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ACOOBDIHO TO

THE PRINCIPLES OF HOM(EOPATHY,

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BERNHARD BJEHR, M. D.

TBASfllLATBD AHD BXBIOHBD WITH BUMBBOUB ADDITIONS

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CHARLES J. HEMPEL, M. D

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CONTENTS OF THE SECOND YOLUME.

SETCliftV SEGTIOir.

Diseases of the Seziial Organs l

A. DiaeoMM of the Male Sexual OrganB 1

1. Urethritis. Gonorrhoda, Oatarrli of the Urethra, Blex rhcBa of the Urethral Lining Membrane.^ 1
2. Orchitis, Inflammation of the Testes 18
8. BpermatorrhoQa ~ 16
- B. Dieeaeeee of the FemdU Sexual Organe 20
1. Vaginitis, Catarrh of the Sexnal Mucous Lining. Fluor Albus, Leucorrhoda, Whites... 20
2. Metritis, Inflammation of the Womb 27
8. Metritis paeri>eralis. Puerperal Fever, Inflammation the Uterus during Confinement 84
4. Oophoritis, Qyaritis. Inflammation of the Ovaries 45
5. Menstrual Anomalies 47
 - a. Derangements attendant upon the appearance of the Menses 53
 - b. Amenorrhoea, Suppression or Delay of the Menses 55
 - c. MenstiTiatio Nimia, Profuse Menses 57
 - d. Dysmenorrhoea, Scanty Menses 60
 - e. Difficult Menstruation, Ailments accompanying the Menses. 61
6. Metrorrhagia. Uterino Hemorrhage 66
7. Carcinoma Uteri. Cancer of the Womb « 81
8. Various Morbid Cond.clons in the Sexual System of the Female 87
9. Vaginodynia, Neuralgia of the Vagina i.. 92
10. Mastitis, Inflammation of the Breasts 95
11. Mastodynia 99
12. Carcinoma Mammas. Cancer of the Breasts 100

EIGHTH

!«•

Diseases of the Hespiratory Organs 107

A, DiseoMee of the Larynx and Trachea 107

1. Laryngotraoheitis Catarrhalis acuta. Acute Laryngo-
tracheal Catanh 107

2. Laryngotracheitis Crouposa. Croup, Membranous Croup 1

8. Laryngotracheitis Chronica. Chronic Laryngotracheal

Catarrh 129

(V)

VI Contents of the Second Volume.

Pftgt

i. (Edema Glottidis, Laryngitis Sabmaoosa, (Edema of the
Glottis- ^ 187

6. Spasmus Glottidis, Spasm of the Glottis 140

6. Ulcers of the Larynx^ Helcosis sea ulcera laryngis 14

B. IHieoiM of the Lungt 149

1. Hyphenemia of the Lungs. Congestion, Plethora of the
Lungs 150

S. Pneumorrhagiay Pulmonary Hemorrhage ~ 154

8. Bronchitis Acuta, Acute Bronchitis 164

4. Influenza, Grippe ~ 182

5. Tussis Gonvulsiva, Pertussis, Whooping-Cough 108

6. Bronchitis Chronica, Chronic Bronchitis, Chronic Pul-
mooiary or Bronchial Catarrh 310

7. Brondiectasia, Dilatation of the Bronchia ~ 284

8. Emphysema Pulmonum, Emphysema of the Lungs 285

0. Pneumonia, Inflammation of the Lungs 243

10. Gangrsani^ Pulmonum, Gangrene of the Lungs 808

11. (Edema Pulmonum, Hydrops Pulmonum, (Edema of the
Lungs, Dropsy of the Lungs 807

- 12. Asthma , , , * 811
- O. DUEoMi of ih6 Diaphragm 821
- 1. Diaphragmitis, Inflammation of the Diaphragm 822
- 2. Singultus, Hiccup 828
- 8. Hernia of the Diaphragm 824
- D. DiieoM of ^ Pleura 825
- 1. Pleuritis, Pleurisji Inflammation of the Pleura 825
- 2. Hydrothoraz, Droqpsy of the Chest 842
- 8. Pneumothorax , 848
- NIKfTH itllCTIOLI.
- Diseases of the Organs of CironlatioiL 846
- A. DiMOMiof the Heart , 846
- 1. Carditis, PericarditiSi Endocarditis, Myocarditis. In
mation of the He^rt, Pericardium, Endocardium, Sub-
stance of the Heart 847
- 2. Hypertrophia Cordis, Hypertrophy of the Heart 879
- 8. Dilatatio Cordis, Dilatation of the Heart 881
- 4. Adlpositas Cordis, Patty Degeneration of the Heart 88
- 6. Anomalies, Abnormal Conditions of the Oriflces of the
Heart, Valvular Diseases 888
- a. Insufficiency of the Miti'al Valve 888
- b. Stenosis of the left Auriculo-ventricular Orifloe 889
- c. Insufficiency of the Aortic Valves 804
- d* Stenosis of the Aortic Orifice 896
- 6. Defects of the Oriflces and Valves of the Right
Heart 899
- 6. Palpitation of tl|e Heart 899
- 7. Stenocardia^ Angina Pectoris 405

Contents of the Second Volume. VII

TENTH SIEVELOJi.

Pag«

DeraBgementB of Single Systems 410

A JHteoiss of ihs BoTiet^ Mu\$eU\$^ AfUmiiaUant 410

1. Ostitifl, Periostitis, Pott's Disease. Inflammation o
Bones and Periosteum 410

2. Bhadiitis, Rickets 416

8. Enchondroma, PsdariJirocaoe, Spina Yentosa 490

4. Psoitis, Inflammation of the Psoas-muscle 421

5. Lumbago ~ 428

6. Progressiye Muscular Paralysis 424

7. Inflammation of Joints 426

a. Coxalgia, Coxarthrocace, Inflammation of the Hip-
Joint ~ m 427

h, Gonarthrocace, Tumor Albus Genu, Gonitis, In-
flammation of the Knee-joint 480

c. Inflammation of the Tarsus 483

J3, DiHa\$et of the Arteriei^ Veiniy Lymphatici and Lyftp

1. Diseases of the Arteries 489

sSa jjiseases ot cne veins*

a. Phlebitis, Inflammation of the Veins ... 486

b. Phlebectasia, Varices, Dilatation of the Veins

8. Diseases of the Lymphatic Vessels and Glands

a. Lymphangioiditis and Lymphadenitis Acuta 44Si .

b. Lymphadenitis Chronica, Chronic Inflammation of
Lymphatic Glands - 446

(7. Ditsattedof the Nsrvei 447

1. Ischias 447

2. Neuralgia Intercostalis. Intercostal Neuralgia 460

D. DinoM of the Skin 452

1. Erythema ^ 468

- 2. Erysipelas ^ 455
- 8. Roseola, Rubeola 465
- 4. Urticaria, Nettlerash - 466
- 6. Miliaria, Rash -. 468
- 6. Pityriasis, Dandruff, Dandruff ^ 470
- 7. Psoriasis, Scaly Tetter ^ 472
- 8. Ichthyosis, Fish-skin, Porcupine Disease 478
- 0. Lichen, Strophulus, Tooth-Rash •••••- 474
- 10. Prurigo 476
- 11. Acne, Stone-pock • •, 478
- 12. Sycosis, Mentagra...^ ^ 480
- 18. Aone Rosacea, Gutta Rosaoea, Copper-nose, Bottle-nos
- 14. Lupus, Wolf; Jacob's Ulcer 488
- 15. Herpes, Tetter 486
 - a. Herpes Facialis 487
 - b. Herpes Pmputialis 487
 - C Herpes Zoster, Zona, Shingles 488
 - d. Herpes Iris and Circinnatus - 490

vm Contents of the Second Volume.

Pag«

- 16. Eczema 400
- 17. Impetigo ^ , 497
- 18. Ecthyma, Rupia 499
- 19. Pemphygus 501
- SN). Furuncle, Oarbunde, Anthrax * 508
- 81. Seborrhcaa 505
- 22. Fayufi^ Honey-comb Tetter, Scald-head - 606
- 28. Bcabiesy Itch. ^ 507

IXLSTIIBr TH SECTIOKT.

- Constitutional Diseases .« 518
- A Acute and Chronic Contagiout Dueates ^ 513
 - 1. Morbim, Measles 518
 - 2. Boarlatina, Scarlet-fever 522
 - 8. Yariola, Bmall-pox 582
 - 4. Syphilis 542
 - a. Primary Chancre 548
 - % b. Secondary Syphilis 548
 - c Tertiary Syphilis 551
- B. Epidemic and Endemic Infectioue Dieea*e9 568
 - 1. Intermittent Fever, Fever and Ague 508
 - 2. Typhus ., 576
 - 8. Febris Icterodes, Yellow Fever 603
 - 4. Cholera Asiatica 618
 - (7. ConstUtiondl Diseaaee without Definite Infection 63
 - 1. Chlorosis, Green-sickness 624
 - 2. Bheumatism 630
 - a. Acute Articular Rheumatism 680
 - b. Acute Muscular Rheumatism 6S2
 - c. Chronic Articular Rheumatism 683
 - 8. Arthritis, Gout 640
 - 4. Dropsy 615
 - 5. Scorbutus, 8cui*vy 649
 - 6. ScrofUlosis 652
 - 7. Tuberculosis 658
 - 8. Constitutional Plethora, Polyamia, Uypersemia 681
 - 9. Ansmia, OligsBmia. Deficiency or rather Paleness of t
Blood 687
 - 10. Congenital AuBBmia 701
 - 11. Consecutive Anamia 709

- 12. Secondary Anemia 711
- 18. Marasmus, Tabes 711
- 14. Obesitas, Adiposis, Polysarcia, Obesity 714
- 15. Ursemia 720
- 16. Pyemia. Purulent Decomposition of the Blood 728
- 17. Septicemia. Putrid Decomposition of the Blood 702
- 18. Gastricalgia, Softening of the Stomach ^ 787
- ' 19. Goitre, Bronchocele, Derbyshire Neck - 748

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SEVENTH SECTION^

Diseases of the Sexual Organs.

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A. DISEASES OF THE MALE SEXUAL ORGANS.

1. Gleet.

Gonorrhoea^ Catarrh of the Urethra^ Blenorrhoea of the Mucous Lining.

If we have not made a distinction between virulent and non-virulent gonorrhoea, it is because the last-named disease and indefinite and, moreover, of such rare occurrence, the allusion to the same will suffice for all practical purposes. The non-virulent blenorrhoea is caused by the

tation produced by foreign bodies in the urethra (calculi) it may be caused by excessive sexual intercourse, interfering the menstrual flow, irritating drugs, etc., although frequently by the latter; it may likewise have a catarrhal and, finally, may constitute a symptom of other inflammation more especially of the bladder and prostate gland. In a blennorrhoea we should never be too hasty in not attributing the contact with an infectious virus. Gonorrhoea proper infectious blennorrhoea of the urethra, is always occasional contact; and, although we cannot deny the possibility gonorrhoea may result without sexual intercourse, yet in many cases it may be boldly asserted that an impure coitus is the cause of the disease. Of course, the patients make every effort to conceal the origin of their trouble. What conditions influences have to co-operate in order to produce an infection is difficult to determine: all we know is, that the same virus can infect one person without infecting the other. The degree of excitement may possibly constitute an additional cause. At all events it is remarkable that novices are almost a

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2 Diseases of the Male Sexual Organs.

Regarding the nature of the gonorrhoea! contagium, opinions still differ. Some deny the specific nature of the contagium, placing it in the same category as the secretion of epidemic blepharitis; they assert that gonorrhoea is caused by contact with a secretion caused by an intense catarrhal inflammation of the urethra. This view is not entirely unfounded, and is more particularly supported by the circumstance that gonorrhoea does not supersede constitutional diseases. Others attribute to the gonorrhoea a specific character, and the power of producing constitutional diseases, concerning whose essential actuality and nature, we have further remarks in the following paragraphs. The gonorrhoeal virus has even been supposed to be identical with the cholera poison; this opinion has, however, been abandoned. We cannot afford time or space to enter upon a more extensive discussion of these points, to which we shall, however, refer somewhat in the next paragraph. [Jahr's recent work on Venereal Diseases translated and edited with numerous notes and additions by J. Hempel, M. D., and published by W. Badde, No. 550 Pea Street, New York, is the best work on this important subject now in the literature of our School; no physician who desires full and accurate knowledge of the various opinions now prevailing regarding the nature of the gonorrhoeal virus and the symptoms of contagium, or of the manifold disorders which they are causing, from the simplest blennorrhoea to the most complicated organization, or of their homoeopathic treatment as conforming to the strictest and unimpeachably scientific principles can do without this work. H.]

Symptoms of the Course. The time between the first communication of the gonorrhoeal disease and its actual manifestation is from three to eight days, very seldom either less or more; the patients are very apt to indicate a longer period. However, this is an intentional deception, but may likewise be for the reason that the disease sometimes sets in so mil-

may have existed for some days without having been noticed. The duration of the stage of incubation may likewise differ, the sequence of differences inherent in the degree of infection of the secretion, as has already been noticed when speaking of gonorrhoea of the eyes. The affection commences with a titillating, sometimes even voluptuous sensation in the urethra, which a small quantity of a transparent, slimy secretion is discharged by which the orifice is glued together in the morning.

Urethritis. 8

In this stage the visible portion of the urethra becomes already redder and swollen. The peculiar titillation is an increased desire to urinate and increased erections, also by nocturnal emissions. In a few days the titillation gives place to a pain, the urging to urinate becomes more frequent, urinating becomes intolerable, and the urine of which on drops are emitted, becomes scalding hot, so that it seems as if the urine is emitted in larger quantity, the pains during emission are less severe, but so much more violent immediately after. The concentrated urine, moreover, causes an increase in which account the first discharge of urine early in the morning is the most distressing. The orifice of the urethra now swells quite perceptibly, the lips look very red. The secretion remains scanty, looks yellow or greenish-yellow, is thick, the linen with yellow or greenish-yellow stains, and, in the morning, is easily squeezed out in an increased quantity. The sensation of the urethra to pressure now extends to the fossa navicularis. The erections, especially at night, become more frequent and continuous, causing the patient great pain in consequence of the exceedingly sensitive urethra; emissions now occur rarely. Shortly after this, the purulent secretion increases, but preserves its greenish-yellow color. The parts about the discharge, the glans and prepuce, swell; the smegma is secreted more abundantly, excoriations and small superficial ulcers result. The inflammatory irritation of the prepuce eventually results in phimosis or paraphimosis. The further extension of the disease is evident from the fact that the urethra now is inflamed to its whole length. It is only in a few cases that the gonorrhoea remains confined to the anterior portion of the urethra. The inflammatory stage seldom lasts less than eight days, usually a fortnight. General febrile symptoms are seldom present, what might be considered as such, is owing to the mental suffering of the patient and to the intensity of the pain. To the end of this first stage the discharge generally becomes more abundant, but its color changes more and more to that of a whitish and assumes a more fluid consistence. At the same time that urinating abates almost entirely, leaving at most only a slight painful feeling, the erections become less frequent and painful. On the other hand, the nocturnal emissions are apt to be more frequent and to be followed by slight exacerbations. The white secretion leaves gray and stiff stains on the linen, with a yellow

4 Diseases of the Male Sexual Organs.

the centre. In favorable cases the whole disease is terminated

five to seven weeks amid a gradual abatement of all the

Such a simple and favorable course does not by any means stitute the rule; generally we meet with one or more com

In the first stage, we not unfrequently meet with a cons inflammation, on which account a gonorrhoea of this kind termed erythematous, with distinct febrile motions. The matory stage may be protracted beyond the above-named pe In the next place we sometimes observe inflamed spots in borhood of the urethra, elongated or rounded infiltratio sometimes terminate in abscesses, but are not always of portance. The extension of the inflammation along the wh course of the urethra is apt to superinduce a simple con even inflammatory affection of the prostate gland, rarel bladder. An inflammation of the prostate gland involves because it may result in a more or less complete retenti or terminate in suppuration. Orchitis will be spoken of by and by. Inflammatory swellings of the inguinal glands called gonorrhoeal buboes, are very common. They are of cial importance, and disappear of themselves as soon as matory stage has run its course.

Isolated deviations from this picture of gonorrhoea, exe no influence upon its general course. The so-called dry consists in a short-lasting suspension of the purulent s is most commonly accompanied by an exacerbation of the i matory symptoms. It not unfrequently happens that at the mencement of the disease streaks of blood are mixed up w pus, which does not influence the further course of the so-called torpid gonorrhoea which has the peculiar chara being totally or partially without any inflammatory symp of rare occurrence and mostly attacks individuals who ha disease more than once. It cannot be denied that repeate of gonorrhoea and the cauterizing action of the injectio ing the treatment of such attacks, diminish the disposit tract an inflammatory gonorrhoea.

One of the most painful complications is chordae by whic derstood the curving of the penis downwards during an er It arises when the corpora cavernosa have become involve inflammation and the consequent infiltration of these bo not permit the interstitial swelling of these parts duri

Urethritis. 5

tion. This trouble is so much more serious as this condi corpora cavernosa may remain a permanent disorganization

One of the most ordinary consequences of gonorrhoea, whi common, that it may almost be considered the rule, is gl nic urethritis or secondary gonorrhoea. It arises gradua acute form, the discharge becoming more and more scanty, and thinner, and continuing all the time, sometimes for less arrested by medical interference. It often defies a A discharge of this kind would be of comparatively trifl tance if we knew to a certainty whether it is infectious latter supposition having undoubtedly the larger amount

bility in its favor. The treacherous stains on the linen a source of great anxiety to the sufferers, and it is no wonder if they desire to be freed from their distress. Fibrosities will occur during gleet, which, if they do not resist an attack of acute gonorrhoea, cause some pain at urinating increased, whitish discharge. Such exacerbations sometimes after slight colds, after drinking beer or wine, or even Gleet is no guarantee against a fresh infection, but this it instead of rendering it more inveterate.

Among the sequelae which may involve the bladder, prostate gland, etc., we note more especially strictures of the urethra. The cause of stricture may be a contracting cicatrix in the urethra, in which case the bougie is alone capable of affording help. The stricture may depend upon infiltration and subsequent hypertrophy of the tissue surrounding the urethra, in which case it is sometimes felt externally like a hard, elongated swelling.

We shall devote a few lines to the so-called gonorrhoeal and gonorrhoeal metastases. Hahnemann speaks of two kinds of gonorrhoea, a benign kind which may be regarded as a local disease of the urethra, and another kind depending upon the syphilis. Hartmann observes, that the two kinds cannot well be distinguished in a given case. It can scarcely be supposed that gonorrhoeal metastases constitute a distinct phenomenon in gonorrhoea, when it runs its course as completely and rapidly with, as without. If gonorrhoeal metastases constituted a specific product, gonorrhoea ought to be a result of the syphilitic miasm, and syphilitic metastases likewise occur in the former disease. But it may, it is of very little consequence whether there is a connection between gonorrhoea, for in practice we cannot make this distinction if we would. It is an established fact, that the gonorrhoeal

6 Diseases of the Male Sexual Organs.

resemblance to the syphilitic contagium, by which the former does not develop, as a more or less regular constitutional malady, and that it acts like the contagium of gonorrhoea and similarly to the contagium of scarlatina, etc. Or shall we consider these contagia as causes which sometimes leave severe derangements behind them? In our opinion, a gonorrhoeal disease neither exists, nor is it at all possible. At an intense gonorrhoeal infection, including, of course, the kind in which it is often treated, gives rise to a constitutional disease, it is wrong to hold the gonorrhoea responsible for it, any more than to hold the contagium of scarlatina responsible for it, if that it may have acted as the exciting cause or the spark which have ignited the accumulated combustible material. This is supported by a number of analogies, whereas the other view is supported for its proof a mass of speculative hypotheses. Let the doctrine be invited to point to a case of gonorrhoeal constitutional disease. If such a thing did at all exist, it would be difficult to pick out a dozen cases among the tens of thousands that have been treated for gonorrhoea. And then it would be incumbent upon them to show that in those cases the gonorrhoea was a simple blennorrhoea and not caused by a syphilitic ulcer. Hahnemann has not made this distinction, nor is it probable that he did so.

Gonorrhoeal metastasis, is likewise a theory of very que authenticity. Orchitis is certainly not to be regarded a metastasis and, as regards gonorrhoeal rheumatism, which mitted even by the most obstinate sceptics, we are not q whether the medicines which the patient took, have not m with it than the gonorrhoea. Under homoeopathic treatmen have never yet met with a single case of pretended metas

Treatment. Hartmann's views in respect to the treatment gonorrhoea differ from our own in many respects.

According to Hartmann, Hahnemann gives the following ins tions for the treatment of gonorrhoea: "Sycosic gonorrhoe most certainly and radically by the internal use of Thuy homoeopathic to this disease, giving one dose of a few p 80th potency, which, if no improvement has taken place i thirty or forty days, is to be followed by an equally sm the 12th potency of Nitric add which must be permitted t an equally long period. The miasm of the other benign ki gonorrhoea does not seem to infect the general organism,

Urethritis. 7

main localized in the nrinary organs. This kind of gonor to a single drop of the fresh jnice of parsley (succns P provided the frequent urging to urinate indicates this d drop of an alcoholic solution of Copaiva, unless the int mation and the debilitating treatment have roused the la which hitherto had been slumbering in the organism of th in which case it often happens that a lingering gonorrhoe into action which will only yield to an antipsoric treat mann replies to these statements in the following words: simple gonorrhoea yields only in a few cases to the tinc ley or to the alcoholic solution of Copaiva: nor have I cure sycosic gonorrhoea with nothing but Thuya ; in gene kind of gonorrhoea cannot well be separated from the ben unless condylomata are present, or the patient knows pos the woman who infected him, had sycosis. The same remark plies to figwarts. Quite recently I treated a case of sy lomata which would not yield to Thuya, but got well in t after a single dose of Kitric acid 1 ; in another case I with two doses of Oinnaharia; in other cases other mercu arations were required." At a later period he adds: ^^In cases of gonorrhoea all three remedies proposed by Hahne even many others, have to be used for a cure." - ^^I kn gonorrhoea which sets in with great violence at first, i easily managed, if Thuya is used at once at the commence Nevertheless, I admit that I am as yet unable to disting gonorrhoea from any other form unless condylomata are pr Gonorrhoea attended with condylomata is in most cases a affection, as may be inferred from the fact that it disa taneously with the sycosic disease against which the tre to be directed."

The idea of a so-called gonorrhoeal disease is very plai ciate in the preceding paragraph. It is evident that the a sycosic miasm owes its origin to the difficulty of exp

quently peculiar and chronic course of gonorrhoea; but I undertake to explain that which requires to be explained in an explanation which is itself unintelligible. If you consider a statement of this kind as disrespectful to Hahnemann, consider that it is much better to admit defects than to close one's eyes to them. How many cures has any homoeopathic physician made in accordance with Hahnemann's precepts? A mild gonorrhoea runs a course of five to seven weeks. How

8 Diseases of the Male Sexual Organs.

talk about cures if we are to let remedies act for forty days? If a gonorrhoea disappears under Hahnemann's treatment what has Thuya or Nitric acid to do with the cure?

We boldly assert that most homoeopathic physicians employ means and methods in order to secure the cure of gonorrhoea. The gonorrhoea disappears in the fourth week, we are entitled to consider this a cure. It will scarcely ever yield in a short time. Hartmann admits that this disease cannot be cured by means of a strict comparison of the symptoms, and that we get along without resorting to a certain empiricism. "We are with him in this opinion; hence the reader must not expect the use of each of the following remedies accounted for the remission of the symptoms.

For the first stage of an uncomplicated gonorrhoea there is no better simile and no more efficient remedy than Mercurius. This drug has the whole group of symptoms; tickling in the urethra when urinating, the tickling is of a sort, attended with violently excited sexual desire; greenish purulent secretion from the urethra, with traces of inflammation of the prepuce and glans with balanorrhoea; break-down of little sores; urging to urinate, with frequent and painful urination etc. The choice of Mercurius is therefore in strict accordance with homoeopathic principles, but does not depend, as Hartmann states, upon the resemblance of the gonorrhoeal to the chancre-void does not exist. If Hartmann states that he has cured but of gonorrhoea with Mercurius, we do not find this strange. Mercurius is not sufficient to a cure, and even if it were, it does not cut the disease at once, for it cannot be cut short by interference. Let it suffice to state that most homoeopathic physicians employ Mercurius as long as the inflammatory symptoms continue. So the above-mentioned complications likewise require Mercurius, allude more particularly to inflammatory infiltrations of the urethra and to the parts adjoining the urethra. It is surprising that such infiltrations scarcely ever occur if the gonorrhoea is treated with Mercurius from the beginning. If chordae sets in, Mercurius is indicated by the cause producing the chordae. Gonorrhoeas likewise require Mercurius. The doses should not be too high, as we have always had more success with the second trituration with the higher attenuations; one or two grains every morning and evening every other morning are quite sufficient; it may be continued the use of this drug longer than ten days.

Urethritis. 9

Hepar sulphuris is the best remedy to give after Mercari symptoms referring to the disease are not very character the success obtained in very many cases, is remarkably s This medicine is given as soon as the discharge assumes color and the pains abate quite considerably. This usual place about the ninth or tenth day. Under the perseverin this remedy, the discharge will either cease entirely in week, or else become so trifling, that the pain will alm will a secondary discharge remain, except in a very few cnrius and Hepar sulphuris are tolerably sure remedies f complicated gonorrhoea of moderate intensity. The variou tions from the average course of the disease will requir tional remedies.

For the excessive sexual excitement during the inflammat rioid of gonorrhoea, with almost unceasing painful erecti cially at night, violent urging to urinate, with inability more than a few drops, discharge of blood, or if there i charge as in dry gonorrhoea, Cantharides will be found e This remedy should not be given too strong ; even the th tion may still cause an homoeopathic aggravation.

If the gonorrhoea sets in without any marked inflammator toms; if the discharge is copious, rather white than yel causing a superficial inflammation of the glans and prep nobis is preferable to Mercurius at the outset. Marked s citement argues against, rather than in favor of the rem the subsequent course of the disease where Hepar has bee Cannabis sometimes has a very good curative effect. This should be given in the lowest attenuations.

The true torpid gonorrhoea which is more particularly me in individuals that have been infected several times, re cure Thuya, Acidum nitr.. Sulphur and likewise Hepar sul and in general, the remedies recommended for secondary g

As we said before, gonorrhoeal buboes are best treated w curius; but after they have passed into a chronic-inflam dition. Clematis erecta or Kali iodatum should be employ

Chordae does not require any special treatment: it is be upon by Mercurius. If the erections are frequent and con Cantharides may relieve them. An admixture of blood in t charge is not an alarming symptom, and is met by most of viously-named remedies.

10 Diseases of the Male Sexual Organs.

If the bladder becomes involved in the inflammation^ ^he cines indicated for cystitis, will have to be used.

Secondary gonorrhoea constitutes, so to speak, a separat tion ; it is one of the most obstinate plagues both to t and patient, and its removal is so much more difficult a a great uniformity of symptoms which greatly interferes selection of the suitable homoeopathic agent. The publis

shed very little light regarding the preference that should be given to one or the other remedy; it is, indeed, very difficult to decide between a cure effected by the action of Nature and the remedy.

According to the experience of most physicians Thuja is the best remedy. It should not be given as long as the symptoms are present; nevertheless, it is recommended by and even by Hahnemann, at the outset of gonorrhoea. In the early stage Hartmann only derived benefit from Thuja if condylomata were present; on the contrary, in secondary gonorrhoea, Thuja is very efficacious, which many other practitioners confirm from their own experience. Although the presence of condylomata is an indication, yet Thuja likewise acts well if no condyloma is present.

Nitric acid competes with Thuja, but will scarcely ever be useful, except in the secondary form of gonorrhoea. As Thuja seems to act best in cases where Thuja had proved useless.

Petroleum has been recommended in former times, but is now very generally abandoned on account of its inefficiency and expense. It has likewise been recommended in the acute form particularly if the neck of the bladder is very much inflamed. Iodine may likewise prove useful under such circumstances.

Sulphur sometimes has a good effect if all the other remedies have proved fruitless; nevertheless it cannot be depended upon in certain cases. In strictures occasioned by chronic-inflammations it is an important remedy. Clematis recta and Nitric acid, however, should be tried first for this trouble. Strictures depending on the presence of cicatrices in the urethra, are beyond the reach of internal treatment and have to be managed by surgical means, such as bougie, etc.

The following remedies have likewise either been used or recommended. In acute gonorrhoea: Balsam of copaiba, Tussilage, Petroselinum; the last-named remedy deserves the most attention.

Urethritis. 11

although it is not used much by practitioners generally. Remedies: Culebrete, Agnus castus, Mezereum, Iodine, Phosphoric acid.

[In several inveterate cases of gonorrhoea, where injections have been used for several months without the least benefit, effected by Eufka by means of the internal use of Matico, a Peruvian plant known in Peru as the Yerba del soldado, (the weed or herb.) H.]

It cannot be denied that Homoeopathy cannot boast of any brilliant results in the treatment of gonorrhoea. It is generally true that a real gonorrhoea yields in a few days to homoeopathic treatment; it generally takes weeks to cure, and even then the gradual transformation of the discharge into a gleetish discharge cannot be avoided. Have we not yet the right remedies? Or do we not make a proper use of the remedies we have? In this condition of things it certainly

us to ascertain how gonorrhoea is treated by physicians Schools. The most common method now in vogue is a vigorous cauterization of the urethra with Nitrate of silver, zinc even the most inveterate doubter can deny that a gonorrhoea sometimes cut short by such a proceeding ; on the other certain that a cure does not always take place in this treatment is attended with severe pain, and that it is no danger as regards the supervention of strictures. This stance is of course flatly deified by the partisans of the cauterizing or aborting method. Astringent injections after the inflammation is passed, frequently lead to good results, nor are secondary effects attended with the danger involved in the former method; nevertheless they are not absolutely reliable, it happens that the gonorrhoea breaks out again after a subsidence of several days. Large quantities of Copaiva and Cubebs sometimes suppress the discharge for a few days, but it frequently turns again with a renewed fierceness and changes to a more obstinate gleet. In addition to these disappointments the intestinal canal is sometimes very much weakened by these remedies. Moreover it is our conviction that these two drugs are the frequent cause of gonorrhoeal orchitis and of the peculiar rheumatism, neither of which conditions has ever occurred to us under a strict homoeopathic treatment.

Upon the whole, we are willing to admit that these several modes of treatment are now and then crowned with brilliant success but on the other hand we believe that they do not counterbalance

12 Diseases of the Male Sexual Organs.

the dangers incident to this treatment ; we believe that gonorrhoea treated in this manner, without being cured, becomes more inveterate. Hence we prefer, under all circumstances a slower but safer homoeopathic treatment, were it for no other reason than that it never does any positive harm. It might be worth while to ascertain how often a strict homoeopathic treatment of gonorrhoea has resulted in orchitis, strictures, cystitis cases will be few indeed. Another advantage of the homoeopathic treatment of gonorrhoea, which is readily perceived and appreciated by the patients, is the circumstance that they need not undergo themselves distressing inconveniences. It is well, however, to direct the attention of the patient should be directed at the commencement of the treatment to the difference between the allopathic and the homoeopathic methods.

The patient's mode of living constitutes an important part of the treatment of gonorrhoea. The views of physicians differ in this respect. Some doctors torment their patients half the time by their pedantic dogmatism in regulating the diet and mode of living. Abundant experience has satisfied us that so much pedantic care is uncalled-for. The patient may take exercise should avoid all severe exertions and remain as much as possible in a recumbent posture. Every patient should be guarded from the good suspensory which we do not, however, regard as a precaution against orchitis. The usual diet may be pursued with the following exceptions : The patient must abstain from fat food, eat sparingly, avoid spices, spirits, wine and beer, and during the first period of the treatment ; during the subse-

ment coffee may be drank without hesitation. In order to the nocturnal erections, the supper should be very light in good season; after supper all beverages should be abs from. Balanitis and phimosis are best prevented by frequ washing the penis with tepid water ; if the glans is cov prepuce, the water should be injected under the prepuce. cians should never omit to direct their patients' attent danger of gonorrhoea! virus getting into their eyes. By ally drinking cold water, the urine becomes much less co My patients drink a glassful every hour. The night-urine cially irritating; on this account the patients should d three glasses of water on rising in the morning, and sho wait forty or fifty minutes before urinating ; during th larger portion of the water will have passed into the bl

Urethritis. 18

pnrnsning this course we have always got along tolerably our patients enjoy the advantage of being able to attend usual avocations. That even severe exercise may not alwa an injurious efect upon gonorrhoea, has become evident by the example of dozens of soldiers who, in order not t to the hospital by their regimental physician, were trea secretly and who attended to their military duties all t even those who served in the artillery. "We have never s injurious consequences result from this management. As a of course, the presence of important complications durin of gonorrhoea will require corresponding modifications i arrangements. In recent cases of secondary gonorrhoea, t cold water, as above recommended, should likewise be res in cases of long standing it has no effect. The injectio Hahnemann likewise concedes as proper, have sometimes, b always, a favorable effect. Excellent injections are pre daret diluted with water, to which small quantities of T be added. We have never obtained equally favorable resul weak solutions of Nitrate of Silver, Muriate of Gold, Su Thuya; nor have we done any better with lime-water, or s of Zinc, Copper, or Lead.

9. Orehltim

Inflammation of the Testes.

Now and then this affection is met with as the result of injuries, but most frequently originates in gonorrhoea. supervenes during the course of acute urethritis, but it set in suddenly during gleet, generally without any appa ing cause. Severe exertion or the discontinuance of the pensories are said to sometimes cause the disease, but t established fact. The excessive use of beer or wine is a active cause of the disease, probably because the inflam very much increased by such stimulants. Both Cubebs and hold the same relation to gonorrhoea. They have a specif upon the urethra, and it is easily conceivable that, ins ing a cure when given in large quantities, they aggravat flammatory symptoms and, owing to the specific action wh likewise exert upon the testicles, communicate the infla these organs. This point has not yet been substantiated

ings on the healthy. At any rate it is strange that the of these two drugs should be so frequently and speedily

14 Diseases of the Male Sexual Organs.

orchitis which is scarcely ever observed under strictly treatment unless the patient should commit some gross in It might be well to inquire into this circumstance ; the suggest additional reasons for preferring the homoeopath ment of gonorrhoea. That orchitis takes place in consequ the spread of the urethral inflammation through the semi cles to the vas deferens and the epididymis, is distinct the painfulness of the former organs. A gonorrhoeal meta out of the question, because the gonorrhoea! discharge d tinues side by side with the orchitis, or only disappear orchitis is fully developed, not before, in the same man catarrh disappears during the supervention of a more ser ease of the respiratory organs.

Symptoms. Orchitis seldom sets in suddenly. Ordinarily i commences with slight drawing pains in the spermatic cor is sensitive to contact. At the same time the patient ex violent tearing pains in the thigh of the affected side. of the testicles at first is troublesome,, then becomes finally intolerable. In one or two days the epididymis b painful to pressure, swells with more or less rapidity, after is succeeded by an inflammatory effusion into the pria, in consequence of which the testicle very soon enl size of a fist. The pains now become agonizing; the pati confine himself to a horizontal posture with the testicl supported. The pain is a burning-tearing pain, most freq with remissions after the fashion of rheumatic pains. Th condition of the patient does not suffer much, only in v there is fever or even vomiting. The discharge usually d after the orchitis is fully developed, and does not re-a inflammation has run its course; only in a few cases it appear after the subsidence of orchitis.

The inflammation in its acute form does not often last b the tenth day, sometimes the improvement commences on th day. This, however, is not very rapid, since it sometime weeks before the testicle resumes its former size ; very an obstinate swelling of the testicles remains.

Tre€Ument. Most physicians prescribe in the first place curius sol. or vivus, especially if the orchitis had its attack of gonorrhoea. We give the first trituration and it until the inflammation begins to abate. For orchitis chronic urethritis, Clematis erecta is preferable. This

Orchitis. 15

good service after Mercurios, even better than Pulsatill however, has more decided symptoms referring to such a is veiy difficult, in a case of this kind, to select a r ance with the symptoms, for the reason that the symptoms

different drugs are so very much alike. Beside the above drugs, we likewise recommend *Addum nUr.j* especially if the patient is tainted with syphilis and has taken a good deal. The subsequent enlargement of the testicle, if of recent origin, requires in the first place *ClenuUiSy* likewise *locUum*; Harter proposes *Staphysagria*^ and, if the enlargement had lasted a long time, *Aurvm met* and *Sulphur*. *Udocynthis* has helped us out very much in two cases of violent rheumatic pains in the thighs which originated from the testicle and had remained behind after an

If the orchitis does not originate in gonorrhoea, a few remedies deserve attention. If caused by a contusion of the testicle, *Arnica* has to be given, afterwards *Conium* or *Pulsatilla*^ Hartmann adds *Calendula officinalis*. If it is caused by a metastasis of parotitis, *Bhus tox.j* *Belladonna* & *Bryonia* given together with the above-named drugs. [We have subdued the most intense phlegmonous inflammation of the testes upon sudden suppression of gonorrhoea by means of the administration of *Aconite*; the first tablespoonful of a solution of it in half a tumbler of water, produced an almost instantaneous relief from the most agonizing distress. In rheumatic or lower attenuations of *Aconite* act more specifically, or words are more specifically adapted to the pathological

In a case of terrible orchitis caused by suppression of the urethral discharge, with swelling and inflammation of the cord of the affected side, high fever, flushed cheeks, great intolerable restlessness. *Belladonna* given internally immediately, in the proportion of fifteen to twenty drops of extract to half a cupful of water, controlled the inflammation, swelling, after other remedies had been tried in vain. H

These remedies are likewise to be used in chronic primary swellings of the testes. Some of these swellings are, indeed, cured, especially those having a tubercular origin; in so far as, however, even of long standing, the result of our treatment is very striking.

External applications generally are of very little use. Neither warm nor cold fomentations are easily borne, nor do they produce any good effect, not even palliative. Of course the test

16 Diseases of the Male Sexual Organs.

be supported so that the spermatic cord is not pulled up. A suspensory should be worn even some time after the disease. Strapping the testicle with strips of adhesive plaster & a slight compression, frequently exerts a strikingly beneficial influence. Those who have recovered from the disease, will behave with great discretion in order to avoid relapses which are apt to take place.

8. Spermatorrhoea.

By this heading we, strictly speaking, comprehend a flow of semen without any sexual excitement. However, in order to avoid the necessity of resorting to a number of sub-divisions, we have brought together in this chapter abnormal nocturnal emissions as

various other morbid derangements of the male sexual organ. An additional motive for this arrangement is the circumstance that the treatment of most of these conditions is the same.

The functions of the male sexual organs vary in accordance with temperament, mode of life, constitution, etc., to such an extent that it is often difficult to decide whether these differences belong to the abnormal nature or belong to the normal standard. This can be determined by the manner in which the male sexual sphere is usually affected by the local phenomena; whether the organ is abnormally disturbed, or whether the procreative powers are impaired or even suspended.

The etiology of these various abnormal conditions of the sexual sphere is pretty much the same. Debilitating constitutional diseases, or acute diseases during the period of convalescence, may cause a so-called irritability weakness in the sexual sphere. In the former case it is permanent and in the latter case it is transitory. This fact is most strikingly witnessed in diabetes mellitus. In the last-named condition the excessive irritation of the sexual organs contributes to hasten the general decay. Other causes are cardiac and nervous diseases, which may likewise result from the sexual weakness. Hypochondria is a frequent cause, and still a more frequent consequence of sexual weakness. The most common cause of sexual weakness is the vice of onanism, which is too much overlooked by physicians. Yet it is certain that thousands might, by a timely warning, be saved from an unspeakable mental and physical disease.

Excessive nocturnal emissions generally take place between the years of 20 and 25, and exceptionally at an earlier age,

Spermatorrhoea. 17

They are of a morbid nature if they occur almost regularly, or if they rouse one from sleep, and if they do not occur often enough to leave for days a sensation of languor and debility, and depression. They are likewise abnormal if they occur several times in one night or week. Moreover every emission that takes place in the waking state, with or without any special cause, at least once in a while, is to be regarded as abnormal. The consequences of abnormal losses very soon show themselves: Paleness of the face; with dark margins around the eyes; insufficient sleep; with inability to sleep; dulness of the head; aching, in the head; vertigo; irritable, sensitive temper; aversion to work, and, after a while, a deranged appetite and deficient assimilation.

Spermatorrhoea, properly speaking, consists in a loss of every emission of urine, at stool, without any cause or without most trifling erections. The pernicious consequences of spermatorrhoea manifest themselves much more speedily after nocturnal emissions, most probably because spermatorrhoea never occurs in organisms whose physiological functions are carried on in a normal manner.

Irritable weakness of the sexual organs is sometimes the cause, but more frequently the consequence of both the previous

tioned anomalies. The sexual excitement occurs too easily and vehemently, without possessing sufficient energy and control over the act of coition. The ejaculation of the semen takes place too soon, or even not at all, or the introduction of the penis into the vagina is prevented, by a premature cessation of the erection. Sexual weakness may be characterized by all sorts of abnormal manifestations in the sexual sphere. The mental disposition exerts a powerful influence in this direction. Hypochondriacs are peculiarly disposed to irritable weakness which, under abnormal influences, sometimes attains to such a degree of intensity as seems to amount to complete impotence.

Complete impotence, by which is meant an entire suspension of the ability to perform the sexual act, is upon the whole a rare and frequently only temporary disorder, except when dependent upon debilitating incurable constitutional diseases, such as syphilis or tuberculosis, or when depending upon the loss of one

An excess of sexual excitement (satyriasis) besides taking place at the commencement of gonorrhoea, as we have already seen, may likewise occur in consequence of debilitating conditions

18 Diseases of the Male Sexual Organs.

as a passing increase and subsequently to be succeeded by a loss of excitability. It is frequently met with in the case of those who have been addicted to the vice of onanism or among those who are very rarely without such a cause, and then mostly as a symptom of some deep-seated disease of the brain.

In treating most of these forms of sexual weakness, the hygienic and psychological agencies exert an important influence and we place them in the front rank.

We cannot lay it down as a rule that these morbid conditions require either a lean or a strengthening diet. Some are met with in those with weakness of the sexual organs, more especially in those with pollutions, because they live too well; it is a mistake to suppose that this waste is repaired by a nourishing diet, since it is well known that some persons are living in circumstances which do not allow of the possibility of indulging in good living. Hence it becomes a matter of interest to inquire whether a lean or a rich diet is more suitable. All such patients must be cautioned against sleeping with a full bladder or a full stomach, either in the day or at night. Certain beverages, such as spirits and hop-beer, must be strictly avoided. Beer-drinkers are very apt to deny the depressing influence of hop-beer on the genital organs; therefore the influence of hop-beer, when it exists, must be evident to all who are acquainted with the effects of Lupulin. It is well known that drunkenness, either partial or total, causes an irritable weakness of the sexual organs and in some cases even tobacco, has to be interdicted; among the secondary effects of coffee we notice a depressing excitability of the nervous system. In general all strongly-stimulating food is hurtful. As regards bodily exercise, that which diminishes sexual excitement and brings the system again to a normal standard; muscular exercise has also the advantage of preventing the mind from dwelling upon erotic subjects. Viewed from this point, walking is not the best kind of

for the reason that it leaves the mind free to revel in fancies ; onanists are very apt to be fond of walking. S labor is sometimes preferable to bodily exercise, especi case of hypochondriacs and onanists. This leads us to a tion of psychical influences as a means of cure. Every p knows that the evil consequences of nocturnal emissions, to some extent, of self-abuse, are more imaginary than r bers are made hypochondriacs by reading books that fill fear and trembling at the excesses they may have been gu

Spermatorrhoea. 19

former days. Encouraging advice does them more good than cine. Self-abuse is prevented much more certainly by com encouragement than by picturing the consequences of such in the most frightful colors. In dealing with sexual wea is in the first place necessary to depress the fancy, an place to strengthen the will. On this account, reading n hurtful, and cold-water treatment has such an excellent

We deem a special enumeration of the medicines, referri this subject, inappropriate; the multiplicity of the phe would leave too many gaps. The symptoms being all confin one set of organs, they can easily be compared with the in the Materia Medica. It is only because the chapter en " Male genital organs " is so replete with symptoms and that we furnish in the next paragraph a list of the reme practical value has been verified by experience, and we in accordance with the diffl^erent divisions adopted for of the disease.

For excessive emissions, with increased irritability : C Nux voraica^ Camphora^ Phosphorus ; with diminished irri Conium maculatum^ Phosphori aeidum^ Clematis erecta^ Dig purea^ China.

For spermatorrhoea: Phosphori acidurrij Calcarea carboni mum^ Cantharides. Among all these remedies Digitalis, an particularly Digitalin^ has the best effect. A few doses trituration of this medicine are generally sufficient to plete cure or at least a marked improvement. The medicin be given in the morning ; in the evening it is very apt the night's sleep. [Gelsemin^ given for a period of time Bpermatorrhoea. Stillingin is likewise an excellent reme nocturnal emissions and spermatorrhoea. H. 7.]

Irritable weakness requires besides the remedies mention for spermatorrhoea and nocturnal emissions, the followin Caladium seguinuw^ Selenium^ Nitri axndum^ Agaricus rnus if the weakness borders on impotence, Agnus castus^ Cann Baryta^ Capsicum annum^ Lycopodium, Natrum muriaticum.

Satyriasis requires particularly Cantharides and Phospho latter more particularly, if the affection is caused by of the central nervous system.

The consequences of self-abuse are so varied that we can this place indicate all the remedies that may have to be

against them. Moreover we have made it a point to allude

20

Diseases of the Female Sexual Organs.

vice in treating of the various functional derangements of the female sexual organs. As far as the sexual organs and their functions are involved, we may have to resort to Phosphori acidum^ Nux China^ Calcarea carbonica.

Among the external agents that may prove useful in the treatment of these affections, cold water occupies the first place. Some forms of irritable weakness cold ablutions of the perineum or sitz-baths are sufficient ; but where the whole nervous system is involved, a rigorous and systematic water-cure treatment is necessary ; it not only helps to invigorate the constitution, to give exercise and tone to the mental energy, which is impaired by nothing more than by abuse of the sexual organs.

B. DISEASES OF THE FEMALE SEXUAL ORGANS.

1. Vaginitis, Catarrh of the Sexual Mucous Lining.

Fluor Albus^ Leucorrhoea^ Whites.

Catarrh of the female sexual organs may be distinguished into simple and virulent catarrh.

The virulent catarrh or gonorrhoea of the female is caused by contact with gonorrhoeal matter. It never develops itself from an intensified simple catarrh. Catarrh of the female sexual organs is one of the most common derangements of the female system. It originates in a variety of causes. In the first place mention is made of exciting causes such as act directly upon the female sexual organs : excessive coition, self-abuse, miscarriage, and too rapid confinements which, if occurring in too rapid succession always cause leucorrhoea. Ascarides likewise cause catarrh of the female sexual organs, by crawling from the anus into the female sexual organ ; pessaries should likewise be mentioned. The causes, however, are not local, but have a constitutional origin. Menstrual disturbances, a sedentary mode of life, abuse of the female sexual organs, chlorosis, scrofulosis, tuberculosis, and the various diseases of the female sexual organs, which have already been alluded to in the chapter on hysteria. A vaginal catarrh is never owing to a mere cold, except perhaps at the time of menstruation, at which period the tendency to this derangement is marked. With reference to age, the trouble occurs most frequently in the middle period of life.

Vaginitis, Catarrh of the Sexual Mucous Lining. 21

between the first commencement and the cessation of the period-, it is likewise met with among children, and ver among women who have ceased to menstruate, the less freq however, the longer the menses had ceased to make their ance. Tumors in the uterine cavity are accompanied by a profuse catarrh as a symptomatic appearance.

We transcribe from Kafka the following concise descripti acute vaginal catarrh. The mucous lining of the vagina i by an acute catarrhal inflammation, in which sometimes t majora and minora and the entrance to the vajrina, and a times the whole length of- the vagina, are involved. In the inflammation may communicate itself to the cervix ut the internal cavity of the uterus or to the urethra.

The mucous membrane is dark-red, swollen and interstitia distended ; the papillee are swollen and form numerous p imparting to the mucous lining a granular appearance. Th ulations are at times scattered, at other times confluen occupying isolated portions of the vagina, at other time in its whole extent. The hypersemia induces a sub-mucous which narrows the vaginal space. The secretion of mucus scanty at first, or even entirely suppressed ; afterward more copious, of a yellow or yellowish-green color and o unfrequently we find in the course of the inflammation s numerous erosions on the external and internal labia and entrance of the vagina.

A benign acute catarrh of the vagina is most generally o by local injuries affecting directly the mucous lining o Buch as : excessive sexual intercourse, self-abuse, sudd to the action of cold, foreign bodies in the vagina, suc fitting pessaries, or corrosive injections, or else the process in the vagina may simply be a continuation of a process in the uterus.

The symptoms of acute vaginal catarrh are an itching in vagina with which a burning sensation afterwards becomes ciated. Walking, the introduction of the finger, of a sp sexual intercourse, are exceedingly painful. If the uret involved in the infiammation, the patients experience a vi to urinate ; in such a case urination causes a burning d the urethra. The yellow secretion stains the linen yello it inflames and excoriates the parts adjoining the vulva eprt^ads a pungent and offensive odor.

22 Diseases of the Female Sexual Organs.

An examination with the speeulam would show whether the secretion proceeds from the uterine cavity or the vagina introduction of the speculum is not only very painful, b causes hemorrhage.

An acute vaginal catarrh lasts from eight days to a fort else passes into the chronic form. The prognosis is gene able.

We recently treated an acute vaginal catarrh in a girl 10 years. It was caused by sitting on a cold stone. The vagina and vulva were much inflamed, and the purulent and yellow-green discharge exceedingly profuse. The disease was radically cured about a week with the German tincture of Aconite and a little of Iodine. H.]

A simple acute catarrh is, upon the whole, a very rare disease. Inasmuch as, with the exception of slight differences, it is as far as intensity is concerned, with the virulent form we confine our description of the disease to the latter.

Female gonorrhoea commences with a feeling of heat and dryness in the vagina, attended with a peculiar titillation and itching on contact. Soon after, the mucous membrane is seen injected and the contact becomes painful (which is never the case in simple catarrh). The external pudendum becomes swollen and inflamed, in consequence of which walking is impeded, and a mucopurulent discharge makes its appearance the same as in gonorrhoea of the male, only more copious and generally of a bad odor. Some indications according as the disease is more or less intense, experience lassitude, depression of strength, drawing pains in the lumbar and sacral regions, dull pains in the pelvis, sensitive on contact, difficulty of urinating. Upon the mucous membrane as well as in the neighborhood of the vagina, we often notice small flat ulcers. This inflammatory stage lasts, as in the case of the male, from eight days to a fortnight. As the pain abates the discharge becomes thinner, more milky, and, in favor of recovery, abates little by little until it ceases entirely in a few days. Commonly, however, the discharge continues for months, in a case the uterus is considerably involved, the gonorrhoea becomes chronic and exceedingly obstinate. The infectiousness of the discharge does not become extinct until it has lasted a long

Chronic catarrh very generally arises from the acute form. In most cases it takes place without any preliminary acute discharge. A scanty slimy secretion from the vagina occurs in most fe

Vaginitis, Catarrh of the Sexual Mucous Lining. 23

either as a constant discharge, or before or after menstruation even a profuse discharge after several confinements still a normal secretion; at any rate the women themselves do not regard it as anything unnatural. It is only when the discharge is excessive, or when it occurs in children, that we are justified in regarding it as a morbid phenomenon. Under the operation of the above-named exciting causes the discharge continues to increase in quantity and to gradually disturb the constitutional equilibrium. The discharge is at times of a glassy transparent nature, sometimes milky, and less frequently purulent; it may become so profuse that the patients may not be able to leave their rooms. The stains on the linen are generally stiff and grayish, less yellowish; it often excoriates the external parts and this is not owing to the quantity of the secretion, but to its nature and perhaps to the sensitiveness of the skin. The discharge is scarcely ever uniformly the same; sometimes it has remissions, even intermissions, is generally most copious before or after menses, and frequently even takes their place entirely.

ine secretion is very tenacious, mucous plugs are easily in the cervical canal, and an increased accumulation of place in the uterus which causes labor-like pains that c once as soon as the mucus has been expelled. The anatomi changes accompanying this condition of things, consist i stitial pufiing and swelling of the mucous lining which even in polypous formations ; the follicles, known as th bothi, are likewise altered, their orifices becoming clo continued secretion ; they are particularly seen at the shape of small, prominent, transparent vesicles. The ulc either flat, catarrhal erosions, or else the suppurating transformed into more deep-seated rounded ulcers. The er not unfrequently give rise to the granular ulcers of the ulcerated surface becoming uneven and very much disposed More recently a degree of importance has been attached t ulcerative process of which it is not possessed in reali chronic catarrh, simular ulcerations take place without beino: on that account derived from the ulcers, or the c symptoms from the ulcerative process generally. Why shou be done in a case of uterine catarrh ? It cannot be deni last-named ulcers give rise to pain, especially during c that they may even cause slight hemorrhages ; but it is able whether such accidents impair the general health as

24 Diseases of the Female Sexual Organs.

is supposed. It is much more natural to regard the gener ability and the nervous phenomena as simple consequences catarrhal disease, and to derive the ulcers from the irr duced by the act of coition in individuals with a peculi position for such derangements. On hearing of so many ph who make female diseases a speciality and trot around wi specula, promising the afflicted a speedy cure, we canno suspecting such vagabonds of impure designs. These ulcer cervix fare no better than many other modern discoveries cine ; at first everything is explain 3d by means of the peated disappointments satisfy us, that the discovery wa thing after all.

The consequences of catarrh to the general organism vary extent and in intensity. Many women who have been afflic years with profuse leucorrhoea preserve an appearance of health ; others, on the contrary, are very much affected inconsiderable discharge. One of the most common consequ and, on the other hand, one of the most common causes, a strual irregularities, generally scanty menses. Moreover nervous irritability, backache, aching pains in the smal hemicrania, hysteric spasms set in. The patient looks si grayish, dingy complexion and dark margins around the ey the discharge is very profuse, symptoms of aniemia make pearance. The faculty of conception is not very much, in by uterine catarrh, otherwise women afflicted with it, w conceive so readily. If the mucous lining is considerabl up, and the uterine canal closed by plugs of mucus, it i of course that conception must be very much interfered w worst thing that can happen to the patient is the shock nervous system caused by a co-existing titillation of th organs and a violent excitement of the sexual instinct.

Treatment. Whether an acute vaginal catarrh is virulent or not, can be inferred from the symptoms with tolerable certainty. The non-virulent catarrh scarcely ever affects the parts with great intensity, but usually makes an inroad upon the constitution, and leaves the urethra unirritated ; at least not squeezed out of its orifice.

As in the male, so in the female gonorrhoea, Mercurius vivus is the first and most important remedy. The employment of aconite in this disease, as recommended by Hartmann, involves a loss of time. Mercurius has all the symptoms of

Vaginitis, Catarrh of the Sexual Mucous Lining. 25

inflammatory stage: Itching, smarting and burning in the sexual organs; increased sexual desire; inflammatory swelling of the vagina and external pudendum, with sensitiveness to contact; whitish, thick, purulent and greenish discharge, of an offensive odor, causing erosions and ulcerations in the surrounding parts with painful emission of urine ; tenesmus of the bladder. These phenomena constitute a complete image of the gonorrhoea in females, for which Mercurius will be found as efficient, as it is for gonorrhoea of the male.

The symptoms which remain after the inflammation is removed may require a variety of remedies. It is advisable to find a suitable remedy among those that have been recommended for gonorrhoea of the male. Hepar sulphuris may be required, Nitric acid or Thuja. Nitric acid is particularly suitable if the discharge looks bad, is mixed with blood and has a bad odor. Thuja is more suitable if condylomata are present. For urinary difficulties Cannabis and Cantharides may be resorted to.

If we are sure that an acute attack of vaginal catarrh is of a non-virulent kind. Aconite, whatever Hartmann may say in regard to it, is scarcely ever required, at any rate more frequently than Belladonna. As a rule Belladonna is preferred to Aconite in all diseases of the mucous membrane ; in this it is likewise more specifically indicated by the symptoms.

Regarding gonorrhoea, Hartmann has the following : "A condition characterized by an increased sensation of warmth, fulness and tension in the internal pudendum, constant titillation, even a burning sensation at urinating, slight fever, is met with in the case of newly married people. It would be difficult to attribute these symptoms to infection ; they are caused by a great narrowing of the vagina and by the contusion caused by intercourse, as is likewise made evident by the swelling of the external labia, attended with an intense burning at urinating, and even retention of urine, owing to the inflammation and swelling of the urethra and of the internal organs. Belladonna meets this condition. [Belladonna and even Aconite are required to control the swelling and inflammation of the

If the patient complains of a burning in the vagina and with discharge of a thin, but acrid mucus from the genital organs, constant chilliness, disposition to lie down, sadness, d

spirits, etc., Pulsatilla answers this condition better remedy.

26 Diseases of the Female Sexual Organs.

Other remedies which are likewise adapted to the acute form of leucorrhoea, will be indicated in the subsequent paragraph ; the transition from the acute to the chronic form of leucorrhoea is scarcely noticeable. ^

Chronic leucorrhoea is one of the most inveterate derangements and is much more difficult to cure than an obstinate gonorrhoea. The use of local remedies is much more practicable in the former than in the latter. We merely mention the names of the remedies since it is impracticable to enumerate the symptoms of each in order to effect a cure, will have to be compared with care with the pathological phenomena ; the large number of remedies bearing upon this affection, renders the use of a good remedy indispensable. The most important and most frequently recommended remedies are : Calcarea carbonica^ Ferrum^ Graphites^ Lythrum^ Natrum muriaticum^ China^ Sepia^ Kola^ Kali carbonicum^ Mezerium^ Platina^ Sabina^ Iodine^ Gonium^ Alumina. We will endeavor to classify these drugs in accordance with some of the most important indications, referring the reader for more minute particulars to the Materia Medica.

The most important item to be considered is the appearance of leucorrhoea at the beginning or during the course of the menses. This point alone may furnish us a clue to the whole character of the discharge. For leucorrhoea previous to the menses the following remedies are suitable : Calcarea carbonica, Sepia^ Phosphorus^ Alumina^ Natrum muriaticum; for leucorrhoea settling at the place of the menses : Pulsatilla^ Sabina^ Zincum^ China^ Kali muriaticum ; and subsequently to the menses : Bovista^ Lycopodium. carly Sepia j Graphites^ Lycopodium.

In the case of chlorotic individuals, if fluor albus is the consequence, not the cause of the anaemia, we resort to : Ferrum^ Cole, carb.^ and Arsenicum ; if the anaemia is caused by fluids involved in the leucorrhoeal discharge, Ghina^ Ferrum^ Kali^ Natrum muriaticum^ Stannum are required. •

The nervous phenomena attendant on the discharge, are more generally found under Ignatia and Platina ; and if self-induced by the causes, Zincum^ Nux vomica and Ignatia may be employed. In the case of patients of a somewhat advanced age, the following remedies may be preferable : Kali carb.^ Natrum mur., Mezzera^ Lycopodium^ Sepia.

In dietetic respects all that is needful to do is to avoid that which has a tendency to excite or keep up the discharge;

Metritis, Inflammation of the Womb. 27

is often neglected if the patient's whole mode of living is consistent with the disorder. In such a case marvellous cures are recorded.

a visit to these or those springs, whereas a little comm might teach that the same results can be obtained with m trouble and expense by pursuing a regular course of prop general hygiene at home. It is not our object to single commend in this place certain springs that are really of affection; all we have to say is, that salt-water bathin a sovereign remedy for the most obstinate uterine catarr to the indications furnished by the physiological experi tuted with common salt.

Injections of water by means of a good vaginal syringe k parts clean and free from soreness and ulcerations ; oth have no curative effect. But we should not pedantically cold water being used under all circumstances and by eve tepid water sometimes has a much more certain palliative

ft. Metritis.

Inflammation of the Womb.

This inflammation may involve the internal lining as wel substance and the external serous coat of the uterus. If cous lining alone is invaded, we have the picture of an catarrh which, however, almost always accompanies both t forms, parenchymatous and peri-metritis.

The common causes of metritis are, like those of acute c deleterious influences acting directly upon the uterus, ally excessive coition, obstetrical operations or foreig cavity of the uterus; or the causes may be more general, cold, or violent emotions ; these influences affect the more readily at a period when the organ is in a state of for instance at the time of the menses. If the menses su cease at the commencement of inflammation, we have no ri conclude that this suppression is the cause instead of t quence of the inflammation. Chronic metritis generally a the acute form, or is occasioned by causes similar to th a chronic catarrh of the sexual mucous membrane originat

SyfnptomH aiid Course. The disease usually commences with a chill which is at once followed by pains in the d gan. If the parenchyma is alone affected, the pains are violent, aching, boring, throbbing, stitching or lancing

28 Diseases of the Female Sexual Organs.

seated deep in the pelvis, are accompanied by a most pain ing downwards resembling feeble labor-pains; they are in pressing upon the abdomen, by very active respiratory mo urging at stool, and erect posture, and they radiate to the back and thighs. If the serous covering is likewise the pains become more acute, the sensitiveness to contac and extends over a larger surface. The volume of the ute being sufficiently increased, it cannot be felt through integuments ; on exploration the uterus is found to be m tive, and the cervical portion is softer, more swollen a than in the normal condition. The constitutional symptom different degrees of intensity. Fever is never entirely

is not generally very violent ; the pulse is generally s hard. The stomach sympathizes most readily in this disea of appetite, coated tongue, nausea, retching and vomitin common. The bowels are constipated, the passage of the f attended with tenesmus, urination is impeded and sometim impossible. K the disease breaks out during the menses, immediately and in their place a discharge sets in as in of the uterus. K the menstrual period happens within the of the disease, the menses either remain suspended, or e of blood is more copious, sometimes even amounting to an hemorrhage. In the further course of the disease the dis from the uterus is apt to become purulent, and if, which occurrence, abscesses form within the substance of the u pus is discharged. The disease runs an acute course of a night, when, if no particular complications exist, conva place; which, however, is frequently incomplete, inasmuc leucorrhoea or swelling of the uterus is apt to remain b

Among the most important complications we number an infl mation of the peritonaeum which is apt to occur and by w course of the disease is very much protracted and the me self is very much aggravated. In such a case the inflamm sumes the form of diffuse peritonitis, with a very dubio In a case of this kind, the patient being a robust young pregnant and the attack having occurred between the mens periods, a copious discharge of thin pus from the vagina about the tenth day, so that it was scarcely possible to cient supply of clean cloths under her. This was of cour by extreme weakness owing to which her recovery was very

Metritis, Inflammation of the Womb. 29

delayed. Previous to this discharge nothing of any sort passed her.

Metritis of pregnant females can scarcely ever be recogn perfect certainty unless the enveloping membrane of the the fieritonffium generally become involved. It may be s exist if febrile motions, vomiting or retching, meteoris ness of the gravid uterus whether touched or not, set in the first months the inflammation extends over the whole afterwards it becomes localized, and the painful sensiti wise more circumscribed and confined to a definite local only exceptionally, that the course of pregnancy is aflu ably by the inflammation, and if the latter is vary inte tritis occurs during the period of parturition, labor be ually painful ; and, if abscesses should form, rupture o may easily take place. After confinement metritis genera the form of puerperal metritis, of which we shall treat chapter.

Chronic metritis is upon the whole a somewhat obscure co It generally remains as a consequence of acute metritis, likewise develop itself spontaneously under the operatio various causes that may give rise to chronic catarrh of "We discover a more or less considerable general or tota of the uterus; enlargement, interstitial distention, har ulceration of the vaginal j)ortion, obstinate leucorrhoe

ordinarily are trifling, consisting of a sensation of pr heaviness in the pelvis. During and previous to menstrua pains increase to such a degree of intensity that they s genuine uterine colic. In higher grades of the disease t become entirely suppressed, except that about the period appearance violent pains set in, as if the flow would re place. The constitutional equilibrium is more or less di so-called hysteric nervous affections almost always make pearance. If the swelling is considerable, the passage o and urine is very much interfered with, likewise the cir the left or right lower extremity. The faculty to concei much impaired by both the acute and chronic form of metr although the possibility of conception cannot altogether

Tretitment* We transcribe a few passages from Hartmann's work: "Having had many opportunities of treating this ki inflammation I recommend as a chief and frequently appli remedy Nux vomica^ which I found useful in the district

80 Diseases of the Female Sexual Organs.

happened to be located, for the additional reason that t in my district were in the habit of indulging in the exc of coflfee. Other homoeopathic physicians have tested th of Nux in these inflammations. The selection of a drug, neither depends upon the seat of the inflammation, nor u fact whether the uterus is impregnated or not, or whethe flammation occurs during pregnancy or confinement. If th cine was otherwise homoeopathic to the symptoms, I have flammation of the fundus, cervix, anterior or posterior the uterus, with a single dose of Nux. In some cases whe fever was accompanied by a severe chill, followed by int frequent and tense pulse and violent thirst, I found it begin the treatment with a few doses of Aconite, Nux vom indicated by the following characteristic symptoms: acut pains above the pubic bones, increased by external press exploration of the internal parts; violent pains in the small of the back; constipation or hard stools attended ing-stinging pains ; painful urination or retention of u and bruising pain of the abdomen during motion or when c and sneezing; increased temperature and swelling of the with simultaneous painfulness of the vagina ; exacerbati morning-hours." "We doubt the correctness of these state The symptoms of Aconite do ' not point to metritis as an pathic remedy for this inflammation; not even the accomp jfever is sufficiently intense to justify the use of Aco we believe that metritis can be cured with a single dose at any rate we should not expect, nor do we deem it poss a metritis short.

** An equally indispensable remedy in these inflammation ladonna^ more particularly, if the sensation of heavines ging in the abdomen, which frequently increases to a pai down, becomes very troublesome and is attended with a st burning pain above the pubic bones, pains in the small o as if it would break, stinging pains in the hip-joints w bear either motion or contact, (under certain circumstan may here be indicated after Aconite.) If the inflammatio

after confinement, the lochial secretion is arrested, then, or is discharged in the shape of an ichorous, fetid, and violent burning and a sensation of fulness in the vagina. Employment of Belladonna is called for so much more pressingly. We refrain from commenting upon the last passage, for we

Metritis, Inflammation of the Womb. 81

that if such phenomena occur while the placenta remains attached to the uterus, we have a strictly puerperal disease before us, which does not belong in this chapter. Without doubt Belladonna is eminently suitable in cases of violent metritis, and is able to Nux, more especially if the menses were arrested in the course of the inflammation. Nor have we a better remedy than metrorrhagia setting in at the time of the menses.

"A similar affection occasioned by a violent fit of cholera, especially after confinement, yields most speedily and surely to a dose of Chamomilla. In such a case the lochial secretion is more profuse, and, if it was already white, it again changes to a discharge of quantities of blackish, coagulated blood. Frequently we see metritis set in after the inordinate use of opium-tea, which unreasonable midwives will allow their patients to take during confinement in spite of all the warnings of physicians. In such cases Nuxj Ignatia^ Pulsatilla^ each according to the symptoms of the disease, will be found to be the best antidotes. We have to what we have said above concerning the one dose of Nuxj, and over we doubt the value of Chamomilla as a remedy in metritis.

Mercurius deserves the same encomiums in this disease as in uterine catarrh. It is indicated by violent febrile heat, by chills; inclination to abundant perspiration; violent purulent discharge from the vagina; diarrhoeic discharge from the rectum. These are symptoms denoting the formation of puerperal fever. Knowing as we do that this is apt to set in in the impregnated uterus, Mercurius had better be prescribed first, when the uterus is partially inflamed.

Sabina may be given if the menses set in in the form of metrorrhage during the course of the inflammation, attended with severe pains that spread to the thighs. This remedy will be found applicable in other forms of metritis; we are led to this conclusion because Sabina which is so often employed as a means of producing abortion, is apt to cause inflammatory conditions of the uterus.

Other suitable remedies will be found in the next chapter for puerperal fever; or for the remaining traces of metritis in the reader to the remedies recommended for catarrh of the genital mucous lining; or finally, in case the peritoneum should be affected, the remedies for peritonitis may be consulted. We should well to watch convalescent patients for a time lest chronic disease should remain behind.

S2 Diseases of the Female Sexual Organs.

For this disease we do not possess any Similia in the ri sense of the term; our provings have not as yet disclose pathogenetic virtues in our drugs as can be considered h to the pathological symptoms. Hence we shall have to sel remedies in accordance with accessory symptoms. A most i symptom is the discharge from the vagina, and next to th character of the menstrual functions. The most noteworth dies in this direction have already been mentioned in th chapter. They are : Sepia^ Platina^ Lycopodium, Graphite maculatum^ Arsenicum alburn^ Natrum muriaticum^ and fina phur. Sulphur is especially appropriate if the chronic d remained after an acute attack, in which case it is supe other remedy.

[In bad cases of endometritis Kafka proposes Kreosotum a Secale cornutum. He writes: "If the lochia have a dirty-color and a fetid odor, and ulcers have broken out on th pudendum, the question is to check the further spread of theritic process as soon as possible. At the commencemen disease we resort to Kreosotum 1. in solution every two the same time we order injections into the vagina and ut for this purpose lukewarm water to which from 10 to 15 d Kreosote are added. The injections have to be repeated e or four hours. The diphtheritic exudation soon becomes d and the lochia and ulcers of the vagina assume a healthi ance.

In very bad cases of this kind, if the diphtheritic proc uterus has spread over a large surface, the lochia have smell, and the injections bring away whole quantities of gangrened cellular tissue ; if at the same time the pati much prostrated and become ansemic, and the ulcers on th dum assume a gangrened appearance, we prescribe Secale c 1, in order to induce more powerful contractions and to the detachment and expulsion of the necrosed cellular ti will relate a striking case of this kind from our former In a case of septic metritis setting in in consequence o tedious labor that lasted over 72 hours, the above-descr mena were all present ; the patient grew weaker from hou she ceased to answer questions and was pale as death ; y her senses ; the extremities were cool, and the hydrsemi already set in, had given rise to oedema round the ankle grenous ulcer in the vagina had already destroyed a cons

Metritis, Inflammation of the Womb* 88

portion of the nymphse. Without being acquainted with th siological cflFects of Secale, we proposed the external use of this drug. We gave five grains of the powder ever hours, and ordered injections into the uterus every two decoction of the same substance of the strength of one d the powder to on« pound of water. After the sixth powder the sixth injection violent labor-like pains set in whic away a black, excessively fetid coagulum that had filled of the uterus and consisted of decaying detritus. The pa in the mean while had fainted as if dead, was washed wit and, after her consciousness had been restored by the in some diffusible stimulant, she partook of small quantiti

The patient was saved. A good diet gradually restored her and her recovery was soon obtained.

Since we have become acquainted with the effects of small doses we prescribe in the higher grades of endometritis, if the described phenomena are present, *Secale cornutum* 1, in solution hour or two hours, and, by this means, accomplish the same purpose, with this difference, that no such tumultuous reaction takes place in the uterus, that the contractions take place without any pain worth mentioning, and that the exudation is not all at once, but gradually. *Ergotin* 1, has given us the same results.

In desperate cases *Sabina* 1, may be given internally and externally. If during the course of septic endometritis the symptoms of puerperal fever supervene (for a description see next page) give *Camphora* 1, one or two drops on sugar of milk every hour, at the same time ordering injections of *Camphora* into the uterus in the proportion of one drachm of the spirits of *Camphora* to one pound of water, for the purpose of rousing the vitality of the uterine capillaries and of the general organism by quickening the movements of the stagnant blood—thus increasing the chances of a favorable reaction. This result is a very rare one. However, if we succeed, we then discontinue the *Camphora*, and resort to *Kreosote* in order to keep up the improvement.

In order to neutralize the bad effects of the fetid odor of lochia we resort to the use of disinfectants, such as the *Lime*, fumigations with vinegar, etc.

Parenchymatous metritis and metrophlebitis set in with frequently-recurring chills. These chills are more especially

3

84 Diseases of the Female Sexual Organs.

If symptoms of puerperal fever are at the same time present in such cases, which are generally of the worst kind, we administer *Chinin* 1, every two hours. The intention is to prevent the failing of strength, and at the same time to exert a favorable influence upon the fluids.

If this remedy does not cause a satisfactory improvement resort to *Chininum arsenicosum* 1, for the same purpose, particularly if the chills are attended with rapid sinking and the integuments at the same time show a remarkable pallor. H.]

3. Metritis puerperalis.

Puerperal Fever ^ Inflammation of the Uterus during Confinement

Our excuse for bringing together in this chapter several conditions that ought to have been separated according to the exigencies of a rigorous pathological classification, is that our remarks on the subject of treatment. Consequently we

discuss in this chapter not only the simple puerperal in of the tissues of the uterus, but likewise puerperal fever speaking, and shall, as far as possible, explain the difference these two diseases in the paragraph on the etiological cause

Simple puerperal metritis involves, it is true, most frequently the internal lining of the uterus (endometritis), but usually extends to the parenchyma, the veins and lymphatic vessels very frequently to the peritoneum, although no specific cause can be assigned for each of these different localities

The disease originates more especially in the circumstances which the act of parturition takes place. The inner lining of the uterus is very easily injured by the process of labor; the placenta adheres, is like an open sore; the uterine wall even in perfectly normal conditions, is attended with slight inflammatory action and a general febrile excitement. Hence if the process of parturition takes place ever so normal we should carefully weigh every circumstance which the most trifling might kindle into an inflammatory affection. If, in addition to this, we have the effects of a tedious labor, perhaps a detachment of the placenta, turning, etc., the uterus is more disposed to become inflamed, and the access of atmospheric air which cannot be kept out, increases this disposition to the decomposition of the uterine secretion. This accounts

Metritis Puerperalis. 85

The circumstances with which trifling causes sometimes exert the most powerful influence upon women in confinement. Among these we find in the front rank emotions whether joyful or depressing; the warmth of the sick-room and bed-covering, with which a cleanliness almost always goes hand in hand; stimulants such as chamomile-tea and coffee; and finally a cold, which, however, occurs much less frequently than is generally supposed. The detriment of lying-in women who are not only deprived of fresh air, but, being kept too warm, are made to perspire, and thus sensitive to the least exposure.

True puerperal fever, under circumstances of which mention may be made by and by, develops itself from the uterine infection or else it originates without any such special cause. Various hypotheses have been resorted to in order to explain this peculiar malady, but all these hypotheses are still unproven. What is certain is that the composition of the blood is altered, that it takes place with a most decided tendency to suppuration, a general dissolution of the blood, as in typhus, is apt to seem as though this decomposition of the blood were not owing upon the puerperal condition, but may have existed previously to confinement, which is inferred from the circumstance that fever and various local symptoms are already perceived the last few days or even weeks of pregnancy. That the composition of the blood is altered, is moreover evidenced by the fact that only such women are attacked as are constitutionally sickly or are exposed to want and oppressed with care. If, as Scanzoni asserts, pulmonary tuberculosis is a predisposing cause of puerperal fever, the doctrine of dyscrasias would seem to be confirmed by such a fact.

Puerperal fever sets in under the operation of the same that have been indicated for simple metritis ; two weigh stances, hoisvever, have yet to be added. One is the epi pearance of the disease, which shows that general atmo sp telluric influences are at work in producing the disease seem as though stormy and damp cold weather exerted the influence as an exciting cause ; and the other circumsta communication of the disease by infection. In this respe although not by any means agreed, incline to the theory disease is not communicated by a contagium, but, like ch miasmatic agencies. We do not deem it expedient to discu matter more fully in this place. A number of cases in ly

86 Diseases of the Female Sexual Organs.

hospitals nndoubtedly originate in this source, although exceptions.

Si/inptoms and Course. In order to intelligently appreci the phenomena characterizing the morbid process of which speaking, it is well to familiarize one's mind with the changes that this morbid process develops. The disease a commences in the first days after confinement, at a peri uterus has not yet completed the process of involution. to a normal condition is checked by the inflammation, on account the uterus remains larger than in its normal con walls are soft and flabby. The interstices of the intern sometimes puffed up only in part, and covered with a pur secretion ; and at other times they are covered with a c membranous exudation, more especially round the portion the placenta was attached. All such exudations incline v to gangrenous disorganization, in which case the mucous is transformed into a fetid, dark-colored pulp. The uter chyma scarcely ever remains uninvaded ; sometimes, howev inner layer only is interstitially distended and infiltr inflammatory process spreads, exudation takes place here in the muscular layer, with abscesses or ichorous deposi become involved in the inflammation, and likewise the ly vessels, after which a more or less considerable periton is scarcely ever absent. In xj consequence of a further sp inflammation of the veins and lymphatic vessels, the fem not unfrequently become inflamed and closed up, giving r so-called phlegn:asia alba dolens ; or else metastatic a inate in consequence of the inflammation communicating i remote parts.

Simple puerperal metritis rarely commences before the se and equally rarely after the eighth day of confinement, ways with a severe chill followed by burning heat. At th time or very soon after, the uterus becomes painful, wit out pressure, and very soon shows a decrease of resistin Generally the lochial discharge ceases as soon as the in sets in. One of the most common symptoms at the very out a violent, painful vomiting and retching, and more or le diarrhoeic discharges with tenesmus. The fever is very i pulse, if vomiting is present, is at first empty, but se one hundred, and afterwards full and hard. The patients

mented by a desire for cold water, their features are co

Metritis Puerperalis. 87

the commencement of the attack, and, if the vomiting is expression of despair is depicted in their countenances. three days after the breaking out of the disease, flat ulcers are seen on the external pudendum, which are covered with a croupous exudation. If the disease runs a favorable course and if no complications develop themselves, it may gradually terminate in recovery in one or two weeks, with a return of the local pains, and a resumption, on the skin, of its normal functions. The last-mentioned change is frequently attended with the breaking out of a rash and profuse perspiration.

But if decomposition of the inflammatory products in the uterus takes place, we are led to suspect the occurrence of suppuration by the supervention of severe rigors followed by heat, the rigors become more frequent and smaller, and collapse sometimes takes place with extraordinary rapidity. The vagina now discharges a fetid, dark, ichorous fluid, mixed with exudation-shreds and ulcers on the pudendum assume a suspicious look and become gangrened. At the same time the local pain may disappear or at least it scarcely ever increases in intensity; a profuse diarrhoea now breaks out, nor are complications wanting, such as a copious exudation in the peritoneal cavity. With this series of phenomena simple metritis, under the influence of the causes described in the paragraph on etiology, passes into true puerperal fever, that is, a general decomposition of the system takes place very speedily. The pulse now becomes very small and frequent, all pain disappears, the features collapse, as in typhus, the appearance is morose, the skin is burning hot and very dry, looks as in the most violent form of typhus. The diarrhoea is fetid, bloody or dysenteric, and the vomiting sometimes returns. Very bad symptoms are a vomiting of the color of verdigris and intense meteorism. The secretion from the vagina is either arrested, or else exceedingly ichorous and decomposed. Gangrenous metritis of the integuments is a very common attendant on this dreadful disease.

In cases where this putrescence of the uterus sets in as a complication, not as the result of a process of decomposition, the course of simple metritis, the signs of an intense constipation are generally manifest already previous to the commencement, although the indications may be so vague that it is not always easy to interpret them correctly. The patients have

88 Diseases of the Female Sexual Organs.

cachectic appearance, complain of a feeling of languor, shiverings, without much heat. Labor is tedious, the patient is distressing and feeble, the child is often still-born, the labor out of all proportion, the uterus is sensitive to cold, after such preliminary symptoms a violent chill and other signs of metritis set in suddenly two or three days after

ment, a malignant puerperal fever may be confidently expected which most commonly terminates in death after a very short time.

Phlegmasia alba dolens is one of the most striking and frequent metastatic inflammations occurring during the course of puerperal metritis. It is occasioned by the inflammation of one or more of the larger femoral veins. Amid severe pain, sometimes high up the limb, sometimes in the knee or leg, the limb swells very much from above downwards, frequently to an enormous size. The skin is white, shining, painful, elastic in the lower part, and at a later stage retaining, like oedema, the induration of the finger. The motion of the limb is either rendered difficult or impossible. If the superficial veins are inflamed, they appear on the limb like bright-red, painful streaks of great hardness. The termination is either in recovery by a return of the circulation, or in suppuration of the surrounding cellular tissue and other parts, whereby life is greatly endangered.

