof upon every point as could have left no doubts of the great truth in the mind of any intelligent man. But again the effort was too severe to be endured, for the first of July, 1869, just as I had finished preparing No. 3, Vol. I., I was seized with another hæmorrhage, which was succeeded by others as in the first instance, for about the same length of time, that is, for ten days; but some of these were much more severe than any of the previous ones, and the blood came from the lower extremity of the trachea, or the large bronchial tubes. On this occasion I was three or four times seized in the night, being awakened by obstruction of breathing and cough, when the blood welled up very freely, and quite *hot*, from behind the center of the sternum. It was then fully determined to suspend the Quarterly upon the issue of the next, or last number, of that volume. But shortly after that I brought to a successful issue the idea of giving the *Materia Medica* in illustrations, and became so greatly interested in it that I decided to take the chances of continuing another year, so as to give a start to that work.

The great labor required to perfect the plan and prepare No. 1, Vol. II, so overtaxed my nervous system that I could do nothing upon No. 2 for some two months, and after the issue of that, was entirely unable to do anything in preparing No. 3 until the latter part of August, and nothing upon this number until December. In fact there has hardly been a day the last year that more than an hour in twenty-four could be endured in writing, and sometimes a week at a time during those periods when the attempt was made to prepare manuscript, that I could do nothing. Under these circumstances the further publication must of course be suspended, as such delays are too unpleasant to all concerned. None of the numbers for the last year could have been prepared sooner than they were without great, and perhaps irreparable, injury to my health, and I feel under many obligations to subscribers that they have made so little complaint of delays as they have.

If the Quarterly has been too exclusively occupied with my own views of disease, etc., to be pleasing to some, as there is no doubt may have been the case, there is at least this excuse for it, that if those views are true there was nothing of greater importance that I could give, and the almost universal favor this part of my work has received from the most intelligent men in our school, leaves little, if anything, in doubt as to my readers being satisfied upon this point. The labor bestowed upon illustrating our excessively complicated *Materia Medica* speaks for itself, and can require no apology except for its discontinuance.

It was with great regret that I found myself unable to complete the article upon the "Metastasis of disease and the law of its action," commenced in No. 2 of Vol. I. The facts in my possession, upon this subject, and the great numbers of remarkable cases seen, proving those facts, must have settled the whole matter beyond the power of cavilers to ever seriously disturb.

As it may be a matter of interest to some to know the treatment pursued in my hæmorrhages it is here given. During the first series of them, and in several of the second attacks, the blood was partially coagulated, rather darker than natural venous blood, and attended with rattling respiration. One dose of Ipecac, 1000<sup>th</sup> potency, would relieve under these circumstances almost immediately. Two or three other remedies were tried, in single doses, but without the prompt effect this had. In those instances in which the blood came *hot* and fresh, like arterial blood, causing a decided burning sensation behind the sternum, a single dose of Aconite, 1000<sup>th</sup> potency, would stop it entirely in from five to ten minutes. It will be seen by this that I pursued the same course of treatment for myself,

under somewhat trying circumstances, that I have so strenuously advocated for others, and received my reward for it, which may not have been a trifling one, for in neither case did cough follow the hæmorrhages. As the attacks were so clearly brought on by mental, not physical exhaustion, I pursued my professional duties as usual during the day, only laying up once, part of one forenoon, when rather more weakness than usual followed a night hæmorrhage. Of course, anything that could occasion much physical fatigue was avoided, and all study or writing was entirely stopped, for weeks, until recovery seemed complete.

It should also be stated that all the various premonitory symptoms of Phthisis which I have ever experienced, and there have been many of them, and all the various conditions of the system arising therefrom, have been in strict accordance with the idea that the loss of albumen in catarrhal secretions is the primary cause of Tuberculosis, and that a greater or less portion (according to circumstances hitherto pointed out), of the excess of blood-corpuscles, thereby left in the system, become tuberculous corpuscles.

There can be but little doubt that with such care and rest as I have never taken since 1849, when I commenced the study of medicine, excepting a few weeks at a time in two or three instances, I shall recruit, and be at least as well as I have ever been; but let my fate be what it may, my prayer will ever be that, for the sake of suffering humanity, the profession will soon wholly master, in every sense, that most horrible of all the scourges that have ever cursed our race; and if anything I have suffered, said, or done, shall aid in the slightest toward the more speedy consummation of this great work, I shall feel that my life has not been wholly spent in vain.

It is with no trifling emotion that I now return my most hearty and sincere thanks to my friends and patrons, one and all, for the kindness they have bestowed, and for the liberality shown, in sustaining the Homœopathic Quarterly to that extent which fully ensured its continuance, had my health held out. The support and endorsement it has received have been in all respects far beyond my most sanguine anticipations. It has been my earnest endeavor to instruct my readers to the fullest extent in my power, in other words, it has been my highest aim to assist in clearing up, for myself no less than for others, some of the many obscure points which yet hang over our chosen profession. Therefore I conclude with the hope that none will feel that their time has been misspent in the perusal of these pages, and if I have succeeded in convincing any one of the truths set forth herein, I shall feel amply repaid for all my labor.

Most sincerely and respectfully,

R. R. GREGG, M. D.

## PROFESSIONAL ENDORSEMENTS.

The encouraging and approving manner in which our first number of the QUARTERLY has been received by the Homœopathic profession is certainly such as justly to inspire us with increased earnestness in the undertaking upon which we have so recently entered. Letters in profusion, and from all quarters, are daily reaching us, all breathing the same sentiments of approval, not only of the defence of *Pure Homœopathy*, that we have proposed, but no less of the publication of the discoveries which we claim and have commenced to exhibit and elucidate. Some of such letters are from men of marked position, while others bear names now first made known to us, and, perhaps, to the profession at large, yet all utter the same sentiments, varying only in the language employed. With such letters, already received, we might fill the entire of the present number of the QUARTERLY; but as, for obvious reasons, we can devote no space to these documents in the body of the work, we have placed the following selections on these extra pages, as specimens of the encouragement of which we speak.

PHILADELPHIA, Jan. 25, '69.

*Dear Doctor*—It is with much pleasure I peruse the first number of your "Quarterly." By it I feel renewed strength in the practice of "pure Homœopathy." The speciality\* to which you are devoting your energies, is well worthy of the devotion of any man's or number of men's *entire* lives. Consumption in its various forms, is or constitutes a more fell destroyer of the human race than all the other ills of life put together. I wish you far more success in the enterprise than you can hope for.

Enclosed please find \$1.00.

R. R. GREGG, M. D.

Most respectfully,

H. N. GUERNSEY, M. D.

UTICA, N. Y., Feb. 11th, '69.

*Dear Sir*—I have received the first number of the "Homœopathic Quarterly," and permit me to give you most hearty thanks for your independent and frank treatment of the principles of Homœopathy and its professed practitioners.

Your article on false pretenses is every word true.

Your article on the physical evils of alcohol, is, in my opinion, a correct record of the effects of alcoholic stimulants on the human organism, corroborated by the best authorities in the science of chemistry.

It is to be regretted that our Allopathic brethren are rushing so impetuously into this practice, creating appetites in their patients for stimulation which become uncontrollable, and leave them victims of intemperance, because the barriers of conscience have been removed by the advice of the physician. It is also to be regretted that some who profess better things should fall into the same fatal error.

It is time that those who are true to principle should raise the warning voice, for physicians are doing more to extend and increase the evils of intemperance than all others combined, except those engaged in the traffic.

