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5
To my Professional Brethren, of the Homœopathic School of
Medicine,

GENTLEMEN: In addressing the following pages to your attention, a brief explanation of the inducements that have prompted me to the act, is due alike to yourselves and to me.

It was my fortune, with so many others, to inherit, from my birth, a taint of the disease here in question; and consequently, upon my entry on the study of medicine, I became an anxious, as I felt that I was an *interested*, investigator of *Phthisis Pulmonalis*. You need not be told how fruitless all my book researches were, in regard to the specific *cause* of this frightful scourge, nor yet of the utter absence, from those books, of all, or any details of *curative* treatment for the disease, when developed; for in all this, your professional education has abundantly well instructed you.

This, though a grave disappointment, gave no just cause to despair of knowledge, in this direction, since I had, as yet, nowhere met with any detailed attempt to apply that great law, namely, *Similia Similibus curantur*, to the solution of the questions in hand. Upon that law my education ever taught me to rely; and my practical experience gave me daily evidence of the value and importance of that reliance.

That many of the tissues of the human organism are fruitful of perverted secretions, when disturbed by diseased action, is a fact familiar to all. Why, then, may not this, thought I, be the source of tuberculous deposit? This thought, I pursued with patience and with zeal, through a long series of investigations. As many diseased secretions were well known to be controllable, through the Homœopathic law, it seemed probable that tuberculosis, if it had its origin in this way, could be both prevented, in its inception, and cured after development. Without going farther into historical detail, suffice it to say that I succeeded in establishing, through repeated

demonstrations, that tuberculous deposit, which is the inciting cause of death, from *Phthisis Pulmonalis*, is simply the result of A PERVERTED SECRETION OF THE MUCOUS MEMBRANES ; and that this is equally true whether such perversion has originated in the individual who is suffering, or whether he has inherited the predisposition, or taint, from his ancestry.

This point settled, it only remained to prove how far the great natural law, discovered by Hahnemann, could be made available in the prevention, and the cure of that most dreadful scourge, *consumption*, which is but the consequence of the deposits in question.

As will be seen by the cases detailed, in the subsequent pages, my professional practice has fully proved that this law is amply competent, when properly applied, not only to stay and to cure the disease, in cases where it has not yet extensively broken down the structure of the lungs, but also to so eradicate the tuberculous tendency, as to cut off all transmission of this tendency, by inheritance, to posterity.

Medical control of a disease which, while it has long been deemed the chief scourge of physical man, has been no less considered both transmissible, by inheritance—as it really is—and incurable through medication, can rightfully be the exclusive property of no one. Such control belongs, in all justice, to the world at large ; and it is, therefore, in no vain spirit of either authorship or criticism, that I make this appeal, through the press, to those who are laboring with me, for the great end of relieving the sufferings of diseased humanity. On the contrary it is made solely for professional aid, in this great work, against the common slayer of our race. In staying a malady which at present consigns to the grave nearly one half of the human family that die within the age of active life, little, indeed, can be done, by a single individual ; and it is in the hope, therefore, of enlisting your common efforts, in this unequal contest, that the following pages are addressed to you.

The cases subsequently cited, while they well establish what can be done, in the premises, I may hope will enlist the active energies of our profession in the gratifying labor that

yields, to humanity, so glorious results. So far as possible, I have furnished the details which aided in directing me to the desired success, but these are, of necessity, both few, and indistinct. The law of cure, in these, as in all other cases, is only capable of rigid application, through the guidance, alone, of the symptoms of each individual patient. Hence, while the drugs, for instance, employed in the cases cited, are all named, yet the very diversity of these, that has been required in the cures, and the continually varying manner of their employment, fully demonstrate that no fixed, or empiric method can give success. On the contrary, I repeat, that in this, as in all other forms of disease, the *symptoms*, alone, can guide the practitioner in his prescriptions. Not only is this ever true, in regard to the selection of the drug to be administered, at a given time, but both the potency of that drug, and the intervals of its administration, are no less to be governed by the temperament and other peculiar conditions of each patient—all which can be judged of only at the bedside, where, alone, the application of the law of cure can, in each individual case, be understandingly made. This but conforms to all we know, everywhere, of the healing art; while it demonstrates, anew, the futility of all random and all sibyline methods.

I repeat, then, that this hitherto justly dreaded flail of humanity, namely, *Phthisis Pulmonalis*, is none other than the result of a perverted secretion of the mucous membranes, and that, like so many secretions of other tissues of the human body, it is both controllable and curable, by the just application of that great law of cure which was discovered by Hahnemann, and of which it is the business of our lives to make daily application, for the correction and the cure of disease, in whatever form. It is hoped, therefore, that the confidence inspired by these facts, will secure the united attention of the Homœopathic faculty; and that through such attention we may ere long see mankind relieved from the infliction of its most frequent destroyer of both health and life.

R. R. GREGG, M. D.

Canandaigua, New York, 1859.

PREVALENCE OF THE DISEASE.

In order to embrace a just understanding of the subject we are about to consider, it seems necessary, in the first instance, to determine, so far as we can, by the statistics at command, the proportion which CONSUMPTION has had, in the work of death, in comparison with the agencies of other diseases. For this purpose we shall employ the tables and other verified statements which reliable authorities have prepared, and which are still preserved to us. From these data, as they stand recorded, by most authors of reliability, we have this astounding result, namely, that from *one fifth* to *one sixth* of the whole human family fall victims to this disease! Indeed there are not wanting those whose candor no one is prepared to question, that carry this proportion still higher, though we are inclined to treat all such, rather as extreme results than as a fair and general average.

According to Dr. J. Curtis, the deaths from consumption, in Boston, Massachusetts, during the twenty-eight years, from 1821 to 1848 inclusive, were 5.76 of the entire mortality. Dr. Hayward, from an examination of the statistics of New York, for thirty years, gives the proportion, in that city, at one to a little more than 5.54. In Philadelphia, according to the tables of Dr. Emerson, the mortality, from consumption, for the ten years from 1831 to 1840, inclusive, was, to the total mortality, as one to 7.03; while in the ten years preceding the year 1820, the proportion was one to 6.38. The mean of these two periods gives one in 6.7 of the entire mortality to consumption. Dr. Condie has also furnished tables of the mortality of this same city, specifying the proportion of the whole which has died of consumption. His tables embrace ten years, next succeeding those of Dr. Emerson, previously cited, and these give the mortality from phthisis, at

one in about 6.76 of those from all causes—a proportion so slightly variant from the foregoing as to seem almost indicative of a law. Nor does the city of Baltimore differ essentially from these, the tables there, upon the same authority, namely, Dr. Emerson, giving one in 6.2 of the whole number.

The remarkable conformity of the tables of these several American cities is scarcely disturbed when, crossing the Atlantic, we consult the like tables constructed there. Dr. Forbes has furnished the requisite statistics for London, Carlisle, Plymouth, and the Landsend, in which it is shown that the mean proportion of deaths, from phthisis, in these localities, is one in 5.6 of the entire mortality. This proportion which pertains to the localities mentioned is but slightly varied by the full statistics of England and Wales. The third report of the Registrar General states that, for these two entire realms, in the year 1839, the proportion of deaths, by consumption, to the whole mortality, was one to 5.5.

As it is impossible, in this country, for want of the necessary records, to obtain such information as that upon which we are here treating, except in the cities, we are not able to determine whether the proportion of deaths, from consumption, among our farming population, is equal to that of the cities, but the strong probabilities are that it is even greater; for although the average duration of human life may be somewhat greater, among this portion of the American people, yet the deaths from epidemic and contagious diseases, must certainly be proportionately far less in the country than in the cities and large towns.

The most appalling feature, if we may employ that expression, with which our researches, upon this branch of our subject have brought us in contact, we have encountered in the reports of some of the Life Insurance Companies. In these, one could scarcely be prepared to find even a single case of death from consumption, among the assured. The care that is observed, by Insurance Companies, in the selection of their objects of insurance; the pointed scrutiny they make into the health, both general and particular, of the party, and the means employed to compass full knowledge, on these points, through the party's habitual physician, &c.,

are well known, to all. And then, in addition to all this, it is equally notorious that the research is most particular for the slightest taint of consumption, which is, in all its forms, carefully, and especially pursued, in all these cases, not only as regards the bodily condition of the party, himself, but also as to the possibility of the disease being derived to him, through inheritance, from parental taint. We say that after all this especial scrutiny, one could scarcely expect that even a transient death would be found to have been due to consumption, among those upon whom Insurance Companies had existing risks. But the fact is far otherwise, as is shown by such of the Reports of the Insurance Companies as we have been able to obtain. From the Report of the Connecticut Mutual Life Insurance Company, for the fiscal year ending on the 31st of January, 1859, we extract the following :

"There have been eighty-eight deaths during the year. * * * * But *consumption*, the great bane to Life Insurance Companies, has done its usual work, *twenty-one* having fallen by that insidious disease and its kindred maladies. And the serious fact, that this fatal disease is creeping through the system almost from birth, and so insidiously, that its incipient state cannot be detected, nor its confirmed one arrested or cured, should be the greatest inducement to persuade persons to embrace insurance, while young, and before any symptoms are developed, which though even slight, would render them uninsurable."

Here, then, with all the caution which the officers of the Insurance company had been able to exercise, even under the stimulent provoked by all prior experience, the deaths from consumption, of their assured, for the past year, have been nearly one fourth part of the whole number ; while they advise that from fevers, chronic or inflammatory diseases, &c., the deaths have been less than usual.

The Reports of the New York Life Insurance Company, for the years 1857 and 1858, show very similar results. In the former year, of forty-five deaths of assured persons, *nine*, or one-fifth of the whole number, died from pulmonary consumption ; while, in the latter year, of forty-nine deaths, eight, or one-sixth of the whole number, were from the same cause. The Reports of other companies, so far as we have been able to obtain access to them, do not vary this general result.

We see, then, that these companies, whose business and whose interest it is to guard against the admission to insurance of every person in whom "the least symptom of the malady has become developed, or where the hereditary predisposition is, in the least, apparent," are still so far unable to escape the danger which they especially seek to shun, that from one fourth to one sixth of all their losses are due to this single disease; while it is worthy of especial remark that this proportion of deaths, from consumption, among persons carefully selected for insurance, *varies scarcely at all, from that of the total mass of deaths*, among the general population, of every variety of condition!

From the foregoing documentary evidence we have the fact, then, that from one fifth to one sixth of all deaths, including those of every age and condition, is attributable to consumption. But even this proportion, large as it is, by no means exhibits the full agency of this fell malady. To know this, from the whole mass of deaths we must deduct the great mortality of infancy, the lesser, but yet quite considerable number of deaths from old age, and all those occurring, at all ages, from casualties, as not properly belonging to the proportion we seek; for in none of these cases has consumption been the agent, or cause, of death.

The deduction of these several numbers from the total bills of mortality, we make upon the best authority at command. The greatest number of these exceptional cases, by far, are children; and of these we assume the age of five years and under, as the period of exclusion—it being well known that consumption of the lungs does not prevail among children under that age. On this point we rely, again, upon statistics.

In the city of Manchester, England, Dr. Dunghison reports that, in the year 1840, there were 4,629 deaths, among the laboring population, and that, of these, no less than 2,649, or a little over 57 per cent, were of children under five years of age. Upon the same authority, London, in a single year, out of 23,525 deaths, gave 9,057—or about 38.5 per cent—as deaths occurring under five years of age. Paris, in the year 1818, records 22,421 deaths, of which 5,576, or almost

25 per cent, were of children under *two years old*. The returns of American cities, though somewhat scanty, give much the same result. Dr. Dunglison gives the returns of Philadelphia, for ten years, from which it appears that 38.6 per cent of the deaths, in that time, were of children under five years old. Baltimore gives a still larger proportion. The deaths, there, for four years, show that within a fraction of 44 per cent of the whole number were of children under five years of age, without including in these returns the still born of those periods. To the percentage of infantile deaths, thus shown, we will now add, for deaths by old age, the moderate sum of six per cent, and for those by casualties, including the still born, two per cent, and we shall have within a fraction of fifty per cent of all the mortality, under circumstances where consumption can have had no agency, whatever. From these details it follows that the whole mortality, from consumption, falls with double force upon that half of the human family which die of disease between the periods of early childhood and old age; in other words, from one third to one half of all those members of humanity who are in active life, are stricken down, by this dire disease; while, in the language of Dr. Watson, its greatest havoc is "among the most gifted and the most beautiful of the human race."

And now, awful and desolating as these facts prove consumption to be, there is this other melancholy feature still to add, namely, that the healing art, in the hands of the medical profession, has hitherto been unable to point out any means of exemption from the disease, and at best but doubtful expedients for even a little temporary relief.

NATURE AND CAUSES OF PHTHISIS.

