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HEARTREST 
 SANATORY

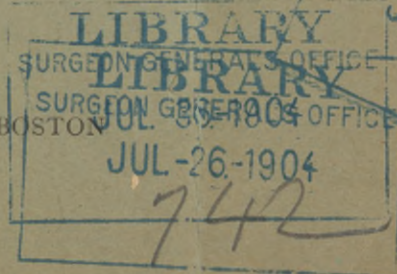
CONSUMPTION OF THE LUNGS

EPHRAIM CUTTER, M.D., LL.D.

JOHN A. CUTTER, M.D., F.S.Sc.

NEW YORK AND BOSTON

1891



OFFICES—BOSTON, MASS.

Dr. Ephraim Cutter will be in Boston, Mass., 62 Boylston Street, corner of Tremont, Room No. 960, Tuesdays, every other week, as follows:

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Address,

120 BROADWAY (Equitable Building),
New York City.

EPHRAIM CUTTER, M.D.,
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*Address all correspondence
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EPHRAIM CUTTER, M.D.

JOHN A. CUTTER, M.D.

HEARTREST SANATORY,

MOTT AVE. & 165th ST., NEW YORK.

The aim is to heal those cases of chronic disease commonly called incurable.

The Sanatory is located on high ground, in a square plot bounded on three sides as above and by Sheridan Avenue, commanding a fine view. The drainage is new; buildings are spacious and surroundings good.

The results that we have achieved in our work in **Heartrest Sanatory** show the greater value of an institution of its kind than the means afforded in handling cases in private practice.

CONSULTATION OFFICES:

New York, Equitable Building, 7th floor, Room 47, 120 Broadway. Hours: 2 to 4 P.M.; Saturdays, 10 A.M. to 12 NOON.

Boston, Mass., No. 62 Boylston Street, corner Tremont. Every other week, Tuesdays. Hours: 9 A.M. to 12 NOON.

REGULATIONS.

Patients are under entire control of attending physicians, and movements outside and down-town regulated by them. Electric calls are in every room.

The *Sanatory* is not a Hotel; patients limited in number. Food served to patients in their rooms.

RATES: \$100 and \$120 a calendar month, according to room; this fee also includes food, medicines, ordinary washing except starched pieces, and professional attendance. Nurses and operations extra.

TERMS: *In Advance.*

Complaints should be made to

JOHN A. CUTTER, *Business Manager.*

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On Buena Ridge, Annexed District,

MOTT AVENUE AND 165TH STREET, NEW YORK.

FROM GRAND CENTRAL DEPOT, HARLEM RAILROAD.

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NEW YORK AS A HEALTH RESORT.

The distinguished editor of the *Louisville Courier Journal*, Henry Watterson, has said that New York is the best watering place in the country. He is right.

Granted that many people fall in the streets, overcome by heat, during the spells of high temperature, and that the death rate amongst children rises at the same time. It must be remembered that on Manhattan Island are immense piles of brick and stone in our lofty buildings, and on the hundreds of miles of streets, millions of square feet of pavement, all of which absorb heat and throw it off during the night. New York is the busiest and swiftest city in the world. We have not learned to build properly for the summer. The heat term will come, but it will be less oppressive because of the old-fashioned tenements, getting little air.

We have had some practical experience in treating children in this ordinary practice amongst the poor. Go into a tenement that has been modelled out of an old house, and in a moment the sweat will be pouring out all over the body, the heat is so oppressive; but enter one of the newly built tenements, in which ventilation has been effected by shafts, and windows opening into them, and you will find it cooler than on many a farm.

Why? Because New York is surrounded by water and rarely fails to have breezes coming from it.

Our own home during the period of five years was on the eighth floor of a large apartment house. Some of us have lived in it all summer, and prefer such a residence to an outing in uncomfortable out-of-town resorts.

Our Sanatory, standing on a high hill within the city limits, in a large plot of land, away from granite-paved streets and large masses of brick, stone, and mortar, has, to us, solved satisfactorily the problem of a place for our patients, who need not be away from the centres of civilization, and yet may be comfortable and enjoy a beautiful view.

HEARTREST SANATORY,

MOTT AVENUE AND 165th STREET, NEW YORK.

Address communications to Dr. John A. Cutter, Business Manager,
The Ariston, Broadway and 55th Street, New York.

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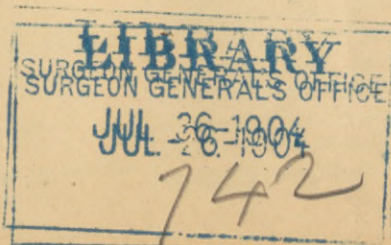
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Granted that many people fall in the streets, overcome by heat, during the spells of high temperature, and that the death rate amongst children rises at the same time. It must be remembered that on Manhattan Island are immense piles of brick and stone in our lofty buildings, and on the thousands of miles of streets millions of square feet of pavement, all of which absorb heat and throw it off during the night; also, that New York is the busiest and swiftest city in the world, and that men who have not learned to take it easy and "go slow" during the heated term will come to grief. The mortality amongst babes rises because they are packed and, if living in the old-fashioned tenements, get ^{very} little air.

We have had some practical experience in treating children in dispensary practice amongst the poor. Go into a tenement that has been modelled out of an old house, and in one moment the sweat will be pouring out all over the body, the heat is so oppressive; but enter one of the newly built tenements, in which ventilation has been effected by shafts, and windows opening into them, and you will find it cooler than on many a farm.

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This report on Consumption was presented to the Section of Pathology and Pathological Anatomy of the Tenth International Medical Congress at Berlin, August, 1890, under the title, "Food and Tubercle," by Ephraim Cutter, M.D.

FEEDING IN THE WASTING DISEASES,

BY

EPHRAIM CUTTER, A.M., LL.D.,

M. D. HARVARD, 1856, AND UNIVERSITY OF PENNSYLVANIA, 1857.

PRESIDENT AMERICAN BRANCH SOCIETY OF SCIENCE, LETTERS AND ART, LONDON. AUTHOR BOYLSTON PRIZE ESSAY FOR 1857, ON "UNDER WHAT CIRCUMSTANCES DO THE USUAL SIGNS FURNISHED BY AUSCULTATION AND PERCUSSION PROVE FALLACIOUS?" CORRESPONDING MEMBER BELGIAN AND ITALIAN MICROSCOPICAL SOCIETIES AND GYNECOLOGICAL SOCIETY OF BOSTON, ETC.,

AND

JOHN ASHBURTON CUTTER, M.D., B. SC., F. S. SC.,

OF NEW YORK CITY.