When a physician prescribes alcoholic drinks to his patient, it is proof to my mind that he has no confidence in his own medical resources, and takes this short hand course to dispose of his patient, and prevent his falling into the hands of those who might gain reputation by successful treatment of the case.

R. R. GREGG, M. D.

Yours,  
L. B. WELLS, M. D.

PEKIN, ILL., Feb. 22d, 1869.

DR. R. R. GREGG, Buffalo, N. Y..

*Sir*—Enclosed please find \$1.00 for my subscription to your journal for this year. I have received the first number of it, and consider your theory to be the most plausible one I have yet seen of phthisis.

Yours truly,

S. J. BUMSTEAD, M. D.

\* We desire to here correct an error, which not only the public, but the profession, seem to be in a measure laboring under, in regard to ourselves. We do not now, nor have we ever, made the study and treatment of Phthisis a speciality, in the proper sense of the word. No physician can do so and do his patients justice, as will be seen when we fully unfold what we think is the true nature and cause of Phthisis; and show in our series of articles upon Metastasis, commenced in this number, the grand combination and near relationship of the vast majority of diseases. We have always, since we entered upon the practice of medicine, treated all classes and kinds of diseases that presented, and have only given Tuberculosis that prominence which Dr. Guernsey truly says it holds as compared with other maladies.

MOUNT PLEASANT, IOWA, March 8th, 1869.

ROLLIN R. GREGG, M. D., Buffalo, N. Y.

*Dear Doctor*—I received the first number of your "Homœopathic Quarterly" some days ago, for which find enclosed \$1.00 as my subscription for the year, though your article on alcohol alone has amply repaid me. I had just delivered a lecture on temperance, in which I had used much the same argument, denouncing alcoholic medication first, last, and all the time, and asserting roundly that the doctors, druggists and patent medicine manufacturers, were the cause of more drunkenness in community, than all the saloon keepers in Christendom combined.

That if the young infant inhaling, with its first breath, smoke from the pipe of some old grandmother, manifests its disapprobation by crying, its noise is immediately stopped with a dose of paregoric or soothing syrup, and as it gets older its nervous system is again stimulated for cold and croup with tinc. lobelia and syrup of squills, and still later with dysentery-cordial and cherry pectoral, and that in this way an appetite for stimulants is formed and cultivated almost from the very first hour of its existence.

I feel humiliated when I hear physicians, who profess to be Homœopathic, recommending stimulants to their patients. I not long since met with an instance where a patient who had just recovered from typhoid fever, was taking Quassia bitters by advice of a professor in a Homœopathic (?) College; and while we have such Homœopathy taught *ex cathedra*, what may we not expect from our practitioners.

I hope your journal may have a wide circulation, for we need more such literature, nearly one-half our profession being unconverted and as blind as men can be in reference to the sublime truths of pure Homœopathy. Very respectfully yours, etc.

C. PEARSON, M. D.

SACKETT'S HARBOR, N. Y., Feb. 26th, '69.

R. R. GREGG, M. D.

*Dear Doctor*—Enclosed please receive \$1.00 for subscription for "Homœopathic Quarterly." Your article on alcohol meets my views exactly, for I have always considered that practice of physicians deleterious, and only calculated to gratify the anxiety of friends that nothing was *undone*, while to me it betrayed an ignorance on the part of the M. D., however pleasing to others.

Yours respectfully, D. S. KIMBALL, M. D.

CINCINNATI, O., Feb. 5th, 1869.

*Dear Doctor*—Enclosed I send you \$1.00 for your "Homœopathic Quarterly." I am very glad we are to have a journal that will give us pure Homœopathy, for I assure you it is very much needed in the West. The most of the practitioners here that call themselves Homœopaths are nothing but Eclectics. I am perfectly disgusted with all pseudo-homœopaths; they not only give Homœopathic remedies (when they give them at all) in the crudest form, and too much of them, but they actually give castor oil, quinia, morphia, magnesia, etc., etc. They daily patronize Allopathic drug stores, to the scandal of Homœopathy; and yet those very men want to uphold Homœopathic Dispensaries, when they themselves do not practice Homœopathy at all.

I am yours truly, C. EHRMANN, M. D.,  
247 W. Seventh Street.

CINCINNATI, O., Feb. 3d, 1869.

R. R. GREGG, M. D.

*Dear Doctor*—We are in receipt of the first number of your new "Quarterly," and are highly pleased with its contents.

We are glad to know that there are a few men in various parts of the country who advocate the superiority of high dilutions, and who are making efforts to keep Homœopathy pure. Enclosed please find \$1.00. We hope your enterprise may prove a success.

Yours truly, B. & A. H. EHRMAN, M. D.,  
46 W. Seventh Street.

ST. MARY'S, PA., Jan. 20, 1869.

*My Dear Doctor*—Enclosed you will find \$1.00 for the "Homœopathic Quarterly." I wish it were more and your journal a monthly. The course you have marked out for it can not fail to make it a valuable periodical. The article on *Ars. Alb.* alone is invaluable, and I look forward to subsequent numbers for indications of remedies.

Very truly yours,

ROLLIN R. GREGG, M. D., Buffalo, N. Y. W. JAMES BLAKELY, M. D.

PLAINVILLE, N. Y., March, 23, 1869.

R. R. GREGG, M. D.

*Dear Sir*—I am in receipt of No. 1, Vol. I, of the "Homœopathic Quarterly," with which I am much delighted and instructed. Enclosed please find \$1.00 for the current volume.

Respectfully yours,  
B. B. SCHENCK, M. D.

105 4th Avenue, New York.

*My Dear Doctor*—I am much pleased with your journal.

T. F. ALLEN, M. D.

BANGOR, ME., March 2d, '69.  
 ROLLIN R. GREGG, M. D., Editor of "Homeopathic Quarterly."  
*Dear Doctor*—Enclosed you will find \$1.00 for your journal the current year, for which you will receipt by your next number. Number one was duly received, with which I am well pleased.

I have hitherto felt some objections to the "one man power," yet like the reception of truth from whatever source it may be presented. I like the clean, pure representation of the Homeopathic principle, and of the Dynamization in the treatment of the sick and afflicted patient; and it is heart-rending to learn the woeful misrepresentations of it with a large class of our Western practitioners, and we are by no means free of them in the New England States, but in a far less proportion. The Eclectic or Allopathic Homeopaths have yet much to learn before they can appreciate duly, the teachings of Hahnemann in the treatment of the sick. To read over their reports of cases of herolism, as they suppose, where medicines are given in the crude state of first or second, possibly third, centesimal (decimal?) attenuations, and doses repeated every hour or two hours possibly, and that the twenty-four hours around, and day after day; and beside this, two or three remedies in successive alternations of one dose of each, and yet congratulate themselves, if the patient is fortunate enough to recover, of their wonderful cure, when the poor patient should be thankful for his vigorous constitution which enabled him to recover in spite of the treatment. Such treatment is a stigma upon the pretensions of a Homeopathist. I hope the time will arrive when such practitioners shall see their error and learn the specific adaptations of remedies and their adaptive preparations.

Yours most respectfully,

WM. GALLUPE, M. D.

P. S. I have endeavored to practice upon the principles of true Homeopathy since 1841, and for 14 years previous to that I was in the Allopathic ranks.

W. G.

DR. R. R. GREGG, PORTLAND, ME.  
*Dear Sir*—We enclose \$1.00 for the "Homeopathic Quarterly." The January number is received, with which we are much pleased.

