

This is the first instance, we believe, in the history of medicine, in which symptoms for medical guidance have been represented to the *sight*; and it becomes proper to consider what may be hoped for from it, in some other respects than those already named. Scientific men have always hitherto denied to medicine the position of a positive, or exact science; and with reason, because of its many uncertainties. But in view of all the facts herein pointed out, together with the order and system which we have endeavored to show can be given them, may we not hope to change this decision? Nature is ever true to herself, and our faith in her provisions is unbounded. We believe that no limit will ever be found to the means she has provided to minister to the comfort, the welfare, and the true happiness of the human race. The only difficulty is to find these and learn how to properly apply them. Wherever there is suffering to be relieved, there must be a remedy for it. It cannot be within the providence of God to be otherwise. With the *Illustrated Repertory* completed as we have pointed out, and a *Materia Medica* to correspond, and aid in correcting errors, and confirming all our facts, it must be that, through the genius of the immortal Hahnemann, following where he led the way, and completing what he began, we shall in time be able to so perfect Homœopathy, that it will step forth as one of the most exact of sciences; an equal of any, in its beauty and in its symmetry, and the *noblest of them all*, BECAUSE OF ITS EXALTED MISSION OF MERCY TO MANKIND.

ANSWERS TO OBJECTIONS TO OUR THEORY OF TUBERCULOSIS.

In the winter of 1866 and '67, when Dr. Brown Sequard was in this country, a friend of ours, an American gentleman then residing in this city, but who was in his younger days a resident of Paris some fifteen years, and then an intimate friend of Sequard's, called upon the latter in New York, and verbally stated to him our claim to having discovered the cause of Phthisis Pulmonalis, and some of the points sustaining the claim, as he understood them. This gentleman told us the Doctor raised five objections to the theory and presented these to us. They were as follows:

1st. The Doctor said: "It is well settled that tubercles are the result of an exudation."

2d. "That tuberculous corpuscles are organized outside of the blood-vessels."

3d. "That fully developed red blood-corpuscles have no granules."

4th. "That he had known several cases of albuminuria in which there was no evidence of tubercles or tuberculous disease of any kind."

5th. "That the blood-corpuscles have of late been regarded by some as a gelatinous mass, without a cell membrane for the water to pass through, by endosmosis."

These objections we at once answered in the following manner, and the gentleman in question took the answers to New York, at his next visit to that

city, and called again upon Dr. Sequard, but found him too ill to give his attention to such matters, therefore he never saw them.

*The exudation theory of the origin of tubercles.*

As we understand this theory, there is actually *no proof* to sustain it. The entire theory is an assumption, made to account for a fact which its authors could not account for in any other way, and has no truth whatever upon which to rest, as will be seen by the following quotations. Lehmann says, in his *Physiological Chemistry*, volume II., page 287:

“Notwithstanding the rapidity with which the tuberculous exudations are separated, and the circumstance that they are frequently secreted to the last moment of life in tuberculous patients, no attempts have as yet succeeded in obtaining for examination a perfectly fresh, still fluid exudation, of which one might presume, with tolerable certainty, that it would have been tuberculized, had the life of the sufferer been prolonged.”

And yet, Lehmann endorses and teaches the exudation theory; hence would put as fair a construction upon the evidence of it, if there was any, as the facts would warrant.

Copeland says, in his *Medical Dictionary*, volume II., page 813:

“It is probable that tubercles are secreted in a fluid state, but the fact is not demonstrated; and however small tubercles may be, they are *always* found in the solid state. I have observed these bodies in the lungs of very young infants, and of the fœtus at the full time, where they are extremely rare, but they have always presented the *solid* or *consistent* form.”

Copeland is also an endorser of the exudation theory, as will be seen by the first part of the first sentence, above quoted, and yet the evidence he gives, so far as it proves anything, proves that there is no such thing as an exudation, within, and from which tubercles are or can be organized.

Virchow says, on page 439, of his *Cellular Pathology*:

“My first observations, in consequence of which I began to entertain doubts with respect to the prevailing blastema, and exudation doctrine—as to how far, namely, new formations could be derived from this source—date from researches of mine, on *tubercle*. I found, namely, that a series of tubercular deposits, in different organs, especially in the lymphatic glands, the membranes of the brain and the lungs never at any time exhibited a discernable exudation, but always, during the whole course of their development, presented organized elements, without its ever being possible to observe either in them, or before they existed, any stage in which amorphous shapeless matter was present.”

Virchow, as will be seen, denies in toto the exudation theory; and here we rest our answer upon this point, satisfied that with such a weight of evidence against this groundless assumption, it requires no further attention from us.

*Tuberculous corpuscles, where deposited.*

Next comes the objection raised, that tuberculous corpuscles are organized outside of the blood-vessels, and not deposited within them, as we claim. There is proof that tubercles organize outside of the *larger* blood-vessels, but none whatever that

the tuberculous corpuscles organize, or are deposited outside of either the capillary vessels, or the smallest arteries and veins. On the contrary, there is one strong point in proof that they must be deposited in the smallest blood-vessels. This proof is as follows:

All authors who speak upon the subject agree in saying that tubercles have never been found in cartilages. Neither are there any blood-vessels in cartilages, by means of which decolorized blood-corpuscles can be carried into them, there to be deposited to make tubercles. And yet, every other tissue or structure of the whole animal system, into which blood-vessels do enter, have repeatedly shown the organization of tubercles within, and their ravages upon them. This leaves us to infer that the entrance of blood-vessels into a particular tissue or organ is necessary in order to carry the matter of tubercle, whatever this may be, into that tissue or organ.