Published in *The Journal of the American Medical Association*, July 26th, 1890; *The Medical Bulletin*, June, July and August, 1890; *New England Medical Monthly*, August, 1890; *Pacific Medical Journal*, August, 1890; *Southern Practitioner*, July and August, 1890, and *Virginia Medical Monthly*, June and July, 1890.

FEEDING IN THE WASTING DISEASES.

A Report presented to the Committee of Dietetics of the American Medical Association at its Forty-first Annual Meeting, 1890.

The following is a résumé of part of our work in Consumption in private practice. The worst side is shown as freely as the good. It is a record of trial and disappointment; of heavy fighting against cruel, unjust, and bitter opposition; it shows the value of treating cases with the object of cure, even when there was little backing for the practitioner or the patient. Now that cases of Consumption have been cured against these odds, and the world is beginning to faintly believe that lung diseases are not intractable, one-half the battle is won, and it remains to simply go ahead, and, with the training of the past and the assurance of cures achieved, labor more energetically to relieve those that have been placed in that fearful class, *sick with consumption; doomed to die; hopeless.*

There would have been a larger percentage of cures in the one hundred cases here noted, if we had had the means of a well equipped Sanatory to use.

Such means do now exist.

CONSUMPTION OF THE LUNGS: ONE HUNDRED CASES.

Series I.—*Non-Arrests, Twenty-one cases.*

a. *Cases that were not improved, nine in number.*

1. *Illustrative Case.*—(See Transactions American Medical Association, 1880, pp. 333-408, case 7.) August 28, 1877, M. H. S., fisherman, Lanesville (Cape Ann, Mass.), aged 33 years. Father died of phthisis. Mother living; been sick two months. He states that he took cold and went out fishing. Was exposed and took more cold; except two attacks of typhoid fever, was perfectly well before. General appearance bad. Cough is constant and severe. No hæmoptyses. No dyspnoea except on going up stairs. Severe pain in shoulders. Appetite poor. Bowels regular. Has lost flesh and strength. Night sweats copious. Pulse weak. Hands shake badly.

Physical Signs.—Dulness on percussion and crackling over right upper third front and lower third back; feeble inspiration, almost flat on percussion; no crackling, but the respiratory murmur was heard underneath. Inspection of the blood revealed spores and spore collects in abundance. Fibrin filaments thickened. Red corpuscles adhesive, sticky, irregularly massed, pale in color. Mr. S. went upon the treatment with quinine. It was his intention to come up from the Cape again, but he was unable to do so, and despite the means used, he died not long after.

Remarks.—At the time it did not seem to the writer that his case was hopeless. Still, his history teaches that one must not trust too much to first appearance. It is a disadvantage to see a patient only once. It was reported that he faithfully used the diet. It is well, however, to compare the case with some of the very sick ones that were cured as noted in series 3; the lesson taught is simply that the physician should never refuse to take a case, and should never be too free in his promises of recovery.

b. Cases that were on partial diet; were too irresolute; had bad surroundings, financial, climatic, etc., twelve.

Illustrative.—(See case 1, loc. cit.), widow, aged 43 years, small sized, thin, anxious and nervous. Asthmatic complication, old abscesses of the mediastinum, diarrhoea, dyspepsia, sleeplessness, severe cough, dulness on percussion with constant crepitant râles over both upper thirds

front. Great dyspnoea at times. Abnormal valvular sounds of the heart. No albumen in urine. Altogether the most distressed and suffering case of consumption I had seen for some time. The effect of the animal diet, baths of mineral acids, and quinine, was to relieve, in a measure, the night sweats and abdominal pains. But the appetite turned against the animal food and it would often be rejected by vomiting. She was obliged then to carry out the régime only partially, particularly as she laid all her bad feelings, distresses and sickness to her food or medicine, and never to her disease. She suffered also greatly from prolapsus of the uterus, aggravated by the severe coughing. This case was not relieved by the special treatment recommended. The weakness of mind and body, induced by the presence of organic disease in the thoracic and abdominal viscera, was too great to be reached by perhaps any treatment. Indeed, just here it may be stated that no pretention is made toward cure of any but one-third of the cases;¹ but to insure that proportion it is necessary to have the treatment strictly carried out.

The present case was one in which there was really no hope and only adopted as "A drowning man catches at a straw." It is thought best here to give simply the bad and good cases together, and let the reader judge for himself of the value of the data thus derived.

SERIES II.—PARTIAL ARRESTS, THIRTY-NINE CASES.

a. Cases that followed the treatment faithfully, nineteen.

Illustrative Case.—(See No. 21, loc. cit.) Mr. W., aged 60, in 1874 had been consumptive for two years; his occupation was that of an overseer of an amber paint mill. He had with a cough, marks of increasing debility, as loss of flesh, animation and courage. There were marked dulness on percussion, crepitant and sonorous râles over the upper part of both lungs; the blood also presented fibrin filaments and spores. It is some years since he has lived upon animal food diet; his wife has faithfully prepared the choicest meats for him, and what is more has encouraged him in pursuing the uncommon diet. The case was rather unpromising at first, owing to its long standing and extent of tubercle infiltration. He is, however (1876), comparatively well. Cough is hardly perceptible. The physical signs are still to be detected, but with less marked characteristics. He attends to his business as usual. Says he expected to die, in which expectation the community shared. The blood shows great diminution in the foreign admixtures. 1879, still living but very feeble. In October he died.

Temporary Arrests.

b. Cases that did not follow the treatment faithfully, nine.

¹ This was 1880, now we think that more can be cured.

Illustrative Case.—(See case 23, loc. cit.) Miss C., aged 22, residence Cape Cod. Seen July, 1875; amenorrhœa, cardiac trouble, dulness on percussion in upper part of both lungs, expiratory râles in same location. Blood was full of evidence of disease as shown by the enlarged white corpuscles, the spores and fibrin filaments; she had been under the hypophosphites of lime and soda. She was put upon the strict diet and mineral acid baths, and was removed to New Hampshire. She was thin in flesh and unable to walk an eighth of a mile from prostration under the necessary effort. For the next three months was not herself thoroughly convinced of the utility of the measures now proposed, still her friends were, and by means of their influence she adhered closely to diet and baths. Immediately there was an improvement in the cough, in flesh and strength which continued. She walked two miles readily. Returned home for a visit in November. Here the diet was abandoned, ate everything she liked and took medicines. Remained at home four weeks. She ran rapidly down, lingering till she felt "She could not live two days." Returning to New Hampshire she improved but little. Remained there till April, 1876, when being very much worse, she returned home to die. Died in 1878. This case shows the power of the system to resist the disease, even when not following up the treatment; this resistance ought to be more relied on.

c. Cases that had bad surroundings: that died of pneumonia, etc., eleven cases.