In severe attacks of puerperal metritis, the prognosis is rather unfavorable. Although simple endometritis is of itself a less threatening disease, yet accidental unavoidable circumstances may transform it at any time into a putrid inflammation, and cause a fatal termination by an invasion of the peritoneum. Puerperal fever is undoubtedly one of the most fatal diseases which we are acquainted with.

Of treatment.

Aconitum is indicated at the commencement of metritis not so much by the local as by the general constitutional symptoms.

* Belladonna 30 is indicated by the following symptoms: disappearance of the milk from the breasts, or suspension of its secretion with cord-like indurations; redness radiating from the nipple, with stitching and tearing pains in the breasts. oppressed breathing; anxiety with oppression; distressing lancinating, labor-like pains deep in the abdomen, with pain towards the sexual organs and the anus, and constant urgency which cannot be gratified on account of a contracted

Metritis Puerperalis. 89

in the recinm (for which Belladonna is almost a specific) of a coagulated, fetid, black blood, or suppression of the discharge; meteorism of the abdomen, without eructations or flatulence, attended with stinging-digging pains in the abdomen aggravated by contact and accompanied by a continual intolerance to heat; burning heat of the whole body, especially on the face and in the palms of the hands, with perspiration on other parts of the body, and violent, sometimes only moderate thirst, a functional difficulty in swallowing; violent pressing headache especially in the forehead; turgescence of the veins of the conjunctiva, with contraction or dilatation of the pupils, and to the eyes a glassy appearance; not unfrequently optical illusions are present, such as sparks, luminous vibrations; photophobia; headache rendered intolerable by motion and also by moving the eyes, the patient sometimes loses his

becomes furiously delirious; sleep is generally restless. If constipation is present it will disappear, after Belladonna, together with the pains in the abdomen. Gene speaking. Belladonna deserves particular attention if a fever assumes the character of typhus, if symptoms of meningitis or encephalitis become apparent, and the affection originates in a violent paroxysm of emotional excitement." This complex of symptoms does not clearly inform us in what particular case Belladonna really indicated. We make this remark in order to show that it is impracticable such a vast enumeration of all the symptoms of a disease in the treatment of a disease whose symptomatic manifestations are so exceedingly varied. Hartmann has omitted the important symptom of spasmodic vomiting with which an attack of meningitis is so apt to set in. In our opinion Belladonna should be particularly indicated in puerperal metritis sets in with great violence and an intractable course. For symptomatic particulars we refer the reader to our *Medical Jurisprudence*. An important indication for Belladonna is the meningitis which may set in even if no marked symptoms of peritonitis are observed. If peritonitis is present, our chief attention is directed towards it. As soon as symptoms of suppuration of the uterus, or of decomposition of the exudation become manifest, remedies will have to be resorted to.

As regards Chamomilla and Pulsatilla, we do not, as Ilar does, regard them as remedies for puerperal metritis; in these remedies is supposed to have cured metritis, all we know is that no metritis was present.

40 Diseases of the Female Sexual Organs.

" Nux vomica will frequently be found curative, for the reason that coffee which is made use of by women in confinement in such large quantities and so strong, often occasions a cure (Nux is likewise suitable, if the disease is caused by a morbid tea, provided, however, that the symptoms indicate a need of it.) The prejudice which is even entertained by physicians, that coffee facilitates the secretion of milk, cannot be removed by anything physicians may say to the contrary. If some of the following symptoms are present, the indication is no longer doubtful: Acute pains in the small of the back; stinging and bruising pain of the abdomen during contact, or when coughing or sneezing; bitter taste and nausea, even vomiting; dryness of the lips and tongue, a dirty-yellow coating on the tongue; sensation of weight and heat in the sexual organs; suppression of the lochia or hard stool, with burning-stinging pains in the rectum; painful urination or retention of urine; dry, parchment-like hot skin, with thirst, desire for cold drinks, fullness and anxiety and oppression reflected in the countenance, coldness; the secretion of milk is very seldom suspended, causing a turgescence of the breasts, with pressure in the same." We will add that Nux has afforded aid in the less violent and uncomplicated forms of endometritis, but the more intense forms of this disease. A characteristic for Nux is the violent inflammatory pain of the swollen rectum, with exquisite sensitiveness to contact.

" Colocynthis is an important remedy in these fevers when

by a fit of indignation or mortification on account of u treatment, beginning and progressing with fainting-fits, with a febrile heat, hot and dry skin, hard, full and qu sopor alternating with delirium, during which the eyes a open; disposition to escape, heat about the head, stingi eyes and forehead, dark-red face, yellowish coating on t bitter taste in the mouth and of everything the patient and diarrhoea after partaking of the least nourishment, the pit of the stomach when touching this part." These s are not the most characteristic indications for Colocynt peritoneum is more especially attacked ; if the coat of is invaded by the inflammation, or if, during the paroxy lent pain, the complexion shows the pallor of death, the become distorted, the skin is in part cool, and in part

Metritis Puerperalis. 41

the pulse is quick and there is distressing vomiting wit Colocynth would be much more appropriate. We request the reader to compare what we have said when treating of per

Veratrum album deserves a preference at the outset of th if the disease sets in suddenly and with great violence; fierce vomiting and frequent diarrhoeic stools, the trun while the extremities are icy-cold, the face is pale as covered with cold sweat , a particular indication is the delirium from the commencement, attended with an unspeak anguish. In this respect Veratrum is very similar to Col and is particularly adapted to attacks that set in with tense vehemence.

These remedies, to which we will add Coffta cruda^ Arnic Hyoscyamus for the sake of completeness, are particularl the lighter grades of metritis, and at the commencement severer forms of the disease. "We now proceed to point o remedies that have to be resorted to in the further cour inflammation and for ensuing complications.

Mercurius vivus and solubilis. Simple endometritis is al same process as acute catarrh of the uterus, modified by influences. These modifications, however, being no less the action of Mercurius than simple catarrh, the similar remedy is not interfered with. The period for its employ the appearance of ulcers on the pudendum, hence on the s of the diseafie. Without describing the general symptoms manifest themselves as accompaniments of this stage, we the reader's attention to one general indication. As lon udation in the uterus or peritoneal cavity does not show sition to putrid decomposition, and as long as a simple process prevails, Mercurius is the appropriate remedy. T tion of the ulcers is the best criterium by which the pr using Mercurius can be determined: as long as these ulce their healthy color, and do not become ichorous or gangr Mercurius may be given, no matter whether the fever is h only slight.

Bryonia alba, according to Hartmann, is indicated by a f emptiness in the breasts, a copious secretion of urine,

of the lochia, (on the contrary, a re-appearance of a bl discharge,) no pain in the rectum at stool, sensitiveness, violent fever, with great restlessness and depression of the thigh when moving it. In our opinion

42 Diseases of the Female Sexual Organs,

indications are exceedingly uncertain and insufficient. Bryonia indicated, if the fever is not very violent, the patient is involved in the inflammation, if no decomposition through no ulcers have formed; disposition to sweat, breaking off there, but lasting only for a few moments; general inclination to lie quiet; the digestive organs are very much in the attack, but there is no vomiting or diarrhoea; compare peritonitis.

Rhus toxicodendron is, in some respects, similar to Bryonia particularly appropriate if simple metritis assumes a type without any symptoms of decomposition being present. The phlogistic character may be manifest from the very commencement as a rule it does not set in until the disease has fairly taken its course. The fever is continuous, with a burning heat and redness of the skin, quick and excited pulse; the patient is much irritated; the patients complain of violent headache and as if overwhelmed with sleep, or they are more or less the face is intensely red, but the color seems unnatural and is dry and the thirst excessive. These symptoms may cause us to suspect the approach of puerperal fever. Rhus is likewise indicated if this fever sets in at the outset, or supervenes gradually in the course of puerperal metritis. In such a case Rhus is more particularly indicated by two circumstances: first by the appearance of pustular inflammations of the veins, lymphatic vessels or a malignant erysipelas or petechiae are apt to break out secondly, diarrhoea is very apt to suggest Rhus. If the disease is very far advanced, the ulcers are gangrenous, the discharge from the vagina has a fetid odor, the following remedies will be more suitable. When giving Rhus, we have to see that the patient is not prostrated and the fever is not completely arrested.

Secale cornutum. No remedy in our whole Materia Medica possesses such a powerful tendency to decomposition of the blood as this drug; nor is any drug possessed of a more intimate and characteristic relation to the uterus. Hence it is the true remedy for the fever, the putrescence of the uterus which invites the use of this drug; it is indicated by the following symptoms: The uterus is distended and not very painful; the discharge from the uterus is brownish and fetid, the ulcers on the pudendum have a base and spread rapidly; the fever consists in a violent burning mingled with almost convulsive shiverings, and with a small intermittent pulse; at the same time we notice great anorexia.

Metritis Puerperalis. 48

In the pit of the stomach, vomiting of a bad-looking brownish and fetid and decomposed diarrhoeic stools, almost complete anorexia of urine. The skin has a bad appearance, is covered with

or miliaria, or badly-colored local inflammations become which very speedily terminate in gangrenous disorganization of the integuments. At times the patients lie in a state of quiet delirium, and then again the delirium may be of the kind, attended with marked anxiety and a desire to leave

Arsenicum album. Hartmann has the following remarks on the drug : " The disease may break out in any form whatever, may exhibit symptoms that may require Arsenic. Such symptoms are: Burning or burning-corrosive pains in the interior of the affected part, with inability to lie on the affected part, decrease of the pains during motion. Again: excessive anorexia attended with a general, rapid prostration of strength, severe debility, sunken eyes, extinct look, sallow, livid complexion, sleeplessness at night, restless tossing about, and delirium as if a burning-hot water were flowing through the body or the sleep is disturbed by frightful and anxious dreams. Arsenic-fever is always of a violent kind ; dry and burning intense thirst which is quenched by frequently drinking quantities of water ; dry and cracked lips, phlyctenulae around the mouth, nausea, loathing of food, and sometimes bilious vomiting, violent pressing-burning pains in the abdominal viscera, oppressive pains in the chest, dizziness and headache, delirium, a small, feeble, intermittent pulse, etc." This does not reflect every characteristic feature of the Arsenic-puerperal fever. The position of Arsenic in this disease is learned by comparing this remedy with Secale. Both show the same symptoms of decomposition of the blood ; but in the case of Arsenic the reaction is violent, painful, still active, while in the case of Secale it is almost extinct. Hence, if both are indicated by the symptoms, we may say that the prevalence of severe pain would point to Arsenic. This diagnostic distinction is particularly applicable to existing ulcers and erysipelas, in which Arsenic is homoeopathic if they are painful, and Secale if they are painless and atonic. For further comparison we refer to the Materia Medica.

Phosphorus deserves honorable mention in this place. Every cursory perusal of its pathogenesis shows its intimate relation to the female sexual organs. Its curative influence in puerperal

44 Diseases of the Female Sexual Organs.

Metritis cannot be determined a priori without further inquiry. Its influence does not depend upon the local symptoms, but is determined by the general phenomena according to which Phosphorus holds an intermediate rank between Rhus and Arsenicum, to either of which it bears a good deal of resemblance, and from either of which it likewise differs a great deal. This can only be decided by a careful comparison of the symptoms. In one form of puerperal fever Phosphorus is preferable to any other remedy, and in the pysemic form, more particularly if metastatic infections take place in the pleural cavity, the lungs, the portal and the femoral veins. The violent fever is mingled with fremitus of the conjunctiva and skin have a jaundiced appearance, and after we observe the signs of pysemic inflammation in the locally-invaded organ. For this reason Phosphorus is the best remedy in metritis if the disease has assumed the c

metro-phlebitis, which it is not always possible to decide with certainty. The symptoms indicating such a change are signs of endometritis, or disappearance of the symptoms of disease without any corresponding abatement of the painfulness of the uterus with inflammation of the femora and particularly the above-described febrile symptoms, alternating with frequent feverish shiverings or rigors.

The following remedies may likewise be useful, although indications for their use are not very frequent : Carbo vegetabilis, Platina, Stramonium, [See Kafka's remarks on puerperal trinitis, page 32 of this work. H.]

Many remedies have been recommended for phlegmasia alba dolens, although we do not see upon what such a recommendation is founded. We propose: Mercurius vivus, Phosphorus, Bryonia, Rhus toxicodendron, and Arsenicum. Mercurius corresponds to the white swelling of the thigh caused by an inflammation of the lymphatic vessels, the other remedies are indicated in this phlegmasia as well as in that caused by an inflammation of the veins. These few remedies will, in our opinion, prove successful effect a cure. [Bsehr has omitted three important remedies which are indispensable, if we wish to treat phlegmasia alba dolens, as promptly and successfully as such an inflammation can be cured ; they are : Belladonna, Aconite and Hamamelis. H.]

Oophoritis, Ovaritis, 45

4. Oophoritis, Ovaritis.

Inflammation of the Ovaries.

This inflammation only occurs during the period when the female is first active, between the age of pubescence and the critical time ; or likewise previous to the 24th year, very seldom. The exciting causes are, upon the whole, obscure ; but it is known, however, that an inflammation of the uterus during the week after confinement is very apt to communicate itself to the ovaries. As an idiopathic disease oophoritis is met with in women on the other side of thirty, and among prostitutes who have intercourse with men during the menstrual flow, or it may be caused by a cold ; it is likewise said to occur after medicines for the purpose of producing abortion. Only one ovary is affected at a time.

Symptoms and Course. We have to distinguish the acute and chronic form. Acute oophoritis sets in with sudden pain in the region of the ovaries ; most commonly they are dull and burning, stinging and burning, and aggravated by hard pressure. Swelling at this place cannot be felt, and we only succeed in discovering a swelling by an exploration per rectum which sometimes spreads to the adjoining parts, radiates even to the abdomen, which feels numb, and is more especially increased by suction, not however so as to enable the patients to aggravate their pain ad libitum. Very generally the uterine mucous lining is involved in the inflammation which manifests itself with symptoms of uterine catarrh. There is no fever, or it is trifling. On the other hand various nervous derangements set in similar to

hysteria ; even nymphomania and vomiting may occur.

Only in very rare cases oophoritis terminates in suppura no dispersion takes place, the inflammation becomes chronic the chronic form the swelling is larger and can even be nally ; the pns remain, but are inconsiderable and only exacerbate during the menses, during pregnancy and confinement. The menses most generally become irregular, scanty ; leucorrhoea very commonly present ; in the chronic more than in the acute symptoms of hysteria become manifest, more especially an capricious mood« The prospect of a complete cure is more able in the acute than in the chronic form ; in the latter cause generally never ceases to be present and keep up the process.

46 Diseases of the Female Sexual Organs.

Treatment The scarcity of this disease explains why so few cases are reported in our publications that can be relied upon as cases of oophoritis. The affection being almost without exception without any very great importance, we shall confine ourselves to very general indications regarding the use of remedies.

Belladonna is in many respects the most important remedy for this disease. As a rule, this medicine is specially adapted to the glandular organs, more particularly when located in the pelvic the body. Moreover our provings as well as practice have shown that this medicine bears intimate relations to the female organs. Oophoritis is pointed at by the symptoms, as may be seen by reference to the abdominal group. Hence, Belladonna is particularly adapted to acute oophoritis attended with inflammation. Experience has likewise satisfied us that Belladonna is also in the chronic form, provided we do not expect any immediate relief.

Colocynthis is recommended for inflammatory ovarian affections the symptoms, however, do not justify this choice ; nor are they indicating colocynth emanate from the ovary.

Conium maculatum. Jahr relates a cure of chronic oophoritis effected with this drug ; the ovary was very much swollen and had been indurated for a long time. This result and our own provings may suffice to recommend this drug.

If in addition to these remedies, we mention Bryonia^ Sa^l Cantharis^ we have named all the remedies that are of use in and, to some extent, in chronic oophoritis. "We must not forget Apis mellifica which contains in its pathogenesis a number of symptoms pointing to affections of the ovaries. It is likely that too much has been expected of this remedy, but we are prepared to assert its efficacy in acute oophoritis from our experience in our own practice. [In acute oophoritis we must not forget to associate Aconite with Apis ; the former remedy should be exhibited first, and after the inflammatory symptoms are somewhat subdued, Apis may be resorted to, or both may be combined more or less at alternate intervals. H.]

For chronic oophoritis we recommend : Mercurius, China^

Sepia, likewise Ignatia, Sulphur and Staphysagria. The use of the right remedy is often very much interfered with by existing hysterical difficulties. From Hartmann we take the indications : If the affection was caused by disappointment and consequent dwelling of the fancy upon sexual things,

' ^ K

Menstrual Anomalies. ' ^ ' ' 47

Staphysagria and Acidum phosphoricum may be added to the two last-mentioned remedies if the exciting causes. Platina for a continual irritation of the sexual organs, compelling the patient to rub the parts tendered with complete nymphomania ; by pressing the parts inflammatory pain changes to a pain as if the parts were used or bruised, with anxiety and oppression, palpitating heart, stitches in the front part of the head, sadness with excessive mirth. According to Hartmann, Platina in combination with Belladonna is particularly suitable in the cases. With Aurum metallicum and muriaticum Clematis and we close the list of ovarian remedies ; other morbid conditions of these organs, in so far as they are curable, will be above-mentioned remedies.

[In the AÜgem. horn. Zeit., May 17th, 1862, we have the report of a cure of ovarian cyst by Dr. Hirsch of Prague, of which publication will be found in the 20th number of the British Journal of Homoeopathy. The cyst was the result of an inflammation of the left ovary, which had been treated allopathically. The disorder was completely cured chiefly by the use of the Iodine of Hall, of which the patient took three tablespoonfuls every day fasting, containing the 48th part of a grain of Iodine. The spring is situated near Linz in Austria ; the leading constituents of the mineral water are Chlorides of Sodium, Potassium, Ammonium, Calcium, Magnesium ; Iodides of Sodium and Magnesium ; Bicarbonate of Magnesium ; Phosphate of Lime ; Carbonate of Lime, and Iron ; Silicic Acid. H.]

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5. Menstrual Anomalies*

With a view of securing a true definition of menstrual anomalies we deem it necessary to premise certain observations concerning the normal condition of the menstrual functions.

By menstruation we understand a flow of blood from the female sexual organs recurring at regular intervals. It is a sign that the female organism has attained the faculty of conceiving, and upon the following processes : The gradual maturing of a female in the ovaries determines an increased afflux of blood to the sexual organs. When this congestion has reached its acme, the other parts of the sexual system participate in this hypersemia to such

that the blood-vessels become ruptured and a more or less

48 Diseases of the Female Sexual Organs.

able discharge of blood takes place accompanied by a somewhat more extensive and at other times more local detachment of the epithelial lining of the sexual organs. While the discharge lasts, the matured ovulum enters the Fallopian tubes, when its fecundation is possible. A discharge of blood need not accompany the passage of the ovule into the tubes; otherwise could a woman who is nursing her baby and does not see the sign of a menstrual show, conceive again at such a time when this happens, is a fact established beyond the possibility

According to circumstances the menses appear at times sooner and at other times later. They are influenced by climate nearer to the equator, the sooner the menstrual period appears are likewise influenced by the mode of living: in cities appear sooner than among country-girls; by the mental condition the more advanced the mental development, the earlier the menstrual functions make their appearance. The constitution has no particular influence; very robust girls sometimes menstruate very late, whereas feeble ones often menstruate prematurely. According to the circumstances the menses may set in between the ages of 10 and 20 years; in our climate they appear in between the ages of 14 and 16, and in the country between the ages of 16 and 20 years.

The quantity of the menstrual blood is likewise variable and cannot be determined a priori; stout women sometimes lose a large quantity of blood, whereas feeble and spare-built women lose a small deal. The quantity is from two to eight ounces.

Nor is the duration of the menstrual flow the same in all. It generally averages five days, but, without being considered normal, may last only two, or may be extended to eight or ten days. Sometimes the bleeding stops for a short time and then appears again.

The periodicity of the bleeding likewise varies. By far the majority of cases it returns again every 28th day. In many cases there is an interval of four weeks between the periods; in some cases we notice an interval of 21 to 80 days. Four weeks is considered the normal length of the interval between each successive turn.

The influence of the menses upon the general health is sometimes considerable and at other times none at all. We notice sometimes a dryness of the vagina and of the external pudendum, sometimes an increased secretion of mucus; tumefaction of the breasts

Menstrual Anomalies, 49

knotty swelling of single galactiferous ducts. During the flow the nervous system is much more sensitive and excited - hence the following phenomena: chilliness alternating

of heat; headache, hemicrania, vertigo, languor, drowsiness, any ability to sleep; irritated, whining mood; loss of a palpitation of the heart. In addition to these derangements often see a sickly, gray complexion, efflorescences in the rings around the eyes; vomiting or nausea; altered voice. Phenomena usually occur only during the first twenty-four of the flow, after which they cease either suddenly or gradually.

The total cessation of the menses takes place indefinitely in women menstruating regularly until the age of 55, whereas they cease to menstruate when they are 40 years old. These do not depend upon the time of the first appearance of menstruation or upon the vigor of the individual, upon the number of children a woman has conceived, nor even upon other morbid conditions. Final cessation is not bound by any rule, and may take place normally between the ages of 40 and 50 years. It may occur suddenly and completely, or in paroxysms; some periods, even a number of ten or twelve, being skipped, after which the menses may occur again regularly for months, or a sort of hemorrhage may set in which is again followed by a stoppage of the menses. As a rule the quantity of the menstrual flow is larger at the end of a final cessation draws near, than in the preceding years.

In the previous paragraphs we have only briefly alluded to the most important points. But they show satisfactorily the connection of the menstrual function to the female organism. Hence menstrual irregularities have at all times excited a lively interest among physicians as well as lay-persons, to such an extent that they have been classified under special heads, although, in reality, they constitute a symptomatic manifestation of one and the same general or local disease. The question now is, when, in a given sense, menstruation may be said to be abnormal. The menses are abnormal in the first place if they do not harmonize with the previously-indicated periods; they are likewise abnormal if, for some cause or other, the usual duration of the menstrual period in a given case is either shortened or lengthened. A woman who menstruates every 21st day, is not considered sick; but the return of the menses every 28th day is abnormal, if heretofore they had occurred every 21st day. Finally, whether the menstruation

is to be considered abnormal, may depend upon the influence

4

50 Diseases of the Female Sexual Organs.

it exerts upon the general organism. A suspension of the menses in the case of a young girl who, after being relieved of the injurious influences of school and city-home, goes into the country and there regains her blooming health, cannot be regarded as a morbid condition.

We now transcribe, with a few additions and variations, the following details from Hartmann, whose treatment of this subject seems to us excellent. We will first notice his general rules.

" Every attention should be given to the mind and feelings

young woman; her excited fancy should be controlled, and nervous sensitiveness and excitable temperament which aim to cause disease, should be quieted. For this reason a woman should be treated with kindness and attention, especially during and the menstrual period. Every depressing emotion, such as grief, fright, anger, acts prejudicially upon persons in health upon those who are diseased." We refer the reader to our chapter on hysteria and to our subsequent chapter on chlorosis, which shall show that a premature development of the mental faculties and more particularly of the fancy, exerts a pernicious influence upon the constitution of the growing woman generally, and the normal functions of the sexual system in particular.

"Woman's material mode of living deserves a closer attention. A wrong system has, in this respect, become a second nature to such an extent that a physician is expected to allow his patients to indulge in their accustomed violations of a proper diet, and account we invite him to pay particular attention to the points in the treatment of female diseases.

1) " Women who lead a sedentary life, should be induced to take more exercise than usual, and to rouse themselves from the morbid torpor. This is one of the first requisites of health. Exercise in the open air, cleanliness, frequent bathing and frequent changes of linen. During the menses, every exertion and every exposure to a cold should be avoided. Heavy farinaceous food, freshly-baked bread; violent emotional intercourse, emetics, purgatives, baths. This caution should be carried so far as to compel healthy and robust women to abstain from the first two days and even to give up their accustomed diet. The drinking of mineral water should be discontinued by those who are on a visit to springs for their health, unless the presence of the water should entail greater damage than the

Menstrual Anomalies. 51

might occasion by its interference with the menses, in which case it is proper to put up with the lesser evil of the two.

2) " The physician should see to it that his patient drink more liquid than heretofore. Many ladies drink nothing but coffee except three cups of coffee at breakfast and dinner; if the appetite is diminished, as it necessarily has to be under homeopathic treatment, some other beverage will have to be substituted, such as cocoa, milk, unsweetened chocolate, weak black tea, or roasted barley. We know, however, from experience that these warm beverages relax the stomach and bowels, hence the patient should be made to drink every day a few glasses of fresh water or very weak tea. Any other spirituous or spiced, heating beverages, such as punch, and the various liquors, have to be strictly prohibited. We cannot forbear offering a few objections to Hartmann's recommendation regarding the use of coffee. As generally prepared and drunk by most women, coffee is undoubtedly hurtful; but this objection applies to improperly-prepared coffee that is not too weak and whose aroma is properly preserved. In this shape coffee is a beverage whose partisans are so numerous because it is the best means against many of the morbid tendencies engendered by civilization and which has a particularly beneficial influence on females.

let them use good coffee of which they cannot drink larg
ties, and the use of which should always be associated w
water. The so-called substitutes for coffee prove in the
hurtful than even weak and badly-prepared coffee, except
beer which, however, cannot well be drank early in the m

3) "A bad habit that is indulged in by many ladies, is e
any hour of the day. This practice is decidedly injuriou
success of homceopathic treatment, and should be abolish
is useful in all things and likewise in our meals, and p
be given to understand that they must partake every day
dinner at a fixed hour ; breakfast and supper may consis
articles of food.

4) " Too much sleep, and sleeping too often within twent
hours, can only be approved of, if the patients are very
anemic; during sleep the body has to be kept perfectly
and easy, without the least inconvenienc from the press
ordinary clothing ; otherwise sleejJ will not exert the
fluence that is expected from it. Females especially hav
habit of lying down with a mass of clothes on. This prac
only prevents the body from getting warm, but interferes

52 Diseases of the Female Sexual Organs.

free circulation of the blood and thus gives rise to oth
addition to those already existing. Tight lacing is anot
able practice which is often the sole cause of menstrual
ties. In such cases we do not advise to abandon the use
entirely, but simply not to lace too tightly. If the pat
to sit up and were to dispense with her corsets altogeth
soon complain of weakness of the back and weakness all o
would be more inconvenienced by the use of the many stri
which ladies have to fasten their garments, than by wear
and easy corsets." In this respect we cannot agree with
Corsets, even if laced very loosely, have the disadvanta
porting the back and occasioning muscular weakness of th
unless they are worn without interruption. By going with
sets for a time the woman will soon learn to keep her ba
without any such artificial support. If corsets are worn
they compel the* wearer to breathe with the upper portio
thorax, the lower ribs being not allowed freely to expans
of the compression exerted upon them. This gives rise to
complete respiration, an imperfect introduction of oxyge
diminution of the elasticity of the pulmonary vesicles.
that corsets become a co-operating cause of many of the
eases of females. When speaking of chlorosis and tubercu
shall revert to this subject.

5) " The physician will have to inquire whether his pati
so often the case in the higher walks of life, uses cosm
purpose of giving more color to her face, or making it l
such substances as vinegar, tea, decoctions, lime, chalk
shells, etc. The same objection can be raised against mo
of pomatum and perfumes for the hair which, if it requir
fat, had better be greased with beef-marrow. This is a s
great importance, if we consider that Lead and Arsenic a
employed in the composition of cosmetics.

6) " Regarding the functions of the bowels, it is of imp that our female patients should never suppress an urging and that they should at least have one evacuation from t every day. Women are much more afflicted with constipati men ; in most cases they are the authors of this exceedi judicial state of the bowels, sometimes on account of ne other times from sheer laziness, again on account of sed habits, and finally because they are ashamed of satisfyi of Nature.

Menstrual Anomalies. 53

7) "IVomen should make it a rule to wash their parts, es if affected with leucorrhcsa or other diseases, several with cold water, and during the menstrual flow with tepi More recently the Sitz-haths and the vaginal syringe are almost general use. These are not only excellent means o many morbid conditions, but likewise excellent means of tion, and should be found in every lady's bed-chamber. C is indeed the most reliable nervine at our disposal/'

a. Derangements Attendant on the Appearance of the Mense

"It must be self-evident that the awakening of the sexua whicji is the greatest revolution which the female organ undergo, is accompanied by phenomena that very often par the nature of a morbid process. The normal conditions un the menses should first appear, have been explained in a paragraph. A premature appearance of the menses always i a feeble constitution and powerful sexual instinct. Henc the utmost importance not to accelerate this period beca ailments which sometimes befall young girls at this age, posed to originate in the tardy appearance of the catame charge. Of course, where the delay is evidently of a mor acter, Nature should be assisted by such remedial means promote the menstrual flow.

Such morbid phenomena are the more striking, the more se and delicate the young woman who had been rea^red in the of luxury and ease. Although these ailments may not be v siderable yet their removal often requires the interfere Sometimes a judicious diet is suflicient for this purpos cases medicinal agents have to be used. Conditions requi assistance of a physician, are characterized by the foll toms: Congestion of blood to the head, as indicated by h of the head; rush of blood to the chest, with j»alpitati heart, and sometimes attended with oppression of breathi sation of warmth and repletion in the abdomen ; feeling through the whole body ; occasional flashes of heat and in the face; languid feeling in the legs and feet; pain of the back and pelvic region; drawing in the thighs, fr ing to urinate. These symptoms may be regarded as menstr tresses which are very speedily succeeded by an actual a the menses and disappear with them. If these simptoms co for a lon<^er time without any menstrualshow taking pla

54 Diseases of the Female Sexual Organs.

patient will have to take a good deal of exercise in the more vegetable than animal diet, more liquids than usual, her time as much as possible in cheerful company.

" If the above-mentioned symptoms become more severe and tinuous ; if the rush of blood is more violent, causing pitation of the heart, constant heat, a restless sleep and interrupted by sudden starts ; if the face looks bright the pathognomonic signs of cerebral hypersemia and congestion the thoracic organs become manifest: we resort to the remedies that have been indicated for such conditions in their respective chapters. One of the leading remedies is undoubtedly Pulsatilla especially if the congestive symptoms of the head and chest accompanied by signs of abdominal and uterine congestion were oppressing the uterus, and the patient complains of chilliness, stretching of the extremities, yawning and other symptoms. Chamomilla and Veratrum may likewise be indicated by a certain train of symptoms. The above-mentioned diet should not be neglected while these medicines are used. Belladonna may be added to this group of remedies as one of its most prominent members. Whereas Chamomilla is very seldom indicated Veratrum and Belladonna will often be required, the former when the functional activity of the heart is very much impaired, by paleness of the countenance, great chilliness or constipation of chilliness and heat, anxious feelings ; the latter when cerebral congestion prevails, with bright redness of the face together in individuals of full habit.

"The so-called anti-psorics here come undoubtedly into play since this physiological act is transformed into a pathological turbance only if a constitutional disease prevails whose nature is still very obscure and undeveloped. If such a disease exists, it will have to be met by its appropriate remedy. We may resort to Sepia, Conium, Magnesia and Lycopodium.

" If the young woman has reached the age of pubescence and feels otherwise quite well, although the menses do not show the least sign of making their appearance: the physician would do a great wrong if he were to drench the organism with medicine. His duty will be to leave Nature alone in determining the time of the appearance of the menses, more particularly if the organism shows signs of being backward in its development. It is only when the organism is sufficiently developed and the young woman justifies the expectation that the menses ought to appear

Menstrual Anomalies. 55

proper to hasten this process by the employment of suitable remedies, more particularly of the anti-psorics. Nevertheless we should not commence the treatment with this class of remedies, but in the first place Pulsatilla and, if the indications are satisfied, the dose rather frequently, more particularly in cases of non-appearance of the menses caused, without any other symptoms, an excessive nervous irritability, whining, peevish disposition, paleness of the face and great flabbiness of

cular tissue. Niix vomica^ on the contrary, will be found in persons of an opposite temperament, an irascible, constitution, a full habit, without any decided congestions, red cheeks and turgescence of the body. If these remedies, though we shall add a few more by and by, prove fruitless, we recommend as the best remedies: Causticum and Graphites^ more especially if the appearance of the menses only seems delay sequence of the insufficient efforts of Nature, and the menses finally takes place in small quantity and then again ceases. muriaticum and Kali carbonicum^ if the menses do not appear and Calcarea carthovica^ if there is no show, but the want of the menses indicates a plethoric habit of body. Under such circumstances one of the chief remedies, a few of which ought to be given before any other medicine is resorted to, more especially if a chlorotic state of the blood is indicated in the patient's complexion.

"Among the remedies corresponding to the morbid phenomena which sometimes trouble young girls before the menses flow we recommend Sepia and Calcarea for the violent hemicrania sometimes attack such persons even at regular periods; Calcarea and Phosphorus for the violent pains in the back which resemble spinal irritation; for the convulsive symptoms Cocculus and Ignatia; Cuprum is less frequently indicated. In symptoms of anaemia we recommend Ferrum and sometimes Arsenicum will be found appropriate."

b. Suppression or Delay of the Menses, Amenorrhoea.

"This suppression either takes place during the flow, or in consequence of causes acting previous to the actual appearance. In the former case a cold may have operated; or cold washing may have been the cause; or the feet may have got chilled; or the patient may have been sufficiently protected by her clothes; mental emotions, vexations, chagrin, anger, fright, or dancing,

56 Diseases of the Female Sexual Organs.

In the course, dietetic transgressions may have led to the suppression. Most of these causes, if operating shortly before the time the menses were to come on, may cause their retention. A great suppression of the catamenia may take place in consequence of insufficient nutrition as well as of the abuse of warm beverages. The continued influence of depressing emotions. We have already seen that a change in the mode of living may superinduce a suppression of the menses in the case of young women, without leading to derangements of the general health.

"The more sudden the suppression of the menses, the more violent the changes arising from such an occurrence. Some of the prominent symptoms are: violent hemicrania, great anxiety, oppression of breathing, nose-bleed, spitting of blood, pain of the head, heart and lungs, and the like. In some cases the suppression of this kind gives rise to acute uterine catarrh or peritonitis. If a physician is called in time, he will inquire what gave rise to the trouble, and will seek to remove the consequences of fright, mortification, anger, etc., by a judicious use of specific remedies. If the physician is not called until

after the morbid symptoms have existed, the aforesaid remedy no longer be applicable and the constitutional condition will have to be acted upon by corresponding remedies. The remedies mentioned in the preceding chapter under "a" will be found indicated.

"If at the time of the menses they do not appear, and violent abdominal spasms occur, we commend Cocculus as the most valuable remedy, especially if the spasms are accompanied by anxiety, oppression of the chest, moaning and groaning, a paralytic weakness, so that the patient is unable to utter a loud cry, her extremities have lost all power or are convulsively affected and the pulse is scarcely perceptible. Cuprum aceticum after metallicum acts very similarly to Cocculus. It is applicable in typical paroxysms of the most violent kind of unbearable abdominal spasms affecting even the chest, loathing, gagging, and even vomiting, affecting at the same time the extremities with epileptiform spasms during which the patient utters a piercing cry.

"The following remedies likewise deserve commendation : Iridium Platina Ignatia Belladonna Magnesia arctica Symplicium Digitalis.

"If those remedies do not restore the menses, the physician

Menstrual Anomalies. 57

then have to resort to the so-called antispasmodic remedies especially Magnesia carbonica and muriatica Sulphur Sepia Silicea, Lycopodium Graphites Addon nitricum which may be employed if the menstrual suppression causes no further distress. We do not share Hartmann's opinion in this respect. Mercurius should never be given except where actual morbid manifestations seem to indicate their use ; the non-appearance of the menses is a means, on the part of Nature, to increase, or economize the strength of the organism.

"In the treatment of delaying menses we have to follow the same rules and maxims that have been laid down for menstrual suppression. A suppression or delay of the menses often causes abdominal spasms and other difficulties for which Pulsatilla an excellent remedy. We likewise recommend Cicuta, Terebinthina Zincum (especially when menstrual suppression is attended by painful swelling of the breasts); Calcarea carbonica (in menstrual suppression, attended with marked symptoms of pleurisy) ; Graphites (when the menses delay too long, and the patient complains of hoarseness, headache, bloating of the feet, bearing-down pains in the small of the back) ; Natrum muriaticum (if the menses delay too long and are very scanty); Strophantia (when the menses delay too long, and afterwards, when appearing like flesh-water and pass off in the shape of coagula) (when the menses delay, are too scanty and acrid), etc."

These few indications may show that a good Repertory is the best means of securing the selection of the proper remedies. As regards external applications, we do not approve of them ; their utility is questionable, and in many respects they are dis-

prejudicial. Hot foot-baths are more particularly hurtful often exert a very injurious effect upon the brain and hence mention the increased susceptibility of the feet to get they invariably occasion. If the flow of blood towards the extremities is to be promoted, the most efficient and best means to accomplish this result, is continued and fatiguing Dry cupping on the inside of the thighs is the only pall that can safely be permitted.

c. Menstruatio Nimia^ Profuse Menses.

An excess of loss of menstrual blood, a true menorrhagia not occur as often as it may seem to those who complain constitute menorrhagia, several circumstances have to occur

58 Diseases of the Female Sexual Organs.

require to be carefully discriminated. The quantity of discharged blood has to exceed the ordinary loss quite considerably and then again we have to inquire whether the scantiness of ordinary menstrual flow is not an abnormal diminution in some case. The menstrual flow is likewise considered too if it continues beyond the ordinary period, although this necessarily implies that the menses are profuse. The morbidity of the menses is finally and more especially determined by accessory symptoms, for a copious flow of the menses can be considered abnormal as long as the constitutional harmony is disturbed by it.

All circumstances that cause either permanently or temporarily an increased flow of blood towards the sexual organs, may be regarded as causes of menorrhagia. A temporary excess of menstrual flow may be caused by the influences that have been pointed out as the causes of metritis; a permanent excess is occasioned by onanism, novel-reading, a constant dwelling of the fancy upon sexual things, and the habitual use of heating beverages. Other important points have to be added. Under certain circumstances a profuse flow of the menstrual blood becomes a physiological necessity to the body; for instance, if a large amount of nourishment than the body requires for its normal support is taken, a real plethora. This can scarcely be regarded as a morbidity. A profuse flow is sometimes occasioned by changes in the uterus, such as acute or chronic metritis, and adventitious inflammation in the uterine cavity. Nursing exerts a very particular influence. As a rule, nursing women do not menstruate; yet it may happen even in the case of quite healthy mothers, that the menses again prematurely, in which case the flow is often very profuse. This is not a normal condition, although it does not in all women. Of a threatening character and exceedingly profuse are menorrhagias that set in when the process of nursing is continued too long. Accidents of this kind occur quite often in this country, where the women nurse their children for several years for the purpose of preventing conception, not thinking of doing so they inflict permanent injury upon their health. It is not to be forgotten to record the fact that diseases of other organs, of the general constitution, exert an influence upon the menses. Considering the influence of diseases which alter the quality of the blood, such as typhus or scurvy, etc., the influence of

of tuberculous infiltration of the lungs, emphysema, acc

Menstrual Anomalies. 59

of fluid in the pleural cavity cannot be denied ; it is heart-disease that causes menorrhagia, so that the heart be carefully examined in every case of menorrhagia. Final cessation of the menses at the critical age is almost all in by profuse losses of blood. Particulars on this subject found under the heading : metrorrhagia.

The symptoms of profuse menstruation generally may be quite inconsiderable, being no more than feeble indications of most cases, however, profuse menstruation is allied with forms of difficult menstruation of which we shall speak here

In treating this anomaly we have in the first place to direct attention to the causal indications as far as such a thing. These indications are so numerous that we cannot well say more particularly in this place. They constitute the cause. Iланmann recommends the antispasmodics. Where menorrhagia occurs without being dependent upon some more deep-seated disorder, vomica will be found an efficient remedy, more particularly if the nervous system had become very much excited by disturbing influences, the patient gets angry at the least remark, irascible and obstinate temper, starts at the least noise, loses balance on the most trifling occurrence, wants to lie down a long time, and shows an aversion to open air. Chamomilla is particularly indicated, if the blood looks dark, almost black and coagulated with drawing, griping pains from the small of the back to the bones, sometimes accompanied by fainting fits, coldness of the extremities and great thirst. It cannot be denied that the Chamomile-tea often has an influence over the quantity of menstrual discharge. Unfortunately this beverage is generally resorted to for such ailments as precede menorrhagia which is undoubtedly made worse by the use of this tea. Besides Nuxvomica and China are indicated by such symptoms. The indications for Calcarea carbonica have been furnished by Hahnemann himself in the following brief but exhaustive remarks : "The menses appear several days previous to the regular month and to excess, Calcarea is often indispensable, more especially if the menstrual flow is excessive. But if the menses occur at the regular period, or later, Calcarea will do no good even if the flow is scanty." We add that Calcarea will afford much relief where anaemic phenomena prevail, with disposition to congestion of the head or chest. Belladonna apparently acts similar to the former drug, except that the congestive phenomena for which

60 Diseases of the Female Sexual Organs.

Belladonna is indicated, arise from real plethora ; the menses are profuse, not excessively dark-colored and their appearance is accompanied by a pressing downwards, a painful drawing and tearing from the uterus to the thighs. Phosphorus is indicated if the menses delay a tolerably long time beyond the natural term, and are followed by pus and occasion great debility, weariness and languor

of the countenance, a sickly appearance, back-ache. It is particularly applicable to the menorrhagia of nursing women for a painful and too frequent return of the menses, and dark discharge with labor-like pains, more particularly in sanguine, lively individuals. Sepia has similar symptoms. Digitalis is indicated if the menorrhagia is upon a stasis of the blood caused by heart-disease, if there is of passive venous congestion prevail, the face is pale and the skin is cold.

For further particulars we refer to the chapter on metrology where more medicines will be found mentioned.

d. Dysmenorrhoea^ Scanty Menstruation,

It is just as difficult to define what is understood by we have found it difficult to define what is to be understood by profuse menstruation. As a change in the mode of living may produce a suppression of the menses, so it may likewise, by modifying influence upon the internal development of the organism occasion a diminished flow of the catamenia. This may occur among women of a more advanced age as well as among young persons, and it would be highly improper to disturb such by medicinal interference.

In by far the least frequent cases scanty menstruation is a morbid symptom ; generally it is dependent upon some lesion, profuse leucorrhoea, chronic metritis, uterine disorder or it may be owing to constitutional disturbances such as hydræmia, marasmus, excessive formation of fat, tubercu-

These different forms of scanty menstruation do not, in require a separate treatment ; it is identical with the the constitutional disorder, or else no treatment at all because the suppression of the menstrual flow may simply depend on the fact that the organism has no blood to spare for a function. For this reason we deem it unnecessary to introduce remedies for such a condition of things, and refer to the chapter on chlorosis and, for various particular points, to the chapter on difficult menstruation.

Menstrual Anomalies. 61

e. Ailments accompanying the Menses^ Difficult Menstruation

Ailments of Various kinds, sometimes preceding and sometimes accompanying the menses, are so common, especially among higher classes, that, unless they become too troublesome they are not complained of to a physician ; on the other hand, the most trifling forms may make them a source of great trouble, or they may cease for a short time in order to reappear with so much violence some time thereafter.

These ailments may very naturally be classified in three classes. Either they arise from material changes in the sexual system or in the uterus, retroversion, anteversion, chronic metritis, or else they are occasioned by an excess of menstrual congestion. In the first case they may be of a purely nervous kind. Although

category does not properly belong here, yet we call attention in order that their presence or absence be satisfactorily ascertained. The congestive ailments are almost exclusively confined to the pelvic organs, and consist in a variety of pains, sometimes attended with palpitation of the heart, congestive headache, febrile and nervous ailments are not restricted to the sexual sphere, but generally involve the whole nervous system. Whereas the congestive ailments abate with the appearance of the menses, and entirely on the second day, the nervous symptoms on the contrary are apt to continue during the whole period.

In most cases the causes of these ailments are very obscure. Although they most generally accompany scanty menses, they are not unfrequently attendant on profuse menstruation; although they more commonly affect sensitive, feeble, irritable and delicate and effeminate individuals, yet they are likewise among women of a robust constitution and who menstruate abundantly.

These remarks may show that it would be a futile undertaking to indicate the whole series of symptoms which characterize these ailments. Hence we prefer recording a few of the more important difficulties together with their corresponding remedies. However, caution the reader against supposing that the prescriptions contained in the subsequent paragraphs are intended to supersede further reference to the *Materia Medica* superfluous.

It is proper to ascertain whether the ailments occur before or after the menstrual flow.

For ailments previous to the menses, if the patients menstruate too profusely, we recommend: *Belladonna*, *Chamomilla*, *Calcarea carbonica*.

62 Diseases of the Female Sexual Organs.

Lycopodium, *Platina*, *Nux vomica* and if the menses are too scanty: *Pulsatilla*, *Cocculus*, *Sepia*, *Alumina*, *Baryta*.

Ailments during the menses, if too copious: *Nux vomica*, *Cum*, *Phosphorus* (the last-named deserving particular consideration with *Calcarea carbonica*; if too scanty: *Alumina*, *Pulsatilla*, *nuiculatum*, *Graphites*, *Sepia*, *Carbo vegetabilis*.

Ailments alter the menses, which, however, are not often attended with the prejudicial effect of a considerable quantity of blood, *Platina*, *Ferrum*, *Graphites*, *Borax*.

For the colicky pains the seat of which cannot always be ascertained with perfect certainty, whether it is the intestinal canal or the pelvic organs: if with scanty menses: *Cocculus*, *Conium*, *Sepia*, *Pulsatilla*; if with copious flow: *Belladonna*, *Platina*, *Nux vomica*.

For the congestive symptoms in the pelvic organs, if preceding the appearance of the menses: *Belladonna*, *Bryonia alba*, if accompanying the menses: *Phosphorus*, *Veratrum album*, *Nux vomica*; if remaining after the menses: *China*, *Platina*.

For distress at the stomach, if very marked, such as eructations, nausea, vomiting, perverted taste, loss of appetite: *Pulsatilla*.

cacuanha, Veratrum, Iodium.

For the toothache which so often accompanies and precedes menses, and constitutes one of the most troublesome troubles of women, if setting in previous to the menses : Aconitum, Belladonna, Pulsatilla, and more particularly Arsenicum; the menses : Cole. Carb., Sepia, Phosphorus.

For hemicrania which generally is present during a scant scarcely ever during a profuse menstrual flow : Sepia, N Pulsatilla.

Convulsive symptoms may of course vary, sometimes being local, at times general, then again tonic and at other times they may even appear like epileptiform spasms so that they are much more threatening than they really are. We may consider as an established fact that the epileptiform spasms which occur at the time of the menses, never partake of the danger of epilepsy. The most important remedies are : Ignatia amarilla, Cuprum, Platina, Secale comutum and Causticum.

The mental disturbances belonging in this category, most take of the character of exaltation, for which remedies such as Aconitum, Veratrum album, Hyoscyamus, Belladonna, Stramonium are indicated ; states of depression which occur much less frequently require Lycopodium or Natrum muriaticum.

Menstrual Anomalies. 63

We will conclude this chapter by giving a general hint upon the selection of a remedy for menstrual difficulties. Attention should be directed to the conduct of the discharge whether it appears at the right season or not, whether it is scanty or too profuse, or whether it occurs normally. These are essentially characteristic ; if the remedy does not correspond with the other phenomena may be ever so proper the remedy will not suit the requirements of the case,

[Recently a number of drugs have been introduced into the Materia Medica of our School, some of which are being used with great success in various diseases, and more particularly in menstruation.

Aletris farinosa, or the star-grass, is recommended for various symptoms of miscarriage, such as dizziness, nausea, fullness in the region of the womb, colicky pains.

Caulophyllum thalictroides, or the blue cohosh, has been used by homoeopathic physicians for painful menstruation, scanty flow of blood, or when the appearance of the menses is preceded by severe spasmodic pains, for which Cocculus is generally recommended. We give the Cohosh as soon as the pains commence and resume the medicine a few days before the next period. The course of treatment has a tendency to effect a radical cure.

Cimicifuga racemosa, or the black cohosh, is eminently useful in various forms of menstrual disorder, menostasia, amenorrhoea, menorrhoea, also tendency to miscarriage, menorrhagia. T

noid Cimicifugin, first or second trituration, is very c
 In the menostasia of young girls it is generally indicat
 ache, hysteric nervousness, pale complexion, debility, l
 colicky bearing-down pains in the lower abdomen. In amen
 or suppression of the menses from some accidental cause,
 the characteristic indications are : congestive or neura
 febrile motions, chilly creepings, rheumatic pains in th
 ach, uterine spasms. In dysmenorrhoea it seems principal
 by the prevalence of neuralgic pains, spasmodic pains in
 region, disposition to faint, nausea, headache. In menor
 useful when the flow is of a passive character, the bloo
 colored, coagulated, the patient complains of neuralgic
 small of the back, dizziness, headache, obscured vision,
 ness. It will be found admirably adapted to the hemorrha
 curring at the critical age. The doses should not be giv
 If given in sufficiently largo doses, this medicine will

64 Diseases of the Female Sexual Organs.

miscarriage. It is chiefly indicated by the sudden appea
 violent bearing-down pains, together with such accessory
 as headache, nausea, fainting feeling, etc. Cimicifuga i
 eclectic physicians for leucorrhoea with much success. I
 facilitates labor, not only by accelerating the process
 wise by preventing the harassing and exhausting pains wh
 often accompany a tedious labor. Dr. E. M. Hale suggests
 of Cimicifuga as a preventive of difficult labor. In the
 tion of his "New Remedies" he relates the following case
 the mother of three children, was in the eighth month of
 Her previous labors had been unusually severe, very tedi
 and accompanied by fainting fits, cramps, agonizing pain
 the birth, and flooding, syncope, and many unpleasant sy
 after the expulsion of the placenta. She took, for nearl
 weeks, about ten drops of Cimicifuga first decimal dilut
 times a day. Labor came on at the proper period, but las
 six hours ; was not painful nor difficult ; there was no
 fainting and no cramps. She got up in nine days, and had
 convalescence than ever before.

We know from abundant experience that it is an excellent
 for the various ailments incident to the critical age of
 annoying flashes of heat to which such women are so ofte
 and for which we have been in* the habit of prescribing
 guinaria, etc., yield much better to Cimicifuga. "In the
 condition of the uterus," writes the London Lancet, "oft
 in patients for some time after menstruation has ceased,
 when about to cease, and marked by pain more or less per
 the lumbar region, Cimicifuga aftbrds rapid relief. In n
 pains often met with in such patients, in other localiti
 beneficial. Females at the period of life we are speakin
 quently suffer from a distressing pain in the upper part
 recurring with greater severity at night. These cases ar
 factorily met by this remedy. Pains in the mammee also,
 referable to uterine disturbance or to pregnancy, are re
 the Cimicifuga very speedily."

Collinsonia canadensis, stone-root. This remedy is recom
 some homoeopathic physicians for amenorrhoea, menorrhagi

menorrhoea, miscarriage, and other disorders of the female generation, such as pruritus and prolapsus uteri. It is supposed to exert a direct specific action upon these organs; the disorders alluded to by removing the affections upon

Menstrual Anomalies. 65

The disturbances of the sexual organs are depending. They are principally piles and constipation. The curative remedies have been mostly obtained by means of comparative

Gelsemium sempervirens, yellow jessamine* Dr. Hughes writes in the British Journal of Homeopathy: "I continue to derive the most brilliant results from this drug in dysmenorrhoea and pains, when these are spasmodic and not inflammatory. Its effect over after-pains is so great that the lying-in chamber is freed from one of its greatest bugbears. But it is antipathetic to homoeopathic to these conditions, and requires to be given in full doses, from three to ten drops of the first decimal dilution. Dr. Hughes would imply that large doses of *Gelsemium* are antipathetic, and small doses are homoeopathic to spasmodic pains; this is the Doctor's meaning, his doctrine is incorrect. The testimony of Dr. Douglas of Milwaukee, one of the practitioners of *Gelsemium*, that he experienced severe spasmodic pains "consisting of acute, sudden, darting pains, evidently running along single nerve-branches in almost every part of the body and sometimes so sudden and acute as to make me start. At once on a quick succession of these acute sudden pains coursed down the outside and front of the tibia for over half an hour, leaving a track of considerable tenderness marking its track. These pains seemed clearly neuralgic, gave me the palpable indication for the employment in this disease. And it has certainly been successful. But while it has fully cured some distressing cases of neuralgia in which Aconite had been fully tried without benefit, there have occurred some other cases in which it has failed and Aconite has succeeded. What is the explanation of this? If we suppose that in some cases of this disease there exists a morbid state of the nerve, and in others a mere excess of irritability, the explanation is easy; Aconite cures the morbid state, and *Gelsemium* the last." But then Dr. Douglas writes further: "The majority of all cases of neuralgia will be promptly relieved by *Gelsemium*, but it sometimes requires to be given in pretty large doses repeated every half hour till the pain is relieved."

Hamamelis virginica has been used with excellent effect in menorrhoea and vicarious menstruation* In Hale's *Isis of Remedies* a few cases are reported where cures were effected with the small potencies of the remedy.

Hekmias diolca, false Unicorn, of which we prepare the remedy, is continued which is very frequently used in practice, has been

5

66 Diseases of the Female Sexual Organs.

by homeopathic physicians for prolapsus uteri, a very which is reported by Dr. Geo. S. Foster of Meadville, Pa New Remedies. It was a case of prolapsus with ulceration years* standing, and was cured perfectly by means of Hel a number of other remedies had been used either without, only partial success. Congestive symptoms are prominent in uterine diseases where Helonias is used, in amenorrhoea, prolapsus, etc.

Senecio aureus, life-root, is possessed of fine curative painful menstruation when the menses occur prematurely a very profuse ; the patient suffers greatly with violent at the time of the menses. "We recommend comparatively 1 doses during the attack. EL]

6. Metrorrhagia*

Uterine Hemorrhage.

We deem it unnecessary to justify the distinction we have between menorrhagia and metrorrhagia ; both differ in their characteristics. When speaking of the treatment, we included among the remedies for ordinary metrorrhagia those refer more specially to metrorrhagia during confinement during pregnancy.

An hemorrhage from the unimpregnated uterus is mostly due to the same causes as menorrhagia. Every circumstance that has the power to determine an excessive flow of blood to the uterus becomes the cause of metrorrhagia. It may likewise occur in the sequence of a number of pathological alterations of the structure and of adventitious growths in the uterine cavity. Hemorrhages of this kind are so common that every loss of blood cannot be attributed to the menses, ought to excite a suspicion it is owing to the presence of material lesions. Metrorrhagia occurs most frequently at the critical age, when it is difficult to distinguish between menorrhagia and Metrorrhagia.

Metrorrhagia is generally preceded by preliminary symptoms longer or shorter duration, indicating for the most part a termination of blood to the pelvic organs, such as: a pain and pressing in the small of the back towards the sexual organs, sensation of heaviness and fulness, of increased throbbing in the pelvis, also colicky pains ; frequent discharge of urine ; titillation and burning in the sexual organs, a chilliness, heat ; an accelerated, soft pulse, sometimes

Metrorrhagia. 67

beat (pulsus dicrotus), palpitation of the heart, swelling of the breasts, leucorrhoea, etc. These symptoms are prominent during metrorrhagia at the critical age. The hemorrhage itself often sets in with chilliness, paleness of the face, the extremities, sometimes without any special phenomena. At other times it is a mere dribbling of blood, at other times large clots of an usually dark, black blood are poured out periodically and readily coagulates on account of the fibrin it contains,

coagula of considerable size even while yet in the uterus. In addition to this loss of blood we notice the most varied symptoms constitutional disturbance, such as : excited temperament, restlessness, labor-like pains, colic, urinary difficulties, convulsions, spasmodic laughter and weeping. If the hemorrhage lasts a sufficient length of time, symptoms of anemia appear. The importance to the organism of such hemorrhage should not be estimated too lightly ; even the most trifling hemorrhage may, by its continuance or by an extraordinary increase in the loss of blood, permanently impair the patient's health and threaten her life.

Uterine hemorrhage shortly after the expulsion of the fetus constitutes one of the most important and dangerous events. It is not caused by injuries of the uterine parenchyma, always results from deficiency of the uterine contractility. Deficiency of this kind is not always owing to atony of the uterus, such as may result from tedious labor or violent labor-pains, even from general debility ; it may likewise depend upon conditions that render the necessary contractions even after labor-pains impossible. Among such circumstances we number too rapid labor, partial adhesions of the placenta, and the presence of copious coagula in the uterus. "We have only to do with hemorrhages depending upon atony and deficient contractility of the uterus; these hemorrhages alone are accessible to medicinal influences. Hemorrhages of this kind occur immediately after confinement ; they must be expected if the uterus remains long soft. Sleep, immediately after confinement, may become troubled or at least the promoter of hemorrhage ; it should not be neglected. The symptoms of hemorrhage can only escape detection if an accident occurs within the womb. The os uterine and the vagina are so filled with coagula that the blood remains confined in the uterine cavity, which again becomes distended by the retained fluid. As in every other copious loss of blood, the

68 Diseases of the Female Sexual Organs.

of anemia become rapidly manifest, such as pallor of the countenance, chilliness, cold sweat, obscuration of sight, a decrease of the pulse, convulsions ; the uterus, moreover, enlarges and increases perceptibly in size. This accident is generally accompanied by pain.

Hemorrhage occurring at a later period of confinement, is usually less copious ; it likewise originates in deficient contractility, or in inflammatory processes, but the prognosis is usually unfavorable. Hemorrhages of this kind occur more particularly in the case of women who do not nurse their children ; the relaxation generally caused by the nursing, now reacts upon the uterus.

Hemorrhages during pregnancy are sometimes of trifling importance, and at other times more threatening. Some women in the habit of menstruating several times after conception suffer detriment to the fetus. It has seemed to us as though children of such mothers at full term, and having otherwise their development, were less vigorous and disposed to a variety of diseases. Hemorrhages during the second half of pregnancy, if not dependent upon placental previa, originate in the same causes as those

first half, of which we shall treat presently ; but they of a subordinate significance, because they seldom threaten or interfere with the further development of the foetus. important hemorrhages are those occurring during the first pregnancy, for the reason that they mostly precede, cause

Miscarriage or abortion. Such hemorrhages happen in consequence of the vessels uniting the ovum to the uterus, being torn because the natural resistance of the uterus against its contents is too great, or because the resistance of the contents against the uterus is too feeble. In this way the uterus is excited by premature contractions which may easily superinduce a laceration of the vessels for the reason that in the first three months it is on its whole surface connected with the uterus by more delicate blood-vessels. Hence miscarriages take place most during the first three months of pregnancy. If the placenta is already formed, premature contractions likewise lead to its detachment and detachment of the placental vessels*. This, however, is less frequent occurrence, because the contractions affect a smaller portion of the uterine wall, and it is not so well the normal seat of the placenta is not the locality usually affected by the contractions, but that they are much more common

Metrorrhagis 69

limited to the lower portion of the uterus. It is important to investigate the circumstances which cause premature contractions of the uterus; a miscarriage can only be prevented by keeping all such exciting causes out of the way. Causes of miscarriage either proceed from the foetus in consequence of its premature death, or from the mother. The death of the foetus is superinduced by intensely-debilitating disease of the mother, especially a far advanced anaemia ; next by constitutional syphilis, and finally by violent commotions such as fright. We judge by the changes which are sometimes noticed in the placenta, that would seem as though certain poisonous substances which are named by and by, might exert a destructive influence over the placenta proceeding from the mother, we have the various circumstances that tend to cause a determination of blood to the uterus. Causes already named in the chapter on acute uterine disease. Plethoric individuals are much more liable to miscarriage than anemic women, especially if the former are afflicted with irregular menstruation. In their case the hemorrhage is apt to appear at the time of the catamenia. Acute febrile affections and disease of the heart likewise predispose to miscarriage. Mechanical causes acting upon the sexual organs directly, or transmitting their effect to the uterus by a general concussion of the system, exert an injurious influence ; so do depressing mental causes which act upon the uterus unceasingly. It is well known that women who, after being again pregnant, continue to nurse their children, become liable to miscarriage on account of the excited condition of the uterus transmitted to this organ from the excited nipple. Lastly we mention various poisons which are sometimes resorted to for the criminal purpose of producing miscarriage. These are Sassafras, Crocus, Secale cornutum. Sabina is so frequently used as a means of producing abortion, that the Juniperus Sabina which grows in the neighborhood of large cities, is usually found pulled

and deprived of its branches. As regards *Secale cornutum* know from the history of epidemic ergotism that the women were attacked by this disease, generally miscarried. In we have to observe that a woman who miscarries once, ret disposition to miscarry a second time, and that this miscarriage is apt to take place at the same period as the first, for it may happen that women miscarry nine or ten times in succession notwithstanding they had given birth to healthy children before. It almost seems as though the uterus, after the no

70 Diseases of the Female Sexual Organs,

tion of impregnation has once been interfered with, loe to again successfully engage in the process of utero-ges

Symptoms and Course. We have to examine these points more fully, because upon their correct knowledge and application depends the possibility of preserving the lives of both child.

In the first three months, hemorrhage is generally the first symptom of incipient miscarriage. As a rule, the hemorrhage assumes the form of metrorrhagia, even if the woman had otherwise perfectly healthy, especially if violent exertions were, the cause of the accident. A mere dribbling this time is of much less frequent occurrence. At first it does not complain of any pain ; after a short lapse of time it increases very gradually as a dull pain, and increases until it assumes the character of real labor-pains ; this is facilitated by the circumstance that, during the paroxysms of hemorrhage, blood is expelled in larger quantity. These phenomena are taken by inexperienced women, if they are otherwise afflicted with difficult and profuse menstruation, for a return of the

In the subsequent stages of pregnancy, metrorrhagia only takes place exceptionally, without a preliminary stage which is terminated by the entrance of blood into the uterus whose mouth remains closed ; or by the premature contractions of the uterus by the death of the foetus.

In the first of these three cases, the patients complain of pain in the pelvis which extends to the back and is increased by motion, by voiding the urine or by evacuating the bowels. These symptoms are frequently associated with slight febrile movements, diarrhoea with tenesmus, urinary difficulties. All these rarely precede the hemorrhage longer than five days. It terminates with distinct labor-pains.

The premature contractions of the uterus may be allied to the congestive phenomena just described, but they likewise occur as primary symptoms. In such a case the patient experiences a peculiar drawing pain from the uterus across the abdomen, accompanied with peculiar violence to the small of the back, continuing for hours, and finally only for a few minutes. The organism does not seem to be affected by this pain. Some women experience intermitting pains even for days ; nevertheless, they return more continuous and more violent the pains, the more certain is it that the sooner the hemorrhage will occur.

Metrorrhagia. 71

If miscarriage is caused by the death of the foetus, str cursory symptoms are scarcely ever absent. They sometime even for weeks. The patients feel faint and weary, compl feeling feverish, are remarkably pale, and experience a coldness in the abdomen and lower extremities. The signs that may have been perceived in the foetus, cease. The p very much depressed in spirits, complains of pains in th increased nausea and distressing vomiting. While these s continue, the pains and contractions foreboding the appr expulsion of the foetus set in, and the hemorrhage takes

After the blood has begun to flow the course of the trou pretty much the same in every case. If the foetus is sep the organism of the mother, it has to be expelled. If th rhage is at all copious, the expulsion can no longer be The course of the diflaculty now varies according to the states of the uterus. During the first months of pregnan lower segment is still very rigid, the os tincse firmly force or a longer time is required to open the womb, whe subsequent months the vaginal portion becomes more yield dilatable. Hence a miscarriage extends over a longer spa in the commencement than in the subsequent months of pre moreover, the hemorrhage in the former case is more prof a rule the ovum, up to the third month, is discharged un sometimes unperceived, whereas, at a subsequent period, branes of the ovum are ruptured, and afterwards expelled quently to the expulsion of the foetus. The constitution toms are preeminently those of acute aneemia ; even the sive phenomena which are not unfrequently present, are o sioned by the ansemic condition of the patient, very sel amount of pain involved in the hemorrhage. Primiparoegen suffer most. As soon as the foetus is expelled, the flow generally ceases very soon. But if the placenta has alre formed, the whole of the foetus is not always expelled, mentB of the ovum remain in the uterus and, by preventin contraction of this organ, cause the hemorrhage to conti is so much more dangerous as it is commonly more copious the commencement of miscarriage, the danger being still if we are not able to remove the remnants of the foetus. case the hemorrhage may likewise be internal, if the foe close up the os tincse. Hemorrhages of this kind are alw or less threatening, and sometimes endanger life. What w

72 Diseases of the Female Sexual Organs.

said, shows that miscarriage is least apt to occur in th months; and that the danger involved in the hemorrhage i est, if a placenta has already formed, because remnants are eiisily retained in the uterus.

The whole course of such an accident assumes a peculiar if the uterus firmly contracts round the remnants of the such a case the flow of blood suddenly stops and complet

seems to have taken place, until the hemorrhage returns, after the lapse of weeks, and these hemorrhages follow in such rapid succession that it is impossible to mistake the menses. A misapprehension of this kind is, moreover, by the ansemic symptoms accompanying this condition. In case a rapid cure can only be effected by the artificial the remnants of ovum whose spontaneous expulsion is some delayed to a remote period. A similar course takes place in rare cases of miscarriage of twins. After the expulsion the uterus firmly contracts round the other one, and, for a time, all trouble seems at an end, until a second hemorrhage brings the other foetus.

In a case of miscarriage the prognosis has to consider a number of circumstances : the possibility to save the life of the mother, the danger to which the life of the mother is exposed by the hemorrhage; the further consequences of the accident, and finally the influence upon the faculty of conceiving anew. As far as the preservation of the foetus is concerned, the prognosis is the more favorable, the more copious the hemorrhage and the sooner it ceases, so that, if a profuse hemorrhage sets in during the first or second month of pregnancy, the retention of the foetus can scarcely be maintained. All morbid processes, especially inflammatory affections of the reproductive organs, and either causing or accompanying the miscarriage, diminish the chances of a successful issue. The indirect consequences of a miscarriage sometimes tell on the whole future life of the patient. One of these consequences is a high grade of anaemia, together with the abnormal conditions of the heart, which may occur on various occasions. Chronic uterine affections are likewise very common, so are leucorrhoea, chronic metritis, displacements and deformities of the normal shape of the uterus. A number of nervous derangements sometimes remain after miscarriage. The influence of an accident upon a subsequent conception is often so trifling that it may be said to amount to nothing; many women conceive again after an abort by turns; as a rule the second miscarriage takes place

Metrorrhagia. 73

at the same time as the former, after women, having once miscarried, never again go the full term of pregnancy ; at a certain time a hemorrhage again sets in. This is a very common occurrence after a miscarriage previous to the fourth month, and is the rule in the case of a primipara. The general faculty of reproduction does not seem to become modified by miscarriages.

Before passing to the treatment of uterine hemorrhages we will add a few more remarks concerning miscarriage. Miscarriage, both as regards the prophylactic and curative treatment, such an accident, is a morbid process which sometimes defies the most consistent treatment of the so-called Rational School. On the contrary, the homoeopathic treatment of miscarriage is generally crowned with the most brilliant success. For this reason we deemed it our privilege to lay particular stress upon a treatment whose importance must be self-evident. In our own practice we can show the records of a number of cases of threatened miscarriage that were successfully prevented by internal treatment, where the full term of pregnancy was secured even after a hemorrhage and severe uterine contractions had already set in.

them. Quite recently the wife of a most excellent allopathian of this city, who had miscarried nine times in spite of her husband's best efforts to prevent such an a successfully carried through her tenth pregnancy by home treatment. In the presence of so much brilliant success right to say that we possess the means of preventing mis with an almost unerring certainty.

We will now proceed to mention the different remedies the most commonly resorted to in the treatment of miscarriages afterwards review this treatment in a connected series.

Sabina. We have shown on several previous occasions that action of this drug upon the uterus is specifically characterized by congestion often amounting even to inflammation. This fact must not be lost sight of in cases where Sabina may seem to be indicated. If the metrorrhagia is preceded for some time by a laboring in the abdomen, sensitiveness to pressure, increase of heat, a more copious secretion of mucus from the vagina, hemorrhage is profuse, painful, and the blood is bright or is discharged in the shape of firm coagula, Sabina is a remedy which will certainly help in most cases, for a confirmation of which fact we can point to our own experience as well as to printed records. This remedy suggests itself more particularly

74 Diseases of the Female Sexual Organs.

the case of robust persons of a plethoric habit, who have at an early age and always were inclined to menstruate profusely. We have already stated in a previous paragraph that the action of Sabina upon the uterus is known even to lay-people that this knowledge is made available for purposes of contraception even by married women; the evidence of such a confirmation on more than one occasion furnished us in our own practice.

The relation of *Secale cornutum* to the uterus is equally characteristic. This relation is not, as Griesselich has supposed, dependent upon the action of this drug upon the spinal cord, but differs greatly from that of Sabina. *Secale* rapidly destroys the organic activity, without occasioning striking signs of reaction which may even be entirely absent. *Secale* is particularly appropriate in metrorrhagia unattended with symptoms of reaction on the part of the uterus, or the general condition, without any marked pains in the uterus, in the case of individuals of an anaemic or leucophlegmatic habit of body. It is therefore indicated in metrorrhagias occurring at the close of pregnancy or in chlorotic individuals whose constitutions are weakened by debilitating diseases; or in post-partum metrorrhagias dependent upon atony of the uterus, or which cause or accompany the symptoms of ansemic subjects, or which are occasioned by the presence of the foetus. The general character of the hemorrhage will be a better guide in the selection of *Secale* than mere symptoms, of which we, nevertheless, proceed to point out the essential: The blood has a dark color and shows very little disposition to coagulate; its discharge is either painful or pain is very vague and undefinable; it flows in a rather interrupted stream; the hemorrhage is accompanied by great prostration, fainting fits, palpitation of the heart with inter-

beats, convulsive movements, cold skin. Secale is likewise in the latter stage of hemorrhages that commence with such congestions, and likewise in hemorrhages occurring during term of confinement.

Crocus is an important member of this group of remedies, differing from either of the above. Crocus is so often referred to for active congestive uterine hemorrhages, we attribute its indication to the circumstance that the symptoms of the female sexual organs have alone been considered. They are: Pressure a feeling of weight, stitches, pressing towards and in the parts, discharge of a dark, tenacious, even black blood, any labor-like pains. Crocus, in addition to these symptoms,

Metrorrhagia. 75

In the general languor and loss of strength, the constant occurrence of a variety of other symptoms, it seems difficult to regard such phenomena as an active congestion. A passive congestion, on the contrary, is undoubtedly a reliable indication for Crocus. This is more especially confirmed by the quality of the blood. Generally, Crocus is adapted to metrorrhagias at the critical moments are accompanied by affections of the heart or arise from obstructions in the portal circulation, in which case varicose veins of the rectum and lower extremities present indications for its use. These symptoms likewise point to Crocus in cases of miscarriage and post-partum hemorrhages, although in the former we may seldom meet with the quality of the blood characteristic of Crocus.

We take the liberty of presenting these three remedies as types of the different medicines for metrorrhagia, even though we should incur the reproach of a generalizing dogma would, of course, be unjust, since it is the object of this treatise to lead the reader through general principles to special or individualizing applications, and not to teach the former for the superseding the latter.

We rank in the Sabina-category the following drugs : Belladonna, Chamomilla, Platanus, Nuxvomica, Calcarea carbonica, Hyoscyamus, Ignatia, Ferrum, to which we add these short remedies. Belladonna and Chamomilla are especially applicable in the hemorrhages of lying-in women, with a general excitement of circulation. Calcarea, Ferrum, and perhaps Pulsatilla, are adapted to the hemorrhages of feeble and anemic subjects, with excitation. Hyoscyamus, if symptoms of convulsion accompany the hemorrhage from the start, more especially shortly after confinement. Ignatia and Platanus for hemorrhages with excessive irritability of the nervous system and the general sensorium, if the accident was preceded, and probably caused by some commotion of feeling or by sexual excitement, Ignatia being appropriate in the former, and Platanus in the latter cases.

The Secale-category does not comprehend many remedies ; but at least one of them shows a complete resemblance to the Ipecacuanha, China, and under certain circumstances Ferrum and Arsenicum are the few remedies belonging to this category. Ipecacuanha is generally appropriate only for post-partum

rhages, or after miscarriage, with cutting, colicky pain umbilicus, pressing towards the uterus and anus, great c

76 Cases of the Female Sexual C

the outside and extreme heat within. China is mostly req after the hemorrhage had lasted already for some time, e after confinement if the uterine contractions seem to be hausted, the patient is cold and blue, and a convulsive and then agitates the frame. The choice of Arsenicum can be determined by the general symptoms, not by the local phenomena. Regarding Plumbum, we transcribe Griesselich' marks from Ruckert's "Klinischen Erfahrungen": "Among th worst kinds of metrorrhagias we number those that befall at the critical age and who are afflicted with hypertrop uterus. If the patients have been long weighed dow^n by mental distress, the hemorrhage will prove still more un Other remedies have often proved futile in such cases. T w^here Plumbum afforded help, happened among women of th higher classes who had attained the age of forty ; they children in the first years of their marriage ; the metr become inveterate, and had assumed a passive character. the patients had lived well, had partaken of quantities beverages, had led a sedentary life and their constituti sumed a preeminently venous tendency ; hemorrhoidal tumo made their appearance, constipation, bloating of the bow eating, etc. The metrorrhagia had existed for years, wit tervals of four to six weeks and even longer. During the the patients recovered their strength, but another attac them down again. The attack was preceded by a sensation weight and fulness in the abdomen ; slight labor-like pa the small of the back to the front were experienced, ami dark coagula were expelled mingled with fluid blood and without any unpleasant odor ; the discharge was increase tion ; a profuse discharge was attended with syncope, ya stretching, twitchings and by such other signs of anaemi tion of the heart, a small, intermittent pulse, etc. The was succeeded by a more or less profuse, inodorous and morrhoea. On exploration the uterus was found to be unif distended. Between the attacks the patients looked sickl chlorotic; the assimilating functions were disturbed, th dry, pale and yellowish, with hepatic spots ; the patien of languor, shortness of breath on going up-stairs, had desponding mood. The Acetate of Lead, in doses of one qu of a grain per day, arrested the hemorrhage in several c removed the danger of total destruction which threatened

Metrorrhagia. 77

cachectic body, without, however, correcting the constit dition." To these statements we add an important observa Paul (Archives g^n^rales, Mai, 1800) has had an opportun watching the effects of Lead upon the female sexual orga wards of eighty cases ; his observations lead him to inf metal favors miscarriages and premature births in a most dinary degree, and that it very commonly occasions the d

the foetus.

The category of Crocus contains a number of remedies some which are closely related to Secale. The most important are China, Digitalis purpurea, Lycopodium, Kali carbonica, Kreosotum, Phosphorus, Carbo vegetabilis. Arnica may be required in active metrorrhagia; it is particularly so in post-partum hemorrhages, and is known as an efficient remedy for excessive and painful after-pains. For particulars concerning Digitalis or rather Digitalin, we refer the reader to our treatise on this drug. There is no question that in metrorrhagias occasioned by blood-stasis depending upon heart-disease, Digitalis is one of the first remedies. We are not as yet in possession of more indications. The cure of a dangerous metrorrhagia which is now eight years, has not yet been interrupted by a similar case. Sepia deserves special consideration in miscarriage; it is but seldom indicated in simple metrorrhagia, but in all events it is one of our most important remedies as a remedy in miscarriage. Whereas Sabina is especially adapted to plethoric and robust constitutions. Sepia responds to neurosis associated with a quick circulation; it is such a remedy for the system that so often give the first impulse to miscarriage are associated with obstruction in the abdominal circulation. We recommend Sepia in miscarriage between the fifth and sixth months, if symptoms of abdominal plethora are present; it relates several cases where Sepia had a good effect, the symptoms being pre-emptive: rush of blood to the head and distension of weight in the abdomen, swelling of the hemorrhoids, irritable temper, disposition to syncope. While throughout the pregnancy the movements of the foetus grow weaker and finally cease altogether and miscarriage threatens, most especially if provoked by apoplexy of the foetus consequent upon uterine gestation. Experience has demonstrated the curative virtue of Sepia as a preventive of miscarriage in so many cases that it is owing to indolence if our physicians do not report more

78 Diseases of the Female Sexual Organs.

the cure than they have done, with carefully and distinctly defined lines. Lycopodium is likewise recommended as a preventive of miscarriage, but has not the same practical effect as Sepia. Lycopodium is more particularly suitable for feeble, worn-out constitutions afflicted with bad digestion, chronic gastro-intestinal disease, fluor albus, symptoms of venous congestion in the head and abdomen, varices on the legs and private parts, hemorrhoids, liver-complaint, splenic engorgements. Such symptoms are often met with in young persons, on which account Lycopodium is pre-eminently suitable for middle-aged women. It is of especial value in the metrorrhagias of the critical period, if the described symptoms indicate this drug. According to Hartman Kreosotum is suitable if a quantity of dark blood is discharged for a few days by an acrid-swelling, bloody discharge, a gnawing-itching and smarting of the parts, after which the blood recommences mingled with coagula. At the same time the head feels very much distressed. Such symptoms suggest the presence of malignant disorganizations of the uterus; however they may likewise occur at the critical age or during conception without any perceptible organic alterations.

It would lead us too far if we were to particularize the tomatic indications for more remedies ; it may be well, classify the remedies we have named, in accordance with tinctions which we have pointed out as characteristic fe the various kinds of metrorrhagia.

Hemorrhages of the unimpregnated uterus previous to the ical age, require: Belladonna^ Platina^ Nuz vomica^ Calc bonica^ Hyoscyamus^ Ignatia, Ferrum; very rarely Sabina^ Phjosphorus ; hemorrhages at the critical age require : cah^ China^ Plumbum^ Arsenicum^ Digitalis^ Lycopodium^ K nicuMy Kreosotum J Carbo veg.y Crocus.

^ For post-partum hemorrhages we recommend : Sahina, Bel donnay Chamxrniilla^ Bryonia^ Hyoscyamus, Secede^ Tpecac Chinaj Arnica.

Hemorrhages during pregnancy require the remedies that w be presently named for miscarriages.

In treating miscarriages we ha^e to keep two things in v namely the prevention of the hemorrhage by general means arrest of the hemorrhage, and the management of the cons of hemorrhage in accordance with general principles.

It is undoubtedly possible to prevent miscarriage ; the

Metrorrhagia. 79

Doctor's wife to which allusion was made in a previous p will be accepted as evidence of such a fact. The nature prophylactic treatment is more especially determined by tutional symptoms of the patient. If the patient is an a feeble, pale woman, Pulsatilla^ Ferrumy China have to be in not too frequently repeated doses ; if the anaemia is with disposition to congestion, Calcarea carbonica is pr the woman had miscarried several times, it is best to gi viously-mentioned remedies about four weeks before the t the miscarriage is expected to take place, but neither t too frequently ; perhaps a few drops every three days, a tinue this treatment until at least four weeks after the avoid strong attenuations lest the medicine should produ effects. The remedies proposed for anaemia should not be at the time when the miscarriage is expected ; at such a Calcarea^ Sepia or Sabina are preferable each as the pat sonality may indicate. Regarding the necessity of absolu order to prevent a miscarriage, views differ a great dea tainly well for the patient to avoid all physical and me ment, but careful and slow exercise in the open air cann hurt, less, at any rate than to constantly be lying down practice is excusable in the case of weakly, nervous ind is certainly inexcusable in the case of plethoric, robus persons. Nov can a scanty, not very nourishing diet be a a rule, for in anaemia we are called upon to improve the of the blood by a suitable mode of living ; whereas trul women are benefitted by a sort of starvation-cure, becau tormented by a voracious appetite during the first month

pregnancy. Of greater importance than all these details clothing of pregnant females. As a matter of course every fitting garment should be avoided ; if it does not direct with the portal circulation, it certainly interferes with the circulation of the blood in the lungs. This point, generally not sufficiently heeded. Moreover, the strictest abstinence is indispensable from the moment that conception has become an established fact. The use of coffee should likewise be in the strictest manner. It is much more difficult to prevent vomiting which, on account of the extraordinary strain on the abdominal muscles which the vomiting occasions may easily lead to obstructions of the circulation. As yet we have no remedy that can be regarded as specific against the vomiting of pregnancy.

