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CONSUMPTION:

ITS

NATURE, PREVENTION,

AND

HOMŒOPATHIC TREATMENT,

(WITH ILLUSTRATIONS OF HOMŒOPATHIC PRACTICE.)

BY

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PREFACE.

THE following remarks comprise the most important practical details of all the cases of Consumption, which have come under my personal observation during the last fifteen years, and of which I have preserved authentic histories. They have now been collated and arranged for publication, in the belief that they may be found to illustrate and confirm the great principles of Homœopathy, and at the same time supply that *vacuum*, or hiatus, in household instruction (on this the most important *medical* subject, both in its multiform relations, its extensive prevalence, and enormous fatality), the existence of which has long been felt and acknowledged by sufferers at the commencement of their painful career. I have consulted the best authorities of phthisis, both British and foreign, and have endeavored to epitomise, as briefly as possible, ALL that is really useful and desirable for a medical remembrancer. I trust, therefore, this brochure may fairly claim, not patronage only, but an actual and zealous adoption of the well-tried principles and practice it enunciates, by the countless host of frail and perishing fellow-creatures, whose hapless lot compels them to endure

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the many ills and hardships, which it is its main object, as well to ameliorate and soften, as to PREVENT. Fain would I, moreover, in these introductory observations, emphatically reassure the public mind—in a word, every household in the kingdom—and better still, of EACH KNOWN REGION OF THE EARTH NOT FREE FROM CONSUMPTION, of the urgent necessity of attending to the pre-tubercular, or nerve-deranged stage, by the steady and persistent adminstration of such dynamic remedial agents as Zinc, Nux vom., and Arg. Nit.; a period in which protracted, depraved innervation, or lesion of the properties and functions of the nerve-globules, is positively *inducing*, through the assimilative organs, the type of all cough—bronchitis, not preceded by coryza, characteristic of decline; its character progressive, and its attacks successive; a first deposit of the tubercular disease, a lung blocked up, about to suppurate, or remain indurated and useless. And now for the "*reason why*." The imperfectly assimilated chyle, or nutritive juice, derived from the food in passing through the lacteal vessels,—the numerous minute tubes which absorb, or take up, the milk-like fluid from the alimentary canal, does NOT undergo the requisite healthful molecular changes, but is *malconverted* into the unorganizable product, called tubercle; or, at all events, into that insoluble matter which infiltrates the spongy structure of the lungs, and lays the sure foundation, at first almost mechanically, of tuberculous deposition, and in its ultimate rapid decay, and decomposing

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chemical tendencies—"galloping consumption." To this part of our subject I would entreat earnest public attention; and for it I would (from a long experience of both old physic and new, bespeak future *homœopathic*, because natural and successful, *prevention*. Tubercle, therefore, the proximate cause of decline, consists essentially of a preventible process of deteriorated nutrition; and consequently, how obvious is it that, with this key to the pathological meaning of the disease, this is the most hopeful period for treatment; the critical time, in which, by Homœopathy, we may *check*, without injury to the system, the destructive inroads of the most fatal, incomparably the most deadly, of all the numerous affections incident to the human frame. Much might, I think, be done in domestic practice towards the prevention of Consumption, as well as for the improvement of the general health, by expressly exercising the organs of respiration according to the method herein suggested, through which the chest may be alternately filled and emptied of air—at least in part. Common usage, I am aware, takes a diametrically opposite course, and under the pretext of quiet, seeks to repress all direct or voluntary exercise of this important function in those having a tendency, hereditary or acquired, to pulmonary disease. The average difference of the vital capacity of lungs in health and in consumption is 93 cubic inches—the healthy standard being 222 inches, and the consumptive 129. This enormous disparity will serve to apprize the reader of the

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necessary constitutional disturbance from diminished respiratory volume. There are, I am confident, several conditions in which tubercle may exist in the lung, and yet be capable of complete removal when treated homœopathically—cases I have often met with in very truth—in which the constitutional and local disease entirely disappears, the signs and symptoms vanish, and the patient's health is permanently restored; notwithstanding the peculiar and somewhat singular characteristic of tubercle is its appearance in successive deposits, yet, with the extension of homœopathic knowledge, I believe such desirable results may be achieved in each known region of the earth where phthisis exists. The correct mode of proceeding should involve a due consideration of both the *mental* and physical constitution of the individual case—the particular origin of the disease—the precise *type* and totality of the reflected symptoms—and the condition of the vital powers; a single well-chosen medicament is then occasionally sufficient to restore the patient's health. In comparing the symptoms, the adviser should never omit reference to the *mind* and the emotions; mind and body being intimately united and sympathetically diseased. Thus, supposing we have the signs of a considerable cavity in one lung, with hæmoptysis, purulent expectoration, emaciation, and a cough of some duration; if with these symptoms of decline, there was associated a very high degree of mental irritability, I should prescribe Bryonia; if, on the other hand, the patient were a

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female, of mild disposition, and given to weep, the last-mentioned remedy would be probably useless, but Pulsatilla would be curative: and so on, almost *ad infinitum*. The harmonic affinity to be exact, demands *moral likeness*. The stage of growth is eminently fatal in the phthisical habit; the nutritive period of the young adult second in danger, and middle life to age constitutes the third and least dangerous. All statistics, I find, in every climate, whether in Russia, in our West Indian Islands, in Sweden and Norway, in the Anglo-Saxon countries, Scotland, England, United States and Ireland, in Australia, along the swamps of the Mississippi, in our Canadian colonies, France and Italy; yes, even in balmy Italy, the country to which doctors are in the constant practice of exporting their patients—all tell the same tale; it remains, therefore, for parents and guardians, and the people generally, to learn a truthful lesson from a proper study of these consecutive periods, this certain sequence of vital processes in the natural history of man, and accordingly strive to maintain a *wholesome* nutrition, the origin and cause of abiding health and strength; to preserve in the greatest vigor *this*, the alone sustaining agent of the nervous system, ever remembering that the truest and best tonic in nature is the pure and healthy blood of the patient. In conclusion, I beg the reader distinctly to understand, that in this vade mecum, and in the accompanying illustrative cases, I have neither attempted nor desired to furnish an exact and unexceptionable picture of

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consumption, nor a full and complete description of all its PHYSICAL characters, nor a detailed list of the symptoms of each case, and the corresponding positive effects of the remedies employed; on the other hand, my sole aim has been to concisely point out the true nature of a prevalent disease, by a popular exposition of its pathology, with a view to its more efficient *prevention*, and the successful homœopathic method in treating it. Conformably with the views epitomised in the ensuing pages, I have for many years treated all my public and private patients, and instructed clinically those who came to the Homœopathic Free Dispensary to study. It is with the hope of inducing others afar off to adopt (with the familiarity of "household words") a rational and refined method of therapeutics, such as Nature has herself revealed to us, and with equal success, that I now wish this humble but *sincere* offering to a good cause—God speed.

WILLIAM HITCHMAN.

36 BRUNSWICK ROAD, LIVERPOOL,
January 1*st*, 1859.

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CONSUMPTION,

ITS NATURE, PREVENTION, AND HOMŒOPATHIC TREATMENT.

(WITH ILLUSTRATIONS OF HOMŒOPATHIC PRACTICE.)

THE almost universal and fatal disease which is popularly, but by no means erroneously, denominated Consumption, owes its name to one leading, marked, and invariable symptom—wasting of the tissues—a wasting which is accompanied for the most part by the deposit of a certain peculiar substance of low organization and imperfect vitality in the structure of the pulmonary parenchyma, or spongy substance of the lungs. In the very threshold of the inquiry, I would fix the earnest attention of the reader to the significant meaning of this fearful word *wasting;* it not only constitutes the leading feature of this truly English malady, but is its earliest fatal symptom and most ominous character. Now, the origin of this appalling disorder, the really consumptive symptoms at the commencement of the disease, *depend not upon the state of the lungs*, but upon the morbid condition of the *nervous system*, which has preceded and *produced* it. The general features of the complaint—the weak and quickened pulse, the languid aspect, the fre-

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quent perspirations—owe their origin entirely to the phthisical habit of body, not to the *tubercle* (or small round, pea-like body,) but to the waste of tissue, which, when not removed from the system, or converted to reparative uses by a healthful nervous power, is readily deposited as an abnormal or foreign substance, which, when once established, is recognizable by definite physical signs and symptoms, the earlier of which are due to consolidation of respiratory organs, the latter to the consecutive changes which that deposit undergoes; softening of the matter constituting a second stage of the lung-affection; and its ultimate removal by disintegration and expectoration forms the third and natural division of the disease.

It has long been a disputed question what is the peculiar form or *build* of the numerous class of persons who now become consumptive; but the experienced medical eye can detect in the vast majority of instances the following conformation of chest: it is long and shallow, rather than wide and deep; its greatest deficiency is in the antero-posterior measurement, or in depth. Its length is remarkable, and Rokitansky insists that morbid conditions which force up the diaphragm and shorten the thoracic space are antagonistic to consumption. Such are abdominal tumours, cysts, and, remarkably so, pregnancy. All forms of chest, however, are, in my opinion, almost equally obnoxious to tubercle. No conformation confers an absolute immunity from decline; the most robust in aspect, and persons with the largest chest-measurements, not unfrequently fall victims to its universal prevalence. Nevertheless, there exist certain conditions rarely combined with phthisis—such as skin diseases, hypernutrition or excessive nou-

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rishment of organs, new growths, external suppurating scrofula, rickets, intermittent fever, cancer, emphysema, pregnancy, and anæmia—at least with the first stage. And here we may remark upon these antagonistic affections, and observe how completely tubercle appears to monopolize the individual sufferer. How rarely does one see any disease whatever combined with it! if it be not some of those painful consecutive attacks indicating the deposit of the morbid matter in the peritoneum or serous membrane which lines the interior of the abdomen, giving rise to peritonitis, in the intestines causing ulceration and diarrhœa (abdominal phthisis), or in the brain and its membranes, and in the larynx. It is a striking fact, then, that consumption is a truly systemic disease, exhibiting almost a preoccupation of the entire organization, to the exclusion of other poisons.

Let us examine the practical facts as they stand in the experience of physicians at the *Brompton* Hospital, where 100 out-patients is the average attendance per diem. Skin diseases of every class, we find, are extremely rare in phthisis. If there be an exception, it is herpes, and that is very seldom seen. Rheumatism is also very rare, and Rokitansky considers it antagonistic, as absorbing the fibrin of the blood in its action on the fibrous tissues, where plastic or formative deposits so commonly result. The same of gout; it is rarely combined with phthisis. Hypertrophy of the heart—indeed, hypernutrition of any organ—is not often combined with tubercle. Cancer *may* coexist with it, but even their coincidence is far from common; nor are tumours commonly witnessed in these subjects, which is probably explicable in a like manner—the fibrinous constituent of the blood being taken up by their growth and nutrition.

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External scrofulous enlargements of the neck or cervical glands, proceeding to suppuration, are certainly not an ordinary complication of tubercle in the lung. "It is rare," says Dr. Pollock, "to meet with the scars of scrofula in the glands of the neck in the cases presenting themselves at the Metropolitan Institution for consumption and diseases of the chest." This is a curious fact—a practical observation which occurred to me nearly twenty years since as singular and suggestive; for authors and practitioners are always accustomed to class tubercle with scrofula, and to attribute its outward and visible manifestation to precisely the same cause which induces phthisis. It would seem that the glandular swellings act in diverting the morbid action, the internal psora from the deeper seated and more important vital organs, or that the two affections are altogether dissimilar—at all events not due to the same constitutional cause. Rickets—that is to say, in the developed subject, or where growth has ceased—are certainly but seldom associated with pulmonary tubercle. Deformed chests are generally healthy, *quoad* the disease in question, or emphysema—*i. e.*, in other words, dilatation of the air-cells and cardiac disease from congenital defect or malformation are the derangements met with, but not consumption. Of lung-diseases proper, emphysema is the one which seems almost antagonistic to phthisis; and this is to be expected when we reflect on the atrophy of the pulmonary tissue, and resulting diminution of respiratory volume, which are the essential characteristics of the latter, constituting physical conditions which are the exact converse of the distended cells of emphysema, Bloodlessness (anæmia), even in its extreme chlorotic stage, is not usually allied to tubercle

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in the lung. The popular idea, I am aware, runs diametrically counter to this statement; their differences are considerable. The symptoms of anæmia are, extreme pallor of the skin, the tongue, the mucous membranes, and the palpebral conjunctivæ; the veins are small and purplish, the pulse is weak, compressible, rapid and thready; there is dyspnœa on exertion, conjoined with palpitation, and generally a short, dry, hacking cough. Faintness and occasional real syncope indicate the imperfect supply of blood to the nervous system, and œdema of the extremeties tells us of an enfeebled capillary circulation. The physical or stethoscopic signs are a uniform and good percussion-note, and a low respiratory murmur, over the aortic valves. There is a soft murmur synchronous with the first sound of the heart, and a venous murmur or whizzing is audible in the neck. Such patients constantly come to me as "*consumptive*;" but a differential diagnosis reveals the true state of the case. There is, in the first place, absence of rapid wasting; there is no hectic, and the symptoms of weakness are unmistakably referable to the impairment of nervous power, rather than to muscular debility. The entire absence of the true physical signs of consumption is, of course, strictly *diagnostic;* but it is yet further remarkable that this soft murmur of anæmia in the aorta, and the whizzing in the veins, to which I have adverted, are found exceptionably in tubercle of the lung. The stage of phthisis which is accompanied by symptoms of impoverishment of the blood—a deficiency of the coloured globules, of its peculiar nutritive principle, in fact (for the principal constituent of the blood-globules is closely allied to albumen) —is not to be confounded with pure idiopathic anæmia.

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The phthisical condition referred to is more properly a *cacoœmia*—a state implying bad, depraved, *poisoned* blood—and takes place only when the blood-contamination has reached that stage which is only compatible with an advanced period of the tubercular disease. The comparison here instituted has reference to the problematical symptoms, the early stage of phthisis. The influence of pregnancy in retarding consumption I have already observed on, and deserves consideration. It is quite true that it has such an influence, and the conservative protection of life for an important physiological purpose is obviously manifest in this provision. The patient far advanced in consumption will outlive parturition, as a rule; but the fatal event becomes rapidly accelerated when this natural function is completed. Whence is this? Nature preserves a life for an ordained purpose; a retardation merely of the consumptive stages is duly effected. The hyperfibrinated blood having another office, one might assume, in fœtal growth and nutrition, ceases to deposit itself as a morbid agent; but that this cause once removed, the fibrin again expends itself on the destructive tubercle in the lung. Hence the frequent origin, perhaps, of phthisis after confinement, or the more frequent impulse for evil which pre-existing pulmonary or abdominal mischief so commonly receives.

These remarks necessarily lead one to consider the many theories which have been propounded from time to time to account for the formation of tubercle. Undoubtedly the most prevalent idea of the present day with regard to the nature of tubercle is that enunciated by Rokitansky, who states that the tubercle-crasis is beyond question a fibrin-crasis (fibrinosis); it is not this in respect to quantity alone, but also in respect to

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quality. Now, it is not my intention here to deal with the arguments in favour of this view, which are derived from chemical sources, but I will consider merely how far this excess of fibrin in the blood accounts for the phenomena of consumption as we daily see it. A simple excess of fibrin in the blood is common to many diseases, and to pregnancy. Assuming its normal proportion in health to be from two to three in 1000 parts, it is augmented by local inflammations to seven, nay, even to thirteen, and in consumption to ten; it is increased in pregnancy after the seventh month, but diminished in the early stages.

FIBRIN.

In healthy blood, 2—3 in 1000 parts.

Augmented in	Diminished in
Local Inflammation.	Fever (simple.)
Consumption.	Typhus.
Later months of Pregnancy.	Apoplexy.
Rheumatism.	Early months of Pregnancy.

The only point for us to remark here is, that tuberculosis, or the phthisical diathesis, augments the regular proportion of fibrin, and that in the history of consumption in pregnancy a subsidence of the consumptive symptoms concurs with the period of the minimum quantity of fibrin in the blood, and an augmentation of the phthisical malady immediately after delivery, when the hyperfibrination of the blood, it is assumed, is at its maximum.

Again: the proportion of fibrin in the circulation is not lessened by bloodletting, but at least relatively increased, an exhausted state of the system in these

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circumstances resulting rather from a diminution of the red globules than from any change in the fibrinous element. Thus it would seem many diseases of exhaustion do not lessen the solid constituents of the blood, but render it more innutritious and watery, by diminishing the healthful red globules. This altered condition, no doubt, leads to morbid changes in the capillary circulation, by which the superabundance of fibrinous material is separated and deposited as extraneous and prejudicial matter. But Rokitansky's theory expresses much more than this; he speaks not alone of the *quantity*, but of the *quality* of the fibrin. It is sufficient for our purpose merely to remark, that in its history consumption appears to furnish evidence that an augmentation of fibrin in the blood is one probable source of the disease; and this corroboration of an experimental fact is found in the very destructive waste which results from defective assimilation, and that deficiency of the ultimate nutritive processes by which blood is converted into tissue—a mal-nutrition, in short, which leaves the circulating fluid overladen and oppressed with depraved material, which lowers the vital tone of the general system, and eventuates in the gratuitous formation of plastic deposits, whose inherent tendency is to decay and death. The various proofs which German physicians bring to bear on this chemical theory are derived from the fact that diseases which appropriate fibrin in their growth are singularly antagonistic to tubercle, and that tumours and the hypernutrition of organs generally are but rarely coincident with consumption. Without any theory, the practical fact remains for our remembrance, that by whatever means we increase the nutrition of the body, and thus elevate the health-giving vitality of

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nervous power, or alter, it may be, the chemical qualities of tubercle, in the same ratio we retard the advances of phthisis, a constant sign of improvement being an *increase of weight*, a diminution of fibrin, an augmentation of the number of red globules, and other desirable changes, evidencing a complete amelioration of the symptoms and a remarkable strengthening of the vital powers of the patient. Phthisis pulmonalis, then, when developed, is owing to a deposit in the lungs of a peculiar product called *tubercle*. Andrel describes it at its origin as a pale yellow, opaque, small, round body, of various degrees of consistence, in which no trace of organization or texture can be detected by the naked eye, although the microscope shows various forms of cells, imperfectly developed; so that this substance evidently consists of unhealthy coagulable lymph, whose powers of organization are exceedingly imperfect. The prevailing opinion among pathologists is, that the seat of tuberculous matter is the areolar tissue of organs. It may, however, be formed on secreting surfaces, as in the mucous follicles of the intestines, on the surface of the pleura and peritoneum, and likewise in false membranes or other morbid products, and in the blood itself. Sir Robert Carswell regards the mucous surfaces as the principal seat of tuberculous matter, and asserts, that in whatever organ the formation of tubercular matter takes place, the mucous system, if constituting a part of that organ, is in general either the exclusive seat of this morbid product, or is far more extensively affected with it than any of the other systems or tissues of the same organ. Andral considers the areolar tissue its chief seat, but that it may occasionally occur on mucous and serous surfaces. Lombard supposes it to be wholly

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restricted to the areolar tissue. In confirmation of Sir Robert Carswell's statement, he has shown it in the lungs formed on the secreting surfaces, and collected within the air-cells and bronchi, in the intestines, in the isolated aggregated follicles or minute cavities in the liver, in the biliary ducts, in the kidneys, in the infundibula, pelvis, and ureters, in the uterus, in the cavity of that organ and Fallopian tubes, in the testicle, in the tubuli seminiferi, epididymis, and vas deferens—thus showing it to be the result of processes deeply seated in the system. The formation and subsequent diffusion of tuberculous matter is also observed on the secreting surface of serous membranes, particularly the pleura and peritoneum, and in the numerous minute cavities of the areolar or cellular tissue. The accumulation in the lacteals and lymphatics, both before and after they unite to form their respective glands, is frequently very considerable. Tubercles in the lungs, in their earliest stage, may present themselves in three forms. 1st. The common *cheesy* tubercle, in yellowish friable masses, in more or less rounded masses, or sometimes filling one or more of the bronchial tubes. 2d. Miliary tubercles, small granules, like millet-seed, bluish-white, and semi-transparent, often found in great quantities. Some pathologists consider these as the earliest stage of the yellow, cheesy tubercle; others, on the contrary, believe them to be merely some of the air-vesicles, solidified by chronic inflammation. Certain it is, however, that they have some relation to the regular, *legitimate* tubercle, as they are found in the same patient and in the same parts of the lung. 3d. Tubercular infiltration. In this case the morbid matter is uniformly diffused through a tissue, and not agglomerated in masses. Tubercle, when depo-

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sited, may lie dormant for a length of time, without exciting any obvious or particular symptoms. In very rare and favourable cases their softer particles may be absorbed, and nothing be left save the *calcarea*, or phosphate and carbonate of lime they contained, which may lie latent and quiet in the lung for a whole life. But, in general, tubercle, after a time, acts as a foreign body, excites inflammation and suppuration in the neighbouring sound parts, and is ultimately expelled. The first visible step is a softening, which depends probably on the exudation of serum or pus by the surrounding lung, or by the areolar tissue that may be entangled in the unorganizable product. This increases till an abscess forms, which is technically termed *a vomica*, This vomica continues to enlarge till it bursts and discharges itself into an adjacent bronchial tube; and then, in very exceptional cases, after the expulsion of the tubercular matter and pus by expectoration, the cavity may possibly contract, become smooth and cartilaginous on its inner surface, and at last be obliterated—in a word, the consumption be cured. More generally, however, fresh tubercle is deposited—more unorganizable matter is eliminated from the blood in a fluid state: and unless checked by the interposition of medical art, fresh vomicæ form and unite, till the patient's lung is, as it were, completely riddled with cavities, and he dies from sheer exhaustion, one or more of the bronchial tubes opening into each vomica.

Tubercle generally occasions some degree of pleurisy and consequent adhesion; this diminishes the frequency of what nevertheless sometimes happens, viz., ulceration of the pleura and escape of the matter from a vomica, and of course of air into the pleural cavity, constituting a

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kind of pneumo-thorax sometimes met with in the last stages of consumption. I may observe, lastly, in reference to the pathology of tubercle, that ulceration of the larynx, tubercular deposits in and ulceration of the intestinal glands (abdominal phthisis), and a peculiar fatty degeneration of the liver, are morbid appearances often observed in the phthisical. Tubercles are most frequently found in the upper lobes and generally at first in the superior lobes of the left lung; inflammation in the lower lobes of the right lung. Such is a brief outline of the morbid anatomy of this fatal deposit, which has hitherto been acknowledged to occasion nearly 40,000 deaths each year of the total mortality at all ages, and to prematurely cut off more than one fifth of the adult population of this country.

Symptoms.—Long antecedent to the existence of any signs of pulmonary tubercle, we may remark a strong tendency to simple inflammation of the mucous membrane, nasal catarrh, cold in the head, stuffing in the nose and the like. Secondly, chronic loss of breath on going upstairs, hoarseness, coryza from the slightest atmospheric vicissitudes, palpitation of the heart, an indescribable sense of utter prostration both of mind and body, pains as of bruises in the arms and legs, indisposition to eat, stoppage of the nostrils, with frequent offensive smell from the nose, as of rotten eggs; headache, general listlessness and constant fatigue; the urine is insufferably offensive at times, with oppressive pains in the small of the back, particularly on first lying down in bed; loss of memory, tendency to diarrhœa, unrefreshing sleep, and after some undue exertion, whilst running to overtake an omnibus or catch a train, one or more attacks of blood-spitting. Thirdly, pains in the right chest, acute lanci-

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nating dartings, with disposition to sigh, nocturnal coughing, pain in the left side, resulting either in an inflammation of the pulmonary parenchyma or of the pleura. Meanwhile, it may be laid down as an axiom, that a slow and gradual loss of weight is far more serious than a quick and irregular diminution of weight.

Whenever, therefore, a wasting of the tissues sets in, and becomes either rapidly or insidiously *progressive*, it is a symptom well calculated to excite the most serious apprehensions and alarm. Frequently indeed it occurs with very slight concomitant indications of deranged health, and possibly it may prove even of temporary duration, the frame recovering a perceptible although spurious *embonpoint*, on some salutary change. The significant character of the emaciation of consumption requires to be well considered; it takes its rise from the morbid condition of the nervous system, and the defective organization and nutrition of *nerve-globules*, cells, areolar tissues, and of all those life-giving structures of which nerve-globules form the natural basis. There is a consequent loss of correspondence, a want of balance, an inharmonious equilibrium between the physiological powers of healthy deposition and absorption. It indicates that the system of the patient is becoming so decidedly *consumptive* as to cease to be capable of sustaining the healthy functions of life, and more especially the functions of respiration and nutrition.

The atrophy of consumption is so important, both in regard to diagnosis and treatment, that it is impossible to be too vigilant in its detection—whenever its existence is suspected, either in those who are hereditarily predisposed to the disease, or in individuals placed under circumstances in which a consumptive state of the system

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is likely to be produced—nor too careful in assiduously watching its progress. For these purposes direct medical observations on the weight are absolutely necessary; no vague notions on this point will serve any useful purpose. Patients, and those of the consumptive temperament especially, will frequently mistake the puffiness of the face and spurious hypertrophy or enlargement of the areolar tissue, which frequently conceals the true state of the adipose and muscular systems, for a *really* good condition of the general habit. If we trust to their representations, on the one hand, the emaciation may proceed until tubercular aggregation in some important vital organ occurs before we are aware of its existence, and on the other hand, we can never fully appreciate the results of homœopathic treatment.

Nor is the determination of the absolute weight of the patient important merely for the purpose of detecting emaciation EARLY, and watching its progress as an absolute sign or symptom of consumption; it is also essential for the purpose of assisting in the due estimation of the value of other symptoms. We shall find that the respiratory powers are variously modified in consumption, and furnish positive symptoms of the disease, but the weight of the body exercises a direct influence over the respiratory functions (and it is in the lungs, be it remembered, that the assimilation of the food is completed;) and in this point of view it is essential to study the weight of the patient, and to be aware of the vast import of the *absolute* and *relative* weight, and of the great variations of weight, to which the body is obnoxious. In order accurately to determine the weight, and for the purpose of detecting the first inroads of true consumptive emaciation and watching its progress, I have adopted

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the use of Dr. Hutchinson's spirometer, and the French scale or weighing machine, as occupying but little space, and withal a most correct and valuable instrument. I have employed the following Table with great advantage; it is constructed from minute observations made on 2650 healthy males, at the middle period of life.

Exact stature.		Mean weight.				Weight increased by 7 per cent			
ft.	in.	st.	lbs.		lbs.	st.	lbs.		lbs.
5	1	8	8	or	120	9	2	or	128
5	2	9	0	...	126	9	9	...	135
5	3	9	7	...	133	10	2	...	142
5	4	9	13	...	139	10	9	...	149
5	5	10	2	...	142	10	12	...	152
5	6	10	5	...	145	11	1	...	155
5	7	10	8	...	148	11	4	...	158
5	8	11	1	...	155	11	12	...	166
5	9	11	8	...	162	12	5	...	173
5	10	12	1	...	169	12	13	...	181
5	11	12	6	...	174	13	4	...	186
6	0	12	10	...	178	13	8	...	190

As a general rule, the weight of the body increases with the height, but the absolute weight in relation to the height varies considerably; nevertheless, it is within the physiological range. The weight, therefore, is estimated in relation to the height, so that both height and weight are taken and noted. The influence of excess of weight, however, over the respiratory function is not felt until the excess goes beyond seven per cent. of the mean; therefore, to the mean which an individual ought to weigh, seven per cent. must be added before we allow for the corpulency as influencing the respiration.

By the *spirometer* we ascertain the vital capacity of the lungs and the respiratory movements, and more precisely

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and easily detect slight deviations from the healthy state. The difference in the quantity of air respectively drawn in or thrown out of the lungs is as follows: 1. *Residual air*, which is that air remaining in the lungs that cannot be expelled by the most violent effort. 2. *Reserve air*, or that which remains in the lungs after a gentle expiration, but which could be expelled by muscular effort. 3. *Breathing air*, that which is required in performing the ordinary inspiration and expiration. 4. *Complemental air*, that air which may be drawn into the lungs by the most violent inspiration. 5. *Vital capacity*, all the three latter combined, being the greatest voluntary expiration following the greatest inspiration. The quantity of air which can be expired does not depend upon the girth of the thorax, but the *height* of the individual, and this being known, the number of cubic inches he can expire in a healthy state may be ascertained with accuracy; the application of this principle, therefore, in the diagnosis of consumption is most important. I have uniformly found that persons who are the subjects of a decline expire a quantity of air *very much less* than they ought to do if healthy. In many cases the quantity of air expired when patients were in health was exactly measured, and the experiments being repeated some time after, they were found to expire a great many inches less than on the first occasion; at this time no disease whatever could be detected in the lungs by experienced auscultators, albeit they died of consumption some months afterwards, as proved beyond doubt by post-mortem inspection.

The ordinary or natural weight of each individual may differ from the above standard, both in *excess* and *deficiency*, but at all times deficiency of weight tends to show

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deficient nutrition. The absolute loss of weight in consumption has been variously estimated. From various experiments it would seem that the internal viscera for the most part, do not participate in this emaciation. It falls upon the organs of locomotion, probably the heart, the areolar and fibrous tunics of the blood-vessels, and the alimentary canal; but the liver, kidneys, spleen, pancreas, and other organs, appear to maintain their density and bulk. According to statistical data, the average sum of the weight of the entire viscera—the brain, heart, lungs, liver, spleen, stomach, pancreas, kidneys, uterus, and appendages—after death from phthisis pulmonalis, between 17 and 60 years of age, in males, was 39·26 ounces above the normal standard, and in females about 27·05 ounces; in these cases the average of the weight of the lungs in males was increased 25·71 ounces, and in females 14·48 ounces. The heart both in males and females was very slightly augmented in weight; the liver, 5·63 ounces in males, and 7·32 ounces in females. These experiments were made upon individuals who died with local disease, and I may state that in the midst of the general waste, as consumption, with local tuberculous disease of the lungs, advances, a very large deposition of fatty matter takes place in the liver, kidneys, and other viscera. Enlargement of the liver is nearly a constant occurrence, even before the development of other symptoms, certainly before any stethoscopic signs can be perceived. 141 In consumptive patients compared with that of an equal number free from the disease, the loss of weight in relation to the height was more than one-third of the whole body. When consumption pursues its onward course uninterruptedly, the loss of weight before death is considerably more, but the sub-

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jects of it are almost uniformly cut off by visceral disease before it has attained its maximum; the average loss may be estimated at forty-eight pounds. Lastly, emaciation is so commonly the earliest appreciable symptom of disease in consumptive persons, it proceeds so progressively and regularly from the commencement to the termination, it is so little related to the extent of local disease in the lungs or elsewhere, it is so directly related to the morbid condition of the nervous system, that there can, I think, be no question it is from the beginning to the end symptomatic of the general disease. Local affections of the lungs, of the intestines, of the mesenteric glands, or hectic fever, may precipitate it, but in instances where consumption has pursued its fatal course in the absence of the ordinary symptoms, without a sign of hectic fever, and where the vital organs have been apparently little effected, emaciation has reached its utmost limits before the death of the patient.

I shall now give the three stages of phthisis as ordinarily described. In the first stage the tubercle is developed, but not yet suppurated; in the second, small ulcerations are formed; and in the third and last, we have vast caverns excavating large portions of the pulmonary structure.

First stage.—The most prominent symptoms are those of inflammatory irritation, cough, pain, and a quickness of pulse, which in certain cases are preceded, but in the greater majority followed, by an unaccountable emaciation and weakness; the cough is almost always dry during the first few weeks, unless where the tubercle has succeeded to catarrh; it may occur in every variety, but it is most commonly a slight, frequent, and irritating cough, referred by the patient to a tickling sensation in the

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trachea. The expectoration, when occurring, is scanty, and consisting of a thready, *grayish*, and nearly transparent mucus, occasionally dotted with blood; a slight wheezing also sometimes accompanies the cough. With these symptoms the patient frequently complains of pain, which may be situated in any part of the right or left side. In some instances it is only felt in the lower, while in others it occupies the upper part of the chest, shooting from the clavicle to the subscapular regions, and often occupying the inferior angle of the shoulder-blade, when it is often mistaken for rheumatism, or pain of hepatic disease; it occurs with various intensities, is generally remittent, and often relieved by *Aconite*, or slightly stimu lating applications. This pain is commonly accompanied by tenderness of the subclavicular region, and often with that irritation of the muscular fibres which causes their contraction on percussion; the respiration is slightly hurried, and the first approaches of to-and-fro hectic can be perceived.

Second stage.—This is characterized by the establishment of very decided symptoms: the emaciation and debility increase, the pulse continues quick, the countenance becomes characteristic, the sweatings are much more profuse, the cough looser, the expectoration becomes puriform, tubercular and bloody. The digestive organs now begin to suffer seriously; incessant thirst, loss of appetite, and abdominal pains torment the patient, and the first indications of confirmed wasting and persistent diarrhœa appear; the patient feels that he can lie much better on one side than on the other, and begins to experience cutting pains in the opposite side of the chest—a sure sign that his terrible destroyer has invaded the remaining lung.