Illustrative Case.—(See case 27, loc. cit.) In October, 1874, Mrs. —, a woman with a very young child, that especially cried by night and kept its mother awake, was very pale and thin, coughing severely and raising largely. There was diminished resonance on percussion and crackling throughout the upper third of right lung. She adopted the diet and acid baths. In four months the cough was very slight. The physical signs diminished. Her softened lung tissue dried up. The appearance improved so much that a casual observer would have called her well. All the time she suckled her infant. Owing to the hard times she was obliged to relinquish her diet and would not accept it as a gift. Immediately she began to fail and died in the course of six months. The improvement in health kept pace exactly with the imposed diet. When she ate bread the cough returned; the expectoration was copious. The night sweats reappeared. This shows markedly the relation of animal food to consumption. It is well worth knowing, for if these things "are done in the green tree what may be done in the dry?"

SERIES III.—ARRESTS MORE PERMANENT IN CHARACTER AND MIGHT BE TERMED CURES IF OCCURRING IN OTHER DISEASES.

a. Tubercular, thirty-two.

b. Pretubercular, eight.

Illustrative Case.—(See case No. 53, loc. cit.) Mrs. Wall, Cleveland, Ohio, June 21, 1877. Present condition: Suckling a four months' child. Active and doing her own housework. Looks like a person in ordinary health. Coughs occasionally. No sputa. A good sized, rather flat-chested woman thirty-five years of age. *Chest:* Dulness on percussion and cavernous respiration over left upper third back. Dulness over the whole left back. Elsewhere normal. *Blood:* Inspection showed normal looking blood. Red corpuscles not massed; are distinct, well defined, rouleauxed, no fibrin or mycelial filaments; white corpuscles not enlarged.

This report is more interesting when taken in connection with the following history: In February 1865, Mrs. Wall had been sick in bed four months with the last stages of consumption. She was emaciated to a skeleton; weight, sixty pounds; usual weight one hundred and thirty pounds. Her physicians, who were regularly educated and skillful men, pronounced her left lung "gone"—that is, riddled with tubercle that had softened and broken down in such a manner that the pulmonary substance was removed; had become useless and of course they gave a decidedly fatal prognosis. There was at this time a great caving in or flattening of the anteroposterior diameter of the chest due to atmospheric pressure conjoined with loss of lung substance. At this time she came under Dr. Blank's care. The patient's mother caused the treatment to be faithfully and assiduously followed out. Improvement slowly followed. In four months' time she was able to be out of doors and visit the city. After a time she resumed her profession as school teacher and taught successfully for four years. Five years ago she married and has borne three children, all healthy and vigorous. She likes her meat diet best, lives on it and works hard. The physical signs adduced show the marks of the ruin wrought in her lung and also show the tremendous power of food in managing or in affecting the course of organic pulmonary disease even in its third and hopeless stage. This history reads like fiction. November, 1888, we heard from her that she had continued in good health. A beef eater.

Illustrative Case.—(Unpublished.)—1882. Young man. Cavities in both lungs. Heart enlarged. Emaciated as badly as preceding case. Profuse hæmoptyses. Elastic and inelastic lung fibers in sputa. Blood, tubercular. Was treated very carefully on these plans. Was cured, *i. e.* his cough ceased; the lungs healed; the heart regained its normal size; he took on flesh and strength; went through Yale college; was graduated with honors. Is well and was seen by us May, 1890.

Pretubercular Cases Treated that May Come Under This Head.

Illustrative Case.—(See case 65, loc. cit.) In April, 1876, a young man eighteen and one-half years, complained of feeling weak and listless. He had nocturnal and morning cough, with slight expectoration. He was pale, thin, and losing flesh. Consumption was hereditary on both sides of the family. There were no physical signs of pulmonic lesion. Inspection of the blood microscopically disclosed abundant signs of mischief, such as: Fibrin filaments were marked in character; spores and spore collections; mycelial filaments; white corpuscles much enlarged and too numerous; corpuscles, thin, flabby, pale, sticky, outlines not cleanly cut, aggregated. These taken together with the history and the rational signs, induced a diagnosis of the pretubercular stage. Under the use of acid baths and strict diet, the sanguineous and other signs began to disappear, so that in a year he was enabled to proceed to Germany and study music. He has been a beef eater, *i. e.* eats more of it than people usually do; alive and well, 1890.

Rationale.

1. Tuberculosis is a systemic and not a local disease primarily.
2. Tuberculosis is a diseased condition or state due to the presence of yeast in the blood with its fermentative products.
3. The yeast is introduced into the blood through the alimentary canal from starch and sugar in excess, and in a state of fermentation.
4. The physical micrographical conditions found in the blood of tubercular cases constitute the peculiar morphology so often alluded to. The main features are as follows:
 - a. Spores of vinegar yeast.
 - b. Spore collects.
 - c. Fibrin filaments unusually large and prominent.
 - d. Enlarged massal white corpuscles. This enlargement proceeding from the white corpuscles being unusually fertile niduses of the vegetation, called entophytal, similar examples of which abound in algæ.
 - e. Deprivation of the red discs of their coating of neurine, thus rendering them sticky, adhesive and singularly inclined to aggregate themselves in confused masses. At the same time they lose their color, their clean-cut outlines and are diminished in number relatively and absolutely.
 - f. Thrombi formed of the fibrin filaments; of the corpuscles; of the spore collects.
 - g. All of the foregoing have been photographed with Tolles' objectives, from the one-fourth to his one-seventy-fifth.
5. The vegetation may exist in a latent state.
6. It may be transmitted from parent to child

in the milk, but the greater point of interest is in the tuberculous diathesis, produced by the same feeding in families for generations.

7. The morphology of the blood is commonly present some time during one year before organic disease. In other words, there is a new physical sign of the pretubercular state; the senior writer has a monograph on that subject alone, illustrated with many microphotographs.

8. Food, then, is the agent of tremendous power that causes tuberculosis.

9. The treatment is based on the idea of removing the cause by ridding the blood of the presence of the yeast and its fermentative products by a process of starvation.