E. & G. R. CLARK, M. D.

DR. R. R. GREGG, MULLICA HILL, N. J., 26th Feb. 1869.  
*Dear Sir*—Enclosed you will find subscription for your "Quarterly." I am much pleased with your journal, and hope you will continue to make it as interesting as the first number you have issued.

Yours most truly,

ISAAC COOPER, M. D.

R. R. GREGG, M. D., SYRACUSE, N. Y., Feb. 8th, 1869.  
*Dear Sir*—I have only time now to say that I am greatly pleased with the first number of your journal, and to enclose \$1.00 for the current volume.

Yours truly,

WILLIAM A. HAWLEY, M. D.

R. R. GREGG, M. D., HANNIBAL, Mo., March 1st, 1869.  
*Dear Doctor*—Enclosed please find amount of subscription. The first number of the "Quarterly" was duly received and affords me great satisfaction.

Yours very truly,

W. D. FOSTER, M. D.

DR. R. R. GREGG, KEESEVILLE, N. Y., March 2d, 1869.  
*Dear Sir*—I received the first number of your journal, but my time being so much occupied I did not examine it until of late. I consider it one of the very best journals I ever saw, it is just what our profession needs and must have for a guide: it will do more to elevate Homeopathy than any other journal we have had, if you have made the first number a true sample of what it is to be. Enclosed you will find \$1.00 for the journal the coming year.

Yours, etc.

H. A. HOUGHTON, M. D.

R. R. GREGG, M. D., CARLISLE, PA., Feb. 27, 1869.  
*Dear Doctor*—I have received the first number of your journal and was much pleased with it. I expected to see one or two of my medical friends whom I thought would like to have it, but have failed to meet them thus far, and will send my own subscription to-day, \$1.00, and shall look with interest for the second number.

Very truly,

WM. H. COOK, M. D.,

DR. R. R. GREGG, EAST HAMILTON, N. Y., March 20, 1869.  
*Dear Sir*—I am in receipt of the first number of the "Homeopathic Quarterly," and am well pleased with it. Please enter my name as a subscriber and find \$1.00 enclosed. With best wishes for your success

I am yours truly,

GEO. B. PALMER, M. D.

R. R. GREGG, SYRACUSE, N. Y., March 26th, 1869.  
 Enclosed find \$1.00 for "Homeopathic Quarterly." Vol. I. We are very much pleased and instructed by No. 1.

Yours truly,

SEWARD & MILLER, M. D.

51 Warren Street.

## THE HEALTH OF BUFFALO.

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The past winter has been a remarkable one for this city in one respect, and that is, the great number of deaths that have occurred under *Allopathic* treatment in comparison to the numbers sick. The prevailing diseases have been typhoid and puerperal fevers, and puerperal convulsions; and many have been the victims sacrificed to this stupendous system of error in medication. Scarcely a week has passed without several persons more or less prominent in business or social life, going down to their graves from the fullness of health, without *Allopathy* being able to place one check upon the regular course of their disease to a fatal termination. This is without saying anything of the still greater numbers in obscure life who have fallen under the same system of error. Had *Homœopathy* met with such appalling results, it would have been condemned to everlasting infamy, and it would have *deserved* it.

How strange it is that community will look quietly on and see multitudes of their numbers die under *Allopathic* treatment without one murmur of dissatisfaction with the management of the patient; more likely they will vie with each other in the assertion that "all was done for them that could be done," and offer all sorts of excuses and explanations why each case must, of necessity, have been fatal. But let a *Homœopathic* physician lose a patient, especially one at all prominent in life, no matter how violent or aggravated their disease, or how bad the constitution of the subject, and the whole community are in an uproar of excitement about the matter, denouncing the physician and denouncing his system, and allowing no excuse or extenuating circumstances to have a hearing in justification of the result. It matters not if the *Homœopath* lose no more than one in a hundred patients, with any given disease, while the *Allopath* should lose fifty out of every hundred with the same disease, the condemnation of the former is apparently as great as though he lost many more than the latter. Too often the believers in, and patrons of *Homœopathy*, allow themselves to be influenced by this unjust outcry which is often raised, instead of standing up and battling it manfully with the facts.

The truth is, *Allopathic* physicians, with their boasted system, are far more liable to do an injury, than give relief, in the treatment of any formidable disease. All they can do is to give powerful forcing medicines, which add greatly to their patient's sufferings and danger; or narcotics which benumb their sensations, and leave the physician groping in the dark to guess what is going on beneath the mask he has imposed upon their disease; or tamper with the case locally and drive the disease to a *more vital* part; or stimulate them into a serious if not fatal excitement of the whole system, and then claim this as evidence of returning health, or coolly tell them it is all that can be done for them.

That *Homœopathy* has maintained its great supremacy in the midst of all this *Allopathic* disaster, above mentioned, we know, for out of many cases of typhoid fever, and several cases of puerperal fever—one of these the most terrible we have ever seen—treated during the past winter, we have not lost a case. A brother practitioner of extensive practice, tells us he has lost but one case of typhoid fever out of a large number treated, and this was a scrofulous subject who had an effusion upon the brain; while with his patients in confinement he has had no serious trouble. It must be understood that we are speaking here only for *Homœopathy*, pure and simple. Of the results of any half *Allopathic* methods we have nothing to say.

# SYNOPSIS

OF A FORTHCOMING WORK UPON

# CONSUMPTION

AND ITS

NUMEROUS KINDRED MALADIES;

WITH TRACINGS OF THEIR CAUSES,

AND

OF THEIR CURES, UNDER HOMŒOPATHIC TREATMENT.

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By ROLLIN R. GREGG, M. D.,

*Graduate of the Homœopathic Medical College of Pennsylvania, at Philadelphia; Member of the American Institute of Homœopathy; Fellow of the Hahnemannian Medical Institute of Philadelphia; Member of the Homœopathic Medical Society of the State of New York; and Member of the Erie County, N. Y., Homœopathic Medical Society.*

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BUFFALO:

PRINTING HOUSE OF MATTHEWS & WARREN,

*Office of the Commercial Advertiser.*

1865.



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Entered according to Act of Congress, in the year 1865,

By ROLLIN R. GREGG, M. D.,

In the Clerk's Office of the District Court for the Northern District of New York.

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## INTRODUCTORY NOTE

TO THE

## MEDICAL PROFESSION.

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The want of a system of pathology, based upon an absolute knowledge of the actual causes of the various diseased conditions to which humanity is subject, and, therefore, the better adapted to the therapeutics of Homœopathy, must have long been felt by all classes of practitioners of the Homœopathic school.

In vain do we search for anything satisfactory, under this head, in the pathological doctrines and teachings of the old or Allopathic school, for next to nothing is found there, about causes of disease, but assumptions and conclusions that are often so vague, irrational and contradictory, as to stamp them upon their face as abounding in error, excepting the bare fact, settled centuries since, that some diseases are hereditary, others contagious, some infectious, others miasmatic, and still others epidemic, etc. Neither do we find that much progress has yet been made in this direction, in our own school. No advance, in fact, except what little has resulted from Hahnemann's discovery of the three morbidic poisons, or taints, namely, psora, syphilis and sycosis, as the foundation of much chronic and some acute disease. Yet these are but very imperfectly understood, even now, after so much discussion has

been had concerning them; for no one appears to have hitherto ascertained upon what class of tissues these taints seat, internally, or how they act thereon to produce the multitude and variety of diseases and sufferings which they do.