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Third stage.—In this deplorable condition the patient is not unfrequently apyrexial (without fever), and the perspirations cease, particularly if the digestive system remains tolerably healthy; the pulse may be slow, but generally becoming accelerated some time before death, emaciation proceeds to the last extremity; the voice is sometimes wholly lost, at others hollow and melancholy; the cough is loose, the respiration more facile, and expectoration easy; aphthæ appear on the tongue and lips, and spread over the cavity of the mouth; the limbs become cold and clammy; the breath acquires a heavy odour, and the appetite generally fails. Life may, however, even under these circumstances, be protracted for a considerable time. There are some other symptoms which frequently attend the progress of consumption, and which may be noticed in this place. Some writers lay great stress upon the existence in phthisis of what is termed the *gingival margin*. In the most decided cases this margin is of a vermilion tint, inclined to lake, and forming a marked contrast to the paleness of the rest of the gums. It is usually confined to the region of the incisors, but sometimes it extends along the whole line of teeth, becoming narrower and fainter as it proceeds backwards. Those patients in whom I have observed the gingival margin have had other and more distinct signs of consumption, so that I am satisfied of its existence in a very large proportion of cases. An incurvated state of the nails, with a rounded appearance of the last joint of the fingers, is very often observed, and is, I may say, generally regarded as a diagnostic sign of some importance. The falling off of the hair is also a common occurrence in phthisis. The appearance of the urine too deserves some notice; it is very frequently turbid, fœtid,

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and throws down a copious sediment, while during the early stages it is often covered with an iridescent pellicle. The condition of the nervous system undergoes, and consequently all other parts of the body, a considerable change; the patient becomes, in a word, NERVOUS (and that in itself implies volumes), both mentally and physically. One of the circumstances often remarked, even in the early period of the disease, is this unusual degree of morbid sensibility. The patient is exceedingly timid and apprehensive of the slightest circumstance which can increase his complaint; his hand shakes, and he becomes peevish and irritable. These nervous symptoms generally keep pace with the increasing debility. The intellect for the most part, however, remains quite clear till within a few days of dissolution, when slight delirium occasionally supervenes. It has often been stated by persons, who are more poets than physicians, that consumption of the lungs is a mild disease, by which the frail sufferer is imperceptibly wasted away like a dying flower, without pain or suffering. They must have witnessed more of the disease in books than at the bedside, who state this to be its general progress. The horrible sensations, produced by the incessant chills during the day, and by the yet more distressing and death-like chills which follow the perspirations in the night, the harassing cough and expectoration, the pains of the chest and bowels, the frequent dyspnœa and blood-spitting, the distressing sense of sinking, all increasing as the strength is failing; and more than these, even in a physical sense, the frightful bed-sores and that moral *contention de l'esprit*, that inward struggle of the soul, which, whether avowed or not—a struggle 'twixt hope and fear—is felt by the patient in the last stages, and make up an amount of

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suffering which, considering the protracted period of its duration, is scarcely surpassed by any disease in the whole legion which afflicts humanity. But as phthisis differs remarkably in the rapidity of its progress and the severity of its symptoms, so also does it in its mode of termination; in some cases the patient's sufferings cease, and give place to comparative tranquillity, and he sinks without a struggle; in the majority, however, and almost always in young subjects, the painful struggle continues even to the end.

After this general sketch of the usual course of consumption, it may be useful to take a more detailed survey of the particular symptoms which characterize its different stages. This will enable the reader to attach a proper value to these clinical observations, when considered individually, as a means of establishing the *diagnosis* of consumption.

Positive signs of phthisis at an *early* stage: dry cough for some time, sometimes mucous expectoration; more or less dyspnœa; pain in the chest; nocturnal sweats; debility and emaciation; dull percussion under one or both clavicles; weakness or other modifications of the respiratory murmur (stethoscopic); blood-spitting in a considerable number of cases. Positive signs at the end of the first stage: cough more frequent; expectoration of *gray*, opaque, or greenish sputa; blood-spitting; night-sweats; more or less diarrhœa; emaciation more marked; more dulness on percussion; blowing respiration; subcrepitant râles; increased vocal resonance (stethoscopic). Positive signs during the second period: obstinate cough; sputa yet *grayish*, irregular in form, tinted or streaked with blood; emaciation and marasmus increased; dulness on percussion extended; tracheal

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and cavernous respiration; mucous râles, gurgling, and pectoriloquy (stethoscopic).

Distinctive Signs of Incipient Consumption and Catarrh.

Consumption.	Pulmonary Catarrh.
Cough dry.	Mucous Expectoration.
Moist Sweats.	No Night Sweats.
Emaciation.	No marked Emaciation.
Blood-spitting.	No Blood-spitting.
Moderate Dyspnœa.	Greater Dyspnœa.
Dulness under the Clavicle.	Percussion normal.
Modified Respiration.	Respiratory Murmur normal.
Respiration in the Posterior Lobes normal.	Subcrepitant Rale in Posterior Lobes.

Distinctive Signs between Consumption at the end of the first stage and Chronic Inflammation of the Lungs.

Consumption	Chronic Inflammation
Is developed spontaneously;	Is the termination of Acute Pneumonia;
Is situated in the Apices of the Lungs. (*Superior* Lobes.)	Is situated in the *Inferior* and Posterior Lobes.

It is a matter of the greatest possible importance to be able to detect the commencement of tuberculous disease of the lungs by its external manifestations, and to thoroughly distinguish it from the analogous diseases with which it is so liable to be confounded. As regards the time of their appearance, the order of their succession, and the degree of their severity, the symptoms are exceedingly variable in different cases, and there is scarcely one even of the leading characters which may not be wanting. At the same time, I cannot believe that consumption can get far on its way without affording to the acute observer sufficient indications of its

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presence; for if there be neither cough nor expectoration to assist us in establishing our knowledge, we shall find *hurried breathing;* and if hectic be absent, we shall find the rapid pulse or the frequent chills, the night perspiration or the diarrhœa, and, above all, the nervous debility and emaciation. More or fewer of these are always present, and, together with the peculiar consumptive character of the countenance, will enable us to detect the real nature and existence of the insidious disease. There will, at least, be found *enough* to excite the grave suspicions of the observing and watchful friend; and when *these* are once aroused the physical signs which consumption of the lungs invariably affords will soon reassure the medical mind of the dreadful reality of the attack. When consulted by a person whose condition induces us to suspect a predisposition to consumption, every examination should be searching, full, and complete. The general aspect deserves our attention —particular attention; the past health and usual occupations, the diseases of whatever kind which may have previously existed, and the *family complaints*, should be ascertained; while the exact state of each different function, but, above all, the precise condition of the respiratory organs, should be thoroughly investigated by all the resources in our power. The form and build and motions of the chest, inspiratory and expiratory, the sounds elicited by percussion, the height and weight, the ingress and egress of air into the vesicles of the lungs during respiration (for here is the manufactory of the nutritive fluid,) speech, and cough, must all be taken into account to enable the inquirer to estimate the true worth of particular symptoms; or, in the absence of these, to form a correct conclusion, or, at all events, a shrewd

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and likely opinion of the health of the chest. *Cough* is, undoubtedly, the first symptom which claims attention, inasmuch as it is usually the earliest evidence of chest-disturbance, and ordinarily amongst the first circumstances which excite the attention of the patient or his relatives. During the first weeks or months, it is, for the most part, a slight dry cough, occurring chiefly in the morning on the patient getting up, and on his making any undue exertion during the day. In this state it is scarcely noticed by the patient; it appears to him rather to be a matter of no moment, to arise from some temporary irritation in the region of the larynx, and he seldom suspects indeed that it can possibly have any connexion with consumption of the lungs. Its continuance in this trifling degree for weeks or months, without any expectoration, is also another circumstance in the history of this cough which deserves attention. By degrees it occurs occasionally during the day, espccially after any exertion—such as running after an omnibus, or upstairs quickly, speaking or reading aloud for some time, laughing heartily, and the like. After a longer or shorter time, this cough is attended with the expectoration of a transparent fluid—frothy-like saliva, which appears at first to come from the fauces. In general, this cough continues to increase in unison with the pulmonary disease; but in some cases of unmistakable excavations of the lungs, it has remained insignificant throughout. It is not sufficiently well known, indeed, that the disease can exist, and even prove fatal, without the slightest cough. The lungs of consumptive patients have even been destroyed by suppuration, without their ever having experienced the least degree of cough. As the disease advances, however, it is commonly trouble-

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some at all times, especially after dinner, or on getting into bed at night, and the sleep is broken by it. By day, after this period, it frequently brings on headache, giddiness, a pain of the chest, and vomiting. In the latter stages, it is followed by an irksome breathlessness, amounting in some persons to a positive menacing of suffocation, which is most distressing.

To these usual characters of the consumptive cough may be added another singular circumstance : *no patient, as a rule, can ever assign any cause for its occurrence.* The cough which is most likely to be confounded with the tubercular is that which accompanies catarrh. The catarrhal cough is characterised by these circumstances : its first attack is well marked, and can be traced to exposure to a cold and damp atmosphere, checked perspiration, and other causes. This cough is deep, implicating the whole respiratory muscles, and is attended with a universal soreness, frontal headache, and other symptoms of catarrh. The expectoration attending these coughs is different. The catarrhal cough, although at the onset dry and hoarse, is speedily accompanied with expectoration—at first colourless, but shortly becoming opaque, then assuming a yellowish mucous, and even purulent character. By the administration of a few doses of Bryonia, Dulcamara, and Sulphur, the cough and expectoration forthwith diminish, and, under ordinary circumstances, soon cease. Such are the characters of catarral cough ; but when from the continuance of the cough or its dubious character we suspect some ulterior mischief beyond chronic catarrh, we should institute some rigid inquires as to the patient's particular state antecedent to the occurrence of catarrh. If he had a slight morning cough previously, or some persistent shortness of

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breathing, or blood-spitting, there are strong grounds to suspect that the present continuance of the catarrhal symptoms is dependent on consumptive disease, more especially if the patient is young. I say *young*, because at a more advanced period of life dyspnœa and a morning cough, the consequences of the dry or pituitous catarrh, complicated with emphysema, are often met with.

The cough which comes next in importance in a diagnostic sense has not inaptly been called a "stomach cough." Gastric irritation is attended with cough in some respects not unlike the *early* consumptive cough. In discriminating them, however, we must bear in mind that the cough which accompanies gastric irritation is louder and harder, *more barking* than the cough of phthisis, and frequently manifests itself in paroxysms or fits of coughing. The sensation which excites it is felt deep in the epigastric region or "pit of the stomach," and the irritated congested state of the mucous membrane is rendered evident by other gastric symptoms. The tongue is red at the point and edges, furred in the centre, and very dry on awakening in the morning; there is great thirst and some quickness of pulse, cold extremeties during the day and a preternatural heat of the hands and feet during the night; the bowels are costive, and the urine is high-colored. Conjoined with these symptoms there is frontal headache, and a degree of irritability, especially in the evening, which is quite unusual to the patient. If accustomed to literary pursuits or mental occupations, he finds himself altogether indisposed, and less able to exert his mind or command himself. The expression of his countenance changes remarkably; he becomes pale and sallow, and his features are hollow and sunken; he is dark under the eyes, he

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has the aspect of a valetudinarian, and he feels very unwell; yet, on being interrogated, he cannot define his symptoms or fix upon any complaint. This state continues for a long period, and in many cases without much loss of appetite—a circumstance which possibly tends to deceive the patient respecting the exact seat and nature of his malady.

On instituting a more minute examination, the disease will be found to have its seat in the digestive organs, and that the "stomach-cough" and other gastric symptoms will speedily vanish by proper homœopathic treatment, and the patient's health be frequently restored in a wonderfully short time, especially if he happen to be young and consequently less contaminated by the deposition in his system of various allopathic drugs. A gentle antipsoric treatment, involving Nux vomica, Calcarea, Arsenicum, and perhaps Sulphur, together with a strict adherence to an appropriate mild diet, will soon demonstrate the nature of the disease by the marked and speedy relief which it will afford: and this, in truth, will be at once the best test of the accuracy of our diagnosis and the soundness of our pathological views as to the cause of the cough. Now, when gastric irritation is complicated, as it not unfrequently is, with incipient consumption, our treatment must always be directed to the cure of the former, as the best means of enabling us to arrive at a correct knowledge of the patient's condition. Diseases of other abdominal viscera are often attended by what is called a symptomatic or sympathetic cough, which may be readily mistaken for a pulmonary cough. Irritation in the liver and duodenum, intestinal parasites, and irritation of the uterus, perpetually give rise to it. The cough which is present in chlorotic girls,

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and which is dependent on functional derangement of the uterus, may, in general, be distinguished from the consumptive cough by the other symptoms with which it is habitually associated, and by the facility with which it yields to a mode of treatment (Ferrum mur.) which would have no effect in relieving the latter. It must, however, be borne in mind that young females of a consumptive constitution are the persons most obnoxious to chlorosis; and on this account their cough must not be treated lightly, nor an opinion hazarded without the requisite circumspection.

Another form of nervous cough is often confounded with the consumptive. The character of this cough, the periods at which it occurs, its mode of attack and ultimate disappearance—all differ from those of the consumptive cough. The nervous cough occurs at irregular times throughout the day, and whatever agitates or affects the patient's mind is liable to induce it. It has a singularly sharp, piercing sound, is repeated in rapid succession at short intervals, and often continues an hour almost without intermission. It is accompanied with other indications of nervous irritability—such as hysterical headaches, pains in the sides, neuralgias of the face and spinal cord, the shoulder-blades, the back and hips, and not unfrequently the very fingers' ends; frequent shuddering, shivering, and jumping almost off their seats; toothache, inability to walk, and the like. In all its essential characters it differs from the phthisical, and requires different treatment (Acid. nitricum).

In conclusion, all these coughs have their own peculiar and significant characters, by which they may be readily distinguished, when they are uncomplicated with each other; but when such combinations exist, as they fre-

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quently do, in the same individual, their discrimination becomes difficult, and the case imperatively demands all the caution and judgment of an experienced and accurate observer.

Dyspnœa.—This symptom, although never wanting, varies greatly in the degree of its intensity in different cases. In some instances it occurs *early* in the disease, being among the first circumstances which attract the patient's attention. More frequently, perhaps, it is not troublesome until the malady is far advanced, and it is generally in the very last stages only that it becomes *very* distressing. Difficult breathing, therefore, although not to be too much relied on as an indication of the very early stage of consumption, is frequently present, and should always be a subject of inquiry ; indeed, it will be found more often than is generally imagined. It is chiefly during exertion that the oppression of breathing is experienced ; and as it differs little from that which in a slight degree always accompanies such exertion, it seldom attracts attention. Being slow and gradual in its augmentation, and, like many other morbid states, unattended with pain, it is little noticed until it has become very considerable. But since consumption of the lungs cannot exist to any great extent without more or less dyspnœa, the presence of this symptom, along with *emaciation*, invariably leads me to explore the chest with care, even should there be no other indications present by which "*a decline*" might be detected.

Expectoration.—When the cough has continued for some time, it becomes gradually softer, and a transparent ropy fluid, resembling saliva, is expectorated, becoming by degrees more stringy and tenacious. After a longer or shorter interval, varying remarkably in different cases,

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specks of opaque matter appear mixed with the transparent frothy fluid. These specks vary in appearance, being at one time white, at another yellow, or even approximating to green; and again, very frequently of an ash colour, partly sinking in water in little masses, and partly floating in it in the form of *striæ* or streaks. Immediately before, or at the time of this change in the character of the expectoration, a little blood frequently appears in it. As the disease advances, the transparent salivary portion diminishes, while the opaque part increases and gives a more homogeneous aspect to the expectoration, which is now of a yellowish colour, and is brought up by the cough with more ease, and in more distinct masses. At a later period it is of an ashy colour, and is ejected in separate, rounded, flocculent-looking masses, enveloped in a certain proportion of the transparent ropy fluid. If thrown into water at this period, some of these masses sink to the bottom, others are suspended at different depths, connected together by the ropy fluid expectoration I have mentioned. The period of the disease at which this last change in the character of the sputa takes place, varies in different persons, and occasionally occurs a few days only before death. But in general these ash-coloured, distinct masses are expectorated for many weeks or months before death, accompanied with more or less of the mucous fluid in which they frequently float. In some cases the expectoration continues to retain the yellowish puriform character, and in a still smaller proportion the semi-transparent tenacious expectoration continues till within a few days of death—forming a gelatinous looking mass, separated with difficulty from the vessel which contains it. There are two characters, however, which may be considered peculiar

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to the expectoration of tubercular disease, viz., the *striated* state of the expectorated mass, with a mixture of whitish fragments in it, and the *ash*-coloured globular masses which are observed in the more advanced stage of the disease; this last is seldom or never met with unaccompanied with tubercular disease. Such are the various changes in the character of the sputa or expectoration which are generally observed in consumption.

Hæmoptysis, or blood-spitting, has been long regarded as a frequent cause of phthisis, now, it is rarely, if ever, a *cause;* it may be (doubtless it often is) rendered a determining cause, by the debility which it induces, and by the allopathic depletion adopted so injudiciously for suppressing it; the effusion of blood into the pulmonary tissue may become a source of irritation, and form *the nidus* for the primary deposit of tubercle—in many cases blood-spitting is the effect of the severity of the cough—fits of coughing, in fact, which end in raising black blood, with sharp tearing pains in every part of the chest, especially in the superior part of the RIGHT lung, with sense of constriction and palpitation—singularly suggestive of its specific analogue—one of the brightest ornaments in the armamentarium of a philosophical physician, *Elaps Corallinus*. The quantity of blood discharged differs greatly: in some individuals not exceeding a single mouthful, and in others amounting to a pint or more. When it is slight it is confined to the mornings, and when it proves fatal several pints may be all at once discharged. This shows that the structure of the lungs is extensively destroyed, and that the hæmorrhage arises from an opening occurring in a large artery previously implicated in the disease. As a diagnostic symptom blood-spitting is very important, because a very large

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proportion of cases in which it has been found eventuate in confirmed consumption. Its occurrence, therefore, either before or soon after the commencement of cough, renders the presence of a decline exceedingly probable.

Inflammation.—Pneumonia is of such common or rather universal occurrence, in consumptive persons, that it can scarcely be regarded as one of the accidents of the disease, unless, as it sometimes happens, it suddenly makes progress from imprudent exposure, change of temperature, or it may be without any assignable cause. Under such circumstances its presence is indicated by increased febrile excitement, pungent heat of skin, *crepitation* (stethoscopic), and the other symptoms which ordinarily attend it; unless, however, it be quickly arrested by the proper homœopathic treatment, involving *Acon.*, *Phos.*, *Tart. Emet.*, and, possibly, *Chelidonium* for the bronchitis; it quickly expedites the disorganization of the lungs, and consequently the termination of the disease in the ordinary manner. In some cases it has been still more speedily fatal, where a large portion of the lung, previously rendered impervious, blocked up, so to speak, the remainder has been consolidated (and consequently of no use,) by the pneumonic inflammation, and death takes place, as a matter of course, from *apnœa*, that is, suffocation.

Pain of Chest.—Acute pain sometimes attends the early stage of phthisis. This pain is frequently experienced in the upper parts of the chest and shoulders, and in the arms; although it is scarcely noticed by the patient, unless inquiry be made by the physician, being generally attributed to *rheumatism.* As the disease advances the pain is yet more frequently, and I have usually found it more severe on that side on which tuber-

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culous deposit existed to the greatest extent. I would particularly notice also slight pains in the region of the clavicles, because in a dubious case their presence would tend to increase my suspicions of the presence of consumption in its incipient stage, especially if other symptoms were in unison with this view—such as the consumptive cough—the oppression of breathing—pain in the left side, and the like. The pain in the chest which attends catarrh, epidemic, or otherwise, is essentially different—in the catarrhal affection the pain is located in the centre of the thorax, between the sternum or breast-bone and the spine—it is chiefly felt whilst coughing, and is rather a sense of *soreness* than of acute pain.

The Pulse.—The state of the pulse in consumption may also be distinctly considered, inasmuch as great importance has always been attached to it. Like every other symptom it varies remarkably, being modified by both physiological and pathological conditions in each individual patient, conditions which, perhaps, have no direct connexion with the lung-disease. Generally speaking, however, it may be correctly affirmed that the pulse of the consumptive patient is *frequent*, especially after the morbid condition of the chest is fairly established, and in doubtful and obscure cases a frequent pulse, by which I mean one upwards of *eighty* in an adult, would add very strongly to my suspicions of the existence of consumption of the lungs. Before we form any positive judgment as to the frequency of a man's pulse, its natural state should be ascertained if possible, for eighty pulsations of the radial artery in a minute may be the natural number in one patient, and yet constitute a frequent pulse in another whose normal pulse

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is *sixty*. Many people of a consumptive temperament have always a slow, languid, and feeble circulation at the wrist, particularly if they happen to be tall or overgrown. This I have often found when there were clear physical signs and other evidence of extensive disease in the lungs. Without presuming, therefore, to place an accurate value on the state of the pulse, as a sign or symptom of incipient consumption, I regard it as always demanding the grave attention of the physician. A frequent pulse, in a phthisical subject, even viewed as an isolated symptom, is one which should invariably excite suspicion; and when accompanied with other symptoms, indicative of pulmonary disease, it adds most strongly to the presumption that the mischief has actually begun. *Per contra*, I consider a slow, *natural* state of the pulse as a most favorable and encouraging symptom, inasmuch as it is almost always associated with a condition of the system which is favorable to the patient's ultimate recovery, while it is a proof that the lungs of the party in question are not VERY tuberculous at present, and that there is neither much pulmonary nor gastric irritation; or, in other words, nothing radically bad either in the chest or abdomen.

Hectic Fever.—The fever which ordinarily attends consumption is very slow and exceedingly insidious at its first onset; indeed, for a long time it is of so slight and insignificant a character as almost to elude observation. Like some of the other symptoms I have adverted to, it varies greatly in degree in different cases throughout the whole course of phthisis, and is more modified by collateral and accidental circumstances than any other symptom. The accidental occurrences to which I refer are inflammation of the respiratory organs, and gastric

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and intestinal irritation; these appear to have more influence in exciting and modifying hectic fever, than the tubercular deposit in the lungs, which frequently exists for a long period, without being accompanied by an appreciable degree of febrile disturbance. The first symptom of fever, remarked by the patient, is a sensation of being very cold and *chilly* towards evening; this sense of chilliness increases from time to time, as it continues to recur, amounting not unfrequently to a distinct rigor or fit of shivering, it is then succeeded by heat of skin during the night, the heat being particularly burning in the hands and feet, which are for the most part habitually cold in consumptive patients. After a time morning perspirations are found to follow the hot stage; and as the disease advances, these paroxysms of fever become stronger and stronger, especially the hot stage, and the heat is more generally diffused over the whole cutaneous surface.

Perspiration.—Although this very prominent symptom forms a part of the febrile paroxysm, it is generally so disproportionate to the cold and hot stage by which it is preceded, and withal exercises so paramount an influence on the feelings of the sufferer and the course of the malady, that it merits, with the others, a distinct and particular consideration. The fever has generally continued a considerable time, and the disease is far advanced before the perspirations become more than LOCALLY copious. In many cases they are out of all proportion to the preceding fever; in exceptional cases they are absent during the whole course of the disease. The accurate French physician, M. Louis, found them wanting, he states, in one tenth of his cases. According to the clinical observations of this eminent authority,

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the stage of consumption at which the very copious perspirations occurred corresponded with that at which the diarrhœa made its appearance. These two symptoms have commonly been considered supplementary of each other, the one diminishing as the other increased ; but it is NOT the common rule, both in general proceeding for the most part quite uninfluenced by each other, at least this is the belief of the pathologist Louis, who has paid particular attention to this reputed reciprocal influence of two phthisical symptoms, and he could never find that such reciprocal influence existed. The perspirations occur chiefly in the morning, more especially if the invalid happens to fall asleep after having once awoke. As the disease advances they come on whenever the patient falls asleep ; during the early stages they are confined to the head and chest, but by degrees they extend over the whole surface. I have myself observed them almost exclusively restricted to the anterior surface of the chest. The copious perspirations of the consumptive patient present a remarkable instance of extensive and long-continued derangement of the functions of the skin without any appreciable alteration of structure ; but the excreted fluid no doubt possesses characters widely different from those of healthy perspiration ; although occurring in a somewhat advanced stage of phthisis, perspiration occasionally attends its very early and incipient periods. It is seldom copious, however, unless it be LOCALLY so, at the commencement, and the patient, unless interrogated on the subject, takes but little cognizance of it. It not unfrequently happens that after having continued for some considerable time it altogether ceases, and again recurs without our being able to assign any definite reason for this singular de-

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portment. In some feeble young ladies perspiration is one of the most remarkable symptoms and most disproportionate to all the others; it is almost invariably a copious *morning* perspiration, and when it occurs I look upon it as most ominous—an omen so unfavorable that it may be held to be demonstrative of a rapidly destructive disease. The importance of *perspiration* as a sign of consumption is never to be neglected or passed over with indifference in dubious cases, for I have seen perspiration, a frequent pulse, and *emaciation*, repeatedly the only signs or symptoms manifested in the cases throughout: so that whenever I meet with profuse *local* perspirations in a debilitated person, particularly of a tubercular constitution, it always rouses my fears and uniformly leads me to explore the state of the thoracic viscera.

Thirst.—This is not a remarkable symptom in consumption as a general rule, rarely existing to a very great degree, although it is seldom absent. M. Louis found it entirely wanting in one fourth of his cases. Where it occurs it appears to be more dependent on the hectic fever than on the peculiar condition of the stomach and digestive organs.

Diarrhœa.—This is the companion of phthisis; *this* is so common an accompaniment of consumption that it has always been, with justice and propriety, considered by every author as one of the most important of all its symptoms, exerting a greater influence over its progress than any other: the wasting, the debility, and *ergo* the rapidity of a decline being in almost all cases proportionate to the severity of the diarrhœa. In ALL the vast number of M. Louis' cases, he states that the loss of strength and wasting corresponded with the number and frequency of the alvine evacuations. This fact suggests

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a wholesome and far from unnecessary caution on the employment of allopathic purgatives, and even of mild aperients in small doses as the disease advances, since they infallibly reduce the patient's strength and precipitate a diarrhœa before it would otherwise have occurred. Sir James Clark assures us that he has seen a small spoonful of castor-oil throw a consumptive patient into a most frightful condition of debility. Diarrhœa generally occurs when the disease is somewhat advanced; in a small proportion of cases not until a short time before death, I have known it however entirely wanting. M. Louis mentions that in one eighth of his cases of consumption diarrhœa commenced with the disease, and continued till death; in the majority it occurred in the latter stages; in others during the last few days of life only; and in four, among one hundred and twelve cases, it never appeared. Diarrhœa often proves one of the most distressing symptoms of consumption, being attended with severe agonising pains before and during every evacuation, and by an unutterable, deadly sensation of resistless sinking immediately after it—the evacuations being generally of a yellow, bilious colour—quite suggestive, in short, of its specific analogue, *Elaps corallinus*.

Emaciation.—Few persons die of consumption without being reduced to a great degree of emaciation, when the progress of the disease is not interrupted by some accidental circumstance which cuts off the patient. In some cases the wasting is one of the first circumstances which attract the attention of the patient's friends. In the vast majority of instances, however, the disease makes considerable progress before the patient becomes *visibly* thinner, examples of which I have almost always found

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in young ladies gifted with high intellectual endowments, and the most refined accomplishments, whose eyes flashing with unnatural, well-nigh celestial brilliancy, are not regarded as indications of a ruthless disease, but as personal charms to be sung in verse or celebrated with perhaps grateful flattery. True, alas! as the poet sings—

> Consumption's cheek ne'er looks more pure
> And lovely, than when past all cure;
> And yet that bloom, so fresh, so still,
> Has lent its fleeting aid to kill,
> And speaks to those who watch its hue
> Of sickness, death, and suffering too;
> Though who just viewing aught so fair,
> Could ever dream that *death* was *there!*

Day by day the energies decline, the body grows weaker, the eye more brilliant, but the aspect blanched, the lip attenuates and trembles, the form once so graceful and elastic is bent and bowed, needing the support of a trusty arm, and a loved friend to mark a mournful spectacle, the stealthy and insidious advance of a resistless doom. The cases of phthisis in which emaciation takes place to a large extent before any decided symptoms of pulmonary disease set in, are met with most frequently in *men* rather advanced in life, and in whom consumption has been induced by *drink*, and its satellite, an irregular mode of living, (or rather of dying), which impairs the divers functions employed in nutrition and assimilation, prior to the manifestation of tuberculous deposit in the structure of the lungs. In these men the wasting begins early, and is owing, no doubt, to the disease in the lungs, impeding the process of assimilation, or in other words, termination of

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digestion. Relaxation of the bowels being once established, the process of disintegration advances yet more rapidly, it goes on through the whole of the soft parts, and frequently before dissolution takes place, little indeed remains of his former self beyond the integument and bony scaffold. As a grave symptom of phthisis, I have before dwelt on the attention which emaciation merits, and therefore will merely state that in persons about the middle period of life, I have found wasting of the tissues one of the very earliest symptoms to be detected by adequate investigation and a *vigilant eye*, even when there was *no* frequency of pulse, *no* cough, *no* dyspnœa, *no* symptom in fact to direct one's attention to the condition of the chest. Derangement of the digestive organs is obviously present, and this lesion is accordingly regarded as the prime cause of "getting thin," yet in spite of all the "good living," as it is absurdly called, in defiance dire, of all that is done to maintain a healthy and thriving state of the stomach and liver, and to supply a superabundance of pabulum, *the emaciation continues to make progress*, and it is not till this state of things has continued for some time, till evening chills a frequent pulse, and night perspirations, worry him to prove their cause, that he seeks advice, and his dyspepsia eventuates in a tuberculous disease of the lungs.

Œdema.—This symptom occurs in general towards the termination of consumption only, albeit, it occasionally appears in a slight degree at a very early period. It is a swelling of a dropsical nature, situated in the areolar tissue of the feet and legs. Œdema is frequently present in young delicate females, who are often œdematous in their better health, especially have I observed it during our late Bengal summers, and there is nothing in the

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swelling and puffing in phthisis different from what is remarked in other chronic diseases, except that it is an invariable attendant, at least in an experience of fifteen years I have never once found it wanting in the earlier or later periods of decline, Although usually confined to the lower extremities, and seldom extending higher than the legs, it is sometimes observed in the upper extremities, and the face is frequently œdematous in the mornings, during the progress of the disease. Œdema of the lungs, moreover, sometimes supervenes; and in other cases an œdematous state of *the glottis*, or aperture of the larynx. Œdoma is a symptom and sure prognostic that the day of departure draweth nigh, in very truth, is at hand.

Aphtha.—An aphthous state of the mouth, tongue, and fauces: what is called *Thrush*, consisting of numerous white vesicles or blisters, terminating in white sloughs, is commonly the last in the long, dark catalogue of symptoms which affect the poor consumptive patient. It occurs generally a week or fortnight before death, and varies greatly in degree, being sometimes productive of but little inconvenience, and at others attended with frightful irritation, and ulceration of the mouth, so much so as to prove a source of intense suffering to the patient. The approach of aphtha, marked by a very red shining appearance of the tongue, mouth, and fauces, the former of which is also not unfrequently chapped, cracked, or fissured, should be promptly met by its efficient antidote, a few consecutive doses of *Elaps corallinus*.

Physical Signs.—These may be divided into two classes; first, those of the earlier stages, which betoken the presence of *tubercles;* secondly, those of the later stages which show the existence of *vomicæ*, besides which

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there are in the last stage of certain cases the signs of *pneumothorax*. When a portion of lung is solidified by the deposit of tubercle, the corresponding part of the chest will be dull on *percussion*. *Vesicular* breathing will be inaudible; and in place of this natural, healthy and proper respiratory murmur, denoting that the lungs are permeable to air, a *whiffling* sound, called bronchial respiration, arising from the passage of air through the bronchial tubes will be heard, if any such tube is enclosed in the solidified portion of lung. Before, however, the portion of lung is so filled with tubercle as to render its vesicles *quite* impervious, there are heard a feebleness and roughness in the respiratory murmur, and the sound of *expiration* is prolonged; the voice will be conveyed with unusual loudness through the solidified lung, so as to impart the sensation we call *bronchophony*. But withal auscultation, or the use of the stethoscope, is far from an infallible means of judging of the existence of tubercles in their earliest stage of incubation, so to speak, and moreover, numerous tubercles either still in a state of crudity, or already softened *may* possibly exist, these tubercles may give rise to all the symptoms of consumption, in the second, and even in the third stage, and yet the sound yielded on percussing the parietes or walls of the thorax may not have undergone any appreciable morbid alteration. This perfect sonorousness of the chest in phthisical patients, is always observed when the pulmonary parenchyma has retained its healthy state *around* the tubercles. Increased sonorousness may exist under three circumstances: Firstly, when there exists a large tuberculous cavity, into which the air enters by one or two bronchi which open into it, and the parietes of which secrete but a little liquid, so that the cavity

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contains more air than pus: Secondly, where a partial emphysema has been produced: Thirdly, when a pneumothorax occurs as the result of the opening of a tubercular cavity into the pleura; this occurrence is generally manifested by the sudden accession of an acute pleurisy. When tubercular induration in the upper parts of the lung is considerable, it has the effect of conducting the sounds of the heart with great distinctness, to the upper regions of the chest.