10. Tubercle is a secondary product—a result from embolism caused by the minute thrombi of fibrin filaments—of the massal corpuscles and of the spore collects, and also from mechanical and chemical effects of the embolism on the nutrition.

11. The breaking down of the tissues comes from a necrosis caused by this overloading of them with the products of fermentation.

12. The yeast is also found in the alimentary canal, on the skin, in the sputum, etc.

13. Flour has been raised into bread by the dejecta of third stage consumptives.

14. The progress of the case is best watched and studied in the morphology of the blood. The spores are diminished, the filaments removed. The enlarged massal white corpuscles are reduced in size to normal proportions; the red discs acquire their normal color, covering, and clean outlines; the fibrin filaments are hardly visible. Thus the red discs dispose themselves in the normal manner, the more perfectly as the cure proceeds. Any deviation in the regimen is indicated by the increase of the abnormal morphological elements in the blood. As the blood improves, usually the general symptoms improve, *pari passu*. We have often witnessed, under treatment, the disappearance of râles of all kinds, night-sweats, emaciation, the reduction of the heart to normal size and frequency of beats, simply because of taking away the load it had to carry, when the blood was filled with emboli and was ropy and sticky.

15. This diagnosis by blood examinations does not exclude ordinary physical explorations; it supplements them; we find that the ordinary idea of this diagnosis in the profession is that hæmology is like urinology, and all that is necessary, is to take specimens of blood, just as we do urine, and base all our diagnosis of tuberculosis on such examinations. The very suggestion of this demonstrates how far the proposer is from having a true idea of the subject; the evidence must be collected with the least possible interval of time between the removal of the blood from its stream to the stage of the micro-

scope; the capillary circulation is to be used, not the venous or the arterial; take blood from the radial or ulnar side of the forearm, by slight puncture with scarificator or scalpel; do not prick the end of the finger; the student must study the morphology of the skin as well as that of the blood.

16. There are other diseases in which the normal blood morphology is changed, to-wit: rheumatism, cystinæmia, syphilis, ague, etc.

17. This rationale explains the cough, where it is not due to local irritation in the air-passages, such as hyperæmiæ, ulcers, infiltrations, reflex irritations, to the presence of carbonic acid gas in excess; sometimes it is wonderful how diminishing the fermentation does away with the cough.

18. This rationale explains hæmorrhages as the result of local action of the vegetation on the glue tissues, the connective tissues being softened, disintegrated and broken down by the products of fermentative changes.

19. It explains the night-sweats as due to the interstitial necrosis of tissues thus throwing more work on the skin; hence the injunction to take good care of the skin, and help the lungs while they are being healed.

20. The emaciation and loss of flesh and strength are only the results of the great tissue destruction going on.

21. The sputum must be studied for lung fibers, for the various crystals that are found in asthmatic conditions and also the gravel, granular and encysted.

22. Old fashioned or fibrous consumption is due to holding of the yeast products in the stomach, to the gradual paralysis of the lungs, with the consequent hyperplasia of the connective tissues, and to the deposit of gravel in this hyperplasia of the fibrous tissues; in this condition the blood morphology is not so much altered; the diagnosis must be made on general grounds; the treatment is practically the same, however.

23. The condition of the liver and kidneys can be determined by watching the urine; it should be tested at least twice a week and kept at a specific gravity of 1015 to 1020, free from bile, odor or deposit.

24. Physiologists say that man cannot live on beef alone; the chemist says that beef contains all of the elements found in the tissues of the human body. We say, that in cases of consumption, Bright's disease, uterine fibroids, etc., where the special case has indicated a rigid diet of beef, such a dietary has been ordered and some of the patients have lived on it alone for four years: thus the dictum of the physiologist is upset.

25. It has been sneeringly said that all that was needed if the ideas here given as to consumption are true, that a man prescribe beef and hot water; yet the senior writer had his son study

the general sciences four years, medicine four more, and special cases three more years, before he was willing to leave his practice in his care; the art of treating chronic disease, even by positive food plans and judicious medication, is an extremely hard one to acquire.

26. Air is food. Yet consumptives have been cured in the rawest and dampest climates, and so many times that we must go behind the old idea that climate was the only cause of consumption; granted that bad climate helps to cause the disease, and so also will worry, trouble, grief, assist toward death; the sending of patients away from home comforts to die elsewhere is not the thing to be advised. If home comforts, good air and the proper food can be combined, by all means do it. This is written with the knowledge that pulmonary disease has been arrested by climate. But our aim is to cure the cases wherever they are, because many cannot afford to change their climate or live the remainder of their lives in the Adirondacks or Colorado.

27. Remove from the atmosphere of the patient all doubters, sneerers and those that argue, but never cure; agnostics and nihilists, not content with helping no one, they will endeavor to pull down your work. More permanent arrests could have been secured of these one hundred cases if the patient had been left alone.

28. While encouraging the patient at all times and in all emergencies, give him to understand what he is fighting; that he must not waste his nerve forces by needless thought and worry, but to hold on persistently and wait for nature to do the work; each case is a law unto itself; this can be seen by the study of the cases herein recorded; we are finite; death is certain; no man will ever cure 100 per cent. of his cases, may we say of any disease.

29. If all will take hold firmly, at least 50 per cent. of tubercular cases can be cured, judging from our own clinical experience. Now that consumption is called a curable disease, the great load is lifted off and much more will be accomplished.

30. All cases of pretuberculosis ought to be cured, because here is a condition where there has been no destruction of tissue; this is where the exception to section 28 comes in, if, the practitioner will diagnose the condition, treat scientifically, and the patient obey orders.

31. All physicians who say these plans are

foolishness, and who treat their cases by morphine, maltine and whiskey, we ask for publication of cases and the percentage of cures.

32. The diagnosis of tuberculosis by blood examination, often negatively points out the seat of trouble to be in the heart or uterus, or perhaps some other organ; also, cases of uterine disease complicated with tuberculosis should not be allowed to go untreated, but in making examination, the physician must go over the whole field, and find out all of the disease; some of the cases in this series, years ago, would have been benefited if their uterine disease had been treated; granted the cause is systemic, for bad food is an etiological factor of uterine diseases, while treating systemically, use all of the modern means to attack the local pelvic troubles.

33. If men complain and say this dietary is too rigid, we will only reply that the cases have demanded it, and will be very thankful when consumption can be cured by more pleasant means than we have employed.