80 Diseases of the Female Sexual Organs.

It is not difficult enough in any given case to select a remedy, the reason that all cases look so very much alike. All that is to be done is to experiment, and to give Belladonna, Lodium, Veratrum, Pulsatilla and Sepia the choice of any special remedy, the course determined by the constitution, the accessory symptoms. By employing these prophylactic means we often succeed in saving the patient through the full term of pregnancy. Of course we cannot promise success in every case.

The treatment of miscarriage begins with the commencement of the hemorrhage and the uterine contractions. In almost every case where the appearance of the blood is the first morbid sign Sabina will prove the right remedy, whether pains are present or not. We have often succeeded in arresting with this remedy the uterine hemorrhage that had already become very copious. I doubt whether any other medicine will act more promptly and satisfactorily at this period. Belladonna ranks next to Sabina if indicated, if the hemorrhage commences with violent pains and a sensation in the pelvis as if pressure were being applied above downwards, and as if the sexual organs would be pressed at the same time there is a good deal of vascular excitement. Opium is recommended, if a miscarriage is threatened in consequence of fright.

If the hemorrhage is preceded for some time by distinct pains, Pulsatilla, Belladonna, Secale cornutum may be tried to arrest the contractions if possible. If the patients are with worn-out constitutions, and the blood has begun to coagulate, Secale is preferable to Sabina. Crocus is seldom approved at the commencement of the hemorrhage. The cases where the miscarriage is caused by the premature death of the foetus, require any medicinal aid previous to the setting in of the hemorrhage, when Secale will most likely prove the most suitable.

If the above-mentioned remedies do not prevent the miscarriage and if the os-tinctum dilate more and more, it is advisable to give too powerful doses, and to calmly await the period when the foetus will be expelled ; for this event can probably only be hastened by manual interference ; it is moreover very questionable whether during this period the hemorrhage can be modified by internal treatment.

After the expulsion of the foetus most of the above-mentioned

remedies that have been recommended for simple metrorrha come into play, especially : Sabina^ Belladonna^ Crocud^ caciuinhaj ChamomiUay Chinay Hyoscyamus.

Carcinoma Uteri. 81

Although we do not believe that a miscarriage can be prevented by keeping the patient all the time in a horizontal posture becomes indispensable as soon as the hemorrhage commenced. Even after the hemorrhage has been arrested, the patient should be kept quietly on her back for a couple of days. After miscarriage has taken place, the patients will have to be treated as women in confinement, even with more care, for a return hemorrhage, metritis, prolapsus of the uterus are apt to occur. Above all we have to make sure that no fragments of the placenta have remained in the uterus ; the worst consequences of miscarriage are sometimes caused by such an oversight.

[Besides the medicines recommended by Bsehr for the arrest of uterine hemorrhage and the prevention of a miscarriage, make use of the following with perfect success :

Aconitum, if the pulse is full and bounding, the patient has a sensation of fulness and heaviness in the uterine region, and if blood has already begun to trickle down. We give the patient the full potency. In active uterine hemorrhages caused by a sudor, a violent strain, or subsequent to the expulsion of the placenta, Aconite may likewise help to arrest the hemorrhage. The pulse is full and bounding or else the opposite, the patient complains of headache, the cheeks are flushed, the skin is warm and moist, the heart is often disturbed, there is a tremulous fluttering and less frequently tumultuous beating.

Erigeron canadense, an alcoholic solution of the oil, of the seeds, is useful in uterine hemorrhage, if the blood is lumpy and dark-colored.

Trillium pendulum is likewise much used both in the form of alcoholic tincture and watery infusion. Small doses will not only arrest the hemorrhage, but also relieve the pain.

Hamamelis virg. has been used with much success in passive and likewise in the more active form of arterial hemorrhage.

Hemorrhages brought on by mechanical concussions of the abdomen, blows, a fall, etc., require the use of AmicUy 1 sometimes in alternation with Aconite. H.]

7. Carcinoma Uteri,

Cancer of the Uterus.

In by far the majority of cases this disease occurs beyond the age of forty, and is very seldom met with in women of a less age. Its origin cannot be accounted for upon well established principles; feeble as well as robust, married as well as unmarried.

S2 Diseases of the Female Sexual Organs.

are attacked by this terrible destroyer. Cancer of the uterus is one of the most frequently occurring forms of carcinoma, and frequently runs its course as a solitary cancer. It is only in advanced stages that it breaks out in addition to cancerous degeneration of the other organs.

The most ordinary form is medullary cancer, whereas scirrhous and alveolar cancer are very rare; epithelial cancer is the most frequent. The medullary cancer usually commences at the lower portion of the uterus as a very firm, rugged infiltration, and spreads to the fundus and to adjoining organs, especially the bladder and rectum. The less firmness it possesses, the sooner it is converted into pus or ichor in consequence of which extensive necrosations of tissue may take place. Epithelial cancer commences with cauliflower-excrecences at the os tinctificans. These excrecences seem to have taken the place of the os, or coalesce with it. The excrecences seem to grow out of the os; at first they resemble condylomata and afterwards like a fungus, with marked vascular development. As the growth increases, the elements of epithelial cancer unite to form a solid mass, and the mass decays and changes to ichor. It is not known whether these excrecences are really carcinomatous at any rate, but the fact, that they have been successfully removed, throws doubt on the correctness of the cancer hypothesis.

Hartmann relates a form of disease the carcinomatous nature of which is doubtful, we mean the phagedenic ulcer of the uterus. It likewise emanates from the vaginal portion, but the process is not preceded by the deposition of a firm, psyllid-like layer or infiltration; the uterine tissue surrounding the ulcer is sound, or else softened, yellow or reddish-brown. The ulceration may gradually spread to the walls of the uterus and to the rectum, bladder and peritoneum.

Carcinoma of the uterus is frequently mistaken at the commencement for menstrual disorder, leucorrhoea or chronic metrorrhagia. The first symptoms usually are menstrual derangements, cessation of the menses, or in the place of the menses a more frequent return of the menses, or in the place of the menses we have irregular hemorrhages and leucorrhoea. The mistake is made the more easily if the patient has not yet reached the menopause, so that these changes may be set down as results of the physiological cessation of the catamenial secretion. If the patient has passed through the critical period, a sudden flow of blood, at first resembling the menstrual flow, but soon

Carcinoma Uteri. 88

a true hemorrhage. In the beginning the patient often complains only of a feeling of weight, drawing in the pelvis, a pressure towards the sexual organs, or the pains are excited by bodily exertion, a concussion, sexual intercourse, touch. An examination

the vaginal portion harder than in the normal condition, resistance, swollen, misshapen, rugged and knotty, sensitive and readily bleeding; the lips of the os tincee look notched, the os is patulous. In the course of the disease, which are at first vague and occur only now and then, afterwards become more severe and finally, especially at night, violently, pressing, stinging, lancinating, burning, to the region of the uterus, but spreading to the small and thighs. Characteristic are the more or less violent stinging-boring pains over the pubic bones and in the small back, along the hips and thighs, interfering with walking sitting; very often a burning pain is continually felt downwards, accompanied by fugitive stitches darting through the vagina. The neighboring lymphatic glands are generally infiltrated and painful. At the beginning of the trouble a serous or watery discharge flows from the vagina, having but little smell; moreover the discharge is copious, of a brownish-red, suspicious-looking, having a horrid smell and excoriating the skin. The bleeding comes more and more frequent and copious, the blood being with detached portions of tissue. These hemorrhages constitute the chief danger to the patient in a very short time. At this stage of the disease the ichorous dissolution of the carcinoma progresses rapidly. An examination reveals the funnel-shaped ulcer soft, readily-bleeding excrescences; the vagina likewise much narrowed by the cancerous infiltration. The patient shows the imprint of the carcinomatous cachexia, together with symptoms of a high grade of anemia. The disease generally lasts 1 year, calculating from the first manifestation of distress and without allowing for the influence of special circumstances as confinement, which is one of the most pernicious occurrences that can happen to a woman afflicted with cancer of the womb. It is conceivable how it is possible for the organism to bear a time under a destructive malady like cancer, without pain.

Cauliflower-excrescences seldom beget symptoms different from those of carcinoma, and the pains are equally intense. On the other hand, however, life is less rapidly destroyed by the former, for they are not so speedily converted into ichor, and the discharge

84 Diseases of the Female Sexual Organs.

of tissue does not spread so far. Hemorrhages take place more readily from cauliflower-excrescences than from carcinoma.

Treatment. No more than we reject the possibility of a cure of carcinoma generally, do we believe that carcinoma of the uterus is an incurable disease, although it is difficult to obtain a cure in this respect. A cure is only possible as long as the carcinoma has not spread too far, and has not yet become converted into an ichorous discharge. In such a case the diagnosis is still uncertain, for sensitive swelling of the os tincee does not constitute carcinoma. A fetid discharge from the vagina does not settle the diagnosis. At the stage of dissolution every attempt at a radical cure is fruitless, and all we can do is to mitigate the patient's distress.

A number of remedies have been indicated for carcinoma of the uterus, that have only a partial affinity to this disease. For the most part, suitable only for the various accessions

accompanying the cancerous destroyer. An enumeration of remedies would only lead to confusion ; hence we only mention that can be employed against cancer generally. Our first remedy is:

Kreosotum. Kurtz recommends this remedy when the following symptoms are present : Obstinate leucorrhoea during frequent recurring metrorrhagias, with aching or pressing pains and usually appearing fetid discharge of a serous fluid or a blood. This is attended with burning or lancinating pains in the back and loins. When standing she experiences a sensation of a weight in the pelvis ; coition is painful ; all the worse at the time of the menses. On examination the vagina found hot, the interstices of the mucous lining enlarged are hypertrophied, the vaginal portion of the uterus is the os tinctum is garnished with small, wart-shaped or cauliflower-excrecences. Hartmann describes the following general symptoms : Electrical stitches in the vagina, as if protruding the abdomen, causing the patient to start ; voluptuous in the vagina, with burning and swelling of the external labia ; hard nodosities at the cervix uteri ; ulcerative coition ; the menses appear from four to ten days too soon continue for days, with discharge of a dark, coagulated blood the small of the back and subsequent discharge of a pungent bloody ichor; gnawing, itching and smarting in the parts the menses stop for hours and days, but afterwards return again more fluid form and attended with violent colicky pains.

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Carcinoma Uteri. 10,, 85

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ing downwards and the abdominal spasms continue afterwards especially in the groin and pelvic region before the uterus and a continual corrosive leucorrhoea which is not. The pains are worse at night. Sensation of fainting on rising a peevish and desponding mood, and livid complexion. It describes cauliflower-excrecences, Hartmann true carcinoma former several cases of cure are reported in our books, not any, or at least only palliative results. It is certain that solum has not answered the expectations that Wahle's recommendation had excited in our minds. A weak local application of solum often does more good than the internal use of the drug.

Arsenicum album has been given with excellent success in carcinoma uteri not so much on account of the specific action upon the sexual organs, which is rather inconsiderable and devoid of any marked significance, as on account of the correspondence of Arsenic with the general phenomena of generalomatous dyscrasia. Arsenic can only be resorted to after

organism reflects the picture of a cancerous disease. Ho only palliates the severe pains and the sleeplessness, a modifies the profuse metrorrhagia, which occurs every no in the course of the disease.

Nltri acidum is symptomatically indicated in carcinoma u is in many other inveterate dyscrasic conditions of the The most important symptoms are: Irregular menses, they times remain suspended for weeks and then appear again a intervals ; between the menses copious leucorrhoea of a ored, brownish appearance and offensive odor. The patien worn, feels nervous and is depressed in spirits. Obstruc portal circulation, such as hemorrhoids, indicate this d nitrieum can, however, only be used as an intercurrent r the commencement of the disease ; if ichorous dissolutio menced, this drug is no longer of any use.

Graphites. The local symptoms of this drug point to carc uteri not any more than those of Arsenic. Out of respect who recommends this drug, we give the symptoms to which, cording to Wahle and Hartmann, this drug corresponds: Th gina is hot and painful ; swelling of the lymphatic glan which are as large as small hazel-nuts ; the neck of the hard and swollen, on its left side there are three hard of various sizes and consisting of several detached tube cause an acute pain and have the appearance as if they m

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86 Diseases of the Female Sexual Organs,

converted into cauliflower-excrecences ; when rising, s a heavy weight deep in the abdomen, with an increase of and great weakneaa and trembling of the lower extremitie time of the menses, which appear every six weeks, the pa worse, shortly previous to, and during the menses; the b black, lumpy and smells very strongly ; constant complai lump of lead were lying in her abdomen, with violent lan stitches in the uterus, darting into the thighs like ele the pains are always burning and lancing; frequent lanci stitches in the uterus, darting into the thighs ; not mu constipation from two to four days, followed by stool wi pressing; livid complexion; frequent chilliness, without sequent heat or sweat ; feels sad, anxious, desponding ; quent and hard.

Conium maculatum is powerfully related to the female org has no specific affinity to carcinoma ; the menses are v diminished, nor has it any hemorrhage from the uterus. W not see why Conium should be so universally recommended cinoma uteri ; moreover, there is not a single case on r stantiating the curative virtues of Conium in this disea at most only be used at the beginning, when the diagnosi uncertain.

Nor do we see upon what grounds many other remedies have been recommended for carcinoma uteri, *Thuja occidentalis* stance, which is recommended simply on account of the wa excrescences, or *Iodium*^ *Carbo animalis*^ *Aurum*^ *Silicea* *Sepia* may perhaps do some good in this disease.

If we expect these medicines will modify the morbid process some extent, we shall soon find that their influence is questionable. For the hemorrhage which is one of the most merous incidental symptoms of uterine cancer, we refer to dyes that have been recommended for menorrhagia and metrorrhagia.

The conduct of the patients, outside of the use of medicine of the utmost importance. Their anaemic appearance renders highly nutritious diet indispensable, perfect cleanliness needful to their comfort ; nor should injections of water into the vagina ever be omitted. [The use of disinfectants in this is indispensable ; one of the best disinfecting agents is the nitrate of Potassa to which attention has already been called speaking of stomatitis and scurvy of the gums. BL]

Various Morbid Conditions in the Sexual System. 87

8. Various Morbid Conditions In the Sexual System of the Female.

Climaxis, Critical Age^ Change of Life. The physiological maturation of the uterus or the cessation of the faculty of conception attended in almost every woman with more or less marked symptoms which, however, cannot be regarded as morbid conditions more than the ailments announcing or accompanying the approach of the menses. If the derangements alluded to are disproportionately severe and troublesome, we have of course to regard morbid affections requiring medicinal aid. A common complaint at the critical age is the flooding. Before interfering with it is always best to first inquire whether it is a disease. Its nature is best determined by the general health of the patient. If it is not impaired by the flooding, medical treatment is not required. We often see robust women lose a quantity of blood at intervals of six to sixteen weeks and longer, but instead of being made weaker by such losses, they get, on the contrary, rid of all sorts of symptoms by which they had been tormented heretofore. Other women, on the contrary, after such flooding exhibit signs of debility and anaemia, which shows that the loss of blood is a normal physiological phenomenon. The loss of blood may be said to be abnormal if it occurs more frequently than once a year. The proper remedies are pointed out in the chapters on Irregularities and Metrorrhagia.

Other abnormal conditions may arise from the disturbance of the circulation by stasis of the blood. As a matter of course, the organ which undergoes the natural cessation of the menstrual flow, has gradually lost the equilibrium of the circulation, and we seldom meet with a woman in whom this restoration takes place without any

disturbance. It is most frequently the abdominal organs first the liver, next the stomach and kidneys ; piles no make their appearance. The principal remedies for these ments are : Sepia, Belladonna, Lycopodium, Nux vomica an The heart, lungs op head are less frequently affected by gestions, for which Hartmann recommends Crocua. As a rul remedies for these congestions are the same as those rec for hypereemia of the Iffiain, [more especially Aconite, and Cirnidfaga raceinosa. For the sudden flashes of heat such patients are liable, we recommend beside the remedi usually resorted to, such ^as Sepia, Sanguinaria, etc.,

88 Diseases of the Female Sexual Organs.

and Cimidfuga. For congestions of the heart, Aconite^ Di Cactus may be required. H.]

Prolapsus uteris which is always more or less occasioned laxation of the vaginal mucous lining, can scarcely ever by the exclusive use of internal remedies, and it would expect such a result without at fhe same time resorting, ical means. Hartmann recommends as adapted to such condi Arnica^ Mercurius^ Nux vomica^ tSepia, Belladonna^ Aurum Calcarea carbonica; we confess, however, that we have ne the least curative effect from any of these remedies. [C JSamamelis and Helonias are employed with more or less s most generally in connection with pessaries and supporte

Sterility depends upon the most diversified conditions o tem. Most commonly it is due to a disharmonious degree o bility in the man and woman. Generally this want of harm is owing to the dissolute life which the man may have le his marriage, and by which he may have reduced his sexua below the point of normal action. It may likewise be the fault, if she had indulged in sell-abuse. In such cases are of very little use, whereas proper hygienic rules ma a great deal of good. Above all things sexual intercoure be indulged in very moderately. If the woman is really s her troubles will have to be met by appropriate medicina Hartmann hts the following brief advice : If the sterili by an excess of sexual passion on the part of the woman, and Phosphorus are the most promising remedies. If the m are suppressed, we give Conium maculatum ; if they are t fuse, Mercurius^ and at the same time too early : Natrum cum J Calcarea carbonica^ Acidum sulphuricum^ Sulphur; i menses delay : Graphites arid Consticum ; if they are to Ammonium carbonicum. If husband and wife meet normally, no conception takes place, Hartmann advises them to take doses of Sabina or Cannabis. So far as we know, no parti sults have been obtained by this treatment, and we doubt whether the remedies which Hartmann advises can do much On the contrary, in our opinion the remedies for menstru larities or for the other morbid conditions of the sexua to be resorted to in treating sterility. This defect can moved, if both husband and wife endeavor to avoid with s care every thing that might have a tendency to prevent c

P'uritus vidvoij itching of the pudendum, is symptomatic

Various Morbid Conditions in the Sexual System. 89

more or less acute diseases of the sexual organs, likewise commencement of pregnancy, both among young women as well among those who are of a more advanced age ; very common precedes the appearance of the menses for a few days. Under circumstances the trouble is not so very distressing, and requires any special treatment. The real pruritus is given with among older females shortly before and after the cessation of the menses, more especially if they are unmarried their case the itching is horrid, deprives them of sleep variety of nervous ailments ; yet an inspection does not show abnormal symptoms, except perhaps a greater dryness of the mucous membrane. The trouble often continues unceasingly for months. Most commonly, however, such individuals are affected with hemorrhoidal swellings, and the idea suggests itself that itching may perhaps be caused by an engorged condition of the vagina. Among the remedies for this inconvenience Conium is the most certain and efficacious, as we are informed from personal experience. Moreover, we may derive benefit from Conium maculatum, Lycopodium, Platina and Sepia, [If they are very much swollen and engorged with blood, and the itching and burning are very great, we have given with perfection Aconite and Belladonna in alternation ; sometimes we have derived benefit from the external use of Urtica, If an inspection with a glass reveals the presence of a fine fungoid herpes on the vulva we use a weak solution of the Sulphite of Soda as an extirpation. One of Dr. Dewees's favorite local applications is a solution of Biborate of Soda, Injections of dilute cider are also resorted to. H.]

Neuralgia of the Uterus. Although this affection has been usually alluded to in the different chapters on menstrual troubles, yet we deem it useful and expedient to transfer the more compact picture of this disease from Kafka to our present position.

Neuralgia of the uterus consists in a variety of painful affections in the uterus, previous to, or at the commencement or during the course of the catamenial discharge.

As long as these pains are not excessive, we designate the affection as painful or difficult menstruation. If the pains increase in degree of intensity, they become colicky, and we describe the affection as menstrual colic.

When these pains appear between the menstrual periods, they constitute a peculiar form of uterine neuralgia which we shall presently describe.

90 Diseases of the Female Sexual Organs.

Pains in the uterus before or during the menses attack most especially individuals of sensitive or very irritable disposition as well as women whose uterus had become very irritable through psychical and partly through external causes. Among

fancies, the reading of love-stories, slippery conversational dreams, etc., are just as frequently the causes of pain as a libidinous rubbing of the parts, amorous dallies etc. All these causes keep up a constant irritation in the consequences of which are congestion or nervous irritation of this organ.

Uterine neuralgia between the menstrual periods may be caused by catarrhal metritis, especially after confinement with imperfect return of the uterus to its normal condition, contractions, displacements and flexions of the uterus, protracted excessive coition as in the case of newly married persons.

Previous to or during the menstrual period the pains set in a mild form or with much vehemence. In the former case pains are at times tearing, at other times cutting, or drawing, contracting, griping, burning; they are mostly external to the region above the symphysis pubis, are either fixed or move and are sometimes felt in the uterus, at other times in the rectum, in the entrance of the vagina, in the rectum, bladder and unfrequently assume the form of labor-pains.

If the pains set in with a great deal of vehemence, they are colic; they are most generally contracting, tearing, griping, spread from the umbilical region to the uterus, the urethra, the anterior surface of the thigh, the small of the back, over the entire hypogastric region, not unfrequently causing a burning in the parts where the pain is felt. "When they reach the acme of intensity, females with sensitive tempers are not unfrequently attacked with nausea or even biliousness; their features look collapsed and the extremities are cold in some cases, especially if the patients are of a plethoric habit become flushed, the temperature of the body is increased, the pulse is accelerated, the thirst intense, with a longing for cold drinks." If vaginal blennorrhoea is present, these phenomena denote a condition like catarrhal metritis which frequently becomes aggravated before or during the menstruation.

In case of chronic engorgements or displacements of the uterus the pains are not always present, but the neuralgic affection is constant.

Various Morbid Conditions in the Sexual System. 91

Itself in the form of disagreeable sensations such as weight and pressing towards the small of the back or thigh condition of the vulva with sensation as if the pelvic organs were pressed out. These uncomfortable sensations are sometimes accompanied by frequent but ineffectual urging to stool, frequent desire to urinate with scanty emission of urine.

The pains are sometimes so trifling that they are not even noticed by the patients. The colicky pains are always very penetrating and distressing, and sometimes last for hours and even days.

The pains are often accompanied by other derangements of sufficient importance not to be overlooked. At one time a pain in the temporal region, on one side of the head, or

pain in the vertex or occiput sometimes increasing to an degree of intensity ; at other times spasmodic muscular are experienced in the oesophagus or larynx, sometimes t shape of globus hystericus, laryngismus or aphonia ; aga toms of dyspnoea with oppression of the chest and increa rhythmical palpitations of the heart set in; at other ti patients complain of dyspepsia with accumulation of gas bowels, muscular weakness especially of the lower extrem aggravated by the least exertion ; then again we notice of reflex-action in the sympathetic range taking the form modic weeping or laughing ; or the spinal nerves are con affected giving rise to convulsions. In many cases the s disturbed in consequence of reflex-action, resulting in cious delirium and even ecstatic conditions. At the same menses are either excessively profuse or very much dimin

The prognosis of uterine neuralgia is generally favorabl pending upon structural lesions or displacements of the doubtful. In obstinate cases of this kind the age of the determines the chances of a successful treatment ; if th age is near at hand, a speedy cessation of their trouble safely promised all such patients ; experience has taught the cessation of menstruation the uterine pains disappea

Beside the remedies that we have recommended for the var forms of menstrual irregularities, more especially for d painful menstruation, we derive particular benefit in th affections of the uterus from :

Aconitum, lower and middle potencies ;

Gelseminum, generally if given in tolerably large doses

Cimicifuga racemosa, likewise to be given in reasonably

92 Diseases of the Female Sexual Organs.

Magnesia muriatica, lower and middle attenuations ;

Hypericum perfoiiatum, lower attenuations.

Aconite is generally indicated by a throbbing or peaking the uterus, sensation of fulness, heat, or a hard aching pain in the uterus, nausea, headache, palpitation of the Aconite does not relieve,

Cimicifuga Tnz,j be given, more especially if the sympto which this remedy has been recommended when occurring at critical age, are present, such as headache at the top o chilliness with flashes of heat, etc.

Gelseminum, We are not aware that this medicine has been used in uterine neuralgic affections of the womb, except as they are symptomatic of menstrual disorders, dysmenor or in so far as they occur in child-birth. The neuralgic which both Aconite and Gelseminum are homoeopathic, are generally, though not necessarily, attended with signs o engorgement. These two remedies are very often given in

tion with great benefit to the patient.

Magnesia muriatica has shown good curative effects in pu
spasmodic affections of the uterus.

Hypericum perforiatum. Violent tearing in the genital or
Tvdth desire to urinate ; tension in the region of the u
a tight bandage ; the menses delay in such a case.

If neuralgia of the uterus is a secondary affection, dep
upon other primary pathological conditions of the uterus
sus, anteversion, retroversion, lateral displacements, f
these causes have to be removed before a cure can be tho
Chronic engorgements, in connection with neuralgia, may
Belladonna^ Veratrum viride^ Aconite^ Mercurius sd.^ etc
taneous injections of Morphia and Atropine have relieved
obstinate cases of uterine neuralgia. H.]

O. Taginodynla.

Neuralgia of the Vagina,

"We extract from Kafka the following notice of this subj
mucous membrane of the vagina is neither swollen nor hyp
its secretion is not increased, its appearance unaltered
is either a local affection of the vagina, or else it is
uterine neuralgia. It may be caused by lascivious fancie
turbation, abuse of sexual intercourse which is only par
fied ; discharge of an acrid, corrosive secretion from t

Vaginodynia. 98

tating pessaries, ascarides in the vagina, dust in the u
ments of this organ, etc.

The symptoms are in part local, and in part general. Amo
local symptoms we notice a peculiar itching or tickling
gina of various degrees of intensity. If not excessive,
tion of the vagina can be borne ; it does not excite the
sion, or at least very triflingly ; it causes a slight s
in the vagina and an irresistible urging to scratch or r
ing parts of the vulva or vagina, which generally causes
ot the mucous membrane and an increase of the temperatur
proportion as the warmth of the itching parts increases,
wise become affected with a striking dryness, which is v
some to the patients.

In sensitive and excitable women the sexual passion is f
cited by the frequent rubbing of the vulva or vagina ; a
time the eyes glisten, the cheeks look flushed, the head
the rubbing is continued, a pleasurable sensation is exc
continues until a seminal vesicle is detached after whic
feels exhausted, the face looks pale and a certain moros
leuness of temper prevails.

An observing physician is not slow to observe these chan
the looks and mood of his patient. They constitute impor
nomena in the case of young girls whose sexual passion c

properly be made the subject of professional inquiry.

The titillation in the vagina may become so violent that rouse an irresistible desire for sexual intercourse, and to self-abuse. In one case of this kind, an examination the titillation was excited and kept up by retroversion Excitable, generally sterile women of feeble constitutio seminal fluid during a paroxysm of titillation, without friction ; others become nymphomaniac and may even go so to invite men to sexual converse. Other women experience same time violent pains in the uterus, heat in the vagin creased secretion of mucus and a high degree of nervous and hysteric irritability of temper, sometimes extending sorium and resulting in delirium or hallucinations. ' Sometimes the titillation and the sexual excitement ar absent, and the vagina is in a condition of hypereesthes is exceedingly painful ; even a digital exploration caus vagina contracting spasmodically around the finger. Such generally remain sterile.

94 Diseases of the Female Sexual Organs.

These spasmodic contractions may even spread to the uret rectum, causing a continual urging to urinate and to eva bowels. Vaginodynia often lasts for years and is very di cure. Cases depending upon displacements of the uterus, most obstinate.

Treatment. In order to obtain perfect certainty regardin true nature of the disease, an ocular and manual examina the vagina is indispensable.

For simple itching, without any simultaneous excitement sexual passion, we give Svlphvr and Graphites^ the forme itching is more of a burning nature, the latter if the i tended with a smarting sensation in the vagina.

The troublesome feeling of dryness in the vagina is reli frictions with the best kind of olive-oil. If this is no the vagina is cool and pale, we give Ndtrum muricUicum 6 there is much heat and redness, we give Belladonna 3.

K the titillation in the vagina is attended with lascivi and there is a good deal of nervous erethism, pain in th meteorism, torpor of the bowels, JKuz vomica is the reme nobis indica 3 is likewise excellent under such circumst wise if there is a good deal of urging to urinate, burni urination, and the vaginal lining membrane is hot and dr

Calcarea carbonica may be given in alternation with, or vomica.

Zincum rnety if the titillation occurs during the menstr Mercurius sol.y if the itching is confined to the labia to the vagina.

If symptoms of nymphomania are present, we may give Nux vomica^ Flatina^ Zincum meL^ also Stramonium and Hyoscya

If the titillation in the vagina arises from dust in the we may resort to tepid Sitz-baths, also to iijections of castile soap and water, a weak solution of the Sulphite

For the itching caused by ascarides, s^ Helminthiasis.

For painful ness of the vagina during intercourse we giv acet 8 to 6, also Ferrum muriat. 3 to 6,

If the itching is attended with aversion to sexual inter Phosphorus is a good remedy.

[Vaginismus must not be confounded with the neuralgic co tion of the vagina described in the preceding paragraph. ismus is a spasmodic contraction of the vaginal sphincte far as we know, is beyond the reach of internal treatm^i

Mastitis. 95

Thomas, in his recent work entitled : "A Practical Treat Diseases of Women," informs us that this disease was fir by Burns, who advised an operation which .is at present us the only reliable method of cure. This operation has cently performed by one of our own most brilliant surgeo Tod Ilelmuth, of St. Louis. According to Dr. Thomas the of vaginal spasm are : The hysterical diathesis ; excori sures at the vulva ; irritable tumor of the meatus ; chr or vaginitis ; pustular or vesicular eruptions on the vu mata. For a full description of the disease and its surg ment we refer the reader to Dr. Sims' paper upon " Vagin communicated to the London Obstetrical Society, Nov. 6th or to Sims' work on Uterine Surgery. H.]

Inflammation of the Breasts*

The mammse constituting exclusively a part of the female ism, we prefer treating of inflammation of the mammse in instead of ranging this disease among the diseases of th organs.

Mastitis proper only occurs during or immediately after Tlie painful, sometimes rather extensive, indurated swel single portions of the mammse, which sometimes occur amo married females or married women who are not nursing, es about the time of the menses, are evidently transitory s hyperemia which never terminates in suppuration. The cau mastitis is always traceable to the impeded excretion of By some cause or other, soreness or a bad shape of the n feeble drawing by the child, one or more lactiferous duc closed, the milk in the corresponding mammary lobule bec stagnant, and an inflammatory process is the result. Ano of obstruction of the milk-ducts is the improper manner some women wear their clothes, owing to which the breast bang too loosely or a direct pressure is exerted upon th trine that mastitis can originate in dietetic transgress is a convenient supposition rather than a scientific fac 80 &r as to assert with Hartmann that mastitis is one of

liarious manifestations of psora, is more than can be pr
body. What happens with other abscesses, is likewise tru
to abscesses of the mammse : in some cases they heal rap
cases they catase vast destructions of tissue. Mastitis

96 Diseases of the Female Sexual Organs.

to occur soon after confinement or shortly after weaning
mastitis occurring at the latter period is less apt to l
mation of abscesses.

Symptoms. The disease never breaks out all at once. Gene
ally women experience some time previous, a gradually in
pain both spontaneously or while the child is nursing ;
of one or more mammary lobules, which rapidly increases
and induration, develops itself soon after. As a rule th
lateral lobes are inflamed, very seldom the upper ones,
less frequently both mammae. Sooner or later, sometimes
days, and at other times in some weeks, the painful spot
red and more sensitive, and the inflammation is intense,
organism feels the effect of the inflammatory process an
sympathy by febrile phenomena. Soon the infiltrated tiss
the signs of suppuration, the pus being discharged throu
opening. As soon as the discharge, which is never comple
mences, the pain suddenly ceases and the febrile symptom

The course of the inflammation depends upon a variety of
cumstances. If the inflammation is confined to one lobe,
most commonly discharges close to the nipple, empties it
rapidly and heals. If several lobes are inflamed, or the
lobe is situated near the base, the suppuration, swellin
continue for a long time ; months and even years may ela
the abscess heals, which discharges through several open
the nipple. This disorder never lasts less than two week
under corresponding circumstances, may continue for mont
in its acute form.

The treatment of mastitis includes above everything else
phylactic treatment which has to be commenced long befor
ment, especially in the case of primiparse. The preserva
proper management of the nipples and of the mamm» genera
should be a constant subject of our attention. After con
if women do not intend to nurse their children, they wil
dispense with liquids as much as possible. Nursing women
keep the following points constantly in view : the breas
be kept too warm, must not be enclosed in tight clothing
by some suitable support, be prevented from dragging dow
time after the baby has nursed, the nipple must be washe
kept moist between the acts of nursing ; the excessive u
which women fancy favor the secretion of milk, must be a
the child should be put to the breast as seldom as possi

Mastitis. 97

more hungry it is the more vigorously it will draw and t
completely the breast will be emptied. At the same time

ples will not be held so long in the child's mouth, and be exposed so much to the risk of being made sore by the nursing. By following these instructions, and more parti putting the child to the breast every two hours in the e after confinement, mastitis will generally be prevented. ing this disease in its most horrid form, women can gene induced to comply with the course recommended by their p his warning counsels in trying to prevent this disease a gastric catarrh of children, are generally more potent t medicines of the drug-shops.

If the breasts have become hard and painful, the best re the case of lying-in women is Bryonia^ less frequently B whereas the latter medicine is better adapted to women w weaning their infants. We sometimes succeed in dispersin stagnation of \h^ milk by gently rubbing the indurated p while the child is nursing. The same good effect is some tained by causing the milk to be drawn by an older, more child. In no event should the infant be all at once kept breast, even if nursing causes pain. It is only if the p acute, and the hardness considerable that the infant sho be put to the diseased breast. Belladonna will now have ministered. As soon as redness has set in, the chances o the inflammation are very slim ; in some exceptional cas sometimes succeed in effecting this result by a few dose rius. Warm poultices should never be omitted ; they some favor the dispersion of the abscess as much as in other hasten the process of suppuration. It is best not to app until pus has begun to form. Hepar siUphuris will someti mote the discharge of the pus. A great many authorities open the abscess at an early i)eriod in order to prevent spread of the inflammation. We doubt whether such a proc is justified by corresponding results ; after opening th have often seen the inflammation spread much more rapidl in the most tedious cases of mastitis, the abscess had b in accordance with this suggestion. On the contrary, if was not opened and the above-mentioned remedies were use have never seen mastitis run a tedious course. This cann been owing to the mildness of the cases ; a coincidence

cannot be supposed probable. Most homoeopathic physician

7

98 Diseases of the Female Sexual Organs.

the lancing of such abscesses, and yet can boast of exce This shows that their medicines must have an effect whic cases, our opponents are doubly disposed to dpubt and to do not mean to say that the abscess should not be opened is distinctly seen through the skin ; what we oppose is of an abscess where the tissues situated below the epide to be divided. In this respect a mammary abscess is to b like any other abscess. If the tissues through which the has to discharge, are of a nature to render every effort spontaneous discharge nugatory, they have to be divided knife. A case of this kind occurs very rarely under homo treatment.

After the abscess has commenced to discharge, the course of difficulty is quite different under homoeopathic from what under allopathic treatment. In a fortnight at latest the discharge of pus ceases under the use of a few doses of Mercurius^sore heals. If this is not the case, if the hardness and tenderness continues and the pus is secreted in small quantity ; or if the inflammation keeps spreading, and we are called upon at this juncture to treat the disease, Hepar sulphuris is to be given first. In this remedy, the suppuration generally increases and the Phosphorus deserves a preference if the inflammation frequently assumes the acute form after an apparent arrest of the inflammatory process ; likewise in the very rare cases of phthisis mammaria. If the breast has become callous, and fistulous canals have formed, the healing of the sore will prove a very slow process. In such cases Silicea Sulfurea Conium and Graphites prove the best remedies.

[Regarding the use of Aconite in mastitis, Kafka has the following to say : If the breast swells in consequence of a cold or of traumatic injury, and a deep-seated pain is experienced in the breast, we at once give Aconite 3 in solution every hour ; the inflammation will most speedily be scattered under the influence of the remedy, and, if the pain was owing to a cold, a general transpiration will speedily take place, after which the inflammation runs a milder course and often terminates in dispersion without suppuration.

Our poke or the Phytolacca decandra has long been used in domestic practice as a remedy for swelling and inflammation of the breasts. We refer the reader to Dr. Hale's notes on this subject in the second edition of his Kew Remedies, pages 794 and following.

Mastodynia. 99

The medicine should be used internally and applied externally by means of a compress soaked with a mixture of a few drops of the tincture in half a tumbler of water, or with a mild infusion or decoction of the root, H.]

11. Mastodynia.

[Kafka writes : Painful sensations in the breasts, not having any causal connection with pregnancy or with the processes of lactation or weaning, and being most frequently noticed in girls as symptoms of development at the age of pubescence or a few years afterwards, or of neuralgia, do not unfrequently become the subject of medical treatment.

At the period of pubescence, either some time before or some time after the first appearance of the menses, some girls experience stitching, drawing or throbbing pains, or a tingling or burning sensation in the swelling breasts which appear turgid and very often sensitive to contact. If the girls have already begun to menstruate, the painful sensations most commonly make their appearance before or during the menses. If menstruation has not yet commenced, the pains generally continue until the age of puberty has been reached. Sometimes the breasts are so

that the least touch, the least friction from the under least pressure, are almost unbearable. This sensitiveness either over the whole breast or is confined to the region of the nipples.

The sensitiveness lasts for a longer or shorter period after the development of the organism is more or less rapid. We are acquainted with cases of hypersesthesia of the breasts that continued until the patients were married, and spread even to other parts of the body, particularly to the region of the stomach and pudendum.

The breasts are likewise liable to being attacked with pain that is not connected with the period of pubescence, but depends on mechanical, traumatic or constitutional causes. They attack periodically full-grown girls or women, are seated in the mammary gland or nipples, come on in paroxysms, are lancinating, tearing or boring; they are generally worse about the time of the menses, are aggravated by pressure, and, if lasting a considerable time, result in the formation of small tubercles in the mammary gland of a rounded shape, smooth and of the size of hazelnuts.

Such paroxysms of pain scarcely ever occur spontaneously.

100 Diseases of the Female Sexual Organs.

These are generally caused by the continued pressure of tight corsets, whalebones, or they are caused by pinching, pulsations, blows, etc. Sometimes they are the result of chlorosis, carcinoma or constitutional syphilis. Their duration is determined by the continuance of the exciting causes.

In treating these affections the cause has to be removed; nothing can be expected from internal treatment.

For simple hypersesthesia of the breasts Belladonna and Vomica may be given. If the affection can be traced to the appearance of the menses, Pulsatilla, Caidophi/Uum may be useful. If the pains are stinging and the patient is at the same time very nervous, we give Calc. carb. or Nuxvomica if caused by a blow, contusion, etc. Arnica, Conium or Sepia may be required. For tearing pains we give Conium 8 or Baryta carbonica and if seated in the nipples, we give Bismuth 6, or Calc. carb. Drawing pains in the mammae require Kreosote 3 to 6, and in the nipples Zinc. met. 6. For boring pains in the mammae give Indigo 8 to 6, and if affecting the nipples Spigelia. A sensation of prickling in the nipples is relieved by Sabadilla.

If these pains result from constitutional causes we have recourse to our treatment against the latter. If traceable to chlorosis, Iron persistently, in the case of tuberculous patients Iodine; if carcinomatous diathesis is suspected we resort to Conium maculatum; if syphilis is the cause, we give Mercurius jodatus. At the same time the breasts have to be covered with a non-adhesive material, and carefully protected against friction, pressure, cold. H.]

!•• Carcinoma]IIaiitiii»«

Cancer of the Breasts.

Next to the uterus the mammae are most frequently attacked by cancer. Cancer of the mammae is most commonly of a primary nature, hence the beginning of the cancerous disease.

The causes of this disease can scarcely ever be determined with certainty. If a blow or a contusion is generally regarded as the cause of this disease, it is probably because no better cause has been found, not because the disease has ever been known to be remediated from such an injury. The influence of depressions which are so easily and so commonly succeeded by degenerations, is a much more evident source of the cancer.

Carcinoma Mammae. 101

Cancer of the mammae most commonly occurs between the ages of 40 and 50, about the period which is generally signated as a change of life. Unmarried women or women who have not had children seem to be more liable to it than women with children. Before and after this period, it is proportionally a rare occurrence.

The most frequently observed form of carcinoma of the mamma is scirrhus, next to which we range the encephaloid or fungus, the alveolar or colloid cancer and the epithelioma.

[Mr. Maurice H. Collins of Dublin, in his work "The Diagnosis and Treatment of Cancer, and the Tumors analogous to it" has thrown out epithelioma and colloid growths from the cancer-group. He regards Colloid as a mere variety of fibrous recurrent tumors. Virchow says that "its stroma differs from that of cancer, and in its gelatinous nature from the ordinary stroma of cancer," page 526, On Tumors. Mr. Collins says, "jecting epithelioma from the group of cancerous tumors: superficial origin, its slow progress, its indisposition to penetrate deeper structures, or to contaminate the glands, the cure which follows its timely removal, and the difference when occupying similar localities, are of sufficient importance to outweigh the points of resemblance which it undoubtedly has with cancer in its advanced and secondary stages. In its early stage it is strictly an hypertrophy, and in this condition it may last for an indefinite period. Its second stage is one of hyperplasia and ulceration combined. This stage also, as far as external cancer is concerned, is slow to advance into the destructive stage, that of infiltration and secondary metastasis," page 226. Speaking of Colloid, Virchow writes: "It remains very long time local, so that the nearest lymphatic gland is not become affected until after the lapse of years, and the process is for a long time confined to the disease of the lymphatic glands, so that a general outbreak of the disease in other parts of the body does not take place until late, and on rare instances." (See his work on Tumors, page 581.) H.]

The commencement of the disease is scarcely ever marked by any peculiar morbid phenomena; the patients generally do not

anything out of the way until a tolerably large tumor is in the breast. It is at first round, smooth, movable, grows more or less rapidly, and loses its mobility in proportion

102 Diseases of the Female Sexual Organs.

increases in size, and its surface becomes more uneven. At most commonly deep-seated and gradually grows towards the surface, is sometimes entirely painless or becomes painful at the time of the menses and when receiving some mechanical irritation. If the cancer reaches the skin, it coalesces with it, and the pains are almost constantly felt. At the same time the disintegrating process extends to the deeper tissues, and at an early stage the axillary and other neighboring glands become involved. The patient now commences to feel constantly or at intervals, especially at night, lancinating, boring pains in the affected part, which very soon become unbearable. The assimilative functions of the system suffer; the patients have a pale yellowish-gray appearance, the spirits are very much depressed. A characteristic sign is the usual effacement and finally the complete retraction of the tumor, which discharges either spontaneously or on pressure a turbid serous fluid. At the place where the cancerous growth first appears, interwoven with the skin, the latter by slow degrees loses its healthy color, and finally breaks. An irregularly-shaped ulcer forms showing a disposition to penetrate to the subjacent tissues; the edges of the ulcer are infiltrated, have a sickly color, an uneven base, and secrete at first a thin, serous and afterwards a thick, ichorous, purulent, sanguinolent and most commonly very fetid discharge. If the disease runs a slow course, the incipient ulcer opens at a time, but again breaks open at a later period; if the disease runs a rapid course, spongy and readily-bleeding excrescences shoot up from the bottom of the sore. If larger vessels are destroyed, hemorrhages take place which are sometimes very profuse at other times trifling. The further course of the disease, having arrived at this stage, always terminates fatally, by the extension of the cancer, upon the invasion, by the cancerous process, of internal organs, upon the important hemorrhage and upon the loss of fluids in consequence of the ichorous discharge. Medullary fungus generally terminates more speedily than schirrus; the latter may even continue for years before the skin breaks, whereas the medullary fungus terminates in ichorous dissolution in a comparatively short period of time.

The duration of the whole disease varies considerably, from two to twelve and even more years. The younger the patient the sooner she will succumb to the disease, and the more advanced the cancerous growth, the sooner it will destroy life. This is very true with scarcely an exception.

Carcinoma Mammae. 108

In many respects the diagnosis is liable to difficulties, various kinds of benign tumors may occur in the breast. An incipient cancer cannot always be recognized as such, though it may grow rapidly and be painful; these two conditions never occur in the case of benign tumors. At a later period the diagnosis

terminated by the retraction of the nipple, the fluid which charges, the rugged unevenness and immobility of the sweat participation of the neighboring glands in the disease, of the whole organism without any increase of the secret ducts. Nevertheless there occur many cases of cancer the nature of which remains for a long time undetermined and clearly revealed only after the disease has run a long course.

Carcinoma of the mammae is generally considered a surgical disease; it is supposed by most authors that internal treatment cannot reach it. The disease, at least in its incipiency purely local, and an operation the only cure. It is as yet to show what method of treatment is the most successful disease, but physicians seem to incline more and more to that the extirpation with the knife simply leads to the destruction of the disease to more vital organs, without affecting its nature. Homoeopathic physicians have, for a long time past every extirpation of cancer as injurious or at least unproductive of good results.

Unfortunately we are unable to affirm that Homoeopathy is acquainted with a safe method of healing cancer; at present we are not acquainted with a single undeniable cure of this disease. We are entitled, however, to claim palliative results from it; it never increases the trouble, and delays a fatal issue were it from no other cause than because it does not rob the patient of her strength.

Hartmann mentions a number of remedies for cancer, with a multitude of indications which we do not repeat here because they have seemed to us irrelevant. The remedies which seem to exert some influence over this disease, are: *Belladonna*, *Carbo animalis* and *vegetabilis*. *Clematis erecta*, *Conium*, *Sepioides* perhaps also *Sulphur*, *Kreosotum*, *Aurum metallicum* and *Baryta carbonica*. *Belladonna* only alleviates the lancinating or burning pains, attended with sub-inflammatory symptoms, and as long as the carcinoma has not become an open sore. *Arsenicum* likewise is an excellent palliative against burning pains of cancerous ulcers, especially when worse.

104 Diseases of the Female Sexual Organs.

This remedy likewise diminishes or even suspends for a time suppuration and ichorous decomposition. *Conium* and *Clematis* and likewise *Baryta* can only be used if the tumor has not begun to discharge; the other above-mentioned remedies are especially of use in cases of open cancer.

For further symptomatic particulars we refer to Hahneman's *Materia Medica Pura*.

Other medicines have been mentioned which, however, do not seem to refer very particularly to carcinoma, such as: *Nuxvomica*, *Pulsatilla*, *Bryonia*, *Phosphorus*, *Lycopodium*, *Silicea*, *Calcium* would seem more appropriate.

Most observers agree that the higher attenuations, if given not too frequently repeated doses, deserve the preference.

lower. Their palliative effect is much more certain and whereas the lower attenuations sometimes do not seem to at all. We do not mean to induce any one to accede to us we would advise, however, if a lower attenuation has not to have any effect to first try a higher one before the changed.

The diet should be as invigorating as possible in order the patient's strength; above all the most scrupulous care has to be observed.

[The *Hydrastis canadensis* has been used by the Americans as a remedy for cancer. It has likewise been experimented with by American and English homoeopathic practitioners, results so far have not been very satisfactory. The medicine given internally 3d to 6th attenuation, and applied externally in the shape of an ointment or a solution of the resinoid. "We have used it in some cases of suppurating cancer, with success; the destruction was arrested in its course, then ceased and the patients declared they felt comfortable. There was an old lady of nearly 80 years, who is still living

Bflehr's views regarding the propriety of an operation differ widely from those of Kafka and leading homoeopaths in our midst that we deem it proper to transcribe them: If the medicinal use of appropriate remedies for tumors in the breasts without any result; if in the meanwhile the tumor gains firmness and becomes less movable, and the axillary glands have become involved in the carcinomatous degeneration, we then advise to proceed to the extirpation of the tumor. Do not operate until the scirrhus swelling has become interwoven with

Carcinoma Mammae. 105

of the firmness, or begins to show signs of a more marked cancerous degeneration. As yet the process may be regarded as arrested and the extirpation succeeds perfectly in a majority of these cases, however, if the axillary glands already begin to show signs of cancerous degeneration the operation is very doubtful and fails in almost all cases.

As soon as the tumor has acquired a stony hardness, the tumor over it is no longer movable, and the patients are tormented by severe nocturnal pains in the swelling, a cure by internal homoeopathic treatment can no longer be thought of. We have never succeeded in performing a cure at this stage of the tumor.

Even at this stage the extirpation of the tumor is still successful but a successful result is already very doubtful. The axillary mesenteric glands may not yet be involved; but the operation is often succeeded by new disorganizations which very speedily terminate fatally in ichorous dissolution. A successful extirpation stage has to be attributed to a fortunate coincidence of circumstances which cannot be arranged according to a plan. Hence even under these circumstances we are in favor of extirpation for the reason that it does result in a cure whereas without it the cancerous disorganization progresses towards an unavoidable fatal destruction of the tumor.

If the above-described phenomena of cancer of the mammae set in and ulceration has perhaps taken place, our treat remain purely symptomatic. All we can do is to appease as possible the nocturnal tormenting pains, to preserve appetite and strength, to stop the hemorrhage that may correct the air impregnated with the pestiferous odor of ichor, to arrest the colliquative diarrhcea, etc.

The treatment is conducted as advised by Beehr. A few additional remedies are recommended such as China 8 for extr debility, or China and Phosphorus for the stitching pain Phosphorus and the Arsen. of Quinine for the colliquativ Acidum sulphuricum 1 for hemorrhage at the same time app ice-water externally, or a solution of the Perchloride o even touching the bleeding vessel with the real cautery.

The horrid odor may be neutralized to some extent by cov the bottom of the sore with a thick layer of pulverized which absorbs the ichor; we cause the ulcers to be clean times a day with tepid water, and we have the sick chamb and sprinkled with Chlore or Kreosote-water [or with the

106 Diseases of the Female Sexual Organs.

ganate of Potash.] As regards the use of caustics of any after the cancer is fully developed, we have never seen least good, on the contrary they seem to increase the pa mote the spread of the ulcer.

If the remedies which we use, do not produce the least f result, we give the patient Morphine from motives of hum the only efficient palliative at our disposal.

Professor Franklin of the St. Louis College of Homoeopat emphatically recommends a speedy extirpation of the canc tumor and claims for the operation an almost uniform suc vided every vestige of the cancer is removed, and not a cancer-cell is left behind. E.]

EIGHTH SECTION.

Diseases of the Respiratory Organs.

A. DISEASES OF THE LARYNX AND TRACHEA

1. liaryngotraehetts Catarrhalia Acuta,

AciUe Laryngotracheal Catarrh.

Next to the catarrh of the Schneiderian membrane, a cata the larynx and trachea is one of th^ most frequent disea

the liability of these organs to catarrhal affections counted for either by their structure or functions.

One of the most common causes of disease is a cold, which affects the organs locally or through the skin. This is why such people are most commonly affected as have rendered themselves, and more especially the skin, very susceptible of a cold mode of living. We often notice that, by keeping the neck too warm, the larynx becomes easily affected with catarrh, whereas such persons fancied that by enveloping their neck with thick cravats or comforters, they were effectually protected from catarrh. Since we cannot avoid frequent exposures of the neck to the air, the susceptibility of the larynx to catarrh is in proportion as the skin of the neck is stimulated to action by warm covering. Why some persons should be affected with laryngeal catarrh from the least cold, whereas others seem to possess a perfect immunity in this respect, cannot be accounted for. Excessive use of the organs of voice is one of the causes of a particular disposition to laryngeal catarrh; individuals accustomed to talking, have had to make long and fatiguing speeches, or amateur-singers are very apt to contract the disease. The disposition to such diseases is very much increased by the excessive use of spirits, and more particularly of tobacco. We shall afterwards speak of the influence which tobacco

infiltrations of the lungs exert over catarrhal affections

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108 Diseases of the Larynx and Trachea.

In the trachea; we will here state that the development of laryngeal catarrh from the least exposure very properly excites a suspicion of the presence of pulmonary tuberculosis.

Secondarily laryngotracheal catarrh may result from nasal catarrh working down to the larynx, or from bronchial catarrh working upwards. It may likewise supervene during or in consequence of the presence of measles and variola, and other contagious diseases.

Symptoms and Course. The phenomena of laryngotracheal catarrh vary a great deal according to the intensity of the disease or the sensitiveness of the individual attacked by it. In the first attacks the disease always commences without fever although with a peculiar sensation of languor and heaviness in the extremities. The patients complain of a peculiar tickling, itching, and burning in the larynx down to the sternum, which is aggravated by coughing and talking. At the same time the voice is altered, it is hoarse and has a peculiarly deeper and more guttural quality. As this alteration of the voice increases, according to the extent of the complete hoarseness or loss of voice. In a few hours afterwards a cough supervenes the particular modifications of which are described in subsequent paragraphs. At first no phlegm is expectorated by the cough, afterwards a clear, tenacious, glassy mucus which, in a few days, assumes a greenish color, becomes more abundant, has an unpleasant taste until, in a few days more, the mucus assumes a globular shape, becomes more copious and has a

white color. At the commencement of the catarrh streaks are frequently seen mixed with the mucus ; a copious admixture of blood occurs very rarely.

The higher grades of catarrh which are sometimes described as laryngitis, always commence with fever which is sometimes violent and continues several days. The pains in the larynx are very acute, stinging and burning, as from a sore ; aphonia sets in at once, and every attempt at talking increases the pain to a great degree. The cough becomes exceedingly distressing, sometimes convulsive, with a constrictive sensation in the throat and a real difficulty of performing the act of breathing. The larynx generally feels sore when pressed upon. In two or three days the fever abates, (it scarcely ever lasts longer,) and the expectoration of mucus with relief of the cough sets in. In the most severe cases of catarrh the general constitution is more or less disturbed, and patients may even be compelled to keep their beds for so

Laryngotracheitis Catarrhalis Acuta. 109

The laryngotracheitis of children is of particular importance. The children may have seemed quite well during the day, but at about midnight with a hoarse, barking cough which is sometimes associated with constricted inspirations and anxiety at first sight, the little patients seem to have a violent croup ; yet this is evidently contradicted by the fact that the following day their health seems fully restored. The croup seems to arise from the fact that during their sound sleep at the first part of the night, when the children breathe with the mouth open as they do in laryngeal catarrh, the vocal cords become dry and are covered with a dried-up mucus ; on this account the child's cough in the daytime has no rattling sound, nor is it heard several times in the night. This affection has been described as catarrhal croup. If, which is less frequently the case, it is associated with a marked inflammatory swelling of the laryngeal mucous membrane, or if, generally, the affection acquires a high grade of intensity, the croupous sound may be heard for several days in succession, and may be attended with threatening symptoms of dyspnoea. Some children are remarkably liable to this affection of this kind ; this liability is still increased by the quantity of clothing in which the little patients are wrapped, and the fear of their relatives for fear of croup. It is of such children that the report is heard that they have an attack every spring and fall. There are some children who encourage this kind of belief which is hurtful to the parents and their children.

We have to add a few words concerning the cough which accompanies this affection. Many individuals whose laryngeal membranes are evidently not very susceptible to catarrhations, have no cough in spite of a most severe attack of croup, they cough only once or twice a day. Others, on the contrary, cough even at the onset such a violent and continual cough, and desire to cough that they cough uninterruptedly, or in paroxysms of cough which often last four hours and end with an attack of vomiting, or even become associated with a spasmodic glottis. This kind of violent cough is generally peculiar to catarrh accompanying measles.

The disease lasts at most nine days, but, if the cough is violent, it rarely ever disappears entirely at the termi period. As a rule, while decreasing gradually, it contin time after, or, if the patients are again enabled to go

110 Diseases of the Larynx and Trachea.

disappears of itself as soon as a steady and mild weathe More frequently the hoarseness continues for a longer ti only just enough to interfere with singing, if not with The transition into chronic catarrh is very frequent, an by the circumstance that patients, not minding the trifl expose themselves to renewed attacks of acute catarrh wh assumes the chronic form. Laryngotracheal catarrh does n danger life unless other diseases should supervene as gr cations.

Treatment. This morbid process is not sufficiently impor to require a number of remedies. It rray be that a rigid ualization of every case may facilitate the cure, but we indulge in the luxury of furnishing so many details. Whate Hartmann may say to the contrary, we consider a few prac generalizations more adapted to our purpose and shall th confine ourselves to mentioning the remedies which exper pointed out as the most valuable and reliable in this di

Nux vomica is suitable in the milder cases that scarcely come the subject of a physician's care ; the patients co little hoarseness, a burning tickling in the larynx, fre with tickling, scanty expectoration, and especially trou early in the morning, a weary and languid feeling, chill headache. In the more violent cases of catarrh, Nux is o if, after the fever hae begun to abate, the expectoratio to remain tenacious and hard to raise, and the patient i by a constant titillating hacking cough.

Aconitum is useful in catarrhs caused by exposure to a s keen dry wind. Upon the whole, this remedy does not seem indicated in simple catarrhal affections, except perhaps of children in whom the febrile symptoms assume a differ from what they do in the case of full-grown persons. For croup it is undoubtedly the best remedy, which, however, be indicated, if the physician is not called till the se day of the disease.

Belladonna may prove most serviceable in the first few d catarrh is associated with fever. The following symptoms acteristic : fever with disposition to perspire and slee stinging pains in the larynx ; a dry, barking spasmodic ing on in paroxysms, exacerbating more particularly in t and beiore midnight; sensation as if dust had been swall feeling of constriction in the larynx; the catarrh is co with tonsillitis ; aphonia.

Laiyngotracheitis Catarrhalis Acuta. Ill

Mercurius acts similarly to Belladonna in this disease. able at the commencement of febrile laryngitis, if the symptoms are present : chilliness and great sensitiveness mingled with frequent paroxysms of a burning heat ; dry, irritating cough occurring more particularly at night and racked frame ; the mucous membrane of the mouth and nose is involved in the catarrh ; soreness of the larynx, hoarseness but voice ; disposition to copious perspiration*

Next to Aconite, Spongia is the principal remedy in the catarrhal croup, with distinct symptoms of oedema of the lining of the glottis. The cough is barking, hoarse, hollow in paroxysms, especially at night, without expectorating inspirations. Spongia is likewise appropriate, if the sound of the cough still continues and lumps of a tenacious mucus are expectorated.

Hepar sulphuris bears a good deal of resemblance to Spongia should be given, if mucus commences to be raised, the barking sound of the cough continues, there is a great deal of hoarseness and symptoms of ulceration of the larynx begin to make their appearance and a constant rattling of mucus is heard in the larynx. Hepar sulphuris is an excellent remedy for singers and persons who have to talk

Hartmann has moreover the following remedies: Arsenicum when there is glowing fever-heat with constant thirst, dryness, stretching, a prostrate feeling in the whole body, tearing pains in the head and limbs, oppression of breathing ; if the pains abate with the appearance of perspiration, and again early in the morning ; constant desire to cough, the cough being dry, accompanied by dryness and burning in the larynx. Jndsatia : titillation with cough, excited by a sensation of roughness in the throat, spasmodic and setting in mostly in the evening and when lying down, better on sitting up and mending again on lying down, and sometimes increasing to a violent cough ; chilliness. Hyoscyamus if the cough only occurs in the evening. Euphrasia if the cough continues all day, and fluent copious at the same time. He likewise mentions Rhus Ignifera, Drosera, Ipecacuanha, Bryonia and others, which will be dwelt upon in the chapter on chronic catarrh of the larynx.

If patients are very much disposed to relapses, prophylactic measures are of the utmost importance; among these the use of cold water and the abandonment of too much covering around the neck occupy the first rank. If tuberculosis lies at the

112 Diseases of the Larynx and Trachea.

of the disease, the treatment will have to be conducted in accordance with other considerations that will be expounded in detail on tuberculosis.

8. Laryngotracheitis Crouposa.

Croup Membranous Croup.

Croup is an inflammation of the larynx and trachea resulting

a copious exudation upon the mucous membrane, on which a it is also described as angina membranacea. It is only i ent century that the anatomy, cause and course of this d been studied with more particular care. Consequently the of croup has become very extensive; owing to the importa disease which so often terminates fatally.

Croup is almost exclusively a disease of children betwee ages of two and seven years, or between the first and se dentition. It occurs even less frequently before the sec after the seventh year; the cases which are said to have curred among adults are so rare that it is doubtful whet were genuine croup. Moreover such cases scarcely ever pr fatal, BO that the fact of their being croup cannot be c post-mortem examinations. According to all statistical t are more frequently attacked than girls ; from 60 to 70 all cases are boys. As regards the influence of constitu various other points in croup, opinions difler. Rilliet many respects be regarded as an authority in croup, asse tively that most children who are attacked with croup, a lymphatic habit. In this respect he differs from a numbe sicians who maintain that robust, well-fed children are to croup. Upon close examination we fiiyl however that t views only differ in appearance. A lymphatic constitutio disguised under a full habit, bright complexion, appeara muscular strength; whereas a marked disposition to eczem gastric catarrhs, to angina with copious exudation and s hypertrophied swellings, distinctly betray a bad foundat it is not perfectly healthy and vigorous children that a posed to croup, which is still more evident from the fol positions derived from actual experience. Most of the ch attacked with croup belong to scrofulous and tuberculous where croup has been a prevailing disease for several ge Moreover croup is much more frequent in the country wher ground is level, than in cities, and here again more fre

Laryngotracheitis Crouposa. 118

lower strata of the population. We shall show afterwards ever, haw in the country so many circumstances combine f development of tuberculosis, and how similar circumstanc among the lower strata of citj-population. In this respe account for the frequently observed fact that croup is a disease or that several members of a family are attacked shortly one after the other, or that the same individual several times in succession. It cannot be denied that if been once attacked with croup, it retains an increased d to inflammatory affections of the larynx.

True croup is secondarily met' with, although very rarel an accompaniment of measles,- typhus, tuberculosis. In a measles catarrhal croup is easily confounded with true c measles-catarrh is apt to commence with croupy cough whic continue for several days. The croup which is sometimes in a case of scarlatina, is something entii^ely differen croup; it is a diphtheritic disease the true characteris have already been described in the first volume.

The exciting causes of croup are not always easy to trace. Croup is a very rare disease in warm climates, nor is it very common in mountainous districts, provided the locality is at a high altitude or otherwise well protected: we still are unable to explain by these facts why so many cases of croup occur in one year in another year. A northwest or a north wind, or even a southwest wind with rain, are very apt to bring a great deal of sickness. A district not far from the city of Hanover situated in front of a range of mountains extending from west to southeast, in consequence of which that district is visited to the winds blowing in a similar direction, is visited from March until June by a good many cases of croup and severe pneumonia among adults. The flat country from Hanover to the North-Sea is similarly circumstanced. The winds blowing in this region of country, must be possessed of a peculiar order to cause extensive epidemics which sometimes snatch twenty and more children in one village. According to the investigations of latter years, which indeed are still incomplete, it appears as though the amount of ozone in the air acted a very important part as one of the causative influences of croup. It is much more probable since the amount of ozone contained in the air is liable to the greatest variations during the occurrence of abnormal proportions of electricity such as are apt to

(8)

114 Diseases of the Larynx and Trachea.

by a northwest wind. That croup is caused by a simple cold is much more easily asserted than proven. The same child has attacks of violent laryngeal catarrh in the course of the year is attacked with croup only during the prevalence of a cold from the north. The epidemic character of croup likewise shows that there must be other causes at work in its development beside cold or warm weather. That croup is contagious is only believed by those who regard croup and diphtheria as identical.

Symptoms and Course. For a clearer comprehension of the morbid symptoms we here premise a short description of the morbid appearances. The mucous membrane shows every possible degree of hyperemia, from the brightest to the darkest only if death takes place after the disease had run a short course if it lasts a more considerable length of time, the color of the membrane is sometimes strikingly pale. The sub-mucous tissue is usually infiltrated, the mucous membrane itself less frequently though the infiltration is not considerable; the muscles of the larynx is likewise found swollen and softened. Upon the free surface of the mucous membrane an exudation of fibrin and plasma takes place, at times only in detached spots, at other times covering a large portion and even the whole surface of the larynx and trachea, and dipping down to the bronchial tubes. In some cases only the exudation has the consistence of cream; in others it becomes tough and firm, in which case these characteristics are more marked on the free surface of the membrane than on the surface adhering to the mucous lining. At times it adheres to the lining loosely, at other times very firmly. The thickness of the membranous exudation sometimes exceeds one line, sometimes only forms a very thin, transparent layer. The formation

firm, compact cylinder is of rare occurrence ; more commonly exudation adheres to the mucous lining in the shape of patches of various sizes. Sometimes, side by side with firm membranous patches, a portion of the exudation is seen converted into even ichor, or feeble traces of vascularity are observed adhering to the mucous membrane. Very commonly though not regularly, the pharynx is involved in the morbid process only to a limited extent. Less frequently, but not means very rarely, the exudative process spreads to the trachea and the lungs.

In a majority of cases, croup is preceded by a preliminary inflammation which is, however, not well defined. The children are lethargic

Laryngotracheitis Crouposa. 115

usually usual, they cough with a somewhat unusual sound, a hoarse, with a little roughness in the throat, have spasmodic motions, etc. These symptoms are so trifling that they are commonly overlooked, if the children are otherwise strong and vigorous. In very rare, or rather in exceptional cases, croup is preceded by a nasal catarrh which, when present, is a tolerable guarantee against the possible occurrence of croup; in the transition from an ordinary catarrh of the respiratory tract to croup is not often noticed. The precursory symptoms very rarely precede the outbreak of the real disease longer than a day

This outbreak generally takes place about midnight. After lying quietly for a few hours, the children have a few short coughs, or sometimes are roused from their sleep by a severe spasm. The cough has a sound that is very difficult to describe, it resembles most nearly the bark of a watch-dog ; it is a harsh, rattling cough, having a metallic ring and is forced out with great vehemence. These peculiar features are so striking, that the very first cough rouses the family from their sleep by its unusually shrill ring. At the same time the voice becomes husky, and the resonance, and seems labored ; the inspirations are somewhat hurried, although not yet to a very high degree, audible, and prolonged. This makes the patient restless and anxious, and fever is scarcely ever very high, but the larynx is very sensitive to contact. Sometimes the child falls asleep after a short turn of cough, and it is only the wheezing inspirations that betray the presence of the terribly threatening danger. In the morning, the little patient may feel quite well, except for a little weakness and languid.

Up to this period, croup resembles an ordinary attack of bronchitis so perfectly that it is often impossible to distinguish the one from the other. This uncertainty and vagueness of the symptoms continue during the second and even third night, although the croupy character of the attack becomes more and more marked as the disease progresses on its course. As a rule, the full set of its frightful features on the second day, or even at the first onset of the attack. The cough may not become more frequent and violent, but it is less sonorous, more distressing and it fills the children with inexpressible agony. As soon as they become aware of the approach of a paroxysm of cough, they throw themselves in their beds, hold on with spasmodic energy

son near them, or throw themselves about as if convulsed

116 Diseases of the Larynx and Trachea.

agony is still heightened by the gradually increasing drawing breath, which is seldom very marked at the commencement of the attack and is particularly striking during the paroxysms of cough. As the dyspnoea increases, the complexion pallid and finally livid, and the face swells. The pulse becomes frequent and becomes smaller. The little ones seem to suffer more pain than they really do; the children grasp at their throats, pull at their tongues, not so much because they suffer as because they are so terribly distressed for breath; touching the larynx does not seem to cause an increase of pain. The cough and the agony of breathing do not last all the time between the paroxysms, the patients lie in a state of utter exhaustion. True intermissions during which the disease seems on the point of leaving and the patients appear cheerful in apparent health, occur very rarely. Intermissions which generally take place in the morning; they seldom last a day and a night, but are interrupted by renewed attacks of cough and dyspnoea.

If at this stage of the disease the pathological process takes a favorable turn, the improvement may announce itself suddenly by the expectoration, within a short period of time quantities of membranous patches or even of the whole of the cylindrical tube at once. This last-mentioned change occurs rarely, and even if it does occur, it is not safe to regard as entirely over until at least two days have elapsed without trace of a renewed exudation having been perceived. In recovery takes place by the gradual absorption and liquefaction of the membrane, the cough becomes moister, a mucous rfile in the larynx and trachea, small pieces of membrane and thick tenacious mucus are coughed up, the signs of congestion of the head and face decrease, the pulse rises and the breathing becomes easier. Several days may pass while these changes are going on before all danger is past; this point remains more particularly doubtful if the children do not bring up any thing and secrete detached mucus or membranous patches.

If the disease runs an unfavorable course, every symptom increases and uniformly increases in intensity, or the increase takes the form of fits and starts, with remissions such as we have described. The face now exhibits the pallor of death, the eyes gradually lose their lustre and assume a vague and unmeaning expression. The voice now loses all resonance, the very power to force out a s

Laryngotracheitis Crouposa. 117

turn of cough seems to be lost. At times the membranes of the trachea are heard to flutter, and their expulsion is more than expected. The dyspnoea now reaches its climax, the child almost driven to frenzy during the paroxysms of cough or expiration becomes so restricted and superficial that the patient apparently does not seem to be as violent as it is in re

times the paroxysms become so violent that the child su-
perishes by suffocation. Between the attacks, the coma be-
comes more and more profound, and the brain seems to participate
in the struggle. This phenomenon, however, like the majority of
cases has to be attributed to the gradual poisoning of the blood
by carbonic acid originating in the deficient access of air to
the lungs. This likewise accounts for the slow death. No immediate
relief taking place, this suffocative stage sometimes lasts for
several days before death takes place.

There is a form of croup which runs its course without the
peculiar croupy cough. Here the gradually-growing danger
is not so looked, because the dyspnoea increases more uniformly and
This may be owing to the glottis not being contracted or
in a lesser degree. Sometimes the diagnosis can only be made
with perfect certainty by the expulsion of membranous patches.
This form of croup is scarcely less dangerous than the
ordinary one, it usually lasts much longer.

The duration of croup depends upon a variety of circumstances.
If the intensity of all the symptoms increases steadily,
they take place in thirty-six hours by asphyxia. In most cases
patients die on the fifth or sixth day, seldom later, and
only after the ninth day. This period does not include the
incubatory stage, but dates from the first onset of the disease.

The prognosis is in every case very doubtful. Although
homoeopathy is justly entitled to claim more favorable results
in the treatment of croup than any other method has a right to do,
yet under homoeopathic treatment croup is one of the most fatal
diseases. Moreover the results of any form of treatment are
very much complicated by another circumstance. Membranous
croup, especially if a cure only takes place after the disease
has continued for some time, is very apt to be succeeded by
other diseases among which lobular pneumonia, bronchitis
and oedema of the lungs are the most important. These are
the most common complications of croup, owing to which relief
is often delayed for a long time, or is never complete. If
that chronic bronchitis, emphysema, etc., remain behind.

118 Diseases of the Larynx and Trachea.

Before discussing the diagnosis of croup, we will add a
few remarks on diphtheritic laryngitis which differs essentially
from Epidemic diphtheria, although more particularly confined
to the mucous membrane of the mouth and fauces, is likewise very
inclined to invade the larynx. This occurrence generally
indicates that the disease is of a most malignant type. The symptoms
of diphtheritic croup resemble those of the ordinary form of
membranous croup, from which the former differs, however, in
several respects. The patients begin to show laryngeal symptoms
after the affection of the fauces has existed for some time, and
death has begun to fail. The dyspnoea is less intense as in
membranous croup; the inflammatory swelling is less, and the patients
die so much on account of the dyspnoea as on account of
the violence of the disease. The characteristic sopor of the
ordinary croup does not occur in diphtheria. These distinctions
occur in every case, but in the majority of cases. They

accounted for by the differences in the character of the which in diphtheria involves the tissue of the mucous li and very speedily results in gangrenous or ichorous diss often attended with considerable loss of substance. If t theritic process invades the larynx, it assumes a very d character, sometimes without interfering with the breath croupous laryngitis unattended with dyspnoea need not ne be a very dangerous disease. In pathological treatises b forms of croup are generally described as homogeneous, w they differ essentially in their natures, which explains the views concerning croup are so much at variance in th ferent w^orks on Pathology.

Towards the end of the disease the diagnosis of croup is easy as it is sometimes obscure at the commencement. It apt to be confounded with laryngitis ; indeed, both thes disease resemble each other so much that it is very diff the first twenty-four hours to diagnose the true charact attack, in spite of the most careful investigation of al circumstances. If we have before us an individual who ha frequent attacks of simple laryngitis ; who is otherwise joyment of bodily vigor and health, and shows symptoms o incipient or fully developed nasal catarrh : it is almos the idea of croup may be abandoned. The last-mentioned c stance is of particular importance, for we have never ye cipient croup accompanied by a damp nose ; and if the no

Laryngotracheitis Crouposa. 119

begin to discharge during the last stage of croup, the s always of the ichorous character of a diphtheritic disch laryngitis as in croup the dyspncea may at first be very cept that in the former disease the dyspnoea decreases i as soon as the children are wide awake and have tasted o nourishment ; nor does it increase after the first attac may last longer than the first twenty-four hours. If cro as an epidemic, every attack of laryngitis ought to be s from the outset; likewise, if in the same family several had already been attacked with croup. The presence of me branous exudations on the tonsils and in the pharynx, wh ever, are not always noticed at the very commencement of attack, places the diagnosis beyond all doubt. A spasm o glottis which is but a transitory condition, can only be with croup at the outset, so much more easily if the spa plicated with laryngitis. In a few hours already the tru of the enemy is sufficiently apparent.

Treatment. Since Napoleon's famous concourse of 1807 the pathological and pathologico-anatomical changes occurrin have been investigated so thoroughly and almost exhausti such a number of physicians that it seems almost impossi the therapeutic management of croup should have been so neglected. Nevertheless this charge is just. The Old Sch not a single remedy for croup unless tracheotomy which i desperate resort, is considered such. If the numerous th experiments that have been made during the last fifty-si croup-patients, have failed to lead to the desired resul according to which the experiments were conducted, must

erroneous. We place this fact in bold relief in order to show much more force the superiority of the homoeopathic method of croup over any other method. To this effect we first of the more renowned remedial agents that are used in croup at the same time we cannot help expressing our surprise that the same should drive the scepticism of the Physiological or Rational to such straits ; for it is astonishing what remedies even of this School propose in order to avert the fatal blow. The highly praised expectant method is utterly abandoned ; on the contrary, the most diametrically opposed agents are brought into position one after the other in the most rapid succession, without entertaining the least prejudice, we are naturally led to what has become of the "rationality" of the method.

120 Diseases of the Larynx and Trachea.

The most important and most extensively used remedies are emetics, topical and general sanguineous depletions, Calomel and the mercurial ointment externally, Antimony, Tartar emetic, Ipecac sulphuris. Alum and finally a number of local applied substances. At the same time cold and warm compresses, watery vapors, wrappings, etc., are not wanting. Emetics are the most important agents in this list, and have acquired their reputation to the apparent success which they have in simple laryngitis ; we call this success apparent because no treatment can be cut short by a simple emetic. No amount of sophistical argumentation is able to show that an emetic can exert its influence over an incipient croup. Moreover we cannot overlook the fact that the effect of an emetic does not end with vomiting, especially if the Sulphate of Copper is used in large doses, and that our patients are little children. Children after an attack of simple laryngitis, often suffer for weeks from the effects of the Sulphate of Copper or of Tartar emetic. That an emetic is much more excusable if, after the membrane has begun to be formed, the process of expectoration is to be stimulated is no difficulty in comprehending that the act of expectoration undoubtedly know how to account for the action of Ipecac or Tartar emetic or even of the Sulphate of Copper upon the principles from those in vogue. In the second stage of croup the Sulphate of Copper is now the fashionable emetic; yet the success is not accounted for upon scientific principles. We know that Copper has a good effect in the spasmodic closing of the glottis, hence is of advantage in croup. While mentioning this effect of Copper a knowledge of which has been acquired by the most hardy empiricism, we at the same time have to remind our readers that not one of our allopathic opponents has been able to account for the good effects of Copper in croup except by vomiting.

As regards the sanguineous depletions, be they local or general we can dispense with the trouble of dwelling upon them any further. It is inconceivable that they are expected to be arrested or diminish the exudation; what is certain is that they rob the child of the power to develop the necessary reaction to the disease. Even the croup-tetter is not sufficiently indicated to justify bleeding. As far as Mercury is concerned, the only indication we dare not call it indication, for its use is that a qu

I>aryngotracheitis Crouposa* 121

coagulable lymph is effixed in croup and that Mercury is a full antiplastic agent. But this agent alone has never yet a case of croup, but has occasioned such violent attacks of tracheitis that the jaws have united by ulceration. The other will be further dwelt upon by and by, especially the Sulphur Lime ; this agent which is a true specific in many cases is only mentioned very cursorily in allopathic works, more curiosity than as an useful remedy.

The want of internal remedies naturally led physicians to try up external applications. The croup-membrane was to be dried, the subjacent mucous lining to be cauterized and the disease to be conquered. Strange fancy, as if we did not know that this is a special form of inflammation resulting from, or dependent on, constitutional susceptibilities. A glance at the results of the cauterizing process in diphtheria ought to have discouraged the cauterizers of the croupy membrane. The mucous lining of the trachea has been washed with the Nitrate of Silver, Muriatic acid etc., causing the patient the most agonizing distress. The advantage derived from such a proceeding may be that the irritation of those agents may cause a violent coughing fit to promote the process of expectoration. The inhalations to which we shall refer hereafter, are not of very great importance, the application of ice or cold water. If we add to these treatments the unavoidable blisters and sinapisms, we have part of the medicinal apparatus of the Old School before the advent of all these appliances, from 70 to 90 per cent, of cases of membranous croup perish. This result is certainly a triumph, nor has tracheotomy increased the chances of recovery.

In opposition to these failures Homoeopathy can show a most successful treatment of croup to her opponents without injury upon the poor little patients the horrible tortures of Allopathy practice. We are not sanguine enough to add credence to the profess to have treated hundreds of cases of croup during the last thirty or forty years without losing a single patient. We know that by far the larger number of cases are saved by homoeopathic treatment ; this is an amount of success to which we do not fall back upon statistical data which may be in doubt on account of diagnostic inaccuracies or uncertain single fact among many may prove more convincing to the inveterate sceptic than the most scientific statistical data. The beginning of this year epidemic croup broke out on a

122 Diseases of the Larynx and Trachea.

about sixteen miles from this city. Several dozens of children already fallen victims to the above-described treatment. A gentleman who happened to visit a merchant of the place, advised him to try homoeopathic treatment. The results of this treatment were so striking that the house of this merchant was for a day besieged by persons seeking aid. With the aid of a simple domestic manual, this merchant succeeded in saving a number

lives. Is it possible to remain blind to such events? We attach implicit faith in the doctrine that vox populi is but in such terrible epidemics even a layman has sense enough to see whether those who are attacked, perish or get well, and the method of treatment is crowned with the latter result.

The remedies which homoeopaths use in treating croup, are the following: Aconitum, Hepar sulphuris, Spongia maritima, Broinum, Phosphorus, Cuprum and several more. We shall consider these drugs in their respective bearing upon each of the different stages of croup, instead of furnishing a detached symptomatic indications of each drug in particular.

If we are called to a case of croup in the night, it is possible to at once obtain the conviction that we are dealing with a case of croup; for even the presence of considerable dyspnoea does not always imply that the disease before us is croup. To meet this uncertainty the custom has prevailed for a long time already to at once give Aconite in alternation with some other remedy. We do not approve of this custom of giving remedies in alternation, but make an exception in favor of croup on account of the uncertainty in our diagnosis. Aconite is excellent in the case of membranous croup. If we suspect membranous croup, we give Aconite 2, and Iodine 2, in alternation every hour. The Iodine had better be prepared fresh that we may be sure of operating with a reliable attenuated remedy is not given by all practitioners at the outset, but Hepar sulphuris or Spongia. We have the following remarks for our proceeding. Iodine exerts a special action on the membrane so constantly, and causes a violent inflammation of the membrane so much certainty that this effect may be set down as a gnomonic and highly characteristic symptom of the action of Iodine. That it is capable of healing far advanced cases of croup is true beyond all doubt. Hence there is no reason why a remedy that embraces in its pathogenetic series all the symptoms of croup and must therefore be adapted to every stage of this disease

Laryngotracheitis Crouposa. 123

should not be given at the very commencement of the attack. We consider this medicine much more appropriate than some other medicine that is only suitable in the incipient stages of the disease. Many other physicians prefer Hepar sulphuris at the outset. The following symptoms prevail: Marked febrile motions, the patient is almost entirely unembarrassed, but has a peculiar dry, metallic cough with disposition to choke, mingled with rattling in the trachea, as if mucus would be raised; the patient seems to continue moist, and the croupy sound is present. The patient is painful; there is hoarseness, but no loss of voice is even recommended more strongly than Hepar at the first indication of the disease. Hahnemann himself regards Spongia as the main remedy in croup and directs to resort now and then to an intermediate dose of Aconite or Hepar; he does not consider Spongia indicated until the respiration has become embarrassed and exudation has commenced. Almost all observers are of the opinion.