Indications of Vomicæ.—First, supposing the vomica to be half-filled with liquid, and to communicate freely with the air-tubes, there will naturally be heard on every entrance and exit of air a *gurgling* sound, like the bursting of very large bubbles. The same may also arise from dilatation of the bronchi, but these morbid conditions, and especially the last, are, strictly speaking, rare. If the vomica is empty of liquid, there will be heard a class of sounds, called *cavernous respiration*, consisting of certain variable sounds indicating the passing of air into and out of a cavity, if the vomica be but partially full of liquid, the latter may be heard to *splash* when the patient coughs. The particular resonance of the voice which constitutes *pectoriloquy*, is another sign of a vomica. When a cavity of moderate size, and regular form, empty, or nearly so, is in free communication with a large bronchial tube, and is very near the surface of the lung, in contact with the thoracic parietes, or walls of the chest, or when the intervening structure is rendered a good conductor by condensation, the voice is transmitted in the most perfect and unmodified manner, and seems to be produced in that spot of the chest, seemingly distinct from the oral voice. This is *perfect pectoriloquy*. If heard with the stethoscope, the sound of the voice seems

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to come through the tube, and enters the observer's ear, louder than that which coming from the patient's mouth, strikes the other ear, but the utterance is never so distinct. When heard to this degree in parts where there is naturally little or no resonance of the voice, it proves beyond doubt the existence of a cavity communicating with the bronchi. But immense cavities *may* exist without there being pectoriloquy; thus, then, this phenomenon, when it does take place, indicates the presence of a tuberculous cavity; but, per contra, we must not conclude from its *not* occurring that there are no *vomicæ*. The nature and quantity of the fluid contained in the cavity, the manner in which the bronchi open into it and the extent of induration around it, considerably modify the pectoriloquy. We should bear in mind that without there being any trace of tuberculous excavation, and but merely a considerable induration of the pulmonary parenchyma existing, the voice may possibly present a peculiar resonance, which approximates more or less to perfect pectoriloquy, it is then, according to Laennec *bronchophony*. These phenomena of auricular exploration being separated merely by refined shades of diagnostic nicety, it is not difficult to conceive how readily they may be confounded by an inexperienced or uninitiated investigator. By imperfect pectoriloquy is meant that form, in which the voice does not seem to enter the stethoscope, but only to resound at the end. This sound cannot be relied upon when heard in the sternal half of the infraclavian and mammary regions, the axillæ, and interscapular spaces. There is yet another class of sounds to be spoken of. I said before, that the pleura sometimes ulcerates, so that a communication is formed between a vomica, and the pleural cavity. In

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consequence of this aperture, air passes at each inspiration into the pleural cavity, whilst the lung collapses, and more or less liquid will also escape from the vomicæ. The spot where this perforation occurs, is generally opposite to the angle of the third or fourth rib. A patient of mine afflicted with this desperate disease, a child eight years old, became the subject of pneumothorax, with abundant fetid purulent effusion in the left pleura. She was menaced with impending suffocation, and I evacuated the fluid by a puncture with a trocar between the ribs. I find I am supported in this proceeding by Dr. Heyfelder, of Erlangen (and no higher authority need be cited), who operated on six patients with complete success. I also agree entirely with him that when homœopathic treatment has made us doubt whether the fluid will be absorbed, the sooner the operation is performed the better. The little patient soon lost her hectic fever, pain and dyspnœa, with the symptoms of effusion, and gradually but steadily regained health and strength, art assisting nature by the medicinal interposition of *Arnica*, *Bryonia*, and *Elaps corallinus;* the left lung was ultimately inflated, the orifice in the pleura closed, and the child cured. The amphoric resonance in this case may be exactly imitated by applying a child's india-rubber ball to the ear and gently striking it. The indication of this fearful state of things will be: 1st, great clearness on percussion; 2d, complete absence of respiratory murmur; 3d, a peculiar resonance of the voice, breathing and cough, called by the French *amphoric resonance.* This is a sound of metallic character, and greatly resembles that produced by speaking or coughing over an empty barrel or copper boiler, or perhaps more intelligibly still by blowing into an empty decanter.

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4th, there is occasionally a tinkling sound of a metallic character, produced by the fall of a drop of liquid from the upper to the lower part of the cavity. Now these four sounds, all indicating as they do the existence of a large cavity containing air and liquid, and communicating with the trachea, are generally caused by pneumo-thorax, as I have before said. But they may also, though rarely, be caused by the presence of a very large vomica. In this case they will only be heard in the upper part of the chest, and instead of great clearness we shall find extreme dulness on percussion.

The Sputum.—There is no invariable or constant relation, as I have already detailed, between the appearances of the expectorated matter and the exact state of the lung. The sputa of consumptive persons may consist, then, of catarrhal mucus, of the matter of tubercles more or less softened, and occasionally of pus, secreted by tuberculous excavations, which are completely empty, or *nummulary*, a term applied to the sputa in phthisis, when they flatten at the bottom of the vessel like a piece of money (*nummus*). In many people it is not at all characteristic, indeed, it may be mucous merely while large holes exist in the lung, or purulent from bronchial irritation as in drunkards. Sir John Forbes observes, "In the earliest stage of the disease, the cough is either quite dry, or attended by a mere watery, or slightly viscid, frothy, and colourless fluid; this, on the approach of the second stage, gradually changes into an opaque, greenish, thicker fluid, intermixed with small lines or fine streaks of a yellow color. At this period also the sputa are intermixed with small specks of a dead white or slightly yellow color, varying from the size of a pin's head to that of a grain of rice, and which have been

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compared by Bayle to this grain when boiled. These have been noticed by many writers from Hippocrates downwards. After the complete evacuation of the tubercles, the expectoration puts on various forms of purulency, but frequently assumes one particular character, which has always appeared to be pathognomonic of or peculiar to phthisis, although the more accurate and extensive observation of modern pathologists has proved the same to exist occasionally in simple catarrh. The expectoration to which I allude consists of a series of globular masses, of a whitish-yellow color, with a rugged woolly surface, and somewhat like little rolled balls of cotton or wool. These commonly, but not always, sink in water. This kind of expectoration has appeared to me most common in young subjects, of a strongly marked strumous habit, and in whom the disease was hereditary. At other times, in the cases in which these globular masses are observed, and also in those in which they have not appeared, the expectoration puts on the common characters of the pus of an abscess, constituting an uniform, smooth, coherent, or diffluent mass, of a greenish or rather grayish hue, with an occasional tinge of red (from intermixed blood), and sometimes more or less fœtid." Dr. Stokes, of Dublin, considers the expectoration, in which the globular ragged masses here described are expelled, more peculiarly associated with a decline than any other. He says, "I do not recollect a single case in which I observed *this* sputum that did not turn out to be consumption."

To recapitulate, the first evidence of that diseased condition of the nervous system which precedes the deposit of tuberculous matter in the pulmonary tissue, and which requires for the restoration of the assimilative functions,

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Zinc, Nux vom. and *Arg. nit.*, is shown by the following symptoms: the patient has dyspepsia, with a depressed state of nervous energy, the result, probably, of the wear and tear of both mind and body. There is much irritability present, an excited pulse, loss of appetite, sleeplessness, a tongue white and coated on the surface, and red at the margin and tip, with a dry, hot, imperspirable skin; still it is not hypochondriasis, but irritability with depression—a kind of erethism, so to speak, in fact, of the nerve-globules, like that exhibited after great losses of blood (or money). The patient's mind is given up, in short, to some morbid influence, whether real or imaginary (it is, at all events, real to him); added to these are deposits of earthy phosphates in the urine, which is fœtid, and more or less marasmus; a painful sense of tremulousness, with an anxious expression of countenance, great prostration, and in some men all the phenomena of delirium tremens.

Prevention of Consumption.—The causes of phthisis are principally referable to two distinct heads—the remote and the exciting, or those which excite and induce the constitutional predisposition, and those which *determine* the local deposition of tuberculous matter after such predisposition is established. The one class of causes operates by modifying the whole system; the other by determining, in a nervous system so modified the particular morbid action of which tuberculous matter is the product. Until this grand distinction between the causes of the constitutional and local disease is fully understood and appreciated, and acted on by the publie, we shall, I fear, make but little progress in the prevention of consumption. I believe that this disease may be induced in any class of *animals* by those circumstances which produce

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it in the human subject, being equally influenced by the same causes. Tubercles have been found in many orders of the mammalia, carnivorous and herbivorous, in birds, and in insects. The morbid appearances presented on examination of animals bear a striking analogy to those observed in man. The lungs, the mucous membrane of the intestines, the liver, and the mesenteric glands, are the organs most frequently affected. The principal causes which induce consumption are hereditary transmission, improper diet, both as regards quantity and quality, deficiency of pure air, exercise, clothing and cleanliness, excessive labor and affections of the mind. When the person is little exposed to the exciting causes, the constitutional predisposition may be long present without any local affection of the chest, while continued exposure to exciting causes may determine the local disease, when the morbid state of the nervous system exists in a slight degree. We have examples of the former among the wealthy classes of society, where we see the consumptive cachexia prevail for a length of time without the full development of tubercles, because the person is little exposed to the usual exciting causes, and even sedulously eschews them; and we meet with numerous instances of the latter amongst the poor, when engaged in occupations, in the exercise of which the lungs are peculiarly exposed to irritation, by which a diseased state of the bronchial membrane, and ultimately tuberculous deposits are produced. Of this number are the numerous classes of mechanics and artisans, who breathe for many hours every day an atmosphere charged with fine particles of sand, metal, dust, and the like. But the most striking examples of consumption which may be adduced, as the consequence of pulmonary irritation, occur in

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persons who are at the same time exposed to some of the most powerful causes of tubercular cachexia, such as sedentary occupations, carried on in a confined and deteriorated atmosphere, and too often also to excessive indulgence in the abuse of alcoholic drinks, so that they are exposed to the causes of the constitutional and local malady at the same time. There are also other causes which may *determine* consumption of the lungs; to this class may possibly be assigned contagion; certain it is that allopathic bloodlettings, bronchitis, pneumonia, hooping-cough, eruptive fevers, such as smallpox, measles, and scarlatina, prove not unfrequently its determining causes. There is also what is called pneumonic phthisis, in which the excavation of the lung is brought about by the softening of those parts of the organ which had been the subject of inflammatory consolidation, called by some scrofulous pneumonia. There is again another form, made up as it were of chronic bronchitis, with profuse puriform expectoration. These affections are to be met with, firstly, in those who have inherited no tendency to consumption, but whose nervous systems have been impaired by exposure, illness, or irregularities, or by repeated attacks of some of the diseases I have mentioned. In persons of strumous constitutions, secondly, but who have escaped the dangers of phthisis in early life, but in whom the tendency again manifests itself, though in this altered shape, when their strength has become impaired by age. These forms of disease of the chest constitute, in fact, the consumption or decay of impaired and broken-down constitutions, and of advanced life.

Having thus briefly stated my views respecting the nature, symptoms, and causes of what may almost be regarded as *the* English disease, so lamentably prevalent

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is it among us—few families, indeed, are there but mourn over a place made vacant by *this* fell-destroyer—it is necessary to enter upon some further details on the momentous subject of *prevention*. I shall, however, endeavour more particularly to restrict my observations to a condensation of some excellent hygienic directions by Sir James Clark, Dr. Mason Good, Dr. Beddoes, and modern judicious writers on the sources of health and diseases in communities, respecting the principal circumstances which require the attention of the parent or guardian who may be called upon for guidance and instruction on this most important subject.

The first question that suggests itself under the head of prevention regards hereditary transmission, and involves the consideration of two distinct objects: the first being to check the transmission of consumption from the parent to the offspring; the second, to prevent the disease in children born with the constitutional predisposition to it.

1. *Prevention as regards parents.*—It is not at all necessary that parents should be the subjects of consumptive disease in order to transmit the consumptive constitution to their children. The general impression that scrofulous parents only have tuberculous children is an egregious error that cannot be too generally corrected. It must be remembered that a deranged state of the health from depressed nervous power in the parent, from many different causes, will render the offspring predisposed to the disease before us. Every member of the community, by observing what is daily passing before his eyes, may see numerous proofs of the truth of this statement; he will find that when the male or female parent is unhealthy, the male or female child

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is so likewise, and that the latter often shows evident and unmistakable signs of the consumptive or tuberculous constitution when the former has no symptoms of it. The children of parents who have suffered long from dyspepsia and other complaints—gout, rheumatism, cutaneous affections, or any form of disease, in fact, which has influenced the general system—are very frequently the subjects of nervous and tuberculous disease, or of such nervous derangements, at least, as dispose to what is called tuberculous cachexia. When both parents are thus implicated, this result eventuates with almost invariable certainty. What is to be done? There are three grand rules to be observed: first, to lessen nervous irritability, and thereby diminish the liability to inflammation in the respiratory organs; to support the general health and strength is the second golden rule; and, thirdly, to combat all untoward symptoms as they arise by their appropriate dynamic antidotes—counter-agents, it may be counter-poisons—it *must* be, to prove radically beneficial—medicines which operate in the healthy organization such morbid changes as correspond with the symptoms or signs of existing disease. In order to prevent effectually the extension of tuberculous disease. it is essential that we should, in the first place, direct our attention to the health of the parents. Were they convinced that the health of their children depended upon their own, a beneficial effect might be produced among the more thoughtful and reflecting portion of mankind, and especially among families of a consumptive diathesis.

If more consideration were bestowed on matrimonial alliances, and a more healthy and natural mode of living were adopted by persons in that social position which gives them the power of regulating their mode of living

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according to their own choice, the predisposition which is so often entailed on their offspring might be checked, nay, even extinguished, in their family in the course of a few generations. In the present state of society, the converse of this commonly obtains; and from the utter disregard of the precautions to which I have adverted, the third generation terminates the race. The children of dyspeptic persons generally become the subjects of dyspepsia in a greater degree and at an earlier period than their parents; and if they marry into families of a delicate strumous constitution, their offspring become nervously debilitated and tuberculous, and die of consumption in early youth, or even in childhood. Innumerable examples might be adduced of this truly melancholy fact, but it is consolatory to know that it is likewise an evil which may be in some measure obviated or removed. This complete annihilation of families may be prevented, I believe, by judicious—I hesitate not to say more judicious and less commercial—intermarriages with healthy persons. Families already predisposed to consumption should, at least, endeavour to avoid matrimonial alliance with others in the same, or possibly in a worse condition; but, above all, they should emphatically eschew the too common practice of intermarrying among their own immediate relations—a practice which is at once a fertile source of scrofula, a sure method of deteriorating the intellectual and physical powers, and eventually the means of extinguishing altogether the diseased and degenerated race. There can be no question that intermarriages among the collateral branches of the same family tend more than anything else to fix and multiply and aggravate hereditary predisposition; and hence nothing can be more wise, on physical as well as

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on moral grounds, that the salutary restraints which divine and human laws have concurred in devising against marriages between relations. It would also be well if all persons who contemplate marriage were seriously aware of the necessity of scrupulously attending to their state of health previously to and after the adoption of this important change—this momentous and eventful step in the brief span of life. The dyspeptic and nervous should have recourse to those homœopathic means which are best calculated to restore the normal functions of his digestive organs; the gouty invalid should renounce the well-known causes of his disorder, chronic alcoholism renounced by the omission of spirituous liquors; and all those who are afflicted with organic disease, more especially with consumption, should pause ere they enter into a permanent contract, which, according to organic laws, can only entail disease and unhappiness on all concerned. The medical practitioner alone sees, or at least comprehends, the full extent of physical misery originating in marriages of this description; nevertheless, every candid and well-informed mind can appreciate the justness of these remarks, although perceiving, at the same time, the appalling difficulty of adequately enforcing them on the practical consideration of the public at large. I am quite well aware that the masses of mankind are far too apathetic and reckless to attend to or carry out any precautionary measures on the subject, even though perfectly conscious of their truth and satisfied of their necessity. Still, there is a small proportion, a "fit audience, though few," on whom I feel persuaded these medical notes and reflections may not be wholly thrown away. It must never be forgotten, however, that this is not merely a question of expediency,

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having reference only to private feelings and social happiness, but one of vast public importance, involving, at the same time, the well-being of society and the moral as well as the physical condition of nations. There are certain rules of management and conduct which it is absolutely necessary for every prudent mother to pursue during pregnancy or utero-gestation. Far too little regard is paid by ladies to their health during this most important period of their lives, and they are, in general, little aware indeed of the paramont influence of their own health upon that of their children. From the commencement of pregnancy every female, especially if she is delicate or belongs to a consumptive family, should regard her health with more than ordinary solicitude; she should take daily exercise in the open air suited to her strength, and when circumstances permit, it would tend to her advantage if she passed a large portion of the period of utero-gestation in the country.

It has often been asserted that females, during the state of pregnancy, require a fuller diet than that to which they have been previously accustomed. This is a great error, as a general rule; increase of diet is neither necessary nor beneficial; on the contrary, it is often expedient to reduce the usual quantity of food, especially in the advanced months—a period during which stimulants of all kinds are generally hurtful. There is an increased activity in the system of the pregnant woman, which, so far from requiring any additional increase from art, more frequently renders it necessary and proper to diminish the amount of stimulants in common or habitual use. Crowded assemblies, hot, close rooms, public spectacles, balls, operas, and theatrical exhibitions of all kinds—in short, everything calculated to excite very strong

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feelings, to depress the mind, or excite the passions—ought to be sedulously avoided.

There are numerous other circumstances regarding the health and deportment of females during pregnancy, which do not strictly come within the province of this small work; these it will be the pleasing duty of some good homœopathic Samaritan to point out and enforce. He should, however, seriously and particularly impress upon the attention of the young mother that the health of her infant depends upon her own, and that from the commencement of pregnancy she is in duty bound to consider herself eminently responsible for the future health and happiness of her offspring. One of the political "Quarterlies" some time since assured its readers that nothing in the way of sanitary improvement or the prevention of disease was to be looked for from the medical profession; their interests were so clearly involved in the continuance of a *low* standard of public health. And how far, I would ask, has the medical profession justified this despicable slander, debasing even the very sordid soul that made it? It has *created* sanitary science; it has gone forth, like a modern Hercules, to slay the hydra-headed causes of disease, preaching preventive doctrines, demonstrating preventive principles, and founding journals to disseminate hygienic truth. Pioneers in the practical toil, its members have not shrunken from jeopardizing life—nay, have not unfrequently met even death—at least they have refuted the poor scribe in the "Quarterly." To whom is the world indebted for the knowledge of the influence exercised on the physiology of nations by Government and political institutions, public morals, ratio of population to area inhabited, colonization, climate, physical geography,

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geological and other characters of the soil; material exhalations, animal viruses, urban or rural habitation, trade and occupation, social position, food, drink, stimulants and their atrocious sophistications; drainage, insulation, ventilation, fuel, even fashion and dress, and a countless multitude of all-powerful, though infinitesimal agencies, it would be tedious and foreign to our present purpose to enumerate? Who watches these noxious agencies in operation, and traces them to a demonstrable or a probable final term in the individual or the stock, in the nation or the race? The medical observer suggests means for the *prevention* of physical evils; and whilst caring for the individual, he concerns himself also with the masses—with the species—indirectly purifying the morals, vivifying the intellect, and lengthening the mean span of existence of mankind at large.

A philosopher of the last century, Condorcet, in whom the severer mental qualities of the mathematician were softened by the enthusiasm of the poet, adopted, as one of the subjects of his speculative inquiries, the future destiny of man. Archimedes-like, unruffled by the strife around, he calmly worked at his problem—with him a labour of love—and arrived at a solution diametrically opposed to that which might have been anticipated. That solution stood—that man, as a species, was not only susceptible of improvement beyond any standard then or previously attained, but that there was no limit to his perfectibility; that intellectually, morally, and *physically*, his future promised an amount of perfection and freedom from disease, which the mental faculties of the day were incapable of even imagining an outline, much less of grasping in detail. But when the immediate influence of these mingled poetic

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and prosaic pleadings had passed away, the practical man, the cold-hearted man of facts asks: is this fabric of earthly beatitude all reality? is there a share of truth in it? or is it all a very dream? It is now said that there is no sensible amelioration of man in the essentials of his being—intellectual, moral, and physical: in intellect he has stood still, in morals retrograded, in physique degenerated. At our highest point of mental elevation we have not shown ourselves wiser than Plato—at our most advanced stage of ethical development we have sunk below the standard attained by the immediate disciples of ancient moralists—in the harmony and completeness of physical endowment we have fallen from the typical perfection of antique Greece, from the matchless models that inspired him who chiselled the Venus or the Apollo. And this is the reply when highest individuals are compared with highest individuals. A yet more gloomy view is taken when the οἱ πολλοι, the masses of past and present eras, are placed side by side.

Here is the opinion of a phisiologist, who has thought boldly and profoundly on the history of man—Dr. Robert Knox: "No greater error was ever committed than that of supposing that the mass of men change or progress." "*Le peuple n'est rien*" was the expressive but satirical phrase of Voltaire. No greater truth was ever uttered, and this disastrous view reaches its climax with those who maintain that progressive degradation, mental and bodily, is characteristic of the age, will be of succeeding ages—of all time. Dr. Walshe, an able and elaborate writer on diseases of the chest, has eloquently considered this question in its moral and physical aspects, the general bearing of his observations being, that whilst the actual dynamism of man's brain is much the same,

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its achievements in modern times exceed those in the past, owing to the larger experience upon which it has wrought. The startling point has differed. He proceeds to say: "As to the social utilitarian advancement, that we have left the ancients far, far behind in the race, can scarcely, it would seem, be questioned." We are told it is true, by a man (Dr. Knox), whose genius and whose rugged, unfettered modes of thought I sincerely admire, that "in Cicero's time the island of Rhodes presented a civilization which no part of Great Britain can at this present day pretend to." What, can this be true of a period when the great emperor himself, Augustus, who ruled the world, had, as Gibbon expresses the facts, (thereby symbolizing the civilization of the time), "neither a shirt to his back, nor a window to his home." We are told, too, by the Scottish physiologist that "monumental records, artistic remains, architectural designs, and utilitarian plans, prove beyond all question that the ancient races of men were at least equal, if not superior, to the modern."

But let us take a choice specimen of those ancient races. Let the reader place himself on the site of those ruined monuments—probably the most interesting architectural remains in the world—amid the ruin of the material glories of that mysterious people whose origin and course no one knows, nor perchance shall know—the ancient inhabitants of central America; or produce that singular mixture of Medean, Grecian, Egyptian, Phœnician, and special civilization. Restore those palaces of Palenque even to their remotest detail; give them back their gigantic stairs; fashion once more into perfect shape their imposing façades and their massive turrets; redecorate their walls with those sculptured hieroglyphics,

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the remains of which prove an artistic power far beyond the ordinary Egyptian; deck out the surface in that bright coloration of old days, which harmonized with the glittering plumages and brilliant Flora around; erect a throne that in material splendour shall dazzle the eyes; place upon it a monarch gentle as Montezuma—one that scarce knoweth guile; repeople those walls and corridors with greedy placemen and servile retainers;—do all this by fancy and cozenage, and still the civilization you reproduce falls as immeasurably below that of the Europe of to-day as did the soft Aztec himself, with his social angle of about forty-five, below the energetic Saxon and the brilliant Celt of the nineteenth century. How small and insignificant seem all these antique strivings after utilitarian civilization when we institute a comparison with the achievements of to-day, when we see the Anglo-Saxon conquering time, space, and *disease*, by his application of *natural laws*, that were as powerful before the Deluge as they are now, as ready *then* to obey his will, had man known how to command them, as they at this moment prove! Look at the Anglo-Saxon throwing the Grand Trunk Railway Tubular Bridge, two miles long, across the St. Lawrence, and compare him in engineering resources with nations to whom the construction of the arch was unknown. See him bid thought travel in material fashion, through air, under oceans, with the velocity of lightning, and compare him with men whose highest notion of speed is signified by relays of running footman, lithe of limb and strong of wind.

But a truce to this digression. Truth, sought from a medical point of view, lies between the two extreme dogmas I have set forth; progress *has* been going

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forward, farther advancement is obtainable, and the generous enthusiasm of Condorcet approaches more nearly to the reality of nature than the cold disenchantment of Knox. And by what means may that advancement, the health of the people, the prevention of consumption, be best promoted and accelerated? By the extension of homœopathy, by improved popular education, and by sanitary science. Even in our own favored land there are relics of feudalism that still impair the health, and thwart the mental emancipation of the masses. In homœopathic and hygienic education lies the best protection against consumption; highest amongst all powers in ameliorating the physical condition of mankind rank these, best teaching the masses to secure the *mens sana in corpore sano*. Homœopathic and hygienic education will most invulnerably arm man for his incessant conflict with those numerous extrinsic influences which tend to injure and destroy him. A large share of the gravest, acute disease, that which cuts down our population at the period of life when it is most useful to the state, is of *man's own* production, and as assuredly preventible by sanitary measures—consumption par excellence—as is chronic alcoholism by the eschewing of alcoholic drinks. If all the modern triumphs of Saxon and Celtic civilization and medical reform float not even in thought before us; if their memory be not constantly present; if their indifference to them, as the donors of blessings innumerable, physical and moral; it is that we are too familiar with them, too unchangingly living under their continuous and benign influence. Time may remedy "tortive and errant" justice, but, in our day, it will be enough to be encouraged by the consciousness of having contributed *more* than our oppo-

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nents to the alleviation of human suffering. The pleasurable feeling which steals softly and genially, smiling Heaven's approval, over the heart of the homœopathic practitioner—when he justly feels, that under Providence, a life has been spared by his agency, heightened, as it often is, by the gratitude too deep for words of the recipient of his care—is a great and constantly recurring reward; and without affecting to despise more than others the mere externals of rank or "legitimacy," he yet becomes conscious that, compared with the higher sources of gratification opened to him, *they* would form a recompense but poor indeed.

2. *Prevention as regards children.*—Although we are not unacquainted with several direct remedies for the constitutional predisposition to consumption, there can, I think, be no doubt that we are also possessed of the hygienic means of correcting it in many instances in an indirect manner. By placing the predisposed child in circumstances the most favorable to health as regards nourishment, air, exercise, sleep, and the like (to which the ancients applied the absurd name of *non-naturals*—by removing functional derangements of the nervous system *as they occur*, and by maintaining especially a healthy condition of the digestive organs—by the proper homœopathic dynamic treatment (for homœopathy is only another name for *vital dynamics*), we may improve the constitution so as to overcome even the hereditary predisposition. By the measures now referred to, and the faithful administration and working out of the five and one prophylactics—Argentum nitricum, Arsenicum, Petroleum, Phosphorus, Sulphur, and Zinc—I am persuaded that a vast proportion of such children might be saved, although it is perhaps not beyond the truth to

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say that more than five sixths perish under the present egregious system of mismanagement.

In proceeding to develop more fully the measures which I deem essential in the accomplishment of this desirable object, I am well aware that some of my recommendations may, unfortunately, be beyond the means of the public at large; but, nevertheless, I feel called upon to state them without regard to individual exceptions, inasmuch as they are, in my experience, the most effectual means of preventing consumption, when circumstances admit of their steady and uniform application. In order to render my observations more practical, I shall apply them to the different stages or periods of life. This will, no doubt, give rise to occasional repetitions; but these are altogether unavoidable in treating of a prevalent disease the causes and symptoms of which vary so much at different ages.

Prevention of the disease in infants.—During the growth and development of the body, all those measures which are known to contribute to the general health must be regularly and persistently adopted, in order to prevent the full development of tuberculous disease in an infant born with the predisposition to consumption. The rules for governing the health of psoric or strumous infants, are nearly the same as for others, but they require to be more rigidly enforced and more strictly attended to. Unless the child of consumptive parents be reared with the greatest possible attention to every circumstance which can contribute to nervous power, he has *no* chance of reaching maturity without the deposit of tuberculous matter in the head, chest or abdomen. If hereditary tendency to phthisis exists, it is of great importance to *anticipate* the pulmonary era, and introduce

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the prophylactics and oleaginary medicines at an early period. The nightly administration—alternately—of *Arsenicum* and *Phosphorus*, and daily inunction with good preparations of neat's foot or cocoa oleine, has, I know, proved of peculiar efficacy.

Nursing.—Statistics show that *seventy per cent.* of the children of our large towns die from abdominal phthisis—a tuberculous conditiou eminently due to dietetic mismanagement. the following formula (judiciously suggested by Mr. Turner, the well-known chemist) contains all the constituents of the maternal milk in their proper or natural proportions; and like the harmony betwixt the physiological and therapeutical actions of each true remedy, it has the approving sanction of *experience*. Dissolve one ounce of sugar of milk in three quarters of a pint of *boiling water*, and mix with an equal quantity of good fresh cow's milk; let the child be fed with this in the usual way. Always wash the bottle after feeding, and put the teat into pure cold water, and there let it remain until again required. If the infant derive the consumptive diathesis from both parents, or from the mother only, he should be suckled by a young healthy nurse, or fed with its analogue above described; but should the disposition to disease be derived entirely from the father, aud the mother's health be unexceptionable, she should suckle her own child. It is always most satisfactory when this can be accomplished, as it is, with few exceptions, the plan most agreeable to the mother; and if her mode of living be consistent with her duties as a nurse, it will be very far better for the infant. But, at the same time, all these contingencies require consideration before we decide on the plan which it is desirable to adopt. I do not enter upon the *moral*

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consideration of the question; I merely speak of it in a medical point of view; and I am satisfied that when the mother's health renders her unfit to nurse her child, or her habits or mode of living are such as to prevent her from adhering to those regulations, by which every *prudent* nurse whether mother or not, should abide, it is much better for the health of the infant that he should derive his first nourishment either from the breast of an entire stranger, or from nature's analogue before referred to. The arguments advanced in favor of the opinion that every mother should nurse her own infant appear exceedingly strong, and would, in truth, be perfectly just if every mother enjoyed that normal state of healthy vigor which renders her quite fit for such a pleasing duty. In the existing state of society, however I regret to say this is far from being the case; and I therefore consider it better for the delicate lady herself, and infinitely so for her poor baby, that she could at once renounce a task for which her constitution renders her unfit, than struggle on for a few months in an attempt which may permanently injure her own health and actually destroy her infant. Half measures, so often recommended in such cases are, always unwise; they generally end in the child being fed by hand in place of being suckled—a plan which never fails to irremediably injure the health of a cousumptive infant. I would, therefore, lay it down as an axiom, or at all events as an invariable rule, that the child of a consumptive mother, or of one in whom the tuberculous constitution is strongly marked, more particularly if it be attended by decided scrofulous disease—should be suckled by another, and that the period of nursing should generally range from twelve to eighteen months, or even longer. I

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earnestly recommend the suckling *and* the homœopathic treatment to be continued for this length of time, with a view to enable the child to pass over the difficult and dangerous process of dentition or "teething" with greater safety. Indeed, the consumptive infant should not be weaned till the first set of teeth have appeared; he should have little or no food in general but the nurse's milk till he is six months old at least, and for some time after this it should be of the very lightest character and quality, and constitute but a small proportion of his nutriment. It is almost unnecessary for me to say, perhaps, that the selection of a nurse for a tuberculous infant deserves especial attention. She should be young, healthy, vigorous, free from all suspicion of a consumptive diathesis or a scrofulous constitution, clear of all cutaneous eruptions or diseases of the skin. This last point I hold to be a *sine quâ non*, for many and obvious reasons, and her child should not be older than that which she is required to nurse. She should take daily exercise in the open air; her regimen should not differ much from that to which she has been accustomed, and any change which is made in it should be gradual. It is a common and erroneous opinion that women, when nursing, require to be much more highly fed than at other times; in short, that they should be eating and drinking from morning till night, and in the night. A good nurse does not need this, and a bad one will not be the better for it. The quantity which many nurses eat and drink, the indolent life which they too often lead and the large amount of sleep, or stupor, as the case may be, which they indulge in, have the infallible effect of deranging their digestive organs, and not unfrequently induce an undesirable state of febrile excitement, and a

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premature or profuse return of the catamenial or monthly secretion.

Nursery treatment.—No other kind of milk should be given to an infant in addition to the milk of the mother or wet nurse. The less rocking the better; when asleep to be laid upon its *right* side. The best food is "Lemann's Biscuit Powder," soaked for twelve hours in cold spring water, then *boiled* for half an hour, not simmered, or it will turn sour. Very little sugar to be added to the food, and then only at the time *when given.* Sweets of every kind are generally injurious, producing acidity, flatulence, and indigestion, "inward fits," sores in the mouth, much puking and crying from griping pains in the bowels, bending and straining the body backwards, followed by disordered secretions. An infant will take even tasteless medicines better, and all the more readily, if made lukewarm in a cup placed in hot water, adding a very little sugar of milk *when given.* The warm bath, at ninety-four degrees of heat—*not less*—for *ten* minutes, is a valuable domestic remedy in many cases of habitual constipation; and when used every other night is also an excellent means of relieving many other attacks of habitual sickness, by exciting and restoring a healthy action in the vessels of the skin. In a very large class of cases of chronic disease, usually known under the name of "indigestion," the practice of hydropathy is well deserving of trial; in many chronic nervous affections and general debility, preceding the deposit of tuberculous matter of consumption, I should anticipate great benefit from the "cold water system." In chronic diarrhœa, acute fevers, with or without an eruption on the skin, dysentery, prolapsus, and the like, the wet sheet, the *cold* bath, and the sitz-bath, have frequently

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proved an effectual practice. On the other hand, "soothing syrup," whether American or English, sedatives and anodynes, all and singular, are most prejudicial and destructive. They stop the secretions. A very small dose of laudanum given to an infant is amply sufficient not only to stop the cough, but to produce coma or insensibility, and death. When an infant is weaned it is of the utmost importance that it be fed with the milk of *one cow*, and *one only* (a milch cow), mixed with "Lemann's Biscuit Powder," prepared as before directed and very little sugar. Boiled bread pudding forms a light and nutritious dinner, made with stale bread, hot milk, an egg, and very little sugar. When an infant is well and twelve months of age, bread and milk should be given every night and morning, stale bread toasted soaked in a little hot water, and then the milk of one cow added *cold*. Solid meat is not generally required until an infant is fifteen months of age, and then to be given sparingly, and cut exceedingly fine. Roasted mutton, or broiled mutton chop (without fat), is the best meat; next to that, tender, *lean* beef or lamb; then fowl, which is better than chicken; no pork or veal, no pastry, no cheese—the less butter the better. An infant should not be put upon its feet too soon, especially while teething or indisposed. Avoid overfeeding at all times, more particularly, however, during teething. It is very likely indeed to eventuate or end in indigestion and disordered secretions, the common primary causes of fits or convulsions, various eruptive complaints and inflammatory affections of the head or throat, the chest or bowels. There should, lastly, be no *crude* drugs in the nursery—no calomel or jalap, senna tea or James's Powder—no paregoric or chalk mixture—no salts or magnesia—no

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gray powder or Dover's Powder—no laudanum or leeches —no assafœtida or black draught; in short, NO filth.