34. Lastly, as to Koch: In 1876 all of the morphology of consumptive blood was photographed with Tolles' objectives to the highest power, his one seventy-fifth. These microphotographs have been exhibited here and abroad, and we find none that equal them; this is written advisedly.

Bacteriology is but an extremely small portion of the micrological world. Such algologists and phytologists as Professor Paulus F. Reinsch, of Erlangen, and Dr. Fr. Ecklund, physician of the first class of the Royal Navy, Sweden, endorse this work as covering a much larger field than bacteriology does. If the proof was to be placed entirely on the results, then bacteriology must hold its head in shame, as no cures have been effected by it; but we are willing to controvert Koch on scientific grounds, and maintain the position that he has told but one-half the story; that botanists have been fighting for years as to whether bacteria were simply babies of the fuller fledged vegetations; that the bacillus was photographed in 1876; that the ability to diagnose pretuberculosis and tuberculosis by blood examinations, and the means thus afforded of watching the cases, are worth immeasurably more than the diagnosis of consumption when the disease is apparent to all.²

² We are ready to demonstrate, by microphotographs, facts as to the relations of the bacteria to alcoholic and acetic acid plants.

APPENDIX.

Table of One Hundred Cases of Tuberculosis Pulmonalis.

SERIES I.—NON-ARRESTS—TWENTY-ONE CASES.

A.—Cases that were not improved—nine in number.

NO. DATE. SEX. AGE. PUBLICATION.	CONDITION WHEN PLACED ON TREATMENT.	REMARKS.
I. See illustrative case, p. 1, col. 1., a.		
II. Man. Middle-aged. Case 2. Loc. cit.	Father of case XLIII. Not so much disease as in son.	Death in a few weeks.
III. Woman, 35. Case 4. Loc. cit.	Advanced disease. Three years' standing.	Digestion improved. Diet relished but of no avail; died in a few weeks.
IV. 1873. Boy 19. Case 8. Loc. cit.	Acute tuberculosis and peritonitis. Blood morphology of tuberculosis.	Treatment of no avail. Diagnosis confirmed by post-mortem.
V. 1873. Woman, 55. Case 15. Loc. cit.	Aphonia. Larynx infiltrated, thickened and inflamed. Vocal cords swollen, ash colored and stiff. Tuberculous blood morphology. Chest emaciated, flattened. Coarse and fine rales and cavernous respiration at apices.	Symptoms relieved. Death in nine months.
VI. 1889. Girl, 22. Unpublished.	Tuberculous blood. Crackling through right lung front and back, and upper third left lung. Asthma. Diarrhœa. Night sweats. Copious expectoration. Lung fibers in sputum.	Slight amelioration of symptoms. Death in two months.
VII. 1887. Man, 22. Unpublished.	Tuberculous blood. Much disease in lungs.	Plans followed out faithfully. Death.
VIII. 1886. Girl. Unpublished.	Tuberculous blood.	Treatment carried out faithfully. Of no avail.
IX. Woman. Unpublished.	Tuberculous blood. Cavity in apex of each lung.	Had uterine disease which she would not have treated; retarded case; death.

SERIES I.—NON-ARRESTS.

Cases that were on partial diet; were too irresolute; had bad surroundings, financial, climatic, &c. Twelve in number.

X. See illustrative case, p. 1., col. 2., b.

No. DATE. SEX. AGE. PUBLICATION.	CONDITION WHEN PLACED ON TREATMENT.	REMARKS.
XI. 1879. Dr. ———, 72. Case 3. Loc. cit.	Tuberculosis, as diagnosed by Dr. H. I. Bowditch.	Partial treatment. Was improved. Death in three months.
XII. Man, 40. Case 5. Loc. cit.	Grave general symptoms. Local disease in lungs not so well marked.	Followed up treatment feebly. Death in few months.
XIII. Woman. Case 6. Loc. cit.	Advanced tuberculosis of both lungs; great weakness, prostration and impaired morale. Night sweats.	Followed up treatment faintly. Died in a few weeks.
XIV. 1877. Woman, 34. Case 9. Loc. cit.	Acute tuberculosis in the puerperal state. Hemoptyses before and after labor. Disease in upper third right lung. Blood morphology tuberculous. Patient poor and house dark and damp.	Died in two weeks. Life perhaps might have been saved if there had been a sanitarium to treat her case in.
XV. April, 1877. Irish girl, 17. Case 10. Loc. cit.	Undersized, pale, thin, feeble, downcast. Cough; copious expectoration; loss of flesh and strength. Blood tuberculous. Diet had been mainly flour, potatoes and tea.	Did not follow up treatment closely; was improved but died in October, 1877.
XVI. 1877. Dr. ———, 37. Case 11. Loc. cit.	Tuberculous blood. Disease right upper third front and back. Throat inflamed throughout.	Throat treated with solution liq. per sulphate iron and glycerine, equal parts. Lived on New England rum and cream; some improvement and then gradual increase of disease, and death in three months. The blood was not improved by this dietary.
XVII. 1873. Woman. Case 12. Loc. cit.	Early stages of disease. Throat inflamed.	Had bad surroundings as to finances and did not follow out treatment. Retrograded and died.
XVIII. 1874. Girl; daughter, case XVII. Loc. cit. Case 13.	Tuberculous blood. Disease started in lungs.	Not seen again; ordered on diet which was not followed out. Death in six months.
XIX. 1876. Irishwoman. Case 14. Loc. cit.	Tuberculous blood. Disease in right lung.	Treatment not followed out. Death.
XX. 1875. Man. Case. 16. Loc. cit.	Marble-worker. Vocal cords thickened and ulcerated. Arytenoid cartilages enlarged. Blood tubercular. Disease at apices of both lungs.	On strict diet for a month. Wife sick in bed. Becoming discouraged gave up treatment altogether. Died.
XXI. 1874. Woman. Middle-aged. Case 17. Loc. cit.	Been called consumptive for years. Farmer's wife and a hard worker. Advanced tuberculosis. Blood tubercular.	Partial diet. Great deal of medicine. Perhaps would have been saved if treated earlier.