In the first night, it may not matter much which of these

medies is given in alternation with Aconite. It is certain that catarrhal croup will be modified by a few doses of Aconite twelve hours so fully that whenever this favorable change takes place within this period of time, we may rest assured we are dealing with a case of membranous croup and that the use of a specific remedy can no longer remain doubtful. This is not so easily accomplished if we take the Materia Medica as a guide; moreover, experience has done already a great deal in this respect. Experience informs us that Hepar is a good remedy on the second day, if mucus begins to accumulate in the windpipe, there is no increase of hoarseness, no dyspnoea, and the cough has a uniformly croupy sound. If the croup shows its malignant features after the lapse of twelve hours, the cough has a hollow sound, less resonance, the dyspnoea approximates to aphonia, the dyspnoea is more marked, and it is to be given if the symptoms steadily increase in intensity, and the cough has lost a good deal of its shrill sound.

As soon as we have become satisfied of the nature of the disease, Aconite is no longer given in alternation with some other remedy, even if violent fever should be present. The question now

124 Diseases of the Larynx and Trachea.

whether at this stage of the disease two remedies like Spongia and Iodine had not better be continued in alternation. A good deal may be excused in the use of such a dangerous malady, and we have not the heart to deny any one who deems it proper to continue the alternate use of these drugs, more particularly in cases where the life of the patient may be jeopardized if the action of a single drug were allowed to continue for twelve hours and even longer. Alternating drug treatment does not improve our knowledge of their true action; hence it should be abandoned whenever such a thing is possible.

\ In the vast majority of cases the further progress of

the disease may be stayed under the operation of one of the above-mentioned remedies; if this fact is perceived, we have every reason to be satisfied with the treatment, and we must not be anxious to change to another medicine until every symptom of the real croup-disease has disappeared. If Hepar and Spongia seem ineffectual, and the disease steadily continues to grow worse, we give Iodine which will continue at least forty-eight hours unless symptoms of asphyxia manifest themselves before this period is passed. In most cases it will undoubtedly have a favorable effect. Only we must not indulge in the expectation of cutting the disease short. A case of this kind only occurs in a very small number of cases. Merely the pathological process continues to go on under the operation of Iodine after which it retrogrades, as is the case in membranous croup. What is essential is that it should be kept within proper boundaries. Even if the dyspnoea increases in intensity this is no reason why the use of Iodine should be discontinued.

Instead of Iodine, many physicians recommend Bromine; successful cures with Bromine are reported, whereas other

all jx)wer over croup. "We are not yet able to express a opinion on this subject. The symptoms indicating Bromine following : Cough having a croupy sound, hoarse, wheezin tressing cough which does not give one a chance to speak with sneezing and violent fits of suffocation; spasm of whence the symptoms of asphyxia; moist respiratory rale, breathing is at times wheezing and slow, at other times would suffocate, and then again hurried, superficial, la tressed, painful and gasping. This combination of sympto furnished by Attomyr, but we would like to ask whether a in this group points to Bromine ? Moreover we confess th consider a purely symptomatic treatment of croup inadequ

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Laryngotracheitis Croupf^a. ^ /" 125

that, if croup were to be treated according t^^ere\8yra^ would have to change the medicine as often as the gympto which would be productive of a vast deal of harn)#^ v^ j quainted with the effects of the remedies to be employ^^ of them is the best adapted to the exigencies of the'^fl determined by practical experience. We do not mean'tp re Bromine, but it is only in mild cases that we would subs use for that of Iodine.

If, in spite of all treatment, the symptoms of asphyxia more and more ; if the dyspnoea continues to increase ; and restlessness of the little patient become more distr the symptoms of cerebral congestion more marked, two rem remain from which aid may be expected, namely Phosphorus Tartar emetic. The former is indicated if the cough has resonance and force, and the mucous r^le has ceased; or especially if the croupous process has invaded the bronc lungs have evidently become hypereemic. Tartar enietic i if the dyspnoea and danger of asphyxia are occasioned by patches of membrane, the cough is indeed feeble and with nance, but a mucous rale is still distinctly heard in th However it is not advisable to prescribe this remedy in for the favorable effect of the act of vomiting is very whereas the great deprcsion caused by the vomiting is s low. Nor is it at all certain whether any emetic at this stage of croup can cause vomiting. Grain doses of the se uration are sufficiently strong; as regards Phosphorus w

dare give it below the third attenuation.

In this place we will call attention to a few remedies that have no relation to the croupous exudation, but are important in other respects. The danger of suffocation depends in many cases upon a spasmodic closing rather than upon a mechanical displacement or an inflammatory infiltration of the rima glottidis. A spasm of this kind is pretty certain to exist if the dyspnoea consists of single, pretty sharply detached paroxysms, the remissions between the paroxysms are quite considerable and no rales are heard in the larynx. If we designate this closing of the glottis as a spasm, the designation is not entirely correct, because paralysis of the muscular apparatus of the larynx is undoubtedly the chief cause of the asphyxia, whereas a spasm of the larynx could not be accounted for. If we consider that in the case of children the larynx forms an uniformly narrow chink whose sides incline

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126 Diseases of the Larynx and Trachea.

As the sides of the larynx approach each other from without inwards, and from below upwards, it is easily conceivable that, in case the sides are relaxed, they may be forced against each other during the expiration, in consequence of which the glottis will be much contracted or even closed. These facts explain how children may die of croup without a membrane being seen after death, whereas full-grown persons whose glottis is wider and differently shaped, scarcely ever succumb to an attack of croup. We meet this paralytic condition by some remedies that are worthy of our consideration: Cuprum, Moschistim, Nux mosctiata and Arsenicum. Of all these remedies, Cuprum is undoubtedly the most important; its effect is in a measure confirmed by the Sulphate of Copper when administered as an emetic. Cuprum has shown its favorable effect upon dyspnoea in a moderate case which terminated in recovery. The other three remedies have been strongly recommended by other physicians; we have our personal experience to offer in their behalf. If these remedies are to be used, they will have to be given in alternation with the specifics for croup; the best mode of using them is to give a dose every few hours.

If the stage of asphyxia sets in in spite of this treatment, it will not often be the case, — the question then occurs what is to be the further object of the treatment. The glottis is either closed or its space encroached upon, together with that of the larynx and trachea; the existing sopor shows that the poisoning by carbonic acid has already made considerable headway; the ictericness of the skin is evidence that an independent reaction cannot be expected any longer. The only remaining chance of saving the patient is by promoting the oxygenation of the blood. It would be absurd to prescribe for these apparent symptoms of croup remedies like Opium, Belladonna, Hyoscyamus, etc., which will not have the least effect. Nor will the continued use of Phosphorus or Tartar emetic, in the absence of all reaction, produce the least result. Under these circumstances tracheotomy also

afford help, and it would be just as criminal to leave it undone at this stage, as it would have been criminal to at an earlier period. For a description of this operation the reader to works on Surgery. "We are decidedly opposed to the operation being performed before the stage of asphyxia has reached, this may be excusable in cases that are not treated hourly, for other Schools have no really specific remedies

Laryngotracheitis Crouposa. 127

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If but few patients are saved by this operation, it is not the fault of the operation, but of the period when it is performed. If the operation is performed in the stage of asphyxia, only some die, though it be the best. These results show that the operation is not only just but eminently necessary and important. However, in order to derive all possible advantages may be derived from the operation, it should not be delayed too long; otherwise the sopor might progress far, or recovery might be prevented by an acute emphysematous cedema of the lungs; conditions that may lead to a fatal termination even after the cure of croup is successfully accomplished.

[The reader may peruse with profit an article on tracheo-croup, by Doctor Talbot, of Boston, in one of the late numbers of the New England Medical Gazette. H.]

If an improvement sets in, we first notice an abatement of dyspnoea; it is by changes of this kind that we can measure the probable chances of our final success. Nevertheless, the operation, which induces the favorable turn, had better be continued a little longer, but at more extended intervals. To continue the operation is of importance, for the reason that, after a remission of the symptoms, the disease sometimes breaks out with renewed violence. The cough sometimes retains for a time its hoarse, barking sound; the aphonia likewise often continues for a long time. For the cough we administer Hepar especially if it is attended with mucous r≤ if the cough Phosphorus is preferable. This agent is likewise most successful in the subsequent hoarseness.

The so-called torpid croup does not destroy life as rapidly as the preceding varieties, but is withal a very insidious disease. It is treated with the same remedies as those above mentioned, but Hepar sulphuris very frequently deserves the preference.

If croup results from a gradual working down of the diphtheritic process from the pharynx to the larynx, it is always more dangerous than the primary form of croup, and, according to reasons we have advanced when speaking of diphtheritis, it should be treated with entirely different remedies. In diphtheritis Bromine may possibly deserve particular attention. We refer the reader to the chapter on diphtheritis. It is this form of croup which has given rise to the belief in the contagiousness of croup, and indeed, seem to be a contagious disease. [Some cures have

128 Diseases of the Larynx and Trachea.

made of diphtheritic croup with Lachesis highly potentiz also with Kali bickromicum. H.]

External applications in croup are generally without any Whereas some apply hot water to the neck, and cause water vapors to be inhaled, or order hot arm-baths ; others, on prefer ice-water or ice itself, and others again resort This deserves a preference over the other applications, most advantageously stimulates the functional activity of Upon the whole, however, it is our belief that the great stage of these auxiliary means consists in diverting the the family who are generally plunged into extreme agony.

Whether the administration of drugs by means of vaporous halations is the most useful method, is still a disputed do not see whether a medicine introduced into the human through the respiratory organs, should develop its effect surely or more penetratingly than when administered by t Moreover, this method is sometimes attended with difficulty less we do not mind filling the sick-chamber with vapors the disadvantage that no fresh supply of pure air gets to and that the medicine ceases to be under our control. This is, moreover, easily increased by inhalation. Apparatus halation cannot be used, because the little patients are restless and tossed about by their agonizing distress. At the inhaling process has to be conducted with great care

We have no special remarks to offer on the subject of this disease. On account of the dyspnoea, which renders deglutition exceedingly difficult, the greatest trouble is experienced in children the least quantity of nourishment ; what nourishment given, should be in a liquid form, and very strengthening strength fails too rapidly, a little good wine proves an stimulant.

There is no real prophylactic treatment against croup, or a regular system of hardening children from the moment they are born, and bringing them up in all respects in accordance with the principles of health. If a child with a suspicious habit of being attacked with a croupy cough whenever it takes cold, and is generally inclined to have an attack of severe laryngitis, should be kept in-doors during a keen North wind, or let it at least be protected by a sufficient amount of warm clothing. Whether Calcarea carbonica, Hepar or Phosphorus are capable of exerting a prophylactic influence against croup, is not yet decided. After a first

Laryngotracheitis Chronica. 129

croup, a disposition to be again attacked generally remains doubtful whether even such a disposition can be removed; constitutional diathesis cannot well be remedied.

8. Laryngotracheitis Chronica*

Chronic Laryngotracheitis Catarrh,

The chronic form of this catarrh is, like the acute, one of the most frequent diseases both with reference to affections of the respiratory organs specially, and with reference to all of them collectively.

This disease befalls children only as an exceptional disease if it does occur in childhood, it is almost always a consequence of a more malignant acute disease, especially of croup and whooping cough. Nor are older people frequently attacked by this disease. It is said that middle-aged persons between the ages of twenty and thirty years are principally liable to such attacks. Sex has an influence over the disease ; for although women are much more exposed to the unfavorable influences which we shall mention by and by, this does not satisfactorily account for the extraordinary prevalence of the disease among the male sex. Regarding its disposition, we refer the reader to what we have said in another chapter of this section.

Chronic laryngotracheal catarrh is seldom a primary, general or consecutive affection. Primarily this form is caused by the same influences as the acute form, a continued talking, singing, the constant use of spirits, beer, and marked differences of temperature. Secondarily it may result from a slow form of acute catarrh, which is the most frequent cause of the chronic form, especially if the individual had several attacks in succession ; or else it is a continuation of an affection of the nose, fauces, buccal cavity ; or it may result from constant irritation caused by repeated ulcerations or adenoid growths ; or finally it may be a manifestation of some chronic disease. In this respect it sometimes accompanies syphilis, mercurial dyscrasia ; most commonly, however, it is associated with pulmonary tuberculosis, so that every chronic catarrh whose progress cannot be accounted for by any known cause, must necessarily excite the suspicion that the lungs are infiltrated with tubercular matter.

In this affection the anatomical changes are so important that a proper understanding of the symptoms, that we premise a

130 Diseases of the Larynx and Trachea.

description of these changes. Usually the mucous membrane is darker than normally, sometimes the dark tinge is quite deep ; the membrane is more or less thickened and puffed up, and traversed by a multitude of engorged vessels and studded with swollen follicles imparting to it a granular appearance. The surface is covered with a tenacious, gray, yellowish or transparent secretion. The subjacent tissues, cellular tissues, muscles, ligaments are softened. If particular circumstances prevail, the mucous membrane ulcerates at an early stage of the disease, but almost always after the disease has lasted some time. Most commonly we observe a simple erosion in the shape of a superficial exfoliation bordered by a more intensely red border, but without any definite depth. These erosions may change to more deeply-penetrating ulcers with blown or puffed edges which eat only in exceptional cases through the whole thickness of the mucous membrane. Another form of ulceration arises from the inflammation of the follicles

case small, deep, rounded ulcers form, which very readily the mucous membrane and propagate the affection to external organs. We observe moreover fungoid growths of single follicles even polypi ; cicatrizations and contracting cicatrices, and callosities of the mucous membrane. Of special importance are the subsequent changes, especially cicatrices which are dangerous accidents.

The great differences of the anatomical lesions depending on their nature, locality and extent, render it self-evidently impossible to draw a true and striking picture of laryngeal catarrh. Hence we shall have to confine ourselves to a description of the leading symptoms. The absence of almost every objective aid in establishing our diagnosis, is often seriously felt. It is certain whether the laryngoscope has as yet led to striking results although we are willing to admit that this means of investigation has a bright future before it. The most important symptoms of the disease are : pain, alterations of the voice, cough, re^tation.

The pain is scarcely ever very considerable, and if it is as acute, we may be sure that ulcers have formed. It is never continuous, but is excited by talking, singing, running, changes of temperature, and most easily by coughing. Sometimes it is a soreness, at other times the pain is stinging, burning, and inclines to exacerbate towards morning. An annoyance is the feeling as if there were dust or a foreign

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Laryngotracheitis Chronica. 131

the throat, or the patients complain of a periodically recurring tickling in the larynx.

The voice is variously altered. "We may lay it down as a rule that every persistent change in the voice points to chronic catarrh. The hoarseness runs throughout its whole series of variations, from simple roughness of voice to complete aphonia scarcely ever continues all the time in the same degree it may even disappear entirely for a while, and then be renewed by some unusual exertion in using the organs of voice. Sometimes the hoarseness is only perceived during singing. However it is not by any means a characteristic symptom of chronic laryngotracheal catarrh. A sudden cracking of the voice or an inability to raise the voice beyond a certain pitch, is often met

Cough is a very common symptom in this affection. Sometimes it amounts to no more than a hawking occasioned by a tickle in the larynx or oppressed breathing ; at other times it troubles the patient for days, after which it often intermits for sometimes it breaks out in regular paroxysms which most commonly set in in the morning after rising and abate again when quantities of mucus have been expectorated. There is nothing characteristic in the sound of the cough, except that a rattling mucus is most generally heard in the trachea or glottis,

dry titillating cough sometimes prevails by way of expectoration is never very copious except when it is mucus from the lungs, of a white or grayish color, firm and globular, sometimes slightly streaked with blood. If purulent appearance, we may almost feel sure that the exudate does not alone proceed from the larynx and trachea.

The difficulties of breathing, an oppressed, wheezing respiration and even an asthmatic dyspnoea are occasioned by a swelling and constriction of the glottis, hence do not show the degree but the seat of the disease. These difficulties are of great concern to a physician for the additional reason that they excite terrible apprehensions in the minds of most patients.

This disease generally runs a protracted and even obstinate course. It is mostly determined by the existing anatomic condition. A simple affection of the mucous membrane is easily cured, but a more extensive one renders the final result doubtful, especially when the patient is subject to influences that rekindle the disorder as soon as it seems to mend. A simple ulcer is likewise within the reach of cure, whereas the more deeply-penetrating ulcer and

132 Diseases of the Larynx and Trachea.

Some of the exuberances of the mucous membrane resist all treatment much more obstinately as their diagnosis is more uncertain. In only in very rare cases that laryngotracheal catarrh is fatal to life, not immediately, but in consequence of some pulmonary affection that may have been superinduced by the difficulty of the air encounters in passing through the larynx. Laryngitis without tubercles is a very rare occurrence, in fact it most generally depends upon other dyscrasic condition. Tubercular laryngeal catarrh will be described when we come to speak of tuberculosis; here we will only state that almsgiving and obstinate laryngeal catarrhs, especially if accompanied by emaciation or fever, are caused by tubercular infiltration.

Treatment* We deal with an affection that may occur in the most diversified forms, complications and degrees of intensity, which on this account alone renders the selection of a list of remedies expedient. We could not possibly mention everything that may be required for the treatment of this disease, but confine ourselves to an enumeration of the more important remedies, referring the reader to a good Repertory as an auxiliary, if a remedy is to be chosen for a single symptomatic value.

Tartarus stibiatus and **Antimonium crudum**. The former is indicated when the acute form passes into the chronic, particularly in the case of children and old people. There is a desire to cough, attended with an audible rattling of mucus in the air-passages, a thick and white phlegm being brought up at the end of a severe paroxysm of racking cough. Or the cough may set in as a detached violent paroxysm accompanied with dyspnoea and in gagging and forcing up mucus. Both kinds are principally indicated among children and old people. For hoarseness as a symptom, **Tartarus stibiatus** may not be appropriate; **Antimonium crudum** will be found preferable. The following symptoms

this remedy : the hoarseness is made worse by excitement heating ; disposition of the voice to give out suddenly of roughness in the larynx, and as if a foreign body had in it.

Hepar sulphuris oaloareum is particularly adapted to neg catarrh, and is an indispensable remedy for singers and have to talk a good deal, but is likewise suitable in ma chronic catarrh. The following symptoms are the most ess the larynx feels painful as if sore and burning, especia

Laryngotracheitis Chronica. 188

patients cough or talk load ; hoarseness sometimes incre short time to aphonia ;• feeling of dryness in the larynx the presence of mucus is distinctly perceived ; a hoarse cough with scanty expectoration and rattling of mucus in trachea ; hard, lumpy, yellow or greenish expectoration, acious and sometimes tinged with blood. Hepar deserves p ular attention in cases of chronic catarrh remaining aft or measles, or in the case of individuals who had taken Mercury.

Spongia bears great resemblance to the former drug both tomatically as well as in its general indications. It to after croup and measles, in cases of neglected acute cat case of singers. It is particularly required for the cou burning titillation in the larynx, which sets in more pa night or after loud talking. The cough has a barking sou mucus is hard to bring up, tenacious, yellowish, and the apt to be accompanied by dyspnoea emanating from the glo

lodium is one of the most important remedies in this afi Among the general indications for Iodine we distinguish lowing : chronic catarrh of scrofulous and mercurialized uals, or remaining after croup or other acute affections plicated with chronic pharyngeal catarrh. Th3 most promi symptomatic indications are the following : Disposition and long' duration of the acute stage ; the larynx is pa pressed upon ; burning, sore pains in the larynx confine nite spot, felt especially during cough; embarrassed res wheezing inspirations causing real attacks of dyspnoea e night ; a good deal of hawking, with difficulty of bring acious mucus ; a high degree of hoarseness, even aphonia in the larynx, frequently causing paroxysms of cough wit pectoration, or else with scanty expectoration of a tena sometimes mixed with streaks of blood. The general organ very much affected by the disease. The presence of ulcer more particularly to Iodine, which will again be referre we come to speak of tubercular laryngitis.

Manganum is an excellent remedy, although little has bee it so far. It corresponds more especially to a catarrh a ing an incipient, not a fully developed tuberculosis, bu forms of catarrh not resulting from a dyscrasic origin, following symptoms are present: Slight hoarseness, rathe ness of the throat, caused by an accumulation of lumps o

184 Diseases of the Larynx and Trachea.

mucus in the glottis, and more particularly marked in the evening, accompanied by oppressed breathing, relieved by expectoration; that toward noon the voice is perfectly clear; the cough while the mucus continues to adhere in the glottis; when in open air, feels relieved by smoking. This kind of catarrh is common among persons who use their organs of speech a good deal. We beg the reader to contrast Manganum with Selenium which is much praised for these symptoms.

Mezereum is recommended if the disease has a syphilitic origin and the symptoms point to ulceration of the larynx; among the symptoms the livid color of the pharynx and the ulceration on the posterior wall of this organ are prominent.

Phosphorus has been found reliable in the most desperate laryngotracheal catarrh. A tubercular origin of the affection is indeed a chief indication for Phosphorus, but this remedy cures other forms of catarrh, more especially the chronic of preachers or singers. The more important symptoms are hoarseness and sensitiveness of the organs of speech, with soreness, burning, roughness, soreness in the larynx and trachea especially after using the voice more than usual; hoarseness, particularly under the operation of exciting emotions; wheezing inspirations; cough excited by the violent tickling burning in the larynx, painful, with rattling of mucus, scanty expectoration; hoarse, dry-sounding cough; sense of coughing, as if a lump of flesh would detach itself from the larynx; firm, yellowish expectoration, mingled with pus or streaks of blood. If, in addition to these symptoms, we have the general appearance of a consumptive condition of the system, such as fever, emaciation, Phosphorus is indicated so much more decidedly. Experience having confirmed its practical value in chronic catarrh, this remedy occupies a deservedly high rank among remedies for this disease.

Sulphur. The cases suited to the therapeutic range of this medicine, affect principally persons somewhat advanced in age; they need not be what might be called old people. As a remedy Sulphur is indicated by the following symptoms: Chronic catarrh of other portions of the mucous membrane, more especially of the nasal canal, with signs of sanguineous obstructions in the trachea; enlargement of the liver, hypochondria; catarrh arising from the use of Mercury; sensitiveness to the open air and dampness. Among the single symptoms a prominent characteristic is

Laryngotracheitis Chronica. 135

Indication is the cough which sets in in the evening short and after retiring to bed, and is a dry, tickling, diaphragmatic or the cough may break out in the morning, and stop during the day, or change to an ordinary moist cough. If tubercles are present, Sulphur has very seldom a good effect, nor does it in recent cases.

Arsenicum album acts in many respects similarly to the p remedy. We shall revert to Arsenic when treating of pulm catarrh, to which we refer for the present. Arsenic, too sensitiveness to cold and more particularly to damp air, great nervousness. The hoarseness is not often considera sets in at intervals ; it is accompanied by a violent bu of the throat. The cough breaks out in paroxysms with al completely free intervals, most generally about midnight a paroxysm of whooping-cough and is accompanied by distr dyspnoea. There is scarcely any expectoration, except th ing-paroxysm of cough results in the hawking up of lumps mucus. The constitution feels the influence of the disea icum is more especially indicated by the circumstance th paroxysms of cough are apt to break out when the weather changes.

Next to Phosphorus, Carbo vegetabilis is the most import edy in inveterate catarrh, but acts less favorably than the tubercular form of this disease. Here too, we have e sensitiveness to the open air, especially damp air. In c of loud talking, the hoarseness may increase to loss of patient complains of a feeling of great dryness in the t soreness and a stinging pain, together with a copious se tenacious mucus occasioning constant and sometimes very hawking. The cough is wearins:, rough, with mucous rSles only a scanty, greenish or yellowish, lumpy, tenacious e tion, it sets in more particularly in the morning and is with dyspnoea.

We will now mention a few more remedies in the following sory series :

For the simple protracted chronic catarrh representing a attack : Tartarus stibiatus^ Hepar sidphuris calc.^ Spon and for the more acute intercurrent exacerbations princi curixis and Belladonna. The latter is sometimes eminentl to a spasmodic nocturnal cough, without expectoration.

For catarrh complicated with ulceration, if not too old

136 Diseases of the Larynx and Trachea.

Hepar sulpL., Manganum^ Silicea^ Calcarea earbonica ; fo catarrh: Phosphorus^ Sulphur j Carbo veg.^ Arsenicum alb

For inveterate simple catarrh: Sulphur j Carbo veg.j Sil senicum album.

For polypous growths: Phosphorus^ Calcarea carb.^ Silice

For continued hoarseness and chronic catarrhs of singers ers, etc. : Manganum^ Phosphorus^ Carbo veg.^ Selenium^ in older cases ; in recent cases: Hepar sulph,y Spongia.

For catarrh caused by Mercury: Hepar sulph.^ Iodium^ and syphilitic complication exists : Mezereum,

For complete loss of voice, attended with catarrh : AnHm crudum^ Phosphorus ^ Carbo veg.j lodium; if depending upon turbed innervation: Cuprum^ Opium^ Causticum^ Phosphorus. tiaj Sepia.

The cure is often promoted and hastened by various dietary external means. Individuals, for instance, who have been habit of keeping their necks warm, and now take cold from little exposure, may resort every evening to frictions with the neck with the best results ; these will diminish the tendency to take cold. The well known domestic remedy to wear around the neck a rough woollen bandage, is likewise to be commended. The most decided and reliable advantage, however, is obtained from the use of cold water, either by simply washing the neck by means of wet bandages around the throat. As a matter of course, too warm clothing has to be avoided. There is no palliative for the distressing titillating cough, which torments at night, than inhaling the vapors of warm water. We know from experience that thoroughly practised singers attacked with permanent hoarseness or pulmonary diseases methodical, cautious, uniform use of the voice in singing if confined to the middle notes, is sometimes a better remedy for chronic hoarseness than any other means of treatment ; in such cases the vocal chords are morbidly relaxed, this use of the laryngeal muscles would be dictated by the principles of the movement-cure. In a case of tubercular hoarseness an experiment of this kind would prove hazardous. Talking in the midst of a noisy company, in a carriage, in rail-cars, etc., should be carefully avoided.

CEdema Glottidis* 137

4. CEdema Otolidls, liarjmgltbi Sab-miicosa.

CSdema, of the Glottis.

By this name we understand a sudden infiltration of the mucous tissue of the epiglottis, and of the mucous lining of the larynx extending from the epiglottis to the rima glottidis.

(Edema glottidis is more especially a disease of adults, in most cases a secondary affection. Primarily it may result from severe burns, by hot food or corrosive substances, but so commonly from laryngitis, in consequence of a cold. Secondarily it does not often occur in company with dropsical affections, most commonly in company with affections that occasion the formation of ulcers or suppurating sores on the inner or outer surface of the larynx, like tuberculosis, typhus, variola, ulcer of the perichondritis, croup, diphtheria, etc. ; or it may occur as a continuation of an ulcerous angina to the larynx in scarlatina. Sometimes the disease seems to assume an epidemic character; this may be nothing more than we observe, for in epidemic scarlatina, which causes characteristically usually purulent anginas. Considering the manner in which the disease originates, the most correct explanation seems to be that the suppurative process in the neighborhood of the glottis occurs in the same manner in which a chancre causes within a few days an excessive oedema of the prepuce. Our statistical tables show that the disease attacks men much more frequently than women.

Symptoms. The anatomical changes in oedema of the glottis consist in a more or less considerable puffy swelling of membrane, more particularly at and close to the root of glottis. This swelling may become so considerable that the parts protrude behind the root of the tongue like a stuffed sausage. Usually the color is not bright-red but pale, a cutting into it, the swelling discharges a serous or serous fluid.

The phenomena of oedema glottidis sometimes develop themselves with an extraordinary suddenness, and at other times very moreover they are modified by the locality where they occur in the course of one of the above-mentioned affections, hoarseness and burning in the larynx set in. The hoarseness very quickly increases to complete aphonia accompanied by a cough has all the characteristic signs of croupy cough. These are accompanied from the outset by a continually increasing

138 Diseases of the Larynx and Trachea.

noea which, in severe cases, may rise to a fearful height of expiration, in consequence of which the puffed-up and inflamed parts of the glottis are forced towards each other and towards the larynx, becomes more and more prolonged, hissing and stridulous, and the patients very often have a feeling as if a foreign body were moving around in the larynx. If the infiltration remains in quantity, the respiratory process may go on without being in immediate jeopardy; a condition of this kind may continue unchanged for many days, although an exacerbation may take place at any time. However if the respiration is seriously impeded the symptoms, which we have described when speaking of croup, characterising a poisoning by carbonic acid, set in and the patient dies in a state of sopor. There is no fever unless it was previously; it is only in case the infiltration becomes purulent that the phenomena peculiar to the formation of an abscess, manifest themselves; on the bursting of the abscess the inspiration suddenly is restored. In such cases an oedematous swelling of the neck in the region of the larynx can almost always be seen.

The affection may last from twelve hours to upwards of a week. The most common termination is death by suffocation, and the prognosis is consequently that of inevitable death.

It is important to notice the features which distinguish oedema glottidis from croup with which it is most easily confounded. In cases of so-called relapses in croup are probably nothing more than oedema glottidis resulting from croup and becoming manifest when the croupy process had run its course. The distinguishing characteristics are: In the first place, the swelling itself, in such cases, is noticed at the root of the tongue; the appearance of the disease subsequently to and during morbid processes which scarcely ever associated with croup; the occurrence of the disease among adults, whereas croup attacks children almost exclusively; the peculiar sensation as if a foreign body were moving in the larynx.

The prospect of a successful treatment is very slim, especially

the patient is a child. Our literature does not offer an successful cures of this disease, and, since it is one o kind, all we can do is to indicate the remedies which it necessary to use in a given case. We are acquainted with remedy which has oedema pf the glottis among its physiol effects ; this remedy is lodium. For particular indicati to our remarks in the chapter on croup. Another remedy w

CEdema Glottidis. 139

offers some resemblance is Phosphorus; in this case, how resemblance is limited to a single symptom. If we consid nature of the pathological process which results in the of oedema glottidis, independently of the symptoms super by the mechanical closing of the rima glottidis, we are ticularly led to three remedies that act similarly to th ease, we mean: Apis mellijicay LachesiSy and Bhus toxico Lachesis especially has the peculiar serous infiltration as well as external parts of the body which sets in with symptoms that might properly be called inflammatory, and reaches its full development in a few hours. However, si disease we cannot fall back upon experience for a positi edge of the curative action of drugs, it would be crimin creet to depend exclusively upon internal treatment. In much sooner than in croup, success may be expected from omy, for the reason that the trachea is not usually invo the operation should be performed so soon as the symptom poisoning by carbonic acid begin to manifest themselves the paralysis of the respiratory organs might have progr far for the operation to be of any use. An incision into swelling has some advantage and cannot do any harm. Comp as hot as can be borne, may be applied to the throat, wh applications can only prove injurious. We should not for we have no inflammation to deal with, and it seems absol to treat oedema of the glottis with copious depletions w generally recommended. [The following interesting case o of the glottis occurred in the practice of Jacob Reed, j this city, as reported by himself:

"Marth 16th, 1867, evening. Called to see Miss B., set. had for some days ^'had a bad sore throat," and was repo choking to death.

"When seen, the patient was evidently suffering from an oedematous inflammation of the larynx, there being high in the region of the larynx, difficulty of swallowing an voice almost inaudible, every effort at speaking causing inspirations prolonged and stridulous, being effected on effort ; there was but little cough. Frequent spasmodic tions of these symptoms rendered suffocation imminent.

"Ordered inhalations of steam, medicated with Opium, col to region of larynx, Aconite and Kali bichrom.; of the A

three drops of the tincture of the root were given in a
of water, of which she took a teaspoonful every twenty m

" This appeared to afford relief which, however, proved
porary as, upon paying my morning visit, I found the pat
worse in every respect. The leaden hue of the skin, with
tense anxiety of the countenance, showing that she had t
results of deficient aeration of the blood.

" This condition of affairs rendering bronchotomy necess
returned to the office for the necessary instruments and
but in the mean while ordered two drops of the tincture
Aconite root to be given every ten minutes.

" Upon returning, after the lapse of an hour, the patien
far relieved as to render surgical interference unnecess
'this the convalescence was steady, although slow and im
There remains, after many months, a cough with hoarsenes
to constitutional tuberculosis." H.]

5. Spasmus Glottidis.

Spasm of the Glottis.

Spasmodic conditions of the glottis sometimes accompany
acute or chronic diseases of the larynx as severe compli
this chapter we do not speak of these conditions, but of
nervous spasm of the glottis which occurs without any ma
alterations, and which is described in pathological trea
the names of Asthma thymicum Koppii, Asthma M illari. As
periodicum infantum, or Laryngismus stridulus. All these
tions are essentially alike.

Spasm of the glottis affects pre-eminently children of a
age; among adults it only occurs as an accompaniment of
pathological processes; or as an idiopathic disease it m
females of exceedingly irritable nerves. Among children
number of those who are attacked by the disease, are boy
persons of a more advanced age, the case is exactly the
Ardent discussions have been carried on regarding the re
of the disease ; a retarded involution of the thymus gla
culosis of the bronchial glands, a rhachitic affection o
the non-closure of the ductus Botallii, etc., have been
the exciting causes of the disease, until finally pathol
concluded that the real cause of this peculiar spasm is
known. An hereditary disposition cannot be denied in man
not unfrequently the children of tuberculous mothers are

Spasmus Glottidis. 141

by the disease; so are children who are brought up by ha
Among adults, spasm of the glottis is undoubtedly a form
teria. Among children the disease occurs almost without
tion in the first year of their existence.

Symptoms and Course. The disease consists of paroxysms separated from each other by complete intermissions of various durations. The first paroxysm mostly occurs at night when children are asleep, very rarely during a vehement crying. After sleeping quietly for a few hours, they are suddenly from sleep with a peculiar cry, as the parents describe with a difficult, hissing inspiration of an unusually kind at the same time the faculty of breathing is either entirely suspended, or else the inspirations become rapidly more laborious a few moments quite impossible. The children are lying at most performing a few anxious movements with the arms; the face assumes a bluish pallor, the features become pendulous, the countenance looks bloated, the eyes are distorted and fixed, breathing is entirely suspended. If the attack lasts any time, the skin becomes cool and the head is covered with sweat. The pulse is of course very small and accelerated even ceases entirely. An attack of this kind which nature fills the relatives with indescribable anguish, lasts a few minutes, ending with an inspiration entirely like that with which the attack commenced, which is followed by no respiration, and, if the attack did not last too long, by recovery; in the opposite case the patients feel anxious but only for a short time, after which they do not show any discomfort. In an older child is attacked, the symptoms are somewhat different; the child makes great efforts to overcome the spasm to inspiration, and the loss of consciousness sets in slowly. If the attacks return frequently and are very violent, clonic convulsions often supervene.

The very first attack may terminate fatally, but this is the case: as soon as general convulsions set in, the danger is greatly increased, likewise if the attacks follow each other in rapid succession if the patients are not asphyxiated, they perish by inanition.

The recurrence of the attacks is not governed by a fixed period, not even in the case of the same individual. It is very common for the disease to be confined to a single attack, but at other times it does not take place until months have elapsed. The attack almost always occurs during sleep; subsequent attacks

142 Diseases of the Larynx and Trachea.

take place in the waking state. The more frequently they recur, the more dangerous they become. Recovery mostly takes place gradually, with a gradual decrease of the intensity and duration of the attacks; it may drag along for months and may on the surface appear to be cured, since another attack may break out again after a long interval of repose.

The prognosis is always more or less uncertain; neither in the case of the little patients, nor the weakness of the first attack, can there be any guarantee against sudden death.

The diagnosis is not always easily made, more particularly when a spasm sets in in the course of laryngeal catarrh or of some other affection of the larynx, or if the patient does not lose consciousness, in which case a deceptive croupy cough may set in.

should be kept steadily in view that a spasm of the glottis should be thought of, if all the other symptoms of a disease of this kind are wanting. A spasm of this kind can never be converted into croup or catarrh. The sudden dyspnoea without a sign of the complete suspension of the respiratory movements, the frequent complete intermissions constitute safe diagnostic signs in most cases.

As regards treatment, it will have to be directed against the disease as a unit rather than against a single paroxysm which lasts long enough to admit of medical aid in every case. The treatment will have to confine itself to a few not altogether essential arrangements. In the first place the child has to be held in a proper manner; the best posture is to one side, with the head slightly bent forward. A sponge dipped in hot water and applied to the region of the larynx sometimes renders as effectual a remedy in this disease as a warm cataplasm in a case of vesical spasm. Spraying the parts very forcibly with cold water, is likewise a good remedy in some cases.

For the totality of the pathological process we possess several remedies which of course have to be given at long intervals.

Ignatia amara has an eminently characteristic symptom, i.e. dyspnoea, the difficulty of drawing in breath, whereas inspirations are easy; such a difficulty is suddenly experienced at night. This remedy is very much praised, if the children lose their breath, which may be the lowest degree of spasmodic glottitis; we have already stated under hysteria that *Ignatia* is likewise useful for many nervous complaints of females; but it will prove a proper remedy for spasm of the glottis,

Spasmus Glottidis. 143

has been verified. It may perhaps prove most appropriate if it occurs as a symptomatic manifestation in croup, catarrh of the larynx, or cough-

Ipecacuanha has been mentioned as a remedy; indeed the facts justify this recommendation. We should not, however, overlook the fact that asthmatic difficulties do not really constitute a disease. Relief is easily afforded if a remedy is given, but it does not last, and we cannot recommend a remedy unless it controls the whole disease. We admit, however, that *Ipecacuanha* may have an excellent effect, for the time at least, in a case of catarrh accompanying spasm of the glottis.

The same remark applies to *Belladonna*. We refer to the cases mentioned in Richter which clearly show that *Belladonna* is only adapted to spasm of the glottis when occurring as a symptom in other diseases.

Veratrum album and *Arsenicum album* deserve our attention in the case, the disease attacks feeble children with symptoms of cerebral anaemia.

Moschus is variously recommended in this disease, but we see its homoeopathicity to it. We are not acquainted with any cures that *Moschus* has effected in this disease, H

statement to the contrary notwithstanding.

Sambucus is represented by Hartmann as one of the leading remedies ; he has noticed its good effect in a striking case ever, does not, in our opinion, represent a high degree of glottiditis. According to Hartmann, the following are the important symptoms : The patient suddenly wakes from his sleep with his eyes and mouth half open, he has to sit up erect to catch breath ; he can only make short, hissing inspirations gled with paroxysms of suffocation, during which he throws his hands about, and the face and hands look bluish and bloated with dry heat all over, no thirst, an irregular, small and incompressible pulse ; the patient cries at the approach of a paroxysm. occurs without cough about midnight. Hartmann commends *Magnanthes trifoliata* without having seen any curative result with this drug. We consider these indications very vague and of little practical value.

The remedies above named are either appropriate only in an attack of symptomatic spasm of the glottis ; or else they are commended on account of their marked resemblance to a simple paroxysm; *Veratrum* and *Arsenicum* form exceptions. In our

144 Diseases of the Larynx and Trachea.

In our opinion, a successful treatment implies a special consideration of the most trifling accessory circumstances without laying stress on the particular paroxysm ; and likewise a careful attention to the etiological causes. Among these causes such as deficient involution or hypertrophy of the thymus gland, of the bronchial glands are undoubtedly the most frequently probable, and it is with particular reference to these causes that we recommend the following remedies :

Iodine is undoubtedly a very excellent Simile, and is well adapted to all three above-named causal morbid conditions. This remedy alone, given every other day at the fourth or fifth tenation for four to eight weeks, we have cured five out of ten cases of spasm of the glottis, which evidenced their nature by the fact that every subsequent attack was more violent than the preceding one. The patients were children not over ten years old, but only one of them showed an enlargement of the gland. Supported by such striking curative results, we are not accused of hazardous speculation if we prefer this remedy to others as long as the general organism has not become too much reduced.

Cuprum was already mentioned under croup on account of its peculiar influence over the rima glottidis. It is particularly appropriate if, during the local spasm, general convulsions have supervened and the children have become very much prostrated. One of the significant symptoms indicating this remedy, one is very noticeable, we mean vomiting after the attack.

Plumbum is very closely related to *Cuprum* in every respect except that the general strength is still more reduced. The symptoms of a spasmodic closing of the rima glottidis are more distinctly marked in the pathogenesis of this drug than in that of

We are amazed that Plumbum should not yet have been recommended for this disease which, however, can only be cured by remedies that exert a deeply-penetrating, long-lasting influence on the whole organism. In this respect, Sulphur may deserve attention although, we shall take the liberty of doubting the homoeopathy of its asthmatic symptoms to spasm of the glottis until it has been corroborated by experience. [We have cured more than one spasm of the glottis radically with nothing but the administration of Aconite-root L. H.]

Several other affections of the larynx have been left over the reason that they are either not accessible to treatment

Ulcers of the Larynx. 145

are therefore, only of a purely pathological interest to the physician like laryngostenosis, for instance; or because they occur and mostly only as complications, like perichondritis. The special chapter on hoarseness or aphonia, seemed to us a good one for cases of this kind, if they present a peculiar character. The best guide. Nor have we devoted a special chapter to ulceration of the larynx. The therapeutic chapter of this is essentially the same as that of laryngeal catarrh, in which the ulcers of the larynx occur as a complication with but few exceptions.

[Ulcers of the larynx are of so many different kinds and so greatly as respects their origin and treatment that we have thought it expedient to devote a special chapter to this subject and to describe the following from Kafka's late work :

6. Ulcers of the Larynx,

Helcosisy sen Ulcera Laryngia.

All ulcers of the larynx are accompanied by catarrh of the laryngeal mucous membrane; it attends them from the start and remains while they last. A number of morbid processes predispose to ulceration; if a laryngeal catarrh arises during the course of the ulcers, we are required to diagnose the ulcers that attend the particular disease. It is only when a laryngeal catarrh is present that we are justified in inferring the presence of ulcers. Ulcers on the epiglottis deprive it of its elasticity, and ulcers so frequently give rise to the so-called "swallow

The sputa constitute another criterium for the existence of an ulcer in the larynx. The sputa are frequently streaked and contain blood-disks or pus-globules, and are more particularly coughed or hawked up after eating or drinking.

The ulcers occur most frequently on the posterior wall of the pharynx and on the laryngeal mucous membrane, in front of and between the arytenoid cartilages.

The local symptoms occasioned by the ulcers, do not essentially differ from those of chronic catarrh ; only they are more persistent. They consist in hoarseness even to the degree of aphonia; in continual dyspnoea, with labored, hissing, wheezing respiration, especially after an exertion, such as a

walking, talking, etc. ; in cough which generally sets in
sputa, is always short and dry, and does not become loose
wards the close of the paroxysm; the sputa are scanty, in
lumps, not frothy, streaked with blood, purulent; in con-
10

146 Diseases of the Larynx and Trachea.

ing occasioned by the accompanying catarrh and the quantity
mucus accumulating in the fauces; in various painful sensations
and dryness of the throat ; finally in swallowing wrong,
called, and in the return of liquids during deglutition,
glottis is the seat of the ulcer.

The following kinds of ulcer are most frequently observed

1) Catarrhal ulcers. They arise in consequence of chronic
catarrh, commence by the epithelium being detached,
irregular, and often run together.

2) Aphthous ulcers. They emanate from the diphtheritic
the mucous lining becomes infiltrated, is rapidly destroyed
small, generally round ulcer arises, which is surrounded by
areola. They most commonly are present during pulmonary
tuberculosis, and likewise occur on the pharyngeal mucous membrane

3) Follicular ulcers. They are a result of the inflammatory
ulceration of the mucous follicles, and form small, round
penetrating ulcers. They generally break out in the pharynx
whence they spread to the larynx. If follicular ulcers in
larynx are accompanied by constant hoarseness, the existence
of ulcers must likewise be suspected in the larynx.

4) Tubercular ulcers. They always accompany tuberculosis
tuberculosis they appear in two forms, as tubercular
as miliary tuberculosis. They are most commonly seated on
posterior wall of the larynx, less frequently on the epiglottis
ing infiltration the infiltrated portion of the mucous membrane
dies, leaving an ulcerated surface behind. During granulation,
we first notice small, gray, little tubercles, which
ulcers that not unfrequently run together and give rise to
surfaces of larger extent. Both these kinds of tubercles
may spread in width and depth, invade the vocal chords and
cartilages, and lead to perforations and destructions.

The so-called laryngeal phthisis is only a partial manifestation
a general disease. Most frequently it is tuberculosis that
laryngeal phthisis. This form of causative relation can
adopted as long as the phenomena of the laryngeal affection
perceived, while the tubercular process in the lungs is
rested or has not yet broken out. As a rule, tuberculosis of
larynx is connected with tuberculosis of the lungs or of

In a case of continual hoarseness, we diagnose tubercular
provided we have become satisfied of the simultaneous existence
of pulmonary tuberculosis. If the destructive process in

Ulcers of the Larynx, 147

vocal chords, complete aphonia sets in. The painful sens the larynx and the painfulness to contact are seldom ver able ; the violent cough comes mostly in paroxysms and i accompanied by vomiting and gagging ; the sputa are ofte with blood. The presence of emaciation, fever which sets day almost at fixed hours, night-sweats, muscular debili degree of ansemia entitle us, if the objective signs are to conclude with a high degree of probability that a tub ease is developing itself in the lungs ; perfect certain tained if the presence of tubercles in the lungs can be

5) Typhous ulcers. The typhous ulcer arises from a typho filtration of the mucous follicles and of the surroundin membrane by necrosis ; the ulcer is shaggy, irregular an by badly-colored borders. It is the same process as take the intestinal mucous membrane. These ulcers are seated sides of the epiglottis, and on the mucous lining in fro between the ary tsenoid cartilages. They are mostly flat dip down to the subjacent tissues, they may expose the c and by necrosis lead to perforation into the oesophagus.

The typhous ulcer usually breaks out in the second or th Hoarseness or a hoarse cough announce a localization of ous process.

According to Dr. Maurice Haller the voice of the patient as the typhous process becomes localized in the larynx, a higher pitch ; this higher pitch of the voice is not l it continues until the typhous process is terminated. Th ysmal hoarse cough is mostly dry, the pains are slight.

The typhous ulcers are dangerous on account of the frequ supervening csdema of the glottis, and on account of the tion which may even take place during the period of conv (perichondritis).

As soon as the typhous process becomes extinct, the ulce larynx disappear.

6) Syphilitic ulcers. They almost always break out on th yngeal mucous membrane, whence they extend to the epiglo thence to the larynx. They are small, shaggy, with raise and a lardy base. If they penetrate to the subjacent tis may cause necrosis of the cartilages. On healing they fo shaped cicatrices whose contraction causes stenosis of t and aphonia. The syphilitic character of the ulcers is d by the simultaneously-existing or a previous attack of s

148 Diseases of the Larynx and Trachea.

7) Lupous ulcers sometimes spread from the pharyngeal mu membrane to the larynx, contracting the larynx and causi osis and aphonia.

8) Variolous ulcers arise by the spreading of variola pu the pharynx to the larynx where they change to small ulc ally this process disappears as soon as the smallpox has course; in severe cases, however, the respiration is int as in croup, and the symptoms of oedema glottidis may se

dyurne, Terminations^ and Prognosis. Catarrhal, aphthous, follicular, typhous and variolous ulcers depend u ease which occasions them ; as soon as this disease is c ulcers heal likewise. They may easily terminate fatally sudden development of oedema of the glottis; or the dest which they occasion, may lead to premature marasmus, or may result in death in consequence of pysemia.

Syphilitic ulcers can only be healed, if the cartilages already been destroyed, or stenosis has taken place.

Tubercular ulcers often run a very protracted course ; t cause very little destruction, and yet they scarcely eve only if the tubercular process is arrested in its course ulcers can be healed for a time.

Lupous ulcers are generally incurable.

Treatfment. The ulcers are treated with the same remedie the diseases from which they result. Catarrhal ulcers re Jlepyary Phosphorus^ Iodine^ Spongia^ Pulsatilla. Aphthou require: Sulphur^ Borax ^ Mercuriusj Nitri ac.y also Hyd Follicular ulcers: Alumina^ Plurnbum acetj Argentum nitr sulph. Tubercular ulcers: Oleum jec, aselli^ Calcarea^ C Sulphur^ Stannum^ Silicea ; the treatment is generally u Syphilitic ulcers require: Kali bichrom.^ Mezereum^ Phos and the mercurial preparations: Mercurius jod.^ Mercuriu Cinnabaris, and Mercurius corr.^ also Mercurius sd. Sten be treated surgically by tracheotomy. Typhous ulcers req remedies given for typhus. For variolous ulcers we recom principally Tartar emetic^ also, in form of a gargle, on three ounces of distilled water.

For the excessive cough caused by the ulcers, we recomme Sulphate of Atropine^ second attenuation, ten drops in h blerof water, a dessertspoonful every hour or two hours indica 2, given in the same manner, has likewise a sooth For the diet and general management, we refer the reader oosponding diseases. IL]

B. DISEASES OF THE LUNGS.

The diseases of the lungs are some of the most important the whole body, both on account of their frequency as we account of the disturbance of the most important functio genation of the blood. The importance of these diseases duced pathologists for the last forty years to devote sp tion to them, on which account this chapter may be regar the most complete and thoroughly cultivated in the whole

of Pathology.

Pulmonary diseases are of essential importance to a homo for the reason that he has it in his power to watch them throughout all their phases and, thus, to become acquainted with the effects of his drugs beyond the possibility of deception. Diseases constitute most generally the battle-field upon which the struggle for supremacy between Homoeopathy and her opponent has to be fought; a number of publications bearing upon this struggle have already shown that the importance and decisiveness of the struggle are fully appreciated.

One point of importance has to be carefully kept in view: we cannot expect that our older Colleagues, who fancy themselves in medical Israel, should acquire a thorough knowledge of every means of diagnosis; the thing is much too arduous an undertaking; but no young homoeopath should shun the trouble of acquiring himself both in his practice and in his reports of cases the most refined minutiae of an objective diagnosis. Unfortunately we cannot say that this is the universal rule. It is only because that we can convince our opponents with irrefutable arguments the advantages of our System of Therapeutics. They brag of the exactness of their diagnosis and yet they have not as yet the least advantage from it for their own method of treatment. Here we have a point of attack, provided we prepare ourselves for the combat with arms that even the most redoubtable hero would stand in fear of, and provided we show at the same time that we do not study diagnosis as an intellectual element, but as an addition to the science of Therapeutics, to effect a cure of a given case of disease with more precision and certainty. More than one homoeopath has tried to cast a slur

(149)

ISO Diseases of the Lungs.

Physical diagnosis as a subject of no importance to Therapeutics, as is alleged, we have no physiological pathogenetic contrast with the results obtained by means of a physical examination of the chest. This, however, is entirely incorrect, for a number of drugs we are acquainted with the material changes with which the physical symptoms correspond; but even if there were not so, the objective diagnosis would still remain with the highest importance, for the reason that it often detects the frequently obscure symptoms and traces them to their cause and likewise because it enables us to determine with relative certainty the effect of the medicine we have administered in a given case.

It is, therefore, our belief that there are not many homoeopathic practitioners who do not attach great importance to physical diagnosis and declare it a thing of indispensable necessity. We have not been able to refrain at the outset of this Section on renal and hepatic diseases, the most important points in the diagnosis of diseases of the thoracic viscera, if we had spare the necessary space for such an extensive undertaking should not only have had to deal with percussion and aus-

but likewise with the measurement of the thorax, with sp with the rhythm, frequency and fulness of the respirator ments, the relation between inspirations and expirations pectoration, vocalization, etc. Any one who is acquainte percussion and auscultation, must know that even the mos sary details in these departments are sufficient to fill pages. Hence we take it for granted that every physician posted in these branches of medical knowledge, and shall ourselves to interpolating particulars whenever necessar treating of the various affections; by pursuing this cou best fulfil the object of this work.

1. Hypenemla of tbe Iiimsgs.

Congestion^ Flethora of the Lungs.

Considering the extraordinary quantity of blood which, i parison with other organs, goes to the lungs; considerin ability of the pulmonary parenchyma and of its envelopin brane, we at once not only comprehend the possibility of engorgements, but that this possibility is even very gre devote some space to a consideration of this subject, it

Hyperaemia of the Lungs. 151

all pulmonary hypercemias, primary as well as secondary, greatest practical importance.

Pulmonary hyperemia is of two kinds ; it is an active hy or active congestion when caused by an afflux of blood t and a passive congestion when resulting from an obstruct of the blood from the lungs. Active hypenemia presuppose most cases an increased activity of the heart, hence con essential symptom of all cardiac anomalies attended with functional activity of the heart, but may likewise be oc a temporary excitation of the heart's action by violent such as running, dancing, singing, lifting, ascending a powerful mental emotions, or by substances which cause a acceleration of the circulation, more particularly spiri coflFee ; it may likewise occur as a symptom of a genera condition of the system occasioned by the suppression of hemorrhages. Pulmonary hypersemia is less frequently cau irritants striking the lungs directly ; very cold or ver tating gases, rarefied air, etc. Hence lively, sanguine, dividuals between the ages of twenty to thirty-five and during the prevalence of great heat or severe cold, or w on high mountains, are much more liable to pulmonary hyp than persons of different temperaments and living under influences. Various morbid conditions of the lungs, espe culosis, engender a strikingly great disposition to pulm gestions.

Passive congestion is never a primary affection, but alw consequence of other morbid processes obstructing the re blood from the lungs. This result is more especially bro by various anomalous conditions of the heart. In the pro passive congestion will be discussed more fully when we speak of the different pathological states of the lungs;

we shall speak of it only so far as may be necessary to between the two kinds of congestion, active and passive.

Symptoms and Course. The symptoms of pulmonary hyperemia vary greatly, according to the condition of the degree of engorgement. The lower grades of acute congestion cause a sensation of oppression with shorter and more hurried breathing, at times passing away rapidly, at other times slowly, or having remissions but being otherwise painless. In the higher grades the breathing suddenly becomes oppressed to an extraordinary degree, so that the patient seems on the poi

152 Diseases of the Lungs.

tion. The respiration is hurried, superficial, noisy; increases in frequency and fulness, the face looks flushed. In the lower grades of acute congestion only these symptoms are associated with a desire to cough. In the higher grades the frothy sputa are tinged with blood. There is no pain in the lungs are otherwise sound, whereas tuberculous individuals experience a great deal of pain. In the highest grades of the dyspnoea increases so rapidly and the sanguineous engorgement becomes so great that the patients die of asphyxia, some suddenly that an accident of this kind has been termed apoplexy.

The lesser grades of the affection generally terminate sooner in complete recovery, whereas in the higher and more protracted grades of the disease, oedema of the lungs may develop itself, which may continue for a long time, even after the hyperemia is entirely removed. It is questionable whether a hyperemia can ever pass into pneumonia, notwithstanding pneumonia is very commonly initiated by symptoms of hyperemia.

Passive hyperemia has almost the same symptoms as the active form, great oppression of breathing, turgescence of the face, and accelerated action of the heart. The resemblance is so great that passive hyperemia is treated in the same manner as the active form, to the great detriment of the patient. In such cases a correct diagnosis can only be determined by the anamnesis and the physical stances of the disease and a careful exploration of the chest. In the active form the heart is excited; for passive hyperemia never sets in without being preceded by considerable morbid derangements. Hypostasis of the lungs or, in other words, an accumulation of blood in the lungs with the law of gravitation, is scarcely ever any thing more than a partial manifestation of other diseases; it occurs almost exclusively among old people, and is generally destitute of any special appearances.

The prognosis in acute congestion is almost always favorable. In chronic congestions caused by violent emotions are the least frequent repetition of the attacks is always a very bad sign. It shows that either the heart is intensely diseased, or else pulmonary tuberculosis is their exciting cause.

Treatment. The main remedy for all active congestions of the lungs is undoubtedly Aconite. We are amazed that Hartman should have omitted any mention of this remedy. Aconite is particularly appropriate in hyperemia depending upon cardi

tions, or indicating and accompanying tuberculosis; such

Hypersmia of the Lungs. 15S

vidnals have a delicate skin, bright complexion and sanguine temperaments. Even a cursory review of its symptoms will show one that Aconite is homoeopathic to acute hypersemia of the lungs. If the disease was caused by a fit of anger, or vehement emotion, or mortification, Aconite is indicated so much more fully. Belladonna has likewise many symptoms pointing to pulmonary congestion, but it is not so easy to determine the conditions in which Belladonna is indicated; they likewise occur less frequently. Nuxvomica is preferable if not only the lungs, but likewise the heart and other organs are involved in the congestion, and it is less dangerous in cardiac disease than upon some other affection. Leading symptoms distinguished from those of Aconite are: turgescence of the vessels, with dark redness of the face, bluish redness of the lips, glistening eyes; anguish and restlessness; a constant cough, or else a spasmodic and dry cough. Nuxvomica is the best remedy for certain kinds of pulmonary congestion, in which the following conditions prevail: The attack is occasioned by the use of coffee, and in the case of sanguine, robust individuals who are free from cardiac disease; after a copious meal, in the night. The symptoms resemble those of Belladonna more than they do those of Aconite. Digitalis purpurea is, in our opinion, inappropriate in the case of this attack, but is, on the other hand, indicated if the congestion is very frequently or evidently point to tuberculosis. In such cases, however, there is every reason why the medicine should be given very cautiously. It is not absolutely necessary for it to be the starting-point of the disease or to be considered as the cause in the pathological process, for uncomplicated, tubercular hypersemias of the lungs are likewise most easily relieved by Bryonia. In cases which may become dangerous to life by the premature administration of an acute oedema of the lungs, no time should be lost in awaiting the effect of the first-named remedy, if they act at all, they will show their curative influence from the very first dose. If they do not afford speedy relief, Phosphorus should at once be used, or, in case of cardiac affection, Digitalis. These remedies may suffice; after all, in most cases the selection of the proper remedial agent depends upon the nature of the disease before us. "We cannot refrain, however, from calling attention to Ferrum and Pulsatilla in the case of anemic and tubercular individuals, and likewise to Veratrum album and Sepia. [Vera

154 Diseases of the Lungs.

viride if given in comparatively larger doses, has often superseded the use of any other remedies, hypersemia of the lungs as pneumonia. H.]

We sometimes have great trouble to persuade such patients to desist from the frequent use of sanguineous depletions. They afford a momentary relief, but in exchange they hasten the disease on its course, and are particularly dangerous to the

to persons afflicted with incipient tuberculosis. There is any affection where it is as necessary to abstain from the coffee as pulmonary hypersemia, which is caused by the coffee not only directly, but likewise through an increase of the functional activity of the heart. Frequent protracted inspirations are exceedingly useful in regulation of the lungs. Vigorous, but not excessive bodily exercise is useful rather than otherwise ; the good results of care of mountains by tuberculous patients afford the best evidence of this statement is founded upon facts.

8. Pneninorrluit^a,

Pulmonary Hemorrhage.

If we consider the delicacy of the pulmonary tissue and quantity of blood which is collected in it, we have no difficulty in apprehending that one of the pulmonary vessels may readily be ruptured and must cause a more or less considerable hemorrhage. For the pulmonary hemorrhage is one of the most frequently occurring morbid phenomena which of itself is not so very important as the bleeding scarcely ever amounts to an excessive quantity and does not threaten life with immediate danger.

Etiology. As we stated in the previous chapter, a high degree of pulmonary hypersemia may easily result in effusion of the air-passages. The effusion differs in quantity according to whether the affected lungs are naturally sound or otherwise morbidly diseased. The causes of pulmonary hypersemia are therefore in accordance with the causes of pulmonary hemorrhage. The main reason, however, why pulmonary hemorrhage is invested with such ominous importance to every layman, is the circumstance that it implies the existence of morbid conditions which result in the destruction of the pulmonary tissue, among which tuberculosis occupies the first place. It is difficult to explain why the same influences should cause pulmonary hemorrhage in one individual and not in another.

Pneumorrhagta. 155

It is known that sanguine, florid, irritable individuals are more liable to pulmonary hemorrhages than phlegmatic and torpid persons ; but we do not decide whether this liability is owing to an accelerated circulation of the blood, or to an excessive delicacy of the walls of the vessels of the lungs themselves, atheromatous degenerations, etc., lead to the most profuse and most threatening hemorrhages. The not unfrequent occurrence of considerable pulmonary hemorrhages during pregnancy or after a suppression of the menstrual flow is difficult to account for. As regards age, it is self-evident that the age where the pulmonary activity is heightened and the development of the pulmonary tissue is most active, is that age where pulmonary hemorrhages occur most frequently ; this is the age between the years of fourteen and twenty-five. Whether the male sex or the other is more liable, is not certain.

Symptoms and Course. Pulmonary hemorrhage either takes place into the bronchia or into the pulmonary tissue. It may be copious or scanty, in accordance with which we have in the former place hemoptysis, the evacuation of small quantities of

gether with the sputa; next: pneumorrhagia, the evacuation of large quantities of blood; the formation of clots or san deposits, by which the tissue of the lungs is not destroyed; blood is not discharged externally; pulmonary apoplexy in which the blood is likewise effused into the pulmonary plexus but with destruction of the tissue. These distinctions are, however, of very little practical use, and for practical purposes sufficient to distinguish hemoptysis and hemorrhage, according to a larger or smaller quantity of blood is expelled from the lungs. The formation of circumscribed coagula as well as apoplexy presents too many difficulties for a correct diagnosis in order to determine the therapeutic management based upon the latter.

Of itself hemoptysis is not a very important disease. It occurs without any disturbance of the constitutional equilibrium after violent exertions, in consequence of unimportant causes, often in the case of pregnant females, and sometimes consists of mere streaks of blood mixed with the mucus, at times in detached portions of pure blood. As was said before, tubercular individuals are most commonly affected, on which account it should be carefully examined at every opportunity. Slight pulmonary hemorrhages are not unfrequently accompanied by a chronic catarrh of the bronchial mucous membrane, a condition commonly met with in emphysema of the lungs. If the quantity

156 Diseases of the Lungs.

If the quantity of the expelled blood is somewhat more considerable, the hemorrhage is usually preceded by various indefinite phenomena, such as palpitation of the heart, oppression, sensation of heat, stitches in the chest, congestions of the head; these symptoms usually disappear again after the hemorrhage has set in.

Pneumorrhagia is almost always preceded by a short preliminary stage. For several days previous the patients often feel themselves uncomfortable, oppressed on the chest, hot in the head, fainting fits; the pulse is somewhat accelerated, the heart-beats are stronger. Real pains in the chest are seldom felt, are not attributable to the hemorrhage, but to the conditions that gave rise to it. Shortly before the hemorrhage symptoms of a violent pulmonary hypersemia become manifest. "While a feeling of increased warmth in the chest is experienced, the respiration becomes at the same time oppressed, after which irritation and urging to cough are felt; with the first cough a frothy, bright-red, pure blood is thrown up in various quantities, which is soon succeeded by a larger quantity attended with like vomiting; or else the second hemorrhage may only occur after a longer paroxysm of cough. The patient has a distinct sensation that the blood is bubbling up in the chest; the rattle is heard even without the ear being applied to the chest.

As soon as the hemorrhage sets in, the hypersemic symptoms abate at once, after which the patient feels very weak and assumes a disposition to faint. The fainting is not so much owing to the quantity of blood lost, but is more commonly owing to a moral impression which every hemoptoe makes even upon the most robust individual.

The disease is scarcely ever limited to a single attack. trouble seems fully ended, generally in twenty-four hours frequently after several days, another attack sets in as soon as the former ; a number of attacks may take place in this indefinitely succeeding periods. In such a case anaemia may make their appearance ; in severe cases the patient die of exhaustion.

At first sight it may seem as though the diagnosis of pulmonary hemorrhage could not well be a difficult task. Nevertheless, hemorrhages occur nowhere more frequently than in this disease account we shall explain the distinctive signs of pulmonary hemorrhage a little more fully. Nosebleed, especially when discharged from the posterior nares or during sleep, is

Pneumorrhagia* 157

taken for pulmonary hemorrhage, because the blood, the quantity of which is undoubtedly discharged into the pharynx likewise gets into the larynx, where it causes a desire which results in the expulsion of blood. At the same time it is blown from the nose, and the posterior-superior wall of the larynx is seen streaked with blood. If these signs are wanted, the circumstance that after the first bloody expectoration more bloody mucus is brought up, may shed light on the nature of the attack. The absence of all local symptoms in the lungs is insufficient to justify the supposition that the hemorrhage is pulmonary, but nasal. It is sometimes equally difficult to distinguish between hemorrhage from the lungs and stomach. In hematemesis the gagging and vomiting likewise easily excites moreover in hemorrhage from the lungs a quantity of blood which is coughed up, is sometimes swallowed and vomited up. In rule, the following points may serve as diagnostic signs in hematemesis the symptoms of an intense affection of the stomach almost always present for some time previous, and these likewise accompany the attack itself. The blood is always red, even black, unless it should emanate from an artery could easily be determined by an exact diagnosis ; where pulmonary hemorrhage a bright-red blood is coughed up, although blood that had first been swallowed and then vomited up, likewise be black. A discriminative diagnosis is the most difficult in a case of hematemesis of tuberculous individuals, or when a physician is called upon to give an opinion derived from the description of the patient or his attendants. If the blood is black for some time, this symptom should not be overlooked likewise important to investigate the circumstance whether the blood was first coughed or vomited up.

It is much more difficult and most generally impossible to determine the precise spot in the lungs whence the blood is discharged. If the blood emanates from the trachea or larynx, the quantity will not be as large, nor will it be as large in bronchial hemorrhage when the hemorrhage proceeds from the cavern ; but a positive diagnosis will always be very difficult, and it is certain that this is of very little consequence in a practical point of view.

The prognosis is of particular importance to a physician because of the reason that pulmonary hemorrhage is supposed to be such

ful thing in the eyes of lay-people. We have already sta
the hemorrhage scarcely ever threatens life with immolat

158 Diseases of the Lungs«.

Even copious and rapidly recurring hemorrhages destroy l
exceptionally. The result is difierent if the importance
hemorrhage to the general organism is inquired into The
expectoration of blood which many persons, even without
affected with pneumonia, raise during every acute catarr
respiratory organs, is of very trifling significance, al
proper that a careful exploration of the chest should be
with a view of determining the presence or absence of tu
deposits. No more attention need be paid to the slight h
rhages of pregnant or menostatic females, as long as no
deposits are at the foundation of the bleeding. Persons
with cardiac diseases, are very often attacked with pulm
hemorrhage which, however, does not imply any particular
In general, however, we have to admit that in by far the
majority of cases pulmonary hemorrhage points to the pre
tubercles in the lungs and to the progress of the tuberc
and that hence it is justly regarded as a dangerous symp
if a physical exploration of the chest does not yet reve
ence of any alarming disorganization. If the hemorrhage
profuse, a return may indeed be apprehended, for a dispo
the disease remains, and-oannot even be denied in cases
tubercles exist. The meaning and importance of pulmonary
rhage in cardiac affections will be examined more fully
come to treat of the affections of the heart.

To these paragraphs we have to add a few remarks concern
internal pulmonary hemorrhage, we mean infarctions and a
which frequently complicates pneumorrhagia and determine
most disastrous sequels.

Infarctions in the lungs have their foci. At times there
at other times several, varying in size to that of a wal
larger. They occur much less frequently near the periphe
the base of the lungs. Infarctions occur in the lungs as
defined dark-red or black spots of a granular appearance
cut surface, without much firmness ; a grumous, black fl
squeezed out of them. The surrounding parts are either ()
or inflamed. In real apoplexy the infarcted spot is alwa
considerable size, and the pulmonary parenchyma is parti
destroyed.

Infarctions mostly take place where the pulmonary circul
had met with considerable obstructions, hence in cardiac
less frequently in tuberculosis. Apoplexy arises by the

Pneumorrhagia. 159

of a larger vessel, either because the vessel is disease
qaence of external violence.

Symptoms. {Smaller and detached infarctions may form wit

out any marked disturbances; blood will not often be cou-
 up in consequence. Infarctions of larger size or greater
 scarcely ever exist without a group of tolerably charact-
 symptoms. The precursory symptoms resemble those of pneu-
 rhagia, and are scarcely ever wanting. The occurrence of
 hemorrhage is marked by a sudden oppression on the chest
 times attended with tolerably acute, but not always defi-
 localized pains. The pulse is always hurried and is alwa-
 and weak. A copious spitting of blood may take place, bu-
 likewise be entirely wanting, nor is it generally very c-
 Nevertheless important general symptoms soon make their
 ance, such as fainting, pallor of the countenance, cold
 the appearance of such symptoms that justifies the suppo-
 internal hemorrhage, although very little blood is lost
 Only^ in acute and severe cases death may result very su-
 otherwise the final result is determined by other circum-
 whether the extravasation is simply re-absorbed, which i-
 weeks to accomplish ; whether a reactive pneumonia or pl-
 sets in ; whether the pleura is broken through and hsema-
 developed; whether the infarction terminates in inflamma-
 abscess or gangrene; or whether an oedema of the lungs o-
 ficient importance will result.

It is very seldom possible that pulmonary infarctions ca-
 diagnosed with certainty. Their occurrence, most commonl-
 the base of the lungs, renders them very seldom accessib-
 sical diagnosis; and if occurring near the periphery, th-
 develop uncertain symptoms. A circumscribed dulness not
 ing the extent of a pulmonary lobe, nor situated in the
 tuberculosis is usually localized or pneumonia exists, i-
 atory murmurs are either absent in that locality, or muc-
 are heard, of course suggests the supposition that infar-
 have formed. Of more value are the general symptoms, gre-
 dyspnoea and oppression of the chest, with pallor of the
 and syncope, even sopor, without an opportunity being gi-
 account for these symptoms by the presence of other morb-
 cesses, more particularly if these symptoms affect perso-
 with heart-disease.

It is easily conceivable that pulmonary infarctions must

16(Diseases of the Lungs.

the course of pulmonary hemorrhage in a specific manner.
 symptoms accompanying pulmonary hemorrhage will not sudd-
 disappear after the hemorrhage ceases, but the above-des-
 sequelae and anatomical lesions occasioned by the infarc-
 now step into the foreground together with all their cha-
 phenomena. This circumstance has to be well weighed, les-
 hemorrhage should be regarded as resulting from the pneu-
 occasioned by the infarction, and we should be led to im-
 those sequelae had only been covered up by the hemorrhag-
 reality represent the primary disease.

The treatment has to aim in the first place at arresting
 orrhage, and after that at removing the subsequently rem-
 consequences of the hemorrhage. "We commence with indica-
 number of medicines that have been practically tested in

hemorrhage which is of frequent occurrence, and add to a few general considerations of more than ordinary importance.

Aconitum : If it were practically possible to draw a line of distinction between active and passive pulmonary hemorrhage, not mark off the therapeutic sphere of Aconite more accurately than by saying that it is specifically adapted to the active pulmonary hemorrhage. This would, however, give rise to errors, since many hemorrhages arising from an obstruction, symptomatically resemble almost entirely an active hemorrhage. Hence the selection of the drug should be conducted cautiously. In all active hemorrhages we meet with preliminary congestive symptoms ; even while the hemorrhage continues, symptoms of pulmonary hypersemia still continue to exist as we stated in the preceding chapter, no remedy is more appropriate for such states of hyperemia than Aconite. Hyperemia only causing but likewise maintaining the hemorrhage, Aconite effects a radical cure, and after its exhibition times see the hemorrhage arrested with wonderful rapidity following range of symptoms constitutes more particularly for Aconite : The accident happens to animated individuals plethoric habit of body, bright complexion, disposition of the heart, incipient tuberculosis ; after a violent exertion, or severe exertion of the lungs. The blood is raised in quantity, associated with a dry cough which is not violent ; or else the blood is excited after a slight paroxysm of hacking cough, both in larger and of a bright-red color. The patients are very restless.

Pneumorrhagia. 161

Patients are at first flushed and hot, the pulse and beat of the heart very much excited ; they complain of a burning or pain in the chest. After commencing with the Aconite, the symptoms of febrile excitement very soon abate, after which the hemorrhage likewise ceases in almost every case. As a rule, it continues the use of this drug for some time longer at moderate intervals.

Belladonna has already been mentioned in the previous chapter it is one of the principal remedies for pulmonary hemorrhage but that its indications are less positively defined. It is applicable in the case of robust and plethoric individuals congestions towards the head, without any cardiac irregularity being complained of ; also more particularly if the hemorrhage is the result of an incipient catarrh. A constant and tormenting cough points to this remedy, the choice of which is much more than that of Aconite, upon the general symptom of tubercular hemorrhage, this remedy has never had the lead in our hands ; on the contrary, it has been found very effective in vicarious menstrual hemorrhages and in those of pregnant females, or in the hemorrhages occurring : at the critical

Arnica ; enjoys a high reputation in pulmonary hemorrhage, it deserves much less, however, than Aconite. Hartmann gives the following characteristic indications : The hemorrhage is due to some mechanical injury, or by severe bodily exertions ; the expectorated blood is dark-red and lumpy, and is raised with

and without much special effort ; attended with stinging contractive sensation in the breast, rush of blood, palp heart and striking heat in the chest, loss of strength, A bright-red, frothy blood which is sometimes mixed with and small clots, and which has to be hawked or coughed u not counter-indicate Arnica. In addition we have to obse Arnica is particularly suitable for nervous, plethoric, individuals; the respiration is very much oppressed; dur bleeding, the patient is very much disposed to vomit ; t is evidently tuberculous, or the heart may be somewhat a an attack is caused by every slight bodily exertion. Arn ticularly suitable for young people.

Digitalis purpurea which used to be a favorite remedy fo tysis in the hands of allopathic physicians, does not de alight that is put upon it by homoeopathic practitioners distinguished aid in pulmonary hemorrhage depending upon

162 Diseases of the Lungs.

Btruction of the pulmonary circulation caused by heart d is preeminently indicated if tuberculosis is present at The most essential indications for this drug which shoul much more frequently by homoeopaths than is the case, ar gorgement of the veins about the head; a pale and livid coldness of the skin with cold sweats ; irregular pulse of the heart; extraordinary oppression of breathing appa without any infiltration ; great anxiety and restlessness soporous condition with disposition to faint.

Pulsatilla is recommended by practitioners for the blood excited by menostasia^ not so much on account of its dir upon the bleeding lungs as with reference to the causal suppression of the menses. It is likewise an excellent r some forms of pulmonary hemorrhage in the case of phthis persons, where the selection depends more, however, upon of the symptoms than upon the hemorrhage.

Ipecacuanha will not often be found indicated where pulm congestions are evidently present. It is indicated by th symptoms : Spasmodic, suffc^cative cough with shortness as in asthma, even unto vomiting ; not too copious hemor blood being very dark and mixed with mucus ; pale or blu complexion. In many respects Ipecacuanha acts very simil Digitalis, except that Ipecac, has none of the symptoms obstructions in the pulmonary circulation.

Ledum palustre has yielded some practical results in pul hemorrhage. Its local symptoms, however, are so indefini the homceopathicity of the drug cannot possibly be deter means of them. It is said to be most useful in case of o in the portal circulation.

Millefolium is much praised, although we have no very sp dications for this drug. We find the following in Hartma almost every variety of hemorrhage, and likewise in pulm hemorrhage. Millefolium is an indispensable remedy, more in the case of robust and fleshy persons; the spitting o

unattended with cough, or the cough is very slight and is by the newly accumulating blood ; at the same time there being up in the chest, with a sensation as if warm blood in the throat, gradually increasing in intensity until raised. More recently I have found that a condition of this yields to Aconite more promptly than to Millefolium of which I do not yet possess a sufficient number of reliable provisions.

Pneumorrhagia. 168

are of a different opinion; they recommend Millef. especially in the incipient phthisis.

Arsenicum album competes with Digitalis in some respects, but would give this remedy only if a high degree of weakness and debility is associated with an extraordinary degree of cough, together with all its accessory ailments. It is in exceptional cases that we shall be able to use it in phthisis.

Phosphorus which was formerly a favorite remedy for pulmonary hemorrhage, is used much less by the homoeopathic practitioners at the present day. We infer from its symptoms that only the moderate grades of hemorrhage are suited to its therapeutic range, and the whole no marked results can be expected from it ; hence below all the other remedies mentioned for pulmonary hemorrhage it is to be used, the dose must not be too high, for even a fourth attenuation may still cause real, and therefore in some medicinal aggravations.

In addition to these remedies we might complete the list by mentioning a number of others ; but let it suffice if we mention the following: Nux vomica and Opium (for the pulmonary hemorrhage of drunkards), Drosera, Uj Hyoscyamus, Cocculus, Staphylinum. Corresponding with our pathological data, the medicines are ranged as follows:

For hemorrhage from active pulmonary congestion: Aconite, Belladonna, Millef. J Nuxvom.; from passive congestion: Digitalis ; if caused by mental excitement : Aconite, Kux Opium; by exertions: Aconite, Arnica; by mechanical injuries: Arnica, Bryonia alba; if depending upon tuberculosis: Aconite, Pulsatilla, Millef, J Ledum, Phosphorus; if depending upon hemorrhage: Aeon., Digit, J Arsen. ; upon menostasia : Pulsatilla, Belladonna, Hyoscyam., Mercurius; upon emphysema: Arsen., Digitalis, Carboveg.; portal obstructions : Ledum palustre.

Regarding the effect of pulmonary hemorrhage upon the circulation, it is the same as that of all other kinds of hemorrhage, and has to be treated in the same manner ; this effect will be more extensive. The consequences of hemorrhage to the lungs themselves, which are the most to be dreaded, often require remedies from those that might perhaps be chosen without regard to the local process. If extensive infarctions have become in the pulmonary tissue, and the restoration of health is impeded by them, our first choice may have to be Arnica, afterwards Digitalis and finally Phosphorus. Pneumonia depends

164 Diseases of the Lungs.

infections, frequently requires, beside the above-mentioned, Mercurius and the supervision of oedema of the lungs, Senecio Tartarus stib., and Phosphorus.

Beside attending to the present attack and its consequences have likewise to try to neutralize the evident tendency to pulmonary hemorrhage. Although the general conduct and management of the patient are subjects of the utmost importance particularly, yet we are in possession of a few remedies which are capable, independently of meeting other functional derangements of preventing the frequent return of the hemorrhage ; the remedies are: Calc. carb. Ferrum Sepia and Silicea whose indications we cannot well enumerate in this place. Carbo vegetabilis and Chininum are often likewise adequate to this purpose.

The dietetic measures to be adapted in pulmonary hemorrhage and to meet a constitutional tendency to it, will suggest themselves without any advice from us. All we wish to say is that all other stimulants, even smoking, must be strictly forbidden.

[The following medicines have likewise been found useful in pulmonary hemorrhage; for particulars concerning most of them refer the reader to Hale's New Remedies, 2d edition.

Erigeron canadense, when the blood is expelled in the shape of dark coagula; it is likewise recommended for passive venous hemorrhage generally.

Hamamelis, recommended for passive venous hemorrhage, although it has likewise been found an efficient remedy in active hemorrhage.

Senecio aureus may be given for vicarious hemorrhage when occurring in the place of the menses.

Trillium, in tincture or infusion, is an excellent remedy in uterine as well as uterine hemorrhage.

Veratrum viride may afford aid in cases of hemorrhage resulting from uncomplicated, but severe pulmonary hypoxemia ; the medicine has to be given in larger doses than usual.

Soilla maritima is excellent in hemorrhage from neglected pleurisy the blood bubbles up with a pricking sensation at the place where the hemorrhage proceeds. H.]

8« Bronchitis Acuta.

Acute Bronchitis.

Concerning the affections of the bronchial mucous membrane find in our pathological treatises, especially if we compare

Bronchitis Acuta. 166

older and more modern treatises in one Series, such a la of names and corresponding categories, that it is only w culty that we succeed in mastering them. If we would ado a complicated course, we should have to devote a number ters to what we intend to present in one. We need not he adopt this course, since every homoeopath is well satisf necessity to individualize his cases. We shall afterward decribing the symptoms, have abundant opportunities for the most essential forms of bronchitis.

