

It has been suggested to us by some to whom we have submitted the foregoing facts, as to the cause of tubercle, that feeding tuberculous patients with albumen in large quantities might remedy their disease; but this is impossible, for if they ate entirely of it, digestion would change the character of the whole mass taken, while absorption would only allow of the proper relative proportion of albumen to the other constituents, as digestion had prepared them, being admitted into the blood-vessels; as we see is the case with all the feathered tribes, which, through a similar process, receive the proper proportions of nutriment for all their various tissues, from albumen, and this alone, until they are hatched and escape from their shell. Hence an extra amount of albumen can in no way be introduced into the blood, to take the place of that which is wasted; and the waste must go on until the mucous membranes are healed through specific medication.

INDICATIONS FOR DRUGS IN PULMONARY DISEASES.

CALCAREA CARBONICA.

This is one of those powerful constitutional drugs, which frequently finds its indications in the general symptoms or constitution of the patient, quite as prominently as in the specific symptoms of an individual case, and yet characteristic symptoms

are by no means wanting, either in its pathogenetic or clinical record.

Some of the more prominent symptoms calling for this drug, in diseases of the respiratory organs, are, in our experience, as follows: Fluent coryza, the discharges soon, if not at first, putting on a purulent character, that is, soon becoming yellowish, or more definitely, of a whitish yellow color, yet distinctly purulent as applied to mucous secretions. Hæmorrhages from the nose, more especially, perhaps, from the *right* nostril, and often profuse, in rapidly growing light haired youths. *Loud breathing through the nose*, that is, a distinctly audible roaring sound from the air passing through the nostrils in respiration. Cough more severe in the morning on rising and in the early evening, yet recurring in paroxysms during the day, not as much or but little in the night. The cough is almost always accompanied with a more or less profuse expectoration, which has the same whitish yellow color as the discharges from the nostrils spoken of above, and like those, *early putting on this purulent character*. The respiration is seldom greatly disturbed, though it is liable to be somewhat so, from a sense of oppression or constriction of the chest, and then it is almost always ameliorated by drawing the shoulders backward. Dull or somewhat acute pain in the spine between the scapulæ, which is relieved for the moment by this same drawing back of the shoulders. Amelioration from lying upon the back; aggravation from

lying upon the sides, more particularly perhaps in turning from the back to the sides, or impossibility to do this without assistance.

Calc. Carb., with us, has shown a more marked control over the upper half of the right lung than over any other portion of either lung, but in this it has been for an entirely different class of symptoms from those for which we would prescribe *Ars. Alb.* A case which was of great interest to us we will give to illustrate the action of this drug. In September, 1866, a gentleman of this city, 42 years of age, very tall, but slim, with dark hair and dark eyes, for whom we had frequently prescribed before, for various ailments, called upon us for relief from a chronic sore throat. Upon examination we found the fauces inflamed in all parts about alike, the mucous membrane thereof being much injected throughout, but without much swelling in any one part, and showing the dull redness and other appearances of chronic inflammation, not the bright redness, etc., of acute inflammation. There was some aggravation upon swallowing, and an expectoration of frothy transparent mucus. But little if any cough, though the irritation appeared to extend somewhat into the larynx.

Though apparently foreign to the case as it then stood, there was one thing in the preceding history of the patient that is important to mention, for reasons that will be seen. In the preceding twenty years, he had had two or three attacks of inflammation of the right eye, the first of these being of

great severity, and from which he was confined in a dark room twelve weeks. The other attacks were much less severe, and controlled in much less time.

For the sore throat we prescribed Phosphorus 3^m, which relieved all the symptoms, there, very promptly, but immediately the right eye became inflamed. For the treatment of this he called another Homœopathic physician, one who had treated him before for his eye, with good results, at least so far as the eye was concerned. This physician gave him Homœopathic remedies, but at the same time made use of cold wet compresses upon the eye. This very soon relieved that, but it was not more than ten days or a fortnight before the patient came to us again with the throat as bad, or worse, than at first. We again gave Phosphorus 3^m, which relieved the throat as promptly as before, and with the same result, in driving the disease back to the right eye. Again he employed the other physician, who prescribed the same treatment, that is, wet compresses, etc., with the same result on his part, again, in relieving the eye, but with return of the disease to the throat in about the same length of time. The patient now came to us the third time, with the throat in a bad condition, when, as we had learned of his having employed another physician, we told him he must let one or the other of us go through with the case, for some bad complication was to be feared in going on in this way. He then put himself under our

