as we shall soon show is sometimes the case, when albumen is lost through a more or less remote point.

The foregoing general facts in regard to membranous croup apply equally well to *Diphtheria.* In this disease, also, there are mucus and albuminous discharges *preceding* the formation of the membrane upon the tonsils or other parts of the fauces, which would give rise to the excess of fibrin, out of which the membrane in these cases is likewise wholly or in part formed. And again, cases of diphtheria are quite common where albumen is discharged by the kidneys in the urine, thus adding to the surplus fibrin left by the mucus discharges from the throat, thereby complicating the case and greatly enhancing the danger by acute albuminuria. This leads us to speaks also of the ulcerated, or malignant sore throat, of scarlatina, as very similar to, if not identical with, diphtheria. When such complication arises it leads to more or less mucus discharges from, and membranous exudation in, the throat; and the urine, in scarlet fever, as all must know, is often albuminous, thus leaving this constituent so much more deficient in the serum, and causing a still greater excess of fibrin, which no doubt may in some of these cases, aid in increasing the amount of the membrane, by being poured out into the fauces, and there organized.

In view of these alleged facts, which we confidently believe the most thorough investigation will only serve to establish to the fullest extent claimed, how wrong and even dangerous must be the local treatment of diphtheria, and membranous croup, by cauterizing the fauces, by pungent gargles, and all other *irritating* methods of the Allopathic school, or any part thereof, adopted by some Homœopathic physicians. All medicinal, or even mechanical, irritation of the mucous membrane of the parts, by whatever agents employed, must *necessarily* result in a greater waste of albumen, and the leaving a greater excess of fibrin than is there as a direct effect of the disease. Then, as this is the main cause of the immediately alarming symptoms, and conditions, in all these cases, what shall be said of that treatment which can only result in greatly increasing, for further deposit, the very agent which so much effort is made to remove? What an endorsement this becomes of the course pursued by the true Homœopathician who eschews all local treatment, and relies upon his specific remedies; and that, too, by a great fact of which he little dreamed.

The fibrinous exudations into both the small and large intestines, and the formation, in consequence, of false membranes therein, no less than the like results upon other mucous membranes not mentioned, are, of course, to be explained upon the same general principles, as membranous croup and diphtheria.

We next consider those cases in which a greater or less portion of the surplus fibrin is expelled from the circulation through, or upon, the free surface of serous membranes. The *false* membranes that form on these surfaces are, according to all the authorities we have consulted upon the subject, far most commonly, if not always, fibrinous in character. It will be remembered that Virchow, in the last quotation given from him, in speaking of fibrinous exudations, says: "The serous membranes, * * * * * * even upon slight inflammatory irritation, generally produce fibrin." That these exudations, and false membranes, if they come to that, are from an excess of fibrin in the blood, in all cases of inflammation of the serous surfaces caused by disease, and not a product of the local inflammation, as Virchow asserts, in this, no less than in other cases, we will now endeavor to prove.

In the outset of this effort, we must again revert to the fact, so fully established in the preceding pages, namely, that albumen is deficient in the blood in all severe inflammations; hence it must be in those of the serous membranes, for these are classed among the most serious in character. If, then, such is the fact, here is ample ground to account for the augmentation of the one constituent, as the abstraction of a portion of another left it so. But we do not require to rest upon this proof. To show this, we take pleurisy as an example. All know how liable this disease is to arise in connection with pneumonia and phthisis, often greatly complicating these; and not only this, but it occurs very commonly in those of a consumptive predisposition, while there is yet no tuberculous disease of the lungs themselves. Well, in these cases, in which false membranes are so common, we proved last year that albumen is deficient in the serum, and just how it came to be deficient, namely, by catarrhal irritation of some of the mucous membranes, and its waste thereby in the expectoration, or other mucus discharges, while chemical examinations have shown fibrin

in excess in the blood in just these very cases. Therefore, is it not rational to claim, indeed, is it not, in all candor and common sense, unavoidable to think, that all fibrinous exudations in such cases, must arise from the efforts of the vital force to expel the excess of this constituent from the blood, through the pleura, and thereby avoid the much more immediately fatal effects which we have shown must commonly result from thrombi forming within the vessels, out of the constantly accumulating fibrin, if this was not expelled? And, as pleurisy, arising under such circumstances, embraces by far the greater number of cases of this malady that occur, we think it reasonable to give it as a type of all those with fibrinous exudations upon serous surfaces, which are not of a traumatic character. Before leaving this point, it is as well perhaps to refer to the fact that in some cases the excess of water left in the blood by the same cause is also expelled through the pleura, along with the fibrin, into the pleural sac, causing hydrothorax; and that the latter, or fibrin, in such cases, does not always organize into a membrane, but coagulates wholly, or in part, into flakes, which are found floating in the dropsical fluid.