The whole question then turns upon what this matter is. It certainly cannot be in *solution* in the serum,—as it must be if the exudation theory was true—for in that case, some of it *must* be carried into the cartilages, and there organized; as the few following facts will show.

Virchow tells us there are little canals (canaliculi), penetrating every part of cartilages, and opening into the vascular canals, containing the blood-vessels, which pass along the surface of, or lie in contact with, the cartilages. These canals (canalic-

uli) are too small to admit the blood-corpuscles, even if these could pass through the walls of the vessels, which is impossible; but are large enough to, and do, admit any and all matters in solution in the serum. Portions of the serum, in fact, pass through these canals to all parts of the cartilages, carrying along with it all matters in solution therein, and it is in this way that they receive the materials to nourish them. Well, then, we repeat, if tuberculous matter was held in solution in the serum, some of it *must* pass into these canals, and would then and there as readily become organized in the cartilages, as it would in the bones, where there are blood-vessels to carry the corpuscles. But as tubercles have never been found in the former, we must look to such parts of the blood as never do, nor can enter the canals in question, for the solution of our problem, and as the *only* substance in the blood, which is excluded from them, is the blood-corpuscles, it is *clear* that *we must look to these as the materials out of which tubercles are organized.*

Hence we say, that this great fact, taken in connection with the other facts, namely, that blood-corpuscles and tuberculous corpuscles are both destitute of nuclei,—these being the only exceptions to this fact in all cell structures,—and that these two corpuscles show an *identity* in their granular character, proves first, that the tuberculous corpuscles are deposited in the capillary vessels, and perhaps also in the smallest arteries and veins;

and secondly, that tuberculous corpuscles, are nothing more nor less than decolorized red blood-corpuscles, deposited as above described, in order to get rid of them from the general circulation; and thereby avoid the much earlier fatal termination that must necessarily ensue, if their unceasing accumulation in the circulation was allowed.

*The granular character of red blood-corpuscles.*

The objection, that fully developed red blood-corpuscles show no granules under the microscope, is not the slightest objection to our theory. Indeed, there are facts connected with this very point upon which we rely as most positive proof of the correctness of our position. These facts are as follows:

The white, or *colorless* blood-corpuscles, do show the granular character in a marked degree, and many among the best physiologists assert that the red corpuscles are developed from, or are the perfected development of, the colorless corpuscles, and in the process lose the granular character; but, be their origin what it may, the colored corpuscles show themselves as nothing but a mass of granules, like the tuberculous corpuscles, both when undergoing spontaneous disorganization, and when destroyed by treating them with water. Witness the following proof:

Carpenter says, on page 159 of his *Physiology*, in speaking of "Red Corpuscles":

"When undergoing spontaneous decomposition, the blood

disks become *granulated*, and sometimes (as long since noticed by Hewson) even mulberry shaped, and particles in which these changes appear to be commencing may be found in the blood at all times."

Virchow in the work of his before cited, page 215, gives a plate\* in which is shown the appearance of colored blood-corpuscles when they are treated with water. He says they are decolorized by water, and pictures each as nothing but a mass of granules, after undergoing such treatment.

When circulating in serum diluted by the loss of a portion of its albumen, the same result to the red corpuscles *must inevitably* ensue as when they are treated with water outside the blood-vessels, only the effect will be more slowly developed, in comparison as the serum is less diluted than water. But, we repeat, the result will in the end be the same, for the law of endosmosis is, under the circumstances, supreme, *compelling* the absorption of the water of the dilute serum, just as it compels their absorption of pure water, when they are immersed in it.

Again, the granular character of the material used in the construction of red blood-corpuscles is so impressed upon it, by Nature, that even after it has been dissolved and then heated, it shows that character, as witness the following:

Kirkes and Paget, in their *Manual of Physiology*, on page 57, in speaking of Globulin, say:

"It is soluble in water, and its solution when heated, forms a granular coagulum."

\* We gave an exact copy of this plate, with a full explanation, in our last preceding number.

*Albuminuria and Tuberculosis.*

The objection, that you have known several cases of albuminuria in which there was no evidence of tubercles, or tuberculous disease of any kind, is easily answered.

The discharges of urine in albuminuria, are, as has long been known, almost always exceedingly scanty; and we well know why this disease *prevents* the excretion by the kidneys of a large portion, many times of much the larger part, of even the natural quantity of water which these organs should and must extract from the blood, to keep the patient in health. Blocking up the natural outlet of the refuse water from the system, or rather, preventing its excretion from the blood, necessarily enforces its accumulation in the blood-vessels, which would of itself soon lead to serious consequences, by making the blood too watery; but when we come to add to this, the constant accumulation, also in the blood, of the *excess* of water which the loss of albumen, in these cases, leaves there, we have the blood soon made so watery, that both the middle-aged and older blood-corpuscles are so distended by it, that they are ruptured, and entirely broken down, or dissolved, as they would be if treated with pure water; and being now in solution, they can be expelled through the walls of the capillary vessels, and finally from the system entire. Consequently there is nothing left of them to be changed into tuberculous corpuscles.