It was this pressing want, which I constantly experienced, in my daily professional walk, that first led me into a series of investigations, in the direction in question, though without originally designing to pursue these beyond the bounds assigned by my individual practice. But, the research once begun, continued each day to open a broader and more extended field, until, even before I was fully aware of it, I had assembled and digested a mass of facts, and results, so important and far reaching, that they could no longer be neglected, in themselves, or separated from the still higher results to which it was already apparent these unerringly pointed. It was not until then that I first formed the purpose of extending my efforts beyond my original limit, and of reducing to a system that which I had, at first, deemed only fragmentary, and detached. It was not without some surprise, therefore, that I saw the facts I had accumulated, and the necessary deductions which naturally flowed from these, arrange and classify themselves into a *system*, for one fruitful class of diseases, namely, the tuberculous, and its numerous kindred maladies, whose foundation rests upon Nature, herself.

Thus urged forward by the novelty of my discoveries, so entirely aside of anything contained in existing medical libraries, I resolved to embody the results of my labors in a volume for the profession, to be entitled, "*Consumption, and its numerous kindred maladies, shown to result from a loss of albumen by the mucous membranes,*

*and their cures traced and defined through Homœopathic treatment,*" which volume will cover no ground hitherto occupied by the medical publications of any school. That work is now *mainly* ready for the press; but still there is much yet to be done to it; and as I can only give to that duty the time I can command, in the midst of a daily active practice of my profession, it may be a considerable time before I shall have the manuscript entirely arranged and completed.

In the meantime I submit to the profession, the following synopsis of some of the most prominent features of the book. By this the professional reader will see, at least in part, what is claimed as new in medical discoveries, in the direction in question; and if any shall object that *proofs* do not accompany the assertions, here contained, all such are respectfully assured that, in the work itself, such proofs shall be furnished in most ample detail.

It may be added that the book was copyrighted over one year since, in the expectation of its going to press ere this; but owing to the unforeseen delays above referred to, it still lacks something of completion.

R. R. GREGG, M. D.

BUFFALO, October, 1865.



## SYNOPSIS.

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In the summer of 1854, while treating a case of phthisis pulmonalis, in the incipient stage, I had my attention attracted by one symptom, or feature, of it, which interested me deeply, and which has proved to be the foundation of two series of what I regard as important discoveries in pathological science, that I have since made. This symptom, or feature, of the case, was as follows: The patient, a lady of 33 years, who had, for the most part, a dry hacking cough, with chronic sore throat and irritability of the lungs, would occasionally have severe paroxysms of coughing, and expectorate thereby, a transparent gelatinous mass, sometimes as large as a medium sized marble, though irregular in form, and of sufficient consistence to maintain its shape wholly, or in part, for some little time after it was expectorated, and would then flatten down upon the surface on which it was placed. In case of failing to raise this, the patient stated that she would have a continued sensation "here," placing her hand over the bifurcation of the trachea, as though there was something lodged there that she wished to detach and eject. This would excite considerable more cough than it was common for her to have, when, finally, though sometimes not until after several days, she would detach and expectorate a mass of the size of a small pea, or less,

of cheesy-looking substance, bearing every appearance of crude tubercle, and this would terminate the increased irritation that its presence there created. The expectoration of the transparent mass, or failing in this, the increased irritation in the trachea, and final ejection of the substance resembling crude tubercle, which always terminated the additional cough, constituted a marked feature of her case until many of the other symptoms had nearly disappeared, in the progress of her cure.

Reasoning upon these facts, in the connection here presented, I naturally assumed a relation between the transparent masses named, and the more hardened ejected pellets. I concluded that the former, the transparent masses, must be the blastema of tubercle, within and from which the tuberculous corpuscles were organized, and that the latter or hardened pellets, were aggregations of tuberculous corpuscles, comprising the residue of the former, after the supposed organic change, and the removal, by evaporation or absorption, one or both—lying as the masses did in contact with the inner and free surface of the trachea—of the water which constituted so large a portion of the entire bulk of the original mass.

A starting point thus once obtained, I pursued the investigation carefully, through the succeeding five years, in every case of phthisis proper, and catarrh so-called, that I came in contact with, until I met with so many similar cases which furnished repetitions and confirmations of the above order of facts, that I embodied the conclusions at which I had then arrived, namely, that all tuberculous deposits were the result of a perverted secretion of the mucous membranes, arising in consequence of an irritation and abrasion of their free surfaces, in a pamphlet entitled, "Phthisis Pulmonalis, or Consumption shown to be the

result of a perverted secretion of the mucous membranes, and its cure established by Homœopathic remedies, under the law of 'Similia Similibus Curanter.'” This pamphlet was published in 1859, and with it the profession have become somewhat familiar. It embraced much more, it is true, than above indicated; as for instance, the announcement of my discovery, that boils and carbuncles are the result of tuberculous deposits in the cellular tissue of the muscular system; and the further announcement of my discovery of the law of *metastasis*, besides other original matter which need not be mentioned here; in short, it compassed my first series of discoveries in the great field of tuberculous diseases.

After the publication of the pamphlet, I pursued a systematic course of observations upon all the other mucous membranes, no less than upon that of the air passages, to ascertain if they all alike furnished the perverted secretion in question. True, it was implied in that treatise, that they did, but this position was taken, more from a knowledge that the anatomical structure of all mucous membranes was alike, that their physiological functions were similar, and that like action, upon like animal tissues, must result similarly, and also from a few cases actually seen, than it was from any extended series of observations I had then made. Now, however, I have had such observations, and they have fully confirmed what I then partially assumed, and have furnished cases, by which the fact has been established by the most positive proof, that *all* the mucous membranes, except that of the liver — and this by analogy — pour out from their free surfaces, when these are abraded, the transparent gelatinous mass, or what I then termed primitive tuberculous matter. And furthermore, that where this was thrown off in any con-



siderable quantity by *any* of the mucous membranes, there were always more or less marked symptoms of tuberculosis, or some one of its kindred maladies, attending such discharge.

The next points to settle, were the chemical and physiological characters of this perverted secretion. Its pathological nature I thought I had already settled, as above shown. Well, in the course of a year or more spent upon this subject, in research and comparison, I settled the fact conclusively in my own mind, in the year 1861, that such secretion, as well as all abnormal secretions of mucus, or other outpourings from *any* of the mucous membranes, which result from an irritation or abrasion of the free surfaces thereof, are *always* either pure ALBUMEN, or *albuminous* in character; that the albumen so discharged, comes directly from that which should be held in the fluid percolating the interstices of the tissues, composing those membranes; and that its ultimate, and *only* source, is in the blood.

The point being settled, then, that the perverted secretion, which I made the basis of tubercle, in the pamphlet, was none other than albumen, or, at least, albuminous in character, it was clear, of course, that this secretion was not, itself, primitive tubercle, or nascent tuberculous matter, nor, indeed, the pabulum of tubercle, in any proper sense of the term, as I had claimed. Since, from all that we now know, it would be impossible for corpuscular bodies, or other organic structures, to be developed within, and from, albumen, lying upon the free surface of any membrane, as tissues have been supposed to be developed, each out of its own peculiar blastema. Though if the transparent, gelatinous outpourings in question had been the blastema of tubercle, as I then supposed, it was clear

that tuberculous corpuscles would organize in and from them; and herein is exposed an error I committed, in assuming so direct a connection between the two, and which, in its appropriate place, I shall fully correct. But, that such transparent secretion, or as I now know more definitely, the loss of albumen, was in some way the cause of tuberculous diseases, was confirmed to me in every case I met, and by subsequent research, I ascertained how it acted as such cause, as we shall soon see.