In no department of Pathology have research and philosophy been so exhausted as upon the nature and the causes of consumption, and still in nothing have results been more abortive and unsatisfactory, when we consider the great object of all this research, namely, the prevention and the cure of the malady in question. As usual, upon all subjects where there is no absolute knowledge, there has been, upon this, until a comparatively recent period, very great diversity of opinion, causing, of course, much controversy among pathologists in regard to both the points under consideration. Latterly, however, most have concurred in the opinion that the immediate cause of death, by what is known as consumption, is a deposit, in the lungs, of a curdy, friable substance, of the firmness and consistence of cheese, denominated *tubercles*, which, by their irritating presence, cause the lungs to suppurate, and so, finally, accomplish their destruction. But the origin of this deposit, and of course, the means of preventing it, these pathologists have hitherto left wholly unexplained. By a kind of common consent, but with no explanatory basis upon which to rest the position, they now generally attribute such deposit to "depravation of the blood"; but how this last is brought about they fail to instruct us, except so far as this can be done through the profuse assumption of vague generalities. That we may not be supposed to have mistaken, or underrated the conclusions of the most eminent pathologists, we shall here introduce liberal extracts from these authors, themselves. In treating of the Pathological Anatomy of Phthisis, M. Louis says :

"During more than three years that we have carefully collected the history of all the patients admitted into the Hospital of La Charita, in the service of M. Chomel, we have not observed a single subject dead from *phthisis*, whose

lungs did not present, as the principal lesion, a greater or less number of tuberculous excavations, tubercles, or of gray, semitransparent granulations; so that our own observations strengthen those of M. Laennec, and with us, as with him, 'the existence of tubercles, in the lungs, is the *cause*, and constitutes the specific character, of phthisis.'

So far is clear enough; but still our authors give us no aid in determining the producing cause of the tubercles they so constantly found existing in the pulmonary structure. On the contrary, M. Louis, when treating of the causes of phthisis, expressly says: "Our own observations have not demonstrated the cause of tubercles in the lungs." Such, then, are the deliberate conclusions arrived at through the investigations of two of the most eminent pathologists who have given their earnest attention to our subject.

Another valid authority, upon this question, namely, Dr. Wood, goes a little farther than the authors just cited, but still fails to give us a clear and settled conviction, in the premises. His language follows:

"Phthisis does not consist merely in the deposition of tubercles in the lungs, and its consequences. There is, besides, a morbid state of system which precedes and attends the deposition, and upon which it probably depends. This state of system is commonly denominated the tuberculous diathesis or predisposition. It is either identical with the scrofulous diathesis, or closely analogous to it, and has been sufficiently treated of, in a general way, in the section upon general pathology. In the present place, it is considered only in its relation to pulmonary tubercles. What is the exact nature of this diathesis is unknown. It may consist essentially in a certain laxity of the tissues, which leads to weakness or perversion of functions, so that, instead of well elaborated material for the purposes of nutrition, there is separated from the blood a peculiar product, of the lowest grade of vital force, with the tendency to degeneration fixed upon it, which exists as foreign matter in the midst of the living structure. It is possible that the blood, also, may be in fault. The only defect, however, which has been shown to exist in it, is a want of the due proportion of red corpuscles, and this defect has not been proved to be essential. * * * * But, whether the blood is in any degree essentially perverted or not, this much may be considered as certain, in relation to the tuberculous diathesis, that it is accompanied with a reduction of the vital forces, below the healthy standard; or, in other words, is a condition of debility. What else there may be cannot be told in the present state of our knowledge; though, that there is something besides mere debility, is sufficiently obvious from the consideration, that an equal degree of this condition often exists without any production of tubercle, or any apparent tendency towards it. * * * * What is the nature of this affection, denominated tuberculous disease, but of which the tubercle is a mere incident, though a very general, characteristic, and most important incident? This question cannot be fully answered, in the present state of our knowledge. We know that, generally, the vital energies are enfeebled, and the blood impoverished or depraved. It is highly probable that the tendency

to the tuberculous deposition is due, directly to the condition of the blood. But the state of the blood must, itself, be dependent upon some deficiency or depravation of the functions by which it is elaborated, and we are thrown back upon some original vice in the organic constitution."

Dr. Watson, on this subject, we may not omit. He says:

"A good deal of discrepancy, obscuring the whole subject, and puzzling the student, has existed—and I believe I may say still exists—among pathologists, as to the nature, and origin, and precise seat of tubercles."

Our author here digresses to consider the views of Laennec, Andral, and Dr. Carswell, and then resumes thus:

"Tubercles, then—or rather tuberculous matter, is deposited from the blood. Whether it is something totally new, something foreign to the natural materials of the body, introduced into the blood from without—or whether, as seems more likely, it is the result of some defect or error in the due elaboration of the blood, itself—I cannot satisfy you."

Dr. Good, also, deserves citation. In considering our subject, he says:

"Of the proximate cause of this predisponent diathesis we know nothing; it is generally supposed to have a near analogy to that of scrofula; and when called into action it commonly shows itself in the form of the tubercular variety; the tubercles, themselves, though not occurring in a structure strictly glandular, bearing a considerable resemblance to scrofulous indurations."

Upon the theory that attributes to inflammation the formation and deposit of tuberculous matter, in whatever organ found, it seems unnecessary to dwell; farther than simply to say that, whatever position it might once have enjoyed, it has now been triumphantly refuted, by observed facts, which have shown this to be, at most, but a very rare, and accidental cause.

It seems unnecessary to pursue this branch of our subject farther, since the foregoing citations, embracing the highest authorities known to the profession, must be deemed sufficient, by all. Without attempting, or even intending, one word of criticism, which would be so wholly foreign to our purpose, here, upon the opinions and views established by the citations we have offered, we may be permitted to advert to the utter vagueness and the wordy evasions that characterise some of the extracts that we have re-produced, while the candor of the authors of others stands conspicuous in the avowals of their want of all knowledge, touching the ultimate cause of the physical derangement in question. Instances of illustration might seem invidious; and therefore,

suffice it to say that the reader will seek in vain, as we have done, for any actual knowledge, in all the passages, upon our subject, that we have been able to gather from the leading authors whom we have quoted so freely.

We come next to speak of the general predisposing causes of phthisis, as these have been considered, by the medical profession ; and here we find as much discrepancy, and, on the whole, as little satisfaction, as pertained to the question of the specific cause of tubercles. Most authors do, indeed, ascribe the disease to *inheritance* ; but this only removes the *inception* one or more generations back, *while it adds nothing, whatever, to our absolute knowledge in the premises.* That phthisis is often inherited probably no one is prepared to deny. We certainly shall not make that denial, for we well know the contrary to be true ; but while multitudes do so inherit this disease, we know equally well that we daily see persons suffering from consumption in whom no hereditary taint can be traced or discovered ; while others, again, whose parents, one or both, have died of consumption, are seen to pass through a long life, and finally die quietly of old age, without ever having exhibited the least taint of the disease. It is well demonstrated, then, that although phthisis may be, and certainly often is, inherited, yet that it may also be equally well and perfectly developed, by other causes, is no less rigidly established by the experience of every critical observer. That occupations, moist or damp atmosphere, Pneumonia, Bronchitis, and some other diseases, occasionally *develop* phthisis, and aggravate it, also, when pre-existing, either latent or active, is certainly true ; and that this fact has often procured these agents to be put in place of the true cause of consumption, there remains no room to doubt.

After passing much more in detail than we have done, over the region just traversed, M. Louis sums up thus :

“ We do not intend occupying the reader's attention by the enumeration of the long lists of supposed causes of phthisis, believing that it is far better to be ignorant of the cause of a disease, and to avow this ignorance, than to refer it slightly, and without proof, to the action of influences which in no wise contribute to its production. In the latter instance we are wandering in the dark, exciting unnecessary fears, and giving useless, if not dangerous, advice ; while, by withholding our decision we remain, as it were, on the defensive,

and retain that state of mind which is favorable to the research and discovery of truth. Opinions have too often acquired solidity by repetition, rather than by the addition of any positive evidence adduced in their support; and it is so much easier to cite the authority of names than that of facts, and to coincide in the opinions of others, rather than test their validity, that it is not difficult to trace the inroads of those errors and absurdities by which medicine is so obscured and retarded. No branch of investigation has more extensively suffered from the tendency to which we are alluding, than that of the causes of disease. Prejudice, superstition, and *system* have principally labored in their creation, and it is the difficult task of the modern inquirer to extract truth from the crude and amorphous materials amassed by these powerful but deceptive agents. The importance, however, of the inquiry is immense, and if pursued with no other intention than the discovery of truth, will not only increase the sum of our knowledge, but exert a beneficial influence upon mankind at large."

Finding, then, this whole subject wrapt in such obscurity and doubt, and meeting with no evidence or encouragement, from any quarter, that phthisis could be cured, after the earliest symptoms had become manifest, we commenced investigations, as an interested party, for the truth, under the application of that great law of nature, *Similia Similibus Curantur*, which was the discovery of Hahnemann. Allopathy having confessedly failed, as a guide to either the prevention or the cure of phthisis, it only remained to determine whether this law could furnish us better results than professional empiricism had taught us to expect. The success of our investigations has been such as to prove the full dominion of that law over this, as over other forms of disease.

Upon entering on these investigations we had no theory to sustain, and we therefore took each successive step without regard to the preceeding, until we had accumulated a mass of important facts which exhibited certain relations to each other. The first positive fact* which we encountered, that seemed to point to the truth we were seeking was this, namely, that all *boils*, so called, which have a core that leaves a deep pit in the flesh, after discharging, are none other than tuberculous matter, deposited in the areolar tissue, beneath the skin, or in that of the superficial muscles, which acts as a foreign body, causing suppuration and discharge, just as it would in the lung, or in other tissues, with the exception that each tissue, according to its nature, would vary, somewhat, the time and manner of that suppuration and discharge. Our attention was first directed to this fact, as

such, by the result of a prescription upon a patient, a young lady of twenty-four years. In this person we knew there existed a strong, hereditary taint of consumption. At the time the prescription was made the patient was suffering from a severe pain through the left lung, with soreness, cough, and considerable emaciation. These symptoms had been of some weeks duration, during all which time their severity had steadily increased. When the case came into our hands, after due examination we made a homœopathic prescription of *Lycopodium*, as the drug indicated by the symptoms, through the law in question. The result we will give in the patient's own words :

"After I had been taking the medicine nearly two weeks, I discovered that there were hard lumps or knots in the muscles upon my shoulder blades, which proved to be boils, that were very painful, and which, when they came to discharge, left pits in the flesh half to three quarters of an inch in depth. The pain and soreness of the lung were both relieved, as soon as the boils began to form, while the cough subsided with the pain, and I never have had any of the symptoms since, excepting once a slight return of the pain after severe fatigue and taking cold ; and this was promptly relieved, by the same medicine."

That there was tuberculous matter deposited in this patient's left lung, we had not, at the time of the examination, nor have we now, the slightest doubt ; not only from the indications of the symptoms, themselves, but also from this additional circumstance, namely, that she had lost two brothers, within the two previous years, by consumption. The results of medication, in this case, all naturally raised, in our mind, the question, namely, what is the relation here apparently established, between tubercles in the lungs, and boils, of this character, upon the surface of the body ? That the appearance of the boils was the signal of relief, to the lung, and actually did relieve it, was here made a well determined fact : and yet it was a fact not before known. But still the question, namely, what is this evident connection between these tubercles and these boils, and what its specific nature ? remained an open one, for a long time. We pursued the enquiry thus begun, patiently, and with care ; and the impression at length became a strong one that the two might be identical, in their nature—differing only in position—and that the medicine we had employed had excited

the absorbents to the degree that they had taken up the tuberculous matter from the lungs and deposited it in the muscles upon the posterior surface of the scapula, where its presence and suppuration could work no danger to life. The opinion thus formed has been constantly confirmed to us, through all subsequent investigations, until we have no longer any remaining doubt or hesitancy in regard to its absolute and settled truth. The fact in question, then, is one that we unhesitatingly declare to constitute one of the fixed points of departure for the solution of this important problem. This conclusion we have reached through varied forms of evidence. We have related the production of boils, through the agency of medicine, by which the lungs were relieved and cured, as one ; and this, we may add, we have not done a few times, only, but in very numerous instances. Of this process, *reversed*, we have, unfortunately, almost constant instances, whose testimony is no less valuable, upon the point in question ; though this can never be obtained except through the procurement of ignorance and malpractice, whether lay or professional. In several cases of serious disease of the lungs that we have been called to, where the structure of these had become badly broken down, by suppuration of tuberculous matter, so that the patient was beyond all hope of recovery, we have ascertained, upon inquiry, that the party had suffered severely from boils, immediately previous to the appearance of disease in the lungs, and that they had healed these boils both with external applications, made "to scatter them," as they expressed it, and with internal mild cathartics, in the vain hope of "purifying the blood." The result, of course, according to the now established fact, as above noted, was that the tuberculous matter, which nature was striving to cast out of the system, through the skin, was thrown back upon the lungs, and must, of necessity, cause suppuration there, just as any other *foreign* body would, if occupying the same position. We lost a brother in this very same manner, shortly after we commenced the practice of medicine, but before we had become acquainted with any of these controlling truths. He had been ailing for some time, owing, as was supposed, to hav-

ing overdone, in the harvest field. Under this impression he changed his occupation, and soon became more healthy, with manifest increase of flesh. Following this state of things a crop of boils appeared upon his neck and shoulders, many of them very large, and all extremely painful. We saw him after he had endured these for a time, and found him employing salves and plasters, externally, "to scatter them," and crude sulphur, sarsaparilla, &c., internally, "to purify the blood." We advised, then, against this course, as it appeared to us that his system was thus ejecting impurities, with the process of which, it might be injurious to interfere; although we certainly had not, at that time, the slightest knowledge that the then existing state of this patient, had the most remote connection with consumption. This empiric treatment, however, was continued, and resulted in a perfect suppression of the boils. This was in March; and in July following he took a cold, which promptly developed well marked disease of the lungs, that could not be arrested, and near the close of the ensuing November he died of confirmed tuberculous consumption. This is but a single case of the numerous parallel ones that we have observed where such boils have been suppressed, and have been promptly followed by consumption and death—often within the period of a single year. These details, added to those which we shall recite in the cases at the close of this pamphlet, all point to one and the same conclusion. In those cases it will be seen that patients who were laboring under tuberculous disease of the lungs, which the treatment we pursued arrested, by causing absorption of the tuberculous deposit in the lungs, and throwing it to the surface, where it produced boils, were thus relieved from disease, and restored to confirmed health.