Such a state of things does not occur when albumen is lost from other mucous membranes, and not from the kidneys, for then these organs are left free to perform their functions, and carry off all of the natural refuse water and much of that left in excess. This accounts for the fact that many consumptives pass much more water than was natural to them in health. The increased discharge is the excess, or a portion of it, left by the loss of albumen, which the kidneys excrete, and which saves the patient from night sweats and dropsy longer than would otherwise be the case. So much of the excess of water being taken from the blood, prevents that from becoming sufficiently watery to distend all the excess of corpuscles to the point of rupture, as is the case in albuminuria, therefore, these are decolorized and deposited as described, and then changed in form by giving up the water which they have absorbed from the diluted serum, and become angular, jagged, star-shaped and otherwise distorted, just as blood-corpuscles always do when the water which they naturally hold is extracted from them, and just as tuberculous corpuscles are always described as being when examined in the dry or cheesy stage.

*The membranous wall of blood-corpuscles.*

The last and least objection, namely, that the blood-corpuscles have of late been considered by some to be a gelatinous mass, without a cell membrane, has not the slightest bearing, that we can

see, upon anything that we have advanced on this subject.

The fact that they are distended from the disk shape to the globular form by immersion in water, is one of the best proved facts in connection with them, and it makes no difference whether this is done by absorption through a membranous cell wall, or how it is done, so long as the result is the same, and that, when so treated, they show themselves a mass of granules, which correspond in every respect, both in their general and in their minute structure, with tuberculous corpuscles.

#### HOMŒOPATHIC INSANE ASYLUM.

BY GEO. F. FOOTE, M. D.

The Homœopathic practice of medicine in this country alone now numbers over five thousand physicians, while its recipients and believers are numbered by many hundreds of thousands. These are from the most intelligent and respectable portion of the community,—people of good sense, good judgment, in every way competent to distinguish between right and wrong. They represent all professions, trades and arts, and their numbers are increasing at a ratio in harmony with the progressive age in which we live; affording abundant evidence that this great system of medical reform is one of the powers that helps to modern improvements, while it is promoting the happiness and well-being of mankind.

We have colleges for the instruction of those who aspire to the healing art; we have dispensaries and hospitals where the unfortunate sick may receive proper medical attention; but we have no asylum where the sick insane can receive the blessings of Homœopathic treatment.

This is a startling fact, in view of the daily calls that rise up from all parts of the country for our aid in this direction, and all the more so in view of the danger that besets our friends, our families and even our own persons, liable as we all are to become victims to this terrible scourge, which may at any time drop into the domestic circle, leaving a direful wake of desolation and heart-rending misery.

The time has come for action, the call is imperative, and we cannot longer fold our hands and, Micawber-like, "wait for something to turn up," wait for somebody else to do this work. We must bring this matter home to our own doors and stand face to face with the facts; and they are facts which, when duly reflected upon, are startling in the extreme.

Is it not alarming when we come to reflect that we ourselves, or any member of our household, a bosom companion, or our children, if attacked with this disease, must be hurried off to an asylum where the Allopathic treatment reigns supreme? Where we and our friends cannot, in any particular, be advisory as to the administration of remedies, or even to visit them in person? Is it not alarming when we reflect that there is no retreat, no home, where, if necessity requires it, they can be sent and receive that benign treatment our long experience has taught us is so efficacious in curing the sick mind as well as the sick body?—nothing but Allopathy for ourselves and our dearest friends, when the worst of all calamities, in the shape of disease, shall beset us or them?

We may continue to walk our daily rounds and pursue our daily avocations with commendable zeal; we may gather into our garner the goods of this life, and even say to our souls, "Take thine ease, eat, drink and be merry." But we are in danger; the storm king may be howling in the distant horizon, and the deluge may come with terrific fury and engulf us in a fearful flood, entailing desolation and sorrow when we least expect it.

These are serious thoughts that it behoves us to dwell upon. We are personally interested, and the prospective possibilities demand a preparation; while the pressing calls of those now suffering, demand *immediate* action.

The subject is momentous and we must be up and doing. We must work until we have an abiding place for our sick insane, where we can pour on the oil and wine, where we can say to our suffering friends come and be healed.

We must talk about it in our homes, in our offices, upon the street corners and among our patrons. We must give from our own stores, and gather from the overflowing coffers of our friends. And if we all labor with a heart and will, we shall soon see our efforts crowned with success, and the desire of our hearts gratified, while the rewards due to a good action shall tell upon our lives, and "our children shall rise up and call us blessed."

#### THE ORGANIZATION.

To ensure success in any enterprise those engaged in it must become conversant with the business in hand. They must know their wants and the means to secure the ends sought.