The manner in which this loss of albumen is sustained, I found to be as follows: In the first place, the mucous membranes—for they all act alike in this respect—*always* secrete more or less albumen, along with the mucus secretions, when they are under simple irritation or inflammation, and when either or both of these conditions have progressed to that point, whence results an abrasion of their free surfaces, or in other words, when these surfaces have been stripped of their epithelial covering, the interstices in the membrane are uncapped, or opened, and the albumen, that naturally exists therein, flows out, and is carried away, incorporated or not, as the case may be, with other unnatural, or with the natural discharges, from the organ in which it takes place. The continued presence of successive portions of albumen, in those interstitial spaces being necessarily required there for nutritious purposes, more of it is poured out into them from the blood, and mostly wasted—nutrition would undoubtedly seize upon some of it as it was passing through—in like manner to the preceding, and this succeeded by more, which is lost, and so on, until the abrasion is healed, or death terminates the case.

Here, then, it will be seen, we have a rational basis for the pathology of Bright's disease of the kidneys, always

hitherto in doubt. It explains, clearly, the manner in which albumen escapes from the blood through the mucous membrane, into the uriniferous tubules, in this disease, where it is dissolved and washed away in the urine, when we have what is called albuminuria. And as all the other mucous membranes lose albumen in a similar manner, that is, as a result of irritation, inflammation and abrasion — either and all — of their free surfaces, all such diseases of these, are more or less kindred to Bright's disease of the kidneys. For instance, phthisis pulmonalis, in all its catarrhal symptoms, from the commencement to the close of the disease, is kindred to Bright's disease, in this respect, namely, that the mucous lining of the bronchial tubes, in consequence of the irritation, inflammation, or abrasion of its free surface — these conditions of that membrane always existing in all stages of phthisis — loses or wastes albumen from the blood, the same that the similar lining of the uriniferous tubules does in albuminuria. That is, the albumen, in such cases, is *secreted* by the irritated or inflamed portions of the membrane, and *leaked* through those parts of it abraded of its epithelium, into the bronchial tubes, when it is coughed up, mingled more or less with other expectorated matters, and there found by its chemical tests, and always in abundance, in viscid, thick and adhesive expectoration. And I repeat, *the loss of albumen goes on in phthisis, in this way, in greater or less proportion, from the very first catarrhal discharge from the nostrils, or any of the other passages lined with mucous membrane, which show chronic disturbance in the incipient stage of the malady, all the way through the different stages to the close of life, only the greater the amount of mucus discharge from the lungs, and the greater the quantity of other mucus discharges*

in any stage, the greater will be the loss of albumen. Finally, all the other chronic, and all the acute diseases, which have their primary seat upon any of the mucous membranes, or irritate or abrade these in their course, waste albumen from the blood, and in this respect, may be said to be kindred to albuminuria.

The fact once established in my mind, then, that the transparent gelatinous secretion, spoken of in my pamphlet, and to which reference is here made, was albuminous in character, and that all the albumen lost through the mucous membranes, in the ways above described, diminished the amount of this constituent of the blood, by so much, marked the commencement of a second series of discoveries that I have made, which is far more important than the first, and opened a field for pathological research, that bids fair to be at least equal, if not greatly superior, to any other that has ever hitherto engaged the attention of the profession. It was clear to me that that proportion among the constituents of the blood, which Nature had caused to be produced, and hence necessarily required in order to make it a nutritious fluid, was destroyed by such loss, and that the remaining constituents, namely, water, blood-corpuscles, hæmatin, fibrin, fatty matters, salts, and extractive matters, would each be left relatively in excess, in the circulation, in the ratio they must bear to each other, and to albumen, in perfect blood. To make this point more clear, I here insert the following table of the proportions of the principal constituents of the blood, in 1000 parts, taken from the most accredited authorities:

Albumen, . . . . .	70.00
Water, . . . . .	403.00
Blood-corpuscles, . . . . .	512.00
Fibrin, . . . . .	2.20
Fatty matters, . . . . .	1.30
Salts, . . . . .	6.03
Extractive matters, . . . . .	5.47—1000.00

The proportion of the blood-corpuscles, here given, is not that of their dried residue, of course, as they are generally rendered in the books, but represents the gross amount of them in the circulation, in their *natural* state, holding within their cell walls the requisite quantity of water to enable them to suitably perform their functions; and in them, it must not be forgotten, is included all the hæmatin, or coloring matter of the blood, which is 7.5 parts in 1000 parts of blood.

According to this table, then, if one ounce of albumen is lost from the blood, we have above 13 ounces of the other constituents, collectively, left in a relative excess in the circulation; or in other words, there would be wrought, in this way, a complete destruction of over 14 ounces of blood—including the ounce of albumen—for any and all purposes of normal nutrition; and yet this is a view of this subject, which appears never before to have been taken. To go into details we find the following: The loss of one ounce of albumen, would leave a relative excess in the circulation of nearly 6 ounces of the water of the serum, over 7 ounces of blood-corpuscles, 15 grains of fibrin, nearly 9 grains of fatty matters, over 41 grains of salts, and above 37 grains of extractive matters.

That none of this excess of any of these constituents, can be used in normal nutrition, and hence that all of such excess is now foreign matter, in the blood, was equally as clear to me as that the loss of any portion of any one of them, would destroy that proportion among them all, which Nature, with so much care, had established—though that some of them are employed in abnormal nutrition I soon learned. Then if their excess cannot be used, it must be cast out of the circulation, for with a continual daily supply of all of them, albumen included,

to the blood, by digestion, in the proper relative proportion of each, with a portion of the latter being daily lost, and none of the excess of the remaining ones consumed in nutrition, it can be plainly seen that, if not expelled, so great an accumulation of these would soon take place, that the whole circulatory system would be distended to the extent of rupture, and death speedily ensue. Instead of matters proceeding to this extremity, however, I shall be able to show that such excess, is generally expelled from the blood vessels, by secretion, etc., through every avenue of escape which Nature can command, thus avoiding what would otherwise necessarily result in a much earlier fatal termination.

The manner in which the surplus portions of those constituents named as left in excess, is deposited within, or ejected from the system, and the varied and remarkable symptoms and diseases of which they are the cause, when so deposited, or while being expelled, I here give in brief, to indicate something of the character of my second series of discoveries, as these, together with their proofs, will be exhibited in my forthcoming work. For instance, I feel competent to demonstrate that, the "night-sweats" of consumption and other kindred diseases, and the dropsical effusions of these, when they occur, and also of Bright's disease of the kidneys, are all the result of the excess of water, left in the blood by loss of albumen, which water Nature throws off in these several ways, to get it out of the circulation; that all tuberculous corpuscles, so-called, are nothing more nor less than the excess of blood-corpuscles, left by loss of albumen, these being decolorized, by a special process, and through this and other agencies changed into tuberculous corpuscles, as we shall soon see; that the petechial or purpural spots of malignant diseases

and that ephelides or freckles, and other discolorations of the cutaneous surface, arising from diseased action, come from the hæmatin, which is released from the surplus corpuscles, and then deposited in the skin; that fibrous tumors, abnormal adhesions, etc., arise from an excess of fibrin in the blood; that fatty deposits, fatty tumors, and the like, come from an excess of fatty matters, in consequence of a loss of albumen; that calculus concretions or deposits, whether about the joints, or in the cavities or passages of internal organs, and also lithiasis or gravel, come from an excess of the salts left in the blood by the same cause; and, lastly, that many morbid growths and tumors, besides fibrous and fatty tumors, may arise from the matter which nourishes them being left in excess, in the blood, by a loss of albumen.