Pericarditis and peritonitis, with fibrinous exudations, when they do not arise from mechanical causes, we refer to the same general fact, of excess of fibrin in the serum, for explanation. Watson, in speaking of peritonitis, on page 729, Prac. Phys., says of the effects of inflammation upon the three principal serous membranes:

"Like the serous membranes in general, the peritoneum is very *ready* to take on inflammation, upon the operation of certain exciting causes. Acute inflammation, beginning in one spot, is almost sure to transfer itself to any other spot that happens to lie in contact with the first; and is very apt to extend itself rapidly to the whole membrane. The inflammation tends to the effusion of serum, and of coagulable lymph; it is of the adhesive kind; and its effects are those of distending the peritoneal cavity with fluid—or of gluing its opposite surfaces together, so as to obliterate that cavity—or of forming partial attachments. In all these respects the analogy between inflammation of the peritoneum and inflammation of the serous membranes of the thorax—the pleura, and the pericardium—is perfect."

Hence, as like results must come from like, or more or less similar causes, and as we have the fact furnished by Lehmann,

of a deficiency of albumen in the blood in severe inflammations, and the still other fact of an excess of fibrin in the serum in all inflammatory action, we are certainly warranted in attributing the fibrinous exudations of pericarditis and peritonitis to the same immediate cause that we did pleuritis, namely, surplus fibrin poured out from the blood.

We have, moreover, seen some evidences, independently of the general law of diseases of the serous membranes, and the more marked excess of fibrin in these than in almost any other malady, that rheumatism, or inflammation of the synovial or serous membranes of the joints, may be connected more or less directly with loss of albumen, through some of the mucous membranes, for its cause. The first point we cite in this connection, and one we think suggestive, is the following statement by Wood, Vol. II., page 544, Prac. Med. Under the head of Bright's disease, and its associated disorders, he says:

"The British writers upon Bright's disease speak of a strong tendency which it has exhibited, within their observation, to favor the development of inflammation in other parts of the body, especially the serous membranes. The pleura, peritoneum, and pericardium are attacked, in relation to frequency, in the order in which they are here placed; and the arachnoid is sometimes affected. * * * Chronic rheumatism is said to be very frequent and obstinate in the chronic disease [albuminuria] of the kidney."

Another point, is the fact stated also by Wood, and familiar to all practitioners, that the urine, more especially in acute rheumatism, is almost always scanty and high colored, just the condition and appearance of this, that we find in acute albuminuria, when albumen is generally the most profusely discharged from the system in the latter disease. A still stronger and more direct point, however, is the following from Copland's Med. Dic., Vol. III., page 677. In speaking of "the urine, in rheumatism," he says:

"In eighteen cases in which the urine was examined by Becquerel, it always presented the characters usually observed in inflammation, as long as the fever continued. * * * * * * * Albumen was detected in seven of the eighteen cases."

Then we all know that some of the other mucous membranes, besides that of the kidneys, are also very frequently more or

less irritated, or diseased, in rheumatism. This would waste albumen from the blood the same as does Bright's disease, and thus account for its deficiency there, and the augmentation of fibrin in those cases where the former did not find an outlet through the kidneys. But we leave it to future investigation to settle this point, either for or against the views here advanced, as the interests of truth may demand.

Before leaving the discussion of inflammation of the serous membranes, we will raise one question more, which future research must also answer, and that is, has the excess of fibrin, which we have shown to exist in the blood, and to be expelled therefrom in fibrinous exudations through the serous membranes in all of these various cases, anything to do with *causing* the inflammation thereof? The *excess* of this constituent cannot reasonably be regarded in any other light than as foreign matter in the blood, especially when we reflect upon the immediately fatal results its undue accumulation in the circulation would, and sometimes does, lead to, through thrombosis, and when we consider also the various efforts which we have shown the system puts forth to expel it from the blood-vessels. But whether the excess of it is foreign matter in the *blood* or not, it must be to the free surface of the serous membranes, when it is expelled from the vessels upon that surface, and there coagulates or organizes as a false membrane. And if foreign then, it would certainly be liable to aggravate the inflammation, (if it did not cause it in the first place), while it was exuding through the membrane, and until it became organized and covered the serous surface, or became more or less incorporated with this, or until this became more or less changed by the new order of things, and accommodated itself to the circumstances in which it is now placed. One thing pointing to this is the statement cited from Wood, of the tendency of Bright's disease, according to the British writers, to favor the development of inflammation in the serous membranes. If such be the case, the cause of this inflammation becomes invested with a peculiar interest here.