No. DATE. SEX. AGE. PUBLICATION.	CONDITION WHEN PLACED ON TREATMENT.	REMARKS.
SERIES II.—PARTIAL ARRESTS. THIRTY-NINE CASES.		
A.—Cases that followed the treatment faithfully—nineteen.		
XXII. See illustrative case, p. 2, col. 1, a.		
XXIII. Man. Case 18. Loc. cit.	Severe pulmonary hemorrhage. Dulness on percussion and crackling over left upper third front; emaciation; cough and night sweats.	Would not take cod liver oil, then, as now a standard remedy; ate pound and a half of butter a day; restored to duties and lived twelve years. Death from profuse hemorrhage. Post-mortem showed lung healed—three cavities—on right side and some new disease in the left lung.
XXIV. Woman, 24. Case 20. Loc. cit.	Primipara; disease right upper third front; after labor, suffered with prolapsed ovary, which caused much reflex pain. Blood tuberculous.	Treatment of pelvic disease successful. Restored to health. Lost sight of.
XXV. 1876. Man, 27. Case 22, Loc. cit.	Chest flattened; coughs all night. Sweats; debility; dyspepsia, enteralgia and gastralgia. Insomnia. Gone to bed to die.	Strict diet and no medicines stopped cough in three days. Improved and returned to work as plumber; was drenched by water from a burst pipe; contracted pneumonia; was placed again on strict diet, but never recovered from shock. Death.
XXVI. 1878. Man, 65. Case 25. Loc. cit.	Cough; expectoration; loss of flesh and strength; abnormal heart sounds; night sweats; dullness on percussion, expiratory crackling, left upper third front; tuberculous blood.	Strict diet, returned to business in a year: Died in 1878 with cardiac symptoms.
XXVII. 1876. Man, 30. Case 28. Loc. cit.	Tuberculous blood; distorted chest; severe cough; profuse hemoptyses; disease in both lungs; weight, 65 pounds.	Gained 20 pounds in four weeks; followed diet more or less closely for a year; disease arrested for a time; a man of great courage and should have been treated earlier and saved.
XXVIII. 1877. Girl, 17. Case 30. Loc. cit.	Throat inflamed; chest thin; case as to blood and lungs between pretuberculosis and tuberculosis. Splenic enlargement.	Local treatment to throat. Milk diet. Do not know final result. Case was improved.
XXIX. 1877. Man, 33. Case 34. Loc. cit.	Laryngeal inflammation. Cardiac hypertrophy. Tubercular blood; disease left lung; dyspnoea. Prognosis doubtful.	Local treatment for throat. Milk diet. Later some leeway as to food. Case reported well 1879.

NO. DATE. SEX. AGE. PUBLICATION.	CONDITION WHEN PLACED ON TREATMENT.	REMARKS.
XXX. 1877. Irishman. Case 35. Loc. cit.	Disease upper part of both lungs. Tuberculous blood. One month later, left upper third, tympanitic percussion, metallic tinkling, splashing on succussion. Lower thirds flat. Respiratory murmur absent.	On strict diet. Did not expect him to recover from pneumothorax, but lung healed over and man died several years later of other trouble.
XXXI. Young lady. 1873. Case 36. Loc. cit.	Disease in both lungs; left lower third almost hepatized. Blood tuberculous. Died in 1875.	Improved while at home and on strict diet; visited, ate wrongly; disease lighted up again.
XXXII. 1874. Brother case XXXI. Case 37. Loc. cit.	Been sick four years. Lived out of doors; depressed in mind, as he was not earning money.	Case improved. Was able to work as a clerk in a harbor steamer. Died, 1880.
XXXIII. 1876. Man. Case 38. Loc. cit.	Violent hemoptyses. Disease in both lungs; not afraid to die.	Took cod liver oil besides the general plan here laid down. Jan. 1877, blood and lungs much better. Living in Tennessee, October, 1879.
XXXIV. Frenchwoman. Middle-aged. Case 39. Loc. cit.	Disease right upper third. Tubercular blood.	Strict diet closely followed. Well at last accounts.
XXXV. 1874. Woman, 24. Case 40. Loc. cit.	Dyspnoea; hypertrophy of heart. Disease apices of both lungs; had given up school teaching to die. Tubercular blood.	Adhered closely to diet. Local treatment for throat. Was able to return to her teaching; overworked; disease returned; profuse hemoptyses; death.
XXXVI. 1874. Man, 21. Case 42. Loc. cit.	Marked diseased apices of both lungs; an unpromising case.	Improved and went to California. Died there.
XXXVII. 1877. Woman, 36. Case 43. Loc. cit.	Blood tuberculous. Laryngitis. Uterus anteverted. Disease left upper third front.	Unlike majority of cases did not treat uterus; case improved but finally retrograded and died.
XXXVIII. 1886. Woman, 24. Case unpublished.	Disease in both lungs.	Arrested for two years. Died March, 1889.
XXXIX. 1887. Man, age 24. Unpublished.	Disease in both lungs as diagnosticated by his physicians. Not seen by us.	Improvement and disease arrested for two years.
XL. Man. Unpublished.	Considerable disease.	Arrested temporarily.

SERIES II.—TEMPORARY ARRESTS.—*Continued.*

B.—*Cases that did not follow the treatment faithfully—nine.*

XLI. See illustrative case, p. 2, col. 1 and 2, b.

NO. DATE. SEX. AGE. PUBLICATION.	CONDITION WHEN PLACED ON TREATMENT.	REMARKS.
XLII. Woman, 30. case 19. Loc. cit.	Between pretuberculosis and tuberculosis.	Attention dismissed early, and case died in six months.
XLIII. 1874. Youth, 21. Case 24. Loc. cit.	Advanced tuberculosis; diet had been mainly flour.	Great improvement under strict animal food diet. Returned to work. Resumed former diet; died in 1876.
XLIV. Man, 50. Case 26. Loc. cit.	Left upper third chest, cavernous respirations and amphoric tinkling; elsewhere crackling and diminished respiration.	Rigid diet. Much improved. Appetite returned and ate anything desired; death.
XLV. 1875. Man, 43. Case 31. Loc. cit.	Malaria and abdominal tumor, 1860; cured. 1875, worked too hard, and lung and throat trouble came on.	Improved while on treatment; not encouraged by wife; gave it up and died, 1876.
XLVI. Woman, 29. Case 32. Loc. cit.	Pretuberculosis. Under strain and grief, ran into tuberculosis.	Was improved while under close observation and followed treatment; finally said she would eat what she pleased; did so and died.
XLVII. 1877. Woman, 34. Case 33. Loc. cit.	Asthmatic. Disease in right lung. Arytenoid cartilages inflamed.	Disease arrested. Went from observation and gave up treatment.
XLVIII. 1880. Man, 54. Unpublished.	Heart enlarged. Angina pectoris. 1886, lungs becoming affected with great deal of disease.	1880, heart reduced to normal size by diet. Would not follow diet when lungs became affected and died, 1889.
XLIX. 1887. Woman, 46. Unpublished.	Disease in both lungs. Asthmatic. Heart enlarged.	Improved while following treatment closely. But could not control appetite and would steal food; died 1889.