Mttology. Acute bronchitis is one of the most frequent d eases of the human kind generally, and it is next to imp decide that a special age or sex is more particularly li Whereas it is not generally a dangerous disease when att middle-aged persons, it is on the contrary very dangerou dren and old people, and therefore constitutes one of th portant diseases of these two periods of human existence undeniable that the first years of childhood are peculia posed to this disease. A predisposition of this kind lik among persons of a more advanced age, and may almost alw attributed to the following circumstances: An effeminate Kving, without adequate exercise in the open air, and no of a free and easy respiration ; constitutional diseases do not emaciate and debilitate the system, more especial losis and tuberculosis; irritability of the mucous membr consequence of frequent attacks of bronchitis; acute and diseases of the lungs.

The exciting causes cannot well be traced with positive A cold and consequent suppression of the perspiration is edly one of the most ordinary causes, but not quite as c is generally supposed. The atmosphere doubtless exerts a influence not only in consquence of rapid changes in the ture, but principally through the changes in atmospheric and, as modern investigations seem to have confirmed, th consequent changes in the amount of ozone in the atmosph becomes so much more probable, if we observe that a larg of cases of bronchitis are not so much caused by a damp as by a dry and cold wind, such as prevails in our regio in the summer-season, when the wind blows from the north and north. If the temperature of the wind were the main of the trouble, "an east wind would cause bronchitis mos which is certainly not the case. An epidemic bronchitis

166 Diseases of the Lungs.

over a large tract of country and being even considered the so-called influenza or grippe, depends upon conditio designate as miasmatic, but of the true nature of which yet ignorant. Secondary bronchitis develops itself secon persons afflicted with heart disease, emphysema of the l during the presence of acute exanthems, or various inten constitutional diseases.

Symptoms. We may dispense with a description of the ana- tomical changes occurring in bronchitis; all we need do remind the reader that hypersemia of the mucous membrane ways accompanied by a more or less marked swelling of th

this statement is of essential necessity for a comprehensive view of various phenomena. In order to afford a general view of ease, we will describe several forms of bronchitis which are not essentially distinct from each other.

a) The lighter form of bronchitis, generally designated catarrh, frequently sets in without any fever; at any rate it is scarcely perceptible; sometimes no fever at all or the fever is at most indicated by a succession of chills. This form of bronchitis scarcely ever exists isolatedly, most always attended with catarrh of the nose and larynx experiencing a feeling of malaise for several hours, and sensation of languor, the patients are attacked with a spasmodic cough attended with a raw or sore feeling on the throat at the same time the breathing is somewhat oppressed and there is no expectoration at the outset of the disease. The appetite is less but not gone, the tongue is not always coated; the patients are able to remain up, but feel drowsy and often complain of a violent headache. Very often the cough remains dry for a time, but more frequently a tenacious, greenish-yellow sputum commences already on the second day, which is difficult to hawk up. Auscultation yields no particular results, percussion none at all. At the end of three to nine days rarely at a later period and then only if the patients neglect themselves, the expectoration becomes more copious, whitish and is raised more easily, the normal feeling of health returns and, while the cough is gradually decreasing, the disease ends. The attack seems so slight, that many patients go about as usual but, by pursuing this course, expose themselves to relapses which are very apt to take place and beget a tendency towards

Bronchitis Acuta. ' / 16T

inflammatory form of bronchitis or else originates from a cold that will be more fully described in a subsequent chapter.

b) Bronchitis inflammatoria^ inflammatory or acute form of bronchitis which is marked by much more violent phenomena, is not by any means a purely simple form of bronchitis but a higher degree of intensity. It does not ordinarily result from an existing catarrh of the upper respiratory organs, unless the catarrh is suddenly and violently increased by severe neglect. Most generally it occurs as a primary disease. It commences with a violent chill which is distinguished from the chill that initiates acute inflammations, by the circumstance that it is not followed by as high an increase of temperature and there is a frequent recurrence of the chill, especially on the first day the patient feels very weary and languid, complains most generally of a violent headache, exhibits frequent changes of complexions, experiences a rheumatic drawing in the limbs and great restlessness and is scarcely ever capable of remaining out of bed. Very often these general symptoms which do not point out more particularly the locality of the disease, are followed by a burning, stitching pain in the chest under the sternum at every deep inspiration which is felt more severely when coughing. The cough sets in at the same time as the pain is felt; it is more or less violently spasmodic, at first dry but not hoarse, but very soon accompanied by the above-described expectoration. There is no dyspnoea.

erly speaking, but the breathing is more labored, less free hence somewhat more hurried. The pulse is accelerated, but only in the severer grades of the disease that it exceed pulsations. In this form of bronchitis the digestive organs always involved, the appetite is entirely gone, the bowels constipated, there is seldom any vomiting. Percussion does not reveal any abnormal changes, but auscultation reveals a less prolonged expiration over the whole chest, less free more prolonged inspiration, accompanied by wheezing. The expectoratory results are very much modified, if bronchitis is associated with a pulmonary emphysema, etc. as a complication. Even in simple bronchitis, when not complicated with complications, the expectoration is easily tinged with blood, and a quantity of pure blood is a rare occurrence and all the more dangerous and more deep-seated constitutional. All the phenomena, especially the cough, exacerbate in the evening and about midnight. The further course of the disease is

168 Diseases of the Lungs.

by a variety of circumstances. The importance of bronchitis in any degree in the case of tuberculous patients will be more fully inquired into when we come to treat of tuberculosis; and speaking of pulmonary emphysema, we shall likewise discuss fully the acute exacerbations of an existing bronchitis. Complications likewise assume the form of bronchitis. In favorable cases complicated forms of bronchitis terminate in four or five days, exceptionally at an earlier period, in simple bronchitis the general symptoms moderate in intensity, the fever abates entirely, the expectoration becomes more profuse, more free, whitish-gray color and is more easily raised by the cough, now much less painful. Instead of the dry wheezing, auscultation now reveals coarse rales. The patients do not often feel better before the tenth day. If the course of the disease is unfavorable, its different phases are either more protracted, or morbid conditions become associated with it. In the form of the dry, spasmodic, distressing cough may last beyond ten or even to the fourteenth day, after which the period of profuse secretion of mucus lasts equally long. Although the duration of the disease shows as a rule that it is of an acute nature, yet a purely primary form of bronchitis may run a long course, an occurrence peculiar to old age. The course of the disease is still more unfavorable and threatening, if the inflammation of the bronchia spreads to the more delicate ramifications of pneumonia and an acute oedema of the lungs supervene. The latter may set in with so much rapidity that the patient, who had left comparatively comfortable, is found dead on our couch. Generally this change develops itself more slowly and is recognized by a striking and rapid increase of the dyspnea.

The patient's age exerts a greatly modifying influence on the course of the disease as well as over its danger to life. In the case of bronchitis of children we shall speak hereafter. Among children or only somewhat advanced in age, the danger is quite considerable, and seems to depend more particularly upon the incalculable liability of the bronchial mucous lining to swell, upon the quantity of the secretion at the same time as the respiratory process becomes feebler, and upon the consequently increase

of oedema of the lungs. At the same time we should not overlook the fact that old people are scarcely ever without some emphysema and that, where no emphysema is present, it is apt to break out in an acute form.

Bronchitis Acuta. 16d

Hence the bronchitis of old people differs greatly from what we have described in the preceding paragraphs. The disease runs in the same manner, only the febrile symptoms seem more violent. With the appearance of the rales in the chest, generally very prominent, the strength of the patient diminishes instead of increasing, and dyspnoea rises, to a high degree. The pulse soon becomes smaller and weaker, the skin moist and cool, the tongue dry and brown, and the sensorium powerfully affected by the disease: sopor, delirium and convulsions setting in. In this manner the patient may succumb to the disease in a few days, the increase of the mucous rales being the prelude and final and total cessation of the expectoration the most ominous signs of approaching dissolution.

One of the most common terminations of bronchitis is chronic bronchial catarrh which succeeds the acute form the more the younger and healthier the individual.

c Bronchitis capillaris. We apply this name to an inflammation of the finest bronchial ramifications in the lungs. A form of this kind frequently sets in as a continuation and subsequently as a sequel of the inflammation of the larger bronchial tubes, and occurs much less frequently as an idiopathic disease. We here give only the symptoms peculiar to capillary bronchitis; the other forms of bronchitis suggest themselves to the reader, if he will simply associate the following description with simple bronchial catarrh. This affection scarcely ever occurs in aged persons; it is most apt to occur among children, and is most common among old people.

Capillary bronchitis commences like the acute form with symptoms of a so-called catarrhal fever; but it is an inflammation in which, when occurring idiopathically, scarcely ever is there a local focus by pain. At an early stage the patient is oppressed in breathing, this oppression being determined by the extent of the lungs that is invaded; with a distressing cough, any expectoration at first, which, even if it should become copious at a subsequent period, can only be raised with great difficulty. The breathing is accelerated, the inspiration very much embarrassed and prolonged. Percussion yields no results; auscultation in this affection alone at first reveals a wheezing which is afterwards mingled with fine crepitant rales. Complicated with inflammation of the larger bronchial tubes the coarse rales of the latter are apt to disguise the

170 Diseases of the Lungs.

whistling in the finer bronchial ramifications, at any rate is not heard much more indistinctly,

The constitutional symptoms soon assume a serious and threatening aspect. The fever ordinarily increases, yet the skin dry, but inclines to perspire very profusely; the feet apt to feel cold, and the face looks pale. The pulse so small and feeble, and the anxiety and restlessness of the generally increase in a corresponding ratio; the tongue unfrequently brown and dry. The paroxysms of cough sometimes become so severe that after each paroxysm the patients are completely exhausted. In the case of a strong adult the pathological process seldom reaches a height where the respiration is to the extent of inducing poisoning of the blood by carbon. This is most characteristically revealed in the persons the supervention of cerebral symptoms, such as, sopor, comium; in the case of adults these symptoms are of rare occurrence in children and old people they are often met with. The bronchitis of the latter is very much like the above-described inflammatory bronchitis, except that the typhoid character of the pathological process shows itself in the case of old people much earlier period, is much more intense, and the danger greater.

This form of bronchitis at times runs a very rapid course then generally terminates fatally, at other times the course protracted. Robust individuals may recover already in the week, very seldom before this time, whereas a duration of a month is a very common thing. Sometimes the affection continues unchanged for weeks in all its severity, and the patient the terrible paroxysms of cough rather than from any other cause. It is always a good sign if a quantity of fine, filiform expectorated. This is most easily found out by receiving in water, when these fine threads are most easily distinguished. Among old persons in whom this process resembles almost an attack of pneumonia without death sometimes takes place on the third day, very rarely after the second week. Independent of the circumstance that the disease is of itself a dangerous one the simultaneously existing pathological disturbances are a considerable and ready occurrence of threatening complications of great importance. Among the latter the pneumonia develops itself in the neighborhood of the bronchial inflammation may result so much more disastrously, as the existing bronchitis.

Bronchitis Acuta. 171

Acute determines a most damaging interference with the respiratory act. Acute cedema of the lungs is equally dangerous. Acute emphysema is of a less threatening character. The most important complication is the presence of tuberculosis. Many assert that bronchitis is very often the cause of tubercular deposit the contrary, are of opinion that bronchitis only excites a purgative process in tubercular deposits. This is not the subject of further discussion of this subject. What is certain is that in tuberculous individuals capillary bronchitis is very apt to become chronic form with a long-lasting, dry, paroxysmal cough. In capillary bronchitis occur much more easily than in a form of this disease.

d. Croupous bronchitis is characterized by an exudation

free surface of the bronchial mucous membrane, which, in larger bronchia, assumes the shape of a tubular lining, up the smaller bronchial ramifications like a plug. It is frequently a secondary disease, a result, and an almost always a complication of a croupous inflammation of the larynx and of the trachea, or else it may originate as a primary disease. As such a form occurs very rarely, but it does occur sometimes. In case it presents the picture of an acute bronchitis, but without the usual symptoms. The fever is very violent, mingled with the pulse is very frequent, the prostration is disproportionate from the very beginning. The degree of dyspnoea is determined by the fact whether the larger bronchia are alone affected or the smaller are involved in the disease. The cough is to the expectoration difficult, lumpy, tenacious, and, in the chronic form, in the form of fine tubes or arborescent ramifications. A small portion of the bronchia is involved in this process, causing a rapid course of the lungs and death by poisoning with carbonic acid in the acute and speedy terminations of the disease. The chronic form occurs exclusively in tuberculous individuals, and will be described fully in the chapter on tuberculosis. Cases that seem to be primary diseases, are likewise caused by a less extensive deposition of tubercular matter. The chronic form is distinguished by the violent cough that accompanies it. In this form of bronchitis the exudation is not secreted in the larger, but in the smaller bronchia, and is not only difficult to expectorate, but as a most intensely irritating cause of cough.

e. After having described the other forms of bronchitis we devote a few lines to a description of infantile bronchitis.

172 Diseases of the Lungs.

Infantile bronchitis, regards its course and importance, differs most essentially from the corresponding bronchitis of adults.

An inflammation of the larger bronchia, be it slight or severe, has almost the same phenomena in the case of children as in the case of adults, except that the fever is much more violent and the cough is in almost every case interfered with very considerably during the early period. The importance of this process in the case of children is much greater than in that of adults, for the reason that in the former it is apt to spread to the smaller bronchia, after which the children who at first gave no cause for alarm, suddenly become attacked by a dangerous disease. Capillary bronchitis does not often occur as a primary affection; it is almost always a complication of an inflammation of the larger tubes. The symptoms of the disease develop generally as follows: After the child has had for some days a simple catarrh, attended with severe cough, breathing becomes more hurried and progressively more oppressed, and the children become more and more restless and anxious. Whereas a physical exploration of the chest had so far revealed nothing abnormal, the respiration, during inspirations and expirations, now becomes wheezing, more especially during expiration, accompanied or not by distinct vesicular murmur. The cough continues to increase in vehemence, without anything being expectorated; or, if anything is raised, it is only with difficulty a small quantity of mucus which is swallowed again as raised. The general organism, in such a severe disease,

course correspondingly affected. The dyspnoea now increases hour to hour and soon reaches a degree of intensity that respects inferior to the worst attack of croup, and becomes distressing in consequence of the unceasing efforts on the part of the children to obtain relief by coughing. The pulse becomes frequent and small, the skin on the extremities and head is moist with perspiration, the face is pallid or livid, becomes dusky on an attack of cough, the anxiety and restlessness reach the same degree of intensity. If at this stage of the disease there is no improvement by an increase of the expectoration and a relief from the dyspnoea, the disease presents the same picture as in the case of croup, only the hissing sound caused by the stricture of the larynx is wanting. The children become calmer, pallid and carelessly lying in a state of unconsciousness or sopor, the respiration becomes very superficial, the paroxysms of cough abate more and more, and the children die comatose. This fatal termination

Bronchitis Acuta. 178

usually takes place already in the first week of the disease, frequently after the fourteenth day, provided no adventitious cause causes an exacerbation of the disease. Recovery always takes place slowly, the liability to relapses is very great; the symptoms easily return, and the cough sometimes continues for many months. The diagnosis is only difficult in the case of very small children, here the characteristic cough is almost always entirely general, the reaction against the disease is either slightly or not apparent. The prognosis is the more doubtful the younger the patient. That dentition complicates the prognosis, cannot be taken for granted. The greater liability to the disease at this time is probably owing to the increased susceptibilities of the organism.

In describing the treatment of bronchitis, we commence with the treatment of the previously-described forms, in order not to put too much material into one chapter, although influenza and catarrh really belong in this category of disease. These, however, cannot well be treated from the same point of view as simple acute bronchitis. Let us first consider the leading forms for the more important forms of bronchitis, to which afterwards when we come to enumerate the remedies for the different forms singly, the less essential forms can be added. We place

Aconitum at the head of the list, not so much because we consider it as one of the more important remedies, but because it has become a matter of routine to recommend it for incipient catarrh. We have on several occasions expressed our doubts concerning the propriety of recommending Aconite for catarrh, as a common catarrhal fever is not the province of Aconite, and should be told that Aconite has moderated this fever in some cases, we suggest that the improvement might likewise have taken place spontaneously without Aconite. How many catarrhs commence in the first twenty-four hours with a feeling of oppression, frequent pulse and an extraordinary rise of temperature, run their course afterwards without any fever. This should be attributed to the action of Aconite. A remittent fever is not attributable to this medicine. Where the fever, as is often the case in bronchitis, is continuous, the skin is dry and the heat

gled with chilly creepings, Aconite is in its place. The matic indications are most fully met with in the incipie of children. K the objection is raised that the diagnosi doubtful at first and that hence Aconite ought to be opp

174 Diseases of the Lungs.

general febrile symptoms, we meet it with the assertion every attack of bronchitis the fever has at first a cata inflammatory type.

Belladonna has among its symptoms all those that charact the milder as well as the severer forms of bronchitis. I setting in with a violent fever, it moderates the latter certainly than Aconite. When speaking of Angina we have occasion to remark that we consider Belladonna a very ef remedy in acute catarrh of the respiratory organs. The s nostic of a disposition to perspiration while the skin i constitutes a decidedly characteristic indication. Promi toms, of which we only mention the local symptoms, are t lowing: A dry, continual, distressing and sometimes spas cough ; short paroxysms of cough, but very violent, espe wards evening; no expectoration, or else a yellowish, te blood-streaked, scanty expectoration. The respiration is irregular, and hurried, especially while the patient is sation of great fulness in the chest, without any real p mination of blood to the lungs. This shows that Belladon indicated in the lighter as well as in the severer and s of catarrh, but ordinarily only in the first three or fo seldom at a later period.

Mercurius corresponds with the whole course of a severe bronchitis, even better than Belladonna. It is particula to children and robust adults, but not so much to old pe is a violent fever, the temperature is very high, there position to perspire without obtaining any relief from i distinction to Belladonna there is a constant alternatio and heat, with a remarkable sensitiveness to the most tr changes of temperature. If the stomach and the digestive are likewise affected, the tongue has a thick yellowish whereas under Belladonna there is only a thin whitish co the middle of the tongue; or if diarrhoea is present, Me indicated so much more positively. The most prominent an important local symptoms are: Feeling of dryness, roughn soreness down the middle of the chest, burning in the si violent and wearing cough, especially in the evening and night, with tenacious, yellowish, sometimes blood-tinged tion, every paroxysm of cough is preceded by anxious opp dyspnoea. Another characteristic which distinguishes Mer from Belladonna, is an unquenchable longing for icy cold although they always make the cough worse.

Bronchitis Acuta. 175

Bryonia alba will not often be found indicated at the co ment of bronchitis ; if indicated, it will most likely b

of old people in whom the catarrhal fever assumes at the form of an adynamic disease. This remedy is most commonl
 able after the fever has been allayed by one of the prev
 tioned remedies, and the expectoration begins to become
 enough to enable the patient to cough up mucus. The coug
 violent, spasmodic ; it is excited by titillation low do
 by every irritating impression, especially by tobacco-sm
 eating, in the afternoon and after midnight ; the expect
 scanty, yellowish and tinged with blood. "When coughing,
 violent determination of blood to the head, turgescence
 Paroxysms of oppressed breathing, but no constant dyspno

Spongia is characterized by a hollow, barking, dry, seld
 cough, continuing all day, and likewise all night in lon
 distressing paroxysms; at the same time labored, crowing
 inspirations, sometimes accompanied by rfiles. The remed
 appropriate for children, more particularly if the disea
 laryngitis and gradually extended to the lungs. It Ib an
 remedy in croupous bronchitis.

Veratrum album is not often enough made use of in bronch
 is not suitable in the first stage, but on the passage i
 stage, if mucns is secreted in copious quantities which
 be coughed up. This causes a constant titillation deep i
 with desire to cough, wheezing and coarse rfiles, but no
 tion, the distressing paroxysms of cough occur principal
 with violent determination of blood to the head. The gen
 ing of strength, the increased frequency or even irregul
 pulse constitute additional indications for Veratrum, wh
 dently suitable to old people rather than children.

Tartarua stiblatua of all other remedies enjoys the larg
 of action in pulmonary catarrh, and is preeminently char
 by a profuse secretion of mucus which it is difficult to
 or without fever. This range of action is distinctly poi
 by the not very numerous, but significant lung-symptoms
 emetic. Hence both the lighter and severer cases are ada
 drug, fine curative results of which are reported in our
 The lighter cases are not often met with among persons o
 age, more frequently among children and old people. In c
 bronchitis Tartar emetic is sometimes the only remedy fr
 help may yet be expected, only it must not be given in t

17f Diseases of the Lungs.

doses nor large enough to produce eraesis. Symptoms of i
 ient poisoning by carbonic acid, such as sopor^ delirium
 with pallor and bloat of the countenance and an unequal
 ture of the body are appropriate indications for Tartar
 oedema of the lungs when similar symptoms prevail. Profu
 without relief, disposition to vomiting and diarrhcea, p
 a rattling cough ending in vomiting, likewise indicate T
 All this shows that it is really the second stage of the
 process which is adapted to the curative action of this
 acts very similarly to Veratrum album. These two drugs d
 principally in their phenomena of reaction which are ver
 and active under Veratrum, but very feeble under Tartar
 Hence Tartar emetic will often be found useful after Ver

Ipecacuanha bears great resemblance to the two last-mentioned remedies. The most essential symptoms for this remedy are mucous rfiles in the chest with wheezing respiration, gr mostly in paroxysms especially in the evening and at night suffocative cough during which the face becomes blue times ending in vomiting of mucus, or else dry cough in mucous rfiles, spasm of the glottis, convulsive twitching temperature of the body, severe gastric ailments and intestinal catarrh, pallid or bluish and bloated countenance. Ipecac suitable for a dry, spasmodic cough, but certainly not at its physiological symptoms. The remedy is principally adapted to the bronchial catarrh of children; adults do not seem to be affected by it, and its good effect upon old people is questionable. The above stated symptoms show that the fine characteristics of Ipecac, do not reside in its emetic properties specific adaptation to the bronchial disease. Allopathic physicians would soon become convinced of this fact, if they would give the remedy in doses small enough not to cause nausea. It can be denied, however, that the act of vomiting in suffocative cough may exert an expectorant and alleviating influence, and not find fault with a homoeopath who, from this standpoint to prescribe massive doses of this drug. At any rate we learn from experience that a smaller dose than a grain of the trituration does not produce a reliable effect.

Nux vomica is recommended for bronchitis, but we must confess that we have never witnessed any curative results from it in the acute form of bronchitis, however much we may value the lessw: degree of laryngotracheitis. We shall scarcely

Bronchitis Acuta. 177

cover a real symptomatic similarity between Nux and bronchitis if existing, it will only be found to apply to the more severe forms of the disease.

Chamomilla may be found suitable for the bronchitis of children not so much of adults ; it is indicated if the larger bronchitis is inflamed, with an urging to cough, the cough being excited and aggravated, by the least attempt to use one's voice. It is particularly violent at night, and accompanied by wheezing, and by cold. Bad cases are not adapted to this medicine.

Pulsatilla is only indicated in the lighter forms of inflammation of the large bronchia, if there is no fever or the fever has passed. We shall revert to this remedy again under chronic bronchial catarrh, to which the reader is referred.

Rhus toxicodendron seems to us very seldom indicated in bronchitis, but may prove of importance in the epidemic form of this disease. On this account we refer the reader to the treatment of influenza. "We have to recommend this remedy, however in the first stage of the malignant forms of the bronchitis of children. At an early stage already the symptoms resemble those of influenza. The danger is more particularly determined by the character of the fever which deprives the already exhausted frame of all reaction. Under these circumstances Rhus will be found effective

suitable, since it corresponds very strikingly with the threatening constitutional symptoms.

Hepar sulphurica oalo. is most nearly related to Spongia as well as in laryngitis. A characteristic indication for dry, spasmodic, barking cough with a wheezing sound over whole thorax without any real mucous rales ; it is a ste only at intervals increasing to frightful paroxysms with suffocation ; it is excited by every attempt to draw a l and only results in the expectoration of a yellowish, te cus. Hence Hepar is an important remedy in croupous bron likewise in the less acute or even chronic form of the d capillary bronchitis its applicability is questionable. agree with Bsehr in this statement ; we have used Hepar form of bronchitis with striking benefit, giving the thi sixth attenuation. H.]

iodiunfi may be ranged side by side with Spongia and Hep However it is not by any means ahead of these agents, si affects the larynx and trachea much more energetically t

12

178 Diseases of the Lungs.

bronchia. It has no particular symptoms that distinguish other remedies.

Bromine has not been sufficiently proved to secure it a place among the remedies for bronchitis. The recommendat this drug by homoeopathic physicians are too vague and i to deserve any further notice at our hands. Its practica are exceedingly meagre and indecisive.

Baryta oarbonica is not much used in bronchitis, althoug serves some consideration in at least one form of this d allude to the bronchitis of old people during its transi acute to the chronic form; there is a constant desire to loud mucous rales, yet the expectoration is very difficu scanty. In such cases we have seen this remedy act with benefit. In bronchitis with threatening symptoms we shou depend upon Baryta carbonica,

Arsenicum album is scarcely ever indicated in simple bro for particulars we refer the reader to the chapters on i chronic bronchial catarrh.

Phosphorus is not, in our estimation, a remedy for bronc less the disease is complicated with other afi[ections. himself pronounces Phosphorus not only not suitable, but hurtful in this disease ; this statement certainly rests observations, although it does not seem confirmed by the logical data of the Materia Medica. In his treatise on P Sorge does not allude to this agent as a remedy for bron eases. In our further considerations of pulmonary affisc shall frequently have occasion to revert to Phosphorus. occasion we will merely state that if oedema of the lung monia should supervene during Che course of bronchitis,

will be found one of the chief remedies from which help be expected.

Let us now in conclusion consider the above-described forms of bronchitis in their relation to the remedies we have indicated, to which a large number might be added, if we desired to prepare an absolutely complete list. To those who object to such a review of remedies as favoring a tendency to dogmatic systematization, we reply that by this means a knowledge of the remedies is more easily obtained and an opportunity is afforded for the selection of a number of others that had been omitted in the preceding.

In the milder form, the so-called simple bronchial catarrh a remedy is required, since it most commonly passes off with

Bronchitis Acuta. 179

medication. Nevertheless, considering how easily this simple form may prepare the way for the more dangerous forms of bronchitis it is advisable to get it out of the way as soon as possible. If it is present, Belladonna should first be given, if not, Nuxvomica [Aconite or Mercurius may be required. H.] In the case of a severe form Belladonna is principally suitable, to which Chamomilla is preferred under certain circumstances, especially if the patients are very young. As soon as the cough is loose, Tartarus Emeticus or Pulsatilla may be required, less frequently Bryonia or Ipecacuanha. These few remedies will almost always be found sufficient.

In the inflammatory bronchitis of adults Belladonna will always be given first; Mercurius if the above-described indications prevail, more particularly if gastric symptoms or diarrhoea are present. If under the operation of the drugs the fever has abated and the cough has become loose, Bryonia, Bromine, Hepar sulphuris likewise Hyoscyamus may be required. Bryonia deserves a preference if the patient seems disposed to run a very protracted course, in which case it may have to be resorted to. It is not our object to list all the different cough-symptoms; they can be found in the Repertory. If the inflammation spreads to the finer bronchial ramifications, Bryonia will still be found most appropriate. In cases with typhoid symptoms and violent fever, Bhus tox. may be given. If the dyspnoea increases to a high degree, or Stibium or according to some, Ipecacuanha may be indicated. For a supervening oedema of the lungs Phosphorus and Arsenicum are mostly required; Tart. stibiatus will seldom be found suitable. Carbo veget. may have to be fallen back upon. Iodum, Sp. Bromium may be indicated in capillary bronchitis, also Ammonium muriat. and carbonicum [also Hepar sulphuris, H.]

In the bronchitis of old people we have in the first place to consider the fever, for which Aconite or even Belladonna will be found suitable; Bryonia and Rhus tox. may do much. If there is but little or no fever, Tart. stib. will be more appropriate. If bronchitis is complicated with emphysema, a group of symptoms is best met by Arsenicum which is likely to be resorted to, if the fever should become complicated with dyspnoea. In the case of old people Phosphorus will not be found suitable for the threatening terminal stages of bronchitis.

Tart, stib, and Veratrum will be much better. We have re
xaendod Baryta for light attacks during the stage without

180 Diseases of the Lungs.

The bronchitis of children tends greatly to assume the form of capillary bronchitis ; for this reason it behooves us to treat of bronchitis in children with the utmost care. At the commencement of the attack, the symptoms generally point to Aconite, however, with such perfect regularity as to admit of Aconite regarded as an invariable specific. Belladonna often comes in in this disease, in the further course of which, in slight cases, the same remedies may have to be used that in the case of adults. In the more dangerous forms Mercurius may also deserve a preference at the outset ; it is indicated else than the thick, yellowish coating of the tongue, a frequent alternation of chills, extreme heat and exhausting If the symptoms increase in intensity, Spongia is indicated as a violent, dry, suffocative cough, Hepar; if the cough is loose, and there are mucous rales but no expectoration. for excessive secretion of mucus, with severe dyspnoea and other sive phenomena, Tartarus stibiatus may be required, but it does not act with as much benefit as Ipecacuanha.

Croupous bronchitis as a partial development of laryngea does not require any other treatment than the latter. Even bronchial croup should break out as a primary disease, which is seldom the case, Iodine, Spongia, Hepar and perhaps Bromine have to be used. In subacute and even chronic cases Arsenic is one of the most efficient remedies to prevent and mitigate paroxysms of cough, which, considering their violence, may be considered a very satisfactory result.

In conclusion we call attention to a remedy which, so far as we know, has never yet been employed in bronchitis. We mean Opium, Latterly we have witnessed good results from Opium which, doubtless, are not exclusively due to its palliative action. We were led to its use by the description in an English Journal of a chronic case of poisoning with Opium, according to which a spasmodic and dry cough is one of the most common phenomena of this agent. We have to revert to this remedy when we come to treat of influenza and pneumonia. To judge of the physiological symptoms of Opium as we find them in the Materia Medica, and considering the energetic action of this drug in the childlike organism. Opium must be an excellent remedy in capillary bronchitis of children.

The general management of the patient occupies a conspicuous place in this disease. It is unfortunately a widespread

Bronchitis Acuta. 181

endeavor to obtain an increase of cutaneous perspiration, the ease of incipient bronchial catarrh, without discrimination means this object is attained. We cannot encourage a procedure of this kind. In lighter cases, where this proceeding seems

had little effect, the question may be asked whether the not have turned out equally favorably without sweat ; the recovery of patients who do not resort to such means, show that exciting a perspiration is not absolutely necessary. In bad cases an artificial perspiration is decidedly in objection. The object is obtained more promptly and more safely, if the patients are kept in their beds with but little covering, and the temperature of the room increased to about fifty degrees P. At the same time water should be allowed to evaporate in the room, by which the irritating urging to cough is very much diminished. The mere act of sweating were beneficial to the patients, they feel better in summer. It is well known, however, that the chronic catarrhs of the hot season are more obstinate and than those of the cold. However, if we are anxious to avoid conflict with the inveterate habits of the people, patients may be excited by drinking in bed a glass of hot water and a few drops of lemon-juice in order to make it more palatable. Children may drink a glass of very much diluted warm milk sweetened with a little sugar. If these simple means do not effect a perspiration, other means will not excite any either, or, it will be to the patient's prejudice. There is another power against copious perspiration. It considerably increases the tendency to take cold, which is anyhow very frequent, and causes relapses; rising to void the urine or evacuating may be sufficient to superinduce a fresh cold, nor will the patient after recovery be able to go out again as soon as they might, without apprehending a new attack. An effeminate mode of life which is one of the main causes of catarrh in the lungs, is likewise the cause of frequent relapses. This is true of little children in whose case every thing is often done to render them unfit for the least exposure to open air. The general condition of the patients is the best indication whether they can be permitted to go out of doors; if they feel strong again and a little remaining loose cough need not deter them from going out provided the temperature of the atmosphere and the weather are sufficiently inviting. In a case of tubercular catarrh other considerations will have to govern the general management.

182 Diseases of the Lungs.

In matters of diet, the instinct of the patient may safely be taken as a guide. In bad cases the functional activity of the organs is completely prostrated, and there is no necessity of the use of any kind of food ; whereas in the more usual cases the choice of food is of very little particular concern. All we have to do is to see to it that the nourishment introduced into the stomach, does not cause any catarrhal inflammation of this organ. As soon as the appetite returns, a simple nourishing diet is the best. As regards drinks, it may be well to implicitly gratify the desire of the patients who have a strong liking for cold water. Drinking cold water is apt to excite the cough, whereas it is diminished and moderated by warm drinks. As a matter of course, whatever might irritate the lungs has to be avoided, such as continued or loud talking, movements, dust, smoke, dry heat, the use of coffee, spirits &c. For further details we refer to the article on diet in the common tubercular catarrh.

4. Influenza.

Grippe.

Influenza is not by any means a simple catarrh of the respiratory organs, though the anatomical changes indicate such a case, but a peculiar, complicated and combined catarrh which in its nature of importance and treatment differs essentially from simple bronchitis. This instance shows most conclusively that it is unwise to undertake to determine the character of a disease by the lesions it occasions.

The etiology of influenza is completely enveloped in obscurity. It is an epidemic disease which may prevail in any season, and is frequently associated with other epidemic affections. Most commonly it spreads over a large extent of country and attacks every body, although individuals who are affected with pulmonary diseases, more particularly tuberculous individuals, are more susceptible to its visitations. The most extensive influenza-epidemics have occurred from east to west. We again call attention to the connection between influenza and the amount of ozone in the atmosphere.

Symptoms* If latterly every bronchial catarrh with typhoid symptoms has been designated as influenza, this appellation is more proper than it is proper to refuse this name to large epidemics for no better reason than because they do not resemble either in extent or fatality to the epidemic of 1838. We

Influenza. 183

name grippe or influenza to every bronchitis invading a large part of a country and involving with marked symptoms of illness the whole organism, more especially the nervous system, and attacking a number of individuals in the same epidemic with very different symptoms, although these may differ ever so much in different epidemics.

The phenomena referring to the respiratory organs are all those of an acute bronchitis, such as we have described in the preceding paragraphs, and which easily changes to the capillary form. These are accompanied by catarrh of the nose, larynx and trachea, and are distinguished by the obstinacy and slowness of their progress, the former times being very intense and at other times so completely relieved by the constitutional disturbance that they are easily overcome.

Influenza is generally preceded by a preliminary stage in which local symptoms of catarrh of the respiratory organs are present, or are but imperfectly developed, whereas the patient is already very much of an extreme languor, with nervous excitement, sleeplessness and loss of appetite, without or with only a slight fever. As the fever increases, the local symptoms become general, and more intense. At times a coryza is the only prominent symptom, at other times the mucous lining, from the nose to the finest bronchial ramifications, is inflamed. At the same time a violent and constant headache is complained of, which is located in the forehead and is marked by all the peculiarities which commonly characterize the headache in an incipient typhoid. This headache is accompanied by rheumatoid pains in many parts

muscular system, accompanied by a degree of debility that amounts to paralysis. After a gradual, very seldom sudden the disease reaches its usual height. The catarrh is at times at other times very slight. The fever is intense, but so intermittent that the remissions sometimes appear like intermissions. Debility is excessive. The headache is agonizing, and is complicated with sopor or with violent delirium. The digestive system is prostrated; the tongue is thickly coated white or sometimes it exhibits a sickly redness with disposition to dryness and even diarrhoea are often present; the bowels are constipated. Diarrhoea is less frequent. The symptoms exacerbate in the evening at night, the patient being very much distressed by the fever. It aggravates the headache a great deal. Thus the more violent cases of influenza simulate an acute typhus, milder cases a so-called gastric fever. Death may take place in the second week.

184 Diseases of the Lungs.

symptoms of general exhaustion; sometimes it takes place in a long period in consequence of the peculiar secondary diseases which frequently break out as sequelae of influenza.

In the case of sound, robust individuals the disease terminates its course in a fortnight, but always leaving an weakness which may last for weeks. In the case of old people danger is always great and recovery takes place very slowly. The abatement of the fever is always the surest sign of an improvement.

The disease very often leaves very threatening results. In a patient had tubercles, their suppuration is an almost usual consequence of the bronchial affection, although we do not hold to the opinion of many that influenza is itself capable of forming tubercular deposits. In opposition to this doctrine we say that scattered tubercular deposits very often escape the influence of influenza. Influenza is very apt to leave in its track various affections of the respiratory organs, such as an obstinate hoarseness, loss of voice and a long-lasting bronchial catarrh. The same is likewise frequently remains disturbed, nor is a disturbance of the hepatic functions an uncommon event.

Thus we see that the prognosis in influenza is uncertain. In the case of the disease sets in favorably at first, and the patient recovers to the habitual enjoyment of good health. If the individual has any pre-existing disease, or in the case of decrepit subjects, a fatal termination is not uncommon. The peculiar nature of the actual epidemic may likewise exert a great influence; whereas one epidemic scarcely destroys a single life, another epidemic, on the contrary, claims a great many victims.

The reason why a description of the treatment of influenza is a difficult task, is the diversity of forms under which it appears. In influenza, as in other epidemics, remedies of great medicinal value had been tested by abundant experience, often to be abandoned as unreliable, and other remedies have to be substituted in their stead. In influenza one or two remedies seldom prove specifics in all cases, so that the epidemic might, in Macher's example, be conveniently named after the medicine which acts as its universal curative. To find out these remedies

ing investigations are often indispensable, and we shall confine ourselves to indicating the remedies whose practice has been tested in a variety of cases.

One of the most dangerous pitfalls, on which our treatment strays, is the frequent change of remedies for the purpose

Influenza. 185

ing this or that symptom. The peculiar nature of the disease sometimes presses the local symptoms of an affection of the organs entirely into the background, whereas the symptom cerebral congestion, typhoid symptoms, or the symptoms of intestinal catarrh appear much more prominent. If, in cases, we only direct our attention to the apparently most important complication, we shall often err in the choice of a remedy is only by weighing every circumstance of the disease the results can be obtained by treatment; at the same time to add that this task is not often easily accomplished, accomplishment demands a persevering study of the *Materia Medica*. As a matter of course, such therapeutic investigations are very much facilitated by the presence of a prominent sign. In cases of cerebral hyperferiaia, we will, of course use other remedies than in cases with prominent symptoms of complaint, or with violent diarrhoea or gastric catarrh.

We repeat: let no one be content with the indications we add to each of the following remedies. Guided by existing observations we only point out general landmarks, we do not go into details.

Aconitum is particularly suitable to children in whose case a drug often suffices to effect a cure, whereas, in the case of other remedies may be required in connection with *Aconitum* suitable if the fever has the inflammatory type, or the affection tends to develop pneumonia, and the patient is distressed by a distressing, violent, dry cough. *Aconite* will probably acquire the rank of a specific adapted to a number of cases

Regarding *Belladonna* we refer to the preceding chapter. In cases with violent congestions about the head and at least active delirium, as long as these symptoms have assumed the characteristic appearance of *adynamia*.

For particulars concerning *Mercurius* we likewise refer to the previous chapter. In addition we offer the following remarks: *Mercurius* is one of those remedies which, according to experience, are all-sufficient as antidotes to some epidemics. Some reports even profess to have cured some cases of influenza with this remedy. Special consideration is due to the existence of which often is a valuable diagnostic sign in contrast to the *Arsenic-coryza*. *Mercurius* is, moreover, indicated by pains in the joints, angina, a sudden failing of the muscular strength, profuse sweat having a sour or foul odor and a

186 Diseases of the Lungs.

ing any relief, thick coating of the tongue, severe gast diarrhoea. We add to these indications the following from Miiller's treatise on pneumonia: "During epidemic influenza of pneumonia occurs which is easily overlooked, because its symptoms differ but little from the symptoms of the influenza. This form of pneumonia ordinarily sets in with fever, its symptoms are not very violent and apparently of much importance. Common symptoms are : a tearing and aching pain in the head, especially in the forehead, coryza, a redness of the tongue, and dry lips ; among other symptoms we distinguish the following : Loss of appetite, bad taste in the mouth, urine mixed with a white mucus, a racking and dry cough, soreness of the whole thorax, afterwards expectoration of frothy tearing pains in the joints, disproportionate weakness, nervousness, aggravation of the symptoms at night, with sleeplessness at night, constant exhalations from the skin copious and fetid sweat. On exploring the chest, we generally discover a not very considerable exudation. If overlooked or the disease runs a very protracted course, sometimes occurring as a haemorrhagic pulmonary blennorrhoea, or, if the exudation remains undissolved, phthisical symptoms may be developed. These morbid conditions are very much abbreviated by Mercurius. A complete restoration of health takes place and, if the patient otherwise keeps comfortably warm, no other remedy is required.

Bryonia alba is very closely related to Mercurius and it is found difficult to discriminate very precisely between their respective symptomatic indications. Some facts regarding this have already been stated in the preceding chapter; in this place we add a few other details. The affection in the respirator is confined to the larynx, trachea, and bronchial tubes; the lungs remain unaffected, whereas coryza is a significant indication of Mercurius. The fever is less violent, but more continued; there is sweat, it is copious and constant; the tongue is white with no thick coating on it, the bowels are constipated. The symptoms exacerbate in the day-time, not at night. The disease has a hectic character, with deficient reaction, whereas Mercurius has a very decided reaction. Thus Bryonia may be frequently used after Mercurius, but Mercurius is never suitable after Bryonia. Supervention of pneumonic symptoms does not contra-indicate Bryonia, a supervening affection of the pleura indicates it very positively. If influenza attacks tubercular lungs,

Influenza. 187

is always appropriate, and is always preferable to Mercurius. It is one of those remedies that is calculated to become an epidemic influenza.

Rhus toxicodendron is another important remedy in epidemic influenza which often corresponds to the whole character of the disease. Rhus is in its place if the local affection is so constitutional a disease that we rather seem to deal with a complicated case with a bronchial catarrh. The use of this remedy is suggested by great debility, a prostrate condition of the system, symptoms of violent reaction, such as a rapid pulse, heat, dry skin and tongue, delirium, sopor. Among the local

toms, the most prominent indication is a short, distress cough, mostly at night, and excited by motion and by every cold current of air.

Of Nuxvomica, Hahnemann relates in his preface to Cam that a very small dose often removes an attack of influenza in a few hours. We refer to the preceding chapter where we have expressed our doubts regarding the appropriateness of Nuxvomica to repeat these doubts here in much more emphatic language, of course, many who profess to have seen good effects even in influenza; but it is not so very easy to speak results in this disease with positive certainty; as far as ourselves are concerned, we never have been able to obtain convincing curative results with this agent.

Phosphorus is of all other remedies most positively indicated in influenza by distinct and fixed symptomatic manifestations suitable if, in addition to severe constitutional disturbance disease is chiefly localized in the larynx; it is likewise in influenza with tendency to develop pneumonia, or if it attacks tuberculous individuals in whose case the medicine should be given with great caution; and finally in cases complicated with severe intestinal catarrh. Among the secondary diseases, aphonia or hoarseness, it is particularly Phosphorus that is characteristically indicated.

Arsenicum album is suited to an affection of the upper part of the respiratory tract, the nose and larynx; it is less suitable for tracheitis, except when it attacks individuals afflicted with scurvy. A violent coryza with copious watery, excoriating discharge, a burning pain in the frontal cavities; dryness and burning of the larynx and trachea, with hoarseness and a few violent paroxysms of cough are paramount indications for Arsenic. The constant

188 Diseases of the Lungs.

Symptoms are still more characteristic: excessive debility, rapid pulse, continual restlessness and sleeplessness, and frequent night exacerbations. Arsenicum is particularly efficient where the conjunctiva is strikingly involved in the catarrh and where the disease has an unmistakable tertian type.

Opium is only mentioned once in our literature for influenza, it was successfully given for paroxysms of a distressing cough, the paroxysms being always followed by yawning. According to our own experience, Opium controls paroxysms of a cough with congestions to the head and chest, it drives the patient to despair and breaks out particularly in the night. Opium seldom affords help at the outset of an attack of influenza, but it affords speedy and substantial aid if such a cough remains the departure of the fever.

Sabadilla is said to have helped in two epidemics, the first of which we transfer from Ruckert's "Klinischen Erfahrungen." Excessive drowsiness in the day-time; chilliness, especially towards evening; shuddering with goose-flesh, the chills starting up from the feet towards the head; lachrymation, with redness of the eyelids; pressure on the eyes, especially when moving.

when looking up. Headache, especially frontal ; sore tongue ; yellow coating on the tongue, the pain extends as far as painful deglutition ; sensation as if a piece of loose string in the throat ; bitter taste in the mouth ; complete anorexia, with nausea ; dryness of the mouth without thirst ; stipitation with flatulence ; in some, brown frothy diarrhoea which floated on the water ; yellowish and turbid urine ; with vomiting, headache, sharp stitches in the vertex, pain in the region of the stomach ; cough of a peculiar, muffled kind ; cough up blood ; painful lameness in the joints, especially the joints. All the symptoms get worse in the cold ; they exist about noon, but worse towards evening ; flashes of heat interspersed with chilliness and coldness of the extremities ; the flushes in the face are mingled with chilly creepings over the body below upwards at intervals of ten minutes ; the skin is dry as parchment ; restless sleep, full of anxious dreams ; the patient awakes as soon as one lies down."

For the indications for Ipecacuanha and Veratrum album see to the preceding chapter ; the latter is certainly an important remedy in influenza. In general the remedies, which we have recommended for simple bronchial catarrh, may likewise be required in influenza.

Influenza. 189

In order not to indulge in too many subjective indications of the disease where practical experience plays a most important part, we transfer from Hartmann's Therapeutics the passage concerning influenza with slight additions of our own, which will afford an opportunity for briefly mentioning a few important remedies.

" Smelling of Camphor several times, as soon as the first symptoms of the disease became apparent, had the effect of stopping the disease, but a few days later it broke out nevertheless. This was not the case in a subsequent epidemic where Camphor given internally in the first attenuation and proved a successful remedy for the disease." Iahnemaui says in his preface to Camphor : In influenza, if the heat has already set in, Camphor serves as a palliative, but as a valuable one, if given in but more and more attenuated doses ; it does not shorten the duration of the disease, which is not very much protracted, any way, but moderates the vehemence of the attack a great deal and cuts it, shorn of its danger, to the end.

" If the thoracic organs were the chief seat of the influenza, Nux vomica always did good service if given after Aconitum curius subtile or vivus, of which several doses were given a day, was particularly calculated to cure the disease or to shorten it in its very germ, if the following symptoms prevailed, namely, if the head, throat and chest were principally affected ; there was a racking cough which afterwards became loose and was accompanied with pleuritic pains ; the patient was troubled with profuse sweating which did not afford him any relief ; there were symptoms of inflammatory fever, dull pain, not very hard pulse. If the throat was much irritated, and the irritation almost bordered on inflammation, so that the intense pain made it impossible to speak, the voice was very much altered, Phosphorus was an excellent

remedy."

"Very often the disease broke out in the form of sporadic cases; in such a case the catarrhal symptoms were unimportant, the prostration was very prominent. Here Veratrum helped. If an attack of this kind was followed by nervous tremors, if the patient became delirious, had a wild and started, complained of great sensitiveness of the abdomen, and the chest was full and hard, a few doses of Aconite were given with benefit and the rest of the symptoms were removed by Pul which likewise proved a remedy for the pappy and insipid that sometimes remained for a time, together with a muco-

190 Diseases of the Lungs.

ing on the tongue and loss of appetite." We cannot yield assent to this passage. The delirium occurring in influenza all the other so-called nervous symptoms, are always of the same type and do not yield to Aconite, but require much rather Bryonia, Rhus, also Stramonium and Hyoscyamus; exhibition of such remedies symptoms indicating Pulsatilla not often remain. .

"An exceedingly distressing symptom in this disease was violent, pressing frontal headache which, together with rattling cough and the loose and slimy expectoration was relieved by Bryonia which likewise proved an excellent remedy, if the chest was enlarged and painful on contact, or during a cough on deep inspiration; if the cough easily ended in vomiting a pain in the epigastric region, in which case Bryonia with Nux, or if the pain was felt under the short ribs a part had been bruised so that the patient, when coughing, pressed his hands against them; Bryonia likewise proved effective if the influenza attacked old people with great distress in and coldness of the limbs, in which case the disease often ended in paralysis of the lungs; the Bryonia was given in such cases with Carbo vegetabilis." In such cases Tartar emetic may be given with attention. "If the cough was dry and spasmodic, if the chest became unbearable and was aggravated by walking, talking, light and by every least motion; if the look became staring the patients were troubled with fancies whenever they closed their eyes. Belladonna always afforded relief, so that in a few days already this condition which seemed like an incipient meningitis disappeared."

Rhus was indicated if the attack had been caused in consequence of the patients getting soaking wet, and they were oppressed on the chest, anxious, they frequently drew in a long breath, were very restless and had to change their position quite often."

"Sabadilla was given if the attack seemed like an inflammation of the thoracic organs, with severe chills and coldness." This indication corresponds but little with what is said concerning Sabadilla in a previous paragraph.

"China relieved the cough that was excited by a rattling in the sternum as if mucus had accumulated there." This indi-

tion is of very little importance and of no particular v influenza. Independently of the cough which cannot be re

Influenza. 191

A characteristic symptom, China will be found suitable i ease assumes the character of a nervous fever or the app pulmonary phthisis.

"The alcoholic tincture of Sidpkur was prescribed with g effect at the termination of the disease, after the feve the stitches in the chest were only felt indistinctly du inspiration and a violent coughing fit, and the patient of oppression on the chest as from a heavy weight." In g Sulphur is a valuable remedy for pulmonary affections re after an attack of influenza and not traceable to tuberc filtration.

"The spasmodic cough which remained for some time after attack of influenza and sometimes tormented the patients was almost always relieved by one or more doses of Hyosc some cases by Belladonna; bat if the coughing fit did no until a mass of frothy mucus with a yellowish purulent n been raised, Conium proved the main remedy ; if the coug out after a meal and the food was vomited up in consequ the cough, JPerrum acetieum was found to be the specific

" If the influenza left the patient with a troublesome c a gray, sweetish-salt expectoration, wheezing and rattli chest. Kali hydriod. proved an admirable remedy." This m is likewise excellent for the remaining hoarseness or ev but should not be given in too small doses. lodium itsel use for these symptoms, but may be resorted to in the fe

"In cases of a previously-existing disposition to phthis the influenza threatened to develop more actively, a few Stannum iu alternation with Carbo veget were often suffi prevent the further spread of the tubercular disease." I sequelse of influenza Carbo veget. is very closely relat phorus and Kali hydriodicunL

"In some cases the influenza was succeeded by obstinate mia with ulcers of the cornea and violent photophobia, f Arsenicum album seemed almost the only efficient remedy doses of Belladonna were likewise useful, but did not ef manent cure."

With reference to this long quotation we confess that Ha indications seem to us rather vague and unprofitable; ot however, not share our opinion.

A number of other remedies that might be mentioned in th place, would be directed against the various complicatio

19f Diseases of the Lungs.

pleuritis, pneumonia, hæmoptoe, diarrhoea, and more par against the sequelæ; concerning the former, we refer to the respective chapters on pleuritis, etc. ; the sequela yield to the above-described group of remedial agents.

The dietetic management depends a good deal upon the condition of the digestive organs. If the patient's appetite is good, no reason why he should not be permitted the use of nourishing and substantial food. But if the long duration of the disease has caused great debility, a great deal of caution has to be exercised in gradually increasing the patient's allowance, because the disease very often continues for a long time in a condition of great debility. The same caution has to be used in allowing patients to enjoy open air; the sensitiveness of the lungs often becomes excessive during an attack of influenza, and it behooves us to assuage moderate this condition of the lungs with proper care and attention. There is no reason of considering influenza contagious, and every measure tending to counteract this contagion, is a useless torture. The only preventive measure which we adopt is a good deal of success, consists in avoiding all those causes which are generally apt to cause catarrhs of the respiratory organs. In epidemic influenza our physicians depend a great deal upon quinine which is regarded by many as a sort of specific remedy. We cannot do better than by transcribing Doctor J. Gray's interesting note on this subject from my *Symptome* published by W. Radde, New York, in 1848. '*In the first stage of influenza (generally of itself a fugitive state), I treat much the most strictly indicated, and on that account as from my own observations in many hundreds of cases, by the most efficacious means we can apply. The state again I give it, is: lassitude with great sensitiveness to cold, feelings, headache, pasty tongue, inflammation of the throat (arches of the palate or pharynx), short turns of nausea, the bones, especially of the lower extremities, yellowness, slight hoarseness, more or less fever-heat and sweats.

The Antimony often acts as a perfect remedy in the stage of incubation, especially in those cases which would otherwise pass this stage by profuse watery diarrhoea with some vomiting and cramps.*

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* This stage, of which the angina faucium, the chilblains and the prominent sufferings, subsides of itself in twenty-four hours, and the physician is very apt to be deceived as to the nature of the disease.

Tussis Convulsiva, Pertussis. 198

The second or bronchial stage of the true influenza having been successfully managed by Phosphorus or Bryonia, with the Aconite or Hyoscyamus I complete the cure by a return to the Antimony ; that is to say, when the air-passages are loaded with mucus the cough being frequent and the expectorations copious.

6. Tussis Convulsiva, Pertussis.

Whooping- Cough.

We understand by this name a peculiar form of catarrh of respiratory mucous membrane from the nose to the pulmonary vesicles, where the cough sets in in distinctly detached Mtioloijym Whooping-cough is an epidemic disease which sometimes occurs in the form of very extensive, and sometimes scribed epidemics, in which latter case the few cases of cough might even be designated as sporadic. So far the nature of the epidemic has not yet been determined. It cannot be peculiar nature of the wind, for the reason that the disease does not out without the least regularity in disconnected portions all we know is that the outbreak of an epidemic occurs more frequently in the spring than in the fall, very rarely in the autumn. A connection with other epidemic affections, especially measles and likewise with variola and scarlatina cannot well be. Whooping-cough frequently precedes or succeeds epidemics of the last-named diseases, and in rare cases accompanies them.

As regards the spread of the disease by contagion, opinions are a great deal divided; a number of observers favor the doctrine of contagium; on the other hand we should not overlook the fact that in an epidemic all the individuals of one place and the members of one house are exposed to the same influences. As far as we have not yet been able to satisfy our minds that whooping-cough is contagious; yet we are willing to admit that in its early stage of development, this cough may give rise to a product which is grafted upon susceptible organisms, may in its turn reproduce the disease. This is no idle question, as it might appear at first sight since it may lead to the adoption of measures that may be exceedingly oppressive to a family having a number of children.

The allopathist praises his atrocious lancet and heroic pathologist his Mercurius, Belladonna or Nux, and the patient wonders how it has been done for him; but the disease, if it be not removed; it has only advanced a step beyond the process of the stadium of bronchitis, with its concomitant cough, and profuse expectoration.

194 Diseases of the Lungs.

living in straightened circumstances. In spite of every precaution we have seen all the children of a family attacked by the epidemic.

The immediate causes which determine the outbreak of the disease during an epidemic are the same as those that occur in ordinary catarrh of the respiratory mucous membrane. A predisposition to the disease has not yet been traced; an established fact that girls are more liable to whooping-cough than boys, the same relation holds true in all other spasmodic diseases which attack girls more frequently than boys. Every trifling cold, under the influence of the epidemic assumes the form of whooping-cough. As regards age, children between the second and fifth year are more commonly liable. Children under one year are attacked by whooping-cough, although we have seen a severe case of whooping-cough in a child of four weeks. Children up to eight years old are likewise seldom attacked; whereas, during an epidemic, they are often attacked.

epidemic, adults are frequently attacked by a spasmodic the place of the light catarrhal cough.

SytnjdomH and Course. In the management of whooping-cough the fact must not be overlooked that the anatomical occasions are simply those of an ordinary catarrh, to changes which are determined by the not unfrequently-occurring complications, have of course to be added. The supposed in the vagus are altogether hypothetical, although certainly have indeed been discovered in a few isolated cases, but sufficiently numerous to enable us to build a reliable theory post-mortem phenomena.

In the majority of cases whooping-cough commences as an ordinary catarrh of the nose or of the larynx, trachea and bronchial tubes. This introductory catarrh which does not, properly speaking, form a component part of whooping-cough, may break out in all degrees of severity and extent without this circumstance affording a conclusion regarding the approaching attack. Hence the most proper course would be to regard this preliminary cough as connected with the epidemic only in so far as it furnishes a susceptible site for the whooping-cough miasm which is grafted, and in which it can germinate. This is shown by those cases where the whooping-cough breaks out without being ushered in by a simply catarrhal stage, or where a simple catarrh exists before it is converted into whooping-cough. At any one point in this first stage, in a few days or even after the lapse of a long time a harmlessly-sounding cough sets in, or else an actually severe cough becomes more severe, and sooner or later assumes a

Tussis Convulsiva, Pertussis. 195

character which constitutes it whooping-cough. After the cough has reached its full development, the simple cough is entirely ; only in a few instances violent paroxysms and of cough occur mingled together. A single paroxysm has the following characteristic symptoms: The children who had hitherto been bright and cheerful, shortly before the setting in of the cough become restless and anxious, or, if old enough, they complain of irritation in the larynx or under the sternum, or of oppression of breathing; it is very seldom the case that a violent cough without any preliminary symptoms, which, after a short time, is succeeded by a wheezing and labored inspiration turns with the single paroxysms without admitting of a distinction for the reason that all the respiratory muscles and particularly the glottis are affected by the spasm. While the cough is constantly increasing and the spasm of the glottis gradually abating, the children finally succeed in raising up a more or less considerable quantity of a tenacious mucus, which terminates the attack. During the attack they express great anguish and restlessness; in consequence of impeded respiration the face and tongue become blue-red, they weep, a watery mucus is discharged from the nose, even vomit is spit up sometimes and flows from the nose to the terror of the parents. The vomiting either brings up mere mucus or the contents of the stomach. Involuntary discharge of stool and urine may also occur if the children are otherwise robust. After the termination of the paroxysm the children continue for some time

of confusion and languor, after which they play again as had happened. Only in the case of feeble or very small children the paroxysms are succeeded by real attacks of eclampsia by a state of sopor or even complete catalepsy. In the mentioned case of the little infant only four weeks old, the condition was so perfect and lasting that the patient lay minutes without pulse or breathing. Under such circumstances intermissions are not free from morbid symptoms, whereas children seem perfectly sound between the paroxysms.

These paroxysms sometimes set in quite frequently and at times at more protracted intervals. Generally their frequency increases up to a certain point where the affection remains for some time, after which it gradually decreases. In the space of twenty-four hours the children may have of thirty paroxysms of cough ; they occur more frequently

196 Diseases of the Lungs.

at night, and at this time likewise last longer and are more severe. A paroxysm lasts seldom longer than three minutes ; if we assert that the paroxysms last longer, they are deceived by the anxiety which the mother particularly experiences, to which a minute may possibly seem a quarter of an hour. The child is excited by talking, eating, screaming, or by violent exertion, or by a violent fit of passion; the cough may likewise occur without any apparent cause, for instance, during sleep.

The constitutional state of the little patients is varied by the cough, even if there are no complications. Strongly affected children bear this cough for months, without losing flesh, or without general well-being being interfered with. It may, however, be accepted as a rule that, if whooping-cough lasts longer than six weeks, children begin to lose their strength and flesh, and the loss goes on increasingly in proportion as the cough lasts longer. Sickly and very small children are speedily and threateningly affected by the cough, even if none of the foregoing conditions are present. The children grow pale and languid, they lose their appetite, but are not often attacked with diarrhoea.

The course of the disease is generally for several months. When we come to speak of the treatment, we shall show that the period is considerably abbreviated in homoeopathic hands.

Of particular importance are the complications and sequelae of whooping-cough, which alone constitute the dangerous features of this disease.

The most frequent of these complications are inflammations of the lungs. The catarrh of the respiratory passages was inconsiderable at first, invades the more delicate parts of the air-passages more and more until a more or less severe bronchitis sets in, which easily assumes the capillary form and becomes readily associated with pneumonia. This pneumonia almost always assumes the lobular form and can scarcely be determined by auscultation and percussion. The presence of a pneumonia is suspected if the bronchitis steadily increases in intensity and the intervals between the paroxysms are no

free from a hacking cough and a constantly increasing dyspnea. Even if bronchitis sets in violently at the outset, it is not all at once transformed into capillary bronchitis and pneumonia, — which at the same time, serve as a proof that an incipient catarrh happens to exist before the whooping-cough, does not necessarily constitute the preliminary stage of this disease, — but

Tussis Convulsiva, Pertussis, 197

this antoward change does not set in until the cough has lasted several days and even weeks. In such a case the little patient does not entirely recover from the attacks, he grows languid and has a short and dry cough, he does not wish to rise from bed, his pulse is hurried, the respiration becomes more and more incomplete, more hurried ; he feels drowsy and tosses about. These symptoms manifest themselves in the later course of the disease, they always augur danger and very commonly lead to a fatal termination.

A severe bronchitis as well as lobular pneumonia very commonly lead to a more or less extensive deterioration of the pulmonary cells ; if this deterioration is quite considerable, percussion yields an unmistakably dull sound, and auscultation yields bronchial respiration. But these symptoms must not be attributed to pneumonia, for in such a case their importance would be much

Cerebral diseases are scarcely ever caused by the direct whooping cough ; existing diseases of this kind may become aggravated by the cough. The convulsions which often attack little children during the course of whooping-cough, are directly attributed to the influence of whooping-cough over the nervous system, and, on this account, may become lasting apparently violent congestions of the head during the paroxysms are of very little importance to the brain of a perfect child, but they prognosticate trouble, if the brain was diseased before the cough set in.

Acute heart-disease is seldom one of the complications of whooping-cough. On the other hand, the development of tuberculous pulmonary affections is a very common thing. Usually, however, these affections existed before the cough set in, although in some cases occur where the cough occasions the deposition of tuberculous matter in individuals predisposed to this disease.

Emphysema does not occur as frequently as is generally supposed. A deterioration of the air-cells is very often mistaken for emphysema. Post-mortem examinations have, however, frequently confirmed the fact that emphysema may set in very suddenly.

Spasm of the glottis is a tolerably rare occurrence in whooping-cough, at least it does not occur in a high degree of intensity. When it does, it is always a very ominous complication which may terminate fatally.

Beside the complications the frequently occurring sequelae prove very dangerous to the patients. Among them we distinguish

198 Diseases of the Lungs.

chronic bronchial catarrh, bronchiectasia, emphysema, de of single parts of the lungs, with consequent malformati thorax, pulmonary tuberculosis, heart-disease, although named rarely and then involving mostly the right heart; occasionally mental derangement, and lastly hernia which paratively frequent occurrence. If the disease lasts a l complete marasmus is not an unfrequent occurrence; it is attended with other morbid conditions^ and seems to resu the exhausted condition of the nervous system caused by sive paroxysms of cough.

The prognosis is always uncertain. Although the cough do not endanger the lives of healthy children, nevertheless vention of one of the above-mentioned complications at a during the course of the disease may occasion death or a infirmity ; thus it happens that we often see vigorous a children come out of an attack of epidemic whooping-coug wretched invalids. "We claim for HomcBopathy the advanta such pitiable results are scarcely ever witnessed under treatment, except perhaps in the case of children with d and rickety constitutions.

Treatment. We consider the homoeopathic treatment of who ing-cough calculated to demonstrate the value of homoeop therapeutics to obstinate sceptics, and deem this a good for premising a few general remarks.

Considering the extraordinary frequency of whooping-coug demics and the universality with which children are assa considering moreover the greatness of the danger to whic are exposed during the prevalence of such epidemics, and ficiency of the ordinary mode of treatment, it seems qui that extraordinary efforts should have been made to lay causes of this disease. It is an established fact that w cough is the result of a noxa diffused through the atmos how is it that this noxa to which every body is exposed, this peculiar cough only in the case of children ? To ad theory of a specific affection of the vagus, does not ha this exclusive invasion of the infantile organism whose gastric nerves are certainly constructed in the same man those of adults ; moreover this theory is not corroborat numerous post-mortem examinations. On such occasions the nerves were scarcely ever found altered, but most common

Tussis Convulsiva, Pertussis. 199

changecl Thia hypothesis, like all other hypotheses that based upon the evidence of facts, has now been abandoned

Nevertheless since a theory of the pathology of this dis necessarily have an important influence on the treatment not refrain from recording our views on this subject. Du prevalence of epidemic whooping-cough, violent and obsti catarrhs are likewise very common among adults. It canno be denied that the quality of the mucus secreted at such

fers from an ordinary catarrhal mucus ; the former is ve and glassy, ropy, firmly adhering to the mucous membrane as ordinary mucus is lumpy and globular, and frequently even in the case of adults a peculiarly spasmodic cough. would ask, are there not conditions in the infantile org ficient to account for the convulsive nature of the coug demonstrable fact that the urging to cough caused by the of mucus, is much less in children than in adults, and s the younger the children are. Whereas an adult expectora little quantity of mucus by a voluntary attempt to cough does not expel the mucus until the urging to cough has r extraordinary degree of violence. This fact is evidenced of children who sleep quietly in spite of a rattling res mucous rales in the trachea and bronchia that can be hea distance. The child only coughs if compelled to do so by noea and the urging is very great. This condition will n give rise to a corresponding reaction, the cough will be more violent. Moreover the child has not sufficient stre to overcome the irritation which induces the cough ; at this attempt is only noticed among larger children, and that a violent struggle arises where an energetic resist have given rise to a moderate turn of cough. The evidenc statement is derived from the circumstance that the olde dren the less violent the cough. Again, robust children with less violent paroxysms than nervous children. Final spasmodic character of the cough is accounted for by the disi osition of the infantile organism to convulsive aff is likewise confirmed by the fact that among adults only viduals are attacked by whooping-cough as exhibit a disp spasm, namely females.

It is therefore our opinion that the peculiar form of wh cough can be explained by the child's evidently feeble r against the urging to cough, by the insufficient energy

200 Diseases of the Lungs.

the irritation and urging, and by the disposition to spa tions generally.

These points, if applied to epidemic catarrh which not o the secretion of a peculiar mucus, but most probably det essential changes in the irritability of the trachea and sufficient reasons for the paroxysms of cough which othe might appear inexplicable.

In this manner a number of symptoms that otherwise would seem incomprehensible, can be made intelligible. The con increase of the violence of the paroxysms, for instance, at a time, cannot be accounted for by referring it to th action and development of the miasm, since we do not obs similar feature in other miasmatic affections, which are most intense at the commencement of their course. The co increase of the whooping-cough can be easily accounted f increase of irritability in consequence of the cough, an decreasing amount of resistance. Chorea exhibits a simil in its course. Niemeyer advises to abbreviate the paroxy exciting the children to make an effort to control the c

advice of this kind would seem foolish, if it could not harmonize with the explanation we have furnished. Our th likewise accounts for the circumstance that the paroxysm break out at night during sleep, or that they are easily in addition to the irritation in the air- passages, anot is caused by crying or laughing.

In making these statements, our aim has been to show tha spasmodic character of whooping-cough is not owing to th nature of the miasm, but to that of the organism upon wh miasm acts. We may as well observe in this place that, i ion, whooping-cough does not commence until the convulsi has set in, and that the previous simple catarrh is not means a sign that the miasm has now begun to affect the

A glance at the Therapeutics of the Old School is in so portant as a comparison of results is best calculated to advantages of our own treatment in a more conspicuous li Physicians as well as lay-persons are apt to express the that there is no remedy for whooping-cough, and that it its course for months. Wunderlich, who generally tries t ate the medicines that may cure a disease and who is not be in favor of a purely negative treatment, declares tha ment is absolutely powerless in the spasmodic stage and

Tussis Convulsiva, Pertussis. 201

that can be done is to moderate the violence of the paro narcotics. In the case of children, however, the use of attended with a good deal of danger for the reason that apt to develop dangerous cerebral congestions^ No class cians knows how to appreciate such facts better than hom who derive the most brilliant results from small doses o

We care not to inquire why, we simply state the fact tha ordinary treatment of whooping-cough is quite ineffectua both physicians and lay-persons have lost all faith in i former give nothing for the cough, and the latter allow to run its course without giving any medicine at all, an parties declare themselves satisfied if the cough gradua pears in three to five months; that finally under this r management a number of children succumb to the disease o consequences. Whether Oppolzer's treatment which essenti sists in keeping the children in the same temperature, i ful as Niemeyer would have us believe, is very questiona minds. We doubt whether a majority of the little patient in the promised space of four to six weeks.

In opposition to all this, Homoeopathy can boast of favo speedy results without having to resort to such a rigoro living as Oppolzer recommends. By means of the treatment we have now been in the habit of pursuing for a number o we have succeeded in restoring at least ninety per cent, patients, provided we had charge of them from the beginn within the space of five and usually even four weeks, so all convulsive paroxysms ceased entirely, although a sli might have hung on for a short time longer. Yet among th number of children whom we have had under treatment, the

must have been a good many feeble and sickly ones to who statement applies nevertheless with equal force. The gre however. Homoeopathy can boast of is, the freedom from s diseases which do not occur under homoeopathic treatment generally result from whooping-cough when it lasts too l malignant complications likewise, though not entirely ex under homoeopathic treatment, yet are comparatively rare rences.

Before passing to the medicinal treatment of whooping-co we have to oft'er some remarks about the preventive meas jfecommended for adoption during the prevalence of this And which impose such a heavy burthen upon families. The

202 Diseases of the Lungs,

munication of the cough by contagion is at most question know from experience that in families where an infected kept strictly isolated from the rest of the family^ neve child after another was gradually attacked by the diseas emphatically opposed to all such methods of solitary con which we would not recommend under any circumstances. Th sure preventive is the early removal of children from th where the epidemic prevails. Few, however, will consent step previous to the general spread of the disease ; and of locality is of doubtful value, or is of use only in s children exchange city-air and artificial city-customs f air and the more natural mode of living in the country. preventive is to guard children against every possible e catarrhal influences. It is certainly true that a child has whooping-cough without first taking cold; but, on th hand, this perfect freedom from exposure cannot possibly unless we choose to deprive children of their most neces ment, open air.

We have already stated in a previous paragraph that we d consider the catarrhal stage an essential ingredient of cough, although the treatment of this stage is of import whole course of the disease. It may be considered a rule sooner and more completely the premonitory catarrh is cu shorter and less intense will be the course of the convu Hence we have every reason, during the prevalence of epi whooping-cough, to treat the most trifling catarrh with care and attention. The remedies to be employed for this are the same as those that have been recommended in form tions for catarrh of the nose, larynx, trachea and bronc which may come into play, though Belladonna will probabl found the most efficient at the commencement. The much v Drosera is of very doubtful value in th?» as well as in quent stages. At this stage it is of course indispensabl children against further exposure and consocjuent increa catarrh, for which purpose they had better be kept in th an uniform temperature. In the case of lively and quick this proceeding is undoubtedly of difficult execution- F portion of our success in the treatment of whooping-coug undoubtedly indebted to the comparative certainty wi^^^h succeed in controlling this first stage without impairin strength of the little patient. Even a violent bronchiti

Tussis Convulsiva Pertussis. 208

commencement of the disease may not aggravate the symptoms of the spasmodic stage, which cannot be asserted of any other treatment.

As soon as the peculiar paroxysms of cough show that the convulsive stage has set in, an entirely different series of remedies is to be selected. We feel some embarrassment in giving a preference to the treatment of this stage inasmuch as we are conscious of a marked difference in this respect between our own views and those of most of our colleagues. Hartmann gives a number of remedies that may be useful in whooping-cough but are suggested by the presence of symptoms that render a differential diagnosis between this and another impossible and nugatory. His symptomatic arrangements are supposed to be in accord with the law of similia. The practical efficiency of the treatment is sadly impaired by the partiality, however in order to avoid even the appearance of partiality, we shall afterwards mention single remedies and their most essential indications.

What are, in a case of whooping-cough, the characteristics which point most directly and positively to the remedy? This is an important inquiry. Is it the particular circumstances which, if the statement of the relatives may be believed, have caused the attack? We cannot accept a theory of this kind, notwithstanding that this chapter has been excoriated by the coarse symptom-coverers among us to the dregs. The child has on the same day an attack of cough from laughing, crying, eating and drinking; this alone would require four remedies. Shall we select a remedy in accordance with the symptoms of each particular paroxysm? In this respect we cover indeed symptomatic differences that ought not to be overlooked; but in ninety cases out of every hundred the paroxysms are mostly alike, and only differ from each other slightly in intensity. Hence it is only in exceptional cases that the character of the paroxysm will prove a sufficient guide for the selection of a drug. Can we depend upon the symptoms between the paroxysms for light in selecting a remedy? Here too we shall be disappointed, for where no complications exist, the paroxysms are free from symptoms; one child may at most feel the consequences of an attack a little longer than another.

In our opinion the simple, uncomplicated whooping-cough of healthy children does not present any salient points upon which the selection of a remedy could be based. Hence it will

204 Diseases of the Lungs.

is exceedingly difficult to select the right remedy from among a large number. "We are supported by experience in believing that a small number of remedies which are adapted to whooping-cough, for the reason that the characteristic effects of the cough miasm manifest themselves in almost every case in a uniform manner: Excessive irritability of the respirator

membrane with an extreme increase of reflex-action. By r this increase, we cure whooping-cough, so that only a si remains which would at most be distinguished by a somewh violent cough. That this is no hypothesis, but a fact, r the decided effect obtained by exciting the energy of la dren; from the favorable influence of powerful external applied to various parts of the body as soon as the paro threatens to set in, for instance the application of a s in cold water to the pit of the stomach ; from the circu individuals who are not endowed with a marked degree of action, are not liable to attacks of whooping-cough, and the abundant confirmations of experience.

The remedy of which we make use for the purpose of moder reflex-action, is Cuprum metallicum. By continuing the u for two or three weeks in the sixth attenuation, a few d ing and night, commencing as soon as the spasmodic chara the cough becomes apparent, we have succeeded so well in treatment of whooping-cough that we have scarcely ever b obliged to resort to any other treatment. Many of our co on reading this statement, will of course accuse us of a against Homoeopathy, of an attempt to perpetrate an extr eralization. In spite of their censure we should have to our course, because it leads to success, and success can obtained in mild, 'but likewise in malignant epidemics. Cuprum is homoeopathic to the disease, may be learned by glance at the Materia Medica. Instead of metallic Copper mann recommends the Acetate^ which, however, has not yie as satisfactory results. After what we have said, we dee detailed description of the whooping-cough to which Cupr adapted, unnecessary. Be the attacks violent or comparat slight, whether they occur at night or in the day-tin:e, other dift'erences prevail. Cuprum will not fail us so l complications exist or the general condition of the orga not greatly deviate from the normal state. Cuprum is rea antidote to the whooping-cough miasm. If the antidotal e

Tussis Convulsiva, Pertussin. ^ % 20S

to be obtained, the use of this remedy n^At no^ b^ disco a few days ; in general, a frequent change dt/emi^ies it cough can only result in injury to the patienC/ \ / y^

We now pass to the other remedies for whooping-CQugK wd pect to satisfy our readers that Cuprum is not r^^rdnd D the only remedy for this disease. ' ^, ^ />,

Belladonna has probably been better tested as a ^medy fo whooping-cough than any other medicine. Experience, Jiow has shown that Belladonna does not so much act favorably the spasm as that it limits the catarrh and brings it mo to a termination. Belladonna occupies the first rank whe ease first breaks out, and at this stage its good efiect decisive; but to continue its use in the convulsive stag a mere loss of time. It again becomes an important remed fever sets in in the course of this stage, the patients and after that too quiet, the apyrexia is not free from short if the catarrhal symptoms again increase and sprea

the bronchia. In most cases, however, all that Belladonna accomplishes is to remove the threatening symptoms, after which cough again sets in in all its vehemence. The congestive which may occur during a paroxysm, should never mislead employ Belladonna on this account.

Drosera has been recommended as a specific for whooping- and the most diversified indications for its use have been stated by our earlier writers. Hahnemann says that a globuli thirtieth potency cures a species of whooping-cough, which never occurs in practice. Many physicians are of Hahnemann's opinion, although they may not have seen any great result from this drug; others, on the contrary, deny its vaunted efficacy. The dispute cannot be decided as long as the discussion revolves around unmeaning symptoms. It is certain that Drosera is not made use of at the present time, and scarcely ever against the developed convulsive stage.

Ipecacuanha is one of our best remedies in this disease. Its indications are tolerably precise and unmistakable. If, instead of the usual tenacious and scanty mucus, a large quantity of serous mucus accumulates, so that the cough is preceded and accompanied by loud rales; if every paroxysm of cough is attended by vomiting, not at the end, but at the commencement; if the patient is excited by the ingestion of every trifling quantity of drink: Ipecacuanha deserves a preference over every other

206 Diseases of the Lungs.

We shall scarcely ever meet with suitable indications for Ipecacuanha at the beginning of the attack; more frequently if the cough had already lasted for some time and had been neglected. We shall scarcely ever have occasion to use this drug, if we conduct our treatment from the start.

Tartarus stibiatus has an excessive secretion of mucus in common with the former drug, but is preferable if the strength is exhausted to a great deal and the stomach and intestines are affected with the usual symptoms, so that frequent and tormenting vomiting is set in. This remedy will have to be given for the above indications rather than for the cough itself. On this account we refer the reader to the last chapters.

Veratrum album acts very similarly to the two last-named remedies. Here, too, we have an excessive secretion of mucus between and during the paroxysms, a marked disposition to drink water and mucus, and, at the same time, the patient is troubled with diarrhoea. In addition we have the symptoms of a case approximating more and more a malignant bronchitis: anxiety, restlessness, a short and superficial respiration, pains, accelerated pulse with disposition to cool perspiration with a burning heat, pallid countenance, sopor; the paroxysms become feebler, but the general condition of the system grows more and more. Veratrum is calculated to become a specific in epidemic whooping-cough, if an intense intestinal catarrh is a complication.

Arsenicum album is no real remedy for whooping-cough, but

great value if the organism has become very much enfeebled by the long duration of the disease and the violence of the attack. The patients become sensible for some time previous to the approaching paroxysm, become exceedingly restless, seem to be tormented by anguish; owing to their great prostration, stool and urine are passed involuntarily. Arsenicum deserves particular consideration if the pulmonary tissue has become atrophied, or acute emphysema has set in.

China. It seems to us absurd that this remedy should be recommended for whooping-cough, if helminthic symptoms either precede or accompany the attack; they will hardly influence the course of the paroxysm. A better indication is, if the children be convulsed during a paroxysm, as if they had an attack of epilepsy. Another indication is, if a gurgling noise is heard after the paroxysm from the throat into the abdomen. In some epidemics

Tussis Convulsiva, Pertussis. 207

Other physicians have employed this remedy with a good success.

Conium maculatum is said to be an excellent remedy, if the symptoms set in principally at night, especially in the case of anemic children. Ledum palustre is said to be the remedy, if every paroxysm is preceded by a convulsive condition, and is again succeeded by an exceedingly violent paroxysm. No records of cures by this drug are not to be found in any publications.

We might enumerate a pretty long list of remedies that have been used for whooping-cough; but we not only doubt the adaptation to the disease, but cannot refer to any practical demonstrations of their efficacy. These remedies are: Arnica, Muscivora, Ignatia, Nux vomica, Lactuca virosa, Laurocerasus, Sepia, Pulsatilla, Carbo vegetabilis, Iodum, Spongia, and others. Carbo vegetabilis deserves special consideration where Arsenic might seem indicated, except that Carbo has a copious secretion and expectoration of mucus. China is recommended, but no available indications are given.

This list of remedies would have to be increased a good deal if we would include those that may be required to meet existing complications. In this respect we prefer referring the reader to the respective chapters, for it amounts pretty much to the same whether capillary bronchitis or catarrhal pneumonia sets in as a complication of whooping-cough or as a primary idiopathic disease. Unless the whooping-cough claims special attention on account of its inherent features of a threatening character, it is our opinion that in all complicated cases the cough itself had better be treated as the complication attended to above everything else. This will facilitate the choice of a remedy and will prove advantageous to the patient. The whooping-cough will certainly disappear as soon as the catarrh is removed.