Following up the investigation so happily accomplished, in the case of boils, we have now demonstrative evidence that *carbuncles* are none other than these same boils; of more gigantic size, indeed, but of the same character, and having the same origin. Like the boils in question, they owe their existence to the deposit of tuberculous matter—in a word, they are simply tuberculous boils; and differ from these, only in their more extended dimensions, which sometimes

causes several openings to form for their discharge, instead of a single one. This, of course, determines that the consequences of external applications, to these, will be the same as those shown in the case of the boils, and which need not, therefore, be repeated here ; with this difference, that the evil results will be greater, and more speedy, in the proportion of their augmented size. A peculiar case of this we recently treated. The carbuncle was seated in the muscles upon the mastoid process. Its progress was slow, gradually extending down upon the muscles on the side of the neck. The patient's general health was considerably impaired. Every exposure was observed to check its development; when, invariably, a severe cough and soreness of the lungs, immediately followed. When we medically attacked these, with success, renewed inflammation and swelling, in the carbuncle, was promptly reinstated. Through the carelessness of the patient, these changes were repeated more than once, but finally, extensive suppuration and discharge of the carbuncle were accomplished, which terminated the case satisfactorily, leaving the patient with sound lungs, and in established health.

Another case, equally as interesting as the above, but which presented a reversed order of symptoms, we treated some two years since. This patient complained of severe soreness of the lungs, attended with cough, and at times, either with stitching or dull heavy pains, principally through the right lung. These symptoms followed an attack of congestive pneumonia, and were of a number of months duration; when, through the agency of homœopathic remedies, a hard lump made its appearance in the muscles just beneath the left clavicle, which increased in size rapidly, and became a large carbuncle, having a number of openings, and relieving the patient's lungs markedly, as soon as it commenced suppuration.

Other effects of this tuberculous matter, when deposited in other tissues, are familiar to most of the profession. Deposited in the brain, as is often the case, in children, and old people, it causes inflammation, and suppuration, or softening of portions of that organ. It is occasionally deposited in

the liver, when the result is abscesses ; more frequently in the mesenteric glands, especially in children ; and in these last we have marasmus, or more properly *tabes mesenterica*, as the result. The superficial glands, too, are often its seat, especially those of the neck, and then "scrofulous sores" are the consequence ; while recent research has created a strong belief that fistula in ano, with all its distressing consequences, is due to the deposit of this same matter in the areolar tissue, surrounding the rectum. In a word, this matter, existing as a foreign body, must produce inflammation, suppuration, and the destruction of portions of the adjacent parts, in whatever tissue, structure, or organ it is deposited.

Our attention is now to be directed to the inquiry, namely, what is the tubercle, and whence is it derived ? These questions, we may suppose, have long been standing ones, in the world ; for while tubercles have annually carried off their thousands of the human family, attention to them has certainly not been wanting. We found, however, in studying our profession, that no progress had been recorded, in this direction. We therefore resolved upon systematic observation. The time spent, and the various processes employed in this research, it is not necessary to detail here ; suffice it to say, we became finally convinced, that tuberculous matter is always, in the first instance, poured out from the free surface of the mucous membranes, as a semi-fluid, transparent, gelatinous material, which hardens only by the evaporation or absorption of its water, which originally constituted the greater portion of its entire bulk. A starting point thus once obtained, it was less difficult to reach the producing cause. Tuberculous matter, then, we can have no doubt, is simply A PERVERTED SECRETION of the mucous membranes, alone, which is thrown out as a consequence of an irritation or an abrasion of their surfaces, by disease, for the most part, but sometimes, also, by continued inhalation of fine particles of stone, iron, steel, &c., as in the case of the dry grinders of cutlery, &c., as is subsequently more fully shown. That tuberculous matter is first secreted in a fluid, or at most, a semi-fluid state, it would seem must be self evident to every member of the profession. We are aware, however, that

this has not been so, and that there exists the authority of respected names, in direct contradiction to our position. Wood, for instance, in speaking of tuberculous deposition, holds this language: "The matter, as first deposited, may be gray, semi-transparent, and *hard*, or yellow, opaque, and rather soft. According to Laennec and Louis the deposit is *originally* of the former character, and afterwards assumes the latter"—by suppuration, of course. Bayle, Broussais, Andral, Carswell, and others are of the same opinion; and yet why they were so, it seems impossible to divine. It is certainly against all physiological laws that the mucous membranes should secrete *any* solid substance, whatever; and even bone, as we all know, is first deposited in a semi-fluid state, and subsequently hardens, or ossifies, by the absorption of a due proportion of the water contained in the original deposit. Wilson, upon ossification, says:

"Bone in its earliest stage, is composed of an assemblage of these minute cells [referring to vesicles composed of a thin membrane containing fluid] which are soft and transparent, and are disposed within the embryo in the site of the future skeleton. From the resemblance which the soft tissue bears to jelly, this has been termed the *gelatinous stage* of osteo genesis."

From all we know, then, it certainly seems impossible, that the mucous membranes can throw out, or deposit *anything* of a solid nature. But without spending more time in conjectures, upon the subject, we may better come, at once, to an examination of this tuberculous matter, itself, in its originally deposited condition. The substance is then, almost as transparent as water, with sometimes the slightest perceivable blueish tinge, and in the most primitive condition that we have met with it, it is not more than one third, or one half the consistence of ordinary jelly; and it is then just cohesive enough not to run, like the same quantity of water, but still sufficiently fluid to flatten down when deposited upon any smooth and level surface. Of this matter, we have examined masses from the size of an ordinary marble, down to that of a small pea, and even still less; and this, not in a few, but in a great multitude of instances. In all these instances in question, we have never been able to detect any nucleus, and we feel well assured there was

none. On the contrary, we ever found such masses perfectly homogenous. But, so soon as the water they contain is sufficiently taken up, by evaporation, or absorption, these masses then solidify, generally, and perhaps always, into an aggregation of minute granules, of globular form, and having a dirty white, or slightly yellowish gray tinge, and of less consistence than that of rich, freshly cut cheese. A late English author, namely, Dr. Carswell, it appears had observed nearly this same state of facts, though, as we find him quoted he gives a somewhat remarkable explanation of them. His language, as given by Watson, is,

“That the mucous membrane of the air tubes separates from the blood, not only the matter of tubercle, but also its own proper secretion: 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.”

Now the mistake of the observer, here, is apparent, since the “point of tubercular matter” could only become “*set*” in its own natural, transparent, gelatinous pabulum, without an admixture of any of the natural secretions of the mucous membranes, or inspissated mucus proper.

So far as our observations have been pushed, in this direction, this fact has been constant, without so much as a single exception, namely, that the nascent, transparent, tuberculous matter, ever remains distinct from admixture with any other. This may quite possibly arise from its cohesive property; but be that as it may, we have never once found it mixed, as before observed, with any other matter, even when accompanying such matter. When raised, by a patient's coughing, it will often come up without anything whatever with it, but when raised, as it often is, in mucus, pus, or any other material, it is invariably to be distinguished, as an unmingled and separate, transparent mass. That this material, is a secretion of the mucous membranes, is, with us, a perfectly settled conviction; and, to a partial extent, at least, Doctors Watson and Carswell would seem to sustain us in this opinion; although, as seen by previous quotations, they endorse the error of all previous and cotemporary writers upon this subject, namely, that tuberculous matter, owes its existence to some defect of the blood, from

which it is simply *separated*—not secreted—by the mucous membranes. Of tubercles the former of these says :

“ It used to be held that the tubercular matter was always laid down in the areolar tissue. But Dr. Carswell asserts, that its most favorite seat, is *the free surface of mucous membranes*. In whatever organ it is met with, if mucous tissue enters into the composition of that organ, that particular tissue is either exclusively affected, or much more extensively affected, than any of the other component tissues. These remarks apply to the lungs, the alimentary canal, the liver, the urinary organs, and the organs of generation.”

That tuberculous matter is secreted by the free surface of mucous membranes, is *certain*, and that such surface is ever its favorite seat, is equally well ascertained. It is unnecessary, then, to complicate our subject, by assuming, in the absence of all proof, that other tissues are implicated in the *original* production of this material, while we so well know it would be a violation of all disclosed laws of diseased organism, for two different kinds of tissue to produce identically the same morbid product. That tuberculous matter does exist, in the areolar tissue, we are fully aware ; but that this tissue had any agency in the original production of that matter, we deem quite impossible. This tissue simply serves as a depository for the tubercle, when it has been absorbed into the blood, or absorbent vessels, from the mucous membrane, where it was produced, at a time when the vitality was too reduced to throw it to the surface ; just as the areolar tissue *of the muscles*, becomes the receptacle of this same substance, when the vigor of the system is sufficient, either of itself, or when aided by medicine, to force such deposit there, and from which boils and carbuncles then ensue, as shown in the preceding pages. It is just as absurd to suppose the areolar tissue, has anything to do with the original production of this matter, when it is met with in the internal organs of the human system, as it would be to assume that such tissue of the muscles has furnished the like matter which is found producing boils and carbuncles, upon the surface of the body.

Deeming it well established, then, that this tuberculous matter, is a morbid product of the mucous membranes, our next inquiry, was all naturally directed to the nature of this matter, and to its comparison with other diseased products.

The subject, itself, was sufficient to excite a recollection of what we had read and known of perverted secretions of the other tissues, and to remind us that not a single one of these, in the whole animal organism, is free from the production of perverted secretions, under the irritation of disease. Bone, periosteum, cartilage, ligaments, muscles, glands, the integument, areolar tissue, serous membranes, vascular tissue, &c., &c., all have their *perverted secretions*, and each its own, peculiar, morbid product. The knowledge of these facts, and the study and comparison of them, had their share in first directing our attention to the mucous membranes, as the source of tuberculous deposit. The extent and importance of this tissue, in the structure and functions of the human organism, added probability to the early suspicion we had entertained, regarding the agency of it, and so contributed, not a little, to the ultimate success of our research.

Having established, therefore, not by theory, but by absolute and demonstrative evidence, that tuberculous deposit is solely the perverted secretion of the free surface of the mucous membranes, the fact was thus rendered clear enough that, to *prevent* consumption, is but to correct the diseased condition which produces such secretion, whatever that may be; while to *cure* consumption, after its appearance, and while yet curable, is none other than to cause a re-absorption of the matter already deposited. It was familiar to us, as it is to the profession, generally, that dropsy, morbid glandular products, tumours of the bones and muscles, warts, and other morbid products of the skin, &c., are but results of various perverted secretions; and all these, under ordinary circumstances, we well know to be curable, through homœopathic medication. And if this were true of these perverted secretions, why not equally so of that other, and chief one, namely, the producer of consumption? Querying thus we sought, in our practice, the answer here demanded—*and we obtained it*. And now, after having both corrected tendencies to this disease, where such existed, either through inheritance or otherwise, and also checked the disease, itself, after its positive appearance, in both cases restoring the patients to perfect health, with no remaining taint in the system, and

this, too, not in a few, only, but in a multitude of instances, we no longer hesitate to aver that this terrible scourge, namely, consumption, may be wholly eradicated, in every community, where competent homœopathic knowledge exists and is employed.

