

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

CENTRAL NEW YORK HOMŒOPATHIC SOCIETY.

OFFICIAL REPORT.

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

The meeting was called to order by Dr. W. H. Hoyt, President. Dr. C. W. Boyce, the Secretary of the Society, read the minutes of the last meeting, which were approved.

Medical reports were then taken up.

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

On motion, the thanks of the Society were returned to Dr. Gregg for his very able and instructive paper, and it was ordered that it be returned to him for publication in his journal or such other as he may designate.\* Dr. C. W. Boyce read an interesting paper on the use of carbolic acid as a local dressing.

All the physicians present were invited to take part in the meeting. Dr. Gardner read a paper on Leucorrhœa, which was referred to the Committee on Publications.

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

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

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

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

Dr. Wells offered the following resolution:

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

Adopted.

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

Referred to the Committee on Publications.

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

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

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

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

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THE CAUSE OF TUBERCULOSIS.

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

(Continued from page 12.)

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

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

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

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

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

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

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

This brings us to a point from which we diverge

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

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

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

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

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

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

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

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

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

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

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

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

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

Proof of all this here follows. If blood is drawn

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

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

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

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

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

Speaking of the distention of blood-corpuscles,

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

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

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

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

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

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

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

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

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

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

[To be continued.]

#### INDICATIONS FOR DRUGS IN PULMONARY DISEASES.

##### ARSENICUM ALBUM

(Continued from page 23.)

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

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

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

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

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

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

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

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

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

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

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

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

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

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