Of particular importance and involving a good deal of danger is a combination of whooping-cough with tuberculosis, whether the latter was caused by the cough or existed previous to it.

Naturally enough the paroxysm of cough irritates the dis lungs in a most dangerous manner and invests the cure wi dfficulties. In such cases lodium and SUicea prove excel

The catarrh remaining after the convulsive stage is not guished in anything from an ordinary catarrh, provided i complicated with emphysema. If this is the case, a cure

20v Diseases of the Lungs.

expected from scarcely anything except the persistent us table charcoal ; in the case of young people a cure is n sible, but probable.

The sequelae are too numerous to admit of an extensive n this place. If whooping-cough is treated homoeopathically the outset, they will scarcely ever happen, except perha which, however, are never engendered by whooping-cough, at most converted into centres of suppuration. As regard characteristic whooping-cough marasmus, we have never ye across it in our own practice,

K the homoeopathic treatment only commences at a later s of the disease, the prognosis of course diflfers greatly nosis under full homoeopathic treatment; for at that sta meet with structural changes which it may be difficult o possible to remove.

Another important point is the patient's mode of living. respect physicians differ in their opinions more perhaps other disease. As regards nourishment, it has to be of a not to cause any irritation of the stomach or intestinal might exert a pernicious influence over the course of th It is likewise an indispensable precaution that children be stuffed with food, lest a paroxysm should so much mor occasion vomiting; it is a good plan to keep the childre eating, in order to keep ofl' an attack until the digest pleted. If food is vomited up too easily and too often, quantity of Tokay will prove an excellent means of stead stomach. If opinions concerning the food and the beverag patients cannot reasonably differ, they are so much more nistic as respects the balance of the management. We hav stated that Oppolzer, and with him a number of other phy prescribe a uniform temperature for the little patients, keep them in bed. By this means the catarrh is to be rem the shortest possible manner. In one respect the usefuln proceeding may not admit of any doubt, but in other resp general well-being of the patients is injuriously affect the absence of other efficient remedial agents, the usef cofinement is undoubtedly undeniabla Under homoeopathic ment, however, it becomes a useless deprivation. Of cour children should be kept in their rooms until the fever i but if the. whooping-cough sets in with a simple coryza, may safely be allowed the use of the open air, of course

Tussis Convuisivia, Pertussis. 209

precautions. As soon as the convulsive stage has set in, upon the parents the duty of sending the children every of doore for a couple of hours, provided the weather is We have never observed any injurious effects from this p even in winter; the disease does not, on this account, l than five weeks, and the children retain a fresh appeara preserve their strength and regular appetite. Moreover a advantage should not be overlooked: the children remain spirits, whereas continued confinement in a room usually irritable and headstrong temper which has the effect of the frequency of the paroxysms. Regarding a change of re we have already hinted in a previous paragraph our doubt propriety of such a measure. We have never known the chi of country-people to be favorably affected by such a cha city-children gain by it sometimes, and in their case it removal from the influence of the whooping-cough miasm, healthier mode of living that produces the good results. children are sent back to the city, no good effects are Indeed, such aids are not necessary. Many lay-people, ev cians, object to washing the children with cold water, o them their usual bath. This, too, is an useless precauti even become injurious for the reason that the skin is ma sarily sensitive and its functional activity is forced i mode of action.

In conclusion we offer a few words regarding the dose of appropriate remedy. In this respect the partisans of lar doses are diametrically opposed to each other, some rega whooping-cough as an acute, othera as a chronic disease. be possible to cure whooping-cough with the thirtieth po have never attempted such a thing; at all events low pot not necessary to effect a cure, nor is it necessary to r repetitions of the dose. Our own experience has led us t the middle potencies, giving a dose morning and evening. quent change of remedies should be strictly avoided ; ra can never be achieved by such means.

[We would call attention to two remedies which Bcehr has ted to mention, we mean Coffee and Mephitis putorius. Th if given in dessertspoonful doses of a strong infusion, ^ith sugar and without milk, will have a tendency to sho moderate the paroxysms; the latter has been frequently u

liomtBopathic physicianB with good effect; Doctor Keidh^

14

210

Diseases of the Lungs.

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Philadelphia has reported a number of successful cases of Mephititis in our various Journals. H.]

6. Bronchitis chronica.

Chronic Bronchitis, Chronic Pulmonary or Bronchial Catarrh

In the majority of cases chronic bronchitis owes its existence to one or more attacks of acute bronchitis out of which it gradually develops. Even as thus arising as a secondary affection the disease is exceedingly frequent, but this frequency is increased by the circumstance that it accompanies most of the material changes of structure in the lungs, particularly bronchiectasia and emphysema, and that it likewise occurs as a complication of diseases of other organs. The latter occurs particularly in diseases of organs that obstruct the return of blood from the lungs, such as heart-disease and affection of the liver. As a primary disease, chronic bronchitis is more common among persons who are upwards of forty-five years of age than among young people. Every chronic pulmonary catarrh of young people excites a suspicion that it emanates from some other pulmonary disease as its source. Men are much more frequently affected with chronic bronchitis than women; children are seldom attacked. In the Northern districts chronic pulmonary catarrh becomes much more frequent; in countries with a damp and cold climate it is endemic; it likewise prevails among individuals whose business confines them to damp and cool places. Persons who have a good deal of dust during their work, such as stone-cutters and sculptors, are likewise exposed to frequent attacks of chronic bronchitis. Smoking is likewise a frequent cause of this disease. This use of tobacco causes chronic catarrh of the bronchial membrane much more frequently than one imagines, without an acute attack having preceded the chronic form.

The symptoms and course of the disease are easily understood if we keep in view the anatomical changes which the bronchial membrane undergoes, steadily in view. For this reason we will not describe these changes before going any further. The bronchial membrane is hypertrophied over a more or less considerable portion of its surface; it is unequally raised up, is of a deep red color, and is traversed by distinctly engorged vessels. It is covered by a layer of gray or even purulent mucus, of various thickness. In some cases the secretion is more scanty, but in that case very tenacious,ropy. The puffiness and thickening of the mucous

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Bronchitis Chronica. 211

membrane, as well as the infiltration of the submucous and connective tissues diminish the elasticity and occasion a consequent narrowing of the bronchia which is mostly diffuse, but may likewise be limited. Emphysema may likewise result from these anatomical changes. If a bronchial tube becomes closed anywhere, atelectasia of the corresponding parts of the lungs takes place. True pus is seldom formed on the bronchial mucus membrane; hence ulcers, which occur

frequently in chronic catarrh of other mucous membranes, dom seen on the mucous lining of the bronchia.

Considering our mode of living, and when affecting persons beyond the age of fifty, the milder cases of chronic bronchitis do not present any marked symptoms. The patients expectorate a little, most generally in the morning, and after that some, but assimilation is not affected by the disease, the respiratory process interfered with, and the condition of the patient remains unchanged for years. The more violent case is contrary, causes constant and most commonly increasing trouble.

After the termination of an acute bronchitis, a chronic bronchitis seldom sets in gradually without any preliminary stage, - cough and expectoration remain and continue with variations until made worse again by another acute attack. Cough is marked by two essentially distinct features. If bronchial secretion is scanty, tenacious and firmly adhering, paroxysms of cough occur less frequently, but in such a case are mostly severely spasmodic and not unfrequently lead to vomiting. The paroxysms occur most frequently at night commonly in the day-time. After violent exertions, some of the above-described mucus is expelled; sometimes a little mucus is hawked up till some time after the cough. If the secretion is copious, the cough sets in chiefly in the morning-hours after use of warm food; it may continue for a long time, but is moderate, for after a few energetic spells of cough, the mucus is detached and expectorated.

Sooner or later the cough becomes associated with more or less violent oppression of breathing, which may even creep all over the chest, being perceived and corresponding with the increasing thickness of the bronchial mucous membrane, a diminution of elasticity and the copious quantity of the secretion. At such times oppression is only perceived by the patients when making a rapid walk, going up hill; soon, however, it is perceived during an ordinary walk, even during rest, and causes a

212 Diseases of the Lungs.

of annoyance. In the higher grades of the disease, the patient is threatened during the paroxysm of cough with danger of suffocation; even between the paroxysms the nature of the existence is revealed at first sight by the elevated thorax and a sequent shortening of the neck. The most intense pain, however, is endured by the patients if an acute aggravation of the disease takes place. Under such circumstances they exhibit such a picture of distress that it seems as though they could not live longer than twenty-four hours. These acute exacerbations occur almost certainly once at least every spring and fall, if the patients have not knowingly been exposed or have not left their room.

The structural changes, superinduced by chronic bronchitis, are the disease, if it lasts any length of time, almost insupportable. Emphysema which often is produced by, but seldom engenders bronchitis, usually accompanies the latter and occasions permanent dyspnoea corresponding with the extent of the emphysema.

Dyspnoea is likewise occasioned by bronchiectasia and by morbid conditions of the heart excited by chronic catarrh. The worst is that the morbid conditions occasioned by the disease in their turn feed and aggravate the exciting cause.

In unimportant cases the physical diagnosis does not reveal abnormal changes. The percussion remains normal as long as catarrh has not given rise to any material changes such as emphysema, etc. In a violent attack, auscultation yields abnormal results. If the secretion is scanty and is instituted immediately after, or during a paroxysm of loud inspiratory murmur is heard over the whole thorax a prolonged and loud expiration with wheezing ; rales are commonly heard, or, if they are heard, the bullae are fine; during paroxysms, the respiratory murmur may be normal over the portion of the thorax ; crepitation or a fine wheezing is heard in detached spots. If the secretion is copious, coarse rales, with sibilant and buzzing sounds, are heard all the most loudly previous to a paroxysm of cough.

In the beginning the general organism is not affected by the complaint ; even tolerably severe forms of this disease may last a long time without any perceptible detriment. Very seldom only if the secretion is very profuse, emaciation gradually supervenes in spite of which the patients may live, however, many years. The greatest danger is occasioned by the influence

Bronchitis Chronica. 213

by the impeded respiration over the circulation. ' The functions of the heart become abnormal; the deficiency of blood in the thorax and its imperfect aeration either cause passive hyperaemia of the liver and a corresponding chronic intestinal catarrh, or derangement of the functions of the spleen or kidneys, or passive hyperaemia of the brain with its inherent dangers, so that it is not without danger that a raised thorax and short neck are designated as an habit.

If the catarrh has become an inveterate disease, it is a hindrance to the end of life; but that such a noble organ as the lung should be capable of bearing for so long a time even a severe and apparently dangerous disease, is indeed remarkable. It is in the marasmus the patient need dread, but the constant successive acute attacks which indeed are rarely immediately fatal, easily superinduce oedema of the lungs ; most patients die of the disease amid symptoms of general dropsy. If an acute attack assumes the form of capillary bronchitis or pneumonia, the prognosis for such patients are indeed in extreme peril.

In recent cases the prognosis is not altogether unfavorable as a cure is concerned ; life is very seldom endangered by the disease. The chances of course depend upon what structural changes have taken place, and to what extent. The worst prognosis is in heart-disease, which almost always terminates in dropsy in a short time.

Treatment. Even under homoeopathic treatment inveterate pulmonary catarrhs are very seldom cured ; nor will this

ever succeed in effecting the retrograde metamorphosis of emphysema or bronchiectasia. But even though the homoeopathic *Teria Medica* has only palliatives to offer against the disease, yet we are possessed of many more excellent means than the limitation and complete cure of the exacerbations, a stoppage of the further progress of incipient alteration and in this way we are able to afford a relief that may be extraordinary if compared with what is accomplished by other methods of cure. Hence we earnestly advise every physician who treats chronic bronchitis, to keep these two last-mentioned remedies steadily in view, and never to lose sight of them in the effect of a radical cure.

With a view of affording a general view of the treatment we will first describe the chief remedies in a few short paragraphs.

Tartarus stibiatus has already been mentioned when we treated

214 Diseases of the Lungs.

Tartarus stibiatus is a remedy of great importance in chronic bronchial catarrh to which it is specifically adapted. In bronchitis with a violent, spasmodic cough, loud rales in the chest, a copious, white expectoration, occasioned by the quantity of the secreted mucus, *Tart. stib.* is a sovereign remedy; it speedily diminishes the quantity of mucus and thus affords much relief to the sufferer. Very seldom, however, a favorable effect will be witnessed in cases where the disease has already set in; for this reason the remedy is better adapted to chronic catarrhs of recent origin, than to inveterate cases.

Pulsatilla is much more useful in chronic than in acute bronchitis if the following symptoms prevail: Cough, principally a dry, excited cough by tickling in the trachea, with copious expectoration of a yellowish or greenish mucus, but frequently mingled with a little oil, and a taste. There must not be any emphysema, whereas the presence of tubercles as a cause of the disease points to *Pulsatilla* as next to indispensable in the bronchial catarrh of children, which almost always, although not in every case, depends on tuberculosis. If, in the case of children, an acute catarrh changes to the chronic form, *Pulsatilla* is a remedy of great importance.

Sulphur is undoubtedly the most important remedy in this disease because it corresponds to the worst and most inveterate emphysema is present, this remedy may never yield any marked results; even its palliative effect is questionable. But it may, however, be obtained, in cases of chronic catarrh of the lungs, if the mucus is secreted in large quantities, or is thick and the symptoms point to a decided thickening of the mucous membrane. An eminent indication for *Sulphur* is the excessive sensitiveness of the skin, so that every trifling change of temperature causes an exacerbation and that, even if the patient remains in his room, he is still powerfully affected by the weather. Only this hyperesthesia must not be caused by pulmonary tuberculosis, the tubercles at least must not be

of STippuration. What we have said shows that the sympto be distinguished in two series. The cough is either loos easily detached, but only at times, so that at night, fo there is a good deal of dry cough, whereas in the mornin during the day the cough is moist, the expectoration is

Bronchitis Chronica. 215

white, compact, but mixed with a number of yellowish or lumps showing that the mucus had been secreted in the br for some time before being coughed up ; it has a foul ta a bad odor, and the accompanying hoarseness and sensatio rawness show that the larynx and trachea have become inv the pathological process. Or else the cough sets in in m paroxysms with considerable dyspnoea, is dry and spasmod wheezing in the chest; it occurs most generally late in and in the night, and it is only towards morning or afte that a tenacious, glassy mucus is brought up after a sli spell. The digestive symptoms and the condition of the l geijerally appears very much enlarged in chronic catarrh the selection of Sulphur. It has always seemed to us as triturations of Sulphur did not act as well in this dise attenuations prepared from the alcoholic tincture, and t rule, the higher potencies act better than the lower. We insist upon this point, for a comparatively small number vations do not authorize the resort to apodictic asserti we have to observe that in the case of decrepit, and mor old individuals. Sulphur seldom does any good.

Nux vomica acts in many respects similarly to Sulphur an cording to our experience is, like Pulsatilla, more effi than in acute bronchitis, if the following symptoms prev cough sets in with particular violence betw^een midnight ing, is dry, spasmodic, very persistent and racking, so pains in the bowels ; it is easily excited by a change o and is associated with a continual titillation in the ch trachea; only in the morning, mostly after, very seldom rising, a loose cough sets in, with easy expectoration o mucus. While coughing a sensation of soreness and roughn sensibly felt down the middle of the chest. The conditio digestive organs greatly facilitates the selection ol th edy. In contradistinction to Sulphur, Nux vomica is much adapted to comparatively recent cases without any seriou cations and is otherwise more particularly suitable for vigorous and otherwise sound constitutions.

Phosphorus, although variously recommended for chronic c is, in our opinion, only adapted to acute attacks of bro setting in during the course of the malady, and when exc acute and threatening. Particulars may be found in the c on acute pulmonary affections.

216 Diseases of the Lungs.

Belladonna, though not exactly a remedy for chronic bron renders excellent service in the continued, distressing

cough, excited by a tickling in the throat-pit, by cold talking, without any or a very scanty, tenacious expecto generally with a marked feeling of dryness in the respir exacerbating during the last hours before midnight. This chronic bronchitis is not very frequent.

Calcareo carbonica is used in this disease much less fre it deserves. It competes in some respects with Sulphur, likewise fully adapted to emphysematous chronic catarrh, cough is dry and tormenting, sets in principally at nigh violent irritation in the respiratory organs, and if, af for some time, a tenacious and frothy mucus of a saltish sively sweetish taste is expectorated. We shall revert t when speaking of the catarrh of tuberculous individuals. Silicea it is the most important remedy in the so-called phthisis.

Spongia is one of the principal remedies for chronic cro bronchitis. The patients feel quite well for days; it is sionally that they cough once and then only very little; after an increasing shortness of breath, and excited by lent emotion or some other irritation, and attended with throughout the whole chest, a violent fit of spasmodic c in, by which the distinctly-perceived murmurs in the lun tinually increased, accompanied by a high degree of dysp lasts for several hours and mostly occurs in the night; quite dry, or else there may be a scanty, frothy expecto sometimes has to be vomited up, and not till several hou glassy, hard, clear mucus of a globular or vermiform sha hawked up in small pieces. Very commonly these symptoms to tuberculosis, but not as a rule.

Sepia may claim our attention in a similar cough as Spon we must confess that we have never derived very striking from its use. The numerous symptoms in the pathogenesis which point to bronchial catarrh, give evidence that Sep a remedy for this disease. Only it is difficult, owing t tude of symptoms, to present a characteristic group. The symptoms of the group are: Dry, spasmodic cough, or coug a copious, saltish expectoration, which is apt to set in late morning-hours. Sepia is not adapted to bronchial ca accompanied with bronchiectasia, emphysema, etc.

Bronchitis Chronica; 217

Iodium is related to Spongia ; perhaps it acts more read the latter; the paroxysms of chronic catarrh to which Io adapted, occur irregularly during the day; the expectora glassy and hard or tenacious, but shapeless ; the paroxy accompanied by a violent asthma which does not entirely ing the intervals. Iodium is probably never suitable in people.

Lycopodium is suitable for old people, if emphysema and changes in the bronchial mucous membrane have taken plac is constant tickling in the throat, loud rfiles with sca quent expectoration of a gray color and saltish taste, n erbations.

Manganum is suited to a spasmodic cough with difficulty the phlegm; the cough is only in the day-time; only hard are brought up after hard coughing, of a yellow or green

Baryta carbonica has acted very favorably in several cases of old people, with excessive secretion of mucus and difficult expectorating it, and with paroxysms of a spasmodic cough the period immediately following midnight. Two days after the drug the mucus generally decreased in quantity and the patient felt relieved.

Silicea, although symptomatically indicated in many forms of catarrh, yet has only proved efficient in our hands in a few forms. We are often called upon to prescribe for the common catarrh of the bronchitis which is such a common cause of death in this class of workmen. It is characterized by profuse secretion of mucus, great shortness of breath without any perceptible cause; this shortness of breath not only sets in after a cold without any cause. These people generally die of phthisis that is to say in consequence of an excessive secretion of mucus. We have tried a number of remedies against this disease almost without effect, whereas Silicea has always with prompt benefit. We must add that we have never derived any advantage from alcoholic attenuations, but always from higher triturations.

Stannum has been tried by us in many apparently suitable cases without any result; we cannot recommend it, whatever we may say to the contrary.

Senega is adapted to chronic bronchitis when accompanied by laryngotracheitis, but likewise to chronic bronchitis without

218 Diseases of the Lungs.

accompaniment; the cough has no expectoration, or else a scanty, described tenacious, glassy expectoration, especially at night, and excited by every exertion of the respiratory system by fresh air.

Bryonia alba is preferable in the acute form, and is very adapted to inveterate chronic catarrh. It is particularly indicated by a spasmodic cough with a copious expectoration of yellow mucus; the cough distresses the patient all the time and that it seems as though the thorax would fly to pieces; excited by smoke and dust. We have never seen Bryonia relieve a dry cough, or a cough with tenacious, scanty expectoration.

Hyoscyamus, of all the remedies here mentioned has the most precise and most prominent indications, which are indeed none other than in chronic catarrh. The Hyoscyamus-cough is a nocturnal spasmodic cough, excited by a recumbent posture and abated immediately after the vertical posture is resumed. This combination of symptoms occurs very rarely, but if it does, Hyoscyamus is the right remedy.

Opium must not be overlooked. It is erroneous to suppose the narcotic effect of Opium suspends the desire to cough a short time, for there are many forms of cough where Opium exacerbates, but does not afford any relief, or affords when administered in very large doses to be followed by an increase of the cough. In our opinion Opium is admirably homoeopathic to a spasmodic, dry, paroxysmal, titillating which is especially tormenting at night, and has but a short duration. The fact that we have often cured a cough of this kind permanently by means of a few doses of Opium, entitles us to believe that Opium is something better than a mere palliative affection. But we warn our readers against giving Opium, if the cough is attended with a profuse expectoration of mucus, decrease of the cough must necessarily lead to great dys-

Digitalis purpurea is mentioned here as a remedy for pulmonary tuberculosis to which chapter the reader is referred. A strong indication for this remedy are cyanotic symptoms in the face, sensation of an excessive determination of blood to the head, which the breathing is at times oppressed and suspended.

Arsenicum album is one of the most important remedies for bronchial catarrh. However, it will rarely be indicated in uncomplicated, chronic, bronchial catarrh, but so much more frequently if emphysema has taken place, and if the symptoms

Bronchitis Chronica. 219

we have indicated as peculiar to *Digitalis*, prevail. The cough is always attended with more or less considerable asthmatic symptoms which does not entirely cease even during the intervals between the paroxysms ; the cough is excited by a severe tickling in or under the sternum, by cold air and more particularly in the atmosphere; it breaks out particularly in the middle of the night, has a dry and wheezing sound, and it is only with that a frothy and occasionally a tenacious, white mucus. The symptoms indicating *Arsenicum* are only occasionally among young people, and only rarely among old ones. If the remedy acts favorably, it does so speedily ; if *Arsenicum* does not benefit the case in the first eight days, no favorable change results from the further use of this drug. *Arsenicum* acts with particular benefit, if the catarrh has become associated with heart disease, though, in such a case, a radical cure can no longer be

Carbo vegetabilis ranks with *Arsenicum* in curative power. The symptoms of both drugs are very much alike. *Carbo* likewise is best in old and neglected cases, with emphysema and hypertrophy of the mucous lining ; the circulation of the lungs and the well-being of the head and abdominal viscera is very much impaired if the patient is very sensitive to cold and to the direct action of drafts upon the lungs \ the symptoms exacerbate at night, expectoration differs from that of *Arsenicum* : *Carbo* affords benefit only if the expectoration is profuse, not when scanty. A profuse expectoration consists of mere lumps of mucus ; at other times it is purulent, or yellow and green, sometimes having a fetid and a pungent odor, suggesting the possibility of an advanced pulmonary phthisis. If the larynx is very much involved, *Carbo* is indicated so much more. The drug must not be expected

immediately, because patients for whom Carbo is suitable are usually very much reduced and the lungs are so deeply impeded that a rapid improvement has become impossible.

Beside the remedies we have named, a number of other drugs may be ranged in this category ; they are only of second importance, and we confine ourselves to giving their names: Antimony crudum, Conium maculatum, Hepar sulphuris, Natrum muriaticum, Cuprum, Kali carbolicum, Ambra, also C and Ferrum.

A bird's-eye view of the therapeutic indications may facilitate the selection of the particular remedy appropriate in a

Starting from the mucous secretion which accompanies the

220 Diseases of the Lungs*

cough, we have two principal kinds, one with copious, another with scanty or no expectoration. The remedies for the first kind, are : Bryonia, Tartarus stibiatus, Pulsatilla, Calceolaria, Lycopodium, Manganum, Silicea, Sulphur, Stannum, Baryta, Carbo vegetabilis, Digitalis, China, Ferrum, Antimony crudum. For the second kind, the remedies are : Nuxvomica, Belladonna, Spongia, Iodine, Senega, Hyoscyamus, Opium, Hepar sulphuris, and, in so far as this second kind appears in the form of a spasmodic tickling cough: Belladonna, Senega, Hyoscyamus, Opium.

For chronic bronchitis of recent origin, when arising from an acute form, the following remedies are particularly appropriate: Bryonia, Tartarus stibiatus, Pulsatilla, Sulphur, Nuxvomica, Hepar sulphuris, Ipecacuanha; if remaining after a catarrh: Pulsatilla; if after whooping-cough: Cuprum, Chlorella, Ferrum, Arsenicum, Hepar.

Among old people, chronic bronchitis requires : Tartarus stibiatus, Lycopodium, Baryta, Carbo vegetabilis. In their case only a temporary effect can be obtained, that is to say a limitation of the mucous secretion ; we cannot expect to accomplish more by continued exhibition of these remedies.

For the so-called stone-cutter phthisis the leading remedy is Silicea, next Calcarea carbonica, Carbo vegetabilis. Tar will seldom do much good, although the symptoms may seem to indicate this remedy. It is, however, indispensable that the respiratory organs be no longer compelled to inhale the stone or the dust and delicate fibres of the wool. The best protection against this exposure is a moist sponge tied in front of the mouth and nose, or a thick woollen mask around the nose and mouth which is continually kept moist. By adopting this course we often succeeded in restoring stone-cutters who seemed irretrievably lost so as to enable them to resume their work and attend to their fellow-laborers and that it is next to impossible to overcome this obstacle.

If the catarrh has either originated or is accompanied by

heart-disease, a cure cannot well be thought of. Arsenic vegetabilis, Lycopodium^ Tartarus stibiatis may be tried efficacious remedy is undoubtedly Digitalin, about yj^y grain per day, and administered at intervals. Persons who smoke, will derive much relief for their asthmatic distr

Bronchitis Chronica, 221

moderate smoking. Old women know this well ; they are ve to smoke a pipe for the sake of easing their lungs.

For the passive cerebral congestions, with which organic of the heart are so often associated, and likewise for t the lungs originating in a similar cause, Digitalin is l best palliative ; Arstnic or Garbo vegetaJbilis are much productive of any good results. If the disorganizations gressed too far, it is no longer possible to save the pa we can do is to palliate his sufferings.

In the intercurrent acute exacerbations, mostly of a thr character and which, if the mucous membrane is considera hypertrophied, cause extreme anguish and dyspncea, and a or livid bloating of the face, the choice is between Bry curiiLSy PhosphoruSj and Arsenicum. These exacerbations threatening import, for the reason that they are most ap cedema and paralysis of the lungs. But even in lesser gr chronic bronchial catarrh the exacerbations cannot be tr sufficient care, because they so commonly increase the c trouble and originate bronchial changes of structure. Ol are more particularly exposed to danger from this source the transition-periods of the seasons they have to use g in exposing themselves to the deleterious influences of changes.

In obstinate cases of chronic bronchial catarrh, if the are otherwise young and vigorous, we are forced to suspe presence of tubercles, which will almost always be disco exploring the chest. For the remedies to be employed und circumstances, we refer to the chapter on tuberculosis.

The general management of the patients cannot be made to form to fixed general rules, but has to be adapted to th stances of the patient. The uncomplicated chronic bronch catarrh of young and vigorous individuals does not requi particular caution ; above all, the patients must not us sive care lest the acute exacerbations should occur so m easily. "With ordinary caution the patients may safely g if a tolerably high wind should be blowing; they should encouraged in the use of an inhaler. An inhaler is only if every acute bronchial catarrh portends danger, as in in which case attention has, of course, to be paid to wi perature. A measure of precaution, which is too much neg is the use of water-tight, warm shoes or boots; for noth

222 Diseases of the Lungs.

apt to give a cold which reacts upon the respiratory org damp feet. We do not mean to advocate the use of India-r shoes which afford poor protection, for the reason that the proper action of the skin. On the other hand, double soles with woollen stockings affbrd the most certain pro without any incidental disadvantages ; this foot-gear is essary to those who are troubled with sweaty feet. It is apparently trivial circumstances that the success of our sometimes depends.

In the case of children our measures of precaution have more complete than in the case of adults ; even if a phy ploration does not reveal any abnormal changes, yet, in the conditions which give the first impulse to tubercula are much more easily developed.

For fjersons of an advanced age, it becomes imperatively sary to guard against exacerbations and to submit to mea which would spoil young people and make them morbidly se we must not forget that the human body, after reaching t of sixty, can no longer be prevailed upon to change its positions or susceptibilities. Here it becomes necessary much as possible for an uniform temperature and for a su clothing corresponding with the deficiency of animal hea attending to these things, many have succeeded in pronlon lives for years.

These general rules for different ages are not suitable dividuuals, and we must not insist, from preconceived not adhering to a regimen that may be prejudicial to the pat Many young people cannot undergo the process of hardenin many older persons, on the contrary, do not feel well un go out in every kind of weather; one child is kept in th for weeks and yet the catarrh of this little patient doe in the least, whereas it gets well very speedily if the allowed to be all day in the open air. These differences be found out while the patient is under our treatment.

Pure air which is the normal food of the respiratory org of course an essential requisite for the cure of all pul eases. This circumstance is very much overlooked in the ment of bronchial catarrh, for the reason that the influ ated air is not so readily perceived and does not cause any immediate discomfort. We know that the continued inh tion of dust will give rise to pulmonary catarrh; Mrill

Bronchitis Chronica. 223

same cause operate in feeding the catarrh that already e Let the patient, therefore, avoid dust and smoke, and le people especially have their attention directed to the i eifects of living in a room filled with tobacco-smoke, W carpets in the rooms of such patients are objectionable, the inhalation of the fine dust which detaches itself fr wool, may cause violent paroxysms of cough. Even lightin rooms with gas is prejudicial to many persons, and does body some harm. The patients are not always aware of the that it is to the gas that they are indebted for some of

worst paroxysms of cough. [We think that these precautions exaggerated ; carpets, if kept clean and free from dust, advantages over bare floors, and oil or kerosene irritates passages a great deal more than pure gas. H.]

As a rule food has no great influence over the course of disease. Knowing, however, that the digestive organs become easily involved in the morbid process, we are bound to protect them with becoming care. It is only in the disease causation, that a nourishing diet is indispensable and the cautious and moderate use of fat is quite proper, whereas fat articles of diet should be restricted as much as possible. In the case of children especially the proper diet has to be prescribed with great definiteness; despite the prejudice that milk is injurious to the system with mucus, milk ought to constitute their chief nourishment; for chronic catarrh is really met with only among diseased constitutions, and it is in their case especially the deleterious influence of catarrh upon the constitution perceived.

In conclusion we will add a few words regarding the use of particular places, the climate of which is supposed to exert influence over the health of invalids. "We do not deem it to remove patients from their habitual home and climate as they may be able to recover their health at home ; moreover a warm climate is not very favorable to uncomplicated bronchitis. We may be able to do much better in our immediate neighborhood. The sojourn in mid-mountain woodlands is not only a palliative, but very often a genuine curative remedy in very serious pulmonary diseases. This statement has been confirmed to us during the last years of our practice by so many instances and proofs that we do not intend to send away a single patient who has not first tried the influence of mountain-air in his

224 Diseases of the Lungs.

neighborhood. This air stimulates the lungs so powerfully that the result leads us to infer that even an existing emphysema decreases under its agency, at the same time as the whole seems to become invigorated by the change. More recently results obtained by a sojourn in artificially compressed air have claimed the attention of the profession. Our own investigations and the results we have been able to achieve in our own practice have satisfied us that this method of treatment has a distant future before it; we cannot with sufficient force urge our professional brethren the importance of acquiring a thorough knowledge of these new methods.

We cannot undertake to recommend particular spas for the reason that the curative virtues which are claimed for them are not expressed with a sufficiently definite scientific precision. The predilection of lay-people for the spas of Ems and other places is indeed very great, but the benefit derived from them is very questionable and is very frequently owing to the fact that the water which is drunk early in the morning, promotes the removal of the mucus, but probably no more so than plain warm water would have done.

[Bflehr has included in the article on chronic bronchial a peculiar form of cough which is often described in pat treatises as dry bronchial catarrh or Catarrhus bronchia tussis spasmodica or tussis titilans^ spasmodic or titil A special chapter has been devoted to this subject in Ka Therapeutics, which we transfer to this work, together w remedies as have not been mentioned by Bsehr.

We designate, says Kafka, by this appellation a cough th in in paroxysms during which a titillation or tickling i felt in the trachea without any perceptible definite cat tion of the bronchia. After the paroxysm the respiration genuine cases of such a cough, is again perfectly normal

The appearance of the cough in paroxysms, the absence of desire to cough and of any perceptible catarrhal process bronchia between the paroxysms, stamp this form of cough neurosis of the trachea.

The primary idiopathic titillating cough is independent disease of tlie mucous membrane of the bronchia ; it is the course of which no sort of anatomical changes can be in the mucous membrane of the trachea.

In the secondary form of titillating cough we observe an

Bronchitis Chronica. 225

eemia and hypertrophy of the mucous membrane which is re seen by inspecting the fauces provided the titillation i that region. At the same time the mucous membrane is gen dry. The hypertrophy frequently spreads from the pharynx larynx and glottis, in consequence of which dyspnoea and the glottis frequently set in. If the hypertrophy extend more delicate bronchial ramifications, their contraction asthmatic disturbances in the process of respiration.

If the titillation continues for a time, a muco-albumino stance, mingled with lumps of gray mucus, the sputum mar ceum of Laennec^ is secreted and is coughed up without a chusin the bronchia being heard.

Utiology. This form of cough is more frequently met with among children and women than among men. Primarily it is most commonly occasioned by irritants that affect direct peripheral nerves of the bronchial mucous membrane. The inhalation of cold or damp air, an intense cold, a sudde of temperature, cold winds, a draught of air, acrid gase smoke, dust, very cold beverages such as ice- water, too loud talking, especially during a walk or run ; crying, singing, shouting, loud reading, especially if mixed up deal of talking; exertions of the windpipe by the use of instruments, whistling, by the blow-pipe, dancing, sprin contribute greatly to the development of this form of co is likewise excited by fits of passion, chagrin, loud qu sudden fright or surprise, etc. Sympathetically, this co attack hypochondriacs, hysteric women, children during t of dentition, girls during the menstrual flow.

Secondarily this cough often supervenes during coryza, measles, acute or chronic bronchial catarrh, emphysema, culosis.

Symptoms. The primary titillating cough generally sets in suddenly and without any preliminary symptoms ; it occurs frequently at night after one has laid down or during the middle of the night. The patients may spend the whole day or even the night without being seriously troubled by the cough. Suddenly, while going to bed or being on the point of lying down, the patient is attacked by a violent irritation and desire to cough which does not allow them a moment's rest and prevents them from sleeping. This irritation is either experienced in the fauces, or in the throat-pit (in the region where the trachea bifurcates),

15

226 Diseases of the Lungs.

The irritation is usually in the middle of the sternum or in the epigastrium ; the irritation is like a tickling and usually causes in the fauces a sensation as if little worms or insects were crawling about there ; in the larynx and trachea a sensation of roughness is experienced, or the larynx and throat were irritated by dust, the vapors of Sulphur or by feathers or hairs ; the titillation is sometimes so violent that it causes a spasm of the glottis. If the irritation is in the middle of the sternum, the patients experience a sensation of pressure on the chest and a more or less violent degree of asthma which may even increase to asthma. The irritation in the epigastrium is sometimes very violent, causing considerable coughing of the diaphragm and an upward pressure of the abdominal wall which may result in nausea or vomiting. It is on this account that this form of cough has been dubbed " stomach-cough."

The cough is dry, continued, racking, not hoarse ; sometimes it has a hollow sound ; at times, if the titillation is localized in the larynx, it is a dry cough ; if a spasm of the glottis supervenes, the inspirations are labored or accompanied by a peculiar rattling sound owing to which this cough is sometimes confounded with Asthma Millari (spasm of the glottis).

A titillating cough most generally sets in in single attacks or in times two or three short paroxysms in succession ; the patient's inspiration is rendered difficult only if the glottis is spasmodically contracted at the attack or if asthmatic symptoms supervene. Lighter attacks of this cough are soon appeased ; more violent attacks may last for several hours or even the whole night. The patients are much excited by the continual irritation and desire to cough.

face becomes flushed, the temperature of the body increases, the pulse is accelerated, a warm perspiration breaks out in over the whole body ; sensitive women and delicate girls violently shaken by the cough that the urine spurts out copiously during an attack.

After the dry cough has lasted for some time, a muco-alb substance is usually secreted, mixed with a little saliva containing here and there detached lumps of a gray, pearly (sputum margaritaceum), which the most careful auscultator is unable to discover by the presence of rhonchi in the lower part of the trachea, where this little lump adheres, is and the respiratory murmur at this place is entirely absent. Soon as the little lump is expelled, the normal respiration is again heard in this place, whereas the obstruction may

Bronchitis Chronica. 227

occur at some other spot. Percussion, at every point of the chest, elicits a proper resonance. The expulsion of this little lump is sometimes a sign that the cough is going to terminate when it is violent, sometimes ends in vomiting.

After the paroxysm is over, the patients feel very languid, however, fall asleep and wake with little or no cough ; almost entirely or altogether free from cough during the day, the respiratory mucous membrane likewise remaining unaffected at bed-time or in the first hours of the night they are attacked by a paroxysm of cough.

The secondary form of titillating cough either supervenes in the course of acute catarrhal diseases, such as coryza, measles, acute bronchitis, and, in company with these diseases, either in an acute course, or else it accompanies, as a chronic cough, bronchial catarrh, emphysema or tuberculosis. Even when associated with these diseases, the titillating cough is the result of a constant irritation which is felt, for a long time, at different hours of the day as well as night, or in the early morning-hours, and finally ceases and is replaced by a common catarrhal or tubercular cough which always has a copious expectoration ; whereas the titillating cough is general and is attended with only a trifling expectoration. The titillating cough experienced at the places indicated by the patient to be the source of real distress.

Sometimes this titillating cough sets in with a sort of regularity.

Course, Terminations and Prognosis. The primary titillating cough generally runs an acute course, more especially when it was caused by a cold, by excessive exertions of the respiratory organs or by epidemic influences. The fever which accompanies it is sometimes so violent that a speedy localization in one or other part of the respiratory apparatus may be apprehended. It is particularly the case with children who are unable to tell themselves regarding the seat of the trouble. However the subsequent course of the symptoms, particularly the free intervals in which often last for hours, and the return of the contin-

tion after the cessation of these free intervals, soon of nature of the cough. Very frequently it sets in with but even without any febrile motions, and the attacks continue the causes or their immediate effects are removed. Sometimes one or several attacks occur, sometimes they continue for

228 Diseases of the Lungs.

days, even from eight days to a fortnight, and they break at the least provocation.

Most generally this titillating cough occurs in an uncommon form ; sometimes, however, especially in the fall, winter during the prevalence of cold winds or in very cold weather when the weather is cold and damp, wet or foggy, or during the prevalence of an epidemic, the cough combines with one of the above-mentioned acute catarrhal diseases, and with them it assumes an epidemic form and runs a similar course.

This disease always terminates in recovery; only when complicated with other diseases, these complications may show threatening symptoms.

If the primary titillating cough lasts a long time and is very intense, emphysema or hernia may set in and may threaten the end of the patient's life.

Treatment* In treating this cough we have to aim at appeasing the existing paroxysm and preventing its return.

In the treatment we have to be guided by the exciting cause, the seat of the titillation, the phenomena developed by it in the general organism and more particularly in the organs of respiration, the consensual symptoms of the diaphragm, stomach and the upward action of the abdominal viscera, the circumstances by which the attacks are either meliorated or aggravated, the period when they set in, and the complications.

Above all we have to keep an eye on the causes that excite the titillating cough. To this end cold and damp localities, containing acrid gases, vapors, dust or smoke, have to be avoided, and every exertion of the respiratory organs by talking, reading, singing, blowing, etc., has to be avoided. The patient has to avoid with great care every sudden change of temperature, sudden cooling, draughts of air, cold or damp air, cold winds, every violent mental excitement; nor should they go out in foggy, snowy or rainy weather. The room which the patient inhabits, must be kept at a uniform and moderate temperature, even in the night the temperature should not fall below 50° Fahr. ; according to our experience, a lower degree of temperature in a room easily excites or exacerbates the cough.

Light cases of titillating cough, even if complicated with other diseases, do not require any medicinal treatment* A free perspiration, means of warm tea, warm lemonade, etc., and confinement

Bronchitis Chronica. 229

until the perspiration has ceased, is generally sufficient to return the normal condition in the shortest possible space of time.

If the fever is severe, attended with dryness of the fauces, larynx and with a continual dry cough provoked by an irritation in the fauces or larynx; if the disease is cold, surprise or an excessive effort of the respiratory system is aggravated by excessive warmth of the room, by talking, drinking cold water; if the paroxysms set in in the forepart during the first sleep, and if they are complicated with influenza, measles, acute bronchial catarrh, we give Aconite solution, after which the patient transpires profusely in a few hours and all the symptoms improve.

Even in cases without fever or complications. Aconite acts promptly and efficaciously, if the previously described symptoms are present.

If a troublesome feeling of dryness is experienced in the pharynx and trachea, attended with a continual irritation in the fauces and on the posterior wall of the larynx; it is then felt in the throat as if dust had been inhaled; if the violent spasm of the glottis or asthmatic symptoms flushed face, and heat of the head set in; if the patient is irritable and sensitive to light and noise; if the disease is occasioned by exposure to a draught of air, or by sudden cooling off suddenly while the skin was covered with perspiration; if the paroxysm breaks out at the time when the patient retires at night, and is made worse by talking, drinking cold water, Belladonna 3 is to be given, whether a fever is present or not, whether the cough is complicated with coryza, influenza, acute bronchial catarrh, hysteria or hypochondria, or not. In these symptoms Belladonna is always preferable to Morphine or water of Laurocerasus; but it should be given in the form of tincture, the extract being less reliable.

If the titillating cough attacks teething children; if they are hot and their gums red and swollen, with much salivaceousness of one cheek; if they start during sleep and are restless when awake; if the cough continues uninterruptedly after they have been put to bed, and if it is dry and short, we give Aniseed 3. The same remedy is given if the cough is complicated with coryza, bronchial catarrh, when coarse rales and a rattling of mucus are present; or for cough accompanying acute intestinal catarrh, if the children cry violently.

230 Diseases of the Lungs.

In the treatment of acute bronchitis, draw their legs up, and the passages open like stirred eggs. This remedy is likewise applicable to sensitive women, if the titillating cough is caused by irritation of cold or damp air, by fits of anger, and is attended with a high degree of nervous erethism, and if the tickling in the chest is associated with a constrictive sensation in the chest which is experienced at bed-time and torments the patient with coughing. In our hands a single dose of Chamomilla has often

in a vast number of cases to calm this cough, to quiet it during the night, which often keeps children, girls and especially during the menstrual period, from sleeping.

Similar symptoms and complications likewise indicate Mercurius solubilis, especially in the case of teething children, to be used if the cough has a hollow sound, the patient experiences under the upper third of the sternum; if the cough has been caused by a cold, breaks out in nocturnal paroxysms, patients perspire a great deal without being relieved by the attack, there remains an unconquerable disposition to stretch the limbs.

Conium maculatum is used by us, if the titillation is felt in the sternum; if the cough is caused by exposure to rough winds and the paroxysms occur at night; if the cough is dry and so violent that it causes vomiting; if the use of acids and of drawing a long breath make the cough worse; if during the attack the chest is spasmodically constricted and if, after the end of the paroxysm, the patient complains of stinging pains in the head and a painful sensitiveness of the abdominal muscles deserves particular consideration in influenza, measles, and in the case of hysterical patients.

Rhus toxicodendron, for tickling and a feeling of dryness in the throat, down the trachea; the symptoms abate for a while by the swallow of warm tea or water and sugar, but soon reappear in the same degree; accompanied by tearing pains in the eyes, especially if they set in at the same time as the cough, the patient being exposed to the influence of wind and cold air, or getting soaking wet; the paroxysms occur at night, attended with complete sleeplessness; the cough is complicated with coryza and frequent, spasmodic sneezing, or with influenza with typhoid symptoms.

If the titillation and cough have set in after a walk in cold air; if the tickling is chiefly felt in the larynx

Bronchitis Chronica. 281

down to the bronchia: if the cough is dry and so violent that it causes a spasmodic constriction of the throat and chest, or less violent degree of spasm of the glottis, with an anxiety in the face, cold sweat on the forehead and external cyanosis; if the patients have more and more a cyanotic look; if the cough causes vomiting, and the paroxysms recur, we give Ipecacuanha with decided benefit.

If the titillation is felt in the throat or pit of the stomach, the cough is caused by rapid walking, running, mortified feelings, or by a sultry treatment; if it is attended with dyspnoea and the patient is fatigued; if the attack sets in in the morning-hours, aggravated by talking or eating, we give Kalmia latifolia 6, if coryza is present, with entire loss of smell and taste, the cough is complicated with emphysema and tuberculosis. In emphysematous women the titillating cough is usually attended with sputtering out of the urine. This remedy is likewise useful if the titillating cough breaks out typically, or in the

chondriacs or hysteric females.

We prescribe Ignatia 3 for a dry, constant, titillating sets in more particularly at bed-time; the irritation is throat-pit, as from the inhalation of fine feather-dust, tion is felt in the larynx or even in the epigastrium; t of a preeminently nervous character and is caused by dep states of the mind, or by humiliating treatment, grief, cough is worse in the open air, after eating or drinking disease may be primary and idiopathic, or attended with bronchial catarrh. Ignatia is particularly to be commeu hysteric w^omen and for children inclined to spasms.

Ammonium carbonicum 8 is indicated by titillation in the and a sensation in the trachea as of inhaled feather-dus with dyspnoea ; the paroxysms occur at night and are fol high degree of exhaustion ; the cough is made worse by t 0[])en air; complicated with coryza, influenza and acute bronchial catarrh.

Acidum benzoicum 8 for a titillating cough caused by a c attended with a stinging sensation in the middle of the which is worse during a deep inspiration ; the cough is by asthmatic complaints and rheumatic pains in the joint

Rumex crispus 3 is recommended by Kafka, if the titillat ceeds from the throat-pit or the middle of the sternum, with a sensation of soreness in the trachea; if the coug

232 Diseases of the Lungs.

bed-time or after the patient has laid down, and is caus action of dry, cold air, esiDecially in the winter-seaso especial attention in bronchial and laryngeal catarrh. D roll Dunham of New York has published a long and interes article on the subject of Rumex crispus in the second vo Amer. Horn. Review, page 530, to which we refer the read fall and correct information concerning the therapeutic drug in affections of the larynx, trachea and bronchi.

Graphites 6 for titillation in the larynx, with a feelin and burning in the throat; for nocturnal paroxysms of co hard pressure on the chest; it is particularly useful in chronic coryza or in the case of individuals who are at time attacked with a scrofulous eczema, or in the case o when they have their menses.

"We prescribe Zincum metallicum 6, if the titillation is the region of the sternum ; if the cough is dry and exha stitches in the chest and oppression of breathing; if th is labored and talking is quite an exertion, the attack at night and deprives the patient of sleep; deserves par attention for the cough of hysteric women and during the

Kali carbonicum 6 is indicated by a dry titillating coug stinging in the larynx, pains in the chest, choking, vio exhaustion after the attack which commonly sets in at ni useful for titillating cough during the menses and in a

incipient tuberculosis.

We have seen a very violent, acute titillating cough cured speedily by means of a decoction of Senega; the patient had contracted the cough during an ascension of the mountain. This remedy is appropriate for cough, if the titillation affects the larynx, and the cough is attended with roughness in breathing and oppression on the chest; if the cough is made worse by breathing of fresh air, and if the patient has to sneeze continually until the head feels heavy and giddy, with coryza being present. It may be used during an attack of acute and chronic bronchial catarrh.

These remedies have enabled us to control every attack of titillating cough, no matter of what kind. (We remind the reader of the propriety of referring to the chapter on chronic catarrh for the other remedies not mentioned in this extract.)

Even in the secondary form of this disease these remedies

Bronchitis Chronica. 233

have always been found sufficient in our hands. In the case of tuberculous individuals, especially in the last stage of the disease, the best tried remedies sometimes remain without effect. In such a case we resort to empirical remedies from motives of humanity, such as Cannabis indica 2, Atropin. sulph. 2, or Morphin.

(The Spirits of Turpentine on sugar and the Balsam of Capivi likewise on sugar, or the alcoholic solution of the balsam found useful in chronic titillating cough.)

The selection of the proper remedy is often a very difficult especially in the case of children who are unable to indicate the locality of the titillation or to furnish a proper account of subjective sensations. The difficulty is likewise great in the case of hysteric females, because the consecutive, consensual phenomena succeed each other with remarkable rapidity, and are exceedingly diversified. In such cases experience has to pay exclusive attention to the objective phenomena which have to be investigated with great correctness and with an enlightened knowledge of their character and meaning. When we have obtained an exact objective picture, we shall have no difficulty in picking out the remedy best suited to the case.

Having hit upon the remedy adapted to the present case by an arithmetical process as it were, we may rest assured that the subsequent paroxysm will yield to it. We exhibit the remedy during the paroxysm most commonly in solution, mixing four or eight drops in half a pint of water and giving one or two spoonfuls every quarter or half an hour, or every hour. Remedies like those of Mercurius sol. or Hepar sulph. are given every half hour or hour in about grain-doses. After the cessation of the paroxysm we continue the same remedy every two hours until the cough has entirely ceased. In order to prevent the return of the cough, we give two doses of the same drug at intervals of some time longer. The patient's attention should be directed

*^piie necessity of observing the dietetic and general h
^iclx we have fully explained in previous paragraphs.
'^ ^ case of secondary titillating cough, we first stay
J'^ixxs and afterwards continue the treatment of the pri
. ^'» ^lach as coryza, acute or chronic bronchial catarr
^^^Xza, emphysema, tuberculosis, for which we refer the
r^^ir respective chapters.

"tVie titillating cough occurs typically, we give, accor
ine By|r,ip|;Qij^g^ ArsenicuMy Ipecac., ^ Nux vom.^ Natru

i

234 Diseases of the Lungs.

these remedies prove insufficient, we give Chinin. sidph
obstinate cases Chinin. arsen. 1, of which remedies we p
dose every two or three hours during the apyrexia.

While the titillating cough lasts, the food should be sa
spiced as little as possible; mild nourishment containin
deal of saccharine matter, is best. Even such articles o
contain a good deal of starchy matter, such as potatoes,
nuts, peas, lentils, etc., should be avoided. Kancid fat
and heating beverages are likewise hurtful.

Individuals who are liable to attacks of titillating cou
observe the same precautions as those who are suffering
bronchitis, or are liable to attacks of this disease. H.

7. Bronebiectasla.

Dilatation of the Bronchia.

We should not have mentioned this affection if it were n
particular importance to the correct appreciation of chr
chial catarrh.

A dilatation of the bronchia is of two kinds, a uniform
fuse dilatation and a sacculated form. The former is alw
consequence of an inflammatory acute or chronic disease
bronchial mucous lining in which the elastic and muscula
have become involved, in consequence of which these tiss
lost their elasticity to a greater or less extent. This
the bronchia is rarely confined to a small portion, but
monly reaches over a large extent of the bronchial tubes
culated form is caused by the closing of delicate bronch
cations above which it is located ; this closing leads t
the pulmonary parenchyma and thus assists in restoring t
for a dilatation of the bronchia ; or the dilatation may
quence of the closing of bronchial tubes occasioned by a
the corresponding portion of the lungs.

Diffuse bronchiectasia, if not too prominently developed
particular consequence ; if occasioned by an acute attac
able ; but if resulting from chronic bronchitis, it may

to repair the disorder. It has the same phenomena as chronic catarrh, or chronic catarrh in conjunction with emphysema is scarcely ever absent.

Sacculated bronchiectasia is much more important, because it easily leads to suppuration and gangrene of the mucous membrane.

Emphysema Pulmonum. 235

Emphysema very frequently presents the picture of pulmonary phlegm, which generally modifies quite extensively the results of percussion and auscultation. Atrophy of the lungs superinduces retraction of the corresponding intercostal space, which, however, are not observed at the apex of the lungs; the percussion-sound is dull, and auscultation does not reveal any vesicular murmur, but only a coarse rale. The diagnosis is somewhat complicated, depending rather upon the absence of general symptoms of tuberculous disease than upon the presence of any directly observed phenomena. In severe chronic bronchial catarrh, bronchiectasia may be diagnosed with a tolerable degree of certainty if the expectoration has a fetid odor. Otherwise the symptoms here are likewise the same as in chronic bronchial catarrh, very often associated with phenomena resulting from the presence of emphysema which is apt to supervene on such occasions.

Of course the treatment cannot aim at restoring the elasticity and contractility of the bronchia; hence it cannot be directed against the bronchiectasia, but the physician has to make the cure of the accompanying catarrh the chief object of his attention. If the dilatation caused by an acute catarrh, if it should have been directly diagnosed, does not require any special treatment once the patient has become satisfied of the presence of bronchiectasia, he may feel convinced that the existing bronchial catarrh cannot be cured, and we refrain from instituting fruitless experiments at the same time as we may obtain light concerning the proper remedy to be prescribed which, of course, can only aim at alleviating the symptoms. For all that, though bronchiectasia is an able complication, yet it does not necessarily render the prognosis in a case of bronchitis more doubtful. Such patients may live to an old age, even if afflicted with sacculated bronchiectasia if the expectoration is decidedly purulent, and has a foul odor.

8. Emphysema Pulmonum.

Emphysema of the Lungs.

Two essentially different kinds of emphysema have been described, one an interlobular arising from the passage of air into the connective tissue, and a vesicular representing an entire lobule, namely a dilatation of the air-cells. We have only to do with the latter form.

Emphysema very commonly arises in consequence of chronic

the lungs by which a portion of this organ is rendered inelastic to the respiratory process ; it may accompany atrophy or contraction of portions of the lungs ; it most commonly accompanies a change of structure which at the same time superinduces a diminution of the volume of the lungs. This form of emphysema can scarcely be regarded as anything morbid and will never become an object of treatment ; it is termed vicarious emphysema. Vesicular emphysema has an entirely different origin and is of much more importance; in a practical point it is essential that this be known. We do not deem it necessary to recite the different theories regarding the origin of emphysema ; we simply give the most correct explanation. Emphysema may be caused by morbid conditions of the air-cells which impair their elasticity more or less. This defect may arise in cases of chronic bronchitis, pneumonia, etc., in which case the air-cells are similarly to the bronchia in diffuse bronchiectasia. This is the frequent occurrence of emphysema in chronic bronchitis. Emphysema may likewise have another and different mode of origin. In consequence of an excessive but otherwise entirely normal exercise of the respiratory functions; or in consequence of the respiration being obstructed by organs on either side of the thorax, the air-cells may become dilated to such an extreme degree that little by little they lose the power to return to their former size, precisely in the same manner as an India-rubber bag that is often and excessively dilated, loses its elasticity.

In the former manner emphysema occurs principally in consequence of a thickening of the bronchial mucous membrane, more especially in chronic bronchitis with marked hypertrophy of the mucous membrane, in an almost normal manner in old age where the walls of the air-cells, like most other tissues, lose their elasticity more or less.

In the second manner, emphysema is caused by excessive exertions in running, dancing, lifting, playing on wind-instruments, or by obstructed expiration by affections of the larynx, the chest, or the bronchial tubes, paralysis of the diaphragm, owing to which the expiratory act is performed in an incomplete manner ; by such conditions which leave one part of the lungs in a continual state of distension. Very frequently both modes of origin combine, which is really always the case if chronic bronchitis is sustained by such degrees of emphysema ; at the same time chronic bronchitis is an obstacle to respiration, and diminishing the elasticity of the air-cells, always increases the existing emphysema.

Emphysema Pulmonum. 237

Hence the more special etiological causes determining the origin of emphysema are: chronic bronchitis of the mucous lining, especially chronic bronchitis; various other affections of the lungs, whooping cough, playing on wind-instruments, excessive bodily exertions, stenosis of the larynx, paralysis of the diaphragm, tumour of the abdominal viscera, heart-disease, etc.

Emphysema may take place in every age, but occurs more particularly among persons beyond the age of fifty. Men are more liable to it than women, probably for no other reason than that they are more exposed to the causes producing it. Some i

evidently inherit a disposition to the disease. Thin individuals contract the disease more easily than fleshy and robust

The symptoms of pulmonary emphysema very naturally result from the anatomical changes it occasions. Some of the air sacs are excessively distended; hence, owing to their inability to contract sufficiently or at all, they no longer participate in the process, and consequently give rise to phenomena of dyspnoea. These are increased by the circumstance that the distended sacs compress other neighboring cells and withdraw them from the process of respiration. The impeded respiration occasions hypersemia of the lungs which again causes chronic catarrh, deficiency of the heart's action, sanguineous engorgement of the abdominal viscera, the vessels of the head, and finally, the consequence of an abnormal composition of the blood, exudation from the vessels and consequent dropsy.

These changes do not develop themselves all at once, nor do they all occur in the same sick individual; hence emphysema is divided into various groups of symptoms which we deem it unnecessary to delineate in this place. We prefer giving a more detailed description of the more prominent characteristic features of the

Pulmonary emphysema runs an exceedingly chronic course, the changes it occasions occur almost imperceptibly under the influence of a light chronic catarrh, but after some time progress rapidly since the existing emphysema necessarily originates in disorganizational emphysematous disorganizations. Patients may feel well for years, when suddenly the dyspnoea begins to increase steadily and imprints the true picture of emphysema upon the patient.

A physical exploration does not reveal at all times distinct phenomena. If on percussion, the pulmonary murmurs are heard beyond the liver and heart, we may safely conclude that

238 Diseases of the Lungs.

is present; this circumstance, however, occurs only in the advanced stages of the disease. Auscultation usually reveals only the symptoms of chronic catarrh which is in reality never absent, and more or less very feeble, scarcely audible vesicular respiration which is replaced by the extreme respiratory efforts of the patient, is indeed characteristic. If the emphysema has reached a high degree of development, the thorax assumes the shape of a tub. The ribs are flattened by the excessive action of the inspiratory muscles, and the chest which they assume during the act of inspiration, and thus that the upper portion of the thorax is dilated whereas the lower portion retains its normal width. Owing to the excessive respiratory efforts the cervical muscles become very prominent, and the protrusion of the thorax gives to the patients their characteristic necks. The influence upon the heart results more especially in abnormal changes of the right heart. Owing to the obstruction of the circulation in the lungs, the right heart is engorged and finally permanently distended. It is only in the highest stages of emphysema that the heart is pushed out of its place. The influence upon the left heart is not constant. The change in the circulation explains various other phenomena of the circulation, the

in the pit of the stomach, the venous hypersemia of the viscera, the engorgement of the veins of the neck and the deficiency of respiratory action and of the function of the heart results a change in the composition of the fluid finally assumes an intensely venous character. Usual pulse is uncommonly small and feeble, frequently irregular and intermittent.

What torments the patients most, is the dyspnoea. If the dyspnoea is moderate, the dyspnoea is bearable, but it increases in a circumstance that interferes with the breathing, even by not filling the stomach, flatulence, but most permanently and threateningly by an acute bronchial catarrh. It seems almost impossible that the patients should be able to bear this longer than a few days, and yet but few die of an attack of this kind. The most common cause of death is dropsy resulting from the above-described anomalies of the circulation. It most commonly develops itself gradually, very seldom to a high degree, ascites and oedema of the extremities are most commonly associated with oedema of the lungs.

The whole duration of the disease may be thirty, forty or fifty years. Emphysematous individuals, if pursuing a regular

Emphysema Pulmonum. 289

of life, may live to a high age in spite of all apparently constantly occurring variations in their state of health arising by an increase or decrease of the emphysema, but by an increase or decrease of the accompanying chronic catarrh. On this account a dry and cold winter-air is most favorable to the disease, whereas the transition-periods from one season to another frequently or almost regularly a violent distress; they are half a day in advance every approaching atmospheric change.

As we expect to effect a complete restoration of the patient, the prognosis is very bad; as far as longevity is concerned it is said to be very favorable. If emphysema has developed it far as to enable us to diagnose it, a retrograde metamorphosis scarcely ever be thought of; all we can expect is to diminish the extent of the disease. The chances of a long life are diminished by the condition of the heart; as long as the heart is in its normal state, we have nothing to fear. The renal function likewise deserves our attention, since their condition generally enables us to prognosticate the termination in dropsy.

If we mean to indicate a treatment of emphysema, we shall have to inquire how far this disease can at all be treated. If the elasticity of the air-cells is gone, they have become distended to such an extent that they cannot possibly recover their normal form. In many instances the walls of adjoining cells have distended and cavities have formed in their places. Is it, under such circumstances, possible to restore the elasticity of the air-cells? From our stand-point this question, which a fanatical homoeopatheist stand-point of his dogmatic faith, not from that of practical medicine, may rashly answer in the affirmative, has to receive a decidedly negative answer. Even if we admit that slight emphysema can be compelled to retrograde, by what means

investigation, what objective or subjective symptom will enabled to diagnose a trifling emphysema, and to demonst fact that the improvement we had aimed at, has been achi After an emphysema has become evident to the senses it m acquired an extent of development which renders a retrog metamorphosis an impossibility. In our opinion a radical emphysema of the lungs cannot be thought of, nor can any treatment be instituted ; in other words, we declare thi zation an incurable malady.

In saying this, we do not mean to assert that every trea emphjsGD^ '^ futile and useless; on the contrary, a phys

240 Diseases of the Lungs.

benefit his patients very essentially in two different d the first place, a certain prophylactic treatment can be which of course cannot aim at preventing the disease alt but staying its further spread. Let every intense chroni catarrh be treated with the utmost care, especially in t people and individuals disposed to shortness of breath, contrivance or circumstance that might interfere with th tory functions, be avoided, more particularly tight clot stooping, violent bodily exertions. At the same time let guard as much as possible against catarrh of the respira That this cannot be accomplished in the most effliicent confinement in the room, by warm clothing, or in general sive care, has been shown by us in a previous paragraph. clothing does not mean very warm clothing; on the contra is least appropriate. Strict attention to temperature, w dryness of the atmosphere should be paid by every emphys individual; no one ought to dress more in accordance wit in the temperature and weather than persons sufltering f sema. Wearing flannel next to the skin, is undoubtedly b for the reason that extreme respiratory efforts easily e transpiration even during a slight bodily exercise such Wearing flannel is indispensable, if the weather where t resides is habitually damp and cold. Much smoking is dec prejudicial, although we do not mean to assert that toba emphysema. The circumstance that the blood of such patie does not receive a suflicient quantity of oxygen, sugges priety of advising them to avoid localities where the ai by crowds.

Secondly we are obligated to try to meet the affections inevitably accompany emphysema. At the list of these aff we place catarrh of the bronchial mucous membrane. Be it primary catarrh as an exciting cause, or only a secondar we should by all means endeavor to moderate or remove it for this purpose the remedies that have been recommended and chronic bronchial catarrh. Some among these remedies more valuable because the catarrhal symptoms in their pa with which emphysematous individuals are most usually af have been confirmed by abundant practical applications. chronic form of catarrh we select: Carbo vegetabUiSy Ars Tartarus stibiaius^ Baryta carbonica^ SUiceaj Ipecacuanh dium. The three first named again deserve the preference

Emphysema Pulmonum, 241

\rho uses them in suitable cases, must be amazed at the they achieve with so much promptitude. For particulars the reader to the previous chapter, giving the following these three remedies: Tartarus stibiatus^ if there is a tition of mucus which can only be raised with difficulty a only scantily; Carbo vegetabilis^ if a quantity of mucus and expectorated ; Arsenicum^ if the secretion of mucus In addition to these remedies we recommend Causticum and talis; the former, if the action of the diaphragm is fee latter, if there are organic changes of the heart. These will never achieve very striking nor very rapid results, account the frequent change of remedies should be condemn an improper proceeding; such a proceeding simply tends t a favorable change still more. Sulphur has never effected hands any perceptible improvement.

Acute attacks of catarrh during the course of emphysema among the most severe affections, although more in appearance as really dangerous to life. The main remedies for such are: Bryonia, Mercurius, Arsenicum, Phosphorus, Tartarus also Cannabis; the last named acts only as a palliative. and Mercurius are best suited when the febrile and general phenomena are most marked; the other three remedies the local symptoms are most prominent.

"While attending to the thoracic organs, the condition of abdominal viscera likewise claims our attention. It will ever be possible to do anything for the passive, almost hyperemia of the liver. An intestinal catarrh with constipation of the bowels and flatulence is exceedingly distressing of the increased dyspnoea it occasions. Lycopodium is indicated for this condition of things; Cocculus is much less frequent, but from Nuxvomica which seems to be so frequently used, we have never derived the least benefit. As a matter of course, such a morbid condition of the digestive organs the most minute dietetic precautions which are unfortunately too often neglected by the patients. Farinaceous food or vegetables should not be used in any considerable quantity. Nourishing food with a little wine is very much to be recommended. By adhering to a proper diet patients can save themselves distressing hours, for nothing increases their dyspnoea an interference with the movements of the diaphragm.

As regards the most important affection which accompanies

16

242 Diseases of the Lungs.

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emphysema, we mean a change in the functions as well as the shape of the heart, our remedies are either powerless, or their influence is, indeed, trifling. The exciting cause being

the abnormal results, of course, cannot be removed. Digibest calculated to palliate the distress, whereas Arseni and other remedies almost always leave us in the lurch. case Natrum muriat. relieved the truly frightful cardiac

In conclusion we will make mention of an agent that exercised a decided influence over emphysema, we mean the pressure of the atmosphere. More recently we have become enabled to increase and diminish this pressure ad libitum to suit the condition of patients; both the decrease as well as the increase of atmospheric pressure exert a wonderful effect upon emphysematous individuals. A diminished pressure of the atmosphere is procured by causing patients to reside on high mountains. By this change the condition is improved in an uncommon degree, almost without any effort and in a very short time, the catarrh becomes less and the patient very soon gains in flesh. Any one who has resided on high mountains, must have experienced the great ease with which respiration is performed, and what a pleasantly stimulating effect mountain-forests have upon the organism. Not only must there be a greater ease in breathing but the patient feels very pleasant to the quality of the inhaled air must likewise afford a pleasure to his weary frame. Be this as it may, the best that emphysematous individuals can do for themselves in the summer is to live on high mountains.

How it happens that an increase of atmospheric pressure exerts a beneficent effect upon emphysematous individuals is unable to decide, nor do we deem it essential to entangle ourselves in hypothetical speculations on this subject. That this effect is produced, is not only corroborated by experience, but like the apparatuses contrived for the inhalation of compressed air. But few of such apparatuses are as yet in use, but we feel confident that in every large city an apparatus of this kind or later be introduced, and we deem it so much more our duty to direct the attention of our Colleagues to artificial contrivances of this kind, as our Materia Medica is utterly destitute of agents for this disease, and the most we can do is to palliate the patient's distress. More detailed information concerning this subject may be found in the Essays of Dr. Vivenot, Jr., in which he has published several of them. The essential effect of i

Pneumonia. 243

compressed air for several hours is a decreased frequency of respirations and the pulse. The relief obtained by emphysematous individuals must be owing to the circumstance that the inspirations become fuller and more oxygen is admitted into the lungs. We trust that all who have an opportunity of observing this method, or otherwise observing its effects, will take care of directing their attention to it. ,

9. Pneumonia.

Inflammation of the Lungs.

By pneumonia we understand the effusion of a fibrinous exudation on the free surface of the pulmonary cells. This form of pneumonia is termed croupous in opposition to the interstiti

rhial form, the first-named of which, however, is the only one, strictly speaking, entitled to be classed among influenzae of the lungs.

On account of its frequency and the importance of the affected organ, pneumonia is one of the most important diseases. To the homoeopath it becomes so much more important on account of the circumstances which we shall endeavor to explain at the comment of the paragraphs devoted to the therapeutics of pneumonia although this proceeding may render us liable to the charge of inconsistency in not avoiding, according to promise, even the use of polemics. But in the present instance the dispute about rank must be settled and is, therefore, unavoidable.

Etiology* An affection like pneumonia, which has at all times and more especially during the last decades, since the invention of a physical exploration of the chest and the development of anatomical anatomy, commanded the fullest attention and the most careful investigation on the part of all physicians, must have led to the most diversified views concerning its origin and avoid prolixity we shall only mention the most important etiological causes. The two principal kinds of pneumonia are the primary and the secondary form.

Primary pneumonia may occur at any age, but attacks more especially individuals between the ages of twenty and forty and very rarely children in the first years of infancy. No one is exempt from the liability to an attack; if a robust constitution is generally regarded as more susceptible, probably, because robust men are more frequently exposed to exciting causes of pneumonia. This circumstance is most

244 , Diseases of the Lungs.

One reason why men are so much more frequently attacked than women is that the occupations pursued by men expose them more fully and frequently than women to the deleterious influences producing pneumonia. Infants at the breast, and children who have passed through the first period of dentition, are seldom attacked with croupous pneumonia. The nature of the country does not seem to exert any palpable influence; for pneumonias occur on level country as well as on mountains, in sunny districts as well as in exposed places. The seasons, on the contrary, exert a marked influence. Our statistical tables show that the transition from cold to warm seasons is the most fruitful for pneumonia; the transition from warm to cold seasons is less productive of this disease, winter still less and summer least of all. That there must be other causes at work than the mere temperature, is self-evident. The great changes of temperature and May being at the same time attended with the most marked changes in the electric conditions of the atmosphere, it is not without reason that these conclusions are correct, that electricity exerts a powerful influence as one of the exciting causes of pneumonia. The influence of electricity likewise accords most naturally with the frequent occurrence of epidemics of pneumonia which, though not always very extensive, yet is of an intense nature, and which, owing to the peculiar course it takes, exhibits very characteristic features. We doubt very much whether

cold is such a frequent cause of pneumonia ; it unfortunate convenient to attribute pneumonia to it. In the absence constitutional predispositions it is only a very violent capable of causing pneumonia; even in such a case we would regard the cold as a cause of the disease, unless it had no later than eighteen hours before the commencement of disease. Mechanical injuries, more especially a violent blow may likewise give rise to pneumonia ; noxious agents act upon the lungs, such as irritating gases, excessive cold likewise excite the disease. A real predisposition to pneumonia will very seldom be met with; but it cannot be denied that the treatment of pneumonia with debilitating drugs, more especially sanguineous depletions, always leaves an increased disposition to similar attacks. • In the case of tuberculous patients a predisposition cannot well be shown, they are more easily attacked with pneumonia. It likewise seems an established fact that individuals with a preeminently arterial habit are more liable than others

Pneumonia. 245

for instance, emphysematous individuals with venous congestion are not often attacked with pneumonia.

Secondary pneumonia is frequently an exclusively consecutive affection, originating in the spread of inflammatory affections of the lungs. It is particularly met with among children, much more frequently among adults, and occurs as a complication of all acute diseases, particularly exanthems. Pyaemia is one of the frequent causes of secondary pneumonia. In chronic affections it is always a very dubious undertaking to show their connection with intercurrent pneumonia.

Pathologico-anatomical Changes* We give a description of these changes, because they facilitate a comprehensive view of the apparent symptoms.

For the sake of facilitating a methodical arrangement of the pathological changes, the pathological process has been divided into three different stages which, however, are not so rigidly distinguished from each other in reality, and often run a parallel

The first stage is that of bloody infiltration. On opening the thorax the affected part of the lungs does not collapse, but covering this part is usually opaque, the elasticity is more or less completely lost, and the color is sometimes darker. On cutting into the lungs, only a feeble or no sound is heard. The cut surface is of a strikingly dark redness in sharp contrast with the sound portion ; on pressing upon it a dark-red or brownish, viscid, tenacious fluid is squeezed out, the tissue is dense. The weight of the affected portion is much more considerable than its normal weight, and in water this portion immediately sinks to the bottom of the vessel.

The second stage comprehends the period when the process of exudation is completed, and is generally designated as the red hepatization. The affected portion feels dense and hard, the pleura over it has almost always lost its lustre and is covered with exudation. It exhibits all the signs of the first stage

to a deficiency of air. The cut surface has the same color first stage, or more usually it has the color of rust. When it impinges upon it, the cut surface shows distinct granulae which are still more apparent on the surface adjoining the thrombus caused by the firm exudation-plugs in the pulmonary cell of its density, the pulmonary tissue is much more easily

The transition into the third stage does not, properly speaking, constitute part of the normal course, for by the normal

246 Diseases of the Lungs.

resorption and exudation of the infiltration proceeds through the second stage. This third stage is designated as the stage of hepatization and purulent infiltration. The cut surface has a gray color with a yellowish tinge, mingled with red or brown spots which often impart to it a mottled appearance. The appearance has disappeared or still exists very feebly. It is quite friable. On pressure a turbid liquid is discharged consisting in most part of pus corpuscles. Gray hepatization arises from the red; the hsematin is more and more exposed or reabsorbed, on which account all transitions of color commonly noticed, from a dark brown-red to a yellowish, gray color, and if the purulent transformation is perfect, it is a perfect color.

The third stage may still be succeeded by the formation of abscesses, gangrene of the lungs, thickening of the exudation. We shall speak of this more fully hereafter, as well as of frequently occurring deviations from the general anatomical

As regards the extent of the pathological process, in chronic pneumonia a whole lobe or at least a large portion of a lobe is commonly attacked; less frequently a lobe is attacked on one side, still less frequently all the lobes together. If only on one side it is most commonly the right lungs, less frequently the left, only isolated, detached lobules are infiltrated in consequence of a pneumonic process, the inflammation is not usually a simple pneumonia, but almost always of a secondary character.

Symptoms and Course. As yet we are not acquainted with any disease which, in the absence of any particular complication, follows its course in such fixed and stable forms as pneumonia. It is as fixedly as this disease to definite critical days. In the treatment of pneumonia we shall show how far the former customary treatment of this disease has been influenced by the discovery of a fixed typical course.

Pneumonia begins almost without an exception with a chill which is usually very severe and is in many respects of great importance. It is from this chill that we date the commencement of the disease and by it we determine the critical days. Moreover this chill is sometimes of very long duration and is immediately succeeded by, but never alternates with fever, is in no other disease of peculiar nature, so that it may almost be considered pathognomonic more especially if we consider that as soon as the chill ceases muscular strength vanishes so that the patient finds it

Pneumonia. 247

impossible to stand erect. We will now first describe that of pneumonia in the case of a robust and sound individual; and will append to it the description of various deviations.

As soon as the chill which almost always lasts several hours scarcely ever only a few minutes, is over, a violent, dry cough sets in, and the pulse becomes more or less accelerated, more tense, but very seldom exceeds the number of 100 beats. The temperature is always raised a few degrees. The face which during the chill has an almost cadaverous appearance, now becomes sometimes only on one side; the cheeks are bright-red, injected, and very commonly some headache is felt, and the patient generally feels thirsty, but is very seldom disposed to eat. The appetite is at once gone, and owing to the intense fever secretions are suspended. The patient feels more exhausted than he really is. This condition which is as yet free from all the symptoms, may last longer than twenty-four hours, but in the case of the local symptoms appear at an earlier period; in fact they precede the chill. The patient complains of unceasing pains which he generally points out with tolerable accuracy as existing at the affected spot, very seldom far removed from the center, and are aggravated by every unusual exertion of the respiratory organs especially by coughing, and they sometimes increase to a degree of intensity. The pain usually sets in associated with a short and at first dry cough, the respiratory movements are less full and more frequent in number. The breathing is painful and accelerated on this account, but the violent coughing occasions an increased desire for breath which cannot be satisfied and causes great restlessness and anxiety and a marked rigidity of all the other respiratory muscles which are not usually seriously taxed in performing the respiratory movements. The exertions are generally so striking that pneumonia can be distinguished from this very fact, more especially from the flapping or rattling sound during an inspiration. Vocalization is of course almost entirely suppressed and shorter, and frequently interrupted.

Soon after the cough has begun to set in, the patient begins to expectorate; this expectoration is important as a diagnostic sign. It is scanty, very tenacious, and usually intimately mixed with blood from the commencement, which imparts to it the color of rust, or brick-dust; this color is scarcely ever absent in the case of young, robust individuals. At this stage the physical signs have so far advanced that they render the diagnosis perfectly

248 Diseases of the Lungs.

certain. During the first days the fever gradually increases but slight morning-remissions. Considering the high temperature, the pulse is not so very frequent, scarcely exceeding 120 beats, however, in proportion as the pneumonia becomes more infiltrated, the fulness of the pulse decreases considerably.

The end of the inflammatory infiltration generally designates

the period when a change takes place in the symptoms. The tration is seldom completed on the third day, sometimes seventh, even still later. After this, the pains almost the breathing becomes more tranquil, the fever is appeare the pulse remains unchanged, the constitutional symptoms mend very perceptibly. The local as well as the general may remain unchanged in intensity, until a change takes the disease. Such a change seldom takes place before the and, according to Traube, sets in on the odd days, which by others This critical change is very often preceded by ing out of herpes labialis which almost always authorize pectation of a favorable turn. Previous to the critical intensity of the symptoms either rises to a great height increase, or else it is often the case that after two to days a violent fever again rages for twelve to eighteen which the disease decreases very suddenly. This reappear the fever is most easily accounted for by the exudation which is required for the reabsorption of the exuded fib uncomplicated cases the disease decreases with an uncomm suddenness and rapidity, sometimes in a few hours, and i cult to understand how the dyspnoea can decrease so rapi as a rule, a copious expectoration does not occur and is entirely wanting. This shows that the exudation of serum is alone capable of removing the exuded fibrin by a proc absorption, is chiefly concerned in disembarassing the functions by the removal of this exuded material. In sim monia, without abnormal deviations from a regular course called sputa cocta are only met with in small quantity a any means as a general rule. Convalescence takes place s that on the fourteenth day every trace of the disease ha disappeared. As we shall see presently, the mode of trea exerts a great influence in this respect.

In order to establish the diagnosis of pneumonia with pe certainty in all dubious cases, it is absolutely necessa

Pneumonia. 249

a physical exploration of the respiratory organs. We dis subject separately from the other symptoms of the diseas to aftbrd a clearer and more connected view of the whole

Pneumonia does not alter the shape of the thorax, or so that no stress need be laid upon this symptom ; nor are costal spaces altered any more than the general capacity thorax. Very commonly, however, a more distinct vibratio thoracic wall, corresponding to the diseased portion of is perceived when the patient is talking. The most impor tive signs are yielded by percussion which informs us wi certainty whether a larger portion of the lungs is infil We speak, of course, of croupous pneumonia, for it is th that causes the infiltration of a considerable portion o most commonly of a whole lobe. In the incipient stage of monia, the sound either remains unchanged, or is only ch very slightly ; hence, immediately after the occurrence no changes can be discovered. But in proportion as the h increases, the percussion-sound becomes more tympanitic, to such an extent that one might be led to believe, a pi

tine had been struck. Hence, the tympanitic sound is characteristic in pneumonia, and is only less marked, if the tubes are very thick, or if the diseased portion of the lungs is far from the thoracic wall by a normal layer of pulmonary parenchyma. In croupous pneumonia, this is very seldom the case. The more complete the infiltration, the more completely the air is excluded from the lungs, and the more empty the sound becomes unless a space is left in which the air has not yet escaped, lies over the diaphragm. On the sides of this normal layer, the dulcification changes to the tympanitic and further on to the normal tympanitic sound is sometimes heard even in the non-affected portions of the lungs, most likely owing to the accompanying changes. A change in the infiltration is revealed by percussion. In such a case the tympanitic sound only returns for a short time and soon after gives place to the normal sound. The results of auscultation are equally valuable as the percussion signs. At the commencement of pneumonia, the normal vesicular murmur is very often quite feeble, much less than usual. As soon as infiltration begins to set in, and the air is unable to circulate in the inflamed portion of the lung especially during an expiration, the crepitation that is absent that it can almost be regarded as characteristic.

250 Diseases of the Lungs.

pneumonia. It is less audible, if a co-existing bronchitis hides it by rales. With the completion of the exudation percussion-sound becomes empty, every murmur caused by tuberculation of the air in the air-cells, necessarily ceases. In pneumonia respiration takes place, associated in the non-affected portions of the lungs with a more or less increased vesicular respiration perhaps with the necessary increase of the respiratory efforts in these portions. In the same manner as the air in the bronchia, when reaching the ear through the pulmonary parenchyma, sounds more loudly, so does the sound of the voice rise to intense bronchophony and pectoriloquy, while the greatly increased vibrations of the thorax. The resonance in pneumonia is indicated by rales. In the cells they are very fine, and on this account are sometimes described as fine rales, and sometimes are veiled by co-existing coarse rales in the bronchia. They often continue for a long time.

This most simple course of pneumonia is often modified by trifling deviations which are of importance to a homoeopatheic physician and the more frequent of which we will now proceed to point out.