We have next to invite the reader's attention to some of the agencies which incite to the production and deposit of this tuberculous matter, in view of the advantages that may arise from the prevention of such deposits. As already shown, it is only under the irritation of disease, or of some foreign disturbance, that any tissue can produce a morbid secretion; and of course it is only through such agency that the natural and healthy secretions of the mucous membranes can become perverted, and produce tubercles. It is, then, the nature and character of this diseased irritation that we wish to understand. As preliminary to this, it is necessary to advert to a fact which our own observation has ever constantly confirmed, namely, that *it is the law of disease to continue its action upon the same, or the nearest similar tissue, when changing location, whether by artificial procurement, or otherwise.* If there is, apparently, any deviation from this law, it may be due, perhaps, to one of these two causes, namely, serious complication, through drugged interference, or other bad management, or through the agency of the morbid product of the same or other diseased action, which, being taken up by the absorbents, is subsequently deposited in some other tissue, there causing the same mechanical result that any other foreign substance, of the same consistence, inevitably would. But without some positive interference, we have ever found the law in question strictly adhered to, in disease. For instance, in 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. The same is true of the synovial or serous membranes. Inflammation of these, in the joints for instance, in inflammatory rheumatism, often changes, without visible cause, but is much more frequently driven, by external applications, from

one joint to another, and again, from these to the heart, where a similar membrane exists ; in this last case, causing endocarditis, with thickening of the valves, and consequent hypertrophy and dilatation, or pericarditis, with effusion of water—either of which must result in death, or serious chronic disease of the heart, if not promptly relieved. Now all this, although so very unlike, in absolute appearance, is really the same, in all these various forms ; in other words, it is simply inflammation acting upon the same class of tissues, though in different parts of the system, through the unerring law of metastasis that we have recited. Again ; the nervous system exhibits the same fact. Symptoms which arise in one portion of this, when locally tampered with, will appear in some other, as is almost daily seen in neuralgia, &c. Phlebitis, also, equally recognizes this law, as, in all its changes of location this inflammation never leaves the veins, for any other tissue. Bone, periosteum, muscles, areolar tissue, &c., &c., all furnish familiar illustrations of the same prescribed law.

We have, thus far, purposely omitted to include the skin and the mucous membranes, because we desired to exhibit evidence of the law in question from other tissues than these, in the first instance ; and secondly, our subject requires us to treat of these last two, in connection, owing to their intimate relation to our subject, no less than to each other. Anatomy teaches us that these two tissues, namely, the skin and mucous membrane, are nearly identical in structure, the latter lining or covering the inner surface of all the cavities which open upon the surface of the body, just as the skin envelops the external surface of every part of the system ; so that, in fact, the one is simply the continuation 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 diseases of the two, according to the law last recited, must be similar, and that, therefore, the metastasis of diseases of the skin, 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 further to 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, &c.; 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 do not 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 physicians, generally, possess in their professional libraries. To the diseases here named we may add a few less prominent, but more familiar disturbances, and with them the nature of their action, as still showing the same constant relation existing between these two surfaces, in their diseased manifestations. When any of the more common diseased actions take place, upon mucous membranes, as, for instance, attacks of influenza, coryza, catarrh, coughs from colds, or any of the minor disturbances of the air passages, such are at once relieved, on the appearance of an eruption upon the outer surface of the lips. These last are usually known as "cold sores"; and their appearance is simply the result of the metastasis of disease, under the guidance of the law in question, from the mucous membrane to the skin, which is a similar tissue. All forms of fevers, if recognizing as their seat the mucous membranes, are relieved, at once, by the appearance of any rash upon the skin, boils, sores about the mouth, &c. Again: attacks of indigestion, diarrhea, or any of the ordinary derangements of the mucous membrane of the alimentary canal, always cease when there is a rash thrown out upon the skin; and it is not unfrequent, especially with children, that spontaneous cure speedily follows the appearance of such rash.

We have cited, by name, a very few, only, of the cutaneous diseases that constantly afflict humanity; but all these, collectively, and as types of the numerous and entire family of skin diseases, teach us the important lesson, namely, that if we do not allow diseases of the skin to act upon the surface, they *will* act upon the mucous membranes; simply because disease will continue its action, until it is eradicated, upon the same tissue, or that most nearly allied to it; and as mucous membrane is the only structure analogous to the skin, it must be upon this that the disease will spend its force, if driven, by external applications, from the skin. Would any physician, in treating small pox, measles, or scarlatina, attempt by topical applications to suppress the eruptions which these diseases force out, upon the surface?

Certainly not ; for not only all such, but all nurses and all mothers know that such a course of treatment would result in the certain death of the patient. But the same parties who so well know this, do not hesitate to make these very applications, in cases of the "itch," "scald head," "salt-rheum," &c., although death is directly invited, by such a practice, in these cases, no less than in the others. In short, the law we are considering holds equally true of *all* skin diseases—whether pustulous, squamous, papular, or vesicular—as of any individual one ; and therefore language cannot be too pointed, when used in condemnation of the murderous usage of suppressing chronic skin diseases practiced, generally, and we may say almost universally, by those who assume, as their peculiar designation, "*regular physicians*," It is true that in some of these diseases, under such treatment, death would be more prompt than in others ; but where that is the case, the time gained is usually one of protracted misery, often ending in some one of the worst forms of disease to which humanity is subject. The suppression of the "itch," for instance, will not, ordinarily, produce death as promptly as would the suppression of the small pox ; but the "itch" sends its thousands, every year, to the grave, through *consumption*, produced by the suppression of that eruption, by topical applications that are made with the knowledge, and usually under the direction, of the victims' family physicians !

It is now more than half a century since Hahnemann taught the dire effects of treating skin diseases by external applications. He nowhere taught the law of the metastasis of disease, as we have here exhibited it, but he showed, by multitudes of cases, all collected from the most accredited allopathic authorities, and running through a period of some two hundred years, that asthma, consumption, dyspepsia, epilepsy, insanity, idiocy, and, indeed, all the most dreadful diseases with which humanity is familiar, are produced by this suppression of eruptions from the skin ; and yet this same branch of the profession, which has furnished the evidence of such terrible results from its own professional er-

rors, is as heedless, to-day, of the awful inflictions which its mal-practice is daily fastening more firmly upon mankind, as if it supposed no moral obligation or duty were naturally attached to its chosen calling. Of such mal-practice, by so called physicians, after reciting near two hundred horrible results from suppressions of skin diseases, all drawn from allopathic books, Hahnemann earnestly says,

“ This kind of treatment is the most pernicious, the most infamous, and the most unpardonable mal-practice of which allopathic physicians have made themselves guilty.

He who is blind against the wisdom which the above quoted examples teach, willfully prepares the ruin of mankind.”

But, as before observed, the effect of such suppressions may not become immediately apparent. On the contrary, the disease thus 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 an 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. This may be, and quite probably is, the reason why so many more die of consumption, between the ages of twenty and thirty years, than during any other decade of human life. The power of resisting injurious forces is gradually lost, as the nutrition declines in activity, and hence an eruption suppressed in infancy, or early childhood, may now, for the first time, arouse from its dormant condition, simply because there is no longer a power in the system, as there has been, sufficient to hold

it in subjection. Probably, however, in a majority of cases, the eruption continues in an active form, to a certain extent, either upon some of the mucous membranes, or is thrown back upon the skin, where it re-appears as a cutaneous disease of the same or somewhat changed character—being usually received, in either case, as a *new* disease, to be “*cured*,” of course, as the previous one had been; that is, by *suppression*, without curative action.

In all cases, when these diseases commence their work upon the mucous membranes, whether it is immediately after their suppression, or after they have aroused from a dormant condition of any number of years duration, the result is the same, and as follows: The mucous surface is under a constant state of irritation from the presence of the disease, which causes in the first instance, an increase of its natural secretions, then an abrasion of the epithelium, and a perversion of the character of these secretions, which become viscid and tenacious, and finally assume the nature of true tuberculous matter.

There are other facts which present themselves for consideration, here. Diseases of the mucous surfaces are often acting upon the mucous membranes of different organs, at the same time; as we often see the stomach, bowels, &c., manifesting well marked symptoms, at the very time when the lungs are most markedly diseased. But another, and still more important fact is this, namely, that such disease is frequently transferred from the mucous membrane of one organ to that of another. This we often witness in cases of dyspepsia. Parties thus afflicted will continue to suffer from well marked dyspeptic symptoms, for a longer or shorter period, sometimes extending even many years, when, finally, the greater force of the disease becomes concentrated upon the lungs, and they ultimately die of pulmonary consumption. We have met, in our own practice, several cases of disease of the lungs that followed upon the suppression of either acute or chronic—a portion of each—inflammation of the eyes, that had been accomplished by the application of washes, ointments, nitrate of silver, &c. In all such cases, there being no *curative* action established by the treatment,

the only result obtained was a transfer of the diseased action, by driving it in, upon some other mucous membrane ; and this is most frequently that of the lungs, as there is extreme sympathy existing between the mucous surfaces of the eyes and lungs, as we constantly witness, in cases of colds, &c. Again: coryza, generally known as "cold in the head," whether it be chronic or acute, follows the same law. If this be disturbed, by any *local* treatment, whatever, it moves downward, out of the way of that which disturbs it. Speaking of the inflammatory irritation causing coryza, catarrh, &c., Watson says :

"It sometimes travels from one part of the membrane to another. Beginning, for example, in the nose, it gradually creeps down into the windpipe and lungs. Sometimes the inflammatory condition passes from the throat into the eustachian tubes, and produces deafness ; or down the gullet and to the stomach, causing qualmish, or other uneasy sensations, and loss of appetite. And occasionally this order appears to be reversed. There are some persons who will tell you that whenever anything disagrees with their stomachs, whenever dyspepsia is produced, by some error in diet, they are sure to have catarrh."

There is a natural tendency, then, for this disease to travel down upon the lungs ; and in view of this, what shall be thought of that system of medical practice which treats these diseased manifestations with local applications of catarrh snuff, cold water, either salt or fresh, snuffed up the nostrils—in short, with any astringent or stimulating local applications, when the tendency of all such is so well known to be to drive the diseased action to other localities, and that, too, without the least possible power to produce one particle of curative effect? It is simply doing all in our power, under the circumstances, to drive the disease down upon the lungs, and seat it, permanently there, for future development, in the form of confirmed consumption. The same is true of all the cases of chronic "sore throat." This disease is one of the mucous membranes, again ; and the practice—as irrational as it is barbarous—of treating it with gargles, cauterization, &c., without any curative result, whatever, drives it down upon the mucous membrane of the larynx, trachea, or bronchial tubes, where, by its action, tuberculous matter is poured out, which soon becomes "set," while the quantity is constantly augmented, by continual

accretions, until inflammation is lighted up, speedily to be followed by ulceration and death.

Although the suppression of chronic cutaneous diseases has, as we have seen, so fearfully extended an agency in producing pulmonary consumption, yet there are other incentives to this disease, that we must not overlook. Defective treatment of some of the acute cutaneous diseases has often terminated in consumption, and the death of the patient. Such results have been caused by not throwing the eruption fully out upon the skin, and then curing it there; in which case the remaining taint, settling upon the respiratory organs, after an indefinite period, results in the deposit of tuberculous matter there. This result we frequently witness, as following after measles. Persons "badly cured," as it is called, of this disease, often go into what is termed "a decline," with cough, &c., which soon passes to confirmed consumption, with its usual consequences. Cartarrhal attacks, too, often owe their origin to the same cause; and probably few practitioners have failed to meet such cases, in the course of their professional duties.

As remarked, upon a previous page, mechanical irritation of the mucous membrane of the lungs, if persisted in, will provoke the deposit of tuberculous matter. Thackrah, as quoted by Dunglison, upon this source of consumption, comments thus:

"No agents excite tubercular development more than *irritation of the bronchial membrane*. Much, I conceive, depends on the size and *figure* of the particles which enter the air tubes. The dust from the roads produces *no apparent mischief*, while the mason's chippings, from the stone, occasion serious, and often fatal injury to the lungs. The dust from old iron, which is thrown off so copiously as to deposit a thick brown layer on the dress of the dealers in this article, *produces no inconvenience*, while the less apparent detachment of particles from the file is decidedly baneful, to the workers in iron. It is the *form*, rather than the material, the spicula, the angular or pointed figure of the particles detached, which we conceive the chief cause of injury. The bronchial membrane is mechanically irritated, or wounded; and from the daily repetition of this injury, the lungs at length become seriously diseased, and a vast majority die consumptive."