That inflammation, in any part of the system, is always caused by the deposit or presence of foreign matter of some kind in the living tissues, and that this is probably the only cause of inflammation, seems almost self-evident to us, and we

hope we shall be able to endeavor to prove it at some future time. Well, then, the question occurs, what foreign matter is the cause of the pleuritis, peritonitis and pericarditis arising from, or in connection with, albuminuria? It must, in this view, be some one or more of the constituents of the blood left in excess in the vessels, by loss of albumen through the kidneys, and deposited therefrom in the serous membranes, but none of these, certainly, appear to be present in such profusion, if at all, in the inflamed part, as fibrin, except when a portion or all the excess of water, is also poured out through the membrane at the same time—a result that happens in only a part of these cases. But as fibrin is *always* present, in greater or less quantity, in such cases, and is, withal, as we have already shown, a foreign matter deposited in one of the most sensitive of living structures, is there not reason to think that it is the cause of the inflammation? Urea cannot be the cause of it in all instances, if it is in any, notwithstanding the claim by so many authors that this is the great disturber of the general system in Bright's disease, for the kidneys must perform their functions well, and prevent the accumulation of urea in the blood in many cases of pleuritis occurring idiopathically, or arising in connection with pneumonia and consumption, hence it cannot be the cause here; therefore we must fall back upon something else as the cause, and again we ask, what more liable to be this than the *excess* of fibrin, which is always present?

One of the *curious* facts which we have met in our researches upon this subject, is that the surplus fibrin of the blood, or a portion of it, in cases of turberculous deposits, or even in common abscesses, is poured out, or secreted, from the vessels, in many, if not all, instances, into the tissues around the tuberculous mass, or gathering abscess, and there organizes and finally consolidates and forms an impermeable wall or lining for the cavity, which results from the suppuration and discharge of the tuberculous or other matter. The proof of this we find in the following from Carpenter's Physiology, page 203. After speaking somewhat upon the offices of fibrin, he then refers to the increased plasticity of the blood by its augmentation, and says:

"This increased plasticity of the blood, however, may frequently be regarded in the light of an 'effort of Nature' to antagonize the evil conse-

quences of that depression, or positive destruction of the vitality of the solid tissues which seems to form an essential part of the inflammatory condition; and thus it is that whilst the central part of a mass of tissue, in which the inflammation has been most intense, suffers complete death, and is carried away in the suppurative process, the peripheral part, in which the violence of the inflammation has been less, becomes infiltrated with plastic matter poured out from the blood, and forms the solid and impermeable wall of the abscess."

As the phrase "plastic matter" is used by this author synonymously with fibrin, which is shown more especially by what, in his work, precedes the above quoted language, we have the fact established that the false membrane, if we may so speak, or dense tissue which forms the walls of an abscess, is fibrin; and being this, it must be from an excess of it in the blood of these patients, thrown out with, or around the excess of some of the other constituents of the blood, which are also expelled there to get them out of the vessels; the former to protect the organ or tissues, in a measure, from the greater ravages the latter might otherwise commit. In this way, and by a secretion of some of the surplus fibrin from the blood, through the walls of the abscess, after this had secured its first discharge, there would be fibrin in the pus, without its exudation being the source of pus, about which there appears to have been some controversy. The walls of the fistulous outlets of deep ulcers are, undoubtedly, also, of the same material.

The so-called fibrous degeneration, and all real fibrous tumors, no doubt have their origin, too, in excess of fibrin. Of the first of these, Jones and Sieveking, "Pathological Anatomy," page 164, say:

"*Fibrous Degeneration* is somewhat allied to Induration, and is probably connected with the existence of a fibrinous crasis. It occasions the gradual thickening of serous membranes and of areolar tissue by the formation of an imperfect kind of fibrous structure. This may attain a considerable thickness, and then by its dead white aspect resemble very much a layer of cartilage. The capsule of the spleen is sometimes thus altered, and has been wrongly said to have undergone cartilaginification, for there is no real similarity between this substance and cartilage. The white patches formed on the surface of the pericardium and in the capsule of the liver, are produced in this manner, and so is also that thickening of the Glissonian sheaths, which give rise, in many cases to cirrhosis. The fibers are probably formed, in part, directly out of the effused blastema, in part, also, by nuclei, developing short fibers, which unite as Henle has described. This latter mode of formation is often observed in the spleen. The chief difference between induration and fibrous degeneration consist in this, that in the former, a notable quantity of blastema is effused, which becomes the indurated matter, and compresses and atrophies the adjacent texture; in the latter, there seems to be scarce any perceptible exudation, as it takes place slowly, and passes at once into the condition of fiber. Induration may affect any tissue, while fibrous degeneration is chiefly seen in membranes."