In the case of children, the invasion of the disease is often attended by convulsions, such as may occur in other acute affective cases of adults, spasmodic symptoms are seldom witnessed. In severe intestinal catarrh sometimes constitutes the stage. In such a case the vomiting only lasts until the infiltration is completed, whereas the diarrhoea often continues throughout the course of the disease. In the case of children, as well as in the case of adults, pneumonia in its whole course is sometimes accompanied by such prominent symptoms that a physical exploration alone is capable of indicating the diagnosis upon a perfectly reliable basis, for

in such cases is often wanting. These cerebral derangements said to accompany the inflammation of an upper lobe much frequently than those of a lower lobe. The patients some remain unconscious during the whole course of the disease need not run a prolonged course on this account. Cerebral derangements of a lighter grade, a light delirium, mostly of a sleeplessness or sopor, are very common occurrences. The most frequently in the case of drunkards. The tongue does not exhibit any regularly-occurring changes, at times it is quite sometimes very much coated, at times humid, at other times

Pneumonia, 251

dry. The last-mentioned appearance is not very promising especially ominous if the balance of the symptoms impart an affective a dubious character. The appearance of a slight after the completion of the infiltration is very common, any particular importance; but if icterus sets in together with symptoms of gastro-intestinal catarrh, it always indicates a welcome complication which threatens to delay the course of the disease. As a rule the skin remains pretty dry during the course of the disease; profuse or exhausting sweats occur frequently.

The symptoms specially appertaining to the lungs, vary considerably. The cough which is usually not very violent and consists of single short turns, may assume a spasmodic character when on account of the increase of pain, it becomes a source of distress to the patient. It rarely is entirely wanting, or is quite particularly old people who sometimes do not cough at all. The frequency of the respirations is sometimes but inconsiderable and it is the insufficient depth of the inspirations that characterizes the disease. The pain varies more than any other symptom; in the case of old people it is generally very severe. In their case the admixture of blood in the sputa is general

In the case of young and vigorous individuals the resolution of the infiltration generally takes place very rapidly, some in a single day, but it may likewise be more protracted, with the account a transition into the stage of gray hepatization necessarily taken place. Thus we find that the fever decreases on the ninth day and that the patient generally feels a little better but there is no sudden decrease of all the abnormal phenomena immediate, but a scarcely perceptible, dragging commences convalescence. We seldom notice this condition of things in the case of robust men; it occurs quite easily among weakly individuals and after an exhausting method of treatment. Sometimes, when convalescence has begun, an exacerbation with progression sets in, in which case the fever is very apt to assume an asthenic character and the appearance of typhus, yet the course of the disease need not necessarily be very much protracted unfavorable. But almost without an exception, important complications exist in such cases; such a form of pneumonia is almost always the result of epidemic influences, but most generally the result of an exhausting treatment. Among the complications we notice particularly pleuritis, bronchitis, peri- and endocarditis without an exception, exert a disturbing influence over

252

Diseases of the Lungs.

Experience has shown that the seat of pneumonia is of great importance as regards the probability of a normal termination. A rule pneumonia of the right side is much more favorable than that of the left, pneumonia of a lower lobe lighter than upper one, which is apt not to terminate in resolution and a tubercular form. Inflammations of the left upper lobe are especially obstinate and deviating from the normal course; the least frequently.

The deviations of the infiltration are very essential, and deviations in the course of the disease are mostly found in the former. One of the most common deviations is the tardiness of the infiltration. It occurs rarely in uncomplicated pneumonia, but is a very common event if carditis supervenes during pneumonia. In such cases the deficient energy of resolution seems to constitute the sole obstacle, for a purulent metamorphosis is not necessary to lead to such a result. We refer to this afterwards in treating of chronic pneumonia. No resolution of the infiltration need take place even for years that of an apparently healthy man we discovered after a number of years over one or two pulmonary lobes, especially at the anterior border, marked bronchial respiration and a perfect percussion-sound. Or else the infiltration may remain in the lungs, disappearing entirely everywhere else. The patient may enjoy perfect health. If the infiltration rechanges to a tubercular deposition, the phenomena of the change entirely. We not only meet with this change in individuals of whom we positively know that up to the time they were attacked with pneumonia, they had enjoyed perfect health. On the critical days the fever indeed decreases, if it remains, and the patients are not able to recover or only slowly and imperfectly. There remain a dry and harsh cough and an imperfect fulness of the respiration, and later the symptoms of tubercular phthisis supervene, which a case usually runs a very rapid course. We should not, in every case of tardy reabsorption, infer a tubercular metamorphosis and express a prognosis corresponding with such a one. It often takes months before such a metamorphosis can be distinguished with perfect certainty.

The most important, most frequent and at the same time most dangerous change of the infiltration is the transition into one of gray hepatization or purulent metamorphosis. It must

4

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Pneumonia. 253

be apprehended if pneumonia continues beyond the ninth considerable febrile motions, and, unless we examine the very accurately, a progression of the pneumonia alone may last for a short time. Upon the accession of this purulent phlogosis the fever always assumes a marked adynamic character; the process henceforward bears a striking resemblance to typhus. The fever increases very considerably, the number of pulsations frequently exceeds that of 120 beats which is the normal for adults in a case of pneumonia, and at the same time the patient is small and feeble. Not unfrequently the burning heat is mixed with short chills. The tongue which, even in a violent case of pneumonia, seldom becomes dry previous to the stage of putrefaction or metamorphosis, resembles the tongue in typhus, and the existence of delirium makes the resemblance to typhus still more striking, so that on first seeing the patient an error in diagnosis is easily made, especially if diarrhoea is present. It is only the exploration of the chest, together with the previous history of the disease that affords certainty in such a case. Percussion yields exclusively an empty, but likewise a tympanitic sound; auscultation reveals beside bronchial respiration, more or less, consonant rales. The air passes through a fluid, but the condition of the patient shows that no process of reabsorption is going on; this is likewise evidenced by the expectoration which is at times pure pus, at other times mixed with blood and has a very offensive odor. If the pathological process takes a fatal turn life is always in great danger. Recovery always takes place slowly, with frequent variations between worse and better, and is frequently protracted for months. Death sometimes takes place already in the second week and at other times at a later period. It sometimes sets in quite suddenly, while the patient is in the height of the fever, and sometimes slowly in consequence of general exhaustion associated with the formation of abscesses or gangrene, neither of which, however, can be diagnosed with any certainty during the lifetime of the patient; for there are no sure indications of gangrene, and an abscess cannot be diagnosed with positive certainty until it begins to discharge. The patient raises a quantity of purulent matter.

Another, not less important, but much less frequent form of pneumonia is chronic pneumonia. That a chronic non-tubercular process of infiltration can take place in the lungs cannot well be doubted; but it is a rare occurrence, and

254 Diseases of the Lungs.

diagnosis cannot often be established in such cases. Hence, in such a case, we simply speak of chronic pneumonia resulting from an acute attack. It exhibits essentially all the so-called characteristics of pneumonic infiltration, except in a less acute form, and is attended with less immediate danger to the preservation of the organism. Either we notice a simple infiltration at some spot, which had remained after an acute attack and which does not affect the organism or else keeps it in a long-

of debility, with disposition to a renewal of an attack infiltration. Most likely it is owing to these remnants absorbed exudation, that individuals who have had one at pneumonia, are so often liable to being attacked a second else only part of the infiltration remains consolidated several portions of the lungs we hear bronchial respiration same time another portion of the infiltration undergoes of resolution, and cough with purulent expectoration set consequence of which the general organism necessarily suffers. Although fever is not always present, yet it is rarely absent in which case it has more or less the character of hectic hence the patient has a sick, yellow-gray appearance, and speedily shows signs of considerable emaciation. If the dissolves, and the pulmonary parenchyma is involved in that of disorganization, an abscess forms distinguished from mentioned abscess by nothing but the slowness of its course years sometimes pass away before the abscess finds an outlet the bronchia. Several abscesses may form, but such a thing is often the case. Where several abscesses form, the tendency to gangrene and ichorous dissolution is very commonly present. The organism need not necessarily show severe signs of sympathy suffering either from the presence of an abscess or that The patients look like tuberculous individuals in whose pathological process makes slow progress. They are not robust but without fever, and emaciate very slowly. At various times which sometimes last for months, some fever generally seen patients are attacked by great prostration, they have to and after this condition which is most easily brought about by a slight catarrh, has lasted for a short time, they suddenly after coughing and gagging an enormous quantity of foul, colored pus succeeded for a few days by a moderate expectoration that has likewise a very foul odor. At the same time the inflammation continues to increase until the pus has been completely

Pneumonia. V v 255

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ated, after which the strength returns very rapidly, to the same degree as before the breaking of the abscess. A considerable, if the suppurating portion of the lungs is healthy, the strength is not too much reduced. Death either takes consequence of hectic fever or of the supervention of suppuration process. Finally we must mention a termination of pneumonia which is of rare occurrence and exceedingly troublesome, the evacuation of the pus through the walls of the thorax has occurred twice in our practice. The patients were young and the right lower lobe was inflamed. Although the profuse purpuration at first occasioned great exhaustion, yet both completely restored.

Having said all we intended concerning croupous pneumonia will now add a few remarks concerning interstitial and chronic pneumonia.

Catarrhal pneumonia is scarcely ever a primary disease, generally arises in consequence of the inflammatory proceeding from the bronchia to the pulmonary cells. It is also an exception confined to single lobules, and on this account the name of lobular pneumonia has been given to it. There may be such scattered centres of inflammation, without the condition-sound being altered in consequence; nor do they obstruct bronchial respiration, so that it is scarcely possible to detect it with positive certainty. All we know is that capillary pneumonia is very apt to superinduce lobular pneumonia. Like capillary bronchitis, this form of pneumonia is preeminently a disease of infancy, and it has to be treated in the same manner as the other kinds of bronchitis. Interstitial pneumonia is of no particular importance to us, because it does not require any special treatment; on the other hand it is of importance with respect to prognosis as regards the diagnosis of other affections to which it is always a secondary complication. The process is quite analogous to the process in cirrhosis of the liver, on which account it is termed cirrhosis of the lungs. An exudation takes place in the connective tissue of the lungs; this exudation first changes the connective tissue and afterwards to cicatrizing, shrivelling by which the air-cells become compressed, and a condition which is designated as induration of the lungs. Since this may likewise set in as a consequence of croupous pneumonia, interstitial pneumonia is likewise a special form of the so-called pneumonia. Its most important result is atrophy of the p

256 Diseases of the Lungs.

tissue with caving in of the thorax and the development of dilated bronchiectasia in consequence of which chronic catarrh assumes such a peculiar form.

Inasmuch as in pneumonia the prognosis depends more evidently than in any other disease upon the treatment that happens to be pursued, we have assigned to it a place in the section of Therapeutics of pneumonia.

Treatment. We have already stated at the commencement of this chapter that the treatment of pneumonia is well calculated to show the advantages of Homoeopathy over other methods; it behoves us to devote some attention to the modes of treatment adopted by other Schools.

In the first place we have to consider the expectant method which Homoeopathy has in truth created; for it is the success of the expectant treatment which could not well be denied, although the doses were supposed to be equivalent to nothing, and the partisans of active treatment to try the treatment without any violent interference. We confess to our inability to comprehend a purely expectant treatment of pneumonia, and a conscientious physician will stand by quietly in a case and allow the disease to run its course from beginning to end, and do nothing for his patient. This may do in cases of pneumonia, if the patients are otherwise endowed with so much health, and the disease runs a perfectly normal course; but in regard to the more or less threatening dev

the normal course? Will the physician remain idle? We do believe it. But if we take the expectant method in a less sense of the term ; if we allow the use of some mild adjuncts, statistical tables of this method become at once vitiated however, that this method of treatment leads to much more able results than the usual treatment with sanguineous and a mass of powerful remedial agents.

The medicinal treatment of pneumonia is effected by means of a legion of remedies, which every physician admits are not given for the pneumonia, but for the inflammatory fever, single symptoms. The only remedy which years ago was used specifically for pneumonia, is Tartar emetic. The use of this as a specific has, however, been abandoned, for the reason was found impossible to determine the kind of pneumonia it was specifically adapted instead of using it indiscriminately all kinds. Every homoeopath is able to explain how it has

Pneumonia. 2R7

that Tartar emetic effected a cure in some cases of pneumonia proved a specific remedy even in whole epidemics, and every physician in the lurch in so many other cases. The use of this drug in large doses has only yielded unfavorable results to the whole duration of the disease. The other medicines are almost exclusively given for single symptoms of the group. Such medicines are mostly used as are supposed to have a depressing influence over the fever, such as Digitalis, Opium, etc.. We do not mean to say one word against these remedies, for we are well aware that under certain circumstances one of them has its value as a remedy for pneumonia. But we do not help giving utterance in a few words to our doubts or the propriety of prescribing these remedies for the fever in pneumonia. Fever in any disease is the manifestation of a reaction of the general organism against a disturbance set up in the interior. Hence, fever is no disease of itself, although a necessary attribute of many diseases. At all events, pneumonia is what it is, even if no fever should supervene. Hence, even were possible to combat the fever, in combating this fever we would not combat the disease. We even go so far as to maintain that the fever could be removed without the disease being affected at the same time, the treatment is sometimes without effect and usually hurtful and never of any use. For after the organization has been depressed or even suspended, the morbid disposition is either prolonged or does not disappear at all. In such a case Digitalis should only be given at the beginning of the fever, or might at most still be continued at the commencement of hepatization, which, however, is not done. In order to obtain a normal process of reabsorption, an undiminished action of the heart is indispensable ; its decrease may afford relief to the patient, but cannot act favorably. Such an attempt at palliatives may not always be hurtful and may not interrupt the course of the disease: it is certain, however, that such a treatment cannot be made the foundation for a true system

apeutics in pneumonia.

A somewhat complete review of the common treatment of pneumonia would oblige us to exhibit the whole of the so-called

17

258 Diseases of the Lungs.

phlogistic apparatus, from Calomel to the most harmless salt. Inasmuch as the use of these drugs is based upon the idea, they can be dispatched with the same arguments. An antiphlogistic treatment is just as absurd as the exhibition of opium for the fever in pneumonia; the real disease is not such a difficult thing to depress the organism by the use of cathartics and other remedies until an active reaction becomes impossible; of course, the theory has been completely abandoned, the inflammatory fever is gone, but an adynamic fever has taken its place; and even if this is not the case, there is no doubt that the conquest of the local disease will not take more rapidly.

At one time Chloroform-inhalations made a great noise, but have been abandoned by modern practitioners. Todd's method of prescribing spirits, is nearly related to these inhalations. It happens that Englishmen have not long ago stoned this of all faith in antiphlogistic treatment!

A proof how much pneumonia can endure without undergoing any essential modifications in its course, is cold-water treatment. Even Niemeyer is favorable to this method of treatment, utterly unable to give any reasons for it; his only argument it helps. From a physiological stand-point we should reason thus: The wet bandage, frequently repeated, diminishes the flow of blood in the cutaneous vessels, hence superinduces in the organism a sort of engorgement, and at the same time acts as a stimulant, for it is followed by an increase of reaction. Can such an agent be said to act as a curative in a case of pneumonia? We consider this mode of reasoning correct.

Pneumonia being attended with pain. Opium has been made use of very liberally; this is all that can be claimed in its favor.

In conclusion we have to consider the chief remedy, we mean blood-letting. It constitutes the apple of discord in medicine, and because homoeopathic practitioners have discarded it in pneumonia, they have been called murderers. How much has been said and printed on the subject of pneumonia, both before and after, more especially after a physician had dared to treat a pneumonic patient without bleeding, in spite of which he obtained wonderfully favorable results. This change in the treatment of pneumonia would have caused less astonishment if physicians had paid some attention to Homoeopathy during the last fifty years. Formerly pneumonia and blood-letting were as intimately

Pneumonia. 259

as the arm and hand. This is very different at the present and since we only deal with the present, we shall content ourselves with considering the modern developments of this question. Wunderlich and Niemeyer are sufficiently authoritative to present their views as the ruling opinions of their School.

Niemeyer gives three indications for a course of general venesection. First: Appearance of the pneumonia in a vigorous, young man, the temperature being over 92 ° Fahr., and the pulse over 120 beats. — Second: Collateral hyperemia of the upper portions of the lungs. — Third: Symptoms of pressure accompanying the pneumonia. Wunderlich gives the same indications, except that he adds to number one, that the patient be bled on the first and second, or on the fourth and fifth on the third, rarely after; the fifth unless hyperemia exist. The effect of bleeding, according to Wunderlich, is always, Niemeyer not attributing to bleeding a positive influence in pneumonia, but only a general influence or an influence on particular symptoms.

In the first place, venesection is said to shorten the course of the disease and to achieve the termination in recovery more and more completely. We ask any physician who has ever watched the course of pneumonia treated with blood-letting, whether it is true. We admit that immediately after the bleeding the fever abates quite considerably; but in twenty-four hours afterwards the fever returns even worse than before. Every homoeopath knows that pneumonic patients who are treated with blood-letting in accordance with the above indications, seldom finish their convalescence in a few days, but remain weak for several weeks. If we admit that Wunderlich's favorable prognosis is somewhat realized, yet, supported by our own experience, we cannot affirming that the favorable change more frequently disappairs than meets our expectations, and that it is very often in

Secondly, venesection affords the patient a sensation of relief. This is not always the case, but it is so commonly; but whether a mere sensation of the patient is more important than regard for the general course of the disease, and whether the physician is not perpetrating a piece of quackery if he resorts to it as a means to impress the patient with his power, whether he must be well aware that the effect of this remedy passes away in a few hours, and the patient feels necessarily more exhausted before.

260 Diseases of the Lungs.

Thirdly, the pulse decreases in frequency after bleeding has been accounted for, but it is not true that the former frequency does not return. It does return, but the quality of the pulse is the pulse is feebler than it was.

Fourthly, the temperature declines, but the same thing happens as with the pulse. This mania of depressing the chief symptoms, has been commented upon by us in our review of the remedies that are used for such a purpose; we need not repeat our criticism in this place.

Fifthly, venesection moderates the dyspnoea and thus prevents acute emphysema. That this is not the case, can be affirmed by every homoeopath ; acute emphysema is a very rare occurrence of pneumonia and, if it does occur, it must have been the result of improper treatment.

Sixthly, venesection, by moderating the pulse and the temperature, prevents nervous exhaustion and acute consumption. How this is to be brought about, is an enigma which physiology does not explain. Nor does Wunderlich account any more explicitly for the nature of such a process.

A few other points seem to us too unimportant to be mentioned here in detail; we shall interpolate them in our subsequent remarks.

Against the above-enumerated statements we will add to our previous remarks the following counter-propositions.

It is rather hazardous to declare an individual to whom we are called as a physician, positively robust and healthy when we are called. Every physician must have been deceived in this respect, and deceptions of this kind, if occurring frequently, cannot lead to pleasant results. There are individuals who are thin and pale and yet enjoy the most perfect health ; on the other hand, we see weak persons who apparently look stout and healthy. By what exact diagnostic signs are individuals suitable for venesection indicated, characterized ?

Again we generally notice that robust men seldom have a pulse of over 120 beats, whereas such a pulse is very commonly in the case of weak persons. Why should not the latter be more favorably affected by venesection? Have they a relatively smaller quantity of blood ? The answer is that they do not bear venesection as well as robust persons who can bear a few venesections without any great disadvantage, whereas weak persons cannot bear them. Where is the boundary, and how do we find it?

Pneumonia. 261

Persons who occupy the line and in whose case we do not know to which class they belong to one class or the other ?

Blood is only to be taken from robust individuals. Since venesection is reputed one of the most powerful remedial agents, the phrase must be intended to mean that the pneumonia of robust men is much more dangerous than that of weakly persons, and that robust individuals find it more difficult to conquer the disease than the amount of strength on hand. This mode of reasoning is certainly not logical. The reaction of a robust man must necessarily be more energetic and prompt than that of a person weakened by disease, and that the strength of a vigorous person is capable of bearing a great deal more than that of a debilitated individual. Why should the more intense fever of vigorous persons be in more danger? We are at a loss to understand the anxiety caused by the presence of febrile symptoms ; we admit, however, that the force of the pulse is an excellent index of present danger, but

number of the beats, or at least only to some extent.

Every homoeopath can testify that collateral hypersema monia does not very frequently occur in a threatening form; if it exists, its intensity may be diminished by venesection; would be followed by the bad consequences to inflammation will soon be enumerated. In such a case the question still pathological process is worse, the hyperaemia which is a condition, or the pneumonia which is liable to such unfavorable terminations. If, as is often the case, hyperaemia sets venesection, it is very questionable whether the venesection in a great measure the cause.

The phenomena of cerebral hyperemia are, at all events, a worst indication. They may be very marked and persistent they do not imply the presence of danger, and still less of so great a danger that it has to be met by such an energetic remedy as blood-letting.

Let no one imagine that our views on blood-letting which directly antagonistic to those of other physicians, are mere assertions. No true homoeopath will ever bleed either in pneumonia or in any other disease ; hence only a homoeopath is able to judge what course pneumonia takes with or without bleeding.

In the case of vigorous individuals, the course of pneumonia frequently remains unaffected by mild blood-letting, but its recovery is always retarded by it. To many vigorous individuals the less vigorous the more so, venesection is decidedly

262 Diseases of the Lungs.

and superinduces one or the other unpleasant consequence will be enumerated by and by. Niemeyer accounts for the sinking of strength by the anaemic condition which is occasioned by a profuse exudation associated with an increase of fever, and a diminution of the supply ; it is his opinion that patients succumb to this acute marasmus. If this be so, we can comprehend how a sanguineous depletion and consequent increase of the loss of animal fluids can act favorably, and we must see that the necessity of first repairing the waste and complete restoration of strength.

The apparently or momentarily favorable effects of blood-letting scarcely ever last longer than twenty-four hours and are frequently succeeded by the transition of the fever to the typhoid form, or by an increase of the symptoms ; the French method of excessive venesections has occasioned these results.

The exudation is never arrested by venesection, much less short or entirely prevented, but the possibility of oedema of the lungs is considerably aggravated by it. This results from the circumstance that the inflammatory exudation and the loss of plastic portions of the blood diminish quite considerably the plastic portions of the blood that hence the blood contains much more serum and becomes more disposed to serous exudations.

The resolution of the exudation is delayed, or is incomplete.

else it takes place by purulent dissolution, or not at a derlich lays so much stress upon a diminution of the fev to say of the pulse and temperature, we admit that a dec the fever on the critical days implies a disappearance o processes. Nevertheless it is not unfrequently the case dation remains in spite of the defervescence ; we have a evidence of such a fact. In such a case the re-absorptio slowly and uniformly, or else by fits and starts ; but t scarcely ever recover their health very rapidly, but the a long time feeble, although without fever. This result occurred to us after sanguineous depletions or, which de ticular notice, after complications with inflammatory af the heart. The same remark applies to cases where remnan exudation are left behind, not including the cases of tu individuals in whom it is difficult to decide whether we nants of exudation or tubercles before us. The setting i hepatization, the purulent dissolution of the exudation times be owing to peculiar constitutional or external at

Pneumonia. 263

circumstances ; indeed pus may form as the result of any mation ; in such eases it is not likely that blood will except perhaps in a case of pneumonia that runs its cour atmospheric influences and when one of the above-mention cations may indeed come into play. But if we mean the pr uncomplicated pneumonias of persons who had hitherto enj vigorous and sound constitution, no pus will ever show i a strictly homoeopathic treatment, but not very unfreque a debilitating, more especially after a depleting treatm of the observation that the pneumonic exudation can be r in a few hours under favorable circumstances, and seldom more than a few days for such a purpose, we must suppose every reduction of the patient's strength, more especial guineous depletions, causes a decrease of the reactive e sequently a diminution of the reactive exudation require business of re-absorption, and hence again a misdirectio organic activity in the removal of the exuded fibrin. A the assertions here made is furnished by the pneumonias associated with severe intestinal catarrh, in whose case tion takes place more or less abnormally. We account for phenomenon simply by the excessive loss of animal fluids account we consider the systematic use of purgatives in as hurtful as bleeding. The tubercular metamorphosis of fibrin, if the patients were otherwise free from tubercul attributed to treatment. It is well known that tubercles ansemia are closely related to each other, hence it is n suppose that an artificially excited ansemia may favor t tion of tubercles. All the cases known to us, where the exudation had this termination, had all been treated wit letting.

These remarks show that chronic pneumonia is very common a consequence of debilitating treatment. We again call a to the fact that carditis as a complication of pneumonia occa«ii)n a malignant metamorphosis of the exudation. In a case it is not so much the perverse quality of the blo influence we are, however, not disposed to deny, but the

energy of the circulation that exerts a disturbing effect on the course of pneumonia. This is an additional proof how unphilosophical is the theory of depressing the pulse in pneumonia.

The observation that individuals who have had one attack of pneumonia, are easily liable to a renewed attack, will support the

264

Diseases of the Lungs.

be made by a Homoeopathic physician. If such frequent recurrences of pneumonia, are witnessed even under homoeopathic treatment, the former attacks had always been treated with drugs, we account for this susceptibility most naturally by the fact that the exudation had not been completely absorbed.

After this excursion into the therapeutic domain of the Homoeopathic School, the length of which we beg the reader to excuse, we now enter upon a consideration of the prognosis of pneumonia. We might on this occasion avail ourselves of the existing statistics, if they were not completely misleading, and, on the side of Homoeopathy, not sufficient. On this account we confine ourselves to short statements. One should feel disposed to doubt their correctness, before pronouncing judgment, to first treat a few dozen cases of pneumonia homoeopathically. An uncomplicated pneumonia, in whatever matter whether the patient is robust or weakly, always terminates in recovery under homoeopathic treatment, at the same time without abnormal dispersion or alteration of the infiltration occurs seldom. We can substantiate the correctness of this statement upwards of two hundred and fifty cases of pneumonia from our own practice and that of other physicians. Accordingly pneumonia is one of the least dangerous diseases to a homoeopathic physician. On the contrary, Wunderlich calls it one of the most frequent and most dangerous diseases that can befall man; in saying this he does not quote figures, but must have been led by numerous data to make such a statement. Among the complications, carditis, intestinal catarrh, bronchitis and tuberculosis promise the best chances of a successful treatment. We have shown above that in the first two complications present such ominous difficulties even in such cases we have never had to deplore a single fatal case. Bronchitis is dangerous on account of the dyspnoea being aggravated by this complication; and a co-existing tuberculosis becomes dangerous on account of the probability of the metamorphosis of the exuded fibrin into tubercles, or of the haemorrhage and suppuration of existing tubercular depositions. Whether the inflammation exerts a peculiar influence during these complications, is not quite certain, but we may be granted that an inflammation of the apices, which are the common locality of tubercular depositions, terminates in recovery much sooner than an inflammation of any of the other lobes. It is frequently inconceivable why the pneumonic process should

Pneumonia. 265

tubercles intact, whereas in other cases it leads direct We are almost without any data for a correct interpretat differences, and for this reason alone complicated pneum nature should be strictly excluded from all statistical shall have to revert to this subject when speaking of pu tuberculosis. Whenever pneumonia meets with morbid condi in the respiratory organs, its course generally deviates normal line, and its process is much more destructive. T applies principally to pulmonary emphysema, to stenosis larynx, to chronic heart-disease, especially of the righ more these or any other affections aggravated the breath the supervention of pneumonia, the more dangerous they b to life on account of the existing dyspnoea. As regards tional conditions not of a morbid kind, old age and preg of particular significance with regard to the prognosis. are often troubled with chronic catarrh and emphysema, t presence of which the danger in pneumonia is principally attributed. For all that, we ought not to despair too so point to three old men between the years of seventy-eight eighty-three, all of whom had chronic catarrh, and whom of pneumonia after a somewhat protracted, but otherwise favorable treatment. Pregnancy is exceedingly dangerous, more so#the more advanced it is. Whether the danger is o the obstructions in the respiration occasioned by the di abdomen, or likewise to the altered composition of the b are unable to decide. If a miscarriage takes place, whic unfrequently the case, death is almost unavoidable, on a the excessive exhaustion. Such cases likewise afford a s picture of the effects of venesection, for it is evident rious effect the loss of blood exerts upon the parturien whereas parturition ought to diminish the dyspnoea and c quently lessen the danger. In order to meet objections, state that we do not overlook the occurrence of two impo processes going on in the organism simultaneously with p and that it is to these double functions that we attribu measure the fatal termination.

Our opinion of the success of homoeopathic treatment in cated cases of pneumonia is to the effect that it is mos and preeminently favorable, especially when contrasted w methods of treatment. We do not even except tubercular p monia. Thus we are able to assert without extravagance t

266 Diseases of the Lungs.

pneumonia does not appear a very dangerous disease to a pathie physician, and that the disease may be considered tively devoid of danger, if we consider what an importan the lungs are, and how intensely they are affected by an mation.

We pursue the same course on this occasion that we have in regard to all other important pathological processes, a list of the most important remedies.

Aconitum. All homoeopaths admit the excellence of this r in pneumonia; their views only differ as regards the bou its appropriate sphere of action in this disease. 'We ca these views any further, since this would lead us too fa particular information on this subject we refer to Miill pneumonia in the first volume of the Vierteljahrsschrift ing to Miiller's arrangement, the following are the most Aconite-symptoms in pneumonia: Intense fever preceded by with burning heat and dryness of the skin, quick and har and a deep, sometimes bluish redness of the face; accele labored, incomplete respiration with restlessness, anxie tation of the heart ; stitches in the chest during a dee and during motion, or dull pressure and weight on the ch and racking cough, with a small quantity of a tenacious, blood-streaked or rusty expectoration; recumbent posture back; dullness and pain in the head; great thirst; scant urine ; evening exacerbation of the symptoms. The thorax movable, it is less depressed during an expiration; in o respects we have the physical signs that have been indic first stage. By comparing toxicological post-mortem phen with these symptoms, we shall be able to determine the p to which Aconite is suitable in pneumonia, with much mor cision. Both in Miiller's cases of poisoning by Aconite in the cases, whether acute or chronic, which we ourselv collected in the last ten years, the lungs were in every found engorged with blood, but in no case was a trace of exudation to be seen. Although we do not expect that in physiological experiments a drug that is said to be a sp will reproduce all the objective signs of the correspond logical series, yet the constancy with which a simple en occurs as a post-mortem symptom of Aconite-poisoning, is able. Experience has moreover satisfied us that this con the true therapeutic sphere of action for this agent. Wh

Pneumonia. 267

ing of pulmonary hypersemia, we stated that in active pn congestions Aconite is the leading remedy. In pneumonia of red hepatization implies a most perfect hyperaemia ; consider Aconite best adapted to this stage where its sp tive virtues have been exquisitely confirmed by a multit most favorable practical observations. On this account w however, consider Aconite indicated in every case of pne unless all the other symptoms correspond. Among these sy we distinguish more particularly the following: The dise individuals with an active circulation; it is caused by according to many, by exposure to a dry, cold wind; it a robust individuals up to the age of sixty to seventy yea quently beyond this period where the characteristics of begin to creep along; there are no directly antagonizing tions, among which we number more especially an intense catarrh. Aconite alone will scarcely ever cure pneumonia less cut it short. On this account its importance in pne should not be underrated. No one who has watched the str effects of Aconite, will ever doubt its great virtues in Aconite diminishes the vascular excitement and reduces t nary hypersemia more brilliantly than the most copious b

Moreover it diminishes the exudation to some extent and in a corresponding ratio the favorable course of the disease favorable change which affords such great relief to the patient in within twenty-four hours in almost every case. But as the percussion-sound over the inflamed portion of the lung is empty, as soon as the breathing becomes bronchial, Aconite is in our opinion, which is shared by many, ceases to be indicated. There are, however, exceptions to this general statement. We saw in the previous paragraph that an excessive, collateral hyperaemia of the most common indications for venesection. This indication is specific for Aconite. If the exudation is completed; pneumonia remains nevertheless considerable and out of proportion to the size of the inflamed portion of the lungs; if the sputa are frothy and tinged with a bright-red blood. Aconite is decidedly appropriate and, even if it leaves the infiltration unchanged, it relieves the extreme distress of breathing speedily and surely. Aconite is likewise indicated, if the pneumonia progresses by fits and starts which is very seldom the case under homoeopathic treatment. According to our previous remarks. Aconite will very often be indicated in the subsequent course of the disease, if it

268 Diseases of the Lungs.

is best treated in the first place with the antiphlogistic apparatus of the Old School. In tubercular pneumonia Aconite has an admirable effect at the commencement of the treatment, the same as in pneumonia of otherwise perfectly sound individuals.

Belladonna is, in our opinion, improperly commended in pneumonia. Toxicological appearances only show a more or less considerable engorgement of the lungs with dark blood. The genesis of Belladonna does not point very strikingly to an inflammatory process in the pulmonary parenchyma, and, in a case of croupous pneumonia, we should find it very difficult to apply Belladonna in accordance with its physiological symptoms. On the other hand certain anomalies in the symptomatic appearances of pneumonia point so unmistakably to Belladonna that no one acquainted with the pathogenesis of this drug, can hesitate to prescribe it. These anomalies refer principally to the morbid conditions which other organs have become involved in the pathological process; it is more especially the cerebral hyperaemia of Belladonna. Inasmuch as Aconite may likewise be required in pneumonia with the same series of symptoms, we establish the following indications in favor of Belladonna: A dark-red, bloated and hot face with evident turgescence of the veins: stupefying headache: delirium; sopor; convulsions. In such cases Belladonna is prescribed on account of the danger that threatens the pneumonia being left unnoticed for the time. Another class of cases that are frequently adapted to Belladonna, are pneumonias arising from or accompanying acute bronchitis. In such cases Bronchitis is generally much more dangerous than pneumonia, and it is of importance that the former should be treated with more particular care. If not unfrequently whole a course of this kind, and they generally show typhoid symptoms from the commencement. In the case of very old people Belladonna is usually preferable to Aconite at the outset. In the pneumonias of drunkards. In both kinds the symptoms have generally a typhoid character from the beginning. [

this first stage of hypersemia, both of the lungs and br
r atrum viride is given with great success. It has been f
ficient in hundreds of cases to effect a radical cure of

Bryonia alba is, like Aconite, indispensable in Pneumoni
toxicological appearances described in the Viennese repr
show that Bryonia is capable of occasioning exudations i
lungs. The pathogenetic symptoms do not furnish one cons

Pneumonia. 269

recnrring picture of the disease, but can be made availa
various directions. This is evidenced by the diiFerent v
tained concerning Bryonia, all of which, however, are fo
upon physiological provings. These indicate most commonl
acute pulmonary affection, with violent stitching pains,
pleuritis is manifestly indicated by a variety of second
toms, on which account the remedy is very warmly recomme
for pleuro-pneumonia. There are, however, numerous other
toms which refer to the pleura much less than to the lun
is upon these symptoms together with the general constit
phenomena that the employment of Bryonia in pneumonia is
founded. We find it inexj)edient to enumerate the sympto
referring to the homoeopathicity of Bryonia in this dise
over it is indispensable that such an important remedy s
known and remembered in its integrality. Nor do we deem
necessary to comment upon trivial differences of views i
of this agent, since most of them harmonize in all the m
Accordingly Bryonia is particularly indicated after the
abated and has no longer a decidedly inflammatory charac
whereas the local process has reached its completion and
to rest. This is the period when red hepatization is ful
The patients have passed through the excitement and cons
lessness of the first stage and are lying in a state of
but quietude; or they are in a condition when it is not
whether the fever may not assume the character of adynam
skin now begins to show some moisture, a valuable indica
Bryonia. If Bryonia is given at this period, the inflamm
generally runs a rapid and favorable course, and the rem
not be left off until all the morbid symptoms have disap
However, if the resolution of the exudation is too tardy
delays, may be, beyond the ninth day ; if symptoms of a
dissolution make their apj)earance, Bryonia will be of n
use, even if the symptoms should still indicate this dru
monia running a normal course, such as we have depicted
commencement of this chapter, we have never had occasion
another remedy after Bryonia. As regards deviations from
normal course and from the ordinary symptoms, Bryonia is
ularly adapted to cases where the tongue is covered with
white fur, the stomach is completely inactive and the li
engorged and somewhat painful. But we have never obtaine
any good results with this drug when diarrhoea was prese

270 Diseases of the Lungs.

we regard as a positive counter-indication. In addition

statements we have to direct attention to another indication mean pneumonia complicated with bronchitis, for which we recommended Belladonna in a previous paragraph. As we said before pneumonias of this kind are generally epidemic, with the appearance of adynamia and typhoid appearances, without, on that account taking a decidedly unfavorable turn, and are more particularly distinguished by the presence of a marked gastric catarrh. At present we are just now in the midst of such an epidemic, and we become every day more and more convinced by experience that a splendid remedy Bryonia is, which has proved such an invaluable resource to the homoeopathic physician in so many epidemic diseases. If, guided by more recent observations, we do not deny in opposition to Hartmann, that dry and cold weather causes the kind of pneumonia to which Bryonia corresponds, we feel on the other hand bound to give prominence to another indication, namely the rheumatic and bruising pains in the muscles of the chest and back. In conclusion we wish to mention the evidence of the healing powers of this drug, that we scarcely notice under its administration a copious secretion of expectorated sputa, and that the re-absorption of the infiltrated fluids takes place with very little, or perhaps without any expectoration, judging from the standpoint of pathology, taking place in its perfect form.

Mercurius is one of those remedies that is much more recommended than employed in pneumonia; we opine that this is an oversight. It is true an uncomplicated pneumonia has special indications pointing to Mercurius; but they occur so much more frequently in complicated cases. We will not endeavor to show that Mercurius causes inflammation of the lungs in the human body, and what special symptoms point to pneumonia. This can be learned from the *Materia Medica*. We are acquainted with mercurial preparation which, in a case of poisoning, caused pneumonia, we mean Mercurius corrosivus, to which we desire to call attention, thinking that a similar case may occur some time as a natural disease where this agent may prove operative. If, in addition to the existing physiological symptoms we consider the whole manner in which Mercury affects the organism, its recommendation as a remedy for pneumonia seems perfectly justified. We cannot, however, agree with Muller, if he recommends Mercurius to the more chronic forms of pneumonia after the

Pneumonia. 271

ease may run beyond the properly inflammatory stages. The first stage is undoubtedly adapted to Mercurius, but it is not the only one. Miiller has the following more special indication for this stage: The hepatisation of a portion of lung continues, but the critical sputa are entirely wanting; the cough is dry, harsh and very rough and fatiguing, with violent irritation attendant on cough, the dyspnoea remains unaltered, the fever is continuous and lent, with profuse and exhausting sweats, the urine is scanty and dim, the color of the skin sallow, the patient is troubled with gastro-intestinal catarrh. Under these circumstances Mercurius is indicated so much more, if the disease is seated in a scrofulous, or generally dyscrasic organism. We agree with Miiller when he asserts, in contrasting Mercurius with Sulphur, that the latter is indicated under similar circumstances.

Mercurius, if the symptoms are more violent and tumultuous will afterwards account for our dissenting opinion. There are forms of pneumonia where we consider Mercurius as a lead remedy. One is pneumonia complicated with bronchitis. Muir mentions this form ; we have quoted his statements in our book on influenza, page 185. This form of pneumonia is almost an epidemic disease ; having at this very time had frequent opportunities in this district of testing the curative virtue in an affection of this kind, we cannot deem a short description of our epidemic superfluous. Under the modifying action of spread influenza, that is to say of catarrh accompanied irritation of the nervous system, the nose, larynx and throat become affected with a slight catarrh which seems quite for a few days; suddenly the fever becomes more violent, nasal secretion ceases, dyspnoea sets in, together with a generally nocturnal cough, without any, or with a yellow blood-streaked expectoration; the pulse is upwards of 120. In the case of a lady of upwards of fifty years, the pulse had been small, has very little resistance, the skin is but very soon covered with copious perspiration, the tongue is very soon becomes dry, the sensorium is blunted, there is a headache, the patient lies in a soporose condition, with a great desire for cold drinks, after which he easily breaks out again. At the same time the patients do not complain of pain, and scarcely ever of pain in the affection which account a careful exploration is very apt to be neglected* Such an exploration shows extensive hepatization

272 Diseases of the Lungs.

is to say, complete dulness of sound with rales, and attenuated bronchial respiration. This condition resembles typhus to an extent that we do not wonder at hearing many physicians assert that influenza has changed to typhus. That this is of a serious character, is apparent from the fact that the allopathic treatment numerous deaths have taken place within a few weeks, and that even young and robust individuals have succumbed to the epidemic. We three homoeopaths so far have not lost a single patient and, without having had any previous understanding on the subject, we have all of us commenced treatment with Mercurius and the best and principal remedies favorable results have been obtained in an affection which in opposition to Muir's statements, is attended with an extremely severe fever. The selection of Mercurius in broncho-pneumonia may be justified by its admirable action in bronchitis; it cannot be denied that the greatest danger proceeds from this and that, after the removal of the bronchial symptoms, the remaining pneumonia is comparatively insignificant. A third form of pneumonia, which is particularly adapted to Mercurius, is the catarrhal form or lobular pneumonia which has an entirely different meaning from the former. As soon as we have reason to suspect a case of bronchitis, whooping-cough, etc., to suspect the presence of small foci of exudation, Mercurius will first commend our judgement as a remedial agent, and we shall have before our eyes an image of epidemic influenza, such as has been described in the preceding paragraphs. In tubercular pneumonia we have never noticed any good effects from Mercurius. "What mercurial preparation deserves a preference, we do not dare to decide

present epidemic we use Mercurius soluhilis; although we object to the Sublimate by way of experiment, yet Hahnem preparation is so excellent in this disease that one hesperiment with any other drug. As regards dose, we have found the third and fourth triturations the most useful ; high tions are of no use whatever.

Phosphorus. Fleishmann, of Vienna, the passionate advoca Phosphorus in pneumonia, went so far as to assert that a monia which cannot be cured with Phosphorus, cannot be c homoBopathically. He has been bitterly assailed for maki statement; yet we must admit that the period when Phosph ought to be administered in pneumonia, can easily be inf his arguments. We understand the case as follows. A simp

Pneumonia. 273

croupous pneumonia in very many cases nins to a favorabl nation without any medicine, and, even if not indicated. phorus, when given in a veiy small dose, will not interf normal course of the disease; hut if deviations from the course take place, Phosphorus will most generally prove remedy. We cannot, in this place, discuss the various vi cerning this important remedy, and, for particulars, we reader to Sorge's treatise on Phosphorus, where a full e these views may be found. On the other hand, we cannot a gether share the opinions which Sorge has expressed in h chure. Supported by at least a hundred and fifty eases o not one of which terminated fatally in our hands, we are assign to Phosphorus a much larger sphere of action than seems willing to allow. Sorge only allows a therapeutic Phosphorus corresponding to its physiological action upo lungs as far as this action has been determined by actua mentation ; we fancy, however, that this sort of exclusi compel us to treat many cases of disease without Similia our decided opinion that practical trials, based upon su derived from the Materia Medica, ought to have great and weight. Among the symptoms of Phosphorus we find but few prominent kinds of pains, except vaguely localized stitc or less marked embarrassment of the respiration, a blood sanguinolent, or sanguineo-purulent, badly-colored, diff toration, and a decided exacerbation of the symptoms tow evening and during the night. Adding to this the post-mo results: Severe hypersemia of single lobes, more or less hepatized portions of the lungs, and, according to Bibra tuberculization of the exuded fibrin, we are abundantly ized to believe in the homoeopathicity of Phosphorus in To these local symptoms the general symptoms of Phosphor to be added, these two are mostly full of meaning, but w have to leave their more particular examination to the r judgment. Backed by the pathogenetic effects and by nume practical, indisputable observations at the sick-bed, we l^osphorus in the following more special cases :

If pneumonia sets in at the outset with the symptoms of namic fever and bears a close resemblance to typhus. Her would not even be suitable at the beginning of the treat Belladonna would do better, and Jthus toxicodendron stil

but even in twenty-four hours the symptoms will change s

18

274 Diseases of the Lungs.

indicate Phosphorus , but even if the indications for ri should not be perfectly precise, let no precious time be other medicines.

If pneumonia sets in as a partial manifestation of typhu it has to be regarded as the exclusive localization of t process in the lungs. Pneumonias of this character leave doubt whether they are inflammations modified by the rul phoid type, or whether they are genuine typhus. We are d to incline to the former opinion as long as no signs of typhus are present.

If pneumonia does not set in with the characteristics of typhus, but modified by the ruling epidemic. This condit mostly met with in pneumonia setting in during epidemic and in general in all cases of epidemic pneumonia, but w observe at the same time that, according to our most rec vations, Phosphorus is so much less appropriate, the mor prominently bronchitis co-exists as a complication of th inflammation.

If, after red hepatization is completed, on the third or day of the disease, the fever increases instead of abati tration becomes very great, the tongue dry, the sensoriu in short, if phenomena set in, which lead us to suspect vention of an abnormal course of the disease.

If a purulent dissolution of the infiltration is evident ing ; in such a case Phosphorus is, in our opinion, indi during the first twenty -four or forty-»eight hours, and indicated if the suppuration is under full headway. Alto under such circumstances. Phosphorus is much less reliab the previously-mentioned conditions; but we have to obse whenever Phosphorus is employed in proper season, suppur will scarcely ever take place.

K pneumonic infiltration supervenes during the presence chitis, assuming the form of lobular pneumonia. In such however. Phosphorus is not the principal remedy, at any should not be given at the outset.

If pneumonia is accompanied by marked and threatening hy semia, together with signs of adynamia, or if, after one become hepatized, the pneumonic process continues to spr one portion of the lungs to the next.

If pulmonary oedema becomes apparent, as manifested by t above described symptoms. It is a very dangerous conditi

Pneumonia. 275

things and the least significant manifestations of cedem carefully watched. Phosphorus is possessed of extraordin tive powers against ODdema, and it alone is almost alway to subdue this complication.

If pneumonia attacks tuberculous individuals, it is, wit exceptions, a distinguished remedy. Tuberculosis must no assumed the form of phthisis, the patients must not mani great disposition to hemorrhage, and their strength must Lave become too much reduced.

Among the complications, the presence of intestinal cata very forcibly to Phosphorus. We stated above that this c tion leads most easily and speedily to collapse, for whi phorus is such an excellent remedy. On the other hand, i opinion that a prominent gastric catarrh almost counter- Phosphorus. The very common and sometimes threatening co plication with hypenemia of the liver and slight icterus indication for Phosphorus.

To these indications we have to add a few considerations are, in our estimation, additional recommendations for P One of them is the patient's age. Neither very young, no old individuals are best calculated for the favorable ac phorus, nor are individuals with exhausted constitutions middle-aged persons are most susceptible to the restorat of this agent. We should never employ Phosphorus in pneu running the above-described normal course ; but the pati be visited at least twice a day, for the symptoms someti a most remarkable change in twelve hours, and the right when Phosphorus ought to be given, is easily missed. If nia is complicated with a higher grade of pleuritis (for always associated with some of the lighter grades of thi Phosphorus is, in our opinion, much less appropriate tha remedies, and we feel unable to accede to the opinion of homoeopathic practitioners who regard Phosphorus as pecul suitable to pleuritis. In the third stage. Phosphorus is appropriate, but we deem it proper at this stage to reco other remedies more urgently. In chronic pneumonia we ha never seen Phosphorus do any good. Regarding the dose, w to state that we have never seen an aggravation caused b tweve drops of the third attenuation in two ounces of wa in dessertspoonful-doses; but that the second attenuatio easily succeeded by the production of primary symptoms,

276 Diseases of the Lungs.

an increase of hypereemia, even hemorrhage, more particu the case of tuberculous iividuals. As far as higher at are concerned, we confess that we have never witnessed a from any above the sixth. [Some years ago we had an oppo of witnessing a very beautiful and striking effect of Ph Some time during the summer, late in the evening, we wer moned by a farmer who complained of a severe stitch in t The patient was of a consumptive habit of body, forty-fi old ; we found him lying on the sofa, with a high fever,

panting breathing and a dry, racking cough with very scant expectoration. It being very late, we made a rather hurried visit, and being satisfied that we had a case of pleuro-pneumonia before us, we prescribed Aconite 2, and left him with the result of an early morning-visit. Next morning we found our patient worse, if any thing. Fever very high, skin dry, like parchment, complexion very sallow, dull headache, considerable tremor, extreme exhaustion. The cough was no longer dry, but mucopurulent sputa were raised in some quantity. The patient complained of exquisite soreness at one spot in the left lobe of the lungs. The balance of the organ seemed to be in a state of hyperemia; percussion still yielded some resonance, but dullness anywhere, except in the left lobe. Prescribed Bryonia the patient again in the middle of the day; he was seen again in the evening and found him in a state of grasping at flocks, picking at the bed-clothes, and raising quantities of a yellow-green pus having an exceedingly unpleasing odor. The pus was discharged from the first-named sore spot; soreness now had reached a very high degree; the least pressure upon this spot caused the patient to moan; the cough was short and the patient seemed to dread it; his tongue looked parched leather, his complexion had a dark-brown icteric tinge, delirium was constant, bland; pulse about 140. It was evident that we had a large cavernous abscess before us, and that we succeeded in effecting a favorable change very soon, otherwise would be a dead man in a very short time.

We now put him on Phosphorus 8d trituration. Half an hour after taking the first powder, a favorable change manifested. The medicine was continued through the night every hour ever the patient should wake. Early in the morning we found him with a moist skin, pulse down to 85, breathing much improved, symptoms of a general resolution apparent, passed water

Pneumonia. 277

urine being thickly charged with decayed mucus; no headache, sputa mucopurulent, without any bad odor; the region of abscess no longer sensitive, only a little sore but over the face. Continued the Phosphorus every two hours. In a fortnight after our first visit, the patient was able to resume his usual life, the forbidding symptom having disappeared. H.]

Sulphur. The symptoms which this agent causes in the respiratory organs are too numerous and varied to enable us to detach it from the whole list; the remedy has to be studied in its totality, more especially with regard to the respiratory system which it is of such extraordinary importance. If Muller and the writers on sulphur agree in their views concerning the value of this agent, we cannot altogether agree with him, since the differences in their opinions are somewhat striking in their essential importance. The importance of this remedy must not be excused, if we examine some of the details with more minuteness. In the first place and very generally Sulphur is recommended in pneumonias in dyscrasic individuals. Some authors mention it by name, others undoubtedly had it in their minds. Is the disease of psora founded in reality? According to our own experience we cannot admit this, especially in tubercular pneumonia where

exerts curative effects only in very few cases. For this believe with Muller that the indications for sulphur are up a priori, and we cannot forbear taking this opportunity calling attention to the unprofitable part that psora has in Homoeopathy. Nor can we give our assent to the proposition Sulphur should be given in the third stage when a purulent solution of the infiltration is already far advanced. Practice is against this proposition which is likewise confirmed by the results obtained in inflammations of other organs, when the completion of a purulent transformation constitutes a positive counter-indication to Sulphur. Hartmann likewise talks of dyscrasia where the apparently best indicated remedies fail without effect; but we would ask how it happens that the pneumonias almost all of which sometimes act in this manner the same year among all those that are attacked by this dyscrasia? Of what use is it to at once jump at the doctrine of a dyscrasia? The same position is occupied by Watzke when he recommends- Sulphur in pneumonia consequent upon the suppression or retrocession of an exanthem. With the access of almost a new acute inflammation exanthems disappear almost without au

278 Diseases of the Lungs.

tion either for a time or for ever, which is of no more than the cessation of a coryza after the supervention of a purulent process. The more serious affection does not tolerate simultaneous presence of a less serious one. Metastasis in such circumstances cannot be appealed to, nor can a definite prognosis over the course of the whole disease be determined before the end. We transcribe Miiller's chief indications: In the second and third stages of pneumonia, especially when the inflammation is extensive and deep-seated. Sulphur deserves particular consideration as a dependent remedy. If after the removal of the first vascular inflammation which generally results from the supervention of the disease an exacerbation of the febrile and other symptoms sets in after the lapse of one to three days, as is frequently the case where no dispersion takes place, and the disease runs its course through the second and third stages. Sulphur is best calculated to meet this exacerbation, if characterized by vascular excitation, dyspnoea and intensity of the thoracic symptoms, and not so-called nervous symptoms, for which Phosphorus, Belladonna, Bryonia, Rhus toxicodendron and other remedies are indicated. Sulphur must be indicated by extensive hepatic suppuration (second and third stage) where not the nervous but the synochal symptoms prevail, resembling those that indicate Aconite in the first stage of the disease. What we have to add to Miiller's views is that we do not believe Sulphur even in synochal febrile symptoms. If we advance our own views concerning the indications for Sulphur, it is not so much in the way of uttering anything new, but of uniting existing opinions into a general series. In our opinion Sulphur is indicated, if the disease passes through its first two stages without any great deviation from the normal course, or without any striking changes, and remains stationary without the supervention of any typhoid symptoms, such as occur in pneumonias to which Phosphorus is adapted. It is a period of anxious expectation to a physician because he cannot decide whether re-absorption or a purulent solution of the exudation will take place. The patients

seem extremely ill, the fever may be intense or may have to abate ; in this condition the disease has often conti This is most frequently observed in pneumonias treated w sections. Now is the period for the exhibition of Sulphu 18 astonishing with what magical rapidity the organic re sometimes kindled by this agent. It makes no ditference

Pneumonia. 279

the individual is otherwise diseased or not, whether dys psora, tubercles are present or not. A deficiency of rea simultaneous absence of such symptoms as point directly destruction of the organic powers, constitute in our opi indications for Sulphur. But if suppuration has really s feel disposed to doubt the curative virtues of Sulphur. relation obtains in chronic pneumonia; if it exists with of dissolution, Sulphur is most commonly capable of supe the re-absorption of the atonic exudation, whereas in pu abscess this remedy is altogether ineffectual. It is, ho conceivable that Sulphur may still have a benelicient effec decomposition. Suppuration frequently sets in on a limit gradually invading the infiltrated portion of lung, and conceivable that Sulphur may occasion the normal re-abso the remaining firm exudation. From this point of view we with Wurmb when he advises not to delay the employment o Sulphur too long. The fifth or sixth day is generally th for this medication. After what we have said, we do not necessary to institute special comparisons between Phosp Mercurius and Sulphur. The relative position of these th edies can be defined in a few words: All three are only a second stage; Sulphur in the absence of all signs of r Mercurius, if there is a good deal of vascular excitemen Phosphorus, if the reaction is excessive, and is necessa by adynamia.

Tartarus stibiatus. It is well known what extravagant pr bestowed, not very long ago, upon this drug as a remedy monia, and how soon it has been abandoned. These frequen in Old-School Therapeutics can only be accounted for by path who is acquainted with the fact that there are no g only individual specifics, but that these latter, when a large number of similar cases of disease, are very apt t as general specifics. Tartar emetic is undoubtedly one o important remedies in pneumonia, but only when it deviat the normal course. We again forbear quoting symptoms and fine ourselves to the well established indications which toms had first suggested. In uncomplicated pneumonia Tar emetic is scarcely ever indicated in the first stage, no beginning of the second stage. The sphere of action of t comiraences with the resolution of the exudation. If the takes place rapidly, and the re-absorption is slow, the

280 Diseases of the Lungs.

generally becomes quite considerable, because the lungs to remove the copious contents from their cells. If grea

is present, and a spasmodic cough with expectoration that affords some relief; if the infiltrated portion of lung yields a not altogether empty sound, and loud and coarse rales on surface, Tartar emetic will have a fine effect. This ter pneumonia is generally characterized by a sinking of the pulse with an increased frequency of the pulse, great anxiety and restlessness with copious, cool perspiration, cerebral congestion with a livid or at least a strikingly pallid complexion. In distinction to Phosphorus, the indications for Tartar emetic are to a deficient reaction; hence it is more suitable for the young and vigorous persons. We doubt whether this remedy will ever be found appropriate in the stage of purulent pneumonia. Among the complications it is particularly bronchitis that is treated by Tartar emetic. Here we meet most commonly with the above described condition, an excessive crowding of the bronchus and insufficient ability to remove the secretion. It is this pneumonia, which is so apt to set in in an epidemic form, that has given rise to the commendations with which Tartar emetic has been honored as a remedy for pneumonia with unquestionable propriety; for in this kind of pneumonia the remedy displays extraordinary curative powers. It deserves particular attention in more dangerous forms of bronchitis in the case of childhood pneumonia as a complication of whooping-cough, in pneumonia supervening during the presence of emphysema. Not only bronchitis, but likewise by an intense catarrh of the stomach is Tartar emetic indicated in pneumonia, and in this respect it may be given after Bryonia. We should never lose sight of the fact that when a large quantity of mucus accumulates in the lungs, expectoration is difficult, but that, when it does take place, relief is afforded. Regarding the dose, physicians agree remarkably in the case of this remedy; so far as we know, the second trituration is not advised by any physician. The first trituration in grain-doses is probably the most suitable, since it never gives rise to nausea.

Hepar sulphuris calcareum. We are amazed that this remedy has been little or rather not at all mentioned in the therapeutic literature; we would urge physicians to try Hepar in this disease, making this request we are supported by several really successful cures, one of which we will relate very briefly. A boy of

Pneumonia. 281

who had enjoyed good health up to that time and was otherwise of a robust constitution, had been treated for pneumonia by an allopathic physician for upwards of eight weeks, without effect; he was allowed to languish in a diseased condition until a rapidly increasing curvature of the thorax set in. Twenty days after the first commencement of the pneumonia, the parents sought our advice. The child was exceedingly emaciated, had a hectic fever, was constantly troubled by a sometimes spasmodic cough, with a purulent and fetid expectoration, diarrhoea and loss of appetite. The right side of the thorax had caved in quite abnormally, the left was abnormally bulging; on the right side percussion-sound was perfectly empty, with intense bronchial rales and slight rales. We diagnosed pleuro-pneumonia of the right side, with absorption of the pleuritic exudation, but absence of the pneumonic infiltration in a state of purulent

After various ineffectual remedies, the child was finally cured by Hepar, 3d trituration, with such excellent success that already the caving in of the chest was considerably less than four weeks the right lung had almost been restored to its condition, and the curvature of the thorax had entirely disappeared. So that the child now looks perfectly straight and thro and healthy. A second pneumonia, with which the boy was four years after the former, was radically cured in seven days. Since then we have often made use of Ilepaj and have arrived at the following results: Hepar is preferable to other remedies in the third stage has set in, provided the general symptoms are comparatively mild, a lentescent fever is present and the suppuration process does not extend over a large portion of lung. It acts much more powerfully the younger and more vigorous the child is. In pneumonia complicated with bronchitis there is a better remedy after Mercurius than Hepar. The above case shows that chronic pneumonia is the best sphere for the therapeutic action of Hepar. In a case of pulmonary abscess, I effected a cure as far as the restoration of this patient. Rhus toxicodendron. Miiller's statements regarding this remedy in his Essay on Pneumonia seem to us so appropriate that we called upon to transcribe his remarks: "Hahnemann's recommendation of Rhus tox. as a remedy for the typhus that prevailed in the hospitals during the war of 1813, and the consequent employment of this remedy in nervous and gastric fevers, and in typhoid fever, to have secured for it a predetermined part in the treatment

282 Diseases of the Lungs.

pneumonia. It seems certain that nothing in the present state of the science entitles this agent to a place among the remedies in the ordinary pneumonias of a lighter grade, and that the chest-symptoms of Rhus have scarcely any relationship to the disease. What stamps it a remedy for pneumonia, are its general typhoid symptoms arising from a depression of the cerebral functions. These symptoms are undoubtedly very marked, placing it even ahead of Belladonna and Bryonia, assigning it even a high rank by the side of Phosphorus and Arsenicum. Since these nervous symptoms occur in all three stages of pneumonia, Rhus is not rigorously assigned to a definite stage, although the typhoid symptoms of the sensorium, as manifested by the symptoms of more particularly a characteristic of the later stages, so much result from an obstructed circulation as from a stagnation of the blood in consequence of the purulent dissolution and other causes; on which account Rhus may be adapted to this stage, whereas Belladonna and perhaps Bryonia correspond rather to the cerebral symptoms occasioned by stagnations in the circulation and by cerebral congestion. The symptoms indicating Rhus, the following would, there is the most characteristic: Loss of strength, sopor, hardness of the pulse, subsultus tendinum, unconscious discharge of stool, dryness and heat of the skin, dry, hard and sooty tongue. Dr. Wurmb does not expect any marked effects from Rhus or any other remedy in purulent infiltration of the lungs, is not to be comprehended; at any rate, this condition of the lungs does not admit of doubts any more than any other condition; he seems to regard this stage as more unfavorable and dangerous than it is, nor does he seem to consider that in every case of pneumonia

which is not cut short in the first stage, a purulent de and resolution is the normal and almost the only favorab Among the local symptoms one at least seems to deserve a prominent place, it is a dyspnoea peculiar to Rhus and o by distention of the pit of the stomach ; however, even respect, it will only compete with other remedies, espec Nux vomica and Phosphorus. Kreussler's recommendation of in case miliaria break out, attended with a general aggr the whole condition of the patient, is in our opinion, f nothing else than the marked tendency inherent in Rhus t exanthems, some of which resemble miliaria ; nor can it that it is in pneumonias complicated with miliaria, that

Pneumonia* 288

described nervoas syintptoms are moest apt to prevail. Hhu likewise be principally recommended for pneumonia occasi exposure to wet and cold, provided the power of Rhus to catarrhal diseases, and which is now generally believed sure basis ; it is evident, however, that this view has gested by physiological experimentation, but rests upon ical basis ; moreover, the definition of catarrhal disea too vague and indefinite to deserve very serious consid might bo replied that the reputation of Arnica in contus better foundation ; but here the case is a very differen virtue of Arnica in removing the consequences of contusi blows, is not the result of empiricism, but a knowledge been obtained by physiological provings and could not ha obtained but for the circumstance that the symptoms occa external injuries, are definite and fixed in their chara festations, and that their correspondence with drug-symp very readily be established. The consequences of a cold, trary, are not circumscribed within such narrow and prec but are of the most diversified kind and meaning, so tha know a cold to be the cause, the connection between caus effect can readily be suspected, but cannot, as in the o inferred with perfect certainty from the existing sympto this exposd we will add a few remarks. When speaking of phorus, we stated that Rhus might be found indicated abo other remedy in cases of pneumonia setting in from the c mentwith adynamic fever. We repeat this statement in th If in the first two days the diagnosis wavers between ty pneumonia ; if the local process commences at the outset fied by a general deterioration of the mass of blood, Rh found indicated, although, we have never seen the diseas by this remedy. In pneumotyphus Rhus ranks next to Phosp to which it may even be regarded as superior. Whereas Ph is less adapted to pneumonia complicated with bronchitis the contrary, is in its place in such circumstances, as terly learned to know from abundant experience. Bronchit attended with a scanty secretion of mucus, it precedes p a few days ; the pneumonia itself supervenes almost impe and is only recognized by the increasing dyspnoea which unbearable by exposure to stove-heat, and is accompanied characteristic dry and tormenting cough, by which sleep turbed particularly after midnight. As a rule, attention

284 Diseases of the Lungs.

be paid to Khus in epidemic pneumonia where it often renders excellent service.

Arnica. The value of this medicine has in some respects been impaired for having been so universally accepted as a remedy for the consequences of contusions and other mechanical injuries. Its use has almost been confined to this range, as the use of it has been limited to inflammatory fever. But if our provings are such a decided, and we might almost say such a specific remedy for definite organs, and more especially to the lungs, we must say that Arnica will prove an excellent remedy in pneumonia. In the first place, then, in pneumonia this remedy deserves a preference over any other in all cases where the disease is occasioned by mechanical injuries. We likewise recommend Arnica in cases where the pneumonic infiltration is associated with a tendency to hemorrhage. This coincidence generally occurs in the case of plethoric individuals with sensitive and irritable lungs for which Arnica is said to be preeminently suitable, and in the case where the blood has undergone a peculiar alteration resembling that in typhus, for which Arnica, if the results obtained in our provings can be accepted as reliable, is likewise a proper remedy as long as the strength of the patient is not in a sinking stage. Under these circumstances it competes with Belladonna, for which it has likewise symptoms of marked cerebral congestion. For this reason we commend Arnica in cases of pneumonia complicated with symptoms of meningitis. The first stage furnishes the characteristic indications for Arnica ; the second stage of the disease the third will scarcely ever afford a suitable sphere for the curative virtues of this drug.

China will never be found suitable in pneumonia without decided deviations ; it may often be indicated for some cases of pneumonia, but more on account of its general effect upon the organism, as on account of its specific action upon the liver. The recommendation for bilious pneumonia is suggested by the results rather than founded upon practical results; a slight degree of icterus is such an ordinary accompaniment of severe pneumonia that it cannot be regarded as an important complication. When the stagnation in the liver is more considerable when the liver is inflamed, the reason is simply because the circulation is obstructed by the impeded circulation in the lungs ; when the pneumonic infiltration is removed, the hepatic circulation resumes its normal course. To judge from the results obtained

Pneumonia. 285

by the means of our physiological provings, China is best suited for the course of pneumonia has been interfered with by sanguineous action, especially if hectic symptoms have set in with marked irritation of all reaction, or if, during the subsequent course of the disease, the threatening pulmonary symptoms become associated with hypersemia of the liver, icterus, intestinal catarrh and distress in the stomach. For this reason China may be ranked as one of the principal remedies for chronic pneumonia, but its action is of a limited extent, and it is scarcely ever the only remedy

effect a cure. Without doubt it often helps to kindle a which is a necessary preliminary to the curative action drugs. Whether intermittent pneumonia can be reached by is not yet settled ; this recommendation is very much li School recommendation of China for all typical or interm paroxysms. In pulmonary abscess it can only be depended for its general, not for its local symptoms.

Carbo vegetabilis. Few remedies in our Materia Medica ex such a marked and energetic action upon the lungs as Car will still prove efficient even in the most desperate ca not here transcribe the number of symptoms referring to atory act, but we would urge upon every physician the pr of making himself thoroughly acquainted with them in the Medica. The general tendency of Carbo is to extinguish t tive energies of the organism and to develop, at the sam tendency to decomp)Osition and decay. From this stand-po relation of Carbo to pneumonia can most easily be explai accounted for. It is the third or suppurative stage that symptomatic picture for the employment of Charcoal. The seem listless, covered with a profuse and cool perspirat is very rapid and small, without resistance ; the tongue the patients do not seem very thirsty; they pass foul, d diarrhoeic stools ; their breath has a foul odor, decubi to break out ; the respiration is superficial, a loud ra in the chest, yet, in spite of the distressing cough, th not raise the least particle of any thing. All the sympt incipient paralysis. A bloated countenance, with injecti facial veins, is a striking indication for Carbo. Such c apt to set in among older people, to whom Carbo is an im remedy generally. If pneumonia assumes a chronic form ; and gangrene set in ; if the sputa become fetid and badl no remedy is likely to afford the least help, if Carbo f

286 Diseases of the Lungs.

course, an innmediate improvement must not be expected ; acter of the disease renders such a thing impossible. Am complications, Carbo is indicated by every process that with the pulmonary circulation. Hence, we find it such a lentremedy in the pneumonia of emphysematous individual it is undoubtedly preferable to Arsenic; likewise in pne complicated with defects of the right heart ; and finall monia where the inflamed lung is suffering from chronic In such cases the chances of a favorable termination are exclusively confined to the employment of Charcoal. It i excellent in cases of pneumonia complicated with acute b In such cases it is principally the dry and spasmodic co with mucous rales in the chest and occurring chiefly at soreness and a burning pain, that points to Carbo, and m valuable remedy in the malignant forms of influenza, esp older people. The resemblance of Carbo to China is very extending even to. the presence of bilious symptoms ; ne in a given case, the selection is not so very difficult, above-described general range of action is kept in view. Tartar emetic to which Carbo bears likewise a great deal blance, this drug is best distinguished by the circumsta with Tartar emetic the expectoration is possible and afi

whereas Carbo has but a very slight expectoration which, over, affords no relief.

Lycopodium is recommended by Hartmann, if the patient be very nervous, without heat in the head or flushes on the circumscribed redness of the cheeks, great weakness, per which does not relieve, redness and dryness of the tongue, frequent urging to cough with a little grayish expectoration raised with difficulty, after which the rfiles in the chest diminished in the least, and the dyspnoea is very striking symptoms seem to us very vague, and we doubt whether such group has ever been seen in practice. Adding to the above statements of other physicians, we assert that Lycopodium suitable in pneumonia after the acute symptoms have all away, whereas hectic symptoms have taken their place. Here Lycopodium is very closely related to Carbo veget., even drug-symptoms are very much alike. As distinctive signs out under Lycopodium a deficiency of the symptoms denoting general decomposition, the absence of colliquative symptoms other organs, especially in the intestinal canal, and the

Pneumonia. 287

lesser degrees of passive congestion, and finally the co-toration which affords no relief. In pulmonary abscess L may be tried, but it is not a leading remedy.

Regarding Opium, Miiller, after quoting the scanty, literal, has the following: "Despite the poverty of the literature, Opium can be assigned a place in pneumonia with able certainty. Excluding all acute inflammatory conditions of the lungs, Opium can be given with great success for paroxysmal obstructions of the respiration and for suffocative paroxysms are occasioned by various disturbances of the pulmonary functions (hence also in the course of a pneumonia where tions has taken place,) as well as when general cerebro-symptoms are complained of. The following symptoms are especially characteristic: These symptoms originate during, or are by sleep; absence of pain, except a constrictive sensation in the chest; labored, rattling respiration, or very slow, almost suspended breathing; sudden blueness of the face, immovable, half-closed eyes; somnolence before or after an attack; trembling, twitching and jerking about the whole body; rigidity of the body, general coolness of the skin; intermittent pulse, constipation. Many give moreover the symptoms as indications for Opium: Bad effects of frigh likewise of wine-bibbings and ailments incidental to oral insensibility of the nervous system and deficient action of certain medicines." We do not consider these indications clear and definite to be of much practical use in the treatment of pneumonia; for this reason we add a few detached observations because we regard Opium as a really important remedy in pneumonia. That Opium causes pneumonic infiltration, is evident in a case of poisoning of a child of three months which is recorded in the Med. Times and Gazette, March 20, 185 is remarkable that it is precisely in the case of children that not simply narcotic effects of Opium are so prominently on which account it is our opinion that it is only in in

monia that Opium ought to be exhibited, more especially where the pulmonary inflammation is absolutely disguised toms of cerebral congestion and oppression. In such case Biniilarity between the pathological group of symptoms a of poisoning by Opium is exceedingly great. Particular a 18 due to the cyanotic color of the upper parts of the b slow, stertorous respiration which must evidently be reg

288 Diseases of the Lungs.

Sign of paralysis proceeding from the brain. In old age picture of pneumonia is not unfrequently met with. In ge account for the well-founded recommendation of Opium in where all medicines are ineffectual and where considerab symptoms are generally present, by the circumstance that cine brings the central nervous system back again to its activity and consequently secures a normal reaction. In monia and in many other diseases of drunkards the excell Opium is accounted for by a similar train of argumentati

It now remains for us to mention a tew remedies that hav recommended for pneumonia, but have neither been made us very frequently, nor are they to be regarded as genuine curative agents in this disease.

Nux vomica is not by any means an important remedy for p monia. This is our opinion as well as Miiller's. Althoug not expect to see the therapeutic sphere of every remedi that we present as such, specifically marked out by path tomical appearances, yet it must indeed seem strange tha vomica, of which we possess such a vast number of fatal poisoning, has never yet occasioned a single decided hyj much less infiltration of the lungs. This one circumstan positive argument againt the employment of Nux in pneumo We do not even find the remedy indicated in pneumonia co with bronchitis; for such a bronchitis will greatly diff which comes within the curative range of Nux. In the pne of drunkards Nux may influence the general disease, but exceedingly doubtful whether the local disease will ever by it. For this reason we cannot recommend Nux for pract trials either a priori, nor upon the ground of experienc

To Pulsatilla the same remarks apply as to Nux. Of late Pulsatilla has not been employed in pneumonia, and if th success of this drug in pneumonia is appealed to, we beg suggest that in those days the certainty of spontaneous pneumonia was not nearly as well established as it is no more especially in the pneumonia of anaemic and chloroti uals that Pulsatilla is principally recommendod ; in suc evidently the general spasmodic condition of the organis local affection that has been had in view.

Cannabis is considered by Hartmann a very valuable remedi the subsequent course of the pneumonia, if the disease a cipally the lower portion of the thorax, or is localized

Pneumonia. 289

lang; if palpitation of the heart, oppression under the with dull shocks in the region of the heart, frequent si coldness rather than warmth of the whole body, with incr heat of the face, are complained of as accompanying symp It is in asthenic pneumonias that, according to Hartmann remedy deserves particular attention. It seems to us tha indications are not only vague, but useless. The symptom Cannabis do not by any means point to an inflammatory pr the lungs, but seem to result from the powerful action o upon the heart. The remedy not having been employed to a extent in pneumonia, there do not seem to exist sufficie why its use in this disease should be recommended.

Senega, according to its pathogenesis, is to some extent for pneumonia, but its therapeutic value in this respect much diminished by the accompanying remark that the pain sensations which Senega occasions in the thorax, are mor ularly felt on the outside. In other respects Senega is adapted to diseases of the respiratory mucous membrane, for this reason, to pneumonias complicated ' with bronch Striking practical results by means of this drug have no published.

Hyoscyamus. Toxicological post-mortem appearances determ the relation of this drug to pneumonia better than all i genetic symptoms. The lungs exhibit marked hypersemia, b are filled with a black, fluid blood, and are infiltrate If, in addition to this, we consider that Hyoscyamus has pains and that the cough is more particularly dry and br at night, we have a right to declare that an ordinary pn does not come within the curative range of this agent. O other hand we consider Hyoscyamus, even with reference t cerebral symptoms, a valuable remedy in hypostatic pneum when supervening during the course of other chronic aiFe in pneumonia complicated with typhus ; in the pneumonia people and when acute oedema of the lungs sets in. A vio larium should always direct our attention to Hyoscyamus. intercurrent remedy, Hyoscyamus is often admirably usefu nocturnal, spasmodic, dry cough, such as frequently occu monia during the prevalence of influenza.

Arsenicum album. Howsoever much we may be disposed to re Arsenicum as one of the most prominent remedies for pu^m affections, yet it does not appear to us that it occupie

19

290 Diseases of the Lungs.

rank among the remedies for pneumonia. Among the large c ber of toxicological post-mortem appearances, a decided infiltration of the pulmonary parenchyma has never been but always only a marked hypersemia and oedema. This cir stance could not possibly occur, if Arsenic were possess

cific power to excite an inflammatory action in the lung uncomplicated case of pneumonia we should therefore have recourse to Arsenic. On the other hand, cases occur where the symptoms indicate Arsenic so thoroughly that they entirely shadow the fact of pneumonia ; in such a case it is not as a pneumonic remedy. Wurmb gives the following more specific indications : Rapid and disproportionate prostration ; turgescence and dissolution ; marked periodicity of the attendant symptoms; aggravation during rest and in a recumbent posture, with excessive restlessness and anxiety, and particularly the burning pain. It is at all events strange that Arsenic be so seldom mentioned in our literature as a remedy for pneumonia, whence we infer with tolerable certainty that it has not been found useful as an intercurrent remedy and not even then in a striking manner. In our own opinion, Arsenic should be resorted to, if gangrene of the lungs develops itself with very rapidity of reaction ; in the pneumonia of emphysematous patients complicated with cardiac affections ; if oedema of the lungs is all at once, with passive hypersemia of the lungs as not occasioned by defects of the right heart; and finally in pneumonia.

Sepia and Silicea both by their local as well as general action are important remedies in excessively slow, purulent, as in true chronic pneumonia. The large number of important symptoms does not permit us to detach the most prominent from the rest. These drugs have to be studied throughout. We likewise have recourse to Cuprum which certainly deserves more particular attention in lentescent pneumonic conditions than has hitherto been bestowed on it. We have the records of a case of poisoning by Copper in which an abscess in the lungs was found. An observation of this kind should be treasured up with so much more care as our Materia Medica offers few, if any, similia for such a disorganizing

For the sake of comparison with other remedies which, so far as present experience goes, are of subordinate value: Squilla^ Zincum metallicum Acidum phosphoricum^ and Nitricum Kali nitricum and Kali carbonicum^ Camphora

Pneumonia. 291

Sparganium Digitalis purpurea^ and others. We have often given in our opinion that too large a number of medicines for one disease produces confusion and complicates the selection of a remedy; we have perhaps given too large a number of remedies in the present instance; our excuse must be that we considered pneumonia more important than any other disease as affording the best illustration of the efficacy of homoeopathic treatment.

A condensed review of these remedies may not be superfluous in order the better to enable the physician in a given case to select the specifically adapted agent; we shall adhere as closely as possible to the definitions we have presented at the commencement of this chapter.

In the first stage of pneumonia, Aconite is the chief remedy adapted to a vast majority of all the cases. If severe congestions are present. Belladonna is indicated together with

(also *Veratrum viride*). If pneumonia is occasioned by me causes, *Arnica* is given, which likewise corresponds to a cerebral hyperemia. If the fever assumes from the outset character of adynamia, *Rhus* is preferable, very rarely *P* in the first place. Complications that will be stated by may alter the choice of the remedial agent, so that other may be required at the outset of the disease.

In the second stage *Bryonia* is the most essential remedy as the course of the disease remains normal and no exceptional changes set in ; it likewise corresponds to the very common slight co-existing hyperemia of the liver. If, side by side with infiltration, the congestion continues as collateral hyperemia is in its place ; in such cases the alternate use of drugs may seem indispensable. If the reabsorption delays the general symptoms changing alarmingly for the worse. *Phosphorus* becomes the most important remedy. If the symptoms assume typhoid character, *Phosphorus* should be given at once ; in cases *Bhus* may be indicated. *Tartarus stibiatus* requires if the resolution of the infiltration takes place very slowly the reabsorption is very slow, and hence it becomes necessary to promote expectoration. If we are called upon at this stage a pneumonia that had been managed with sanguineous depletion *Phosphorus*^ *Sulphur* and *China* may be suitable remedies.

In the third stage *Phosphorus* is commonly useful only at commencement, and here competes with *Mercurius*; *Phosphorus* and perhaps also *Mercurius*, are counter-indicated by exc

292 Diseases of the Lungs.

prostration. The last-named drug may come into play, if disease exists in dyscrasic, especially in scrofulous individuals suppurative process goes on without any marked febrile symptoms assuming rather the form of a slowly-progressing hectic entirely confined to the lungs, *Sulphur* is often calculated about a favorable termination ; however we place more confidence in *Hepar sulphuris*. In such circumstances *Iodium* may likewise be prescribed with great propriety. If purulent dissolution takes place, and the whole organism seems to be affected by this in a threatening manner, *China* deserves our first consideration next to which we may compare *Lycopodium*^ *Sepia* and *Silicium* monary abscess, whether acute or chronic, requires the same remedies ; in a case of chronic abscess, we would likewise in some measure upon *Carbo vegetabilis* and *Cuprum*. Gangrene of the lungs is always a very threatening change, and a cure scarcely ever be expected. *Carbo veg*» and *Arsenicum*^ and also *Lycopodium* are probably the only remedies by means of which a favorable change can be wrought. To what circumstances *binthina* owes its recommendation for gangrene of the lung will be explained from the homoeopathic stand-point, this will most probably exert a more specific curative effect ministered by inhalation than when conveyed to the disease by the stomach. On account of their general action more attention should be given to *China* and *Phosphorus* on account of their special relation to the lungs, the more especially *Acidum phosphoricum* and *nitricum*^ deserve particular attention during the whole course of the third stage as intercurrent remedies.

The following constitute particular forms of pneumonia with reference to the circumstances which either occasion or the attack, although they cannot be considered as compli

Pneumonia of children assumes most commonly the form of lobular pneumonia, the more so the younger the individual. In the case of simple croupous pneumonia no other remedies are required than in the case of adults, although we would call attention to in such cases, namely Mercurius and Opium. The former is suitable for adults in the second stage, on the contrary serviceable to children and is usually preferable to Bryonia. Bryonia is a very excellent remedy for the severe cerebral hyperaemia which children are so often attacked. This condition of very often makes Belladonna superior to Aconite even at the beginning of the pneumonia. Very seldom the symptoms in the c

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Pneumonia, 293

children will point to Phosphorus which is aptly replaced by Mercurius or even by Bepar sulphuris. As a general rule, a uncomplicated pneumonia is neither a very important nor dangerous disease to the infantile organism; but it can be made so, especially by sanguineous depletions and cathartics. In the case of children the momentary effect of a debilitation is greater; in the case of adults it is less instantaneous.