sole care until he should be cured of all the symptoms. We again prescribed Phosphorus 3^m, with the same prompt relief of the throat as in each of the other instances, and without the disease going the third time to the eye, but instead of this, a very large and very painful boil formed in the perineum, and confined him to his bed several days. This went on to suppuration and profuse discharge, in proper time, and all the diseased action promised to be broken up speedily; but the patient went to his office on the wharf the next day after the boil broke, and sat there several hours without a fire, though it was a cold day near the last of October, with a high wind blowing off from the lake. In the relaxed and debilitated condition of his system, he took a violent cold, from this exposure, which settled at once upon his lungs. A very severe cough soon developed, with expectoration, which, within a few days, assumed that whitish yellow color already described, and became very profuse. At the same time there arose a severe coryza, and an active catarrhal irritation of the fauces, with a profuse secretion of the same colored mucus from the latter, and from the posterior nares, requiring much effort, in addition to the cough, to clear these passages. The cough was more severe in the morning, with less violent paroxysms during the day, worse again in the evening, from about 5 P. M., for two or three hours, and much less at night, but always attended with the characteristic expectoration named above. A slight pain also came up

behind the third and fourth ribs in the right lung, which he described as a sensation between a numbness and a pain. There was scarcely any dyspnoea whatever in the case at any time, but there was, all the time, *loud breathing through the nose*. The appetite kept fair and the bowels regular. Considerable fever of a hectic character arose, pulse varying from 100 to 120 per minute, but without chills or night sweats.

For these symptoms we prescribed Aconite. 1^m, Belladonna 2^m, Nux Vom. 2^m, Merc. Sol. 3^m, Bryonia 2^m, Phosphorus 3^m, etc., being governed in the prescription, as nearly as we could, by the totality of the symptoms as they stood, but none of them afforded any relief. In fact the patient grew steadily worse, to the great alarm of his friends, for some six weeks, when it became evident that if relief was not soon given he must go down rapidly with "quick" consumption. He was expectorating very large quantities of the whitish yellow sputa described, and the whole powers of life were beginning to show that they were being rapidly undermined. At this time there was a strange feature revealed by auscultation, and this was, that the sounds given by the upper portion of the right lung were exactly those of cavernous respiration; and if governed alone by them, we should have said the entire upper third of that lung had been destroyed by ulceration. Still we knew from the other indications of the case this could not be so, that there was no breaking down of lung tissue;

but instead of this, that it was one of those cases, of which we have seen several, giving deceptive sounds of cavernous respiration, where no cavity existed. But the patient was certainly approaching, and that rapidly, a condition where medicine could no longer have been of any avail. The left lung was entirely normal in all respects.

Under this state of affairs, and with not a little anxiety, we made a careful review of the symptoms, and saw that with any knowledge we then had of such a case, we could not hope to select the curative agent by following only those symptoms which then existed, so admitted all the symptoms we could get of diseased action in his past life. We then found that he had grown very rapidly and slender while a boy; that he had had great numbers of profuse hæmorrhages from his nose, which in early boyhood were always from his left nostril, and later invariably from the right nostril; and that there had been other symptoms and conditions of his earlier life that called for the Carbonate of Lime, though the color of the hair and eyes were the opposite of what would generally lead us to think of this drug. We therefore gave *Calcarea Carbonica* 6^m, Dec. 11th, '66, and awaited the result. The delay was not long however, for it was not to exceed three days when it was distinctly to be seen that the entire symptoms of the case were giving way to a rapid improvement; and after a week or ten days, so great was the change, that we had no more anxiety for the result; while at the end of a month or six weeks there was not a symptom of importance left in the

case, but debility, and from this he rapidly recovered. After the first dose of *Calcarea*, Dec. 11th, we gave no other remedy, but let this entirely complete the cure, and restore his strength, which it did so fully, that he has been about as strong and healthy since as at any time in his life preceding this sickness.