Of *fibrous tumors* the same authors say, page 167: "These tumors develop themselves in very different parts of the body, usually in such as normally contain much fibrous tissue." That is, those parts to which fibrin is the most naturally directed in the normal condition of nutrition, are the parts to which the excess of it would be most liable to be directed, for its expulsion from the circulation; hence the development of the tumors in those parts naturally containing the most fibrous tissue. These authors further say, on page 168: "Melanic matter is sometimes deposited abundantly in fibrous tumors,"—a statement showing that more or less of the hæmatin dissolved out of the corpuscles, which are left in excess by the same cause, as we have already proved so fully in this Journal, is deposited in such cases with the excess of fibrin. They furthermore give instances on the same and next page, of such tumors containing a greater or less amount of fatty or oily matter. Then when we state the fact, which is susceptible of as ample proof as any other point in this most fruitful field of scientific pathology, that the fatty matters are always found in excess in the blood when albumen is deficient and fibrin augmented, it shows, of course, that the excess of such matters is also thrown out along with the fibrin and the hæmatin to get rid of it from the circulation, and it becomes thereby incorporated more or less intimately with them in the morbid growth. What can this mean, then, but that there is one explanation for it all, and one only, and that is, a necessity to get rid of such excess of each from the blood vessels, in order to avoid much more serious, or even immediately fatal results by their retention within the circulation, and poisoning the very fountain of life itself? And if either one of these constituents is thrown out into such tumors to rid the blood of its excess, and by

that means prevent worse consequences, it is certainly clear that the others are there for the same reason. And, again, if they are all in excess in the blood at the same time, as can be most positively proved, what can possibly have brought about such a result but a loss of albumen through some mucous surface, leaving them so? Certainly it will not be claimed that inflammation increases the fatty matters in the blood, and also the hæmatin, freed from the corpuscles, as is done in regard to the fibrin, a point which has already been discussed in this paper in regard to the fatty matters and the salts.

We pass now, for a few moments, from the foregoing details, to more general facts belonging in this same great category of pathological truths. As we must again, for the present, and the second time, abandon this work on account of the threatening state of our health, we assure the profession, under the most profound conviction of the responsibility that rests upon us in making the assertion, that the proof is almost unlimited, certainly of the most ample proportions, going to establish the *fact*, that whenever albumen is lost from the serum through any of the mucous membranes, in any of the catarrhal discharges therefrom, all the remaining constituents of the blood, besides the fibrin and the corpuscles, are left, the same as these, in a relative excess in the blood vessels, as compared with the albumen remaining; that apparently no part of this excess is used in normal nutrition, therefore, it becomes the same as foreign matter in the circulation, which often calls for the greatest efforts being put forth by the vital power to rid the system of its disturbing influence; and the proof is equally ample as to the conditions and diseases which all these produce as they are being expelled at once, and entire, from the body, through the various outlets for refuse matter, or when deposited in living tissues.

In Vol. I. of this Journal we proved beyond the possibility of successful contradiction, as it seems to us, that the blood-corpuscles left in excess in the vessels by a loss of albumen in the expectoration, or other mucus discharges of turberculous subjects, are distended to the globular form, and *decolorized* under the direction of endosmosis, by the action upon them of the excess of water left in the blood by the same cause, and that such corpuscles are then deposited in living tissues, when

they gradually give up the water that has wrought these changes in them, shrivel in consequence into "angular," "jagged," and other distorted shapes, when they are known as tuberculous corpuscles, and that the latter have no other origin but this. And now we have given proof which seems fully as clear and complete as to the cause of the so-called "fibrinous crasis," (more properly, a relative increase of fibrin in the serum,) and the effects which this produces.