Dr. Alison, another observer, in this direction, states,

"That there is hardly an instance of a mason, regularly employed in hewing stones, in Edinburgh, who lives free from phthisical symptoms to the age of fifty."

While, of the steel workers, Mr. Knight avers that,

“ At Sheffield the fork grinders, who grind dry, so that the particles are readily received into the air, do not reach the age of thirty-two.”

“ Also in Berri, in France, there is a village in which almost all the inhabitants follow but one profession, that of making gun flints, and according to M. Benoiston de Chateauneuf almost all these persons die of phthisis, or at least, few pass the age of forty without affording evidence of tuberculosis.”

We have purposely placed these authentic evidences at the close of our section upon the causes of consumption, that we might the better fix that attention upon them which their importance demands. The statements, themselves, no one will pretend to doubt, but, on the contrary, they are fully sustained, by all observers, everywhere ; while the importance of them, to the question here in hand, cannot be overrated. They all relate, solely, to the *mechanical* production of consumption ; and it is this point upon which we wish, here, to concentrate attention. The victims enumerated it will be observed, all pursue some one of certain specific callings ; and these people die of *consumption*—not as individuals, but as entire bodies, and that, too, regularly, in successive generations. And why ? It is not from hurtful attitude of body, or want of exercise, or close and confined air that these callings kill all who follow them. Yet all die young, and of one specific disease, and that is *consumption!* And the authorities cited tell us *why* this is so, while the experience of all, attests that the reason given is the true one. All authorities and all experience agree that it is the particles of iron, steel, stone, &c., with which the labors of these people fill the air they breathe, that causes their disease and death. These particles are drawn into the lungs at every breath, and by their constant irritation there, provoke the deposit of tuberculous matter. Now let it be distinctly observed that these particles, thus brought into the lungs, with the air, neither do, nor can, come in contact with *any* surface, except that of mucous membrane ; while their continued irritating presence, upon that surface, invariably produces disease, not various and dissimilar in kind, but ever one and the same, and that one, *consumption!* That individuals who have inherited the pulmonic taint, have sometimes had the development of that taint hastened, by such inhalations, it seems reasonable to suppose ; but that

all, or nearly all, of a few given callings should die young, and of this particular disease, can be ascribed to no other cause than the one assigned. But the strange feature of this whole matter is, that much as professional skill has observed and attested the facts here exhibited, and extendedly as able men have written upon these facts, no reasoner should have hitherto seen the demonstration which they furnish, namely, *that tuberculous matter, which, alone, causes consumption, is always A PERVERTED SECRETION OF THE MUCOUS MEMBRANES.*

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TREATMENT AND CURE OF PHTHISIS.

THE reader being now supposed to have become familiar with the source of tuberculous matter, through diseased action upon the mucous membranes, which matter is confessedly the sole cause of Phthisis Pulmonalis, we come next to speak of the treatment, cure and prevention of this disease.

Until some clue could be had to the nature of this destructive malady, and the incipient nature of its attack, all attempts at combating it were like shooting in the dark, and all pretences to a knowledge of its cure or prevention, but the most arrant absurdities. To be sure, consumption has been generally known to arise from the deposit of tuberculous matter, in the lungs. But whence came this matter? and what the agent of its production? While these questions remained unanswered, in what direction was the practitioner to look? The deposit in the lungs was clearly but a *consequence*; yet how was this to be stopped, so long as nothing was known of it, before it was found thus deposited there? That it was the result of diseased action, *somewhere*, was, of course, clear enough to all; but there was little aid to be looked for from this self-evident fact. It may be claimed that diseased action produces symptoms, and that medical men, and especially Homœopathsists, who rely so much more upon symptoms than those of any other school, should therefore, by seizing upon these, have been guided to a knowledge of what they sought. Symptoms there certainly ever have been, that we *now know* belong to incipient consumption; but from the isolated nature of their appearance, they have long been mistaken for local ones, only, appearing

detachedly, and thus not readily giving any indication that they had anything to do with depositing tuberculous matter, or with any connected or grouped result, whatever. But these isolated symptoms are now better understood. Notwithstanding their often apparent dissimilar character, yet when carefully traced and compared they are now found to indicate diseased action upon some one or more of the mucous membranes, which action results in producing the tuberculous matter which is subsequently found deposited in the lungs. Fortified, therefore, by this accretion of knowledge, the practitioner may now feel that his subject is disencumbered of its doubt and uncertainty, and that his efforts need no longer partake of uncertainty or equivocation.

But still, every practitioner well knows how utterly impossible it is to give anything more than the most general directions for the treatment of this, or of any disease ; and this chapter, therefore, notwithstanding its title, will, of necessity, deal much more in principles, and in generals, than in details ; while we should deem it quite deficient did it not hold up to rigid condemnation certain practices that have been suggested by past ignorance, as curative, in this disease, and which have grown into use, to a most alarming extent.

That the treatment, in consumption, as in all other diseases, to be eminently successful, must be Homœopathic, in the strictest sense, need not be urged upon any one who understandingly believes in the Hahnemann law. In this, more, perhaps, than in most other chronic diseases, each case is peculiar in itself, having an order and combination of symptoms which is seldom, if ever, strictly repeated ; and its successful treatment, therefore, involves the necessity of as thorough and intimate a knowledge of both the pathogenetic and therapeutic action of medicines as can be obtained from the now existing sources of Homœopathic intelligence. The mere opposing a symptom of the disease with a corresponding pathogenetic symptom of a medicine, will avail nothing. The likeness must be perfect, throughout ; and then the response, from the system, will be effectual and durable, in all cases where the patient is still within the

reach of medicine ; while in cases that have already passed beyond this, mitigation of suffering will be attained—which is all that could be then looked for. It is clear, then, that the whole history, and all the symptoms of any individual case must be intimately known to the attending physician ; while he must necessarily possess that minute knowledge of the homœopathic Materia Medica which will enable him to prescribe accurately, at all times, at the bedside—where his discrimination must enable him to discern when the last remedy has accomplished all it can, in the individual case, and also what prescription is next demanded, by the existing state of things.

The exact state or condition of each case, when first undertaken, and the progress which the disease has then really made, is of much importance. If tuberculous deposit has not yet commenced, though the symptoms point to its early advent, our medication must then be wholly directed to the restoration of health in such mucous membranes as we find diseased. With diseased action farther advanced, we find the deposit of tuberculous matter already begun. In this condition of things—with tubercles already in the lungs, and a farther deposit of these, of course, constantly going on—the case is more complicated. We have then two results, instead of one, to accomplish, through medication. In the former case, we have only the diseased condition of the mucous membranes, which, as yet, only threaten to deposit the tuberculous matter, to control, and these organs to restore to health, by which we avert the threatened deposit of that matter ; while in the latter instance we have, also, beside this restoration of the mucous membranes, to deal with what deposit of tuberculous matter has already taken place. This matter is to be removed from the lungs, through medication that will cause it to be absorbed, and finally carried entirely out of the system. *And both these results are attainable, through proper Homœopathic medication, in all cases where the breaking down and destruction of the lungs, by the deposits already made in them, has not reached that point where enough healthy lung is not remaining to sustain Nature through the process of cure.*

This is certainly accomplishing much ; indeed it is *all*, individually, for the patient ; but the power of medicine stops not here, and therefore the physician may not. That tendency to the diseased condition which terminates in the production of the secretion known as tuberculous matter, all the world is aware, is *hereditary* ; and that thousands of the children of *consumptive* parents annually die of the pulmonary taint with which they came into the world. Indeed it is to this fact that Death owes a large share of his annual consumptive harvest. Now this inheritance it is in the power of Homœopathy to break, and forever destroy. A constant and understanding application of the law of Hahnemann will accomplish this, even to the extermination of the disease, in inherited form. If any shall deem this position an extreme one, let them not forget that inherited consumption is none other than the inheritance of that tendency to diseased condition of the mucous membranes, which, when developed, produces tuberculous deposits. This is the consumptive taint which is derived from ancestry ; and it is, therefore, a simple chronic ailment, more remarkable for the time it may sometimes require for its eradication, than for any serious obstacle it will finally present to its ultimate removal. A thorough and appreciating knowledge of the Homœopathic law, and a judicious application of this, as indicated, by existing symptoms, whether these are constant or changeable, are alone required to ensure success.

In the matter of the attenuations of the drugs to be employed, and the intervals of their administration, it is quite as impossible to establish rules for these as it is thus to direct the selection of the drugs, themselves. All this must, of necessity, depend upon the judgment of the practitioner, formed at the bedside of his patient, and dictated, in each individual instance, by the peculiarities which that case presents. There is, however, one *general* rule, that will be found useful, in regard to attenuations, since it is one which applies in all other cases, no less than in these. It is simply this, that the finer the physical organization of the patient, the higher the attenuations required ; while the more gross forms of organism are to be treated with remedies less re-

moved from the primitive drug. This rule, all else being equal, we have ever found to hold, in all our practice.

The intervals of time between the repetitions of any medicine is a matter of high importance, and requires the most rigid scrutiny, as the life of the patient is constantly hazarded, when this point is neglected. The chief danger, here, is in drugging over much. Great care should be taken that, in no case, a medicine be repeated until the preceding dose has fully expended its action. It is in this way, only, that the requisite action can be obtained for the absorption, and final removal from the system of the tuberculous matter, after its deposition. The effect of too oft repeated remedies, in this case, is an irritation of the tissue encroached upon by the tuberculous matter, thereby actually *hastening* suppuration and ulceration of the lungs, for instance, just as the suppuration of boils is often hastened by the administration of silicea, hepar sulphur, phosphorus, &c.

These facts are sufficient to show that it is no *routine* method which we are attempting to exhibit, for the cure of this most serious malady, but on the contrary, a method demanding, throughout, a thorough knowledge of anatomy and physiology, with a full appreciation of the pathological changes to which the animal system is subject, in order to a full comprehension of what pertains to phthisis and what does not; and above all, such knowledge of the pathogenetic and therapeutic effects of drugs as will render the practitioner competent, at all times, to select the medicine indicated.

Diet and exercise, being auxiliaries to treatment, must not be overlooked. With reference to the former, it seems unnecessary to say more than that patients under treatment for consumption must be well sustained, with the most nutritious and easily digested food; avoiding, at all times, while under treatment, all food or drinks containing any medical properties, such as condiments, acids, &c., in this, as in all other diseases. The subject of exercise, however, requires to be more duly considered. It has been a favorite hobby, of the allopathic profession, from the days of Sydenham, to recommend exercise on horseback, or in carriages

without springs, to consumptive people, *as a curative measure!* Whence such an idea could have been derived, it is impossible, now, to know ; but whatever its origin has been, the full destructive tendency of it, to say nothing of its extreme absurdity, could not be realized, so long as the *cause* of consumption remained hidden, as it ever has, from the allopathic school. Both the fatality and the absurdity of this shaking up, or jolting of the lungs, as a curative process, are fully exhibited to us, by the knowledge we now have of the origin of the tubercles found in the lungs, and elsewhere. We have seen that it is diseased action of the mucous membranes which causes the secretion, by these membranes, of tuberculous matter ; which matter is the *sole* cause of consumption. Now, to prevent this secretion, the mucous membranes that are making it, must be restored to health—when, of necessity, the secretion will cease. Now, will any one pretend that riding on horseback, or in carriages without springs, will restore these mucous membranes to health? It is important, here, to introduce the fact, namely, that in consumption, except in its latest stages, we have no *generally* diseased condition of lung to deal with. In other words, this organ has no destructive* disease upon it, in consumption, save that which is produced by the local irritation of foreign bodies—namely, the tubercles—which are lodged within it. All its disease, then, is *local*, not *general*. In the case of a boil, or a carbuncle, produced by the deposit of this same matter, there is a *local* inflammation lighted up, in the muscle where the sore is situated, which proceeds to suppuration, and thus *a portion* of the muscle is destroyed, but all this while, the adjacent parts remain perfectly healthy and uninjured. It is the same with the lungs. They have no *general* diseased condition. While the tuberculous deposits are few, the portions of lung, between these, and beyond their immediate vicinity, *are constantly in a healthy condition* ; and it is not until the deposited tubercles become so numerous, and so

* The diseased irritation of the mucous membrane of the bronchial tubes, which causes the secretion of tuberculous matter, would not be, in the least, destructive to the lungs, if this product was not allowed to remain, and become "set," where thrown out, but was cleared away as fast as formed.

near together, that the inflammation lighted up by each, can extend to that which is produced by the adjacent ones, that the lung ultimately becomes a mass of disease, through the final joining together of these multitudinous suppurations. But with diseased lung, from *any cause*, or in any condition of disease, nothing but the most disastrous results to the patient can ever be hoped for from riding on horseback, jolting in wagons, or any other like violence; for there is no tissue, in the whole human organism, whose texture is more delicate and pliable, and none which is constructed with reference to their respective parts moving upon each other with such facility, as the lungs; and yet we find a whole body of medical men overlooking these important facts, and all the common sense to which they point, and advising the suffering victim of consumption, whose lungs are loaded, it may be, with tuberculous masses from the size of a mustard seed to that of a hens' egg, to resort to violent exercise, when at each jar which his body receives, these numerous masses, being non-organized bodies, all act mechanically, as dead weights—owing to their greater specific gravity—upon the delicate parts which sustain them, and by this irritating strain, serve to extend inflammation and suppuration, and so hasten death. “Exercise before breakfast,” is another destructive monstrosity, the recommendation of which comes from the same authority. In such case all the nourishment that had been taken the previous day, has been applied, during the night, in repairing the waste of tissues, and consequently there is no remaining nutritive material in the stomach, upon which an exertion can be supported. This obliges the system to draw upon itself, and this, with the effort of the exercise, exhausts it so much that there is not sufficient vigor remaining to digest a meal, and the patient is therefore doomed to suffer through the entire day, from indigestion.