Dress, Bathing, &c. The dress of all infants should be carefully suited to the season. The whole surface, particularly the extremities, should be well protected during cold and damp weather; the vulgar notion, that infants may be hardened by habitually exposing them to atmospheric vicissitudes, in a state approximating to nudity, is false in the case of *all* children, and leads to the most direful and pernicious consequences in those of a delicate or tuberculous constitution. Much has been said and written in the matter of cold bathing, both for and against its employment; and many authors, who have laid down hygienic rules on this important subject, have adduced in support of the practice the customs of savage nations, altogether overlooking the difference in the condition of our infants in civilized and refined society. The object of washing and bathing children is twofold—the first and paramount being that of cleanliness, especially in the tuberculous infant, in whom it is most essential that the cutaneous functions should be maintained in a state of healthful activity. At first the infant should be washed with warm water, and a bath every night, with a view of thoroughly cleansing the body, will be beneficial; by degrees, the water with which he is sponged in the morning may be made tepid merely, but the night bath should be continued of such a temperature as to prove grateful to his feelings. The second object being to *brace*, invigorate, and strengthen the infant, he may, as his age increases, be sponged with cold water, or even plunged into it, every morning, during winter and summer, with advantage. The judicious adoption and prudent management of this plan, along

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with subsequent friction of the whole body and extremities with flannel, is, I believe, one of the most effectual means of permanently strengthening consumptive children; but its effects must be carefully watched, as all children are far from being equally benefited by cold ablution and cold washing, and the health of some, there is reason to fear, may even be injured by it.

Air.—As I regard the respiration of a deteriorated atmosphere one of the most powerful causes of nervous depression and tuberculous deposit, so I consider the respiration of pure air an indispensible requisite for consumptive children; indeed without this all our efforts to improve their precarious health will invariably fail. Too much attention, therefore, cannot be paid to the construction and ventilation of the child's apartments; the room in which he sleeps should be large and well proportioned; the air should be frequently renewed; and his bed should not have more curtains than are absolutely necessary to guard against currents of cold air. The custom which prevails in the country of surrounding beds with thick curtains is most injurious to health, and it is to this habit and to the gas-heated atmosphere of their bed-rooms that the headache, languor, and bloated appearance of many young persons on first awaking in the morning is in a great measure to be attributed. The bed-rooms should be large in all their dimensions; they should be in an elevated part of the house, and so situated as to admit a free supply of both air and light; those apartments to which the sun's rays and the refreshing breeze have the freest possible access are always the most eligible, healthy, and desirable. The proper time for carrying an infant into the open air must be determined by the season of the year

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and the state of our fickle and variable weather. A delicate infant born late in the autumn will not generally derive advantage from being carried into the open air in this country till the succeeding spring; and if the rooms in which the baby is kept are large and lofty, often changed and well-ventilated, he will not suffer in any way from the confinement, while he will in all probability escape catarrhal affections, hooping-cough, measles, bronchites, pneumonia, scarlatina, and smallpox, which are so often the consequences of the frequent and injudicious exposure of infants to a cold and humid atmosphere, and at the same time the fertile source of consumption of the lungs.

Residence.—It is almost unnecessary to say that when an infant can be suckled in a healthy situation in the country it is *cæteris paribus*, far preferable to town; but the choice of situation requires so much judgment, and is withal so little regarded, that I shall offer no apology or trust to be excused for offering a few remarks on the hygienic rules by which it should be regulated. There is no one circumstance connected with health, concerning which the general public is in my opinion so ill informed, as the requisites of a healthy residence, both as regards the local position and the internal construction. In this island we have chiefly to guard against incessant humidity, on which account our houses should not be built near water, especially when stagnant, and still less near marshes. Large trees, which are both an ornament and an advantage at some distance from a house, become injurious when so near as to overshadow it, or prevent the air from circulating freely around it and through its various apartments. The atmosphere of a building overhung with trees or surrounded by a

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thick shrubbery is in a state of constant humidity, except in the very dry weather, and the health of the infants rarely fails to suffer. The natural moisture of the country, arising from the humid state of the soil and vegetation, is greatly increased by such an injudicious mode of planting; an artificial atmosphere is thus created, which renders a situation of this kind much less healthy than the more open and airy parts of such huge and Babylonian towns as Liverpool and Manchester. It is not generally known how limited may be the range of a damp, unhealthy atmosphere: a low, damp situation, surrounded by trees, is capable of inducing tuberculous disease in an infant; whereas a dry and rising ground, only a hundred yards distant, would afford a choice and healthy site for his residence. The dryness of the air in large towns, which is the consequence of good drainage and an artificial soil, is at once the safeguard of the inhabitants and a compensation in some measure for the want of that unimpeded circulation and renewal of pure air which the hills and dales of the country alone affords.

Prevention of the disease in childhood.—During the period of childhood, the same unremitting attention is necessary to the circumstances just mentioned under the head of infancy. The important process of teething being fairly passed, the food of the child ought to be regulated chiefly by the state of the digestive organs. In proportion to the delicacy of the digestive organs of the child, the diet will, in general, require to be very mild. When he thrives upon farinaceous food, milk, and light broths, no stronger or more substantial diet need be used during the first two years of life. When he looks healthy—that is to say, when he has a good supply of red globules in his face, and some nice firm, mottled arms,

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and grows, and his bowels are regular (for this is one of the surest indications that he is well, and that the food is suited to the digestive organs)—we have the best proof that the diet agrees with him. When, on the other hand, the child appears heated and flushed towards evening, is fretful and cross, drinks greedily and more than is usual in children of the same age, and when his bowels do *not* act regularly, no, not even with *Nux*, we may now be reassured that there is something wrong—wrong in the regimen employed. There is no greater error in the management of children than that of giving them animal diet very early in life. To feed an infant with animal food, before it has teeth proper for masticating it, shows a total disregard to the plainest indications of nature in withholding such teeth till the system requires their assistance in masticating solid food. Before that period, milk, farinaceous food, and broth, afford that kind of sustenance which is best suited to the digestive organs, and to the nourishment of the system. The method of grating and pounding meat as a substitute for chewing may be well suited to the toothless octogenarian, whose stomach has had plenty of experience and is capable of digesting it; but the stomach of the young child will take offence, it is not yet adapted to the digestion of such food, and will infallibly be disordered by it. When the child has the means of masticating, a little animal food may be allowed; but, at first, it should be of the lightest quality, and given on alternate days only; and even then its effects should be watched, for all changes in the regimen of children should be sufficiently gradual. The frequent origin of scrofulous disease in defective nourishment has led to the opposite extreme, and children who are disposed to tuberculous

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disease are too often subjected to a system of overfeeding which actually induces the disease it was intended to prevent. By persevering in the use of an overstimulating diet, the digestive organs become irritated, and the various secretions immediately connected with digestion are diminished, especially the biliary secretion—at least the sensible qualities of the bile enable us to observe it best. Constipation of the bowels soon follows, congestion of the hepatic and abdominal veins succeeds, and is followed by the train of consequences which have already been detailed. It would be well, I think, if the advocates of the system of high feeding children would bear in mind this salutary adage—"*Corpora impura quo plus nutries, eo magis lædis.*"

Exercise—When the child has acquired sufficient strength to take active exercise, he can scarcely be too much in the open air. The more he is habituated to this, the more capable will he hereafter become of bearing the incessant vicissitudes of this climate. If children are allowed to amuse themselves at pleasure, they will generally take that kind and degree of pleasurable exercise which is best calculated to promote the growth and development of the body, When they are too feeble to take sufficient exercise on foot, riding on a donkey or quiet pony forms the best substitute. This kind of exercise is at all times, indeed, of infinite service to delicate consumptive children; it amuses the mind and exercises the muscles of the whole body, and yet in so gentle a manner as to induce little or no fatigue. Young girls should be allowed—nay, even encouraged—to take the same kind of exercise; it is almost chiefly and entirely the unrestrained freedom of active play that renders boys so much less subject to formidable curvatures of

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the spine and other orthopœdic deformities than girls, a vast proportion of whom, I find, are more or less physically misshappen, in consequence, possibly of a defective supply of phosphate of lime, but principally, it is believed, of the unnatural and painful restraint which is imposed upon them in their exercise and dress.

The *clothing of young persons* predisposed to consumption requires, or rather peremptorily demands, the most scrupulous care and attention, and, of course, must be well regulated and appropriately adapted to the peculiar requirements of the season. *The winter clothing should be early resumed and late laid aside.* It is in spring and autumn that the vicissitudes of our climate are greatest, and congestive and inflammatory affections demanding *Acon.*, *Tartarus*, and *Dig.* most common. This is peculiarly the case in the spring, which is also the season when local glandular affections and scrofulous abscesses are most liable to occur in the constitutions of young persons predisposed to them. When young persons are known to be hereditarily disposed to phthisis, they should be taught to avoid every imaginable source of irritation in the chest, for a bad cold or pleurisy is exceedingly apt to bring consumption after it. A warm and *dry* sheltered residence, exercise in the open air, especially on horseback, and a steady, uniform good diet, calculated to keep up their strength without producing feverishness, are *very* important to be remembered. A prolonged course of *Ferrum mur.* and Allarton's steel biscuits I have often known of considerable service. A young person in apparent health—perhaps at school, or a "Ladies' college," or laboring propably under a slight cold—is attacked with sudden and copious blood-spitting, or hæmoptysis, as it is termed, accompanied with con-

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siderable excitement of the heart. The hæmorrhage having subsided, we find the respiration hurried and the pulse quick, the cough continues, and there may be, in all likelihood, a good deal of *local* pain. The upper portion of one side of the chest sounds dull, and here the respiration is decidedly feeble, and the expiration prolonged, although generally with but little *crepitation* or grating sensation, on applying the ear—a noise occasioned by the peculiar râle or rattle of inflammation. This will eventuate, if not checked, in a "galloping consumption." In these cases, the tubercular development is exceedingly rapid, no interval even occurring from the first invasion. In a considerable number of patients it is in this way phthisis makes its outbreak. It is by no means uncommon, however, to see young persons whose health has been perfectly re-established by homœopathic treatment; but, on the other hand, after the application of leeches and blisters, or mercurials and purgatives, bronchial hæmorrhage sets in at the end of a longer or shorter time—a second hæmoptysis, in fact, supervenes, then a third; finally, they have a new attack, and this time they cough more, have oppressed breathing, always fever, acute pain of the side, right or left, or between the shoulder-blades. The pain is often intense; all motions of the chest increase it, and the affected side is fixed and motionless. This pain is usually felt below the left breast, but it may be in the arm, shoulder, axilla, or lumbar region, or lower portion of the right hypochondrium. This pain also sometimes ceases quite suddenly, and coincides with *an effusion;* then all the symptoms of pulmonary consumption rapidly develop themselves. The treatment of this young person consists in first subduing the hæmoptysis by Aconite, Elaps,

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Digitalis, or Arnica; then paying assiduous attention to the condition of the respiratory apparatus, *especially the upper lobes of the lungs*, which may possibly declare themselves in favour of Tartarus emeticus and Sulphur. Flannel next the skin is, in my opinion, not only proper, but absolutely necessary; it may be put off with advantage during the night, and cotton may be substituted during the summer, the flannel being resumed early—quite early in the autumn.

Education.—The education of consumptive children, requiring profound judgment and consideration, no such child should be condemned to pass the greatest part of each day in the close and impure apartments of a densely crowded school, until he or she has attained to nine years of age at least. I consider that the hours of confinement in schools are much too long for the purposes of instruction, and might be much abridged with great advantage to the health of children and young adults; the young mind is easily worried by the multiplicity of modern subjects, and it is not sufficiently considered that the intellectual development ought for a time to give way to the *physical* education and improvement of delicate or consumptive children. School-rooms should be very large and lofty, so as to ensure ventilation, without the risk of exposure to currents of cold air, for the impure atmosphere, which too commonly prevails in schools, is an unfailing source of injury to health. During the first years of education children should be allowed a little relaxation and play at intervals in the school hours—particularly should this indulgence be extended to them if the school-room is small and low. Respiration or the function of breathing, consists of two acts, viz., inspiration and expiration; inspiration generally takes place about twenty-six times

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in a minute—thirteen cubic inches of air being the quantity usually inspired at each time; expiration taking place alternately with the preceding act, the quantity of air usually expired being the same as that which is inspired. *The object of breathing is to finish digestion*—to free the system of carbon and hydrogen, which accumulate in the system and become noxious in the extreme—for its removal we inhale air which contains oxygen in sufficient quantity to form a combination with the carbon and the hydrogen, which is then exhaled in the form of carbonic acid and water. In this process, however, is contained another exquisite provision, which imparts life, health, and motion to the entire system—the generation of animal heat—and a principal cause of the *circulation* of the nutritive fluid derived from the food—respiration and circulation are thus united. It is in the lungs that the assimilation of chyle is completed, and when the respiration is inadequately or imperfectly performed, or a sufficient supply of oxygen is wanting, *perfect digestion and assimilation are prevented.* However well chosen the food, however apparently nutritious, however minute the attention paid to clothing, or cookery, or cleanliness—with whatever care temperature, exercise, sleep, or waking be regulated—if children are so circumstanced that fresh air is insufficiently renewed, they will become thin, debilitated, from depressed nervous power, tuberculous deposit will take place most likely in the brain, or its membranes, the tubercles being deposited in the *arachnoid*, or on the cerebral surface of the pia mater. The symptoms of this complication, which I may observe, *en passant*, is remarkably frequent, generally commence with weight across the forehead, which gradually increases to most intense pain over the whole of the

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cranium, often attended with considerable stupor, but seldom with violent or active delirium, the patient will perhaps look you most steadily in the face whilst speaking, and then deliberately turn away his head without the slightest expression of displeasure. Tubercular meningitis—for that is the disease when it supervenes under these circumstances—is generally fatal in a few days. At no period of youth, therefore, should education be pushed to gain a gewgaw, or trifling bubble, called "The Prize." The mind must not be stretched or worked beyond its powers. The welfare of the pupil demands the observance of this rule on the part of the professor or teacher, as well as the parents, more especially when the child belongs to that class of consumptive children whose intellects are preternaturally precocious and acute. Unfortunately, however, these are generally the pupils selected by the master (or mistress) of the "establishment" to do credit to his capabilities of teaching; every means are taken to foster and encourage this premature manifestation of mind, and to stimulate the child to renewed exertions, and thus health and life is not unfrequently sacrificed at a period of brilliant promise, when the hopes of friends are buoyed up by the fallacious expectation of a harvest which a more rational, not to say physiological or natural, system of education might have realised. In some cases, however, the mischief resulting from this cause does not make its appearance at this early age; I have met with many distressing examples of young men who, after years of close application at a public school or gymnasium, had entered upon their studies at the university with the same unabated zeal, but were soon compelled, by the sudden failure of their health, to abandon their literary pursuits and the pros-

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pects which they had in view. "The more I have seen of the prevailing system of management in schools," writes Sir James Clark, "the more have I been persuaded that no subject more deserves the attention of parents and guardians than the education of consumptive children." However laudable, therefore, may be the desire of individuals to see the minds of their offspring highly cultivated and enlightened, it should receive a wholesome check in the knowledge that this object can only be attained by the sacrifice of health, and too often by the acquirement of consumption. The time, perhaps, is not far distant when homœopathy will reign supreme; *then* parents and teachers will discover that the best method of cultivating the understanding provides, at the same time, most *genially* and effectively for robustness of physical constitution, and that the means of securing both parts of the comprehensive prayer of the satirist—"Ut sit mens sana in corpore sano," are *identical.*

The consequences which I have just noticed as arising from the erroneous system of education in the schools for boys prevail in a greater degree, and are productive of more injury, in *female* boarding-schools. If the plans pursued at many of these establishments for young ladies with which I am acquainted were intended to injure the health of the pupils, they could not be better contrived to effect that purpose. The prevailing system of female education is indeed fraught with most pernicious consequences; at a period of life when the development of the physical constitution demands the most judicious management, young ladies are sent to school in which no other object appears to claim consideration than the amount, in kind, of mental acquisition, or rather the variety of fashionable accomplishments, with which they

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can be crammed. At an early hour in the morning, the pupil is set down at the piano, the drawing table, or some other table, where she remains in a constrained position, often in a very cold room, till the whole frame, and more especially the lower extremities, become chilled—the brief relaxation, during the short space of time allowed for meals and the formal walk, are altogether insufficient to restore the natural warmth of the system, and it often happens that girls are allowed to retire to their room at bedtime, with their feet so chilled as frequently to prevent sleep for hours. Those who are acquainted with the internal economy of the boarding-schools for young ladies of this country, will allow that this is no exaggerated picture of many of them. A delicate girl, persistently submitted to such a regimen for a lengthened period, cannot escape consumption. While school-boys have the advantage of a play-ground, or enjoy their recreation at pleasure in the open fields, the unfortunate inmates of a ladies' boarding school are only permitted to walk along the footpaths, in pairs, in the stiffest and most monotonous formality, resembling a funeral procession, and wanting nothing to funereal melancholy but sables and the hearse. The consequence is, that the muscles, of the upper extremity and those which are chiefly concerned in the support of the trunk, are rarely called into operation; they do not acquire strength as the body increases in stature; they remain weak and unequal to the task of supporting the trunk in the erect posture. A curved state of the spine is the consequence; and this, by altering the portion and form of the chest, renders the respiratory movements imperfect, the capacity of the chest is diminished; and the lungs are consequently liable to congestion—hence the blood-spitting or hæmoptysis,

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and the diseases which are its consequences. While the natural form of the girl's body is thus destroyed, the derangement of the general health is manifested by the paleness of the countenance, the dry and coarse appearance of the skin, costive bowels, and cold extremities; in short, all the requisites for the production of consumption may be found in a large proportion of ladies' boarding schools, where the system I have briefly described is regularly pursued. There are, I know, many honorable exceptions to this system of boarding school education, and the number would no doubt be very considerably augmented if the conductors of such schools were duly aware of half the physical misery they inflict on the young ladies committed to their charge. In the establishments to which I have adverted, as being conducted on more enlightened and philosophical hygienic principles—the cultivation of the mind and the acquirement of the various fashionable accomplishments, are the successful though not the sole objects of pursuit; the health of the girls, both mental and physical, moral and religious, forms, as it ought, the first and paramount consideration. The time devoted to study by the present system should be greatly abridged, and that allowed for exercise augmented in proportion. The situation and construction of the school should be free from all the objections which I have already pointed out; and the physical exercises should be such as to call into action every muscle of the body in succession. The clothing during the winter must be warm, and every means should be adopted to guard against coldness of the lower extremities. The pupils should not be allowed to sit so long as too induce this state, nor to go to bed with chilled feet. Were I to select any one circumstance more

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injurious than another to the health of young ladies, it would be cold extremities—the consequence of want of active exercise, and the prevailing and most pernicious habit of wearing thin shoes while in the house. A good warm bath should form a necessary appendage to every boarding school, and every girl should enjoy the benefit of occasionally conjoining it with her habitual practice of cold sponging. A large and commodious, lofty, well-ventilated room, should be set apart for the express purpose of Kinesipathic exercises, when the weather, as frequently happens, is so inclement as to prevent it in the open air. I believe that the Kinesipathic system of gymnastics is quite as indispensable in the schools for girls as it is in those for boys; and although they need not be carried so far as in the latter, they should be sufficiently varied to give the freest possible exercise to the trunk and arms, so as to expand the chest well, and strengthen the back. If the girl has any tendency to curvature of the spine those exercises, which are employed to cure this deformity, should constitute a part of the daily gymnastics. To the room devoted to these physical exercises the younger girls should be allowed to retire for a short time during the usual hours of school, and amuse themselves right heartily at their own discretion and pleasure. This latter recreation I consider of the utmost importance; it must, nevertheless, be understood, that no exercise is to be considered a substitute for that which is enjoyed in the open air; and for this reason, every female boarding school ought to have a proper playground, where the pupils, one and all, may choose their own amusements, and play without restraint. It is almost superfluous for me to observe, that tight lacing and all tight dressing, is utterly incompatible with the extent and variety of phy-

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sical exercise which I recommend, and must of course be discarded. The idea that young females *require* stays as a means of support, is admitted by all physiologists and medical men to be most erroneous, and only tends to perpetuate a practice which is productive of much evil and frequent deformity, especially at that unfortunate era when the girl is taken up to be manufactured into a lady. If girls were properly exercised in the open air, and strengthened by the various hygienic means which are within the reach of all, and which nature points out to us as best, stays would not be necessary before the body is fully matured, and would even then be scarcely wanted except to satisfy an imaginary requirement. The measures which I have suggested have long received the sanction of the first physicians of the age, and appear to me not only truly physiological and rational, but quite *practicable*, and could not fail to be productive of much good. I believe, at the same time, that if a judicious system of physical education, combined with the regular administration weekly, of one or more of the homœopathic prophylactics, *Argent, Nit.*, *Arsenicum*, *Petroleum*, *Phosphorus*, *Sulphur*, and *Zinc*, were pursued in every boarding school for young gentlemen, and each seminary or establishment for young ladies, throughout the length and breadth of the land, from John O'Groats to Land's End, the opprobrium which has so long attached to them would not only be removed, but they might be made the means of improving the general health of the pupils, and even of correcting the phthisical diathesis or consumptive constitution; and would thus become the source of an exhaustless fund of future happiness, both to the children and their parents.

When the heads of families (as I fervently trust they

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will) take a comprehensive retrospect of the nature and causes of THE ENGLISH DISEASE, the claim of this important subject to their best attention will be fully apparent, and in seriously urging it on the community at large, I would remind them of the fact, that the most important object of physical education in this country is unquestionably to guard against all possible tendency to consumption, and that *it is only through their exertions that the desired improvements can be duly effected.* Its advent will realize the expectations of thousands—its procrastination mar the happiness of millions. Before I conclude these medical notes and reflections on the physical education of our consumptive youth, I would advert, however briefly, to the great and paramount importance of the choice of a profession or business. There may be some advantages, as our great moralist contends, in fixing a young person, from the first dawn of thought, in a determination to some particular future condition of life, but I consider that it is far more essential that the parent or guardian should *pause* in selecting a business or profession for his son, or ward, before he has fully ascertained that his health and physical capacity are sufficient to sustain the duties inseparable from it. So little is this now considered, that the most unhappy results are very frequently produced by the ill-judged selection of businesses or professions, without any regard to the stern requirements of organic laws or the avoidance of consumption.

Prevention of the disease in youth.—The period of life which extends from youth to adult age, from about the eighteenth year to the twenty-fifth in young men, and the sixteenth to the twenty-second in young women, is one of vast importance as regards persons predisposed to

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phthisis. If their health has suffered by mismanagement in physical education or from other causes, during early youth, the system very often begins to show it about the period of *puberty* in a remarkable manner. The development of the body, which should naturally take place at this epoch, and which in healthy persons is accompanied with an augmentation of strength and vigour in the whole system, is often delayed in such persons beyond the usual age, or very imperfectly accomplished; if, therefore, they remain weak and thin, or look unhealthy after the period of puberty, they are in imminent danger of permanently falling into nervous debility and tuberculous cachexia; this more especially happens in young persons of either sex who have been hard-worked and ill-fed at school or college, or kept much at long protracted sedentary occupations, whether of mind or body; and, above all, in those who have been long guilty of depraved personal habits. Under these circumstances, the utmost care and solicitude will be necessary to prevent consumption of the lungs. A strict inquiry should be instituted into the exact state of every function, and more especially of those connected with nutrition. The condition of the digestive organs and skin requires especial attention, because they are most commonly deranged; the tongue will very often be found furred; the alvine evacuations irregular; and the skin dry, harsh, and affected with unsightly eruptions, particularly with *acne*, in its various forms: in young females the catamenia, or periodical secretions of the healthy uterus, will be uniformly found either to be imperfectly established, or not to have appeared at all. Such are the common morbid symptoms I find in the majority of such cases, at the same time they admit of

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considerable variety in different constitutions, both male and female, and in the several *hæmosthenic* (blood-force) temperaments.[1] The absolute necessity of attending to these early indications of nervous debility and tuberculous cachexia cannot be too strongly impressed upon the consideration of parents and others, in order to save the young persons to whom I allude, by the proper homœopathic treatment, from, possibly, a lingering, painful malady, and, certainly, a premature death. I have no doubt whatever, from extended observation and experience of thousands of instances, that a very large proportion of our youth who fall victims to phthisis, from twenty to thirty years of age, might under Providence be saved by a timely adoption of the simple measures pointed out, and which are, in a great degree, within the power and attainment of all. In the constitutions to which I allude, the pulse is generally feeble and frequent; the veins are largely developed, and the change in the balance of nervous power and between the arterial and venous circulation,—which in others occurs only after the middle period of life—takes place in such persons before they have reached maturity, and hence we derive an explanation or solution of many of their morbid phenomena. The chief object in our preventive treatment, ought to be the maintenance of a healthy condition of the chylopoietic viscera, and an active state of the pulmonary and cutaneous functions, for which purpose very efficacious and available remedies will be found in *Nux vomica*, *Mercurius sol.*, *Phosphorus*, and *Sulphur*, com-

* *Vide* Smyth on 'Temperament,' &c., Liverpool, Thompson and Capper, 1858. An able disquisition on the divers mixtures and tempering of elements, physical and moral, with a revised and more scientific nomenclature.

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bined with these, warm bathing, alternated with cold sponging or frequent cold ablution, friction of the surface, exercise in the open air, and, above all, on horseback, with a dry residence in an open and airy part of town, or a healthy part of the country, will often, in a few months, and generally much sooner, produce the most beneficial effects. There is one particular kind of exercise, however, which has never been sufficiently attended to in the prevention of consumption, but which deserves special commendation in this place; I mean the exercise of the respiratory organs themselves, and of all the muscles employed in the vital process of respiration; *the great object of this exercise is to adequately expand the chest, and ensure the full physiological action of the lungs.* Dr. Autenrieth, of Erlangen, was the first eminent "*lung-doctor*," who recommended the wholesome practice of improving the narrow and contracted chest of our consumptive youth, by deep and frequent inspirations of *complemental air*. He advised all his patients to place their hands upon some firm solid support, and to exercise themselves by taking repeated deep inspirations, but cautioned them against carrying this so far as to produce *pain*. I am in the habit of recommending the full expansion of the chest in a manner, (adopted by Sir James Clark, and other distinguished practitioners,) somewhat different from that of Autenrieth. I desire the young person while standing to throw his arms and shoulders well back, and while in this position to inhale as much *complemental air*, as he can, slowly, and repeat this physical exercise at short intervals several times in succession; of course when this can be done in the dry open air, it is so much the more desirable, a double advantage being thus obtained from the salutary practice.

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Some exercise of this peculiar kind should be adopted daily by all young persons, more especially by those whose chests are narrow or deformed, and should be slowly and gradually increased. Boat-rowing, quoits, battledoor and shuttlecock, sword-fencing, the use of dumbbells, and similar modes of exercising the *arms*, even polishing tables and the like, will all be eminently useful in attaining the important end we have in view, but they should in no wise be carried so far as to induce or maintain fatigue and uneasiness. If regularly employed by young persons, under this necessary restriction, they would not merely expand the chest, but would tend to remove that disproportionate development of their upper and lower extremities, which one so frequently observes in youth. By thus exercising the upper extremities, and the muscles of the trunk, and inflating the lungs to their full extent, the chest and pulmonary organs will acquire their due proportions. I also consider these exercises particularly indispensable to persons engaged in occupations which require a bent or stooping posture, and especially to the countless host of clerks and book keepers, as well as tailors and shoemakers, and many other mechanics, whose constrained position seldom allows the superior parts of the lungs, which are usually most affected in incipient consumption, to be fully and adequately expanded. Reading aloud and public recitation will, moreover, when prudently employed, be useful in strengthening the pulmonary and digestive organs, and in giving tone and power to the voice. The clear and distinct enunciation, which is acquired only by long practice, is seldom found associated with pulmonary disease; and I am therefore strongly inclined to commend the practice of recitation and

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elocution at schools. It would, I submit, be difficult to cite the example of any great orator who died of pulmonary disease, while a vast number might be adduced whose health was radically improved and their life prolonged by the beneficial effects of this exercise. Cicero was consumptive in early life, or at least strongly predisposed to phthisis, and Cuvier attributed his exemption from pulmonary disease, to which he was expected to fall a sacrifice, to the increased strength which his lungs ultimately acquired in the discharge of his duties as a public lecturer. Many of the modes of exercising the pulmonary organs which I have described will be equally useful to young females, although they will not of course require to be carried to the same extent. I consider the very ancient and well-known game of battledoor and shuttlecock one of the best physical exercises which can be adopted by them within doors. Although I so highly approve of every judicious means of exercise, I would at the same time strongly condemn those which require excessive bodily exertion, such as climbing lofty precipices, and the like, and which have not unfrequently been recommended for the prevention of consumption. These violent measures undoubtedly exercise the lungs, but they at the same time excite the impulsive action of the heart, and render it liable to be oppressed by the blood being suddenly forced upon it by the inordinate muscular exertion. I consider all such violent exertion fraught with imminent danger; indeed, I am acquainted with many instances of severe hæmoptysis from running, jumping, lifting heavy weights, and such-like asinine recreation, and have met with several cases of diseased heart in young persons, evidently originating in forcible, foolish, long continued

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exertion, as in racing, boat-rowing, and the like. Finally, all these modes of physical exertion are altogether incompatible with organic disease, *anywhere;* it will therefore, of course, be incumbent on the homœopathic domestic physician to ascertain the actual condition of the lungs before he ventures to recommend the adoption of any measures which would tend, even in the remotest degree to aggravate that insidious disease of which those I have proposed are solely *preventatives.*

On the Diagnosis and curability of Consumption.—The diagnosis of the disease constitutes the first part of the office of the good Samaritan in his actual visits to the sick. The sources of diagnosis are the history, the symptoms or changes in function, the effects of remedies, and the morbid anatomy or changes in the structure. The history teaches much of the probable progress of the disease, and of its effects in inducing changes of structure and devastations of the powers of the general system. The symptoms designate the organ or tissue principally affected. The effects of remedies, carefully considered, throw an important light upon the nature and force of the disease, and upon the condition and force or energies of the individual system. The physical examination of the changes of structure affords an invaluable confirmation or correction of our previous opinions. The study of the history of consumption greatly aids the diagnosis. The constitutional causes which involve the hereditary predisposition, previous attacks, &c.—the external causes which embrace those circumstances which induce and modify the disease—the duration, the past course of the morbid action, &c., are all events which greatly assist us in forming the diagnosis, and in determining the particular condition of the organ

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or tissue principally affected, and of the general system on the individual case. But the symptoms, doubtless constitute the chief source of the distinction. The form and violence of the symptoms, the particular order in which they appear, the particular manner in which they are conjoined, offer additional means of discerning the true nature of the case. But it must be acknowledged that it is to the study of the *materia medica pura* that we are principally indebted for the recent progress, and indeed for almost all that is real and solid in medical science. The progress of medicine as a science—might I not say as an abstract science?—may be considered as greatly dependent on that of our knowledge of materia medica pura; but the advancement of physic, as a practical art, is naturally linked with our knowledge of the history, symptoms, and the effects of remedies upon the *healthy* organization, with the diagnosis or distinction of disease in each suffering individual. The sources of diagnosis may be arranged in the following manner: I. The history. II. The changes of function or symptoms. III. The effects of remedies. IV. The morbid anatomy or changes of *structure*.

I. The history of consumption comprises—
  i. The causes which are—
    1. Constitution,
    2. External.
  ii. The course which is—
    1. Acute (galloping).
    2. Chronic.
    3. Insidious.
    4. Sudden (hæmorrhagic)

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II. The changes of function or symptoms are observed in—

1 The countenance.
2. The attitude.
3. The tongue.
4. The cutaneous surface.
5. The general system.
6. The functions of the brain (the spinal marrow and the nerves.
7. The respiration.
8. The circulation.
9. The functions of the alimentary canal.
10. The physical condition of head chest, and abdomen.
11. The functions of the urinary organs.
12. The functions of the uterine system.
13 Physical explorations—
    1. Of the head.
    2. Of the chest.
    3. Of the abdomen.
    4. Of the individual stature (height, weight, and vital capacity).

