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INTRODUCTION.

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

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

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

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

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

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

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

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

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

ROLLIN R. GREGG.

THE CAUSE OF TUBERCULOSIS.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[*To be continued.*]

INDICATIONS FOR DRUGS IN PULMONARY DISEASES.

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

It has often seemed to us in studying our various

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

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

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