Exercise, be it understood, we consider beneficial, in its proper time, manner and quantity; but it must be only when the patient is properly able, and in fit condition to take it; and then it should be either on foot or in the most easy riding carriage—and *always in moderation.*

Change of climate, is another constant resort of the medical profession, as a recommendation to consumptive patients. The motive for this is not easily divined, unless it be a desire of the practitioner to get off his hands a patient whose disease he is unable to arrest. Certain it is that this allopathic prescription furnishes no better encouragement, either of exemption from attack, or of relief from actual suffering, than is obtained from the remaining practice of the same school. A great deal has been written, in favor of the *assumed* benefits of such change, and much reliance has been traditionally placed upon that assumption, but confidence in the *fallacy*—for such it really is—has, of late, materially declined. Even the authors of the school which first gave currency to the idea, are now beginning to repudiate it as a manifest evil. The following remarks of Dr. Dunglison upon this subject, are both sane and sensible :

“ A cold, damp, and variable climate, like that of Great Britain, is conceded not only to give the predisposition, but to become an exciting cause of the disease ; yet it prevails, to a like extent, in many of the more dry, less cold, but scarcely less variable situations of southern France and Italy ; and it is fearfully rife in many parts of the torrid zone, where none of these conditions of climate are met with.”

Again, of the climate of Southern Europe, and its effects upon the consumptive invalid, he continues :”

“ Yet Italy is the sanatarium to which so many hundred invalids have been, and are, annually sent,—doomed, too often, as Sir James Clark has observed, to add other names to the long and melancholy list of their countrymen, who have sought, with pain and suffering, a distant country, only to find in it an untimely grave. The climate which Sir James Clark esteems best suited to consumptive patients, generally, is that of Madeira ; and this is the opinion of most of the British physicians.”

In contradistinction from this, Dr. Morton, upon the climate of this Island, is at the pains to say, that :

“ Notwithstanding this uniformity of temperature, no malady is more prevalent in Madeira, than pulmonary consumption.”

Another authority, Dr. Gourlay, upon the climate and diseases of this Island, says :

“ Persons of all ages, and of both sexes, fall victims to it ; nay, whole families have, at times, been suddenly swept away by it.”

The experience of invalids from our country, resorting thither in search of health, we believe fully sustains the character which Dr. Gourlay here gives to the climate of this Island, at least so far as it applies to its benefitting effects,

in cases of consumption. No relief, so far as we can learn, has ever been derived, in such cases, by a resort to this Island, notwithstanding the favorable *theory* of Sir James Clark in regard to it. Nor has the climate of the West Indies been found any better. From the British Army Reports we learn, that :

“Nearly twice as many cases of consumption originate among the British troops, in the West Indies, as at home. Twelve per thousand of the aggregate strength of the troops serving in the West Indies, being attacked annually, while, of the Dragoon Guards, serving in Great Britain, the ratio is only six and a half per thousand. * * * * The disease is of more frequent occurrence among the black than the white troops.”

Here, then, we are shown that consumption not only originates in the West Indies, as elsewhere, but that it is developed among foreigners, residing there, to nearly double the extent it is in their native homes. St. Augustine, Florida, has been long and extravagantly lauded by the popular voice, as a salubrious and desirable climate for the resort of northern invalids. Yet if we may rely upon the reports of Dr. L. V. Bell, Dr. Morton, and other still more recent writers, we must suppose this a very undesirable resort for those afflicted with phthisis, in whatever stage. Dr. Morton, as quoted by Dunglison, in writing of Florida, says :

“The winter of this place is occasionally mild and equable throughout, but for one such winter, I am informed that there are three, which present a reversed picture. The late Dr. C. of this city, he continues, was induced by his friends, to pass the winter of 1829—30 in St. Augustine. The winter proved of the most favorable character, and he returned home, in the Spring, surprisingly improved in his general health. This fact induced not only himself, but many other invalids, similarly affected, to pass the following winter at the same place. But, in lieu of the mild climate of the previous year, there was an almost constant prevalence of a damp, chilly, North-East wind, so deleterious in its effects as to destroy many of the invalids collected there, and irreparably to shatter the feeble frames of others. Adverting to Europe the Doctor continues : If we were to make exceptions to every place where phthisis exists *as a common disease*, there would be scarcely a locality left in Europe, in which the invalid could shelter himself.”

So extensive and so positive is the testimony that has been accumulated, in favor of the absurdity of sending off consumptives to die in Southern climates, away from home, friends, and the common comforts of invalid life, that there has been something of a reaction in the professional, no less than in the public mind, upon this subject ; so that now, substituting a new absurdity for an old one, the cold and

cheerless regions of the far North, are beginning to be selected as the most suitable temporary residence for that class of persons, whose only remaining hold upon life, is constituted of the comforts and the quiet of home.

That change of place and scene, have sometimes been beneficial, to such as were declining under the onerous burdens of business, the exhausting effects of severe study, the harassing weight of domestic afflictions, or the still more desolating scourge of ennui, is certainly true. Such relief, we repeat, there has been, and will again be ; but it comes not of climate or of air ; and it matters nothing, other things being equal, to what particular resort parties shall betake themselves, who seek relief from such maladies as these. But, in regard to consumption, itself, all testimony concurs in this, namely, that IT IS EVERY WHERE, and that, too, irrespective of the contingents of climate ; and all attempts, therefore, to escape its presence, or to arrest its progress, by flight, or by migration, can commend themselves to us only as vulgar superstitions, the natural offspring of that prolific parent, irrational fear.

Every thing is possible

The patient a young lady in her sixteenth year of a nervous temper, had been afflicted with a cough and spitting of blood for some time, and was at length obliged to quit her home in consequence of the increasing weakness. A severe cold had followed, which was attended with a great deal of inflammation of the lungs, and a constant and heavy pain through the left side. At present tuberculous matter exists in the right and left sides very abundantly, and during the time, though both sides of the chest with a constant and heavy pain through the left side. Labor and perspiration revealed the existence of tubercles in the top of both lungs, and consequently, have suggested, as there was much time of which to avail, the use of the history of the case, that have been produced by a tubercle or tubercles, and that the lungs as there was no other way of removing them from the plural sac. (I think never, but what would be for the purpose of air in the plural sac.) The right side has been passing the patient most of the time for a number of months, and has been steadily increased from the first invasion of the cough. The chest, shoulders and arms, especially, were greatly affected. Hemoptoe which commenced at the age of thirteen, and was in every way similar to that which has now been described for four or five months. The upper part of the chest, not much changed, and now slightly curved. The lower part, however, and deltoids had been constant attending symptoms, since the cessation of menstruation.

Treatment. - It must be apparent to all, that in a case like this, the first thing to be done, is to get the patient into the best possible state of health, and to keep her so as long as possible.

* We make use of the names of the temperaments, but as they are employed in the old classification, the use of them has been discontinued, but we do not think them in any way wrong.

CASES OF PHTHISIS CURED.

In reporting the following cases from our practice, as patients *cured* of consumption, we have selected such only, as present the most undoubted evidence of their character. We could easily swell the list with a great number of other cases, with less prominent, though to us, as positive symptoms of incipient consumption, which we have cured, both in persons who did, and those who did not inherit the disease; but we prefer giving to all such the benefit of a doubt, and relying for our purposes here, upon those only, which are in every respect unmistakable.

CASE I.

This patient, a young lady in her sixteenth year, of nervous-bilious* temperament, inherited consumption from both parents, and when we were called upon to treat her, in July 1853, she was suffering from the following symptoms: A severe deep hollow cough, which followed upon taking cold, and had been of nearly a year's duration. There was considerable expectoration of nascent tuberculous matter, crude tubercle &c., attending the cough, and very severe stitching or darting pains much of the time, through both sides of the chest, with a constant dull heavy pain through the left lung. Auscultation and percussion, revealed the existence of tubercles in the top of both lungs, some of which must, unquestionably, have suppurated, as there was extensive pneumothorax existing in the left chest, which, from the history of the case, must have been produced by a tubercle or tubercles ulcerating through to the surface of the lung, as there was no other way of accounting for the presence of air in the pleural sac. Chills, fever, and night sweats, had been harassing the patient most of the time, for a number of months; and emaciation had steadily progressed from the first invasion of the cough. The chest, shoulders and arms, especially, were greatly emaciated. Menstruation, which commenced at the age of fourteen, and was in every way natural for nearly a year, had now been suspended for four or five months. The appetite was poor, stomach not much deranged, and bowels alternately constipated and relaxed. Great languor and debility had been constant attending symptoms, since the cessation of menstruation.

Treatment.—It must be apparent to all, that in a case like the foregoing, there was no time to be lost, consequently it was only after the most careful

*We make use of the names of the temperaments, here, as they are employed in the old classification, for the reason that they are best understood, but nevertheless think them, in part, essentially wrong.

examination and comparison of the symptoms, that we decided upon the selection of *Kali Carb.* as the drug indicated by the totality of the symptoms. The result was prompt and satisfactory, as the worst symptoms began almost at once to subside, and the improvement was quite rapid, and without interruption for the following three months, when menstruation reappeared, which speedily put an end to all remaining symptoms. There was no other medicine but the one above mentioned, required at any time in the treatment of this case, except *Nux Vomica* and *Pulsatilla*, which were given a few times for derangement of the digestion. The pneumothorax, which all authorities agree in stating to be the most serious complication that can arise in such a case, was entirely relieved, and the patient has, up to this time, now about six years, enjoyed uninterrupted health. As soon as the lungs began to be relieved, a number of small boils made their appearance, and these were continued in successive crops for over a year. The eyelids were a favorite seat of these boils, forming there what is so commonly called "styes," and terminating only with the restoration of perfect health and strength.

CASE II.

An unmarried man, aged thirty years, of nervous-sanguine temperament, who inherited consumption from his father, had had an attack of severe cough every spring, for a number of years in succession, each return of it, being more severe than the preceding attack, until it began to assume a very formidable character. The year before we were called upon to treat this patient, he had been unable to attend to business, for nearly the entire summer, but he recruited considerably through the fall and winter, only, as it seemed, to be the more seriously attacked in the ensuing spring. At the time we took charge of this case it presented the following symptoms: A very harassing cough, which was almost constant, and without expectoration, except at times, each day, when there would be a severe paroxysm of coughing, terminated by raising one or more crude tubercles of the size of a pea, with some frothy tenacious mucus, which would give some relief, but was sure to be followed in a few hours, with a succession of the same symptoms. The patient was considerably emaciated, and was troubled at times with night sweats. Digestion was not much disturbed; bowels constipated. There was a deposit of tubercles found, by auscultation and percussion, existing in some of the larger bronchial tubes, but there was no more suppuration of these, discovered, than enough to loosen them, so that they were coughed up.

Treatment.—*Lycopodium* and *Bryonia*, were the only remedies used in this case, and they were sufficient, to entirely relieve all of the symptoms within the course of a few weeks, and the patient has never had the slightest return of them since, although nearly six years have now elapsed since we treated the case.

CASE III.

This was a case of phthisis laryngea, in a married lady, aged forty-six years, of bilious-nervous temperament. She had been under allopathic treatment for a number of months, and her disease was pronounced incurable, by her attending physician. At this juncture, we were called upon to take charge of the case, and found it one in which little encouragement could be given of an ultimate cure. Occurring as it did, immediately subsequent to, and probably in consequence of, "change of life," we looked upon as a circumstance, of very unfavorable bearing.