Or to descend more into detail, we find the following, taking the constituents of the blood, in the order just named in the table, passing over albumen, of course, as the one constituent which is lost. The *water* of the serum, then, first presents for consideration. The loss of one ounce of albumen, leaves, as we have just seen, nearly 6 ounces of water in excess, which reduces the specific gravity of the serum, makes the blood more watery as it is called, that is, leaves a relative excess of water in the circulation in comparison with the coagulable matter remaining therein, after the loss of albumen has been sustained. The reduction of the specific gravity of the serum, necessarily excites the law of *endosmosis* to greater activity than is natural, throughout the whole capillary system, by which the excess of water, or at least, a greater portion than in health, of the now less dense serum, is, generally, first expelled through the walls of the superficial capillaries into the interstitial spaces of tissues out-

side of those vessels, and from these spaces, through the same, or other agencies, this water is next removed, in the majority of such cases, through external or internal surfaces, to get rid of it from among the living tissues, or from the system entire, as the case may be. The results of such expulsion are various. In the first instance, the excess of water is thrown off by increased secretions of urine, causing what is sometimes called diabetes insipidus, or through the skin in increased daily perspiration; or through both the skin and the kidneys, as the forces impelling it may direct. When the system fails to accomplish the expulsion of this excess of water, by these means, the patient next suffers from "night-sweats" — which are thus shown to be beneficial, under the circumstances, rather than injurious—and sometimes from watery diarrhoea. And, lastly, when Nature finally fails in all these efforts at self-preservation, we then find this water accumulating in the cellular tissue of the muscular system, there causing anasarca or general dropsy, or it is poured out into some of the serous cavities, causing ascites, hydrothorax, hydropericardium, or hydrocephalus, according to the cavity into which it is excreted. Of course there is not, and cannot be, an entire uniformity in these several results, in all persons' systems, suffering from a loss of albumen, any more than there is an identity of all the several cases of any other class of diseases, in all individuals. Again, according to my observations, it is only in a small minority of the cases, that *all* the surplus water is expelled from the vessels, as fast as it is brought into excess, for in the great majority of such cases, a small portion of it, at least, seems to be retained, thus causing the blood to be too watery, during all the time the waste of albumen is going on. That portion of the excess of water retained, is, generally,



more marked in Bright's disease, than in any other derangement where albumen is lost, for the reason that in this malady the kidneys are so much diseased as to interfere with, or so far interrupt the excretion of water by them, that not near as much of this is thrown off by urination as naturally should be, which of itself would be the means of too much water being retained in the blood, even if there was no discharge of albumen. But when we come to add to this, the relative excess of water left by such discharge, none of which is or can be ejected through the kidneys, in many such cases, we have much more serious results than could otherwise occur, and among these are the early dropsical effusions which are so common in albuminuria and so alarming to both the patient and physician, and which would not arise so soon, but for this fact.

Next in order occur the *blood-corpuscles*. These, like all other cells, endowed with vital activity, have a definite period of existence; therefore new ones are constantly being produced, within the system, to supply the place of those that are as constantly undergoing natural decay. The language of Virchow is explicit in regard to these facts. He says: "But we are also all agreed upon this point, that the blood is one of those changeable constituents of the body, whose cellular elements possess no durability, and with regard to which everybody assumes that they perish, and are replaced by new ones, which in their turn are doomed to annihilation." Of course, production and decay of the blood-corpuscles must keep exact pace with each other, in healthy blood, to ensure the continued presence, at all times, of the proper proportion of corpuscles, or cells, to the other constituents. On the contrary, in diseased action, the loss of one ounce of albumen, as I have before stated, would leave above 7 ounces of

blood-corpuscles in excess in the blood vessels; and I propose to demonstrate, in my forthcoming publication, that a great portion of this excess of blood-corpuscles, becomes tuberculous corpuscles, and that tuberculous corpuscles, proper, have *no other origin but this*; while those of the excess of blood-corpuscles, not changed to tuberculous corpuscles, are entirely broken down and cast out of the system.

True, the blood-corpuscles, or all but a *very* small portion of them, are red, while the tuberculous corpuscles are yellowish white—facts of which no one is more thoroughly aware than myself, as the labor and research which the discovery of the change of the former into the latter cost me fully demonstrates.

That I have not failed to give this branch of my subject due consideration, the few following facts, furnished here, from the great number which I have accumulated for my work, will indicate. While the specific gravity of the serum is reduced by the loss therefrom of albumen, and this excites to increased activity the law of endosmosis upon the capillaries, directing the greater part of the surplus water *outwardly*, through the walls of these, with the results I have named, when speaking of the disposal of the excess of water, this law, at the same time, and from the same cause, is *necessarily* excited to action upon the corpuscles, directing a portion of the excess of water *inwardly*, through the enveloping membrane of these little bodies—their contents being essentially of the same specific gravity as that of the serum in the natural state of each; therefore when the specific gravity of the latter is reduced, and while the contents of the former remain nearer the natural density, a portion of the excess of water, under the direction of endosmosis, *must* pass through

the membrane constituting the cell wall, from the less dense serum into the more dense contents of the corpuscles, and in doing so, produces, in them, certain characteristic and specific results. These results are, in short, as follows: In the first instance, the corpuscles are distended by the accumulation of water within them, by which their natural disk shape is destroyed, and they are expanded to the globular form, and if this is carried on rapidly and to an extreme, as it sometimes is, in acute diseases, where albumen is rapidly abstracted from the blood, by diseased mucous membranes, as, for instance, in some cases of scarlet-fever, small-pox, measles, diphtheria, typhoid fever, etc., a great many, perhaps all, of the excess of corpuscles, are entirely destroyed, the cell wall being so distended as to be ruptured, and let out their contents, globulin and hæmatin, into the serum, this being the cause of that condition of the blood, in which it is said to be in a dissolved state. If, on the other hand, albumen is lost more slowly through the mucous surfaces, as it generally is in phthisis and other tuberculous diseases, most of those corpuscles which are affected in consequence, are less extremely distended, therefore they are not ruptured, but have their coloring matter washed, or dissolved out of them into the serum, in the process of distention. This leaves them, in external appearance, at least, similar to the natural colorless corpuscles of the blood; that is, the globulin is left within the cell membrane of the corpuscles, and this, in its pure state, after the hæmatin is taken out, being yellowish white, when concentrated — the same color as tuberculous corpuscles — or nearly transparent, when partially dissolved, as it is when the corpuscles are distended with water to the globular form, we have these presenting every appearance, externally, of the natural, colorless

corpuscles. It is, evidently, the middle aged and older corpuscles, and those naturally the weakest constructed, that are most affected in the above-named process, the two latter, that is the weakest and the older ones, being, probably, mostly if not wholly broken down and dissolved in the operation, thus enabling the system to cast them out of the circulation by excretion; while the middle aged ones, being much more difficult to destroy, are so changed that they become tuberculous corpuscles, and the younger cells resist the effects of a diluted serum, and are kept in greater or less perfection, to perform those functions for which the red corpuscles were created, and without which death must be immediate.

