DYSENTERY.

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MR. PRESIDENT AND GENTLEMEN:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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THE CAUSE OF TUBERCULOSIS.

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

(*Continued from page 58.*)

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