SERIES II.—TEMPORARY ARRESTS.—*Concluded.*

C.—Cases that had bad surroundings; that died of pneumonia, &c.—eleven.

L. See illustrative case, p. 2., col. 2., c.		
LI. 1876. Woman, 33. Case 19. Loc. cit.	Lived in a damp, musty house. Caught severe cold. Disease upper third front. Tubercular blood. Throat much inflamed.	Improved. Passed from under my care. Disease returned. Treated by Homœopathy. Death.
LII. 1876. Woman. Middle-aged. Case 41. Loc. cit.	Disease left lung; Cough. Expectoration. Hemoptyses.	Did well while senior writer supplied her with beef. On his moving away from that town, supply ceased; case died.
LIII. 1882. Man, 24. Unpublished.	Small cavities in both lungs; disease arrested for two years.	Died of pneumonia.

NO. DATE. SEX. AGE. PUBLICATION.	CONDITION WHEN PLACED ON TREATMENT.	REMARKS.
LIV. 1883. Man, 26. Unpublished.	Cavity in right lung.	Disease arrested for a year. Cough stopped. Died of pneumonia caused by exposure in a rain storm.
LV. 1887. Man, 64. Unpublished.	Disease upper third left lung.	Improved. Died of pneumonia.
LVI. 1887. Girl, 22. Unpublished.	Cavity left lung.	Arrested for a year. Disgraced socially by a certain crime committed. Disease resumed its sway; death.
LVII. 1887. Man, 50. Unpublished.	Disease in both lungs.	Arrested for a year. Died of pneumonia; family refused the services of a trained nurse.
LVIII. 1887. Man. Unpublished.	Disease in both lungs.	Arrested; death from pneumonia.
LIX. Man. 1887. Unpublished.	Considerable disease.	Arrested for two years. Died of pneumonia.
LX. Man. Unpublished.	Disease right lung.	Arrested for one year. Died of pneumonia.

It may be said that we were not very successful in our treatment of pneumonia complicated with tuberculosis. The complication is a grave one, and is usually the result of carelessness; still, many recover; we have seen cases of tuberculosis under treatment who had gotten the blood in good condition, and on contracting pneumonia, almost always pull through; one difficulty is in not treating the cases early enough, *i. e.*, not arresting the congestion. But if the blood is full of emboli of yeast and fibrin filaments and massed corpuscles, there is a great plenty of quick work to be done to relieve the engorged lung and help the heart; each case needs its own treatment; pneumonitis in those called well is a more fatal disease than it ought to be, as the laity have been educated into such a dread of it, that when pneumonia is pronounced, they are apt to give up all hope; antipyrin and the newspapers killed many of the cases that died during the late epidemic.

SERIES III.—ARRESTS MORE PERMANENT IN CHARACTER, AND MIGHT BE TERMED CURES IF OCCURRING IN OTHER DISEASES.

A.—*Tubercular—thirty-two.*

B.—*Pretubercular—eight.*

LXI. See p. 3, col. 1.
Mrs. Wall's case.

LXII. See p. 3, col. 1.
Young Man's case.

LXIII. Woman, 20. 1865.
Case 44. Loc. cit.

Cough, expectoration; wasting of flesh; loss of appetite; dullness on percussion and crackling right upper third front. Predisposed to tuberculosis.

Animal food diet repulsive, but she was encouraged by her relatives. Was cured and remains so, 1878; thirteen years.

LXIV. Man, Dec. 1862.
Case 45. Loc. cit.

Diagnosis, double pleurisy and tubercle—so made by the late Dr. Benj. Cutter. Medication did little if any good.

Was ordered to have killed a fat hog which he owned and to eat it. This was done; man not seen again till 1878; then alive and well.

NO. DATE. SEX. AGE. PUBLICATION.	CONDITION WHEN PLACED ON TREATMENT.	REMARKS.
LXV. Girl, 16. 1878. Case 46. Loc. cit.	Sister dead of tubercle. Blood tubercular; disease right upper third front.	Placed on rigid diet. Was cured and remained so, 1880.
LXVI. Woman. 1872. Case 47. Loc. cit.	Cough, emaciation, copious expectoration; dullness on percussion and expiratory crackling well marked over left upper third.	Followed treatment faithfully and was rewarded by restoration to health.
LXVII. Girl, 24. 1875. Case 48. Loc. cit.	Right upper third front and back dullness on percussion; crepitant rales and tubular respiration. Tuberculous blood. Diagnosis of tubercle given by late Dr. William F. Stevens, of Stoneham, Mass.	Lung healed by diet. Has been troubled by a uterine fibroid, and pelvic abscess but pulmonary disease in abeyance.
LXVIII. Man. 1873. Case 49. Loc. cit.	Copious hemoptyses. Lung breaking down.	Heart's action controlled with veratrum; alcohol to outside of chest. Rest; strict diet. Cure.
LXIX. Woman. 1873. Case 50. Loc. cit.	Hard-working woman. Emaciation; cough; disease upper part right lung. Blood tuberculous.	1877 in quite good condition. 1889, Aug., no cough; dry rales right lung; has to work hard; troubled with uterine disease.
LXX. Woman, 34. 1877. Case 51. Loc. cit.	1866, Dr. Buzzell of N. Y. sent her to Wales to recover from hemoptysis, cough and copious expectoration by diet of mutton, milk and mountain air.	Result desired in 1886 achieved. 1877, blood pretubercular; was run down; placed on diet and cured. Seen 1890, well.
LXXI. German, 32. 1877. Case 52. Loc. cit.	Disease, right lung. Abject feebleness. No appetite. Feared tubercle. Night sweats.	Gallon of milk a day. Case made rapid progress to health.
LXXII. Girl, 18. 1877. Case 54. Loc. cit.	Disease lower part of left lung. Blood tuberculous.	Was dieted faithfully and cured.
LXXIII. Irishman. 1876. Case 55. Loc. cit.	Tubercle diagnosticated by other physicians, upper thirds both lungs. Blood tuberculous.	Was cured.
LXXIV. Girl, 16. 1875. Case 56. Loc. cit.	Sister dead of tubercle. Disease upper portion left lung.	Partial diet on which she recovered.
LXXV. Woman, 38. 1877. Case 51. Loc. cit.	Blood tuberculous. Throat inflamed. Pharynx inflamed. Cough; some expectoration. Lung not much affected.	Was pulled out of her condition and is living, 1890.
LXXVI. Woman. 1873. Case 58. Loc. cit.	Disease upper part left lung.	Restored to health by partial diet. Treated for uterine disease, 1874. 1880, well.
LXXVII. Man, 50. 1874. Case 59. Loc. cit.	Disease left upper third front.	Strict diet. Cured of tubercle and asthma. Remains so, 1880.