Now, we feel quite confident that if *Phosphorus* had been allowed to act in this case, undisturbed, when it was first given for the throat and drove the disease to the eye, it would soon have relieved the inflammation of the latter organ as effectually as it did the throat; or, if it had not accomplished this work fully, we feel that we know that a high potency of *Belladonna* or *Calcarea*, more probably the former, would have done so promptly, and saved the boil and the lung attack, in short, all that followed in the case.

It was the relaxed condition of the patient's system, from enduring the pain, fever and general disturbance of the vital forces, caused by the boil, that induced the cold and its alarming effects upon the lungs; and all of this suffering and risk, we repeat, would have been avoided if the case had been allowed to go on as it was commenced. The action of *Phosphorus* was purely curative, in driving the disease from the *more* vital organ or parts (the fauces), to the *less* vital organ (the eye), and should not have been interfered with, under any pretext whatever, until it had done all it could; and then, if anything further had been needed, it should have been followed with the drug then indicated

by the totality of the symptoms, without any external or local treatment, of any kind, name, or nature.

It is the highest duty of the physician to *prevent* disease whenever and wherever he can, and when he cannot do this, it is his next highest duty to avoid everything in his treatment that can possibly complicate the case, or occasion any risk; BUT HE CAN NEVER DO THIS IF HE RESORTS TO LOCAL TREATMENT FOR ANY DISEASE, OR ANY CONDITIONS ARISING FROM DISEASED ACTION.

We have known repeated instances, where some of the most serious and fatal diseases of the throat and lungs, followed, or commenced, immediately after the treatment and suppression, by local means, of inflammation and ulceration of the eyes.

In conclusion, we desire to say to the profession, we wish it specially understood, that in what we have said, or may say, about the particular locality, or localities, in the lungs, upon which the various drugs act, we by no means limit or confine the action of these to such parts, or say they cannot go beyond. It is only the result of our own careful observations, thus far, that we are giving. We expect, indeed we know, that the observations of others, no less than further experience of our own, must extend these limits, and at the same time give us more and more clearly the characteristics of each drug; and that a fuller knowledge of these, with the aid of the exact localities of their action, will make our prescriptions, in such cases, much more unerring than they have ever been.

COMPARISON BETWEEN ACONITUM AND BELLADONNA.

BY AD. LIPPE, PHILADELPHIA.

[Read before the Central New York Homœopathic Society, June 17th, 1869.]

ACONITUM.

Inconsolable anxiety, with restlessness and tossing about.

Delirium, worse at night and has ecstasy.

Predictions of the time of death, not in dangerous diseases, but when there is nervous anxiety.

Giddy when rising, with vanishing of vision, as if in a swing.

Congestion of the head, with red face. Heat of the head, with perspiration of the head and red face.

Fullness and heaviness in the forehead.

Pain in left side.

Headache, better when lying quiet, worse when moving.

Sensation of the brain as if moving to and fro.

BELLADONNA.

Unconsciousness; the patient does not see any one nor hear.

Delirium, with violence, raving, tearing of objects, with striking and spitting. Bell. is demonstrative.

Great cunning and vehement talking.

Vertigo with unconscious falling down. Loss of sight when sitting up in bed.

Congestion of the head with red face. Heat of the head, with congestion of the head, and pulsation of the arteries of the head.

Stupifying pain in the head, with unconsciousness.

Pain in right side.

Headache, better when sitting and worse when lying.

Boring of the head into the pillow.

ACONITUM.

Eyes closed.

Excessive photophobia and photomania; ophthalmia. Eyes protruded and pain insupportable, with great pain and restlessness. Inflammation from foreign bodies in the eye. Inflammatory swelling of the eye-lids.

Dilated pupils. Pupils movable—contracted and then dilated.

Red face, but pale when rising.

Lips dry and black, peeling off.

Perspiration on the side of the face, on which the patient lies (characteristic).

Pulsating pain in the face, with restlessness.

Dryness and dark-redness of the throat.

BELLADONNA.

Eyes open; has visions as soon as the eyes are closed.

Photophobia and photomania. Heat in the eyes, with fullness of the vessels and swelling of the lids—lids turned over.

Bleeding of the eyes. He sees sparks of fire. Things look red.

Dilated pupils (immovable); wild staring look; red glassy eyes.

Red face, with burning heat hotter than Acon.—pale blueish-red (purple) face, and puffed.