Symptoms.—There was the greatest debility existing in this case, which we remember ever to have witnessed, in any similar disease. The simple effort of raising upon one elbow in bed, or talking a little in the lowest tone of voice, would often bring on utter prostration, which it would require hours to rally from. There was an almost continual short hacking cough and hawking through the day, which was attended with an expectoration of frothy, yellow and gray sputa. The cough was not troublesome at night, and there were no severe paroxysms of coughing. Soreness of the throat, extending down into

the larynx and trachea, was a prominent symptom. There were no stitching or darting pains through the chest, but the greatest degree of weakness and fatigue, complained of through the stomach, which extended from there into the upper part of each lung. Chills, fever, and night sweats, were fast wasting the little remaining strength of the patient, although these had but recently made their appearance. The appetite was very poor, and part of the time there was a troublesome diarrhœa. We could detect no ulceration, except what existed in the larynx and trachea, but there it existed to an alarming degree, judging from the quantity and character of the expectoration.

Treatment.—This case, if cured at all, might be expected from the symptoms, the age of the patient, and the peculiar time in life at which the attack occurred, to require a long and discriminating treatment. Recovery was gradual, it being over a year before we succeeded in perfectly restoring the patient, but this result was finally accomplished, and since that time, now about four years, she tells us she has enjoyed a state approaching nearer to health, than during the previous thirty years. There was a good many different medicines employed in this case, by reason of the multitudinous changes in the symptoms; but our chief reliance was upon *Pulsatilla* and *Lycopodium*.

CASE IV.

A married man, thirty-eight years of age, of sanguine-nervous temperament, inherited consumption, and had lost one brother in the way he himself was now going. His condition was as follows: He was very liable to take cold, even upon the slightest exposure, and this would always bring on a severe lingering cough, attended with extreme soreness all through the lungs, which resembled, according to his description, the soreness of the throat, so peculiar to consumption in the last stages of the disease. Always with one of these colds there was a disposition to hectic fever, with that scarlet redness of the cheeks, which is so characteristic of disturbance of the lungs by tuberculous matter. He had received treatment of different kinds for these symptoms, but it gave no particular relief at the time, and no protection against subsequent attacks, in fact these increased in frequency and severity, until he was taken down with the most violent attack, from which he had ever suffered. At this time we were called to treat the patient, and found him suffering from what might, with propriety, be termed a scrofulous inflammation of the entire mucous membrane of the lungs. There was severe cough night and day, sometimes constant and dry, then again, in violent paroxysms, which would be terminated by raising a quantity of very tenacious mucous, and nascent tuberculous matter. The cough at all times, was attended with a deep soreness or sensation of excoriation throughout the entire chest, which the patient complained of as very distressing. There were no lancinating pains. The accompanying fever, partook of the character of a low grade of hectic, exacerbating in the afternoon, and continuing until morning, entirely preventing sleep during the paroxysm, and then subsiding with clammy perspiration. A great aversion to food existed, and some of the time there was a bad diarrhœa.

Treatment.—After the exhibition of several remedies, in succession, for the purpose of inducing a more defined series of symptoms, rather than as curative agents, the symptoms became settled and distinct, giving clear and positive indications that *Mercurius Solubilis* was the remedy required. The result of the administration of this medicine, showed with what precision nature requires us to act, yet how truthfully and effectually she responds, when properly approached, for this was the only medicine required in the case, every symptom beginning to yield within the succeeding twenty-four hours after we commenced giving it, and recovery from that moment was steady and uninterrupted, until health was firmly established. This was about four years since, and there had never been a return of any of the symptoms, up to a year ago, which was the last time we saw the patient. Here again, there was a series of boils, which were mostly large ones, and which continued for a number of months, to form, in successive crops:

CASE V.

A young lady, aged twenty-four years, of nervous-bilious temperament, who inherited consumption, was attacked with well marked disease of the lungs, after taking cold. The symptoms increased in severity for a number of weeks, when we were applied to for medical aid. We found the case one which was caused by the irritation of tubercles in the lungs; the left lung suffering the more severely. There was a very troublesome cough which had steadily increased in severity from its first accession, and which was now present at nearly all hours of the night and day. Expectoration was scanty, though what there was, partook of the tuberculous variety. A sharp darting pain through the left lung, and an almost constant pain under the left shoulder blade, was causing much suffering, and constantly increasing with the increase of the cough. In the general appearance of the patient, there was marked evidence of the existence of tubercles in the lungs, the eye especially having that peculiar expression, which in our experience, universally reveals the presence of these bodies in some of the internal organs. The appetite was rather poor, and the bowels were constipated. Chills, fever and night sweats, were somewhat troublesome, and the strength and flesh were beginning to waste rapidly; in fact, emaciation had already progressed to quite an alarming extent.

Treatment.—We administered *Lycopodium* to this patient, which gave almost immediate relief to the lungs, and caused a large number of boils to form in the muscles upon the posterior surface of the scapula. These discharged freely, thus putting an end to all symptoms of the lungs in the course of three or four weeks, and the patient continues healthy to this time, it being now over three years since we treated her.

CASE VI.

This patient, a boy aged sixteen, of bilious-lymphatic temperament, inherited consumption from his mother, and commenced, himself, to decline with the disease at the age of thirteen, immediately subsequent to an attack of typhoid fever. During the three years that elapsed from the time his disease first manifested itself, until we were called upon to treat him, he had been under the care of six or eight physicians of different schools of practice, all of them pronouncing the case one of consumption, and incurable. In this opinion we concurred, considering the case too far advanced to be cured, and took charge of the patient, only through the urgent solicitation of the friends, that we should do something to relieve his sufferings while he lived.

Symptoms.—A cough which occurred in frequent and violent paroxysms, at various hours of the day and night, these paroxysms being terminated, often, by expectorating ragged masses of crude tubercles of various sizes, some of them being as large as a small sized marble, which were mingled with yellow and gray sputa, and sometimes with blood. The expectoration, which was abundant, was most of the time extremely fetid, having the odor of rotten eggs, and was so bad that the patient had to be kept in a room by himself, and only attended to, as each separate want was made manifest. Auscultation and percussion revealed the existence of tubercles, and cavities in the lungs, though none of these latter were large. They appeared to be small ones and scattered, caused apparently by the suppuration and discharge of the tuberculous masses above referred to. He did not suffer very much with pain, but what there was, partook either of the lancinating character, or was a heavy distress all through the chest. There had been a very bad diarrhea for a number of months, which had resisted all attempts at controlling it, and which was fast wasting the remaining strength of the patient. The appetite was poor, and digestion bad, food passing the bowels undigested. Chills, fever and night sweats, were somewhat troublesome, but not so severe as we have seen in many cases. Feet and limbs were badly bloated; and the patient was very much emaciated.

Treatment.—The symptoms were at first a good deal confused; and they lacked distinctness, a portion of them, to that degree which rendered it exceedingly difficult to fix upon what drug or drugs the Homœopathic law of

cure demanded in the case. This, however, was remediable by what we may call *preliminary prescriptions*, designed to develop the symptoms in a more positive and individual manner. This was done, and had the desired effect; the mixed and uncertain character of the symptoms all disappeared, and the most clear and positive indication of *Natrum Carb.* was all that remained. Nothing could be more satisfactory in the treatment of disease than the result of administering this medicine. Every symptom began in a few days to yield, and the patient improved so rapidly that in a few weeks he went out freely, and commenced doing a little light work. This was in January, 1857, and the succeeding April, he commenced at regular work, at which he continued fifteen months without interruption, when he left for another state, the most healthy, robust and vigorous appearing boy, that we remember ever to have met. We have recently heard from him, and learn that he still continues in the best of health. Like the first case cited, the improvement of this patient was marked with the appearance of successive crops of boils, small for the most part, many of them having their seat upon the eyelids, and continuing over a year; in fact, ceasing to make their appearance only with the restoration of the most perfect health.

CASE VII.

A young married man, aged twenty-six years, of bilious-nervous temperament, in whom there was no hereditary taint of consumption that we could discover, but who had been subject for a number of years, to taking cold easily, which would always produce a severe cough, attended with profuse expectoration. For this cough, and his great liability to take cold, he had received allopathic treatment at different times, for months together, but never with any permanent benefit. At the time we were called to this patient, he had been suffering from the effects of one of these colds for nearly three months, and although receiving allopathic treatment, his symptoms increased in severity, until they began to assume a very alarming character.

Symptoms.—There was by far the greatest amount of sweating in this case, that we ever saw in any attack of disease, whatever, there being no time, night or day, that the patient could sleep even a few minutes, without being bathed in a profuse perspiration, which was always cold and clammy. The cough, which had been very severe the first six weeks of his sickness, had been partially suppressed by some powerful medicines. We ascertained upon examining the chest by auscultation and percussion, that the lower half of the right lung, was badly loaded with tuberculous matter, and that the left lung was similarly affected, though not to so great a degree. There was a great deal of soreness through both lungs, and severe lancinating pains in different parts of the chest. The appetite was very poor; and there was some of the time a bad diarrhea, although the bowels had previously been constipated. The strength and flesh had been rapidly wasted by the profuse perspiration.

Treatment.—After a careful examination of this patient, we selected *Lycopodium* as the remedy indicated. The result of the administration of this medicine, was satisfactory, although the nature of the case was such as to preclude the possibility of rapid improvement. This was steady and uninterrupted, however, the patient being able to attend to some light work at the end of six months, and at the end of a year, to assume the labors and duties of the farm, with nearly his accustomed strength and vigor. It was necessary to give a number of different medicines, in the progress of the cure, besides the one above mentioned, for symptoms that arose which called for them, but at all times, this maintained its position as the prime *curative* remedy. The improvement of this patient was marked by the appearance of boils, some of which were large, but they were less in number, than in the majority of similar cases which we have cured.

CASE VIII.

This was a girl, aged thirteen years, of sanguine-nervous temperament, who inherited a tendency to consumption, and who had, herself, been very much subject from infancy, to attacks of catarrh. From the effects of a cold, as her parents supposed, which was taken in January 1857, she began to decline with well marked disease of the lungs, for which she received allopathic treatment for five or six weeks, when her attending physician pronounced the case one of consumption, and incurable, and requested to be released from the farther care of the patient. This being granted, we were called to the case, and found it one fully warranting the allopathic opinion that had been given, although viewed under the light which Homœopathy had furnished us upon this disease, we by no means considered the case one that was necessarily hopeless.

Symptoms.—A severe cough had existed in this case, from the first commencement of the patients decline, and it had now become so constant as to almost entirely deprive the patient of rest either night or day. The expectoration which was abundant, was frothy and yellow, and contained considerable nascent tuberculous matter. There were frequent darting pains through the chest, which were especially severe through the left lung, and which were always aggravated by lying upon the left side. Chills, fever and night sweats, had existed for some time, the latter being very profuse and debilitating. Emaciation had progressed rapidly, there being the greatest degree of this, that we ever saw in any patient that was cured. The strength had also been wasting rapidly, the patient having been unable to sit up, more than a few minutes at a time, for two or three weeks. The appetite was very poor, and an obstinate diarrhea was farther reducing the patient's strength.

Treatment.—After an examination of this patient, we hesitated somewhat, whether to administer *Phosphorus* or *Lycopodium*, but finally gave preference to the former, on account of the sharp pains, especially through the left lung, which were aggravated by lying upon the left side, and also on account of the diarrhea. The action of this medicine, however, being unsatisfactory, we then administered *Lycopodium*, from which there was a perceptible improvement in forty-eight hours, and which continued to give relief for the succeeding three or four weeks, when *Calcaria Carb.* speedily put an end to the few remaining symptoms. The cure was accomplished in this case, in the shortest time required by any similar case of disease, which we have ever treated, the patient commencing a regular attendance at school in less than three months from the time we were first called to her. It was as effectual too, as could have been desired, as the patient has continued in the best of health to the present time, and has been entirely free from the catarrh, which had previously been so troublesome.

CASE IX.

This patient, a young married man, aged twenty-seven years, of bilious-nervous temperament, inherited consumption from his mother, and began, himself, to manifest symptoms of the disease at the age of twenty-five, immediately subsequent to the suppression of an inveterate skin disease, which had been more or less troublesome since his childhood. He had been under allopathic treatment, for the disease of his lungs, most of the time since it first manifested itself, and was given up to die, by physicians and friends, at the time we commenced with the case.

Symptoms.—A cough, which manifested itself, mostly in severe paroxysms, both night and day, and was always attended with profuse expectoration of yellow and gray sputa, and ragged masses of tuberculous matter. The lungs, especially the upper portions of them, were both badly loaded with tubercles, and there were a number of small cavities in them, as was shown by auscultation and percussion. Sharp darting pains through the chest, caused the patient much suffering, and there was besides, most of the time, a dull heavy pain through both lungs. Chills, fever and night sweats, were all severe.—

The appetite was very poor; and there existed an obstinate and profuse diarrhœa, which had been of many weeks duration, and which was especially troublesome and painful at night. The patients strength was so much reduced, that he was obliged to keep his room, most of the time, and as usual in such cases, emaciation had more than kept pace with the other symptoms.