No. DATE. SEX. AGE. PUBLICATION.	CONDITION WHEN PLACED ON TREATMENT.	REMARKS.
LXXVIII. Irish boy, 17. Case 60. Loc. cit.	Tuberculous blood. Acute tuberculosis right upper third front.	Diet followed out faithfully, Cure.
LXXIX. Woman, 34. 1871. Case 61. Loc. cit.	Chronic cough; expectoration, disease not well marked as yet in lungs. Blood tuberculous.	Remained well under treatment till 1888, and return of trouble; was again dieted with success.
LXXX. Girl, 20. 1878. Case 62. Loc. cit.	Chronic cough; free expectoration; night sweats; pallor; weakness; chest first stages of disease; blood tuberculous.	Cured and remains so. 1880.
LXXXI. Woman. 1871. Case 63. Loc. cit.	Blood tuberculous. Disease right upper third front; cough; severe hemoptysis. Family consumptive; pharynx inflamed, especially patch on posterior pillar palate.	Health restored, 1877. Copious hemoptysis after excitement; heart laboring too much, 1878; uterine disease, restored blood to its tubercular condition; treated energetically and remains well, 1880.
LXXXII. Girl, 17. 1875. Case 64. Loc. cit.	Severe hemoptysis. Cough; lungs not much diseased; heart enlarged; blood tuberculous and syphilitic.	Cure.
LXXXIII. Woman, 35. 1881. Unpublished.	Cavity upper part of left lung.	Was cured positively and died of pneumonia, 1885.
LXXXIV. Girl, 20. 1886. Unpublished.	Hemoptysis. Lung fibers in sputum; blood tuberculous.	Cured and remains so, 1890.
LXXXV. Woman, 50. 1887. Unpublished	Disease base right lung. Breath fetid. Heart enlarged.	Is called a trophy, but may yet go under in her slavish attention to household duties. 1890.
LXXXVI. Woman. 1881. Unpublished.	Crackling and cavernous respiration upper third right lung; inelastic fiber in sputum. Retroversion uterus.	Cured. Wore Cutter Stem Pessary. Died 1889 of typhoid fever; lung remained healed.
LXXXVII. Woman, 48, 1886. Unpublished.	Lung fibers in sputum. Gravel of lungs. Asthma. Tuberculous blood. Albumen, fatty epithelia and casts in urine. Small fibroid tumor of womb, anteversion and ante-flexion.	A tough case. Cured of renal and pulmonary troubles; tumor disappeared under diet. Wore Cutter Stem Pessary to California via Isthmus of Panama. Comparatively well as a valetudinarian. 1890.
LXXXVIII. Woman, 38. 1885. Unpublished.	Disease in both lungs. Uterine disease.	Cured of lung lesion, and fairly well 1890.
LXXXIX. Girl, 20. 1885. Unpublished.	Disease upper third left lung. Lung fibers in sputum. Uterine disease.	Cured; remains so, 1889.
XC. Man, 40. 1882. Unpublished.	Cavities in both lungs. Profuse hemoptyses. Night sweats. Said to be absolutely incurable.	Cured and remained so for two years. Have lost track of him.

NO. DATE. SEX. AGE. PUBLICATION.	CONDITION WHEN PLACED ON TREATMENT.	REMARKS.
XCI. Man, 60. Jan. 1889. Unpublished.	Disease in both lungs.	Promptly arrested and patient satisfied after three months of treatment.
XCII. Woman, 26. 1887. Va. Med. Monthly, Dec. 1888, and Sep. 1889.	Disease through middle of left lung and at apex. Uterine disease. Hemoptyses. Lung fibers in sputum.	Disease arrested and patient died Aug. 1889, from the results of a meningitis and bowel lesion of fibroid thickening.
<i>B.—Pretubercular cases treated that may come under this head.</i>		
XCIII. See p. 3, col. 2.		
XCIV. Physician, 45. 1877. Case 66. Loc. cit.	Takes cold easily. Ulcerated sore throat. Weak and debilitated; loss of flesh; cough and expectoration. Slight diminished resonance on percussion, diminished respiratory murmur, strong expiratory murmur, upper right front. Blood tuberculous.	Dieted but not very faithfully. In 1880, well.
XCV. Man, 24. 1876. Case 67. Loc. cit.	Father dead of tubercle and sister dying. He had lost flesh, strength and voice. Pale and anæmic. No lung lesion. Blood pretubercular.	Treatment resulted in removal of blood morphology of disease. Is well.
XCVI. Woman, 24. 1877. Case 68. Loc. cit.	Phthisis hereditary. Enlarged lymphatic glands. Uterine disease. Diminished respiratory murmur throughout the right lung. Pretubercular blood.	Milk diet. Blood became normal. Glands nearly disappeared.
XCVII. Woman, 30. 1877. Case 69. Loc. cit.	Small fibroid tumor o. womb. Menorrhagia; blood pretubercular.	Blood restored to health and tumor disappeared under diet influences.
XCVIII. Girl, 21. 1877. Case 70. Loc. cit.	Feeble respiration right lung. Blood pretubercular. Debility; cough; uterine disease.	Pyrophosphate of iron. Strict diet. Rest. Entire recovery.
XCIX. Woman, 25. June 1888. Va. Med. Monthly, Dec. 1888.	Mother and brother dead of tuberculosis. Weight, 248. Red corpuscles pale in color and sticky. White corpuscles enlarged with spores of vinegar yeast. Spore collects in serum spaces. Also crystals of cystine.	Fatty heart. Dieted for six months. Weight 150 lbs. Calls herself well March, 1890.
C. Man, 60. 1878. Unpublished.	Heavy cough. Brother dead of tuberculosis. Corpuscles massed. Yeast and fibrin filaments present.	Dieted and cured. Lived in Japan several years. Well, March 1890. Diet principally beef and bread. Lives in the South in winter; is a hard worker in his profession.