Black and bleeding lips, and hard swelling of the upper lip.

Erysipelas of the face.

Violent cutting pain in the face. Violent pain in the teeth, aggravated by eating.

Dryness and dark-redness of the throat. Dryness of the mouth, without thirst.

ACONITUM.

Prickling on deglutition and coughing.

Tingling in the throat.

White coated tongue.

Aversion to food.

More violent thirst than Bell.

Bitter taste of all food and drink, except water.

Vomiting of bloody mucus.

Vomiting of what has been drunk.

Tensive pressing pain as from a weight in the abdomen (stomach?).

Swelling of the abdomen, with tympanitis.

Sensitiveness of the abdomen to the touch.

BELLADONNA.

Prickling on deglutition.

Constriction, with desire to swallow. When not swallowing, cutting in the throat. Swelling of the tonsils.

Red tongue. Tongue coated with mucus, or inflamed and swollen, preventing speech. If the tongue is white, the edges will always be red.

Aversion to food, loss of taste.

Thirst, causing to drink very fast, with trembling. Aversion to drink even when there is dry throat.

Sour taste of bread.

Vomiting of pure mucus, or sour (acid) vomiting.

Vomiting of bile, or empty retching.

Swelling of the pit of the stomach.

Swelling of the abdomen, with tympanitis.

Sensitiveness of the abdomen to the touch.

ACONITUM.

	Painful tearing and clawing (as with the finger nails), in the abdomen.
Colic from flatulency.	Colic from flatulency (the transverse colon is very considerably inflated and palpable to the touch), relieved by stooping and pressure (leans over a chair and presses the abdomen).
Light (white) evacuations.	Green evacuations (white evacuations).
Small evacuations, with straining.	Involuntary evacuations.
Suppression of the urinary secretions.	Suppression of the urinary secretions.
Anxious urging to urinate.	Involuntary evacuation of urine.
Increased secretion of urine, with very frequent urination, and much thirst.	
Red fiery urine.	Red fiery urine.
Frequent and short breathing, especially when rising from a recumbent posture.	Frequent and short breathing, with violent heaving of the chest.
	Constrictions of the chest.
Dry short cough.	Dry, hacking cough through the night.
Expectoration of blood, or blood-streaked, or of a thick white substance.	Very little expectoration, except in the morning after rising, when a thick substance like pus is coughed up.

BELLADONNA.

ACONITUM.

Stitches in the chest when coughing. Cough when smoking tobacco.

Stitches in the chest aggravated by breathing, coughing and motion, even by lifting up the arm.

Hollow voice.

Palpitation of the heart, with anxiety.

Stiff neck.

Tingling of the fingers.

Hot hands and cold feet.

Loss of power of the hip and knee joints, generally of the left side.

Dry burning skin.

BELLADONNA.

Stitches in the lumbar region when coughing, cough caused by the least motion, especially in bed at night.

Sneezing after coughing. (Hep.)

Congestions to the chest, with pulsations.

Aphonia, entire loss of voice.

Violent palpitation of the heart, reverberating in the head.

Stiff neck, accompanied with swelling of the neck and head. Distended arteries of the neck (also an acid smell from the perspiration of the neck).

Swollen glands of the neck.

Twitching in the hands.

Cold hands and feet.

Stitch in the hip joint, generally on the right side, both at night and when touched.

Dry burning skin. Alternate redness and paleness of the skin. Burning hot swelling of the affected parts. Smooth shining scarlet-redness,—not circumscribed,—with dryness, burning and swelling.

ACONITUM.

Sleeplessness, with anxiety and constant tossing about.

Sleeplessness and stupor, with closed eyes.

Full, hard, accelerated, and only sometimes intermitting pulse; very seldom slow, and small pulse. Slow pulse is like a thread.

Coldness in the blood-vessels.

At the commencement of the disease, chilliness, most violent in the evening after lying down, often with one red-hot cheek, and contracted pupils.

Chilliness from being uncovered or being touched.

Chill with internal heat, anxiety and red cheeks.

Shuddering, which rises from the feet up to the chest.

Dry burning heat, mostly extending from the hands and face, with much thirst for cold drinks.

Heat, with anxiety and tossing about.

Continuous heat, with desire to be covered.

BELLADONNA.

Deep stupor-like sleep.