III. The effects of remedies are—

1. Immediate.
2. Remote.
3. Curative.
4. Morbid.

The true value and importance of the history and symptoms of phthisis and of those of the materia medica pura, depend alike on a due and correct association. The most perfect knowledge of symptoms would be

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utterly useless unless considered as signs or indices of the internal mischief or disease, and the most perfect knowledge of the materia medica would be inefficient unless we were enabled by the symptoms to ascertain morbid phenomena in the living body. Our object in both these studies ought therefore to be to make them useful, by the establishment of distinct associations of the symptom or the sign, and of the internal morbid state, as the thing signified. It is in this manner only that the distinction and identification of consumption, in the actual practice of physic, will become more and more correct and complete; nay, certain, for phthisis may be as unmistakably present in the system, with nervous debility, emaciation, and tuberculous matter in the nutritive fluid, as with cough, night-sweats, and suppuration of the lungs. In my clinical visits to the sick, I naturally resort to the principals of analysis and synthesis; in order, first, to seize some particular points, such as several prominent and important symptoms; from which I proceed, in the second place, to collect such other symptoms as ordinarily concur, and complete the character of the disease. I am thus confirmed or corrected by the congruity or incongruity of the several parts. I perceive that the disease is simple, or that it is complicated, and I trace its progress in itself, or its extention and involution of other diseases, or of parts of the system not originally affected. It is, indeed, comparatively easy for a non-professional person to observe and describe symptoms, or even the physical signs of change of structure *abstractedly*; the task of difficulty, as well as of utility, is the proper and just association of them as signs of consumption. There is an indefinite and indescribable something in the coup d'œil which is of incalculable service to the experienced

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eye. The general aspect of the patient—the peculiar modification—the particular combination, and the mutual bearing or reciprocal influence of the symptoms, give a general character to incipient consumption, which is recognized and felt by the educated physician of experience and observation. For instance, some symptoms are not only incongruous but incompatible, and by a careful and patient investigation an important point may be ascertained, which could not be decided by any amount of interrogation. When a patient has complained of a pain in the side, to wit, and it has been a matter extremely dubious whether the pain were inflammatory, a spontaneous sigh has decided the question, in the same manner an incessant tossing and writhing of the body is very unusual, if not incompatible, with inflammation. It is well, indeed, always to ascertain what the disease is *not* before one has actually discovered what it *is*. The first question to be asked is, how long has the patient been ill ?—the reply resolves the case into the class of acute or chronic affections. The former are principally fevers, or acute inflammations ; the latter are the chronic forms of dyspepsia, or nervous indigestion—the harbinger of consumption—the insidious forms of inflammation—which eventuate in organic diseases, especially of the brain, lungs, and peritoneum or pleura. Having ascertained the class of the disease, the individual nature of the case must be investigated. It may be asked, in the second place, whether there be a material or progressive loss of flesh. The reply to this inquiry divides the case into such as may subsist, without influencing the nutrition, and such (or rather *that*) which gradually reduce the patient. The former cases are chiefly the chronic and protracted forms of dyspepsia, or diseases of organs

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as are not engaged in the process of assimilation. The latter are (or rather *is*) consumption, whether it be called disease of the lungs, and affection of the chest, chronic bronchitis with waste of tissue, marasmus, mesenteric disease, chronic peritonitis, chronic pleuritis; it involves some disease of the organs of supply, which implicates the nerve-globules, and leads infallibly to the formation and deposit of tuberculous matter *somewhere*. A third inquiry is into the state of the pulse. Increased frequency of the pulse shows nervous irritability, and is the customary attendant or *herald* of the insidious forms of phthisis, whilst it is not observed in the less serious cases of chronic dyspepsia. Other questions are—What is the seat of pain or discomfort? Where is your uneasiness? What *functions* of your body are disordered, deranged, or perverted? What is the general aspect of the patient? What the general character and course of the symptoms? The dawn of consumption is marked by a delicate and often waxy paleness, alternated with transient gentle flushing, slight lividity of the prolabia or membrane which invests the lips on exposure to cold, an appearance of indisposition and languor, frequently motion of the nostrils from respiration, and frequently a quivering of the chin and lips when speaking to you. Its *progress* is denoted by persistent emaciation, in addition to an aggravated state of the other morbid appearances adverted to. In phthisis pulmonalis the *posture* is various; frequently, however, one particular position is chosen and preserved—pain, cough, dyspnœa, and oppression being induced in any other; this is on the side most diseased; pleuritic pain is mostly there, early in the disease, and cavities in its later stages. In pneumonia the patient almost invariably assumes and retains the

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posture on the back. In the appearance of the *hand* I read a state of pain, anxiety of mind, and physical suffering—it is closed or expanded, and variously moved; the skin will also be found to have lost its natural elastic feel long anterior to this period, and the flesh its firmness, while a degree of obvious emaciation, together with other *pathognomonic* or characteristic signs, already dwelled upon, will generally be but too evident. In short, by a careful inquiry into the general condition of the patient's health, and by attention to all the various symptoms which have been enumerated, an intelligent inquirer will fail but rarely in arriving at a correct conclusion, as to the presence or absence of *consumption*, in the individual case.

On the Curability of Phthisis Pulmonalis.—The curability of consumption is a subject, I need scarcely say, of deep and paramount interest, for notwithstanding the abundant proof which has been accumulating of late years, it is still the opinion of the majority of the medical profession, as it is in fact of the public generally, that phthisis pulmonalis is *incurable*. In those cases in which recovery would seem to have taken place, the correctness of the diagnosis or anything else is doubted, rather than this cherished and time-honored dogma. It is no small matter, therefore, for a medical practitioner, even to endeavour to explode this fatal fallacy—for fatal it is in a thousand ways. Up to a very recent period the general opinion has been, that consumption always marches on to a fatal termination, and that the cases of its arrestment which were known to have occurred, and which were above suspicion and beyond dispute, were so few as merely to constitute an exception which proved the rule. Morbid anatomy has now, however, demon-

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strated in the most irrefragable manner that tubercles *may* degenerate and become abortive with extreme frequency; particularly is this the case too if nature be not thwarted by allopathic, but assisted by homœopathic treatment. Again, it has been argued that after all, practically speaking, phthisis pulmonalis does not mean the existence of a few isolated tubercles scattered here and there through the lung, and that what is really meant is that advanced stage in which the lung is affected with ulceration, and in which the bodily powers are so much lowered that perfect recovery never takes place. But even here, again, a careful examination of the records of medicine will show that many of these very advanced cases *have* recovered, and recovered too under all the disadvantages of the practice of the old school. Laennec, Andral, Cruveilhier, Kingston, Pressat, Rogee, Boudet, and others, have published cases of unmistakable consumption, where all the functional symptoms and physical signs I have detailed as appertaining to the disease, even in its most advanced stage, were present, and yet where the individual not only recovered from the disease, but survived the allopathic treatment in addition; not only lived, but lived *many years* after the suppuration of the lungs had healed; ultimately they died of some other disorder; and on dissection of their bodies, large cicatrices, or scars left after the healing of the ulcers, have been found in the lungs. I will here subjoin a few particulars of a very interesting case, which exhibited a remarkable cicatrix in the lung:

John Keith, æt. 50, a teacher of languages, was admitted into the Royal Infirmary, February 8th, 1844, in a state of profound coma, and died an hour afterwards. On examination, the membranes of the brain, at the base,

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were unusually congested, and covered with a considerable exudation of recently coagulated lymph, here and there mingled with bloody extravasation. The apex of the right lung presented a remarkable cicatrix, consisting of dense white fibrous tissue, varying in breadth from one-fourth to three-fourths of an inch, and measuring about three inches in length. The pleural surface in its neighbourhood was considerably puckered. On making a section through the lung, parallel with the external cicatrix, the substance immediately below presented linear indurations of a black colour, together with five cretaceous concretions, varying in size from a pin's head to that of a large pea. The surrounding pulmonary substance was healthy. The apex of the left lung was also strongly puckered, and contained six or seven cretaceous concretions, each surrounded by a black, dense, fibrous cyst. A very respectable looking and intelligent man, who was present at the post-mortem examination, stated that Keith, in early life, was in very different circumstances, and had supported himself as a writer. At the age of two and twenty, or three and twenty, he laboured under all the symptoms of an advanced "decline," and his life was entirely despaired of. About this time, however, he was lost sight of by his friends, but it was afterwards ascertained that he had become a parish schoolmaster, and that his health had become quite re-established. He returned home six years before his death, and endeavoured to gain a livelihood by teaching Latin and French. He succeeded but very imperfectly, and fell into dissipated habits. Latterly he had become subject to periodical attacks of *dipsomania* and madness, the result of drink. It was after an unusual attack of this kind that he was brought into the infirmary, where

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he died in the manner previously described. This case points out most clearly the following important facts: 1st. That at the age of 22 or 23 the patient had a tubercular ulcer in the right lung, the size of which must have been very considerable, when the contracted cicatrix alone was three inches long. 2d. That tubercular exudations existed in the apex of the left lung. It is therefore only reasonable and proper to believe that the statement made by his friend at the examination was strictly correct, namely, that he laboured under all the symptoms of advanced consumption. It is shown, thirdly, that after receiving the appointment of a parish schoolmaster, after changing his residence and occupation, while his social condition was greatly improved, these phthisical symptoms wholly disappeared. We may consequently infer that it was about this period when the cavity on the right side healed and cicatrized, whilst the tubercular exudations on the left side were converted into cretaceous masses, and thus rendered null and void, or, in a word, *abortive*. It proves to demonstration, lastly, that when, at a more advanced age, he again fell into bad circumstances, and even became a drunkard, tubercular exudations did not return, but that delirium tremens *did*, with simple exudation on the membranes of the brain, of which he died. I am enabled to refer to many similar cases, which, although living and enjoying unexceptionable good health at the present time, I am satisfied have undergone a permanent recovery, and were signally benefited by homœopathic treatment in the accidents, as they are termed, of phthisis, viz., pneumonia, pleurisy, hæmoptysis, and the like. Not only am I deeply convinced of the fact in question, but at the same time I *know* that in the practice of homœopathy is to

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to be found *an unanswerable amount of evidence as to the curability of even the worst cases of consumption.* So deeply rooted, indeed, has been the opinion of the necessarily fatal nature of this disease, that the generality of practitioners have concluded that *because* consumptive cases recovered, ergo, the disease was not consumption; that is, they have rather distrusted their own diagnosis, than ventured to oppose a dogma of general, if not universal belief. But although the stern facts of the curability of phthisis pulmonalis by homœopathy, even in its most advanced stage, can now no longer be denied by rational beings, it has been argued that this is entirely owing to the unaided operations of nature, and that the "lung-doctor" can lay no claim whatever to the result. To these sage heroes I answer, that if it be true, according to Hoffman, that "medicus naturæ minister non magister est," or, in one's own vernacular, that a physician is not the master, but the servant of nature, it follows logically, as a matter of course, that by carefully observing the operations of nature, learning her *law of cure*, imitating it as closely as possible, avoiding what she points out to be injurious, and furnishing what she evidently requires, that we may at length arrive at rational and *natural* indications of cure. Both the principles and practice of homœopathy, tested by science, furnish irrefragable evidence that we have in a great measure attained this desirable end.

General Treatment.—Personal experience, reading, reflection on a vast number of facts, and the analysis of clinical observations, have for many years impressed me with the deep conviction that there exists one truthful comprehensive principle of medical treatment, a perfect NOMOS, or central therapeutical law in the universe of

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physic, to which all others must inevitably be subservient—a paramount and definite principle which predominates over all others, and without which, perhaps, disease would never, or at least very rarely, be thoroughly and completely eradicated; on *this* principle is founded the *Art which aids Nature*. In homœopathy we find a harmonic oneness of principle, a great truth that it is not the quantity of a true medicinal substance, but its natural correspondence with morbid phenomena in the human organization, that causes the apparent insignificant quantity of a drug to become that powerful dynamic remedial agent enunciated by the philosophy of Hahnemann, and which clinical experience has taught countless thousands is the *only* handmaid to nature in the restoration of health. We know it is an axiom that bodies *can* be divided without limit, that each atom or molecule has all the properties of the body whence it came, and that affinity, or relationship, is best promoted by whatever tends to divide matter most minutely, especially mechanical division and solution; nay, more, the very epidemic diseases themselves, with all their zymotic and death-spreading influences, are, possibly but the climax of continuous molecular changes. And we have in *similia similibus* the adoption of a physiological principle in medicine where there was none before, the application of medical and physiological knowledge to the preparation and administration of remedial agents, and the diminution of the dose to a more exact point of safety and efficiency. However much, therefore, its adversaries, like "roaring lions," may sneeringly affect to snub and despise it, and pour the venom of slanderous associations upon its conscientious adherents and faithful disciples, like *will* cure like, as it always has done

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since the deluge; as ready was it, and as powerful, when properly commanded, Hippocrates assures us, in *his* day—hundreds of years anterior to the Christian era—as ready then to obey *his* will, as it at this present moment proves to *us*. I regard homœopathy, then, in its absolute, fundamental, deathless principle, as the sublime and veritable exponent of a true and philosophical *natural* relationship, subsisting between the pathogenetic effects of each medicinal substance upon the healthy organization, and its beneficial or curative influence upon the sick, when those morbid phenomena arise from idiopathic, or other causes. When this kindred connexion is made manifest by the reflected light of signs or symptoms, in organs or their functions, the mere *dose* or quantity, to be administered is altogether secondary—comparatively, in fact, insignificant; it may be a grain, or a drop, diluted or undiluted, a pilule, or a *globule;* yea, verily, pointed at as it is, all besmeared with odious epithets, repudiated as heretical, shunned as fanatical, assailed as contemptible and quackish withal, the atomic dose yet reposes, in its deep philosophy and healing power, as an invulnerable target, at which the scaramouch in vain launches his scurrilous and scathless anathemas; it is even yet the brilliant and dazzling sun-like torch, to which the jack-puddings and gnat family rush for sport, to their inevitable destruction.

Much has of late been said and written about "legitimate" medicine. I do not know what it means, but I should like to say a word or two anent rational and physiological medicine Observation and experiment are, I take it, the foundation of our knowledge of facts in physic as in other sciences. Reflection complements the inductive process; but it *must* be, if conformable to the

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truthful simplicity and grandeur of nature's management, a mirroring on the mind medical of one remedy, from several planes of thought, all faithful reflections, or delineations of disease, *must* represent drugs, animal, vegetable, or mineral, the co-relation of the three kingdoms and their physiological effects of a like nature. This law holds almost universally in the study and practice of medicine; and this, neglected and ignored, is the fertile source of allopathic false notions and collapsed hypotheses. Look around upon nature everywhere, and do we find ONE understood thing that is NOT doing its appointed, its divinely appointed, work, according to its own peculiar sphere and function? All the rules in the old practice of physic have been hitherto framed from empirical observations. What apothecary, on merely looking at the Syrian convolvulus, to wit, could tell me that it would purge and purge *mucus* withal?—or by simply handling it, that the acrid squill-bulb would do more than inflame and ulcerate his skin?—would he know *à priori*, that it was expectorant and diuretic, or emetic and cathartic?—or through what *other* emunctory nature would expel the poisonous intruder? Would any man be aware, by some process of introspective reflection, that opium was a narcotic, or colchicum good for gout, or, mercury for lues, or quinine for agues, or arsenic for (cancerous or) skin-disease? This knoweth he only by experiment; this knowledge has come to the faculty by direct experiments upon the sick—mere primitive, but not consecutive, specific action. The *full* scientific development and realisation of homœopathy, on the other hand, will make medicine an exact science, as positive as mathematics; the curative art will be then absolutely perfect and well-nigh prophetic when such a

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consummation becomes universal and commonplace. By-and-by, our opposing fellow inquirers, groping blindly after "What is truth?" advancing on their own radii from opposite hemispheres, will meet in the centre, and *identify* their discoveries with one therapeutical law, the perfect NOMOS; and day beginning to dawn—as I *see* with a look of joy—glorious, indeed, will be their triumph; albeit, perhaps, not won by a consistent adherence to the true principles of homœopathic investigation. Beyond the limits of this mere external physiology of forces of action and of motion exists another *invisible* physiology, whose functions it is of greater moment to know. The most active agents in nature are imperceptible; entities which, like electricity, magnetism, heat and light, have neither odour, savour, colour, volume, dimensions, determinate shapes, nor definite proportions, which pervade all things without being even perceptible, penetrating everywhere, but whose essence *we* cannot penetrate. Agents of life, health, disease, and death, nature has disseminated them everywhere throughout the immensity of space. To invisible agents we owe our earliest breath, to them, also, is due our latest sigh, from them alone is derived the very continuance of our being, and *they* are the fertile source of the countless physical derangements to which we are all obnoxious; it is a *force*, a breath that creates, kills, preserves us, that produces our diseases, occasions our sufferings, and, above all, *relieves them.*

With regard to the "legitimate" allopathic remedies employed in the ordinary treatment of consumption, by what are called the "recognized authorities," or "heads of the profession," Sir James Clark states that "some of them, although ranked as *preventives*, are applicable

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also in the early stages of phthisis." The following are said to be the best preventive remedial measures: Mercury, Taraxacum, Sarsaparilla, Antimony, Sulphur, Lime Water, the muriates of Barytes and Lime, together with purgatives and tonics. Without going into detail on the subject of these alleged preventives, I will merely give the opinions of Clark ("On Pulmonary Consumption"), and Professor Stokes, of Dublin ("On Diseases of the Chest"), respecting the *singular* efficacy of the two latter, inasmuch as *they* appear to be the most highly esteemed and adopted by the public at large. Sir James says, "I beg to enter my protest against the indiscriminate practice of active purging, which still prevails too generally in the early stages of consumption. It is quite lamentable to observe the *injurious effects* of purgatives in the debility which this practice produces, and in the irritation which it *establishes* in the mucous membrane." Although I consider abdominal congestion, (infarctus), as forming so important a part in the pathology of tuberculous disease, I regard the frequent repetition of harsh purgatives as the *worst possible* means of remedying it. Entertaining these views, I read with much pleasure the strong opinion of Dr. Stokes, of Dublin, a valuable writer on the same subject. Speaking of the influence of intestinal disease, in accelerating the fatal termination of consumption, he says, "I feel satisfied that under a different mode of treatment from that *ordinarily employed*, this complication would be much less frequently observed, as in numerous instances I have known it to be induced *clearly* by the use of purgative medicines. If ever there was a disease in which we should be cautious in giving medicines of this description, it is in incipient or threatened phthisis, on account of the great liability

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that exists to inflammation and ulceration of the intestinal tube; yet in all those cases which, *in conformity with the prejudice of the day*, are supposed to arise from a disordered state of the stomach, of the digestive apparatus, a depraved state of the biliary organs, atony of the chylopoietic viscera and the like—a set of terms invented to cloak ignorance, and conveying no single clear idea to the mind; this practice is constantly pursued, a diarrhœa is established, and the digestive apparatus becomes indeed disordered—*but more from the remedies than the consumption*." Sir James concludes by stating that "the very prevalent use of active doses of calomel and strong purgatives, in delicate strumous children, is productive of a degree of mischief which is not sufficiently known; no class of remedies require to be exhibited with more caution in young delicate persons of a strumous or consumptive constitution."

So much for *these* preventives!! What for the universally admired "tonics," which are supposed to prevent phthisis, by affording great support, giving tone and *imparting* strength? In a disease in which debility is one of the principal features, say the "heads of the profession," it is not surprising that *tonics* should suggest themselves to the mind both of the medical attendant and the patient; but before benefit can be derived from them, the digestive organs must be free from all irritation, otherwise they will do harm, however great may be the debility. When such derangement of the digestive organs prevails, proper *antiphlogistic* measures (involving leeches, mercurials, and a blister) will be necessary to render tonics admissible. But we repeat, that the indiscriminate manner in which they are too commonly prescribed in all cases of debility, is productive of more

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injury than is imagined, and although they may possibly give a feeling of temporary support to the system, they will not fail to *confirm* the functional derangement which it should be our first object to *remove*. The general cure of consumption is then directed to be ensured, or brought about by the various eminent allopathic authorities—in this wise: "The general remedies," says Sir James Clark and a host of others, "consist of blood-letting, general and local, emetics, digitalis, iodine, iron, climate, cod liver, and other animal and vegetable oils, counter-irritation, blisters, tartar-emetic, ointment, (parodied by St. John Long), setons and issues, and inhalations." *Digitalis* is a medicine concerning the virtues of which allopathic writers differ as perplexingly as they usually do on all drugs; some assert that it is possessed of powers beyond all others; a second class consider it to have very little efficacy; while a still larger proportion condemn it as absolutely pernicious.

In my bibliographical researches on the subject of consumption, I have collected a vast number of clinical facts concerning digitalis, which have been published in France, Germany, America, and other countries; and I find, that the remedy in question has been unwittingly administered in strict conformity to the indications of homœopathy in no less than 155 cases, embracing all stages of the disease; that of this number 87 were perfectly cured, 35 greatly improved, and 33 not *then* cured; and this is the medicine, be it remembered, that was, in abject ignorance of any sound principle on which to prescribe it, ignominiously struck from the list of therapeutical agents by the London College of Physicians—the same doubts and apprehensions of its safety existing *then* concerning digitalis in consumption, as exist *now*

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concerning arsenic in cholera. Dr. Beddoes affirms that, as a general rule, when he had all possible evidences of the existence of tubercles in the lungs, the exhibition of small doses of digitalis has been eminently successful; of course; when digitalis was homœopathic to the existing manifestations of disease, it furnished what nature evidently required—art imitated nature as closely as possible—it removed all obstacles to the healing process, and, as a matter of course, as sure well-nigh as the shadow follows the sun, the softening tubercles were expectorated, and the cavity cicatrised—in a word, healed. *Consumption was cured.* Digitalis is clearly a medicine which, like the great majority, has seldom been properly *used*, and often commonly *abused*—and why? Allopathy is an incongruons art, resting on mere tradition and experience—a false and spurious experience; homœopathy, or vital dynamics, on the other hand, is experience resting upon a natural law, or, at all events, a definite fixed principle, which links in deathless union the disease and the drug—a system based upon an immovable rock of incontrovertible statistics, relying less upon mere abstract *à priori* reasoning than upon the irrefragable evidence of sterling facts—a successful practice founded on *bedside* facts, neither imperfectly observed, imperfectly remembered, nor imperfectly *compared* by minds already prejudiced. Of the remedial powers of Dig. then, when appropriately indicated by existing circumstances, there can be no reasonable doubt. I regard it as in a great measure the analogue of Aconite, Lycopodium, and Conium. Sir James Clark truly says, as spokesman of the old-school allopathy and the allopaths —"Digitalis [and he might have added all the others] is a medicine, evidently of great power in consumption,

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although it is quite clear that we are not yet acquainted with the peculiar circumstances under which it may be employed with advantage." The "peculiar circumstances" are a hard stile—a set of steps to get over to another inclosure, lit up by the sunshine of truth; a sharp point of the sundial which casts a shadow, "yet" too dazzling to be appreciated! Watcher of the sciences! watchman of old physic! what of the hour? *He knows not of the break of day!!!*

The general treatment of consumption has usually been considered either as prophylactic, or palliative merely; the former applying chiefly to those cases in which, from family predisposition, or other causes, the disease may be apprehended, the latter to those in which there is satisfactory evidence of its existence, this distinction being based upon the absurd assumption that when the disease is once established, its removal is a thing altogether beyond the reach of art, even of homœopathy. The question as to whether we are to regard the treatment of incipient consumption as curative, or prophylatic, is not of very great practical value, though it is not without its influence upon our views of the principles according to which, the management of the disease is to be conducted. Since, if, according to the opinions I have expressed, there must be a *nervous* lesion *antecedent* to the disposition of tubercles by the blood, we have at this preliminary period a disease to treat by *Phosphorus*, *Acid. nitricum*, and *Zinc*—in conformity to the indications I have given (anon)—and one, from which there are rational grounds for believing thousands have already recovered; and whether that recovery be regarded as spontaneous, or as the result of medical art, it cannot well be supposed that such would have taken place

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under other than favorable circumstances, both external, internal, and collateral, and therefore the reasonable method of proceeding must be to endeavor to ascertain those circumstances, and as far as practicable to imitate them, and the same argument holds good of the less frequent instances of cure or recovery in the more advanced stages or periods, *the cure of consumption by homœopathy being a result neither opposed to professional experience nor to any known laws of pathology.* When success does not attend our efforts to relieve, we should diligently search out the obstacle. What is it? Does it arise from an error in diagnosis? Does the patient attend to his regimen? Is it from the non-homœopathicity of the remedy? or is it in consequence of chronic psoric miasma? or it is owing to the insusceptibility of the *ego* to that particular dose? For instance, formerly, at Liverpool, the intermittent fevers had such symptoms that *Arsenicum* was the indicated remedy. That is not so now. I prescribe at present *China* three times daily; for a few *tertian*, as it is called, in which the intermission continues for forty-eight hours, the paroxysm commencing at noon and usually remaining until twelve hours, Ipec. alternately with Nux. The present fevers are *catenating* and protracted, that is, they give rise to various chest-symptoms, and the intermissions are inordinately short and imperfect.

What can homœopathy accomplish in averting the onward death-march of *phthisis*?

In briefly answering this solemn question, I shall relate actual cases from my own experience and that of others, and afterwards suggest *farther* indications for the remedies employed in this disease, a malady so common, and withal so appallingly fatal under ordinary treatment, and which in its multiform relations to us, in its deeply

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seated and constantly operating causes, and in that enormous fatality, opens such a large page of exhaustless interest, that in considering only a portion of its topics one enters on fields of research interminable, in which the most ardent inquirer may find a study for years.

CASES.

Case I. — A laborer, aged 38 years, of a strong, powerful constitution, and hæmosthenic temperament, who had frequently suffered from "itch" and was habitually intemperate, had for many years been afflicted with a cough, expectorating mucus and pus, without its preventing him from attending to his usual work. In March, he very suddenly experienced violent pains in the right side of the chest and liver. The pain extended over the whole right hypochondrium and region of the liver, and as far back as below the right scapula; it comes in paroxysms or fits and starts, and is acute and lancinating, when the patient breathes or coughs. The chronic cough and expectoration are worse, tongue very much coated, shortness of breath, no appetite, constipation, and fever. Acon., Bry., and Nux. removed the pulmonary inflammation and fever completely in five days. But the cough and expectoration of pus had become imminent. He coughed up large lumps each time, felt and looked extremely debilitated, and perspired most profusely during the night. The chest was covered with an eruption of pustules that was painful. The prognosis was, of course, unfavorable; the only symptom *per contra*, was the pustular eruption; I gave him Sulphur on April 2d. Upon this, the eruption came out very

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abundantly, covering nearly the whole of the body, head, chest, abdomen, and extremities, upper and lower, and both cough and expectoration became aggravated, until the 13th of April. I became anxious and somewhat alarmed for his safety, and accordingly prescribed, *Calcarea*. Immediately afterwards, the whole system began to rally and improve, without any primitive effects of the medicine. The eruption, night sweats, cough, and purulent expectoration gradually disappeared. In May, the patient returned to his ordinary work, and has remained quite well, which is more than a year since.

Case II.--A child, aged 4 years, of hybrid-hæmosthenic temperament, who had been afflicted for a couple of years with pneumonic phthisis, or scrofulous pneumonia, accompanied by constant night cough, rattling in the throat and chest, with great prostration of strength, being in an almost complete state of atrophy, was entirely cured in a few days by one dose of Belladonna. Singularly enough, the cure of the consumption in this little scrofulous patient was succeeded by a swelling of the salivary glands.

Case III.—I have before spoken of the pneumonic variety of consumption, in which the excavation of the lung is induced by the softening of those parts of the pulmonary tissue which had been the seat of inflammation and consolidation. The following is an illustration. A clergyman, aged 38 years, of a decidedly phthisical diathesis, of the hybrid hæmosthenic temperament, was seized, in consequence of exposure to wet and cold, and great professional exertions in the pulpit, with a severe rheumatic peripneumony, which at first appeared of moderate extent only, but gradually grew worse, and ultimately assumed a very dangerous acme The

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treatment had recourse to in the first instance was conformable to the customary allopathic routine, involving calomel, opium, and salines. Depletion was, at first, considered uncalled for, but as the acute lancinating pains in the chest and pleuritic stitches declined to yield, or give way, either to internal remedies, or outward applications, leeches were finally applied, and, after a short time, another layer was repeated. After the last application of leeches, however, the physician, who had thus far been very assidious in his attention to the case, left him, fully impressed with the utter hopelessness of it. I was hastily sent for in the night, and urgently requested to attend. Yet, on examination, I could but endorse the sentiments of my predecessor; I could make no more favorable prognosis than he, because the formidable state of things—double pleurisy, with effusion, pneumonia supervening upon tuberculous deposit, with the physical signs of a cavity, flattening, diminished resonance and mobility, tubular breathing, and so on—denoted the greatest danger. Exhausted to the last degree, the patient lay there, corpse-like and perfectly motionless, occasionally motioning with his tremulous and emaciated hand, cold, marble-like and singularly contracted (I attach great importance to the *hand* as a diagnostic mark) on the suffering side of the chest, with a very painful, anxious, hippocratic expression in his features. Pulse uncountable, small, trembling in the balance, intermittent, scarcely perceptible. Breathing so weak, that on placing the flat hand on the chest I could with difficulty perceive any dilatation of the lungs. Upon reviewing the case, *and* the morbid treatment he had received, I gave *Aconite*. In half an hour, or so, afterwards the chest began to expand, the breathing became longer

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and more powerful, the pulse fuller, the skin, hitherto covered with a cold clammy sweat, (if I may be pardoned such a plebian term), became warm and moist merely, and altogether I saw a return of vital power. I subsequently gave *Nux*, and was delighted not a little to see him recover so far in a few days as to warrant my holding out reasonable prospects for his ultimate safety. But the following week my prognosis was very much shaken. It is true every trace of the pleuro-pneumonia was gone; but the patient could not gain any strength, he could speak a few words only in a very low tone, was unable to take a deep breath, and was tormented day and night by a severe cough and a profuse, very suspicious looking expectoration; to this was superadded hectic fever, with clammy night perspirations; in fact, every circumstance betokened a rapid transition into phthisis Stannum, Drosera, and the like, either did no good at all, or at the best brought about a mere evanescent amelioration, which vanished again in a few days. In this desperate condition of things, mocking all knowledge and experience, I gave as the remedy most indicated, but still as a *dernier resort*, *Lycopodium*. The result was surpassing. Within the first week the fever gave way very perceptibly, in the subsequent fortnight every trace of his troublesome cough disappeared, and in four weeks all danger had been removed—the gentleman was restored to his family and his flock. His speech, however, returned but slowly, yet gradually and completely.

Case IV.—Perhaps it may be unnecessary to say that I do not intend these cases and observations to be understood in the light of a royal road, by which that clinical tact and experience may be acquired in a ready-made and easy way, which is to be obtained solely by a careful

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and attentive study of the original sources whence sound homœopathic principles are to be derived. I think it superfluous to add, that the 'Organon' and 'Materia Medica Pura' of Hahnemann are these sources. A lady, 47 years of age, previously apparently healthy, and the mother of many children; temperament, hybrid-hæmosthenic; had been confined to her bed for many weeks, when, on the 23d December, 1854, she sent for me, and gave the following incomplete account of her case. For a long time her periodical secretions had been entirely suppressed; then for five consecutive weeks she had been constantly flooding, with cutting, bearing-down pains in the abdomen, extending to the hips and thighs. For the last eight days, however, no sanguineous discharge had taken place. In the left side, under the false ribs, towards the back, she had for some time experienced a pain, cutting, digging, dragging-like; cough, loss of appetite, bowels regular; is uncommonly weak, and fearfully emaciated, When she falls asleep she perspires most profusely, and suffers much from insatiable thirst. Upon this account I gave her *Arsenicum*.—December 30th. For eight days no evacuation had followed her fruitless efforts to stool. The patient is very weak; chest-troubles increased; in the spot where she for many weeks had had pain in the side, a swelling had arisen, which appeared to be maturating, and "coming to a head." Physical signs are—increased sonorousness, gurgling sounds on coughing, pectoriloquy, and other evidence of pulmonary abscess. In order to bring about a motion of the bowels I gave *Nux vom.*, which produced the desired effect.—Jan. 2. Since yesterday the cough has increased, with much expectoration of pure pus, at the same time that the external tumour had diminished.

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In general, the patient found herself somewhat easier and better.—Jan. 6th. Visited the patient and found the before-mentioned tumour soft and evidently fluctuating. Clearly an effusion of matter had taken place towards the cutaneous surface, and it would have been a proper indication for the artificial opening of this tumour, if it had not already become much smaller since the discharge of pus had found an exit through the air-passages. The tumour was now only the size of a pigeon's egg, and without pain or any discoloration of the skin. I found her, however, unusually emaciated, feeble, with chills towards evening, followed by flashes of heat and profuse perspirations during sleep, coughing still attended with expectoration of pure pus. I gave *Lycop.*—Jan. 20th. The patient finds herself better, has gained more appetite, evacuation of the bowels more regular—one of the best of symptoms, expectoration no longer in the same quantity as heretofore. Again I prescribed *Lycop.* After this, almost all the symptoms underwent improvement until Feb. 1st, and I entertained the best hopes of her recovery, when she was seized with a violent inflammation of the left lung, and acute stitches in ordinary breathing, which were, however, very speedily overcome by means of a few doses of *Acon.* and *Bry.*, but left some increase of cough and expectoration behind. I gave her now, on the 3d and 10th of February, *Stannum*, but without striking good effect. On February 17th *Kali carb.* was prescribed, because there was still much purulent expectoration and other indications. After that all cough and expectoration ceased until March 3d, but a lingering slow hectic remained behind, showing how saturated was her system with the tuberculous disposition, against which I fruitlessly tried *Puls.*, *China*, *Nux vom.*, and

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Sulphur, but which yielded magically, as it were, to a few doses of *Sepia*. This lady became quite convalescent and made a perfect recovery; her catamenia returned, and kept their due periodicity; she now enjoys good health, has regained her florid appearance, flesh and strength, and performs the onerous duties of her large household with facility and pleasure. The peculiar obstinacy and difficulty, combined with insusceptibility to remedial influences, exhibited in this case, was caused by her having habituated herself to the abuse of mercury, opium, and bark, which have a strong tendency to develop and maintain tubercular consumption.

