

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

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

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

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

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

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

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

"Sunday, October 11th. On a careful review, the case disclosed the following symptoms: no disposition to move except to stool, which must be attended to at once; the stool is followed by worrying and moaning. Fine red rash on the head, neck and face, with great itching. Uneasiness during sleep, which was short and light. Excessive irritability when awake. Continued fever, with hot hands and body and cool arms. Pulse 150 through the twenty-four hours. The lips are deep red, cracked and ulcerated. The tongue is red, dry and ulcerated, with inability to protrude it. The throat is sore and dry. When commencing to swallow, there is crying and unwillingness to renew the effort, yet afterward this ceases. Discharge of clear ropy saliva. Every motion of the body causes the child to cry out. Urine natural. Coughs occasionally, which is always attended with crying. There is coryza and rattling respiration. Lachesis² was given.

"Monday, no change. Lachesis²⁰⁰ one dose was given.

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

This case, as reported by Dr. Boyce, we see is as remarkable for its changes as those by Dr. Dunham. He says that, after other medicines had failed, two doses of Arsenicum³, in solution, promptly controlled the dysenteric symptoms; but, mark the result. Immediately upon their relief, he says there seemed to be metastasis to the brain. Nothing is said about the urine, so we cannot know whether this case should be classed with class first of Dr. Dunham's cases, as is more than probable; or whether the brain symptoms arose from a threatening of an effusion into the ventricles of the relative excess of water left in the blood, by waste of albumen in the dysenteric discharges. But fortunately we are not left in doubt upon the most important part of the case in this connection, namely, that when the symptoms of the brain were controlled by Belladonna³⁰, after thirty-six hours of its administration, the dysenteric symptoms *returned* as acute and dangerous as they were before the metastasis. The evacuations were as often and the prostration as great, he says, as in the first instance. Then of course the dysentery, or rather the exciting cause of it, had been *transferred*, not cured, and not the least curative impression made upon it, for it was back there again in all its original severity. Now, Arsenicum, in the same preparation as at first, was again given. Two doses at four hours interval arrested the disease as promptly as before, and this time the effect was not interrupted. But let us look at the sequel. Arsenicum was last given on Wednesday, from which there was an improvement till Friday, when two doses of

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

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

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

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

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

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

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

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

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

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

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

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

R. R. G.

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

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

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

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

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

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

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THE CAUSE OF TUBERCULOSIS.

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

(Continued from page 102.)

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

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