As those distended and decolorized blood-corpuscles that are destined to become tuberculous corpuscles are still retained as organized bodies or cells *within* the vessels — there being no apertures in the coats of either the arteries, capillaries, or veins through which they can be ejected; and as their numbers are constantly increasing, in all cases of tuberculous diseases, from the continued loss of albumen leaving in excess, successive portions of the corpuscles, which must undergo the same changes that the preceding had undergone; and as all of these must be utterly incapable, in their changed state, of properly performing any of those functions which the red corpuscles were created to perform, it is evident that some method or methods must soon be adopted, by which the general circulation of these now useless and foreign bodies, may be intercepted. If not, their unceasing accumulation would shortly bring them into such excess, that the water of the serum could not float them, so readily is the greater portion of the excess of the latter expelled from the vascular system by endosmosis.

The disposition which is made of the changed corpuscles I found to be as follows: They are deposited *within* the capillaries, with such exceptions as I shall subsequently note, and then and there undergo the further changes necessary to make of them what we call tuberculous corpuscles, as will soon be seen. They *commence* their deposit, evidently, in one, or at most a few neighboring capillaries, at some point in an organ or tissue; and these few capillaries are soon so filled as to prevent all further circulation, at least of corpuscles, through them. Then more of the surplus corpuscles seeking deposit, are crowded into those capillaries, already obstructed, expanding the coats of these minute vessels, until a kind of protuberant sac is made of each vessel so dilated. The result of this dilatation, is, that the adjacent capillaries are pressed upon, and circulation through these, also, more or less impeded, and they are then filled, in like manner to the above, and so the process extends outwardly, from capillary to capillary, until such size of the accumulating mass is attained, as circumstances, or the forces controlling it, shall permit or direct. Again, this process may be going on at many different points, in any one organ, or in different organs, at the same time.

One of the forces which starts the deposit, or under the operation of which the changed corpuscles are at first intercepted in their circulation, is undoubtedly this: In undergoing the other changes I have pointed out, the red corpuscles also acquire a marked adhesive or sticky property, which they do not possess in their natural state, and in consequence of this, they adhere quite tenaciously to the inner walls of the vessels, and to each other, when brought in contact. When passing through the capillaries, therefore, a favorable opportunity is afforded them

to secure a lodgment, many, if not most of them, being there brought into direct contact with the inner walls thereof, and some of them held there long enough to afford a nucleus for others to adhere to, and thus block up a capillary, and ensure a permanent deposit therein. When once begun, the trouble would naturally extend to adjacent capillaries in the manner I have already described. Whether other agencies assist in procuring these obstructions, it may not be easy to determine; but such determination is the less important, here, since this one seems alone sufficient to produce all the derangement in question.

Whenever the decolorized corpuscles, or a few of them, secure a permanent lodgment within a capillary, and more of the same are crowded into it, dilating it into the kind of sac named, then another and new order of changes in such corpuscles sets in. They are deposited, it must be borne in mind, in such a manner that they are surrounded by living tissues, and these tissues hold in their interstitial spaces, fluid, or semi-fluid matter of greater specific gravity, than the water which the corpuscles have brought in them, from the serum, therefore the law of endosmosis is now excited to action upon the corpuscles in the opposite direction to that in which it had been acting upon them up to this time—until now the current had been inward, only, through the cell walls, changing the form of the corpuscles by distention—compelling them to give up their surplus water, when they shrink in consequence, and from external pressure, or innate forces, or both, become angular, jagged, elongated, or otherwise distorted in shape, and are then what are so well known as tuberculous corpuscles; though these were never before traced to such an origin, nor indeed were they ever before clearly traced to any definite origin, notwithstanding the many

speculations indulged in, through many years, in regard to them.

The proofs which I have accumulated, to substantiate all that is here claimed in regard to the two sets of corpuscles, that they are both one in fact, and that their seat of deposit is *in* the capillaries with certain exceptions, will, I think, be found sufficient, when presented, to convince every candid reader. And then, also, will appear evidence of the fact, that the stoppage of circulation through the capillaries within which deposits take place cuts off their nutrition, and in consequence of this and absorption, the walls of these vessels finally disappear, leaving an aggregation of corpuscles in mass, undivided in any part by living tissue, and in which "cheesy metamorphosis" is then said to have taken place.

If tuberculous corpuscles, then, have the origin I have here assigned them, they could, when circumstances favored, as readily be deposited in the muscles, causing boils and carbuncles, as in the glands causing scrofulous ulcerations, or in the lungs causing phthisis. In short, they might be deposited in any organ or tissue, where capillaries exist, and there produce symptoms characteristic of that organ or tissue, when it receives such foreign matter as a deposit, within its living substance.

The exceptions to the deposit of the changed blood-corpuscles, *in* the capillaries, are as follows: Often, if not always, when the free surface of any of the mucous membranes is abraded, many of the superficial capillaries of the injured part, are broken, and more or less in number, of the surplus corpuscles, are expelled through the ruptured vessels; and when soon discharged from the system, have undoubtedly been mistaken for so-called pus corpuscles. But if the abraded surface is firmly covered

with the tenacious or albuminous secretion, as is often the case, more especially, perhaps, with the smaller bronchial tubes, then the ejected corpuscles accumulate beneath this covering, and are there held in contact with living tissue, when endosmosis is set at work upon them, removing their surplus water, and they then shrink and become tuberculous corpuscles, the same as though deposited within the unbroken capillaries. When, in the air-passages, the accumulating mass becomes sufficient in size, to enable it, under the expelling force of the cough, to break through the tenacious covering, or when the latter is removed by absorption, then the former will be expectorated as a mass of "cheesy" tubercle. This was what deceived me into the belief, that tubercles were the residuum of the masses of transparent gelatinous outpourings of the abraded mucous surfaces, as I described them in my pamphlet in 1859 — taking the case given in the early part of this synopsis, and others which seemed to corroborate that, as the basis of my conclusion. The error can be clearly seen now, however, and why it was committed. When the patient failed to expectorate the transparent mass, as already detailed, it was retained in contact with, and covering the abraded surface, through which it had been poured, and there held the expelled decolorized corpuscles, long enough for them to give up their surplus water, when they would be expectorated in a mass, the size of a small pea, or less, in the manner already stated.

This, also, explains the observation of Dr. Carswell, which I quoted from Watson in my pamphlet, to sustain the views I then advanced upon this point, and which, according to the latter, is as follows :

"The mucous membrane of the air tubes separates from



the blood, not only the matter of tubercle, but also its own proper secretions; and that, frequently when the two have been poured out *together*, a dull yellow opaque point of tubercular matter becomes *set*, as it were, in a portion of gray, semi-transparent, and sometimes inspissated mucus."

The dull yellow point of tubercular matter, observed by Dr. Carswell, was, undoubtedly, the changed blood-corpuscles forced out of the circulation, through the broken vessels, beneath, and perhaps into, the semi-transparent mass of mucus, and there held until they gave up their surplus water and became what we call tuberculous matter.

There are exceptions, too, to the general fact, that a great portion of the excess of blood-corpuscles, arising from loss of albumen, in chronic cases, is changed into tuberculous corpuscles. Like the diversity in the disposal of the excess of water, hitherto mentioned, there will not be uniformity, in all respects, in the different systems, in disposing of the surplus corpuscles; but such diversity will here arise as temperament, age, condition, habits, circumstances, etc., may permit or direct, in this, as in all other diseased action. In most of the cases of Bright's disease, for instance, the interference with the expulsion of the excess of water through the kidneys, as I have already shown, leaves the blood so watery that, by endosmosis, the middle aged as well as the older blood cells, are often so distended as to be ruptured and entirely broken down, thus avoiding their change into tuberculous corpuscles; though the existence of tubercle and tuberculous diseases, are by no means unknown as associated disorders of albuminuria.