CASE V.—A gentleman, aged 37, who had been "very poorly" for a couple of years, complained of many chest-difficulties, which were much expedited on their adverse career by his well-marked and predominant phthisica-habit, hybrid-hæmosthenic temperament, and hereditary predisposition to consumption. He had been many times under allopathic treatment, and had undergone the destructive art of "*rapid mercurialization*" employed in such cases, a practice of curing till they die which I regret to observe is advocated by not a few British physicians, who have obtained the style and title of eminent "lung-doctors" in our country. On the 13th of March he was visited, and found pale, emaciated, the breathing short and puerile, coughing frequently, now dry, then again accompanied with greenish, yellow, sweetish, expectoration, especially morning and evening; diminished reasonance, tubular breathing and flattening, with physical signs of disease in the corresponding part of the chest on the other side, referable to the pleura. Sharp pains in the head, probably from tuberculous deposit—these chiefly in the forehead, with strong knitting of the eyebrows—worst

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after a paroxysm of coughing. Appetite stronger than when he was well, but food, however nutritious, did not benefit him; his great thirst, which latter symptom I regard as evidence of continued disordered innervation, and consequent want of nervous power; food followed by pain in the epigastrium and stomach, and little evacuation of bowels, but with incessant urging to stool. Heaviness and coldness in each hand, with cold feet, the latter swollen; hectic flushes —March 14th. *Stannum* was prescribed and his diet regulated. The next and the following day the cough, weakness, and general uneasiness left him, then appeared aggravated; sleep and appetite left him, night sweats increased, and the patient was plunged into an abyss of despair. In spite of all this discouragement, however, I repeated the medicine, and brought on a totally different aspect of things. A few days subsequently all the above symptoms had become ameliorated, and on seeing the patient again in nine days I scarcely knew him. Pains in the chest, headache, night sweats had nearly gone, cough and expectoration were much lessened, breathing facile, voice and intonation clear, bowels regular, appetite and general health considerably improved, weight increased, and sleeps well. The duration of the effects of *Stannum* being sometimes considerable, I determined that in this case it should have fair play, which is a jewel in physic, as in other matters, and the gratifying result, was that this gentleman regained, and has maintained good health—health which he can enjoy.

By way of contrast to these refreshing principles of science and art—principles which belong to no party, catholic and universal, but which few comprehend, comparatively speaking, because few have thoroughly studied

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them—belonging to no time nor place, but to nature and humanity, by whom they were not made, but *transcribed* from that code of laws—whose Maker is God—by way of contrast, then, let us hear an allopath on the allopathic treatment of consumption. Professor Bennett, in his recent lectures on the treatment of phthisis pulmonalis, considers the *cause* of this disease to be "an excessive derangement of the alimentary canal" (eheu!), and commences his directions for its special treatment by the following melancholy *exposé*. Under the head of 'General Treatment of Consumption,' he says, "I have pointed out the means of meeting the several indications which should never be lost sight of in this disease; but every case requires a *special* treatment in addition, which will depend on the unusual severity of this, or that symptom, or the existence of peculiar complications. It is to the undue importance given to the special, or local, as distinguished from the general, or constitutional treatment, that I attribute much of that want of success experienced by practitioners generally. Thus it is by no means uncommon (on the contrary, an every-day fact) to meet with consumptive patients who are taking at the same time, night and day, a mixture—and no small one—of squills, ipecacuanha, and the like, to relieve the cough; an anodyne draught at bed-time, to cause sleep; another mixture, containing catechu and chalk, gallic acid, or tannin, and other astringents, to check the diarrhœa; acetate of lead and opium pills, to diminish hæmoptysis or blood-spitting: sulphuric acid drops, to relieve the sweating; and cod liver oil in addition. I have seen many persons taking all these medicines, *and several others*, at one time, with a mass of bottles and boxes at the bed-side—not to say blisters, leech bottles, and galli-

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pots—sufficient indeed to furnish an apothecary's shop, without its ever suggesting itself to the "general practitioner" that the poor stomach, drenched with so many nauseous things, is thereby *prevented* from performing its proper functions." Alas! to my thinking, the true merits of the Newton of medicine overshadow even those of the giant of the physical sciences.

Case VI.—And with this I must needs stop, for space presses. The deaths by consumption, as proved by the bills of mortality, are more numerous far than by any other disease, The profession and the public seems to think and to act as if every case of phthisis was *naturally* incurable, and consequently the same round of unsuccessful treatment is ordinarily pursued, and oftener—nay, much more often than is usually imagined—medication itself becomes the unintentional cause of a more fatal rapidity than would happen, possibly, if the disease were left undisturbed in its natural course. This opinion was recently expressed to me by an old teacher, who is one of the ablest and most scientific physicians in the metropolis, *quoad* the "legitimate" school, whatever *that* may mean.

Tuberculous Deposit in both Lungs; Formation of a Cavity; Cure of Consumption; Death by another Disease; Appearance found in the Lungs.—A young lady from Douglas, Isle of Man, of hybrid-hæmosthenic temperament, and phthisical diathesis, in her twenty-third year, consulted me in the month of April, 1855. She had suffered much during the preceding winter from nervous debility, cough, shortness of breath, palpitation of the heart, emaciation, night perspirations, hectic fever, and all the ordinary symptoms of phthisis pulmonalis. The deaths, moreover, of *five sisters* from this malady demon-

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strate clearly that she was much predisposed to this disease. Marked dulness on percussion, bronchial voice, and breath-sounds at the apex of the right lung, testified, conjointly with other evidence, to the presence of much tuberculous deposit there. A feeble inspiratory, and a loud, prolonged expiratory, murmur, at the apex of the left lung, showed also the existence of tuberculous matter in this portion of the pulmonary tissue. She had been unable to tolerate cod-liver oil in any form, and was otherwise compelled to abandon allopathic treatment, in consequence of the great offence it gave to her delicate and unhealthy stomach. I prescribed *Phosphorus* and *Sulphur*, to be taken alternately, night and morning, with five drops daily at noon of *Liquor Potassæ*, in a glass of milk, to correct, as much as possible, her tendency to troublesome boils and herpetic eruptions, with which, in fact, at that time, she was sorely vexed and annoyed. A cough-mucilage was also suggested for her domestic use as, per Appendix, and some mild farinaceous diet of blanc-mange, &c. She was so radically much better that she discontinued her visits to Liverpool in a couple of weeks, and wrote me as follows: "They that be whole need not a physician, but they that be sick. I am well," &c. In the subsequent September, softening of the tuberculous deposit in the right lung had commenced; she had several attacks of profuse bloodspitting and consecutive abundant purulent expectoration. Crepitation at this time was audible over the former site of dulness, and speedily thereupon, cavernous respiration declared through the stethoscope a *cavity*. The patient's condition at this period was most discouraging. Linseed infusion was tried, as well as very small doses of the oil of cod's liver; symptoms were relieved as they arose, and

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she changed her residence for Everton, where the most careful attention was directed to her during the winter. In November she had improved immensely, and increased her weight, taking principally *Petroleum*, and *Chelidonium*, as being those medicines most indicated. She continued to improve rapidly until June, 1856, when it is noted that "there is a fearful amount of flattening of the chest in the case of Miss J—, over the apex of the right lung; the respiration, though cavernous, is not loud; pectoriloquy is most distinct; respiration at the left apex is puerile." The improvement during the winter continued under the influence of the same medicines. She omitted the cod-liver oil, taking only the homœopathic attenuations, with the addition of *Nux* and *Mercurius* when the stomach and liver were deranged. Thus admirably she progressed, and in the following September she called at my house, looking, as they say, the "picture of health," remarkably well, having become rosy and stout. She stated that she had been for sometime in the Isle of Man. She had no cough, no expectoration, no discomfort of any kind, and enjoyed her good health right heartily. I examined her chest, which showed a remarkable contraction over the summit of the right lung, the mobility much diminished, being in the proportion of nine to thirty-two of the left apex. The breath-sound under the right clavicle had a somewhat sharp, whiffling character, accompanied with very slight crepitus; the dulness above the spine of the scapula was more marked, and the respiration scarcely audible there; the left lung was traced extending to the right border of the sternum, and over this lung the respiration had a puerile, or, supplementary character. The heart was drawn upwards, affording an impulse

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between the cartilages of the second and fourth ribs. The homœopathic treatment, *strictly*, was continued during the winter, and her improvement was steady, firm and progressive. In the following February, during the prevalence of epidemic fever, she was seized with cold shivering, vomiting and purging, and sank with rapidity on the third day of the typhoid attack. The autopsy showed to demonstration that the *consumption* had been cured. The whole of the superior lobe of the right lung was occupied by a cavity, now reduced to the size of a small walnut, lined by a distinct membrane, and surrounded by condensed walls. It contained old tuberculous deposits in the lower lobe, but *was permeable to air*. The left lung was puckered at its apex, and throughout its substance were points of old tuberculous deposit, but there was not the slightest possible appearance whatever, in either the right lung or the left, of any *recently* deposited tubercle. There was no appreciable disease of any other organ—the *consumption was cured* —but her powers of life had been suddenly crushed by the poison of fever.

We are called *doctors*, that is, teachers, because we profess to teach *how* to avoid certain causes of sickness, which are found not only to be dis-eases—want of ease—but are known, moreover, to destroy life. How shall we remedy consumption?—better still, how shall we all do our *individual* part in preventing it? for I am a much greater believer in the power and efficacy of individual reform, whether hygienic or otherwise, than of corporate reform. To strike at the root, then, let us fall back upon first principles. As regards the strictly preventive or prophylactic treatment of phthisis, it consists in measures calculated to prevent the full and complete

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transition from nerve-derangement to the secretion of tubercle and its deposit by the blood in the parenchyma of organs essential to life; and where the tuberculous diathesis exists, to obviate all circumstances tending to promote chest-irritation, excitement, or even undue activity of the respiratory organs; and where such irritation *has* arisen, to endeavour to subdue it as speedily as possible, without having recourse to allopathic measures, as by thus lowering the reparative powers we should infallibly favour the general tendency to nerve-derangement and tuberculous deposit. As to the first of these indications, namely, the preventing the full development of the consumptive diathesis, precautions should be most strictly enjoined for the avoidance of all those circumstances under our individual control which have been already pointed out as favouring it, and the proper use of such hygienic and homœopathic means as may be reasonably expected to have a converse tendency. It becomes a matter of great moment to parents, guardians, schoolmasters, teachers, and others, in the physical management of young persons, in whom a tendency to consumption may be apprehended, to use every possible precaution to obviate determination of blood to the lungs, as well as undue excitement of the respiratory organs. In the first place, the obvious and ordinary rules of diet, clothing, air, and exercise—which are, however, but too habitually ignored, cannot be too assiduously followed; though as regards diet, it must, of course, be nutritious but non-stimulating, in moderate quantities and at reasonable intervals, so as to avoid the extremes of exhaustion and repletion, and prevent undue afflux to the digestive organs, and consequent languid circulation in the extremities. Determination to the lungs must

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be guarded against by a careful attention to the temperature and circulation of the surface. Uniform clothing is an important means to this end; and it must be used in subserviency to the principal of preventing the sudden abstraction of animal heat, but not employed to such an extent as to diminish the activity of those vital functions upon which the evolution of this caloric depends. Light woollen clothing should be employed in some form for the whole of the body below the clavicles, and where there is a tendency to irritation about the larynx (evinced by hoarseness and sore throat), a constant habit of cold sponging the neck should be at once acquired, and a thin layer of woollen gauze may be worn round the throat. Where a uniform system of *underclothing* is adhered to, there will be no occasion whatever for oppressing the body with a huge load of outer garments. The same remarks apply to night covering, though it will not generally be desirable that the patient should sleep in flannel. The night dress should be calico, and if there is much coldness of the feet woollen socks may be worn.

Before quitting the subject of clothing, I must not omit to again advert to the mischiefs which may and *do* arise from severe undue pressure and constraint. The apices or upper extremities, are the particular parts of the lungs first attacked, and therefore, whatever causes increased activity of that part in either lung promotes consumption, and this cannot be done more effectually than by compressing the lower lobes, or divisions of these organs, by tight-lacing stays or waist-bands. The questions of air and exercise, in the former of which, for the sake of brevity, I include climate, are at this period particularly important. In the case of any young person

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in danger of consumption, whose growth is not completed, we must not only avoid circumstances likely to cause determination to the chest, but, as far as one can, prevent such an enormous development of the system as would imperatively call for more than an average amount of breathing-function. It is a very common and trite observation, that all young persons of a phthisical tendency have inordinately narrow chests, their lungs not being sufficiently developed, and therefore it is inferred somewhat precipitately, that this narrowness of the child's chest is the cause, nay, popularly, it is the quintessence of the consumptive tendency, or phthisical diathesis; the converse, however is more nearly the truth, namely, that when the tendency to tuberculous deposit in the lungs is actually present, there is an instinctive shunning or avoidance of that exercise which would promote the morbid change, and *ergo*—the lungs, being less active, are less developed.

It must be borne in mind, then, by all who are interested in this question--and who is not? in this country, at least—that whilst a defective expansion of the lungs is, of itself, a source of most serious and fatal lesion, though not necessary of tubercle, their full or even moderate development may call the tuberculous diathesis into activity; and in the management of the class of patients I am now considering, the regulation of air and exercise must be conducted with a view to favoring the *gradual* expansion of the lungs, without inducing that large amount of breathing function which is excited by a cold or frosty atmosphere, and without such vigorous, athletic, physical exercises as stimulate the rapid development of muscular fibre. With this view, a mild and uniform climate--one as free as possible from

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humidity—should be selected, and for this purpose many parts of the southern shores of Old England (with all her faults) are exceedingly well adapted. Clifton, Torquay, Sidmouth, Penzance, and the like, are well adapted as winter residences; though for that large class (and an increasing class, too) of nervous invalids with tendency to tubercles, either in the head, chest, or abdomen, and an incessant disposition to relaxation or slackening of the tubular portion of the white cords, we of the north, possibly, with more *strictum*, have somewhat the advantage. One great advantage of a mild climate is, that there need be less difference in temperature between the external and internal air, and that consequently exercise may be taken out of doors, without so much risk arising from changes of temperature, and that such exercise may be sufficient to keep up the warmth of the surface, and excite a moderate action of the lungs, without so far exciting them as to promote the determination of the disease to them. Walking, when it does not embarrass the patient's breathing, is upon the whole the best of all exercise; but where a person's strength is soon exhausted, and where the respiration ceases to be facile, riding is much to be preferred, provided always, and "be it enacted," as the lawyers say, that it does not cause or keep up a perpetual coldness of the extremities. In warm weather (as in our late Bengal summer) carriage-airing is beneficial, as is also sailing on the Mersey (or any other beautiful river), or being rowed in a boat, where it does not induce much nausea or sickness. It is at this period that irreparable mischief is inflicted by the use of athletic games or violent physical exercises, pursued under medical sanction, from the blockheaded notion of obviating all

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tendency to contraction of the chest, so common in scrofulous subjects of this class; whereas, from what has been stated, the expansion of the lungs, and the development of the muscular system under such circumstances, must be altogether undesirable; and for the same reason, the greatest caution is necessary in allowing the use of such injurious exercises as boat-rowing, cricket and the like, in young men who have very narrow chests and tendency to consumption, though where this contraction arises from other causes their moderate use is admissible.

Another important question, often asked in consumptive cases, is the expediency of *bathing*. Now, where as it often does, the arterial system seems disproportionately defective compared with the venous, the pulse being in such people small and feeble, sea-bathing is *not* safe; there would not be sufficient physical power in the left ventricle to drive the blood freely to the surface, and internal (perhaps *fatal*) congestion of the lungs would probably ensue. When, however, as I now assume to be the fact, there is *no* evidence of present mischief in the *lungs*, and the pulse is tolerably good, that is, moderately full, and there are no signs of venous congestion, engorgement of the right side of the heart, or livid lips, fainting fits, giddiness, scanty urine, torpid bowels, palpitation dyspnœa, puffy eyelids or ankles, or other circumstances indicative of it—bathing in the sea may be allowed, and will be beneficial. Such bathing should be an hour and a half after breakfast; the patient should not remain very long in the sea, neither will it be desirable that he or she should plunge suddenly in, but should first bathe the head, then step from the machine feet foremost, immerse the whole body well, head and all, *and then return*. Patients should on no consideration go

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quite cold into the water; on the contrary, I think a slight augmentation of temperature, induced by gentle exercise, is rather desirable than otherwise. Where sea-bathing is not admissible, sponging the chest well, both in front and behind, with cold water, can be generally borne and enjoyed; and where it is followed (as it usually is) by a genial glow of well-being, and all-right sort of feeling, it is really a most valuable auxiliary, promoting the vigorous activity of the nutritive fluid, even in the superficial capillaries. The period of impending consumption is, of course, not a time for *very* active medical treatment, though it is nevertheless one demanding *very* careful and judicious homœopathic *surveillance.* In regard to medicine, the same principle must be carried out as in the hygienic management—the general strength and nutrition must be adequately cared for, and all undue excitement of the breathing function strictly guarded against. As a means to these ends, attention to the digestive organs is indispensable. With this object in view, it will be requisite, in addition to careful attention to the diet I have enjoined, to ensure a regular action of the bowels. This I regard as a *sine quâ non.* All irritating purgatives, however, involving quack pills, antibilious rubbish, "legitimate calomel," and illegitimate mercury, must be alike eschewed, as well in obedience to the dictates of *common* sense as all other sense, not to say the venerable rites of organic laws; as besides their other ill effects, they depress the nervous system and derange the circulation. As a general rule (to which, albeit, there are, as to others, a few individual exceptions), Nux vomica, Opium, Plumbum, Sulphur &c., will be quite effectual. At the same time, if the bowels are habitually and persistently driven close by that protracted use of

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allopathic medicine, which is second nature, a dessert-spoonful of olive oil, taken early in the morning, will have the effect of relieving them; or sometimes there is no bile, or what there is in the blood is not fit for use—then, possibly, half a teaspoonful of the fluid extract of Taraxacum, taken in milk at breakfast time, will have the like effect, at least just for the nonce, to be impacted subsequently, in all likelihood, more obstinately than before. I am not of those however who systematically repudiate the employment of a simple laxative; more nice than wise" I consider this, for in ensuring a regular and periodical performance of the proper functions of the intestines, we are but imitating nature, and thus far doing good; at the same time I emphatically repeat, because I *know*, that the above attenuations as a rule are amply sufficient. Constipation, again, allows of mitigation by cold water—the wet sheet, drinking cold water freely, and appropriate exercise in the open air, will cure the most intractable and stubborn cases. The maintaining the action of those organs which may be regarded as in any way *supplementary* to the lungs, should never be lost sight of; and as this applies with peculiar force to the liver, the state of the stools and urine should be watched, and when the secretion of bile appears defective it should be promoted, not certainly by mercurials, nor by taraxacum, or the laxative just suggested, but by *China*, *Hepar*, *Lachesis*, *Elaps* or *Nux*.

The symptoms which indicate *China* are, yellow suffusion of the skin all over the body; icteroid conjunctivæ, or jaundiced eyes; yellowish white coating of the tongue; bitter taste in the mouth; capricious appetite, or avidity for food, which when taken is followed by indigestion, looseness of bowels, with evacuation of undigested food; whitish watery motions; after

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eating and at night great fulness and pressure in the stomach; hardness and swelling in the region of the liver; great distension of the abdomen, with flatulence; high-coloured urine; with reddish sediment; tendency of symptoms to intermit and recur towards night; general debility, with tremulousness; pale, puffy face, with hollow eyes and sunken temples; with or without frequent perspirations.

Hepar is of great use when, with defective bile in the stools, we have also taste in mouth like earth, great weight in the stomach, even after eating very little; scanty, dry, hard motions, or purgings of whitish substances, which smell very sour; pressure about the pit of the stomach, so that the clothes have to be unbuttoned or the stays unloosed; craving for acid drinks or sour edibles.

Lachesis is more or less beneficial in *extreme* tenderness of the pit of the stomach; weight of the clothes even painful; vomiting of greenish matters, very bitter, or of dark matters mixed with blood; giddiness; retching; slimy, black motions, or costiveness and looseness by turns; very dark brown, almost black, urine, scanty, thick, and scalding, with great urging and bearing down.

Elaps is required by burning pains in the stomach; much sensitiveness in the epigastrium; lancinations in the navel, with colic desire to vomit even after water or a bit of bread; black, frothy diarrhœa; cold feeling in the chest; painful pressure in hypochondrium or right side of the liver; red urine, with discharge of mucus, and sense of weight, as of an iron bar, pressing on the small of the back.

Nux vomica gives relief in obstinate confinement of the bowels, with much wind, pain between the shoulders, piles, frequent micturition, foul tongue, nausea, trembling, sour taste, cramp, &c.

Besides the liver and bowels, the kidneys afford a means by which to relieve the circulation in general and the chest in particular, and therefore the state of the urine should be regularly observed; and as its becoming turbid will depend upon partial or incomplete obstruction, arising from pulmonary congestion, *Acon.*, *Terebinth*, *Cann.*, *Canthar.*, should be given, and will

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have a good effect in this indirect way upon the thoracic viscera.

Aconite is desirable for heat and dryness of the skin, with previous coldness; intense thirst; scanty urine, turbid and painful to emit; short hurried breathing, with sense of oppression about the chest; cutting pains in the chest, back and bladder, with stoppage of the bowels. Incontinence of urine, with profuse sweat; painful, anxious urging to urinate; piercing pains in the region of the kidneys, and retention or suppression of urine.

Terebinth, is required when there exist tenesmus of the bladder, with discharge of drops of blood and burning pains in the urethra, or strangury and reddish urine; appearance of the catamenia in females, and discharge of mucus from the vagina, with severe pains in the loins.

Cann. and *Canthar.* are both indicated in inflammation of the kidneys and bladder; strangury, particularly at night; urine very turbid or even bloody, and full of filaments as if pus had been mixed with it; burning stitches during micturition; the urethra feels inflamed with the discharge of mucus; violent desire to urinate, but cannot, owing to complete paralysis of the neck of the bladder; painful hæmorrhage or albuminous urine.

The earliest symptoms of bronchitis or any other chest-inflammation should, of course, be promptly met by decided but not *allopathic* treatment. All needless depression, by leeches and counter-irritation, will serve only to aggravate and precipitate the tubercular tendency. In case of bronchitis, which is by far the more ordinary form of disease, *Pulsatilla, Bryonia, Tartarus*, or *Ipecac.*, alternately, at intervals of a few hours, and after a few days *Conium*, possibly, may be substituted with advantage twice a day, or night and morning, in alternation with *Chelidonium* or *Lycopodium*.

Pulsatilla should be advised in these circumstances, if there be great tightness of the throat and chest at times, and shaking

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cough, with expulsion of thick, white, lumpy, or yellowish phlegm, in persons of a mild and amiable disposition; with pains which are worse in the evening or when sitting.

Bryonia, moreover, should be interposed when there is dry, hacking or spasmodic suffocative cough, followed or not by expectoration of yellowish matter, or by vomiting of food, deep panting, or anxious and hurried breathing, with or without great heat or burning in the chest, and the embarrassed respiration frequently interrupted by sharp stitches and darting pains in the left side.

Tartarus is indicated when there is loose cough, with rattling of mucus in the bronchial tubes, or gasping for air at the commencement of each paroxysm of coughing; short, difficult breathing; nocturnal attacks, with unusual oppression; velvety feeling in the chest; sometimes palpitation, sometimes the heart appears to cease, with great langour and anxiety.

Ipecac. Asthmatic feeling, as if the windpipe were choked up with dust; vomiting and purging; coughs most at night in spasmodic fits, and with a long, loud, shrill noise in drawing breath, which eventuates in retching or vomiting; attacks of suffocative cough, with rigidity of the limbs and livid face; loss of breath with the least exertion; anxious, hurried, and difficult breathing.

If the pulmonary irritation continue after the febrile symptoms have subsided, a mustard poultice or that of linseed-meal, will, with a modicum of mustard, generally be sufficient. The juice of Conium will also be found a most useful medicine under such circumstances. Where pneumonia or pleurisy occur, they must be treated upon the principles already laid down, but with a particular shunning of venesection or depletion, and a no less scrupulous one of mercurials. The local abstraction of even a small quantity of blood, by cupping or leeches, over the inflamed part, will in no case be well borne, whereas *Aconite* and *Phosphorus*, or *Bryonia*, or, if the head be much affected, *Belladonna*, will expedite the

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resolution of the inflammation, with no loss of strength to the patient.

Aconitum is indicated in pneumonia or inflammation of the lungs, and should be administered at an early period, holding in mind that *then* we want no other remedy; it acts as does the lancet in this and other congestions in the first stage. When the substance of the lung is affected by an increase of weight and density, it is infiltrated with a frothy, sanguineous serosity, or blood and water, in considerable quantity; the mucous membrane of the small bronchi is deeply congested and intensely inflamed; the pulse is quick and full, but when the pneumonia is very severe it is sometimes remarkably small, and this smallness disappears after a few doses of *Aconite*. Great frequency of the pulse announces *danger* in this disease. Here the advantage of homœopathic treatment is strikingly shown. It seldom happens in allopathic practice that recovery takes place when the pulse exceeds 130. The lancet has then done the fatal deed. The pulse loses its frequency, it is true, after bleeding, and seems to have returned to its natural state; but the respiration becomes more and more accelerated—*an invariably fatal sign*. Pneumonia is one of those diseases whose homœopathic treatment is at once simple and efficacious, provided it be adopted early. If Aconite be given *then*, the patient generally recovers; whereas, if the patient's blood is taken away, the strength necessary for the important work of respiration and expectoration is removed at the same time. The symptoms which call for *Acon.* are fever pain in some part of the chest, great difficulty in breathing, and cough, with rusty-coloured sputa, or bloody expectoration, delirium, and full pulse.

Phosphorus is required when there is hoarseness, or complete loss of voice, pain at the top of the wind pipe, rush of blood to the chest, with palpitation of the heart and feeling of weakness at the chest; perhaps itching, or tension and tightness; muco-sanguineous expectoration; cough, with rawness and soreness, particularly behind the sternum or breast-bone; and exhaustion of nervous power.

Bryonia is desirable when, in addition to the pneumonia, we

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observe signs of pleurisy, such as a hard pulse, pain in either side, for the most part the left, very pungent, and fearfully increased by taking or rather attempting to take a deep breath; dry cough at first, afterwards moist or looser, and not unfrequently bloody; all motions increase the pain, but the side affected is *motionless*. There is extreme tenderness of the common integuments or skin; the patient first lies on the healthy, then on the diseased side.

It is also generally desirable, even in the absence of any decided symptoms of disease, to put such patients under a course of medicine by administering semi-weekly one of the homœopathic prophylactics that may happen to be most indicated by existing circumstances. Where, also, there is much emaciation, a course of the cod-liver oil, continued for three or four weeks, and resumed, if necessary, about the same time after its discontinuance, may in all likelihood be of service; and where there is a very exsanguine or bloodless appearance, with not unfrequent flashes of heat, or profuse expectoration, streaked with blood, with determination to the lungs, or hæmoptysis, iron, in the form of small doses of Ferr. mur., should be employed; if to these symptoms are superadded those of cardialgia, violent burning, and pain of the head, with throbbing of the temporal and carotid arteries, with thirst, nausea, colic and diarrhœa, Ferr. sulph. should be interposed. When a young subject, of the hæmosthenic temperament and phthisical diathesis is affected with any scrofulous ulcer, diseased bone, or fistula in ano, it is more than doubtful whether the healing of the ulcer is desirable. It is certain that in some cases the most active symptoms of consumption have supervened upon the healing of such ulcers, and have subsided upon their reappearance in the same or some other part of the body, thus proving, to actual demonstration, the truth of the

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profound teachings of Hahnemann. It appears, then, most expedient to use *no* active measures to heal them, except in so far as that result can be brought about by improving the general health. The best constitutional remedies, under such circumstances, are *Iodine*, *Kali. hyd.*, *Kali bich.*, *Sulphur*, *Arsenicum* and *Phosphorus*, or *Acid. phos.*

Iodium and *Kali hyd.* have many catarrhal symptoms in common; but there exists this grand distinctive, or diagnostic mark. In the former, the pains are aggravated in the morning and night, particularly by *movement;* walking, or riding in a carriage; by contact and pressure; also in the warm open air, and by warmth generally; whereas the indication for the latter is evinced by the majority of the symptoms appearing during *rest*, and going entirely off, or much relieved, during motion. Their mutual symptoms are exhibited by a sense of constriction in the throat or fauces; nausea; epigastric pain, augmented upon pressure; vomiting and colic, with glandular indurations; swellings or suppurations; diarrhœa; pain and tenderness in the region of the liver; cramps; general emaciation; and in particular a wasting of the larger glands—as the mammæ and the testes. There are also, loss of appetite; tremors; palpitation; disposition to syncope or faint; intense redness of the mucous membranes, together with effusion possibly into the cavity of the chest or abdomen; distension of the alimentary tube with gases or wind; dropsy, and enlargement, with fatty degeneration of the liver. Fat and light-haired persons are most easily influenced by—

K. bich. Many symptoms are aggravated and altogether produced by hot weather; the symptoms come on quickly and usually subside soon. Most of the symptoms appear, or else are aggravated, in the morning, and the anomalous pains of the patient fly rapidly from one part to another; there is debility, with cachectic appearance; complexion pale and yellowish; emaciation; solid eruption like measles over the body, sometimes pustules; pains in the fingers and elbows; sore throat;

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nausea; constipation; ulceration of the larynx, with loss of smell. In every variety of chronic disease, but particularly in suppuration, involving the rectum or other intestines, *Sulphur*, *Arsenicum*, *Phos.* or *Acid. phos.*, may be pointed out as severally appropriate and suitable for persons with a phthisical constitution. They are indicated and may be prescribed with advantage in affections of the bones; weakness from continued discharges; abscesses; general sudden excessive weakness, arising from abnormal undulatory movement of the nerve force; habitual weakness of the respiratory organs; suffocating attacks at night when lying down; short-breathing; tightness of the chest in the open air, or after the least exertion, even after speaking; talking exhausts the patient; anxious, hurried, wheezing breath, with stifled cough, followed by blood-spitting; violent paroxysms of coughing on getting up and going to bed, and after eating; fatiguing cough; hollow rattling in the chest, with feeble articulation, or loss of voice.

With regard to fistula in ano, surgical experience is strongly opposed to the expediency of the operation for its cure, unless, indeed, the amount of the discharge, and the consequent drain upon the system, be so great as to become almost a greater evil even than consumption—I should, myself, be altogether indisposed to operate. In speaking of the prophylactic management of young persons, in whom phthisis may be apprehended, I have said nothing of removal to a distant climate, as it is a question which belongs to the treatment more especially of the first stage, in which the premonitory symptoms of nerve-derangement and tendency to phthisis begin to eventuate in the local deposit of tuberculous matter; indeed, it may well be doubted whether it is expedient to send young persons, in whom the development of the system is not yet complete, to an inter-tropical climate at all, or even to a low latitude, since it is highly probable that the return to England would be attended with double

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danger. It is quite needless to send our patients to Italy and the south of France—it is just mere fashion. Madeira is perhaps the best place—the convenience of access to that island is certainly one recommendation, but the greatest benefit is a voyage to India, round the Cape and back, or from Liverpool to the West Indies.

In the treatment of what may be styled the premonitory *nervous* stage, or that of *incubation*, that, namely, which immediately precedes tuberculization, the principles before laid down must still be acted upon, namely, to avert by homœopathic treatment all chest-irritation and inflammation of the lungs, and to maintain the nutritive powers of the system. But at this period of incubation of consumption, when the disease is impending, if not already existing in the lungs, I lay the greatest possible stress upon the former clause, and direct my remedies, *Zinc.*, *Acid. nitric.*, and *Phos.*, more particularly to the nervous system.

The nervous pains caused by *Zinc*, and therefore, indicated by morbid phenomena in the sick, seem to exist sometimes between skin and flesh. Alcohol increases the sufferings. Most of the symptoms appear after dinner, and towards evening. The symptoms are generally felt during rest, and when sitting; less during motion. There is nervous agitation, or jactitation, in various parts of the body; twitchings in various muscles; trembling of all the limbs; cramp; pain in the muscles, here and there, with extreme, or at least, very unaccountable debility; *a sort of subdued nausea, with universal tremulous feeling and aching in the forehead*, accompanied sometimes with a pewter-like coloration of the face, which I consider *quite* pathognomonic, or the distinguishing characteristic of that diseased condition of the *nerve and blood-globules*, which infallibly eventuates in tuberculization, or deposit of the consumptive element in the blood *somewhere*—head chest, or abdomen. The patient sinks, *nolens volens*, into a sort of reverie, which involves a total loss of con-

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sciousness. In this state of the brain, or celebral organ, *the pupils are uniformly contracted*, and there are occasionally incoherence of speech and forgetfulness.