Treatment.—We gave this patient no encouragement of cure, thinking his disease too far advanced, to effect anything more than a palliation of his symptoms. At his urgent solicitation, however, we undertook the management of his case, and first administered *Phosphorus*, in order to relieve him if possible, of the severe pains through the chest. This being accomplished with the first prescription, we then administered *Arsenicum*, which speedily put an end to the chills, fever, night sweats and diarrhœa, and the patient mended rapidly in every respect, for the succeeding two months, when he left for the west, relieved of nearly all his symptoms, except a slight cough, and having gained in this time, fifteen or twenty pounds in flesh. After reaching his destination he wrote to us that he was suffering from boils, which appeared to farther relieve his lungs.

CASE X.

A married lady, aged thirty-nine years, of nervous-lymphatic temperament inherited consumption, and had slowly but steadily declined with the disease herself, for a number of years. The prominent symptoms in her case, was a cough attended with profuse expectoration of gray sputa, and remnants of softened tubercles, severe pain through the right lung, which was some of the time lancinating in its character, with chills, fever and night sweats. There was a cavity of considerable size, in the patients right lung, and every evidence of tubercles existing in both lungs. The appetite was quite poor; and the bowels, part of the time, were relaxed. The strength was much reduced, and flesh was considerably wasted. Menstruation was almost entirely arrested, although the system made some feeble efforts, at times, to restore it.

Treatment.—*Mercurius Solubilis* effected a marked change in this patients symptoms, within a few weeks, after which *Phosphorus* acted finely, for a time, and then *Lycopodium* closed up the case, leaving the patient after a few months treatment in established health, which she continues to enjoy up to this time. There were but few boils made their appearance during the cure of this patient, and those were mostly small ones.

CASE XI.

A married lady, aged forty-nine, of nervous-bilious temperament, began to manifest symptoms of tuberculous disturbance of the lungs, immediately after her recovery from an attack of congestive pneumonia. There was, even for the character of the case, an unusual degree of soreness or sensation of excoriation of both lungs, complained of by this patient as constant, besides severe darting pains through the chest, and a heavy aching pain through the center of the right lung. A cough which was severe in the morning, and more or less troublesome through the day and night, had gradually increased with the other symptoms, until it was now quite alarming, and was attended with an expectoration of frothy and yellow sputa, nascent tuberculous matter and crude tubercles. There were at times quite severe chills, fever and night sweats. The appetite was not very good, much of the time; and the bowels were most of the time regular. The patient had lost much of her natural strength and vigor, and was considerably emaciated.

Treatment.—This was very irregular, as the patient was without medicine, more than half of the time, but we finally succeeded, after a number of months treatment, by the use of *Phosphorus*, *Stannum* and *Carbo veg.* as the principal remedies, in causing an absorption of the tuberculous matter, which auscultation and percussion revealed in the lungs, and induced a deposit of this in the muscles, just beneath the left clavicle, where a large carbuncle was produced which suppurated and discharged freely. The lungs were almost entirely relieved of their symptoms, as soon as suppuration fairly commenced in the car-

buncle, and we consider that with judicious management, this would have put an end to all of the disease of the lungs; but the patient was obliged to undertake a long journey, just at the time the carbuncle was at its height, which proved a tedious and very unfortunate one to her, and which of necessity, would obstruct very much the highly favorable change that the medicine was working in the patients system. However, as it was, there was a permanent improvement in the condition of the lungs, and the patient enjoys, to this time, quite a fair share of health, although the last we heard from her she had had no treatment for her lungs, since the carbuncle healed.

CASE XII.

A young lady, aged nineteen years, of bilious-lymphatic temperament, who did not inherit consumption, but who had suffered very much up to the age of fifteen or sixteen, with a species of scrofulous sores, boils, &c., which manifested themselves upon different parts of her body. These were finally subdued, after repeated and long continued efforts, and the patient then began to decline with symptoms of internal disease. She had been under allopathic treatment, previous to our being called to her, more or less of the time, for over a year, and her case was given up as incurable, by her attending physician.

Symptoms.—Menstruation, which had been natural from the age of fifteen to eighteen, had now been entirely suppressed, for one year. There was not much cough, but the lungs were abundantly loaded with tubercles, which caused much suffering from sensations of excoriation and burning through them, and which threatened immediate suppuration. There was the greatest deficiency of animal heat, in this patients system, that we ever saw in any case of disease, as she was in an almost constant chill. At times there would be a reaction, when the patient would have fever, and perspiration, the latter being always cold and clammy, but she would then relapse again into the chilly condition. Night sweats, which were also always cold, were somewhat troublesome. The appetite was very poor, in fact there was an almost entire want of it; and the bowels were badly constipated. This patient was greatly emaciated, although previously, when in health, she was much more fleshy than the majority of persons of her age. Her strength was also much wasted.

Treatment.—We commenced the treatment of this case, with remedies to arouse the digestive organs from their torpid condition, being fully convinced that the patient must soon sink if not better nourished. In this effort we succeeded, principally by the use of *Nux Vomica*, after which we proceeded in the administration of the medicines called for by the totality of the symptoms. Among these, *Sepia*, *Lycopodium* and *Graphites*, were the most markedly indicated, during the progress of the cure, in the order in which they are named, and they always acted promptly and efficiently. There was a gradual, but steady, and uninterrupted improvement in all the symptoms, from the time we commenced the treatment of the patient, until she was restored to nearly her natural strength, flesh and vigor, when menstruation came on, just two years to the week, from the time of its disappearance. Here, again, a number of boils made their appearance, during the recovery of the patient, and these, in every instance, would mark an improvement of the internal symptoms.

CASE XIII.

A young unmarried man, aged twenty-nine years, of nervous-sanguine temperament, inherited consumption from both parents; in fact, nearly all of the relatives, of both the father and mother of this patient, for two or three generations back, had died of the disease. He had been, himself, in rather delicate health for a number of years, although able as a general thing, to work upon the farm summers, but feeble winters, or at least very susceptible to taking colds, which would always result in a lingering cough, attended with a good deal of expectoration. This cough, with other serious symptoms, continued unabated through one entire winter, but subsided in the spring

when the patient commenced work as usual, upon the farm, at which he continued about two months, when, one day in the field at work, he was attacked with a violent pain through the right lung, and a severe cough, which was attended with profuse expectoration of pure pus mixed more or less with blood. Following this state of things, the patient declined rapidly in strength and flesh, having marked hectic fever, with chills and night sweats. At this juncture, we commenced the treatment of the patient, and found upon examination, that suppuration had taken place near the posterior surface and a little above the center of the right lung, which had left a cavity of some size, and that both lungs were considerably loaded with tuberculous matter. The cough, now was not severe, as expectoration, though abundant, was accomplished without much effort. The character of the sputa, indicated at all times a most serious condition of the lungs, as it was very heavy, thick and gray, and sure to be mingled with blood, if the patient exerted himself a little too much, or took a slight cold. The pain through the chest, which was so violent at first, had declined much in severity, but even now caused considerable suffering at times, either from its severe lancinations or its heavy distress. The appetite was very poor; and the bowels at times were badly relaxed.

Treatment.—We first administered *Hepar Sulph.* in this case, which had a very fine effect, after that *Lycopodium* which controlled some symptoms that we were anxious to get relieved, and then *Mercurius Solubilis* became markedly indicated, and was the only medicine required, to permanently cure the patient. This was accomplished in about five months, and the patient continues healthy to this time. It was very instructive to watch the effect of medicine upon this patient. After continuing the use of *Mercurius* for some time, the symptoms were so much improved, that we considered it advisable to omit its use, which we did for a time, but the patient exerted himself too much, and took cold, which brought back some of the bad symptoms, among which was the cough, and the thick gray and bloody expectoration. We administered *Mercurius* again at once, which produced two or three boils within a very few days, and this speedily put an end to almost the entire list of symptoms of the internal disease.

CASE XIV.

This was a case of carbuncle, alternating in its action, between the muscles upon the side of the neck, and the mucous membrane of the throat, larynx and bronchial tubes. The patient was a man, aged forty-five years, of predominant bilious temperament, and possessed of a powerful physical organization. He had felt a sensation of dull pain and soreness for some length of time, in the muscles just behind the left ear, and this gradually increased in severity, although at times, it would subside almost entirely, when the throat would become sore, and a cough arise, that would be quite troublesome. After this state of things had continued for a short time, a reaction would take place, the soreness of the throat and cough, being entirely subdued, and then the difficulty would return to its original locality, there causing more swelling than existed before, until this finally extended down into the muscles upon the side of the neck. These changes occurred quite a number of times, and at each time with an increase of suffering; that is, when the symptoms would subside in the carbuncle, and seize upon the throat and lungs, the suffering of these organs would be much greater than at the preceding attack, until finally, after the carbuncle had become quite large, and very painful, it was twice arrested in its progress, through the carelessness of the patient, when a most distressing and constant cough arose, which was attended with a great degree of soreness of the throat and lungs, and an expectoration of that peculiar viscid tenacious mucus, which always accompanies tuberculous irritation of the mucous membrane of the air passages. We at length subdued this tendency of the disease, to seat upon the throat and lungs, and then the carbuncle proceeded regularly in its work of suppuration and discharge, which soon put an end to all further symptoms.

Treatment.—It was necessary, in this case, to use two classes of remedies, on account of the difference of the symptoms in the two localities, where the disease acted. When it seized upon the throat and lungs, we could control it with no other remedies, but *Mercurius Solubilis* and *Phosphorus*, while the symptoms of the carbuncle called for *Lycopodium* and *Hepar Sulph.*, and these both relieved the suffering, and hastened suppuration, as soon as we succeeded in arresting the liability of a transfer of the disease to the throat and lungs. Since the patient was then restored, he has enjoyed uninterrupted health, and all of his previous natural vigor of constitution.

CASE XV.

A married lady, aged thirty years, of nervous-lymphatic temperament, inherited consumption from her mother, and was, herself, quite subject to severe attacks of the lungs, after taking cold. She at one time suffered a number of months, with a scrofulous abscess of one of the breasts, which was finally healed, but after this, the lungs became much more sensitive than before. A cold, now seating upon the lungs, was sure to develop more or less prominent symptoms of phthisis, which were but slowly and partially recovered from. Finally, after one of these colds, a very severe cough came on, and continued increasing in severity, until there were the most alarming symptoms of ulceration of the lungs. The cough was attended with profuse expectoration of yellow and gray sputa, and remnants of softened tubercles. There were lancinating pains through different parts of the chest, and a soreness and dull pain complained of, through the upper portion of the left lung, which at times caused much suffering. The lungs were both considerably loaded with tubercles, and a cavity had been formed by suppuration of some of these, in the left lung, in the region where the soreness and dull pain were so much complained of. The appetite was very poor; and there was some diarrhea. Chills, fever and night sweats, had increased with the other symptoms, until they were very severe, and very prostrating in their effects. The patient was fast wasting in flesh and strength, and all of the symptoms were rapidly assuming a most formidable character.

Treatment.—*Calcareo Carb.* and *Phosphorus*, effected a most rapid change in all of the symptoms, so that the patient was able, within a few weeks, to attend to all of her household duties. She then discontinued the use of medicine, though the lungs were not entirely healed, but since that time they have been much better than before, and occasionally she has a large boil, which is always sure to leave the lungs almost entirely free from all symptoms, for a long time after its discharge.

The above cases, selected from the great body of those which we have treated, for Phthisis, are deemed sufficient, here. They have been selected for their distinctly marked and diversified character; and although their number might be greatly increased, yet such increase would yield little more than *general* repetition of what is already given. The number and the varied character of the cases above recited, sufficiently sustain us, in the assumptions we have made, while they communicate, so far as the narrative of cases can, to the physician, the means and the methods by which the Homœopathic law is to be successfully applied, in the treatment and cure of consumption.

No one, of course, can ascribe to mere accident, the cure, of the number and the character of the cases we have detailed, and hence the repetition of these results, to any extent of number, even to the extermination of consumption, is shown to be within the reach of the studious and faithful portion of Homœopathic practitioners.

It will be seen, by the cases narrated, that, in their cure our several positions in regard to the connection of boils and carbuncles with tuberculous deposits; the suppression of cutaneous diseases a basis of such deposits; and finally, of these deposits owing their origin to the free surfaces of the mucous membranes, are fully borne out and sustained, to a degree that will probably be deemed wholly sufficient to establish them, and render them a basis of future procedure.

We conclude, then, as we began, with the expression of an ardent hope, that our professional brethren will promptly avail themselves of whatever aid we have been able to tender them, through the contents of this pamphlet, and at once determine, for themselves, the extent to which their efforts may become available, in relieving humanity of its direst scourge. In this glorious work none can experience want of opportunity, for the fel-destroyer is everywhere, and may be encountered on any day of the year, by each and every physician who feels himself prepared and willing for the conflict.