The *hæmatin*, or coloring matter, of the red corpuscles,

which is washed out of these into the serum, in the manner shown above, or released by their rupture as the case may be, I found to be disposed of in the following manner: In most acute and many chronic diseases, it is expelled through the kidneys, in the urine, causing the high color of this, and the "brick dust" sediment; and also, by the bowels, causing dark-colored fæces; while in the most severe cases of acute diseases, such as malignant typhus, small-pox, scarlatina, measles, dysentery, etc. — in all which albumen is lost freely through some of the mucous membranes — more or less of the released hæmatin is deposited in or just beneath the skin, causing petechiæ, or the purpural spots, which are somewhat common in the worst forms of those maladies. The same thing occurs sometimes in the advanced stages, or worst cases, of malignant chronic diseases. Moreover, I am convinced that it is a deposit of some portion of the excess of hæmatin in spots, just beneath the epidermis, that causes ephelides or freckles; and, finally, that the coloring matter in all cases of melanosis and melanotic tumors, has the same origin.

The excess of *fibrin*, which would be 15 grains for every ounce of albumen lost, is disposed of as follows: In Bright's disease some portion of it is often thrown out into the uriniferous tubules, and there coagulates and forms casts of the tubules, and then is discharged, in this form, in the urine. In bronchitis, which wastes albumen from the blood, through the mucous membrane of the bronchia, the excess of fibrin, or some portion of it, may be, and sometimes is, expelled from the vessels into the same tubes, and there coagulates and forms solid or tubular casts of them, with numerous prolongations corresponding with different tubes, and, therefore, of arborescent

form, and in this condition, sometimes expectorated. The membranes of croup and diphtheria are from the same cause, that is, excess of fibrin in the blood in these diseases. Again, in other diseases, the excess of this constituent, or a part of it, is cast out of the circulation, into the serous membranes, thickening these, or upon their free surfaces, where it forms false membranes, or bands of adhesion between their opposing surfaces, as in plurisy, peritonitis, etc. In deposits of tubercle, some part of the excess of fibrin is always poured out into the tissues around the tuberculous matter, and condenses to form the impervious wall of the abscess, after suppuration has taken place — a remarkable provision to shield the surrounding and otherwise unprotected tissues, from the further ravages of ulceration. Fibrous tumors, many times, if not always, have their origin in an excess of fibrin. And, finally, if the excess of this constituent, is not expelled in some way, from the blood, its accumulation soon leads to its coagulating into clots in the vessels, forming what are called thrombi, which, when they reach sufficient size, may block up some of the larger or largest arteries and cause instant death. Sometimes these clots form on some of the valves of the heart, from which they are removed by the heart's action, and then pass along with the current of blood until arrested by some artery which is not large enough to pass them further, when they will cause more or less serious trouble, according to the size of the artery thus obstructed.

My work will also conclusively show, I think, that there is a very grave error involved in what we have been so long taught by all pathologists, namely, that inflammation increases the quantity of fibrin in the blood, that is, increases its *production*, and thereby its quantity. Does it not appear upon its face, like an absurdity, to say

that the production of any of the *natural* constituents of the blood can be increased by disease, and, therefore, *unnatural* action? Such a result, I shall endeavor to demonstrate, is impossible, in the nature of things; and to sustain this, will offer proof that the increase of fibrin, in inflammation, is solely due to a loss of albumen actually going on at the time such increase is manifest.

The excess of *fatty matters*, which would be nearly 9 grains, for every ounce of albumen lost, is either cast out of the system entirely, in some of the excretions, or out of the circulation into some of the living tissues, and remaining there as a more or less permanent deposit, causes the following diseased conditions. Under Nature's efforts to cast the excess of this constituent entirely from the system, it is sometimes expelled through the skin, causing oily perspiration, sometimes through the kidneys — and this quite commonly in Bright's disease — causing an oily film upon the urine, sometimes through the bowels in the excrements, this being quite common in both Bright's disease and phthisis pulmonalis, and sometimes it is thrown off, or a portion of it at least, in the expectoration, in cases of phthisis, bronchitis, etc. When deposited in living tissues, as it frequently is, in the kidneys, in albuminuria, and in the liver, both in phthisis and albuminuria, we have what has been so long taught as a result of "fatty degeneration," but which is nothing more nor less than a *deposit* of the excess of fat from the blood, into those organs, to get it out of the circulation. And I think I can prove, on principles of sound philosophy, that there is no such thing as fatty metamorphosis of these or any other organs, in the sense that we are taught, but that the so-called "fatty degeneration" of tissues, is the result, always, of deposits of an excess of fatty matters from the

blood. Unquestionably fatty tumors, also, depend upon the same fact for their cause.

In reference to the excess of the *salts* of the blood, which would be over 41 grains, for the loss of each ounce of albumen, it will be my purpose to establish the following facts, namely, that the "gravel," so-called, or lithiasis, and the entire list of calculous diseases, or concretions, whether formed in or about the joints or tendons, or in the bladder, the kidneys, the prostate glands, the intestines, the liver, the lungs, the heart and arteries, or other parts or organs, are dependent upon an excess of salts in the blood for their existence, except so far as they are made up of uric acid — this being in excess, too, in the blood — and that such excess of both salts and uric acid, is owing to a loss of albumen in many, if not all such cases.

Lastly, the excess of the *extractive matters* left in the blood, would be above 37 grains, for each ounce of albumen wasted. But so little is yet known of these matters, that it will be impossible for me, at present, to show the exact disturbances that they cause, when retained in the blood in excess, or when deposited within any of the living tissues; though it is clear that such retention or deposit would be entirely unnatural, therefore the cause of some characteristic disturbance or diseases, which the future must unfold.

Whether there are vital compounds, also, which, from their excess in the blood, seem to contribute to hypernutrition of natural tissues, or to the production of tumors and other morbid growths, besides those of a fibrous or fatty character, necessarily forms the basis of investigations too prolix for insertion here.

In general, what has no more than been barely touched

upon, in the preceding pages, will be found fully elucidated in the forthcoming work; and the evidences will be there, pointing out the causes of the chronic irritation, or inflammation and abrasion of the mucous surfaces, resulting in a waste of albumen; prominent agents in which devastation will be proven to be psora and syphilis, which, when they are transferred internally, whether in consequence of being driven in by bad treatment, or otherwise, *always* seat primarily upon the free surface of some one or more of the mucous membranes, and from their action there, spread desolation on every hand. It seems quite unnecessary here, to say more in regard to the *cure* of all the multitudinous diseased conditions, which owe their origin to the loss of albumen from the blood, than that any and all of these, like every other diseased condition, are curable, *only*, by the removal of their CAUSE, namely, through the restoration of the mucous membranes to their normal and healthy condition.

The law of *metastasis* of disease, also, the existence of which I discovered, and published, in 1859, will be there fully exhibited, in its workings, and in the multitudinous misunderstandings of these, by the general medical profession; while upon the teachings of such workings, will be based, in part, the principles for the treatment of phthisis pulmonalis, and its numerous diversified, but kindred maladies.

I will conclude with the single remark, that, while many of the most important features of my treatise will be found to rest solely upon abstract discoveries, which are purely my own, others, hardly less essential, are founded upon points of isolated discovery, made by others, but all which have remained disconnected, and of course, without fruit, until their connection and meaning were traced out and applied by me.