In addition to this we have accumulated upon each of the remaining constituents, an equally formidable array of *facts*, that have long been known, but which have nevertheless always hitherto stood isolated, and not thought to have any special connection with each other; such facts proving that the blood is left "poor," "thin," "watery," in all cases of persistent mucus discharges from any organ lined with mucous membrane, because of the excess of water left therein by the loss of albumen, and that this watery condition of the blood is the cause of most, if not all, forms of diuresis arising from diseased action, of unnatural perspirations, whether in sleep or awake, such as "night sweats," etc., and of all kinds of dropsies not arising from mechanical obstructions to the circulation; that the salts are found in excess in like cases and are the cause of the gravel, and of all forms of calculi, whether arthritic, biliary, intestinal, pulmonary, urinary, etc., of unnatural enlargement of bones, osseous tumors, and the like; and that the excess of fatty-matters leads to all forms of fatty growths, to the so-called fatty degeneration of organs and tissues, to the oily discharges in the urine, and to the evacuation of fatty matters from the intestinal canal when this arises from abnormal conditions.

If all that precedes is true, then, this whole subject becomes invested with an immense *practical* importance, scarcely second to anything else, save Hahnemann's discoveries, that has ever preceded it in the domain of medicine. For it must be seen from this that the *cure*, and the only *radical* cure, of all these multifarious conditions and diseases, from the simplest case of a watery state of the blood and of unnatural perspiration, or of diuresis arising therefrom, all the way up through all the dropsies, through all the effects we have pointed out herein as resulting from the excess of fibrin, through all fatty degen-

eration, fatty tumors, and the like, through all the calculous diseases, abnormal enlargement of any of the bones, bony tumors, etc., to and through every species of tuberculosis and attending sufferings; the radical and only cure of all these we repeat, consists simply in *healing* the mucous membranes, and thus stopping the further loss of albumen, thereby preventing the other constitutents from being brought into excess; and so at one master-stroke annihilate the cause of full three-fourths of all the diseases with which mankind are afflicted. And furthermore we believe, indeed, we have gathered much proof going to show that many, if not all, the various forms of cancerous growths may be reached in the same way.

But what can do this great work except specific Homœopathy? Certainly all expectorants, emetics, cathartics, diuretics, etc., etc., and all local treatment of any mucous membrane by cauterizing, or by irritating injections, for whatever purpose employed, and so on to the end of the chapter, can only serve to increase the irritation already existing upon these surfaces, and cause a still greater loss of albumen, and a marked aggravation of some one or more of the great evils which we have already shown to necessarily follow from the workings of this hydra-headed monster. It is granted that such exciting treatment sometimes affords *apparent* relief, but as we have already given the proof in abundance upon other occasions, this apparent relief is at the expense of driving the disease to still more vital parts or organs of the system, where it must sooner or later develop itself into a still more inveterate or dangerous malady. The only exceptions to this are the cases where the *vis medicatrix naturæ* is strong enough to cure the patient in spite of such treatment.

Now we see upon what complete yet exacting principles nature operates, within the animal system, in all these cases, and how she cries aloud to the medical profession to stop all the irritating methods named, which she is constantly rebelling against, and adopt a system of treatment which shall strike at once at the root of the evil, by healing the mucous membranes, when all effects must necessarily and speedily cease, as there would then no longer be an excess of any constituent left by which their continuance could be maintained.

And, in conclusion, we must ask if there is not enough in the multitude of facts we have given upon this most interesting subject, to show the Homœopathic school that they can go on and build upon such a basis a system of Pathology which shall be complete in all its parts, and every way worthy of our noble system of Therapeutics, its natural and indispensible handmaid and companion under all circumstances, its counterpart and complement in the fullness of its truth; a system of Pathology, in short, which shall be wholly and absolutely independent of the old school, in showing the grand combination existing between the *causes* and *relations* of disease, and one far more complete and *scientific* than any for which they have ever yet dared to even hope.

A PROPOSITION TO THE PROFESSION.

Recently we received a letter from Dr. Hering, of Philadelphia, in which he says: "I have this year to lecture to a class of 130, and as it is my duty to make our students acquainted with your Illustrated Repertory, I have ordered four or more drawings in life size to serve as diagrams;" then asks: "Would you allow your Alma Mater to use such a copy?" As this is an endorsement of the value of our method for both teaching and studying the Homœopathic Materia Medica, which must be conceded by all as carrying the matter far above our individual opinion, or claim, of its merits, we have a proposition to make to the profession in regard to it. And that is: If those physicians, who are in position to do so, will raise sufficient funds from the wealthy patrons of Homœopathy to go on and complete and publish an Illustrated Repertory for every symptom, and an Illustrated Materia Medica for every drug, we will yield all our rights and interest in the matter, for the common good, upon the re-payment to us, simply, of the amount of money we have invested in it, and a moderate compensation for the time spent in devising the plan and bringing it to its present state of development.

It would seem that such a fund might be raised, for such a purpose, without difficulty, especially when the benefits which would accrue to the whole human family would be so great.