Sleeplessness from visions passing before the eyes as soon as they are closed.

Quick, hard, and tense pulse, occasionally small and soft,—seldom soft, but when so, it is full.

Fullness in the carotid and temporal arteries.

Chilliness in the evening, mostly on the extremities, and hot hands, or cold extremities with hot head.

Chilliness when moving.

Internal chills, with external heat.

Shuddering which runs down the back.

Dry burning heat, with perspiration only on the head.

Heat, with stupidity; or red face, with delirium.

Hot head with cold cheeks.

ACONITUM.

Burning heat, with chilliness at the same time.

Long, lasting perspiration over the whole body, of a sour smell.

Most perspiration on the covered parts.

Left side.

Pains which are insupportable.

Congestion to various parts.

Diminution of almost all pains, while sitting still; but at night, and while in bed, it is unbearable.

Great and sudden sinking of strength.

BELLADONNA.

External or internal heat, or both, at the same time.

Perspiration while asleep, day or night. Perspiration begins at the feet, and ascends.

Perspiration only on the covered parts.

Right side.

Over-sensitiveness of the senses.

Congestion to various parts.

Renewal and aggravation of the attacks by the least touch.

RETROSPECTIVE.

With this number we close the first volume of this Journal. It will be seen, also, that herein we conclude our article upon "The Cause of Tuberculosis." In order to do this, we have had to give more space to it in this issue than we desired, but thought it less objectionable to do so than to resort to the questionable expedient of continuing a leading article from one volume to another, when this could be avoided.

As our facts and argument, upon the cause of Phthisis, are now before the profession, they can judge for themselves whether we have maintained what may have seemed, perhaps, a somewhat startling claim, made at the outset, to having discovered the real cause and nature of this terrible human scourge. To us the proof seems sufficient, and we think it must

be so regarded when subjected to the most rigid, but just scrutiny; though it is scarcely more than half we have gathered upon the loss of albumen, and the ravages of the blood-corpules, thereby left in excess; while it is hardly more than a tenth of what we have collected upon the various branches of this almost inexhaustible subject. As stated in the beginning, we wrote the paper for, and submitted it to, those who are among the best educated medical men in the world, viz., the members of the Academy of Medicine, Paris; consequently omitted very much of the details of proof with which we knew they would be familiar. For them, what we gave was sufficient for a full understanding of the subject, and they conceded that *all* the facts upon which the argument was based were correct. But others must judge the matter from their standpoint, and as they are given to see the evidence. One thing, however, it would seem, must result from this discussion, whatever else may come of it, and that is, if all have been governed by the same earnest desire to study and understand our views, with which we have endeavored to present them, a more extended specific knowledge of the *nature*, at least, of tubercle, must be reached than has ever before been attained.

With this we leave our work of the year in the hands of our school, without doubts or fears, and with the conviction that entire justice will be done by all those who earnestly desire the advancement of knowledge in the profession, and the prevention and relief of human suffering. Indeed the extensive endorsements and encouragement we have already received, and which are still constantly flowing in upon us, far exceed our most sanguine expectations, and leave nothing in doubt on this score; while for it all, we return our most heart-felt thanks.

NOTICES OF JOURNALS, ETC., RECEIVED.

In exchange, we have received regularly during the year, *The Hahnemannian Monthly*, *The American Journal of Homœopathic Materia Medica*, and *The New England Medical Gazette*. Though we have omitted to notice the receipt of these before, it has not been from any intentional neglect, or from want of disposition, but simply because our pages have been so crowded each time with matter we furnished that we could get nothing else in. In fact we had to divide the article on Tuberculosis, in each number preceding this, at points where we did not desire to, in order to allow room for the completion of other articles.

We have also received *The Occidental*, and *The Canada Journal of Dental Science*, since July, besides numerous pamphlets and books, which we cannot now notice for reasons given above.

THE

HOMŒOPATHIC QUARTERLY,

A JOURNAL DEVOTED TO THE INTERESTS OF
PURE HOMŒOPATHY.

ROLLIN R. GREGG, M. D.,

EDITOR AND PROPRIETOR.

BUFFALO, N. Y.

PRINTING HOUSE OF MATTHEWS & WARREN,

Office of the "*Buffalo Commercial Advertiser*."

1870.