The characteristic peculiarities of *Acid. nit.* are: drawing pains in all the limbs—worse at night in the shin-bones and in bed; cramp-like stiffness of the back, as though the patient had been in a draught; aching in the knee-joints, which crack and are painful, as if dislocated; sick feeling in the whole body, with chilliness and sensitiveness to cold; vascular excitement, or seething of the blood, and languor with lassitude. A slight exertion will cause palpitation and partial perspirations. The patient is always taking cold and having pains in the back; short, but severe headaches, when the weather changes; excessive thinness and emaciation, especially of the arms; feeling of faintness, trembling, weariness, and heaviness; *tired almost to death after doing nothing*, the limbs feeling paralysed, with a general want of energy, both of mind and body.

Most of the symptoms of *Phos.* appear early in the morning. The patient feels better in the open air; great depression of spirits; loathes existence; anxious and irritable; inclined to start and be apprehensive; frightened, in fact, at his own shadow, or a "will o' the wisp;" restless at night, and perpetually dreaming frightful nonsense. There is almost an habitual sense of oppression at the chest, and pain in the small of the back; pain in the larynx, with scraping and hoarseness; itching of the skin when undressed; giddiness in the morning after profuse sweats; falling off of the hair, with progressive emaciation and debility.

Of course it is of the highest importance to *prevent* any inflammation of the lungs or their appendage, but where such does occur, it must be treated upon the *natural* principles I have already laid down; the individual case must be duly studied and investigated, but, in general, pneumonia may be effectually combated by *Acon.*, *Phos.*, and *Tartarus*, as I have already explained, and any more trifling irritation, as catarrh, or

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slight bronchitis, by light diet and *Bry.*, *Chelid.*, *Lycop*, or *Ipecac.*

The symptoms of bronchial disturbance which more particularly point to *Chel.*, are—dull and heavy deep-seated pain in the whole right side of the chest and *right* shoulder, without much cough, but with very embarrassed respiration. This pain, which is at times accompanied with dull beatings in the chest, does not allow the patient to take a long breath; it is not perceptibly aggravated by the motion of the arm; the pain is particularly felt in the axilla, and under the shoulder blade; a sort of numbness of the muscles in the region of the liver, and in the whole *right* side of the neck, face, and head; apprehension of threatening pneumonia, great anxiety depicted in the countenance, constant desire to be stirring and moving, or changing and adjusting the bed-clothes.

Lycop. will almost invariably afford signal relief when there is fluent coryza, with cough and hoarseness; stuffing of the nostrils; formication or ant-like crawling in the windpipe at night; dry cough in the morning; cough after drinking; cough which affects the chest; a loose cough with spitting of purulent matter, like confirmed consumption; short breathing of children; constant oppression with suffocation on doing the least work; painful stitches in the *left* part of the chest, with bruised feeling; beating of the heart in bed; herpetic spots on the neck and chest; pain in the loins in bed; stitches in the back after stooping; dragging in the shoulder blades; stiffness of the nape of the neck; boring pains in the arms; twitchings in the arms during sleep; dry skin, and the patient always complains of having lost all strength in the arms, and having cold feet; moreover, when the cough is troublesome and materially worse at night, and attended with thirst, quickness of pulse, subsequent tendency to moist skin, expectoration grayish, saltish, or yellowish, with oppression about the bronchial tubes, this medicine is strikingly indicated.

When the symptoms, general and local, indicate an increased determination to the lungs, a few doses of *Elaps* or *Dig.* may be given, or, possibly, *dry* cupping from under the clavicles may be of temporary service.

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Elaps is to be preferred when there is a feeling of a heavy load upon the breathing function; spitting of dark-black blood, with constriction and stitches in the right lung; dull aching in *right* side of the thorax; worse when moving, with rush of blood to the chest and throat; painful pulling and lancinating in the *right* lung. When the chest symptoms appear to be aggravated by warmth, such as a warm room—

Dig. is reflected. There is also present slow and deeper breathing, with throbbing, as of something alive, in the right side of the chest; spasmodic asthma for many days; strong tumultous heavings of the heart; again the heart palpitates; anon, the beats can with difficulty be felt; slow pulse; expectoration streaked with blood, with spasmodic coughing; anxious sadness, owing to pains at the heart; bluish lips, with bloating and paleness of the face.

Blisters must never be applied, nor yet tartaric-emetic ointment; a far better temporary expedient than either of them, is the application to the chest of a warm aromatic plaster of frankincense, or Burgundy pitch, or friction with warm camphorated oil. Plasters are usually employed with the view of exciting the action of the cutaneous vessels, and in a very inactive state of the skin, accompanied with an irritable condition of the bronchial membrane, I think them of considerable use, and accordingly do not hesitate to prescribe and recommend them; they will also often afford much relief in severe local pains, when there is little probability of getting rid of their exciting cause; they are yet farther effectual in protecting the chest from cold. I apply them by preference between the scapulæ or shoulder blades, because they are less inconvenient in that situation and, moreover, leave the chest, anteriorly, clear for other useful applications, such as cold sponging and friction. The pulse in this stage of the disease is generally very rapid, and it is important in some measure to control the

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tumultuous heart's action ; for this purpose, *Acon.*, *Bell.*, or *Dig.*, will sometimes be most useful, and the lower attenuations are the best form for the exhibition of them in these circumstances. Where there is much active irritation of the lungs or bronchia, the *Dig.* may be advantageously alternated with *Chininum Sulph.*, as there is at the same time much general debility and exhaustion ;* or *Zinc.* will be found a most useful medicine, and this more especially in those numerous cases where the skin is generally moist ; and another most useful medicine will still be found in *Phos.*, alternately, perhaps, with *Sulphur.* If there be much emaciation, cod-liver oil will be of service, but otherwise it is rarely so in this stage of consumption. It is not unfrequently at this period that hæmoptysis occurs, and when it does so, it must be treated with *Acon.*, *Arnica.*, *Ipecac.*, and *Elaps.*

Aconitum will have the preference when the slightest attempt at clearing the throat brings up blood ; when the patient feels a

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* The characteristic indications for *Chininum Sulph.* are—pressure, lancinations, cutting, throbbing, tension, burning, pressing asunder, lacerating, drawing, darting sensations. In alternation with *Dig.* in those forms of adynamic pulmonary phthisis with constant profuse purulent discharges ; loss of strength ; evening hectic fever, and night sweats. In short, it must never be forgotten that he who achieves the greatest success in the treatment of disease has the greatest knowledge of the materia medica, and ever before him this great truth—that consumption and its complications can only be cured or relieved by drugs that are capable of exciting derangements in the healthy organism, the totality of whose symptoms corresponds to the totality of the phenomena that characterise the natural disturbance. Hence arises the *absolute* necessity of a constant reference and study of the pathogenetic effects and clinical indications which belong to each *individual* case.

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sensation of ebullition in the chest, the latter seeming full, with a burning feeling; palpitation of the heart; agitation; uneasiness; is worse when lying down; with an anxious, pale, countenance; and when the blood comes by gushes, and in large quantities at a time. *Ipecac.* may follow *Acon.*, if the latter, which is the homœopathic lancet, has checked the hæmorrhage, but there is remaining a constant taste of blood, with a short cough, discharge of phlegm, mixed with blood, nausea and weakness.

Arnica and *Elaps* will almost always do good in this alarming incident, but they are positively required when the blood is very black and coagulated, and raised easily; accompanied by asthma; shooting pains and burning contraction in the chest; palpitation of the heart; pains in the *right* side; great heat over the body, with weakness and faintness; and when the blood is raised with slight cough, is bright red, frothy, mixed with small coagulated clots of serosity and mucus, accompanied with tickling and gurgling under the sternum or breast-bone; coughing produces dreadful shooting pains in the head, with vertigo; and all the ribs and interior parts of the chest feel as if bruised or lacerated. They may be taken with advantage every half hour, or less, in alternate doses, when the symptoms are severe and imminent.

At the same time it must be borne in mind that when not very great, blood-spitting may be regarded rather as a bad and formidable symptom, than as, in itself, a cause of mischief, since it is far from impossible that it may give some relief to oppressed organs by diminishing the hyperæmia or excessive fulness of blood which occasions it. It is never desirable or expedient, under any circumstances, to take blood from the arm, or locally by cupping or leeches, but *dry* cupping under the clavicles is sometimes admissible; and where it is obvious that one lung is much more affected than the other, that side may be selected. If the pulse be very quick, *Aconite* and *Dig.* may be again had recourse to, and should the bleeding be of such an amount as to become of itself a source of

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alarming weakness, threatening death from exhaustion, a few drops of *Spirit of Turpentine* may be given and repeated with yelk of egg, and cold applied to the surface of the chest. The latter, however, is a remedy to be used with the greatest caution, as there is too much reason to fear that by the application of ice to the chest, and the neglect of cautions to prevent the patient remaining wet with ice-cold water, congestion, pneumonia, and speedy death may be the consequences of over-much zeal in checking hæmoptysis in this manner. When ice is applied it should be carefully tied up in a bladder, and its effects upon the general temperature of the surface carefully watched. There is good and well-founded reason for believing that in many cases of this description, tending strongly to tuberculization, and softening of the lungs, the disease has been arrested by measures such as I have been recommending, and that, too, in cases where a removal from this country has not been practicable.

The treatment of the next two stages, those, namely, of tuberculization and softening, must be essentially the same, if, indeed, these stages can be often separated, but the object, in either case is, to allay irritation, and maintain the vital powers of the system, *simultaneously*, and to treat any of the accidents, or complications of the malady, which may now be expected to present themselves, as they arise. It will be of great moment to allow the lungs as great a degree of repose as is consistent with the maintenance of general health, and particularly to preclude all those circumstances which might be expected to call upon them for any sudden, or hurried augmentation of action. This is mainly to be effected by a uniformly warm temperature. At the same

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time, however, in the absence of all the accidents above adverted to, one must never loose sight of the principle of maintaining to the utmost, the healthy nutrition of the patient. The selection, where it is practicable, of such a climate as will allow of his, or her, passing some time in the open air, or even taking moderate out-door exercise, without incurring any considerable change of temperature, or, in fact, of at any time breathing an atmosphere below 66° Fahr., is a most important means to this end; nevertheless, where the disease is at all far advanced, or likely to be very rapid in its progress to dissolution, a removal to a warmer climate, as the Cape, or Madeira, must not be entertained—certainly not attempted, or encouraged, without an express intimation to the friends of the patient of the extreme doubtfulness of his living to come back, and therefore one of the genial places in this country will often be preferred. Even in England, for many months in the year, it will be quite possible to obtain fresh air without any violation of the above conditions; and when the external temperature is not below 60°. artificial doctoring of rooms should be dispensed with, and the windows freely opened to the breeze. The diet should be nutritious, but non-stimulating—mutton, or white fish, or game, being allowed once, and when there is much debility, twice in the day. The cases that are likely to be cured by the stimulating plan of treatment, by beef-steaks and porter, bear so small a proportion to the many that will be injured by it, that I do not consider it deserving of farther notice in this place. Many more patients have been preserved by the early adoption of milk and vegetable diet, with homœopathic treatment in the country; and there are, I know, numerous instances in which this regime, hygienic and

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medical, adopted in the very commencement of tuberculous disposition, proved more suitable than any other. The jelly of some of the mosses has been recommended as a nutritious article of diet in the treatment of consumption: of these the Iceland moss jelly has been generally preferred; it affords a light form of nourishment, and its bitter qualities render it occasionally useful in some morbid states of the stomach. Asses' milk and goats' whey are well-known articles of diet in such cases, but on this part of my subject it is impossible to go into datail in this small work. The clothing should still be uniform, but never oppressive, and composed of materials that are the very worst conductors of heat. As regards medicine, the *Chelidonium*, with *Sulphur*, or two or three drops of the juice of *Conium*, and if continued sickness be present, Acid. hydrocyanic, *diluted*, will still be found invaluable, especially if the cough be irksome and debilitating, from wakefulness and unrest. *Petroleum*, if indicated, may be administered night and morning, and the cod-liver oil about an hour after each meal.

Conium is advisable where there are present violent catarrhal fever; hoarseness; sensation of fulness; rattling in the chest; itching in the throat, with titillation causing a short hacking cough; cough increasing when lying down; nightly cough; short convulsive cough, with asthma; discharge of pus from caries in the sternum; stitches in the head; shortness of breath; frequent oppression; violent pain in the chest; tightness; aching in the breast-bone; cutting pressure, with pleuritic stitches; lacerating in the chest; violent palpitation after drinking; frequent shocks in the heart; pimples on the chest painful to touch.

Petrol, is indicated by hoarseness, cough from dryness in the throat, inclination to vomit when coughing, wheezing in the trachea, oppression, pressure, stitches in the sides of the chest just below the arms, feeling of coldness in the heart, contractive

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pains in the head when coughing, glandular swellings, menses delay, with herpetic eruptions on the chest.

Chel. should be given if there be continued pain in the thorax, oppression of the respiration, stitches in the chest during an inspiration and when elevating the trunk. Dull distress in the chest (worse when walking), breathing embarrassed, small frequent pulse, prostration, chilliness, apathy, aversion to exercise, acute bronchial catarrah, coated tongue, vertigo, dry skin, anon covered with perspiration; paroxysms of drowsiness coming on periodically, and changing to asthma, with violent fulness or engorgement of the *right* lung, and simultaneously of the liver, with pulsations in the chest and anguish, preceded by angina and swelling of the pharyngeal mucous membrane; sometimes no cough, or a little loose cough, then spasmodic cough with anxiety, and a feverish pulse; derangement of the air-passages becoming very strongly marked.

If *Sulphur* has not cured consumption, it has retarded its course for many years. A farmer in the country, whose brothers all died of this disease according to the allopaths by whom they were treated, has recovered. The symptoms in this case were as follows: hoarse, rough, weak voice, progressive loss of flesh, with dry scaly eruption; quick pulse, anxious countenance, profuse sweats, loose cough, coughing up greenish lumps, then purulent, often bloody, expectoration; thirst, loss of appetite, abdominal pains and frequent diarrhœa; could only lie on the affected side, and felt pain in the opposite, showing both lungs to be diseased.

Where the cough is not a troublesome symptom, it may be well, perhaps, to discontinue all medicines for a while, except the oil, though it will often be found, after a time, that patients who have been taking it without repugnance, suddenly conceive an insurmountable antipathy to it, in which case it must, of course, be withheld, and the proper homœopathic medicines resumed; after some time possibly the patient will express a willingness to recommence its use (or in all likelihood that of linseed

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infusion), and it will then be found most serviceable, probably more so than before. At all events, however, the alternation of *Petroleum*, or *Phosphorus* and *Sulphur*, with the cod-liver oil or linseed infusion, will, in general, be found a most beneficial course of medicine. Another important consideration at this period of the disease, is the obtaining sleep; indeed, sleep is one of the best of remedies in consumption, provided it can be obtained without the use of allopathic medicine, as it is the most effective and most natural means of giving rest to the afflicted respiratory organs. For sleeplessness, we have, amongst many others, *Dig.*, *Coff.*, *Bell.*, *Laurocer.*, *Lamium*, *Acon.*, *Phos.*, *Nux vom.*, *Puls.*, or *Conium*, as may be most indicated.

Dig. is effectual when are manifested frequent yawning and stretching, with chiliness; drowsiness, with weariness, yet sleepless; slumbering and temporary lethargy, or lethargy interrupted by violent fits of coughing and vomiting; the patient has difficulty in falling asleep, and when he does, it is unrefreshing, uneasy sleep; violent pain at night in the *left* shoulder and elbow-joint, followed by confused vivid dreams; frequent waking at night, or starting up from a dream as with fright.

Coff. is to be advised when there is little sleep, great wakefulness in the first part of the night; sleeplessness, owing to excessive agitation of body and mind; overwhelmed with sleep, yet cannot sleep; sleeplessness after midnight, restless the whole night; great drowsiness, with weariness; waking with starting, talks during sleep, long vivid dreams at night.

Bell. is most suitable to persons whose brain or cranium is remarkably developed, particularly to children, in whom there is great functional activity; nausea, vomiting, dryness of the throat, thirst, constipation, headache, dizziness, loquacity, red eyes, dilated pupils; sometimes delirium, with gesticulations and hallucinations; drowsiness, somnolency, stupor, with sleeplessness, frequent waking, starting from fright, anguish hindering

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sleep; screaming, or moaning, starts wake the patient when falling asleep, frightful dreams, terrifying and anxious; in the morning languid and unrefreshed.

Lauroc. is adapted to a soporous condition between sleeping and waking; sleeplessness, from sad, confused, and frightful dreams; frequent yawning, without drowsiness; irresistible drowsiness like sopor, but cannot sleep; excessive languor, with chilliness and shuddering.

Lamium answers well when there exists a chilliness over the whole body; heat of the cheeks, with cold hands; sleeplessness in the early part of the night, from vivid, anxious dreams; sadness, restlessness, and anguish.

Acon. must be administered when there is nightly delirium. The patient almost always lies on the back, with a hand under the occiput, and dreams with a sort of clairvoyance; *continued tossing, as if the patient were in great agony*—this is pathognomonic of aconite—startings in sleep, with nightmare; desires to sleep after dinner or whilst walking; frequent yawning and stretching; sometimes rapid respiration.

Con. is indicated by great drowsiness in the evening and falling asleep late after midnight, and is then sleepless afterwards, owing to a number of intimidating dreams; weeping and muttering during sleep, but somnolence in the day.

Phos. is to be prescribed when there is frequent waking in the night with chilliness, and sometimes from feeling too hot; tossing about, with moaning; feels ill in the morning from not having slept enough; spasms of the chest; great languor of the limbs; morning drowsiness, with inclination to vomit and continual eructation; feels paralysed and bruised in the morning, with frequent yawning, and stupifying slumber in the day-time.

Nux vom. may be given effectually when there is irresistible drowsiness after meals; excessive drowsiness in the day-time, as if the head felt stupified; light sleep at night, with frequent waking; violent starting on going to sleep; frightful visions; after sleeping is uneasy, with anxious moaning, followed by diarrhœa, languor, drowsiness, chilliness, dulness of the head, and, after rising in the morning, some refreshing sleep.

Puls. is most useful when sleep is prevented by ideas rushing

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and crowding upon the mind; frequent waking from light sleep; liability to start; restless tossing about, with intolerable dry burning heat, jerking of the limbs; yawning and drowsiness in the day-time; feverish with anxious fancies day and night; crying out of sleep; full of dreams, with nightmare and distortion of the mouth.

One of the greatest errors committed in the treatment of consumption, is, in my humble judgment, a too early, too frequent, and much too habitual use of opium in large doses. I have often obtained the full effects of an opiate from four or five drops of the tincture of *Coffea*, without, of course, any subsequent inconvenience; indeed, it is always desirable to avoid narcotics of every ordinary kind, because, as the disease advances, it is absolutely necessary to be ever increasing the quantity and varying the preparation; whereas, after all, homœopathy becomes, even in the last stages, the chief solace of the patient amidst his multiplied sufferings. The tincture of *Acon.*, or *Bell.*, in alternation with *Coff.*, *Puls*, or *Conium*, will often be effectual medicines, or either of the others, (in short, any in the materia medica) that may, perchance, happen at the time to be most indicated. If all fail, Morphia may be employed; but when *all* fail, there must be "*something rotten in the state of Denmark*;" for I may, in solemn, sober, and sincerely truthful earnestness, reassure the reader of this fact—that homœopathy has generally succeeded even when allopathy has signally failed. If Morphia be given, the solution of the *hydrochlorate* is the least injurious, and the dose for an adult may be three drops to *ten*; for a child it is dangerous and unsafe—out of the question. In truth, it is a sorry species of medical art that forces a factitious stupefaction over the eyelids of a poor sufferer, and in-

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duces sickness, retching, and nervous misery, at the approach of returning day, as the necessary fruits of artificially blunting the sensibility of the nerves by a narcotico-acrid poison; *the patient may depend upon it that the best sedative and promoter of natural rest is that medicine which is homœopathic to the existing cause of his discomfort*, whether it be *Bryonia* for a cough; *Elaps* for an hæmoptysis (a poppy fomentation, or warm poultice, or friction with camphorated oil, for local pains of the chest or abdomen); *Bell.*, or *Stramonium*, or the inhalation of æther, for a dyspnœa (lime water or liquor potassæ for sour vomitings, or restless boils; vinegar and water sponging for hectic); nitric acid lemonade for perspirations; or *Arsenicum* and *Merc. corr.* for a diarrhœa. It ought, perhaps, to have been first stated that the best of all soporifics is *fresh air*, and that when a patient can be much out of doors there will not indeed be much occasion for any other.

The treatment of the last stage, or that of actual excavation, can, as a rule, be but palliative, but even here it must always be remembered that cases not unfrequently *do* occur—when homœopathy officiates as the handmaid to nature—in which there has been a cavity, and that too of considerable size, but where the rest of the lung having been comparatively free from disease, the cavity has emptied itself as I have shown, and ultimately, by the contraction of the lining membrane, been well-nigh obliterated; or in which the symptoms, both topical and general, have so very closely resembled this state of things, that it has been next to impossible to distinguish them; so that we are still called upon to omit no precaution to avoid irritation of the lungs, or any means to maintain the nutrition of the system, for which purpose

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the same homœopathic measures must be pursued as heretofore, and as an adjuvant to the medicine most indicated, the cod-liver oil will usually be found serviceable. A nutritious but non-stimulating system of diet must yet be pursued, though where there is protracted exhaustion the moderate use of sound unsophisticated wine or malt liquor (if such things ARE *ex nubibus*) may be allowed When there is any increase of cough or expectoration, the *Chelid.*, *Conium*, *Ipec.*, or *Tartarus emeticus*, according to circumstances, may be again had recourse to, the last of which medicines in the first trituration will ordinarily, at this crisis, accomplish much good. When the cough is kept up (and it frequently is) by an accumulation of mucus in the bronchi and low inflammatory action, possibly, in the parenchyma of the lungs, and the patient has much nausea and accumulation of mucus with *rattling*, a dose or two of *Tart. emet.* will often afford great and almost immediate relief, and save the patient hours of harassing cough and a restless night. It is in this stage that the night sweats are most troublesome, and against them there is no remedy superior to *Zinc.*, *China*, or *Acid. nitric.* consecutively, or *Hyos.* in alternation; the last is to be preferred if there be grasping at flocks, moaning, sleeplessness, with anxiety, or starting from sleep.

Acid, Nitric, is indicated when there is a sense of great debility and weariness in the lower limbs the whole preceding afternoon, as after a long journey on foot, with sick feeling, dread of movement, drowsiness, chilliness, and very sickly appearance, a peculiar debility with *rigidity in the calves*, feels weary, feeble, even hungry, yet could not eat; debilitated even to tremulousness, with fear and apprehension; sensations as if the body, sometimes the whole frame, but especially the face and head, expanded, as

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if the bones of the skull separated with each augmentation of temperature.

China is to be preferred when the characteristic pains are darting, lacerating, or lacerating with pressure, excessive sensitiveness of the skin with yellow colour, like jaundice, shaking of the body, like an ague-fit, followed by heat and sweat, desire for cold drinks, yet *absence of thirst*, with sometimes partial perspirations only on the back and forehead; at other times exhausting night sweats, whenever the patient covers himself in the least, more than usual, and the limbs go to sleep when lying on them, with a coldness of the whole body; also in weakness caused by loss of animal fluids, the easily excited sweat, especially on the back during motion or sleep, and in artificial sweat; in persons who have lost their strength by hæmorrhage, bleeding, allopathic medication, and other bad habits.

Zincum is desirable when there is a tendency to perspiration, even in the day-time, comparative insensibility of the skin, frequent feverish shuddering over the back, pulse much quicker in the evening, several attacks of feverishness each day, with extreme *malaise*, even to fainting; violent throbbing through the neck, temples, and whole body; short hot breath, with metallic taste in the dry mouth; sour-smelling sweat, very profuse, with jactitation; muscular twitchings with alternate dry and fluent coryza.

The complications or accidents of consumption must, as I have said, be treated upon homœopathic principles. The frequent, partial, or erratic pleurises which so commonly occur may be successfully combated by *Bry.* *Elaps*, or a few drops of *Conium*, as before stated, and the application, if persistent, of a warm poultice of linseed meal, with a modicum of mustard: the intercurrent pneumonias, we must remember, are of a disorganizing character, and must be promptly met by *Acon.*, *Phos.*, and *Tart.* as previously explained, and all lowering measures, such as leeches and blisters, must be alike (if I may be allowed the expression) *religiously* eschewed.

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Arsenicum, where there is much thirst, restlessness, heat of skin, or hectic flushing, and the bowels are irritable, may be administered in small doses, and a little *Acon.* for the fever, or *Hepar* for shortness of breath, given at night, or alternately, night and morning. However decidedly active may be the inflammation, no leeches must, under any pretext, be applied or any quantity (large or small) of blood be removed by cupping.

Hæmoptysis, when it occurs, must be treated in the manner I have already recommended.

Sickness or vomiting is often, though not always, a distressing incident in consumption ; it is generally, however, the effect of some abdominal complication, such as tuberculous disease of the glands about Glisson's capsule or mesentery ; it may be frequently counteracted with good effect by *Ipecac.*, *Antimon.*, *Crud.*, *Tartarus*, *Elaps*, *Arsenicum*, *Nux* or *Cocc.** to which may be added, if neces-

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* In this complaint the probable causes ought to be taken into due consideration, and the remedies selected accordingly. Not unfrequently the feeling of sickness disappears of itself after vomiting, therefore it may be sometimes proper, in cases of indigestion, to promote it moderately by giving tepid water, or coffee without milk. When the tongue is much coated, white or yellow, *Ant. C.* is best to be given ; or, when the tongue is clean, *Ipec.* Sometimes vomiting, or sickness and nausea are caused by improper aliment, by overloading the stomach, or by taking cold ; then, *Nux V.* will be serviceable. When connected with headache and giddiness, caused by riding in a railway train, or a carriage, or on a steamboat, *Cocc.* will be appropriate. Vomiting from weakness of the stomach occurring after every meal, is often cured by *Ars.* and *Tart. Stib.*, given alternately, with an occasional dose of *Nux.* *Elaps* will be beneficial when the stomach is so weak that only very little food can be taken at a time, and the least sense of repletion causes vomiting with spasms, cutting pains in the bowels, or giddiness with diarrhœa, weakness of the limbs even to fainting.

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sary, effervescing draughts of soda-water, seltzer-water, given in small quantities at a time; or where there is much irritability of the mucous membrane, as manifested by redness of the tongue, by restricting the patient for a time, at least, to the use of milk and lime-water in the proportion of a dessert-spoonful or so of the latter, to a tumbler of the former, and giving also at bed-time if unrelieved a small dose of *Bell.* applying at the same time a plaster of *Bell.* to the pit of the stomach or epigastrium.

Diarrhœa is another very troublesome symptom, and in particular towards the termination of phthisis, it occurs, however, not uncommonly, as we have seen, in the more early stages, when it is, in all probability, excited by allopathic medicines, or other irritating matters in the alimentary canal; under which circumstances, *Rheum, Chamomilla, Acid. sulphur., Arsenicum,* will be appropriate and useful selections.

Rheum is indicated by sour, thin, slimy, fermented diarrhœa, that namely, so common with children when they cry from pain and anguish in the bowels, are very uneasy, and draw up their legs.

Chamom. is appropriate also as well as for grown-up persons particularly, when the evacuations are green, watery, hot and offensive, with bitter taste in the mouth, bitter eructations, bilious vomiting, fulness of the pit of the stomach, griping and head-ache.

Acid. sulph. is to be given for diarrhœa, which is so acrid as to occasion soreness in the bowels, and the parts around the anus, or to produce cutaneous eruptions like millet-seeds, frequently accompanied by great emaciation, or in young persons by a hard, distented abdomen, when every fresh indiscretion, or exposure to its exciting causes, renews the relaxation of the bowels. It is also serviceable after the failure of other remedies.

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In the last stages of consumption, when there is actual ulceration of the bowels, *Gamboge*, *Argent. Nit.*, *Merc.*, *Cor.*, *Bryonia*, *Cuprum*, *Veratrum*, *Arsenicum*, *Phosphorus*, and *Phosphoric Acid*, or *Zinc*, will very generally afford great relief.

Cuprum is most valuable in diarrhœa with violent cramps in the extremities, especially in the calves of the legs, fingers, and toes; it is useful also when the evacuations are very frequent and whitish, with violent griping pains in the abdomen, with metallic taste in the mouth, and bluish appearance of the skin.

Veratrum may be given, should the disease be not improved, notwithstanding the administration of the preceding remedy, and assume the following characteristics: Violent vomiting with severe diarrhœa, excessive weakness and continued cramps in the calves of the legs, eyes hollow or sunken, countenance pale and expressive of acute suffering, coldness of the extremities, cold clammy perspirations, violent umbilical pain in the region of the navel, tenderness of the abdomen, which the patient cannot suffer to be touched; pains and cramps in the fingers, and *shrivelled appearance of the skin on the palms of the hands.*

Phosphoric acid may be considered well-nigh all-sufficient in the diarrhœa which precedes consumption, or tuberculous deposits, particularly if the evacuations are frequent, loose, and slimy, or of a whitish-grey colour, or if they consist of undigested substances. In the congestion of the lungs which frequently follows protracted diarrhœa, this remedy is also extremely beneficial.

Phosphorus may be well recommended, and will generally be found most efficacious against that relaxation which results from physical weakness and mental irritability which often occurs in consumption. Where, however, the stools are opalescent or papescent, with remarkable brightness of the eyes—the whites are pearly; the tongue red towards the edges, even if furred towards the centre; the bowels are irregular, and apt to be disordered by the slightest causes, then

Zincum is required. Then commences that irritation of the lower part of the small and large intestines, which terminates in ulceration. The pulse is frequent now, if it was not so before;

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the cough, which may have been but slight before, becomes troublesome, especially in the morning; in females, there is a sudden cessation of the uterine functions, and expectoration streaked with blood, and with this, when consumption is confirmed, there is bronchitis of one or both *apices*, or upper parts of the lungs. There is also puriform mucus, in which tubercular matter may actually be seen; there is hectic too, and ulcerative hoarseness of the *glottis*, or aperture through which the air passes, caused by reflex irritation of that part, arising through the pneumogastric nerve, from positive *lung-disorganization*—symptoms characteristic of *Zincum*.

Ars. is desirable when the alvine evacuations have a putrid smell; when they pass almost involuntarily; when the urine becomes offensive; the patient loses his strength, and becomes desponding—quite indifferent in fact; his faculties are benumbed, and there is also a bad smell from the mouth; when here and there red or blue spots appear, and the patient tosses about in great agony, is unable to find rest in bed or up, and believes he is dying; when, at the same time, the breath is very cold, and he complains still of inward burning.

Gamboge should be given for extreme pain in the bowels, as if the intestines were all jammed between stones; the patient writhing with anguish; the discharges slimy and mixed with blood; the abdomen much distented like a drum (meteorismus); a pressure as if the belly were too full; shuddering commences in the abdomen, and extends over the whole body, and the tongue is coated with a yellowish mucus. The symptoms which bespeak nitrate of silver, or *Arg. nit.*, are frequent evacuations of a greenish, very fetid mucus, with great emission of noisy flatulence; bloody mucus also in the stools, occasioning alarming debility, which grows excessive with feeble, irregular pulse; general coldness and clamminess of the body, particularly of the extremities, repeated vomiting; the matters discharged being highly acid, and containing shreds of coagulated dark mucus, occasionally portions of the villous or downy tissue which lines the œsophagus and stomach; a sense of burning heat in the throat, and inflammatory pain in the mucous membrane of the

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bowels augmented by pressure, scanty urine, and most distressing tenesmus, or bearing down.

Merc. corr. is one of the chief medicines in obstinate diarrhœa or dysentery, when attended by much straining and colicky pains; where, in the beginning, a large quantity of bile is discharged, and afterwards blood and mucus. If there is improvement after the first dose, which does not continue, repeat the medicine; if it gives no relief, refer to the other remedies, particularly to *arsenicum*.

Bry. often answers well in diarrhœa arising from drinking cold water, or from taking cold, or from eating more than can be digested; likewise when purging sets in immediately after meals, or when it is produced by mental irritation, if *Cham.* fails.

But when the diarrhœa continues obstinate, under these circumstances, *stimulants and allopathic astringents only aggravate and increase it;* while a mild diet, consisting chiefly of farinaceous food, such as the best rice, arrow-root, and sago, soups, milk, and light animal food, diminish it, and even prolong the patient's life. The diarrhœa depends upon diseased bowels, and internal ulcerations forbid the absurd and injurious practice of loading them with huge quantities of chalk mixture, kino, logwood, catechu, and stimulating aromatics, and emphatically bespeak a mild regimen, and soothing homœopathic medicines. *Ipecac.* in the form of two grains of the *fresh powdered root* combined with half a pint of gum-water, and administered in doses of a dessert-spoonful after every loose evacuation, forms a very useful medicine, both in diarrhœa and other symptoms of consumption to which it is homœopathic, such as blood-spitting, vomiting, difficult breathing, bronchitis, catarrh, coughs and colds, and the like. I may observe, in conclusion of this subject, that a *lavement* of starch and opium frequently suspends the diarrhœa in intractable cases for a considerable time,

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and occasionally produces sleep more effectually than any other remedy. Pain and tenderness in the abdomen, with lancinations as of knives, arise from tuberculous peritonitis, or, as it is more commonly called, *abdominal phthisis*, it may occur at any period, though it is sometimes itself the elder of the two diseases, and sets in as follows:

The appetite of the young person becomes capricious; there will often be an unwillingness to take food, alternating with an almo st insatiable craving, erroneously attributed to *worms*, the complexion becomes doughy, though the cheeks may possibly retain their color for some time. He or she, as the case may be, then begins to lose flesh and *emaciate*—the abdomen becomes swollen like a tub—there will be flushings of heat towards night, generally speaking, when there will be a bright, well-defined flush upon one cheek. The bowels are mostly irregular, the motions sometimes dry and friable, at others very relaxed, and almost always pale. The urine is loaded with lithates, or pink deposits, and a stain of purpurine at the bottom of the chamber; previously to this, however, I may say that there will have been some headaches, bad colds and swelled glands—marks of the tuberculous diathesis. On inspecting the tongue, it will be found covered with a creamy coating, through which the elongated red papulæ will conspicuously protrude themselves; the breath will be observed sour and offensive; if these incipient signs of consumption be not arrested by the proper homœopathic treatment, the emaciation will increase, the abdomen enlarge, and effusion take place into the peritoneal cavity; frequent attacks of diarrhœa, pus, or blood, or both, being present in the evacuations; hectic increases, and the young person is no

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more, having sunk from exhaustion—such is abdominal phthisis.

The *treatment*, to be effective, must be prompt and skilful, and the diet singularly appropriate; milk, beef-tea, the gravy of roast meat, or meat itself carefully cooked, with light farinaceous articles. The counter-acting medicinal agents will be found in *Zinc.*, *Phosphorus*, *Kali. Hydriod.*, *Acid. Nitric.*, and *Sulphur.*

Sulphur is indicated when the bowels are irregular, generally costive, but occasionally relaxed and irritable. The child has a nasty, dry, hacking, troublesome, spasmodic sort of cough; remains feverish and drowsy towards evening, but generally seems very well in the morning; the appetite is variable; the pulse ranges from 100 to 140, and the tongue is loaded. There is great languor and depression of the vital powers, and extreme irritation of the bronchial membrane. Sometimes this stage of *incubation* presents all the outward and visible marks of phthisis, wearying, fatiguing cough, profuse purulent expectoration (which in childhood is swallowed,) wasting and night-sweats; but yet it is curable by dynamised *Sulph.* There will probably be considerable solidification of the upper lobes of one or both lungs, but no pectoriloquy possibly, or signs indicating a cavity or *vomica.*

Next to *Sulphur* we have *Acid. nitric*, which is characterised by symptoms of a disturbed mucous membrane, and deranged digestion, such as canine hunger and voraciousness alternating with entire loss of appetite, sour alliaceous or garlic-like smell from the mouth, flatulence, worms, colic, cramps and spasms, alternate costiveness and diarrhœa, with slimy, greenish, *stir-about* stools, slimy, turbid, and milky urine. The skin is almost always full of sore places; it feels cold and harsh; albeit, there is in some instances a very peculiar *satan-like* condition of the skin, which betokens a serious abdominal complication, viz.: fatty degeneration of the liver; the pulse is sluggish, anon very *hasty.* Nose-bleed is very frequent; the teeth and bones cease growing, but scarcely ever cease aching; the muscles are flabby, weak and

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imperfectly developed; dry coryza alternating with acrid discharges from the nose; frequent coughing, and loose rattling of mucus or mucopurulent matter on the chest, point clearly to serious derangement, if not disorganization of the lungs, the bronchial glands, and respiratory mucous membrane. The above-mentioned symptoms are frequently accompanied with *glandular* affections; the distented and hard tub-like belly points unmistakably to a swelling and tuberculous condition of the mesenteric glands, during which, enlargement of the neck or cervical glands, generally supervenes. As soon as the glands of the *abdomen* begin to be seriously affected, we may use *Bell.* and *Con.* advantageously, in alternate doses, night and morning, or daily. Cutaneous eruptions, ulcers, and scrofulous tumours, commonly yield to these remedies, after *Acid. nitric.*

Phosphorus is an important remedy in these cases of abdominal phthisis, when the cough gets worse at night, continues without intermission, is accompanied with a constant desire to be coughing, and causes a complete exhaustion of strength and nervous power. The cough wholly deprives the patient of sleep, as soon as he settles down to sleep the paroxysms at once begin; the appetite is gone, and the weak chest is painful and sore. *Phos.* is also particularly indicated in cases of *hoarseness*, caused by the incessant cough, or existing independently. If the abdominal affection should be accompanied with low fever and great prostration, such as stupor, glazed tongue, dark-brown circumscribed redness, and congestion of the cheeks (which are prominent); nervous debility of mind and body, progressive emaciation, dry and burning-hot skin, small and quick pulse, *Phos.* is the best remedy, and if given early, one grain (or as much as would lie on the end of a small pen-knife,) of the third trituration, every two hours, will effect such a marked amelioration in the majority of cases, that it may be continued at intervals of four or six hours, until the patient is *well.*

Kali. Hyd. is beneficial, indeed, often of great service in these cases when there exists a considerable degree of irritation in the bronchial tubes, especially the larger channels, with hollow dry cough, day and night, but worse towards evening; or cough with scanty, viscid, ropy, expectoration, heat in the chest, burn-

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ing, tickling irritation in the larynx, quick, anxious, laborious respiration, with raucedo, or hoarseness, slight occasional abdominal pains, often scarcely noticeable, but at the same time, most insidious, dangerous, and fatal in their ultimate result. They are augmented by pressure; fulness and tension of the belly, particularly a *deep-seated tightness* as if the integument and muscles glided over the too tightly stretched and thickened peritoneum or serous membrane, which lines the interior of the abdomen; coughing and deep breathing are painful, and there is feverishness with emaciation.

Zinc. is indicated by coryza, coughing followed by nausea, tendency to perspire night and day; the bowels feel, and *literally are*, glued together, flushings of heat, motions dry, hard, and friable, intense nervous anguish, and mental depression, uneasiness about the stomach, abdominal pains, particularly increased after meals, sense of constriction in the lower part of the neck, dyspepsia, eructation with metallic taste, vomiting of food, or purging of mucus, streaked with blood, or pus; skin dry, pulse accelerated, tongue loaded with yellowish or whitish fur, red at tip and edges, and dotted with red patches, collapsed face, *pewter-like*, distended abdomen, hypochondriacal spirits, in short, the *hatching* of a decline and fall.

Not unfrequently, however, in this case also, one drop of the juice of *Conium*, or of the lower attenuations of *Bell.*, together with the application of a plaster of the latter or a few doses of *Arnica*, possibly, and the employment of an *arnicated* poultice (made by immersing a linen rag in arnica-lotion, and covering it with oiled silk to prevent evaporation), or a poppy fomentation and the common linseed-meal, will, in general, realise our wishes and expectations eminently well. The juice of *Conium*, which I employ, is prepared in the following manner: Take of fresh hemlock leaves any quantity—express the juice in a tincture press, set it aside for forty-eight hours, pour off the clear supernatant liquor from the fecula and

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chlorophylle, which it has deposited; and lastly, add to it a fifth part by measure of rectified spirit. This preparation I can strongly recommend (having employed it for twenty years) in all instances in which it is homœopathic; it will, moreover, keep admirably well for a couple of years, and is really a most useful medicine in *consumption*—its uniform strength (in a material sense), as well as the facility with which we can increase or diminish the dose, according to the susceptibility, or otherwise, of the individual patient, give it, according to my observation and experience, a decided advantage over many other preparations, or the extract, or powder, of the fruit, or leaves. The best time for gathering the leaves is when the plant is in full flower, and previous to submitting them to expression, the stalks should be carefully picked out and rejected, the *leafy* part alone being used. It must not, however, be supposed that because I speak favorably of the *juice* of Conium (as I would, indeed, of the Spirit of Camphor), that I do not approve of the higher attenuations; on the contrary, in the matter of *dose* I am thoroughly *eclectic*, and my prescriptions range almost daily from the *matrix* or mother tincture, as it is called, to a pilule or *globule*, of the third or sixth dilution; and I may truly affirm, that I have as much well-grounded confidence in the sterling efficacy of either of the latter as of the former, and *vice versâ*, when appropriately indicated by existing circumstances. What, we have now inquired, can homœopathy accomplish against pulmonary phthisis, or rather what *has* she already accomplished? According to unbiassed and faithful observations, she has accomplished a vast amount of unmixed good, and does not shrink from close comparison with her unfriendly sister, because in numerous instances, where the latter

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was worse than powerless, and acknowledged to be so by her own disciples, the former restored the patients to health—nay, *perfect* health. Homœopathy, therefore, has just (and according to the new "Medical Act,") legitimate, lawful claims to that due respect and consideration which is now conceded to it—as to a "*great fact.*"

I will next enumerate the various medicines which *have* performed cures, or, if preferred, expedited natural recoveries, in cases of consumption, and in how many each was successful when homœopathically indicated in individual cases, placed on the records of our literature.

	Times.		Times.
Arsenicum.	22	Nux vom	12
Bell	23	Nitric acid	31
Bry.	35	Petrol	49
Calc.	48	Puls	25
Con	67	Plumb	17
Carb. v	22	Phos	66
Chin	26	Phos. ac	32
Dig	87	Plat	27
Dulc	21	Sepia	17
Dros	21	Silicia	11
Ferrum	25	Stram.	36
Hyos.	37	Samb	12
Kali carb	46	Sulph.	53
Lycop	32	Stannum	26
Laurocer	11	Staphys	12
Ledum p	13	Zinc.	76
Merc	21		

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It is now well known to the profession that an increase of weight is a pretty constant sign of improvement in consumptive cases, treated with *Oil*. It occurred in 70 per cent. of the patients at the Brompton Hospital for Diseases of the Chest, while in 21 per cent. there was loss of weight, and 9 remained stationary out of the 100. *Oil adds to nutrition*. Here then we have facts proving the utility of oils as nutritive agents, but do they exert any farther influence? There can be little doubt that they *do*, and it is by no means improbable that by adding an oily ingredient to the low organization of tubercle, the vitality of the latter is possibly augmented. I may remark, moreover, that painstaking experiments have been made upon *healthy* animals which proved the fattening properties of cod-liver oil, to the extent of thousands of instances. These experiments are of considerable importance but, as I take it, even cod-liver oil is beneficial in consumption, because it is *an* oil, indeed, in process of time. I make no doubt, that the whole matter will resolve itself into a question of *cookery*, rather than pharmacy, and that it will be quite sufficient to enjoin upon one's patients, in these circumstances, the wholesome necessity of taking an unusual supply of good fat Gloucestershire bacon and butter; certain it is, that I already know of numerous cases, which warrant this expectation and belief. But a still more important effect of oily matters, even homœopathic cocoa, on the human blood, has been observed, for under their protracted use, the *fibrin*, that is, the tuberculous element of consumption in the blood, diminishes, and the healthful red globules increase, as may be seen by the following table:

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RED GLOBULES IN HUMAN BLOOD.

Increased by	*Diminished by*
Plethora,	CONSUMPTION,
Iron,	Bloodletting,
Cod Liver oil,	Anæmia,
Cocoa,	Scrofula,
Train oil,	Diabetes,
Neatsfoot,	Cachexia,
Linseed, Almond, or Olive oil.	Abstinence.

Amongst other homœopathic remedies, iron exerts a very powerful influence on the blood, augmenting the number of red globules from forty to ninety, as in Andral's experiments. But it exerts no influence on the tuberculous element of consumption in the blood, *the fibrine*, and is therefore less valuable than *oily* ingredients. Other medicines of constitutional action find their place in the great variety of cases we are called on to treat, and amongst these may be mentioned alkalies, to the extent of small doses of *Lime water*, and *Liquor potassæ*, or solution of potash. Opium and other sedatives have also a systemic action; and it is well, perhaps, to remember, that in allaying severe coughs, its mode of operation is entirely two-fold; firstly exerting an influence on the nervous irritability of the bronchial membrane, and secondarily diminishing the requirements of the blood for respiration. It may be very fairly questioned, again, whether *galic acid* and *oxide of zinc*, which rapidly diminish sweating in some persons, do not act much rather through the nervous

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system than as mere allopathic astringents on the contractile tissues of the vessels of the skin. Let us take a parting glance at the remedies which act allopathically, such as venesection, general and local, inhalations of various character, sedative or stimulant, cupping and leeches, and counter-irritation. By inhalations we may, it is true, allay irritability of the bronchial membrane, and when this exists, their use is undoubted and important; it is a species of Hahnemannian olfaction; or a local congestive irritation may be *temporarily* mitigated by topical applications to the chest, but here is their limit, and beyond this, all experience shows that they can do nothing, absolutely nothing, towards altering the morbid condition of the nervous system which has produced and maintained the turberculous condition of the lung. The day has gone by for a belief in the curative powers of allopathic means, but as the error is still held in the vulgar mind, it is our bounden imperative duty, by taking a bold stand on homœopathic knowledge, to dispel such stupid illusions as that an ulcer in the lung can be dried up by allopathic medication like an indolent wound on the leg; and so of *climate*, that much disputed question, and long overrated agent in the cure of consumption. What do we propose by removing a patient with tubercles in the lung to a foreign country? Doctors select a sedative air, such as Rome or Pisa, and affect to believe that the deposit in the lung is to be removed, the open cavity, or softening tubercle healed up by the effects of a more genial atmosphere. What of the cases of rapid tubercle, quickly developed, progressively sinking, with hectic fever, and wasting of the tissues? Why the climate they select as remedial, itself produces these, as from a hot-bed; and it were far

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better to let English folks die on English soil, than *medically* to separate them from home and friends, that they may perish wretchedly as sick exiles, with long defeated hopes, and the final awakening to the absurdity of an ignorant and irreparable mistake. It is true, slight cases improve, those, viz., in the incipient stages, but why? It is needless to dwell on the truism that change of air, of scene, of diet, and *a complete alteration in habits* have an astounding affect in strengthening the nervous cords, and in increasing the vital functions of the nerve globules. To some, the bracing air of the mountain, of Alps or Pyrenees, even the icy clime of Sweden or Norway, will be the best remedy for a depressed nervous power; to others, the calm skies and clear sedative air of Rome will give greater vigor. With enlarged comprehensive, philosophical, *homœopathic* views of the disease we have to treat, and ever before us a constant deep sense of a truthful law of healing by drugs,—a yet wider range of remedies will infallibly present themselves at our disposal, and the more profound our knowledge of men and of nature, the more precise and satisfactory will be our future practice and its results. Finally, the medical observer whose solemn duty it is to suggest means of cure, or prevention for some, of amelioration for others, of the many physical evils involved in our being,—through whose intellect and whose toil his suffering fellow-creatures should obtain the truest and best principles of medical science, should disarm prejudice, bear down all senseless opposition by the arrant honesty of his purpose, and the manifest benefits of his work, and with a readiness and a zeal, in harmony with the growing intelligence of modern times, let our opponents gladly avail themselves of all the successful experience they can

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gather from every quarter; and suffer not the alleged incurability of consumption to pass unimpugned. Hitherto has this error (perniciously promulgated by influence and authority) been left well-nigh undisturbed, paralysing the best energies and exertions to cure by classing the disease in the category of utter hopelessness and despair. Cheerfully resorting to every practice which science and observation commend as sound and salutary, let them not forget that from age to age the great spirits of the world, the ardent and deathless followers of truth, whether in science or in ethics, have uniformly been the calumniated few, but press onward to the achievement of other and yet more ennobling triumphs—well knowing that there *shall* be but one true art of healing, as there is but one Hope, one Faith, one Life, and one great Physician. Let us be grateful for that knowledge which Providence has already vouchsafed to shed over our path, the great principle, which, like a stone thrown into a lake, is spreading its ripples throughout the earth; and ever *earnest* in our endeavour for what light or help, patient, industrious, honest observation of nature may hereafter bring; till pure and unmixed TRUTH itself, clothed in her own spotless and unsullied chastity, shall have descended amongst us in all the glory of its divine lineage, and won the homage of our hearts, as its irresistible and heaven-born birthright.

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APPENDIX.

HOUSEHOLD AUXILIARIES;

OR,

USEFUL DOMESTIC REMEDIES IN CONSUMPTION.

Infusion of Linseed. Dose—a wine-glassful.

Take of linseed an ounce; liquorice root, sliced, half an ounce; boiling water two pints; macerate for four hours near the fire in a covered vessel, and *strain*. Linseed is emollient and demulcent. The mucus obtained by this infusion is a cheap and very useful demulcent in coughs, catarrh, consumption, pneumonia, diarrhœa, dysentary, inflammation of the abdominal viscera, leucorrhœa, difficult micturition, and the like. When the seeds are boiled in water, the mucus is obtained in union with a portion of the oil, forming a useful domestic remedy when given in the form of lavement in abrasions of the intestines and tenesmus, particularly in the advanced stage of low hectic fever, when the offending matter in the bowels stimulates to frequent and involuntary stools—but the portion thrown up must be small in quantity. The seeds ground into powder or meal, and

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simply mixed with boiling water, from a most excellent poultice, valuable on account of the facility with which it is made, and the length of time it retains its warmth and moisture.

Powder for Cataplasms.

Take of linseed-oil cake one part, oatmeal two parts. Mix; take for a cataplasm of this powder any quantity; boiling water any quantity also, so as to make a good hot poultice; the surface of which should be covered with olive oil, or any of the homœopathic *lotions* that may be indicated.

Cataplasm of Mustard.

Take of mustard-seed and linseed, of each in powder, a quarter of a pound; hot vinegar a sufficient quantity to mix and form to the thickness of a moderate poultice. This cataplasm is both powerful and serviceable *when required* either in violent and sudden attacks of laryngitis or inflammation of the windpipe, with severe constriction and loss of voice, or *pleurisy;* or applied to the soles of the feet in cases of insensibility and unconsciousness, arising from acute disease of the brain; or laid on the chest or sides in sudden determination to the chest.

Mucilaginous Powder.

Take of gum arabic, tragacanth, and starch, of each powdered, half an ounce; refined sugar, one ounce. Rub the starch and the sugar together to a nice powder, then add the tragacanth and the acacia gum, and mix the whole together. This powder may be extemporaneously used, and will be found a useful mucilage for a demulcent in coughs, colds, catarrh of the windpipe, and in hectic

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fever; it allays the tickling sensation in the throat which eventuates in a cough, and may be used with half a grain of *Ipecac.* in dysentery, blood-spitting, or hæmorrhage from the bowels; or in other cases where indicated, the gums being employed chiefly for their sheathing and viscid properties.

Inhalation.

In the treatment of consumption, medicines are sometimes applied to the mucous membrane of the lungs, larynx, trachea, and bronchi, in several ways.—1. Diffused in the air of the chamber, and thus inhaled in ordinary respiration. The vapour of water (steam), the fumes of tar, resin, myrrh, and the like, are thus applied. —2. Mixed with water in a close glass vessel, having two tubes inserted into it, the one admitting the air, and passing it through the mixture, the other inserted into the patients' mouth, through which the air of the vessel is drawn into the lungs. Chlorine gas, tincture of iodine, arsenicum, belladonna, conium, stramonium, &c., are thus inhaled.—3. By means of the apparatus, called "Mudge's Inhaler," or a greatly improved modification of this by Dr. Harwood, having a mouth-piece which renders the process of inhalation much easier. Warm, watery vapours, in which various medicaments may be diffused or developed, are thus applied to the air-passages in consumption.—4. Anæsthetics or soporifics, of which there is now an immense variety—as sulphuric æther, and especially chloroform, inhaled by means of special apparatus, or simply by moistening a handkerchief and placing it before the mouth, are, of course, one and all beyond the pale of household auxiliaries, or useful *domestic* remedies.

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Mucilage of Starch.

Take of starch half an ounce; water a pint; rub the starch, gradually adding the water to it; then boil till a mucilage is produced. Starch thus treated forms a strong, insipid, inodorous, opaline-coloured, gelatinous mucilage. In consumption, hectic fever, and abrasions of the mouth and mucous membrane, it is given as a demulcent beverage, but it is more generally and more advantageously exhibited in the form of lavement in diarrhœa when obstinate, dysentery and abrasions of the rectum. It is the common vehicle for exhibiting *half* a tea-spoonful of opium-wine, or laudanum, in the form of an injection, enema, or lavement, in instances of ulceration of the bowels, with agonizing pain and sleeplessness.

Emulsion of Almonds.

Take of sweet almonds, *blanched*, an ounce, refined sugar, half an ounce; water, two pints; rub the almonds with the sugar, adding the water gradually, then strain.

Mucilage of Acacia.

Take of gum arabic, in powder, four ounces; boiling water, half a pint; rub the gum with the water, gradually added, until it forms a mucilage, then *strain* the mucilage through linen. The straining is absolutely necessary, as the gum is mixed with small pieces of wood and other impurities. The mucilage thus obtained is viscid, thick, and adhesive, semi-pellucid, and very nearly colourless if the gum be good: it is insipid, and may be kept without changing for a considerable time. The properties of these mucilages are merely those of gum; demulcent,

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simply. They are useful cough drinks, and allay the tickling which excites cough in catarrh and consumption, and are also useful in diarrhœa and dysentery; they are, of course, merely palliatives, having no healing power to cure; the proper homœopathic medicine must accomplish *that* desirable end. The dose of mucilage may be a small spoonful, or more, frequently repeated, as it is quite nutritious.

Nitric lemonade.

Take of Acidum nitricum, twelve drops; pure water, one pint; refined sugar and honey, according to taste.

I have prescribed this remedy with singular success as a common domestic beverage in sickness from chest diseases, consumption, hooping-cough, asthma chronic, bronchitis, cutaneous affections, and hæmorrhage from the bowels. According to Hahnemann, it has been used by him with great efficacy in "fetid smell, fetid urine, constant coldness, cold feet, and night sweats. I can fully confirm this statement of its value also—in fact it is *homœopathic* and *that* is sufficient. The dose may vary according to age, from a tea-spoonful to a wine-glass two or three times a day.

Cold lotion.

Take *hydrochlorate of ammonia*, one drachm (in common vernacular Sal ammoniac); water, half a pint; spirits of wine, two table-spoonfuls. Mix.

This cooling application may be advantageously employed in headache, to abate the pain and heat of inflammation of the brain or its membranes, arising from tuberculous deposit or other causes.

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Honey of borax.

Take of Biborate of soda, powdered, a drachm; clarified best honey, an ounce. Mix them.

This is a useful, cooling, detergent application in the sore mouth and tongue of phthisis—aphthous affections, as they are called. Dissolved in water, it forms an excellent wash for allaying the pain attending allopathic salivations, or rapid mercurialization in phthisis.

Decoction of poppy.

For a poppy fomentation take of the capsules of the white poppy, or "poppy heads," four ounces; water, four pints. Boil for a quarter of an hour, and strain. In making this decoction the *seeds* should not be rejected, because they contain a considerable portion of bland oil, which added to the mucilage and sedative principle of the capsule increases the emolient or soothing quality of the decoction. It is a very useful fomentation in persistent local pains or swellings, and in the excoriations produced by the acrid discharge of bed-sores, and those common to infancy and childhood.

Decoction of barley.

Take of pearl barley, two ounces; water, five pints; first wash away any extraneous substances that may adhere to the barley; then having poured on it half a pint of water, boil for a few minutes. This water being thrown away, let the remainder be added boiling, then boil down to *two* pints, and strain. In habitual constipation, or protracted torpidity of the bowels, add to these two pints, two ounces of sliced figs; half an ounce of sliced liquorice root: two ounces of best raisins (stoned);

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water, a pint; and boil down to two pints, then strain. The preparation of barley-water is generally intrusted to nurses, charwomen, and servants, who know nothing and care less than that (if possible) about the domestic management of a sick chamber; but the lady of the household ought not, I conceive, to be unacquainted with the best manner of making it, as her directions may not unfrequently be necessary. It is an elegant and useful demulcent in cases of hectic fever, consumption generally, and in strangury, given as a drink *ad libitum*.

Conclusion.

From a careful study of the symptoms, causes, morbid anatomy and *histiology*, or microscopical examination of the nature of consumption, I may venture to reassure the reader of this irresistible conclusion, that it is primarily a disease of the nervous system. A derangement, par excellence, of the *nerve-globules;* the fons et origo of nervous power causing—firstly, indigestion, and consequent mal-assimilation of the food, and impoverishment of the blood, accompanied with an excess of *acidity* in the alimentary canal (temporarily mitigated by drop-doses of Kali purum or solution of potass in milk); secondly, local exudations which present the abnormal and unhealthy characters called *tubercle;* and thirdly, owing to the successive formation and softening of these, and the ulcerations which follow in the pulmonary and abdominal tissues, those destructive results denominated respectively *thoracic* and *abdominal* phthisis. Enlightened observation and extensive experience will, I

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believe, soon show, also, to the public at large, that homœopathic treatment which removes this nerve-derangement and mal-assimilation of food, checks *farther* tubercular exudations, diminishing at the same time the cough, expectoration and emaciation, while those which previously existed become altogether abortive (as already attested by numerous drawings in my possession taken from nature in cases of death from other causes); and that not unfrequently extensive excavations in the pulmonary tissue may, owing to like circumstances, heal up and permanently cicatrize. Since my adoption of modern therapeutics, I have witnessed this notable amelioration in numerous instances, in cases, too, where allopathy was not only useless but positively hurtful, and was discontinued accordingly from sheer necessity; one patient, in particular, having been ordered by her physician—a well-known baronet—"to amuse herself," to take a "nourishing diet" with tonics, and go at once into a foreign country (Provence); and I am far from astonished, since she laboured under all the physical signs of advanced consumption, with the addition of profuse fetid bronchial catarrh, weakness of sight (amaurosis), an ulcer in the nose, with cancer of the nostrils, discharging an intolerably offensive, purulent, bloody matter, which, with the other symptoms, gradually, yet slowly and surely, yielded to the genial and harmonic influence of Glanderine and Farcine, alternately administered. And our opponents may depend upon it that if pain and human woe *continue* to be relieved by homœopathy, the emancipated sufferers will *continue* to persist in preferring homœopathic, if "heretical," ease to allopathic, if "orthodox," anguish. In the words of Goethe—

"DIETH HE WHO STANDETH STILL."

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NOTE.—On the *Rationale* of the action of homœopathic medicines. The nervous system may be divided for brevity of description into—1, the brain; 2, the spinal cord and spinal nerves; 3, the sympathetic system, or a central organ, the cerebro-spinal axis, and numerous white cords called nerves, which are connected by one extremity with the centre, and by the other are distributed to all the textures of the body. The sympathetic portion in place of one, however, has many small centres called ganglia, or nerve-knots, which communicate freely with the cerebro-spinal axis, and with its nerves. The cerebro-spinal axis comprises the brain and the spinal cord, so to speak, a lengthened continuation of the brain occupying the canal of the spine. The white substance of the brain and spinal cord consists of fibres, varying in diameter, from the $\frac{1}{370}$ to the $\frac{1}{1874}$ of a line, and composed of a thin, transparent, neurilemma or sheath, which encloses a soft *homogeneous*, nervous substance. The grey portion is composed of *globules;* numerous fibres proceed from the surface of these globules, and maintain a communication with surrounding globules; the various shades of grey depend upon the greater or smaller number of nerve-globules existing in those all-important parts. Two kinds of grey exist in the spinal cord: the one resembles the grey matter of the brain, consisting of globules; while the latter is composed of minute bodies resembling blood-globules. The nerves which proceed from the brain and spinal cord form the nervous system of *animal life;* the ganglia or little nervous centres are independent, and form the nervous system of *organic life*, nevertheless they associate with the cerebro-spinal axis. Now be it known to all whom it may concern, that even these sympathetic ganglia, or nerve-knots, contain the little but mighty globules observed in the grey—the intellectual portion of the brain—very firm in structure, and enclosed in a strong investing capsule. In these little insignificant looking globules resides the nervous force or power, as does the nutritive, albuminous constituent in the red blood-globules; the nervous cords are the mere conducting tubes of supply to the different parts of the body (a mechanical power after all, travelling, in a frog, about eighty feet in a second). I feel convinced on attentive regard to this interesting subject,

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that a dynamic theory—one which regards homœopathic remedial agents as *forces* acting upon nervous matter, or *nerve-globules* and blood-globules, in obedience to a general law of natural affinity, and not as ordinary fluids or entities—is the truest conception which the mind can form, in the present state of our knowledge, of these singular agents; successive discoveries in the natural sciences have recently shown that when ordinary ponderable matter is subjected to the action of what were formerly called the *imponderabilia* the matter is molecularly changed. Even so; I submit with all deference, *disease* is possibly changed by its analogous *drug* or health-restoring power operating on the *same tissues*, and on those *only*, hence the general formula, expressing the relation of morbid symptoms to the action of remedial agents, which is the real meaning of *similia similibus curantur*, the general law of specifics, which involves a relation of *similarity*, between the pathogenetic and the curative action of ALL medicinal substances; and as regards the right *dose*, or quantity to be administered, suffice it to say, ONE TOUCH of LIKENESS, makes the small dose CURE.

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INDEX.

Acacia mucilage.....176
Air..... 71
Allopathic preventives.....107
Almond emulsion.....176
Andral, M..... 9
Aphtha 42
Appendix.....173
Appetite 161
Atrophy 13
Autenreith, Dr..... 89
Auxiliaries, household.....173

Barley decoction.....178
Bathing of children..... 70
" in consumption.....130
Beddoes, Dr.....110
Blisters.....143
Blood globules.....167
" spitting.....32, 145
Bowels, ulceration of.....158
Breathing, difficulty of..... 30
Brompton hospital..... 3
Bronchitis 134, 141

Carswell, Sir Robert..... 9
Case of John Keith..... 99
Cases.....113, 122
Cataplasm of mustard.....174
" powder for.....174
Chest, form of the..... 2
" inflammation of..... 33
" pain in..... 33
Clark, Sir James.....39, 109, 111, 112
Climate.....128, 139, 140
Clinical facts 113
Clothing..... 76
Cod-liver oil.....167
Cold lotion.....177
Commencement of consumption..... 1
Complications.....155
Concluding observations.....179
Constipation 132
Consumption cured and post-mortem.....125
" origin of..... 1
" prevention of..... 49
Consumptive cough..... 25
Cough 29
" consumptive 25
" gastric..... 27
" stomach 27
Curability of consumption..... 92

Decoction of barley.....178
" of poppy.....178
Detection of consumption..... 92
Diagnosis of consumption..... 92
Diarrhœa.....38, 157–160
Diet in consumption.....147
Difficulty of breathing..... 30
Doctors 125
Dr[illegible].....103, 104
D[illegible]ng 121, 122
Dress of children..... 70
Dyspnœa 30

Early stage of phthisis..... 22
Education..... 78
Emaciation 39, 144
Exercise 75
" of the chest,..... v
Expansion of the lungs.....128
Expectoration..... 30

Fever, hectic..... 35
Fibrin 7
Form of the chest..... 2
Fistula.....139

General treatment.....102

Hæmoptysis 32
Hectic fever 35
Heyfelder, Dr..... 46
Homœopathy 103
Honey of borax.....178

Incipient consumption..... 23
Indigestion..... 28
Inflammation 33
" of the lungs..... 23
Infusion of linseed.....173
Inhalations 175, 179

Kinesipathy..... 84

Last stage.....158
Legitimate medicine.....104
Lemonade, nitric.....181
Linseed, infusion of.....173
Lotion, cold.....182
Louis, M..... 39

Marriages, improper..... 53
Medicines for consumption.....166

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Original from
UNIVERSITY OF MICHIGAN

Morphia, injurious effects of.....152
Movements..... 84
Mucilage of acacia.....176
" of starch.....176
Mucilaginous powder.....174
Mucus, accumulation of.....154

Nitric lemonade.....177
Nursery treatment..... 68
Nursing 65
Nutrition..... 8

Œdema 41
Oil, cod-liver.....167
Opium, injurious effects of.....152

Pain in the chest..... 33
Percussion..... 61
Perspiration..... 36
Phthisis, stages of.....
Physical signs..... 42
Plasters.....
Pollock, Dr.....
Pneumonia..... 33
Post-mortem of a cured case.....124
Preface..... iii
Premonitory symptoms..... iv
" stage, treatment of.....140
Prevention of consumption..... 49
" as regards air..... 71
" " children..63-73
" " clothing of young persons 76
" " dress, bathing, &c... 70
" " education. 78
" " exercise.... 75
" " infants..... 57
" " nursing ... 65
" " parents 52
" " residence .. 72
" " schools..... 78
" the disease in youth... 86
Preventive treatment, importance of 4
Prophylactics 139
Pulmonary irritation.....135
Pulse, the..... 34
Purging..... 41

Rationalia of homœopathic medicine 181
Residence 72
Rheumatism..... 3
Rokitansky.....6, 8

Scrofula 4
Sickness 162
Signs of phthisis..... 22
Skin diseases..... 3
Sleep, importance of.....150
Sleeplessness.....150, 154
Spirometer..... 15
Spitting of blood.....32, 145
Sputum..... 47
Stages of phthisis..... 18
Starch mucilage.....176
Stature..... 16
Stokes, Dr.....107
Stomach cough..... 27
Symptoms, premonitory..... 12

Tartar emetic ointment.....143
Thirst..... 38
Thrush 42
Treatment, general.....102
" of promonitory stage....140
Tubercle, different forms of..... 10
" effects of.....10, 11
" formation of..... 7, 9

Ulceration of the bowels.....158

Vomicæ 44
Vomiting.....156

Wasting 1
Weight.....14, 15, 16
" of the viscera..... 17

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