In old age pneumonia is almost always associated with catarrh of the bronchia, and hence much more dangerous. Simple pneumonia not unfrequently sets in with symptoms that call for Belladonna rather than Aconite; sometimes Bryonia is indicated at the beginning of the symptoms. Here too the co-existence of cerebral symptoms often call for Opium and Hyosciamus. The absorption is usually trifling; a crisis generally takes the form of copious expectoration, and although Sulphur may be perfectly appropriate for a few days, the copious, but difficult expectoration requires without any further delay the exhibition of Taraxacum or Carbo vegetabilis or Lycopodium^ also Baryta. We would advise Phosphorus for the reason that all signs of an exuberant reaction are wanting. The greatest danger to old people is acute cedema and the paralysis of the lungs by which the patient is often speedily followed. In order to obviate this evil the patient should be put on a nourishing diet and have a little stimulating wine given him, whatever the antiphlogistic theory against it. As far as medicines are concerned, help may be derived from Tartar emetic, Arsenicum, Digitalis, perhaps also from Cyprus and Squills; even Veratrum album may have to be resorted to in some cases. As a measure of precaution, which is of great importance to the patient, he should not be allowed to remain in bed too long at a time, but should be directed to change his position quite frequently, and to keep the upper part of his body in a more or less vertical posture, lest hypostasis should se

might otherwise easily occur.

Hypostatic pneumonia cannot, properly speaking, be regarded as inflammation; it represents a peculiar hypersemia of the lungs, depending upon a paralytic weakness of the circulatory organs. It only occurs as a part of other pathological conditions, on which account no special treatment can be applied to it.

Lobular pneumonia is likewise a co-existing and very serious

294 Diseases of the Lungs.

complication of bronchitis, not an idiopathic affection, still more difficult to point out for it a treatment based on experience, for the reason that we are not in the possession of a method for obtaining an exact diagnosis. Knowing, however, that a dry cough easily leads to lobular pneumonia, and the respiratory treatment being uncommonly satisfactory, we may assert with confidence the reason that we possess real remedies for this dangerous affection which will prove efficient in cases that did not originate with a dry cough. If lobular pneumonia sets in with a decisive fever, or with a more violent fever generally. It is very often to be found suitable, but still more frequently if the signs of cerebral hypersemia prevail, we have in Opium a remedy that indeed does not cause the whole process to subside, but exerts an exceedingly curative influence by preparing the system for other more direct remedial agents. Ipecacuanha should be mentioned here side by side with Opium, because it likewise causes marked hypersemia of the brain, but not sufficiently violent to cause sopor; convulsions, an exceedingly spasmodic cough, suffocative paroxysms and asthmatic complaints which even after the cough; loud mucous rales in the chest, coldness of the extremities and heat of the head are the chief indications. More important for this kind of pneumonia is Veratrum album a remedy which, in the form of an alkaloid Verainney has found grace even in the Old School. Its most essential indications are dyspnoea with slight rattling of mucus, dry and spasmodic cough accompanied by marked cerebral congestions, a hurried and irregular pulse, cold skin and cold sweat, together with excessive sweating. This group of symptoms may sometimes require the use of Trimum album in croupous pneumonia. Moreover Phosphorus, Terebinthina, Emeticy Hyoscyamus and Cuprum deserve to be mentioned in place; in general, all the medicines that have been named in connection with bronchitis, deserve attention in lobular pneumonia. The diseases have to be regarded with special care. A rapid recovery is comparatively rare in lobular pneumonia; the patient remains feeble for a long time, has to hack a good deal or have to cough through frequent and severe paroxysms of cough; the assimilatory functions are suffering, although diarrhoea need not necessarily be present; physical exploration reveals more or less distinctly a catarrhal condition of the most delicate bronchial ramifications. In such a case it would be a decided mistake to leave the course of the disease to Nature, as it is perfectly proper

Pneumonia. 295

the remains of most other acute affections. In such case phvr shows an extraordinary persistence of penetrating a we advise, however, the use of high attenuations at prot intervals. This action of Sulphur is most easily account the supposition, that the pneumonic exudation which, as above, takes place progressively from one portion of lun next adjoining, still exists either entirely or in part, patient's illness, and that it is this exudation which i by the aid of this drug. Calcarea carbonica likewise has very excellent effect in this protracted course of the d if slight febrile motionB or even hectic fever with inte supervene, or if infantile organisms are attacked. As fo sulphuris we have not yet had an opportunity of trying t in a pathological condition of this kind, but we deem it adapted to it and worthy of a trial.

We shall discuss typhoid pneumonia when we come to treat the typhoid process generally. Typhoid pneumonia is a pa manifestation of typhus, scarcely ever an idiopathic dis inflammatory processes in the lungs depending upon tuber will likewise be discussed in the chapter on tuberculosi

The pneumonia of drunkards is almost always characterize peculiar phenomena depending upon sympathetic cerebral a cardiac irritation and a deficiency of reactive power. T symptoms mostly point to Opium^ much less frequently to vomica. In the second stage Tartar^us emeticus occupies part. Phosphorus is less frequently useful, although it reasoning from analogy in other forms of pneumonia. If T emetic is ineffectual, Carbo vegeU may still be of emine ladonna and Hyoscyamus are on a par with Opium^ whereas talis and Rhus deserve our commendation in the second st Regarding Ammonium carbonicum we have no experience of o to otter, but we consider this medicine worthy of a tria will be found of little use in this form of pneumonia, w Arsenicum album may render good service in the same circ that we have pointed out for Sulphur in simple pneumonia nabis saliva and the Bromide of Potassium may be importa in this form of pneumonia. H.]

Epidemic pneumonia either presents a characteristic grou symptoms, or else it has the peculiarity of not yielding that are apparently the most suitable, and of seeming di run a perverse course. In naming the different remedies

296 Diseases of the Lungs.

had in many respects regard to these exceptional charact To hit the right remedy for epidemic pneumonia, the most vering investigations in the domain of Materia Medica wi found indispensable. According to present experience, Br Hhus^ Belladonna^ Mrcurius^ Hepar sulphuris^ Phosphorus Tartar emetic are the medicines that we shall have first from in epidemic pneumonia.

It is more particularly the complications of pneumonia t render the treatment difficult and the result doubtful.

determine in a great measure the selection of the remedy the other hand, present great difficulties in finding them for the reason that they often present a very confused group of symptoms. The most important complications are the following.

Pleuritis of a higher grade of course complicates the course of pneumonia in an eminent degree, in the first place because it is a severe affection, and in the second place because of the process of reabsorption in the lungs. We shall discuss this complication when treating of pleuritis.

Bronchitis as a complication is just as equally important as pleuritis, and requires a more careful selection of the remedy for the pneumonia itself; for a normal course of this disease can be expected after the bronchitis has been moderated. In selecting a remedy, those have to be considered first that are suitable for the affections at once, but more particularly to the catarrh of the lungs. From the reasons stated, and from our remarks concerning the chapter on bronchitis, we shall commonly find the same medicine, which is such an excellent remedy for pneumonia generally is in fact in pneumonia complicated with bronchitis. Hence we consider the very usual recommendation of Aconite as a remedy against the totality of the febrile motions as unadvisable, and, in our opinion, its employment would imply a loss of time without being of any advantage to the disease. At the commencement of the disease, the best medicine to be prescribed, is less frequently Mercurius. It is impossible to indicate characteristic distinctions of both remedies, for the reason that they have too many points of resemblance. In a given case these distinctions can be pointed out with more facility. A few valuable symptoms are: violent, remitting fever with sweat, for Belladonna; fever with profuse, strong-smelling perspiration, mingled with creeping chills, for Mercurius. The latter has a thickly coated tongue, the former a thickly-coated tongue, with free bowels.

Pneumonia. 297

Mercurius has intestinal catarrh, Belladonna constipation. Mercurius can only be employed for a few days, especially in the case of children, whereas its use can be continued longer in the case of adults. After Belladonna, Bryonia is generally suitable, which, in the case of a complication, is undoubtedly one of the most important remedies. Mercurius sometimes corresponds alone with the course of the pathological process, especially in the case of adults, but it remains to be done but to accelerate the reabsorption of the morbid infiltration. For such a purpose, remedies like Sulphur Separ sulphuris will have to be chosen, one of which, we think, is eminently serviceable. Rhus toxicodendron is particularly useful, if the catarrh is dry, and malignant fever-symptoms manifest themselves. The indications for Tartar emetic have been given above; it is only in rare cases that this remedy will be indicated at an early stage, it is more commonly indicated in the subsequent course of the disease. This is likewise true with Carbo veget. Of other remedies that may come into play, mention Nuxvomica, Hyoscyamus, and Senega, perhaps also Pulveris and Veratrum,

Chronic bronchitis and emphysema as complications of pneumonia.

monia are no less dangerous than acute Bronchitis. Previ the acute attack setting in, the respiratory movements h very much embarrassed, and these embarrassments are enha by the access of pneumonia, since the habitual expectora mucus is most commonly suspended as soon as the pneumoni mences. At the outset of such inflammations, if the feve acute, -Bryonia and Mercurius are indispensable; Rhus wi ever appear suitable. Sometimes the symptoms indicate Ta emetic from the start, or at any rate in one or two days tions of this kind, Tartar emetic often renders eminent vided the practitioner is not afraid of giving a suffici dose. We have always found the second trituration necess sufficient. Verairum album deserves attention in such a cially if marked cerebral symptoms are present, together rapid sinking of strength and marked febrile motions, th being at the same time very changing. Phosphorus^ which seems indicated in such pneumonias, as well as Sulphur^ ever be of much use. In the further course of the diseas it shows a very slow and gradually progressing improveme else an aggravation of the symptoms, Carbo veget. is a m great importance which sometimes affords help even in de

298 Diseases of the Lungs.

cases. But not too mncli must be expected in a short tim the course of the disease is always very much protracted podium may come into play, although we cannot recommend from i>ersonal experience. Nor have we derived much bene from the use of Arsenicum which apparently seems indicat such cases ; at any rate it is much inferior to Carbo. T absorption of the infiltration is not specially accelera probably because the conditions are wanting which favor of this drug, namely a suficiency of reactive power and of the remaining respiratory channels ; Silicea^ on the notes the course of the disease in a striking manner. ' toms of passive hyphenemia of the brain are very marked, prominent remedy is Digitalis which may have to be given commencement as well as at any other period in the cours disease ; it either removes or moderates the threatening of an imperfect return of blood from the brain.

If pneumonia supervenes during whooping-cough, it is gen lobular, and as such has to be treated with the same rem have been advised for the more malignant forms of this d Among them we mention more particularly Tartarus stibiat Cuprum^ Mercurius^ Veratrum alburn^ Ipecacuanha. , Owing uncertainty of diagnosing this pathological complication difficult to hit upon the most available remedy. No less than lobular pneumonia is croupous pneumonia, if superve ing whooping-cough. In such circumstances the course of ease will scarcely ever be normal. Nervous phenomena set early period, the infiltration remains undissolved for a and a long illness may be expected without doubt, during the lives of the children are in the greatest danger. In a child of eight months, which terminated favorably, Tar had the best eflTect, and next to it Veratrum and Ipecot whereas Hepar sulphuris, Phosphorus, Sulphur, and other cines apparently had not the least influence over the di

we ever should have another similar case to treat, we sh^ould use two rem^edies in alternation, one for the whooping-cough and the other for the pneumonia. It is true, after the inflammation, the paroxysms of cough become less frequent and less violent, but they cause a horrid distress to the patient and they exert a good influence over the disease. It might be well, in certain circumstances, to try to subdue the paroxysms by means of opium. We do not mean to be understood as though we regarded it

Pneumonia. 299

remedies as the only ones suitable to this complication. The only remedies that have done us any good in such cases are these remedies all those that have been recommended in the preceding paragraphs for whooping-cough complicated with acute bronchitis. For pneumonia may have to be employed, and for the sequelae or secondarily another class of remedies may come into play, which it is not possible to enumerate in this place.

Pneumonia complicated with influenza, has to be treated according to the same rules that have been laid down for epidemic pneumonia.

Cerebral hypersemia is a serious complication, although less frequently in appearance than in reality. Most commonly it may be regarded as a disturbing symptom. But if, owing to its intensity, it should develop paralytic phenomena, sopor and comatose, the patient is far advanced in age, this hypersemia will require particular attention and treatment. Among children it is of great importance. It has to be treated with Belladonna[^] Opium[^] Veratrum[^] Digitalis[^] Tartarus stibiatus. The use of these remedies are more suitable for children, the last especially. In the case of these cerebral phenomena we have to be careful in determining whether they originate in pure hypersemia or depend upon the process going on in the lungs, and a frequent alteration of the blood, and, therefore, belong to the class of typhoid symptoms. In the latter case, quite different remedies have to be used, such as : Phosphorus[^] Mercurius[^] Rhus toxicaria[^] and others. Sometimes a mistake is not easily avoided, especially in cases where the disease had a typhoid character from the beginning. The importance of cerebral hypersemia is likewise measured by the locality of the pneumonic process; it is of less consequence if it arises from an inflammation of the upper lobes, for in such a case it can be readily and directly relieved by a disordered circulation, whereas, when the lower lobe is inflamed, the hypersemia appears more in the light of an independent disease whose connection with the fundamental inflammation is easily explained.

Affections of the heart, whether they existed as chronic diseases previous to the occurrence of pneumonia, or whether they occur as acute affections during the course of pneumonia, constitute the most threatening complications. If chronic affections of the heart are present, the dyspnoea is extremely aggravated. In the presence of an active as well as passive hyperemia of the

800 Diseases of the Lungs.

in much more readily, and the resolution of the exudatio retarded and is rendered much more doubtful by such a condition. The selection of a remedy likewise becomes so much difficult, since we cannot determine the degree of attention-symptoms may legitimately claim. Tartarus stibialis J Veratrura alburn^ Cannabis saliva^ Sulphur^ cor fully with both orders of symptoms ; Lycopodium^ and Car tabilis may likewise be included in the list. At all eve complications render a most thorough investigation of ou Medica indispensable. Acute diseases of the heart, if co far advanced, constitute very dangerous complications, s always interfere with the normal course of pneumonia. Of more importance than that of bronchitis is the treatment complication, since the heart-disease has to be removed cure of pneumonia can be thought of. We therefore refer reader to the therapeutics of diseases of the heart.

Hepatic hypersemia is a very ordinary accompaniment of pneumonia, and is generally the most severe, if the lower po right lung is affected. On account of the presence of ic toms, a form of pneumonia, termed bilious pneumonia, has adopted by pathologists ; but it is our opinion that hep semia is too natural a consequence of an obstructed pulm culation to deserve a very large share of attention. Qui we attended a man who had all the symptoms of. a violent titis, and yet was in reality attacked with nothing but of the right side. This combination is in the first plac Belladonna^ afterwards Bryonia^ and Mercurius^ and final phorus and China are the most suitable remedies. The hep symptoms only require special attention, if the flow'of pletely suspended and the gastro-intestinal catarrh is k aggravated by this stagnation of the biliary current.

Gastro-intestinal catarrh in a higher or lower degree is constant companion of pneumonia. If violent, it contribu towards impressing a typhoid character upon this disease catarrh alone is not very important, although the modifi the symptoms superinduced by the catarrh, may render the tion of Bryonia or Mercurius^ Veratrura or Tartarus emet pensable at the very commencement of the attack.

Chronic pneumonia, which we will class in the same categ lentescent pneumonia, has very different symptoms and re different remedies. If it consists mainly of the pneumon

Pneumonia. ' ^ /> 801

tion, without any other marked morhi^ mahjfelalfalions, t sistcut use of Sulphur is alone calculated^to fetjng' a' But if the infiltration is partially firm and p^tially- pus, without the general organism being perceptibjy ^lis first recommend Hepar sulphuris^ and after th^t' Silicea and, in case of great prostration, China or Carbo vegeta rapid improvement must not be expected from any of these dies, on which account hasty changes in their employment avoided. Cuprum^ Lycopodium and even Arsenicum may come

play, especially if the formation of an abscess threaten of these remedies, however, is a guarantee of success, a fore, again call attention to the use of compressed air. witnessed most strikingly favorable results from the use pressed air within the space of four weeks, results that astonish any body who witnesses them. A similarly favora is produced in chronic pneumonia by a sojourn on high mo

In conclusion we have to devote a few words to diet for pose of scattering the prejudices which still prevail in this subject both among physicians and laymen, although, any means to the same extent as formerly.

Pneumonia being very generally regarded as the result of the fear of increasing this supposed cold is so great th outset of the attack the windows are hermetically closed patients are not only covered warm, but are kept in an a temperature of 65° to 75° Fahr. This shows to what erron measures a wrong and arbitrary hypothesis may lead, and these measures in their turn afford sustenance to the hy The absurd method of keeping the skin too warm, makes it sensitive to the least exposure that every draught of ai essarily cause aggravations in the patient's condition. warn with sufiicient urgency against such management. Le temperature of the room be kept at an uniform point of 5 Fahr., rather less than more, and, if this degree of hea reached by keeping a fire in a stove, let a vessel with kept on the stove in order that the dryness of the heat modified by the vapors ascending from the water. The pat should, moreover, be lightly covered with woollen blanke coarse will render the burning fever-heat more tolerable rate, we enjoy the comforting assurance that the heat ha unnecessarily increased. A copious perspiration during t of pneumonia is never an agreeable circumstance. No lees

802 Diseases of the Lungs.

able is the dread that some people have of washing the s purpose of keeping it clean. Any one who, during an atta has enjoyed the luxury of a rapid cold ablution of the f arms, will not hesitate to vouchsafe this blessing to a monic patient. A main point is the quality of the air in No physician, not even a reasonable layman, will want to ister spoiled food to a deranged stomach ; yet people ha of conveying pure and fresh nourishment to the lungs. Op window in the room where the pneumonic patient is confin regarded as a crime; yet it is absolutely necessary that should be admitted to the sick room, for the air is viti by the respiratory efforts of the patient and his attend likewise by the cutaneous exhalations and the odor of ex tious matter. Why should these odors be less pernicious monia than they are now universally admitted to^ be in t The patient's own feelings may be taken as an evidence t air is indispensable, for a larger number of persons in always unpleasant to him and augment the difficulty of b which can easily be accounted for upon physiological pri

While the inflammation lasts, the patient will scarcely

anything else in the way of nourishment than some beverage the slightest desire for solid food is an exception to the rule. Fresh water is the best drink and should be avoided only where it excites the cough. Water sweetened with sugar, is not advisable; it causes acidity of the stomach, but water with a little currant jelly, may occasionally be allowed. A quantity of malt-beer, sweetened with a little sugar, and not too often, is exceedingly refreshing. The common prejudice against this beverage is entirely unfounded. Water-soups and diluted with a little wheaten bread, will be sufficient nourishment soon as the fever begins to abate and the appetite returns. A substantial animal diet will have to be allowed, for the repair of a considerable waste has to be repaired. A change in the diet of pneumonia may render corresponding changes of this diet indispensable. If the patient feels very weak at the close of the disease, good broth may be given him without fear. The presence of adynamic fever may even require small quantities of some 'gSBHOTM' wine, especially in the case of old people. The stimulating effect need not be apprehended. In the case of small children it is a very common mistake to quench the thirst with wine. But if the stomach is again and again called

Gangrena Pulmonum. 803

recommence the process of digestion, the catarrhal affection of the organ must, of course, be made much worse than it was in consequence of the pneumonic process; this conduct is reprehensible and should by all means be avoided. The avidity with which children drink cold water during their fever, is abundant evidence in harmony with the wants of the infantile organism. Specifications in regard to diet are only required by the presence of complicating intestinal catarrh.

When the patient may again go out in the open air, will depend upon the weather, and likewise upon the fact, which has been ascertained by a careful exploration of the chest, that the pneumonic infiltration is completely reabsorbed. In this respect the superiority of homoeopathic treatment is likewise apparent. Scarcely ever leaves the lungs so sensitive to open air action upon this organ any untoward consequences need be apprehended.

10. Gangrena Pulmonum

Gangrene of the Lungs.

(According to Kafka.)

[This morbid process is distinguished from other similar processes in the organism by the circumstance that putrefaction associates itself with the death of the mortifying parts.]

Anatomical Characteristics. Pathologists distinguish two kinds of gangrene of the lungs, circumscribed and diffuse gangrene.

Circumscribed gangrene occurs most frequently. Detachments of pulmonary parenchyma of the size of a hazel or

are transformed into a tough, brown-green, humid, horrib ing scurf which is sharply circumscribed and surrounded atous tissue. The sphacelated portion of lung which is a tolerably firm, soon dissolves into an ichorous fluid. I frequently at the periphery of the lungs and in the lowe a bronchial trunk opens into the gangrened portion of lu ichor often runs into the former, causing an intense bro

Gangreneud scurfs may likewise form on the pleura. After ing, ihe-gmBgreoovLB ichor runs into the pleural cavity, severe pleuritis; if the gangrened portion of lung commu with a bronchus, pyopneumo-thorax may result, and, if th become corroded, hemorrhage from the lungs may take plac

804 Diseases of the Lungs.

interstitial pneumonia develops itself round the gangren the latter is enclosed in a capsule as it were, and a ci formed ; this termination is exceedingly rare.

Diffuse gangrene frequently affects whole lobes of the l parenchyma forms a decaying, blackish, fetid tissue, whi soaked with a blackish-gray, horridly-smelling ichor. Th is not circumscribed, but extends to the surrounding, ce hepatized parenchyma. If the gangrene invades the pleura organ becomes. involved in the process of destruction. T succumb to constitutional prostration.

Metastatic abscesses and embolia in the different organs unfrequently the consequences of gangrene.

Etiology. Diffuse pulmonary gangrene sets in, although r at the height of pneumonia, if all renewal of the blood nutrient process have entirely ceased in the inflamed lu monias arising from the clogging up of the air-tubes in of the intrusion of particles of food, are very apt, owi putrefaction of these molecules of animal matter, to ter gangrene.

Circumscribed gangrene of the lungs may be occasioned by guineous clots compressing the bronchial arteries; the p tents of bronchiectatic caverns may give rise to putrid tion of the pulmonary parenchyma.

Diffuse gangrene of the lungs in the case of drunkards o viduals whose constitutions are broken down by misery an tion; the occurrence of pneumonia in the case of insane without any foreign bodies having become lodged in the b and gangrene of the lungs setting in in the course of se fevers like typhus, measles, smallpox, puerperal fever, ficult to account for.

Sf/mptoms. A characteristic symptom of gangrene of the lungs are the cadaverous, blackish-gray, liquid sputa, a cadaverous odor of the breath which, in some cases, prec sputa for a few days. The stench is often so horrid that the patient nor his attendants can bear it. The sputa, l expectoration from bronchiectatic caverns, separate into

layers, namely, a superficial froth, a fluid, middle layer thicker sediment at the bottom. The sputa contain first dark-brown masses resembling tinder, with a blackish thin soft plugs containing fat-aciculate.

Diffuse gangrene in consequence of pneumonia manifests in

Gangrena Pulmonum. 805

by sudden collapse, a high degree of debility, a small pulse, and by cerebral symptoms, with which phenomena characteristic sputa and respiration soon become associated. Gangrene sets in without pneumonia, we perceive from the symptoms of adynamia resembling the phenomena that generally accompany septicaemia with chills, stupor, delirium, and

Circumscribed gangrene sometimes cannot be recognized until the gangrenous ichor has passed into the bronchia and is expelled by the mouth.

Some patients bear this severe disease without much disturbance their constitutional condition is not very much disturbed. They have no fever, walk about, attend to some light domestic duties, and the disease often drags along for months.

If the gangrened portion of lung does not communicate with the bronchus, and has become isolated as within a capsule in consequence of secondary inflammation, the cadaverous odor may be altogether wanting.

To infer the presence of pulmonary gangrene alone from the cadaverous odor, would be an exceedingly superficial mode of reasoning, since this symptom may likewise occur in bronchitis and when tubercular caverns are present.

The physical signs during this morbid process are not very important.

In diffuse pulmonary gangrene consequent upon pneumonia, percussion at first yields a dull or tympanitic sound; auscultation reveals indistinct respiratory murmurs or rales; in the course of the disease percussion reveals cavities in the same as in the case of tubercular caverns, and auscultation reveals bronchial respiration and cavernous sounds.

Circumscribed gangrene is very difficult to recognize by exploration.

Course, Terminative, Prognosis. As has already been stated, even when affected with circumscribed gangrene, the patient may seem apparently well for a long time, even for months. Hemorrhages set in sooner or later, which exhaust the strength or else the patients perish in consequence of subsequent

tabes. However, a radical cure is not impossible ; in su
the fetor of the sputa gradually disappears ; they gradu
a yellow color and a purulent consistence, and, as soon
grenous focus has become encysted, it dries up and the s
entirely. This favorable termination may set in in conse
20

806 Diseases of the Lungs.

an acute inflammation, or if the gangrenous process take
a bronchieetatic cavity or in some cavern in the pulmona
chyma.

Pulmonary gangrene arising in consequence of cachectic c
tions, by hunger, poverty, misery, long-lasting diseases
mostly difiuse and almost always terminates fatally. Dif
grene arising from any source, is almost always fatal.

TreaUnenU K, during the course of pneumonia, the patient
breath begins to spread a bad odor, we should at once th
termination of pneumonia in gangrenous destruction. If l
portions of the pulmonary tissue are destroyed, the exte
ceptible signs of this gangrenous decay become apparent,
great debility, collapse, delirium, sopor, decubitus, un
thirst, fetid diarrhoea, etc., and death takes place in
utter exhaustion of the vital power.

If pulmonary gangrene does not set in with rapidly devel
and threatening phenomena ; if the gangrene is limited t
locality; if the strength of the patient is sufficient t
against such a violent attack, and symptoms of adynamic
in, we give Arsenicum 6, or China 3 to 6, six, eight or
half a goblet of water every two hours.

If the course is more protracted. Carlo veget. 6, or Cam
6, or Kreosoie 8 to 6 may render efficient aid. The last
remedy is likewise useful as an external application for
of neutralizing the fetid odor of the breath and sputa.

The horrid odor is likewise said to be neutralized by me
pulverized charcoal scattered in the spittoon ; the best
is probably the Permanganate of Potash.

In obstinate cases Secale comutum 3 to 6 may prove usefu
cially if hemorrhage sets in accompanied by collapse, ra
tion, coldness of the extremities, exhausting diarrhoea,
vertigo, sopor. If this remedy does not produce an impro
Ergotin 1 may be tried, which acts with more power and i
Skoda recommends inhalations of turpentine, one drachm t
two drachms of hot water, two to four times a day. Nieme
thinks that these inhalations are only of use if the gan
in the neighborhood of bronchieetatic caverns.

Next to the internal remedies we must not forget suitable measures. To maintain the general constitution, we have the patient upon an invigorating diet and feed him on ge wines, Hock or Claret, good ale, provide for adequate ve

(Edema Pulmonum, Hydrops Pulmonum. 807

of the Bictroom, frequent fumigations with vinegar, puri of the air by means of Chloride of lime or Permanganate and sprinkling the bed-linen, floor, etc., with vinegar of the Chloride of lime, Kreosote or Permanganate of Pot

if. <Edema Pulmonum, "Hydrops Pulmonum,

(Edema of the Lungs^ Dropsy of the Lungs.

This consists in a serous transudation into the pulmonar and into the finer bronchial ramifications.

Anatomical Characteristics. We distinguish an acute^ rapidly-developing oedema of the lungs, and a chronic oe times the oedema extends over a large surface, even over lungs ; at times it is merely local, circumscribed.

In the acute form of oedema the lungs are very much engo the parenchyma is very tense, so that an impression with is at once effaced again; on the cut surface a fine-frot or even dark-red, dim and not quite thin serum flows out ing a good deal of albumen ; the air seems to be entirel and the pulmonary tissue is easily torn.

In the chronic form of pulmonary oedema the lungs are no state of hyperaemia, but pale and tough, an impression w finger remains ; the serum is much less frothy, not at a higher grades of the disease ; it is of a yellowish-pale clear and contains but a small portion of albumen. Gradu air leaves the pulmonary cells altogether ; these cells bronchial ramifications are filled with a serous fluid.

On opening the thorax, the oedematous lungs do not colla they are puffed up and heavy. The larger the quantity of in the cells, the more air is expelled from them.

Etiology. (Edema of the lungs is generally only a second disease, arising in the course of other morbid processes

Acute oedema, which is also designated as serous pneumon hydro-pneumonia, most commonly results from catarrhal fl or congestion. It sets in most frequently in the course bronchial catarrhs, bronchial croup, acute exanthemata, measles, scarlatina, smallpox, etc., in the course of ty monary oedema may set in in consequence of collateral co the course of pneumonia, pleuritis, pneumothorax, emphys

Chronic oedema of the lungs most commonly develops itsel consequence of passive hypera^mia in the course of disea

808 Diseases of the Lungs.

left auriculo-ventricular orifice, and hypertrophy of the heart; in the course of pulmonary tuberculosis, carcinoma of the lungs, Bright's disease, infiltration of the bronchial glands, chronic oedema of the lungs is almost always complicated with oedema of the lower extremities, or with hydrothorax, as such cases an apparently trivial cause, such as a cold, exertion, a sudden outburst of passion, etc., is sufficient to give rise suddenly to a very general oedema of the lungs of which may be the speedy result.

Acute oedema most frequently sets in during the death-stage in the most diversified diseases.

Symptoms* The first important and striking symptom is the dyspnoea; it may attain a very high degree, is most commonly associated with the sensation of an oppressive weight upon the sternum which does not abate by any change of position; at the same time the expression in the countenance is one of anxiety, the rigidity of the thorax is less, in consequence of which at times sit up erect, at other times rest on their arms, stretch their heads forward, in order to facilitate the expectoration. The cough is spasmodic, the expectoration is exceedingly profuse, of a frothy-serous consistence, sometimes pale and at other times dark-red; moist rales are heard in the whole chest; cyanosis sets in first in the face and afterwards on the extremities.

Gradually the sensation of suffocation increases, in violent cases expectoration becomes less, the rattling becomes louder and is heard even at a distance; little by little, in consequence of the accumulation of carbonic acid in the blood, the patient becomes soporose, no longer able to cough up the sputa, because the muscular power is semi-paralysed; the cough is less frequent, the expectoration becomes more and more superficial and shorter. Finally cyanosis sets in, the cheeks become livid, a rattling is heard in the chest and the patients die of asphyxia.

When the oedema is extensive, and the air has been driven out of a large portion of the lungs, the percussion-sound is muffled and dull; as long as air remains in the oedematous portions the percussion-sound remains unaltered. The local or circumscriptive percussion frequently yields no alteration of the sound, the cells are entirely filled with serum, the percussion-sound is dull and empty; if situated at the apex of the lungs, the sound of the cells may be confounded with tuberculous infiltration, generally reveals all sorts of rales, except

(Edema Pulmonum, Hydrops Pulmonum. 809)

The symptoms of acute oedema of the lungs sometimes follow each other with so much rapidity and violence that one symptom seems to chase the other.

If acute oedema sets in in consequence of collateral congestion of portions of lung that had hitherto remained free from the disease, pneumonia, pleuritis, etc., new febrile motions gene-

accompanied by a more or less high grade of dyspnoea and in the recently-invaded portions of the lungs which, uncounter-acted, are soon succeeded by the above-described pulmonary oedema.

In chronic oedema the above-described symptoms develop themselves much more slowly, and they are variously modified primary disease.

Generally the oedema is complicated with oedema of the intestines, sexual organs, serous transsudations into the pleura; percussion yields a dull sound in the lower part of the lungs.

Course, Termination, Prognosis. Acute oedema generally develops itself with more or less rapidity, and if the case is very violent, may soon terminate fatally. This is most frequently the case, if phenomena of collateral congestion set in during the course of inflammatory processes in the lungs, pleura, or pericardium. This termination was designated by the ancients as *apoplexia pulmonum*. In such cases the highest degree of dyspnoea speedily develops itself; amidst a constantly-increasing restlessness the patients soon become cyanotic, cough and expectorate a quantity of frothy serum, more or less tinged with blood; suddenly they become quiet; sopor and tracheal rattling set in, and they die very suddenly of asphyxia upon poisoning of the blood by carbonic acid.

Chronic oedema of the lungs generally runs a slow course often has remissions; sometimes life is suddenly terminated by acute effusion. If the constitutional vigor is well preserved, oedema can be removed more easily than an acute attack which is generally very dangerous; for this reason the prognosis is more favorable in a case of chronic than acute oedema.

Treatment. In all diseases in the course of which acute pulmonary oedema may set in, the supervention of a sudden fever with a characteristic cough and sputa, deserve our most attention. If a more or less violent fever supervenes during the course of the disease, it is to be regarded as a favorable sign.

810 Diseases of the Lungs.

In cases of acute dyspnoea, we at once give Aconite 3, every quarter of an hour or hour; the result is generally favorable. The exhibition of this drug secures us the advantage of moderating the violence of the oedema, and giving the physician time to arrange a suitable course of treatment.

As soon as fine rales are heard, and the dyspnoea is increased even without any sputa, we give at once Phosphorus 8, with this remedy even if a copious frothy serum, tinged with blood, is expectorated. This remedy sometimes has a brilliant effect in a few hours the whole trouble is ended.

If the cough is strikingly spasmodic, we very soon perceive the bluish color of the lips and tongue; in such a case the danger on account of the capillary engorgement that threatens is to be regarded as a favorable sign.

set in. In such a case we give Ipecac. 8; if no improvement taken place in a few hours, we prescribe Arsenicum 8, or We have seen very fine effects from these remedies. If c are heard over the whole chest ; if the characteristic s copious; if soon after the expulsion of the sputa rales heard with equal force and distinctness ; if cyanotic ph becoming manifest, and a high degree of dyspnoea and suf anguish torment the patient, we give Tariarus emeL 8, or 3 every quarter of an hour. The result of these agents i very doubtful, on account of the air having already been measure expelled from the cells owing to the vast extent oedema. If the strength begins to fail ; if the cough gr the expectoration is more difficult, we again try Phosph we now use as a restorative. Very frequently Phosphorus an increased desire to cough, with more copious expector momentary relief; soon after all the former symptoms set more threatening intensity, and the patients are in dang suffocated by the mucus. This is the moment when an emet produce a marvelously favorable effect. Let not the use emetic bo delayed until the strength is entirely exhaust patients have sunk into a state of sopor. As long as a c degree of reactive power remains, we need not hesitate t Ipecacuanha at the rate of five grains per dose, or Emet grain per dose, every five minutes, until mucus is vomit copious quantities, after which many patients begin to i

As soon as we notice the first signs of drowsiness, we g Ammonium carbonicum 1 to 8 ; this remedy may prevent poi of the blood by carbonic acid.

Asthma. 811

A collateral congestion setting in during the course of scarlatina, pleuritis, carditis, etc., may become associ above-mentioned febrile and catarrhal pneumonia, with su violent determination of blood to the brain, that cerebr may be apprehended. In such a case we employ Belladonna Glonoine^ [also Verafrum viride in large doses, no less of the tincture every half hour, IL], together with appl ice to the head ; if these remedies have no sort of efte hesitate, as a last desperate resort, to bleed the patie not believe that under the use of Aconite, Belladonna an viride, in appropriate doses, the necessity for bleeding occur. H.]

If there is insufficiency or stenosis of the mitral valv Pulsatilla or Kali carb. If oedema of the extremities, g etc., is present, we resort to Arsenicum^ Lucliesis^ IXg serous eifusions in the pleura or peritoneum we give acc the prevailing symptoms Arsenicum^ HelleboruSy China^ Sc phuvy [also Apocynum cannabinum^ H.], but without much h success. H.]

19. Asthma.

Under this name so many and such diversified pathologica ditions have been comprehended from time immemorial that be difficult to write a treatise on this disease corresp

the definition of asthma entertained by former pathologi

If we omit the various conditions that develop asthmatic mena which have not generally the peculiar characteristics nervous paroxysms, the etiology of asthma can be reduced following points : in the first place the affection is developing neither any special pathological alterations, to any particular exciting causes. The patients are attacked indefinitely, much less frequently at regular periods. Asthma is likewise met with as a partial manifestation of other nervous affections, especially of hysteria and hypochondria, in which it is likewise to be regarded as a primary affection occurring under certain circumstances. Finally asthma may be caused by topical irritations; we see asthma result with comparative frequency after exposure to Copper, Arsenic, Iodine, Lead, and to the dust of Ipecacuanha. The most heterogeneous circumstances are as to the exciting causes of this disease ; whether rightly or wrongly it is difficult to decide in view of the utter absence of r

812 Diseases of the Lungs.

the occurrence of the paroxysms. It is certainly a supposition that the attacks can be excited by the direct action of irritants upon the lungs, more especially by vapors and dust ; but that this irritation does not seem controlled by any law of emotions are undoubtedly one of the most frequent causes. Of undeniable influence is the condition of the atmosphere thermometrical as well as barometrical point of view ; they are most easily excited during a high state of the thermometer a low state of the barometer. Electricity likewise plays an important part in regard to asthma, for the attacks are frequently excited previous to severe thunder-storms. Regarding the position to asthma, it is certain that the male sex is more susceptible to it, and that most cases of asthma occur between the age of twenty and the age of fifty. Constitutional influences seem to be null, thin as well as corpulent, feeble as well as robust being attacked. In many cases we have undeniable evidence of the hereditary character of the disease.

Syjnptotna and Courne* Asthma consists of a series of paroxysms separated from each other by intervals which at times are absolutely free from all symptoms of the disease. Hence, to consider first the paroxysm itself, and subsequently
 • upon the general organism.

The attack either sets in with distinct precursory symptoms among which great exhaustion and an increasing oppression of breathing are the most common ; or else, the attack sets in with great violence. It is remarkable, although it can be accounted for upon physiological principles, that the attack usually sets in at night, most frequently in the evening, seldom in the day-time. This feature is, however, peculiar to nervous affections, the cause of which may be the circumstance that the activity of the nervous system is constantly increasing towards night. Very often the patients are roused from sleep by the attack, sets in like an attack of night-mare. They experience a constrictive sensation on the chest, with inability to breathe ; this sensation increases in proportion as the p

an effort to overcome it, and often leads to terrible dyspnoea which he strains every muscle that can aid him in performing the act of respiration. At the commencement of the attack the chest muscles are put upon the stretch, whereas the thorax is relaxed into requisition. This is owing to the fact that the expirations are less complete than the inspirations, in consequence of which

Asthma. 813

The lungs gradually become filled with air to such an extent that the edge of the liver is felt considerably below its normal position. On the attack percussion yields a normal sound, whereas auscultation reveals before the paroxysm, and always immediately after an access, in the place of the vesicular respiratory murmur a harsh hissing, and occasionally rattling sounds, that sometimes are loud enough to be heard at a distance. That the patients look pale, sometimes have a bluish or livid appearance; that a cold shiver breaks out on them; that the temperature of the skin is less than usual; that the beats of the heart are much feebler; that there is an increase in frequency; and that the urine is frequently involuntarily, is easily accounted for by the extreme dyspnoea. After the attack has lasted one to four hours, or even longer, a decrease manifests itself by a return of the vesicular respiratory murmur, and by a diminution of the wheezing and hissing. The sensation of tightness sometimes disappears quite suddenly, at other times very gradually; a cough sets in accompanied by expectoration of a small quantity of mucus; or violent vomiting, with emission of flatulence, may take place, after which the patients often feel well again, except a lassitude which may continue for days. In other cases the paroxysm does not altogether abate, but abates for a longer or shorter period, after which a remission is again succeeded by a full attack of asthma, until, after several remissions and exacerbations, which may continue for weeks, a complete intermission takes place.

The course of such a disease varies according as the paroxysms set in at longer or shorter periods. In proportion as the attack lasts longer, the intermissions become shorter, the paroxysms increase in intensity, and structural changes in the lungs take place which, in their turn, promote the disease. Emphysema, chronic bronchial catarrh, dilatation of the heart are the results of asthma, which are easily mistaken for causes of the disease. A single paroxysm, no matter how violent, is not so dangerous, provided the paroxysm does not develop preexisting conditions of apoplexy into a full attack. In the long run, however, asthma always becomes dangerous in consequence of the changes which it occasions, and which are so much more certain the more violent the single paroxysms are.

The termination of this affection cannot be determined beforehand. In many cases the paroxysms decrease at a more advanced age and finally disappear altogether; or else, they are

814 Diseases of the Lungs.

pulmonary emphysema and its consequences. It is difficult

mise an early and complete recovery, for the paroxysms r sometimes after the lapse of years. Death is a very unfr termination of this disease.

The prognosis, so far as the preservation of life is con very favorable; as far as a cure is concerned, the resul treatment must be considered uncertain. In contrast with Physic, which has no remedy for asthma. Homoeopathy can boast of having achieved some brilliant results.

The treatment has to aim at controlling the present paro and at curing the disease.

Respecting the possibility of shortening the paroxysm, i doubtful whether, in view of the uncertainty how long an will last, any medicine can be relied upon for the accom of such a result. If the paroxysms only last a few hours immaterial whether we give any medicine; as regards paro that have remissions and exacerbations before a complete sion takes place, it would, of course, be desirable to r Our own experience compels us, however, to confess that, respect, we have no very brilliant results to brag of. T remedies that seemed to have a good effect in one attack thing at all in the next, although the symptoms seemed p the same. If we are called to a case, we give a little m quiet the relatives, but for a cure we depend solely upo ment during the intervals. However, in order to avoid th ance of a purely subjective exclusivism, we will mention the remedies that are most commonly used at the beginnin attack, at the same time referring to the remedies that mentioned by and by, and which may likewise be used for paroxysm.

Belladonna, when the attack is accompanied by congestion head and an affection of the larynx, in the case of plet viduals, children and females of an irritable dispositio

Aconite, in the case of plethoric, active individuals, w cerebral hyperaemia, after mental excitement, the face b much flushed.

Chamomilla, when the attack is caused by a severe fit of with flatulence, particularly for paroxysms of hysteric for children during the period of dehtition.

Nux vomica, for attacks caused by nervous excitement, sp much eating, hysteria, hypochondria, inhalations of dust

Asthma. 816

gestions to the head, distention of the abdomen, especia stomach, improvement by a change of position, night-mare attack is preceded by signs of congestion of the chest.

Pubatilla, for asthma caused by the vapors of Sulphur, b menstrual disturbances and hysteria, with copious vomiti mucus, which affords relief, vertigo, sudden prostration tations of the heart.

IMoschus, for asthma without cough, with a violent feeling of constriction in the throat as if the glottis were involved in an attack, in the case of hysterical, hypochondriac, irritable individuals.

We might extend this list by adding other remedies ; but we believe that the indications for their use are mostly so general that we will content ourselves with mentioning their bare names. Colchicum Tartarus siibiatus^ Cocculus^ Staphysagria^ Veratrum^ Opium^ Phosphorus^ Nitri acidum^ etc. Many of these remedies owe their use to the mistaken notion that a catarrh of any other affection of the respiratory organs with asthma is real asthma. The remedies from which most may be expected during the attack itself, are Belladonna^ Cannabis and Opium, Opium especially sometimes renders substantial relief without it being necessary to employ large doses on this Morphia^ 2d trituration, two or three grains at a dose, producing a sufficiently powerful effect, and if this dose is not sufficient, a remedy can only do harm. A copious secretion of mucus is counter-indicated by Opium. Cannabis likewise only palliates the effect of its narcotic properties, and hence will have to be given in a massive dose ; this remedy is altogether unreliable.

As we said before, we have no great confidence in the use of any remedy during the paroxysm which we compare to an epileptic paroxysm for which very little can be done by treatment. Nevertheless we should not remain idle spectators during an attack, as it is often possible to relieve the patient by all sorts of applications. It is important, for instance, to regulate the posture. Some people will not allow him to leave his bed, but a change of position of great importance and affords great relief to the patient. The respiratory movement is brought into play, as much as possible, by a change of position. For this reason the lower extremities should not be kept in a horizontal position, but should be placed on a pillow and pressed against any object in order to facilitate the action of the dorsal as well as abdominal muscles. All tight clothing

818 Diseases of the Lungs,

should be removed ; if the patient is in his senses, he attends to being told. The temperature of the room must not be too low, for the reason that the paroxysm always excites a profuse perspiration; nor should it be too highland, above every thing the air should be kept sufficiently moist. If we are called in by a patient who has had a number of attacks, we shall find that every thing on hand which, by its direct action upon the system, may relieve a paroxysm ; nor can it be denied that relief may be procured by such means during one and even several paroxysms. They are generally powerful domestic stimulants, such as smelling and inhaling of the spirits of Ammonia; inhaling the spirits of Turpentine or of Camphor evaporated on hot water; the inhalation of the fumes of burnt nitre-paper, feather-phur. We have tried the last remedy in our own case. That such cases it is not the specific action of the inhaled substance that affords relief, is evident from the fact that the effect is only palliative and transitory. Inhalations of Chloroform, which have a direct narcotic

scarcely ever borne by asthmatic individuals. Substances used for smoking, constitute another series of remedies. In case, however, we deal with thoroughly homoeopathic remedies such as Tobacco, Iodine, Stramonium, Hyoscyamus. Tobacco of course, be useful only to persons who do not smoke, in instance, to whom we recommend for such purposes the small paper-cigarettes used by Russian and Spanish ladies. On the contrary, mix the cut leaves of Stramonium or Hyoscyamus with their tobacco, sometimes with surprising effect ; or Iodine-cigarettes. The use of these remedies is justified if they afford relief to the patient, nor should they be discarded if we have better remedies to recommend in their stead. Very often we accomplish our purpose with the inhalation of simple water. The method of introducing appropriate remedies directly into the respiratory organs by means of an inhaler, has been satisfactorily verified as a superior proceeding.

The main-point in the treatment of asthma is to meet the disease in its totality. As a matter of course, the selection of the remedy is not only governed by the symptoms between the paroxysms, but likewise by the paroxysm itself and by the constitution of the patient, and it is this indispensable consideration of such varied conditions that renders the selection of the remedy exceedingly difficult. In the subsequent paragraph

Asthma. 817

only furnish short indications for the selection of the most important remedies, since it is impossible to present these in detail with anything like a satisfactory completeness.

Araenicum album is undoubtedly the safest remedy for asthma, not only corresponds to the simple spasmodic, uncomplicated form, but likewise to the secondary forms of asthma which exist in the most diversified affections of a more permanent character. Arsenic is even used a great deal in domestic medicine and is highly commended by Old School practitioners. This likewise shows very strikingly how the constant physiological effects of a drug can be employed with mathematical certainty as remedial agents when employed according to the law of similis in similibus. In slow arsenical poisonings, asthma always occurs without exception. "We dispense with the enumeration of individual cases, since every somewhat violent attack of asthma corresponds to Arsenic. Nor can we particularize the cases where asthma occurs as a mere symptom, since in such cases the selection of the remedy is chiefly determined by the character of the affection. "We will state, however, that, in the asthmatic paroxysms of tuberculous patients. Arsenic has always left us in the mind as principally indicated by the following symptoms: The paroxysm always sets in towards midnight or shortly after; it seems to be governed by a tolerably fixed type, although asthmatic paroxysms occurring without any typical regularity do not exclude the possibility that it reaches its acme with unusual rapidity. The more the paroxysm seems on the point of suffocating ; the more painful and restless the patient ; the more wheezing and louder their expirations the more Arsenicum will be found appropriate. Accessory symptoms are: sudden access of a high grade of collapse with pallor of the countenance, cold perspiration and a very frequent

pulse; palpitation of the heart; distension of the abdomen sequent upon the attack; involuntary emission of the urine; conquerable dread of death; the paroxysm is excited by increase of temperature, atmospheric influences, talking or laughing up stairs. The consequences of the attack remain for a long time among which excessive debility and nervousness are most prominent. When given during the paroxysm, Arsenic sometimes exerts a magical effect, so that the patients fancy they are cured; although Arsenic does not by any means help in every case, yet it had better be tried in every case that we are unable to treat. During the apyrexia, the remedy had better

818 Diseases of the Lungs.

administered at long intervals and in the higher attenuated doses although the success which Old School practitioners have with Fowler's solution justifies the conclusion that arsenic may be likewise conducive to a cure. The danger is that arsenic may affect the stomach injuriously. Whether Arsenic possesses specific antidotal powers against asthma caused by other causes has not yet been determined.

Cuprum is likewise one of the substances which, in cases of poisoning, develops asthmatic symptoms. However, it has not proved of such decisive practical value as Arsenic, for that it has not the significant indications of this agent in opinion. Cuprum is indicated by the following symptoms: remedy is suitable to individuals with nervous, irritable constitutions, who are, moreover, disposed to spasms, whereas Arsenic is suitable rather to vigorous and plethoric persons; it is suitable to children, especially if the paroxysms set in or in consequence of exerting the respiratory organs, as after a coughing fit; the paroxysm very speedily reaches its intensity; other muscular bundles are involved in convulsive attack; the attack is accompanied by a constant wheezing which aggravates the asthma; the attack terminates by a pallor of the countenance, with cold perspiration. The action is not perfect, but a slight degree of dyspnoea remains, or paroxysms of an almost dry cough set in, which likewise end in vomiting. The action of Copper in whooping-cough is evidence of its general adaptation to spasmodic affections of the lungs; we have never known Cuprum to be of any use for the paroxysm itself, so that we now limit the use of this drug exclusively to the intervals between the paroxysms.

As regards Plumbum, it has not yet been sufficiently tried physiologically or practically to present clear indications in asthma. Nevertheless, the affections of workers in lead that they are very commonly affected with a violent asthma; the whole, it bears great similarity to the copper-asthma which it is not so much distinguished by its local as by its symptoms. We recommend the remedy more especially in the severe paroxysms of tuberculous individuals, and likewise in the form of asthma, which is accompanied at the outset by an accumulation of gas in the bowels.

Iodine is likewise one of those agents which, among its symptoms of slow poisoning, numbers asthma as one of its con-

Asthma. 319

nomina. In our Materia Medica these effects of Iodine are not very imperfectly, and the reader is very much disposed to combine the symptoms pointing to asthma with the symptom denoting inflammation. In the "Deutschen Medicin" of 185 cases of Iodine-asthma are recorded, which are of considerable interest: The asthma sets in after a protracted use of Iodine whereas an acute intoxication with Iodine never causes a paroxysm to set in towards evening or more commonly about midnight and lasts about half an hour; in one case it commenced with intense symptoms of laryngismus stridulus; the paroxysm was succeeded by excessive lassitude and an irresistible sleep. Notwithstanding the violent difficulties of breathing, no sign of a material change in the respiratory organs is visible, there is emaciation without any increase of the secretions, nervousness and restlessness during the intervals. Hence it corresponds well with the purely nervous asthma, for which has been prescribed more recently by several Old School practitioners of course, in enormous doses. Except a few not very striking cases in homoeopathic literature does not offer any cases of asthma fully treated with Iodine.

Stannum may be tried if the attack supervenes during the course of chronic catarrh, and the decrease of the attack is accompanied with a copious secretion of mucus. We do not find any reports of striking cures with this agent.

Under quite similar circumstances Zincum metallicum will be a suitable remedy; an additional indication for this drug is the accumulation of gas in the bowels during the paroxysm.

Spongia has so far been found useful only in asthma dependent upon tuberculosis, but it has never effected a complete cure, but only a marked diminution of the frequency and intensity of the attacks. The paroxysm is characterized by a marked contraction of the glottis, a wheezing respiration, with complete loss of voice. In a few hours the patient hacks up a substance rather soaked with sago.

Aurum certainly deserves more attention than it has yet received. It is particularly indicated in cases where it is not quite certain whether the heart is primarily or secondarily involved in the attack; the attack sets in with violent palpitation of the heart, great anxiety, and marked symptoms of pulmonary hyperaemia.

Among the vegetable remedies there are but few that we would recommend for the totality of the disease; most of them

820 Diseases of the Lungs.

are adapted to the complicated forms of asthma. We confine ourselves to mentioning their names: Ipecacuanha, Belladonna, Lycium, Bovista, Lactuca virosa, Bryonia, Pulsatilla, Lobelia are adapted to emphysema rather than to asthma. Opium sometimes affords

striking benefit in paroxysms that occur during sleep.

In a variety of cases we have witnessed remarkably favor results from the use of Digitaline. "With this remedy all radically cured frequently-recurring paroxysms of asthma protracted duration ; in inveterate cases all that we ha to accomplish with this agent, has been to diminish in s although to a considerable extent, the intensity and fre the paroxysms. It is, therefore, with a good conscience can recommend this medicine for further trials in asthma the following circumstances are kept in view: The asthma gether a primary affection, it is the purely nervous for spasm of the bronchia; in such a case Digitaline will ha effect as long as no catarrh, emphysema or structural ch heart supervenes. Digitaline is, however, suitable even complications exist, to which it is, indeed, preeminentl more especially to structural alterations of the right v high degree of sanguineous stasis in the veins of the he ally a violent throbbing-pressing headache during and af attack. Palpitations of the heart, especially if the att ceded by them. The asthma attacks irritable individuals weak nerves, more particularly persons who have been gui sexual excesses. We do not simply mean persons who had b addicted to self-abuse, for we have known a married man tracted asthmatic attacks in consequence of excessive se course, and who was decidedly benefitted by Digitaline. fluence of Digitaline over the male sexual organs is ext and, in this case, we effected a truly radical cure, as dent from what we stated when speaking of the diseases o male sexual organs. The influence of Digitaline over the sexual organs, especially in its bearing upon the nervou so difficult to define that we are as yet without any de regarding this matter. We always administer this remedy second or third trituration, giving never more than one former in the morning before breakfast, never at night, reason that sleep is generally disturbed by Digitaline. necessary to give a dose every day ; a dose every two or is sufficient. These precautions are important to avoid

Asthma. 821

effects and homoeopathic aggravations. UnlesB these prec measures are adopted, a remedy the great importance of w not yet been sufficiently recognized, might easily fall

Notwithstanding we believe that we have indicated the mo important remedies for asthma, yet if the list of these were to be exhausted, a great many other drugs might be to it. In mentioning the following additional remedies, to the reader's attention the fact that most of the reme for asthma owe their recommendation to coexisting compli The following remedies may be compared in particular cas phur^ Ferrum^ Argentum^ Brornum^ Sepia^ Calcarea carboni vegetabilis^ Causticum^ Lachesis^ Asafoetidum Tartarus s

Beside medicinal agents a few other means to reach the d are at our command. These are remedies that invigorate t constitution generally and strengthen the tone of the ne

system specially, such as cold baths, cold ablutions, the living in mountainous regions or generally in the open a more importance are the means that have more particularl even exclusively a local effect. Among these remedial movement-cure holds a prominent rank ; it sometimes provient where medicinal influences seemed entirely powerle especially in the case of women and likewise in the case who had broken down their strength by an effeminate and rious mode of living. The movement-cure lias likewise th advantage of acting favorably upon the constitution. The of compressed air has likewise a surprising eflTect ; ho yet impossible to state what particular form of asthma i adapted to this curative influence. According to all pro this remedy is particularly adapted to shorten the protr of the paroxysms. Living on high mountain-tops has a fav efi*ect only in exceptional cases ; the same statement a air and surf-bathing.

G. DISEASES OF THE DIAPHRAGM.

We transcribe this chapter from Kafka. He only treats of inflammation, spasm and hernia of the diaphragm; atixjph paralysis and tonic spasm of the diaphragm being general manifestations of other pathological processes.

21

822 Diseases of the Diaphragm.

1. Dlapbragmltlis Inflammation of the Diaphragm*

[It consists in an inflammation of the serous covering o diaphragm, either on its thoracic or abdominal side.

This inflammation is never an idiopathic disease, but al occurs in the course of pleuritis (pleuritis diaphragmat the course of peritonitis (peritonitis diaphragmatica).

According to the statement of older authors the followin nomena are characteristic of diaphragraitis: continued, burning, stinging, tearing and contractive pains all ove diaphragm, the pain encircling the body like a hoop; dur inspiration the pain is felt lower down, during an expir up ; it is aggravated by coughing, talking, and by every the patient, rendering a deep inspiration impossible; th is hurried, anxious, superficial ; it is performed with while the abdominal muscles remain passive; distressing vomiting of a green substance, great ditiieulty of swall times hydrophobia, delirium, spasmodic laughter, finally

From the presence of these symptoms in the course of a p or peritonitis we may conclude that the diaphragm is inv the inflammation. Idiopathic diaphragmitis has not yet b

with. The intensity of the symptoms is generally extreme physical exploration yields no result.

The course of the disease is generally very acute, the prognosis very unfavorable.

The etiology is the same as that of pleuritis or peritonitis, treatment is likewise the same as that of pleuritis or peritonitis, but is only if out-of-the-way symptoms exist that they have to be treated by special remedies.

The most troublesome symptom is the distressing singultus, this symptom we recommend Belladonna 8, especially if combined with difficulty of swallowing, risus sardonius, delirium. If, in a few hours, this remedy does not afford the help, we give the Sulphate of Atropine 3, or Hyoscyamus

Belladonna 3 is an excellent remedy, if the inflammation of the pleura and is attended with considerable dyspnoea, and during respiration, difficulties of swallowing, cerebral

If the vomiting is a prominent symptom, as is generally the case when peritonitis is present, we resort to Belladonna or Veratrum. In obstinate cases we have recourse to Opium.

A very disagreeable symptom is the spasmodic laughter, followed by

Singultus, Hiccup. 823

which we recommend : Belladonna, Hyoscyamus, Ignatia and Metallium 6.

2m Siniraltis, Hleemp.

This is owing to a spasmodic contraction of the diaphragm during which the air is drawn in through the contracted glottis with a shrill and short sound.

The hiccup either originates in the nervous centres, as general erethism, neuroses, especially in the case of hypochondriac patients ; or when accompanying cerebral diseases such as cerebral anemia consequent upon long-lasting, or upon considerable losses of blood and other fluids, as well as upon violent psychical impressions, such as anger, etc

Or else, it is simply a reflex-phenomenon, as during distension of the pleura and pericardium.

Consensual singultus may occur during diseases of the stomach, liver, pharynx, intestinal canal, etc.

In the case of children it often occurs in consequence of indigestion or acid stomach.

Singultus occurring during cerebral anemia consequent upon chronic diseases, such as carcinoma, Bright's disease, etc., or upon exhausting diseases, such as typhus, cholera

pleuritis with profuse exudation, likewise upon pericard upon exhausting diarrhoea, is always a very dangerous sy that may continue for days and finally increase to convu

Treatment. A passing hiccup is scarcely ever noticed ; o if it lasts too long and becomes too severe, medical tre have to be resorted to.

In cases of simple hiccup it may be arrested by stopping breathing for some time, or by drinking a little cold wa fixing one's attention upon a certain object, such as: h in one's hand, by a systematic crossing of the fingers o by a sudden surprise, or such domestic remedies as eatin sugar, magnesia, ice, etc.

Infants who have taken cold, have to be warmed, after wh they should be put to the breast; if their stomachs are give them Calcar. 6 or Nuz vottl 6; if they are affected intestinal catarrh, we give them Chamomilla 8, or Rheum domestic remedy that is frequently made use of, is calci as much as will cover the point of a knife morning and e

S24 Diseases of the Lungs.

In one case, where not one of theae renaaiea would help spoonful of recently prepared lime-water removed the spa

If the singultus is intense and lasts a long time, we ha remedies that correspond to the co-existing pathological or to the exciting cause. For the nervous singultus of h hypochondriac individuals, we give according to the symp Nvx vomica^ Ignatia^ Belladonna and Hyoscyamus^ Nux mosc and Natrum muriaticum.

For singultus consequent upon a fit of chagrin, we give: Ignatia^ Pulsatilla.

For singultus occasioned by diseases of tne stomach and Bryonia^ Nuz vomica^ Pulsate Natrum muriaticum and Sulph

For painful singultus caused by inflammation of adjoinin organs: Belladonna^ Hyoscyamv^^ Atropine.^ Opium 1 or 2.

In a case of consensual singultus consequent upon spasm oesophagus, accompanied by nausea, Veratrum 8 has render good service.

We are much less successful in the selection and use of for singultus occasioned by exhaustion of the vital forc cerebral anaemia. In such cases we have succeeded in rel patient by Ammonium carbon. 3, Phosphorus 8, and in desp cases by Moschus 1.

As elxtemal remedies practitioners recommend: laying gra horse-radish upon the epigastrium, dropping ether upon t the stomach, painting this region with the oil of chloro drachm to two drachms of almond-oil, and in desperate ca inhalation of ether or chloroform.

8. Hernia of the Diaphragm.

Accidents of this kind originate in rupture of the diaphragm occasioned by traumatic causes, or in strangulations of thoracic or abdominal viscera in the natural openings of the diaphragm. They occur more frequently on the left than on the right side.

The phenomena in the thoracic range are: dyspnoea, cough in the chest, singultus, suffocative paroxysms, fainting

On the side of the abdominal organs we notice vomiting, pains, obstinate constipation, sometimes symptoms of ileus

If the strangulation is partial, the symptoms appear slowly and disappear equally slowly. If the constriction is very violent

Pleuritis, Pleurisy. 825

In acute cases, the symptoms set in with equal violence, and life is in the greatest danger.

The worst symptoms are those of ileus, which we meet with in 3 and Opium 1. Tepid baths, and in severe cases frequent inhalations of Chloroform are excellent adjuvants. U.

D. DISEASES OF THE PLEURA.

1. Pleuritis, Pleurisy.

Inflammation of the Pleura.

Inflammatory affections of the pleura are not by any means uncommon; yea, the frequent adhesions of the lungs to the chest wall, revealed by post-mortem examinations, show that pleuritis is not only very frequent, but that they run their course unattended. The more trifling inflammatory phenomena are without any practical value, nor do they ever constitute an independent disease; for this reason we here treat only of the more acute forms of pleurisy with copious exudation.

Pleurisies of this character are scarcely ever really primary diseases; in the majority of cases they are of a secondary nature. The etiology of primary pleuritis is somewhat obscure, but the disease is caused by some direct and mechanically acting agent. A most frequent cause is said to be a violent cold; but here as in pneumonia, the connection is taken for granted than proven. The more frequent occurrence of pleuritis during peculiar states of the weather justifies the conclusion that atmospheric conditions exert a decided influence upon the origin of the disease. To designate such inflammations as rheumatic, i

justifiable to some extent at least, as acute rheumatism epidemically at the same time. As a rule, primary pleuritis like peritonitis, be regarded as a rare disease.

On the other hand, pleuritis as a complication or second affection, is exceedingly frequent. All inflammatory pulmonary affections, even hypersemia of more than ordinary extent near the surface of the lungs, develop pleuritis which is generally confined to a very limited space, but may become extensive and violent. Inflammatory affections of the heart, particularly of the pericardium, may lead to pleuritis.

326 Diseases of the Pleura.

rheumatism and peritonitis, and likewise acute exanthema result in the development of pleuritis. Among chronic affections the following may occasion the disease: Pulmonary tuberculosis, pulmonary abscess, suppuration of the vertebrae and ribs disease. The occurrence of pleuritis during the stage of convalescence in severe acute affections, in pyaemia and general sepsis characterized by marked signs of a septic condition of the system is a remarkable fact which does not admit of any further explanation. Like peritonitis, so pleuritis is superinduced in its most extensive form by the intrusion of foreign substances into the pleural cavity, most commonly by the effusion of pus from a superficial cavern or from a suppurating bone.

Symptoms and Course. The peculiarity of certain phenomena in a case of pleurisy can only be understood by an analysis of this process, on which account we premise a sketch of the same.

By pleuritis we understand the deposition of an exudation on the free surface in the cavity of the pleura. As in every inflammation so we find here, at the outset, an hyperaemia of the cellular tissue situated under the pleura. Thrombocytaemia occurs most generally in striae or clusters, scarcely a large extent, and very frequently exhibits small ecchymotic spots. It is from these hyperaemic centres that the exudation proceeds over the free surface. According to its constitution the exudation is generally distinguished in four different forms which, however, cannot be rigorously separated from each other but commingle in various ways. The first form is the so-called plastic form, where a small quantity of a highly fibrinous exudation is deposited upon the free surface of the pleura as a pleural membrane which, by coalescing with the membrane on the opposite side of the pleura, causes both sides of the pleural cavity to be closed without any further complications. This process occurs commonly in pneumonia, but likewise on other occasions with symptoms that it is placed beyond the reach of therapeutics. The second form is the sero-plastic form. The exudation consists of fibrin with which a more considerable quantity of serum is commingled. This form has the exuded membranes of the pleura, but they are generally more extensive and thicker, the pleural cavity contains an exudation of a yellow-green color, sometimes weighs several pounds and in which more or less flocks of coagulated fibrin are seen floating. The copious

Pleuritis, Pleurisy. 827

the plastic exudation increases the tendency to adhesion are sometimes so extensive that they enclose the exuded within a capsule or sometimes as within a net consisting ber of meshes and cavities. The third form is the purule tion, empyema or pyothorax. In this form the eftusion ma of mere pus, or serum may be mixed up with it in greater quantity. This form either characterizes an uncommonly a pleuritis, as it is often observed in pysemia, and where a very short time; or else this third form is gradually from the second form in consequence of the solid constit this form being converted into pus. The further changes in this form are absorp tion which is, however, scarcely complete as in the other forms and generally leaves call enings behind, or else enclosure of the fluid within a c is a very common event, or finally invasion of the parts ing the suppurating process. In consequence of this inva pleura is perforated and the pus is discharged through t walls into the abdominal cavity or even into the bronchi from such an accident is a very rare event. The fourth f scarcely anything but serum is eflused, occurs very rare important for the reason that this serous exudation gene exceeds all others in quantity, exerts the most violent the lungs and heart, and that its reabsorption is on thi exceedingly difficult. The hemorrhagic exudation does no tute, strictly speaking, a distinct form, because a some siderable eftusion of blood in any of the above-describe may determine an hemorrhagic exudation. The ichorous dis tion of the exudation only takes place during the severe tion of the organism as a consequence of general decompo less frequently if the pleural cavity comes in contact w pheric air.

It is absolutely impossible to draw a permanently and un true picture of pleuritis ; the symptoms characterizing pleuritis, vary greatly in intensity as well as extent; toms are sometimes entirely wanting, whereas in other ca are most prominently present. However inasmuch as the sy tomatic differences of pleuritis are mostly de|)ending u quality of the exudation, we subjoin a superficial sketc differences and shall discuss essential details in subse graphs.

The plastic exudation exists seldom as an idiopathic aff

828 Diseases of the Pleura.

it generally accompanies other diseases, more particular monia. Inasmuch, however, as it is scarcely ever, even w existing as an idiopathic disease, accompanied by violen may suppose, that even where it exists as a complication not contribute much to an increase of the fever. On the hand it is precisely this form that causes the most viol which is very much increased by every somewhat more expa movement of the thorax and of the body generally, more p

ularly by coughing, and which very frequently renders ev
 cussion painful. After the lapse of at most a week the p
 appears again entirely ; but the physical signs, of whic
 treat by and by, sometimes remain for some time after.

It is more especially the sero-plastic exudation that fu
 picture of an idiopathic acute pleuritis. Like all other
 sive inflammatory processes, it almost always sets in wi
 chill followed by considerable increase of the pulse and
 attended with headache, intense thirst, loss of appetite
 immediately an intense pain in the inflamed region of th
 The pain generally decreases in proportion as the effusi
 in quantity. As the exudation increases the breathing of
 becomes shorter, and a distressing cough sometimes sets
 thin expectoration which is tinged with blood, but is no
 regarded as a sign that pneumonia or bronchitis has supe
 but most commonly depends upon no other cause than the h
 semia of the non-affected part, which hyperjemia is a ne
 consequence of the pressure caused by the exudation, and
 reason does not show itself at the outset of the disease
 in its subsequent course. In favorable cases the termina
 recovery may commence with the second week, and may lead
 complete restoration of health; or else, the process of
 takes place very slowly, imperfectly, and the patients r
 long time in a sickly, lentescent condition, where they
 ened with renewed attacks and exacerbations.

The third form, empyema, often develops itself, as was s
 above, from the second form. That pus is forming, may be
 from the circumstance that the fever does not abate, on
 that in the subsequent course of the disease, and withou
 of the exudation, the fever increases in violence, mingl
 or assuming the character of an hectic fever, with a con
 increasing prostration of strength. If the purulent exud
 consequence of pysemia, of a septic state or a general d

Pleuritis, Pleurisy. 829

of the blood, the exudation may originate and iiii in its c
 pain; it only aggravates the previously existing morbid
 The course of the disease depends essentially upon the f
 the exudation is re-absorbed or enclosed within a sac, o
 whether it escapes from the cavity, and in what directio

The fourth form, where the exudation is chiefly serous,
 imparts to pleuritis a sub-acute or even chronic charact
 form is very insidious, because it so often develops its
 gradually and without pain, and even commences without f
 which does not generally supervene until at a later peri
 the patients only complain of lassitude, they lose their
 have a sickly appearance. Gradually the respiration beco
 oppressed and labored, but not by any means to a degree
 lead the patients to suspect the presence of a pulmonary
 The quantity of the exudation occasions a displacement o
 thoracic and abdominal organs. Recovery from such attack
 takes place slowly ; it is only exceptionally that absor
 place very rapidly amid a profuse diuresis.

Among the symptoms of pleuritis there is not one that co
pointed out as characteristic of the disease. It is true
cases of acute pleuritis we have the peculiar pain, but
exceedingly in character and intensity. At times the pai
a sensation of tenseness and constriction ; at other tim
a seated, localized, stitching pain ; at other times aga
spread over the whole side of the thorax, and is of a te
burning kind. Not unfrequently there is no pain at all ;
more particularly in the most insidious cases. Because t
pain, this is no reason why an exploration of the chest
omitted. In genuine pleurisy there is very seldom any co
especially at the commencement of the disease ; if cough
a later period, it may be occasioned by simple hypersemi
pneumonic infiltration. At all events it causes the pati
deal of distress, increases his pain to an extraordinary
complicates the course of the disease, since every addit
must necessarily, in view of the existing dyspnoea, impl
tioDal amount of danger. The symptoms presented by other
cannot be determined beforehand. Most generally it is th
of the heart, especially that of the right heart, which
if any considerable amount of exudation is present, the
heart become irregular, stronger and more rapid, the mor
more the heart is pushed out of its place by the effused

880 Diseases of the Pleura.

displacement of the liver ia attended with pressure in t
hypochondrium, and slight symptoms of jaundice. Neither
intestinal canal nor the kidneys are involved in all cas
becomes slightly engorged, if the effusion is copious an
lation is interfered with. The position of the patients
particular notice, more especially as contrasted with th
in pneumonia. Pleuiitic patients almost always lie on th
and unaffected side, whereas, if the effusion is not att
pain, they prefer lying on the diseased side. Very seldo
patient wants to lie on his back; if he does, the trunk

elevated a good deal.

All these objective as well as subjective symptoms, which are described, are not sufficient to establish a reliable diagnosis. If a reliable diagnosis is at all possible, it will have to be based on the results of a physical exploration, which is even more important in this disease than in pneumonia, for the reason that pneumonia remains such a latent disease that the objective phenomena can shed light upon its existence and true character.

In pleurisy with simple fibrinous exudation or moderate empyema percussion reveals nothing abnormal. As soon as the quantity of the effused fluid becomes more considerable it compresses the lungs, and a tympanitic sound is heard over the whole area filled by the fluid. If the whole or only a part of the lungs is completely compressed, the sound is entirely dull and the boundary of the effusion is indicated by the tympanitic sound. A dull sound is almost without an exception returned over the lower portion of the thorax, provided the effusion is not too copious. A mistake may occur if the effusion is scanty and the lung is infiltrated as in pneumonia, or if the lower portion of the lung firmly adheres to the costal pleura and the lung cannot be pushed backwards nor upwards by the effused fluid. In such a case a change of position occasions very seldom a change in the sound. Generally the upper boundary of the exudation is formed by solidified exudation which resists all displacement. A change of position induces a change in the level of the sound. It is perfectly safe to infer the presence of an excess of effusion.

In pleuritis with plastic exudation auscultation reveals abnormal sounds at the commencement of the disease, sometimes during its whole course. The friction-sounds of the rough surfaces of the pleura, which, owing to the proximity at which they

Pleuritis, Pleurisy. 881

are heard, cannot well be confounded with pulmonary murmur, which is not generally heard until the exudation has existed for some time, because the exudation requires this period of time to be sufficiently solidified for the production of those sounds. The friction-sounds are wanting, if the effusion is very copious. They are often heard towards the termination of the disease, when the absorption of the fluid takes place. If present, they constitute an important sign of pleuritis. Even if the exudation is scanty, the respiratory murmur is weakened, because the patients are afraid of drawing breath. If the exudation is copious, the respiratory murmur is almost absent at the lower portions of the thorax, whereas high bronchial respiration is heard more or less distinctly, especially marked near the vertebral column. Bronchophony and egophony are often heard together. In the free portion of the compressed lung, and generally likewise in the non-affected lung, the respiratory murmur is heard more loudly, and the symptoms of a more or less considerable catarrh are present.

Very seldom palpation discovers any peculiar changes during the presence of plastic effusion. A difference between the sounds over the inflamed side is often noticed as far as the fulness

atory movements is concerned, but the friction of the two faces of both pleural laminae against each other is perceived frequently even by the touch. If there is a good deal of the thoracic wall over it does not vibrate from the voice; this vibration is generally stronger at the borders of the

A view of the thorax shows very significant changes. During the presence of a plastic effusion, especially while the respiratory movements are much less distinct, and the thorax mostly bends over to the affected side. If the exudation on the affected half of the thorax enlarges in size; the intercostal spaces expand, and even become entirely effaced or bulge the ribs, and the respiratory movements are either very slightly or entirely suppressed.

In measuring the thorax, the increase in its dimensions enables us to determine with great correctness the presence of a pleural effusion.

Another important diagnostic sign are the displacements of the heart and liver occasioned by the presence of a large amount of effusion; the return of these organs to their normal position is evidence of the fact that the effusion is decreasing.

As regards the course of pleuritis, we have already stated

882 Diseases of the Pleura,

In the various paragraphs, all that is needful to observe on this disease is a general rule, this disease comes less than any other with favorable possibilities of a reliable prognosis. It may have a sudden or insidious beginning and, in its progress, assume a most malignant or else, from an exceedingly malignant and acute disease at its outset, it may run its course rapidly and completely to recovery. These results cannot be determined beforehand. On all account, pleuritis has to be treated with great care, and the progress of the disease, or to its termination, has to be carefully avoided.

The terminations of this disease are likewise various. The serous form always leads to adhesions which, however, are seldom extensive and do not interfere with the subsequent enjoyment of good health. It is usually the case, however, that after the disease, during unusual bodily exertions, or during even a slight catarrh, complain of pain in the locality where the adhesion is, however, without any sort of importance. If the exudation is very copious, it may obstinately resist every effort of the organism to reabsorb the fluid and, by this means, a chronic pleurisy may be established. Or else pus may form; even complete reabsorption may doubtless take place, but the pus will either readily escape externally, or into the lungs and a pleural cavity. In the former case, a thoracic fistula most commonly forms, which generally terminates fatally in consequence of hemorrhage, and very seldom heals in a very short time. The escape of the pus into the lungs and abdominal cavity is likewise common, and holds out little hope of a complete recovery. A serous exudation generally shows very little disposition to be reabsorbed, and very usually terminates fatally after a

period of suffering. Death scarcely ever takes place as a consequence of asphyxia; most commonly it takes place in sequence of one of the above-mentioned changes. As important consequences of pleuritis, we have in the first place to the displacement of important organs which, during a long continuance of the exudation, is very apt to become stationary. The location of the heart may become particularly pregnant with disastrous consequences. Next we have malformations of the lungs and consequent malformations of the vertebral column. Such malformations result if the lungs, which are pressed by the effused fluid, are unable to expand again to their former size. If a malformation had not lasted too long, the prospect of a

Pleuritis, Pleurisy* 833

The cure is not entirely unfavorable. An important consequence is the very common appearance of tubercles after the reabsorption of pleuritic effusion.

To establish a prognosis in the higher grades of pleuritis is always a very hazardous thing, since unfavorable complications readily annihilate the best founded hopes. As long as no complications are formed, we need not let our spirits flag; even in empyema, the patient has kept up a tolerable supply of strength, very favorable prospects of a cure under homoeopathic treatment. All complications however, which diminish still more the breathing capacity of the lungs, are decidedly unfavorable to a successful treatment of the disease. In the front rank of such complications, we have empyema, whether it sets in simultaneously with pleuritis or later, during the course of the latter disease. Here the empyema interferes with the normal course of pneumonia, and the empyema prevents the rapid absorption of the pleuritic effusion. Empyema, ordinary catarrh, acute as well as chronic, is a serious complication, the reason that it very much adds to the possibility of the development of acute cedema of the lungs. Inflammatory affections of the heart as well as chronic heart-disease constitute dangerous complications in pleuritis as well as in pneumonia. We need state that pleuritis arising from morbid alterations of the blood, from pysemia, etc., is exceedingly unpromising.

It is sometimes impossible to arrive at a reliable diagnosis of pleuritis, especially if the effusion only consists of lymph. The more the serous exudation preponderates, the more reliable becomes our diagnosis. What is of particular importance is to distinguish pleuritis from pneumonia with which, however, only the acute form of pleuritis with sero-plastic exudation which is of much less frequent occurrence, can be confounded. Pleuritis is diagnosed from the absence of the characteristic signs of pneumonia, the different form of respiration, from the absence of all vocal vibrations which are considerably increased in pneumonia, from the dulness at the lower parts of the thorax with sharply defined boundaries. Bronchial respiration is an unreliable sign; however it is to be observed that in pleuritis bronchial respiration is the weakest in the region where the dulness is marked and complete, whereas the reverse is the case in pneumonia. The dislocation of the heart and liver, the projection of the costal spaces and the expansion of the affected side take place only after the exudation has become very copious, cannot

S34 Diseases of the Pleura.

ferred to at the outset of the attack as distinctive sign in contra-distinction to pneumonia. Nor is pain a safe sign of pleuritis ; not only is the pain often absent, but a pain may sometimes be characteristic of pneumonia. What difficult is a correct diagnosis of pleuro-pneumonia, in affection it is often very difficult to correctly determine of the pleuritic effusion. Cases of this kind have such automatic manifestations, according as pleuritis is a primary affection or a simple complication, that we do not expedient to dwell upon them any further.

To indicate the treatment of pleuritis is not very easy to present it in a complete shape. Pleuritis being very idiopathic disease, we have to take into account so many causative and consecutive conditions, and the importance of pleuritis has withal to be placed in the foreground with so that an exhaustive description of the treatment would be a very extensive task. For this reason we confine ourselves to the most important points in the following paragraphs, refer particularly to pleuritis with copious exudation. The following are the leading remedies that may have to be resorted to in the treatment of this disease:

Aconitum. Regarding this drug we cannot communicate anything better than Wurmb's statement in the twelfth volume of *Hygea*, which we transcribe from Riickert's *Annals* : " If the elements prevail in the pleuritic effusion, or if, as the disease has a marked inflammatory character ; hence, usually the case, the disease sets in with violent fever, no remedy deserves to be more frequently used at the outset of the disease than *Aconite*. We have never known *Aconite* to act upon the effusion itself; however, inasmuch as the curative process commences after the fever has ceased, and inasmuch as it is of great importance that the fever should be removed as far as possible, and *Aconite* surpasses in this respect all other remedies, it is quite natural that the treatment should be commenced with this agent. Having observed that *Aconite* helps speedily, I do not wait long for the result, and at once resort to this remedy, if I do not soon perceive a favorable change showing a decrease or a cessation of the fever. It is difficult to wait for an improvement after giving *Aconite*, an improvement ought to be waited for, however, we need not wait too long, since an improvement is often perceived already in a few hours; the fever abates

Pleuritis, Pleurisy. 885

ing pains and the dyspnoea abate or disappear entirely, the exudation still remains the same, but the circumstances of the patient now are such that nature alone will be sufficient to complete the cure or will only require very little assistance for that purpose. On the other hand, if the fever still continues in a slight degree, nothing further can be expected from nature, and in order to prevent the disease from assuming a chronic

other remedies will have to be chosen, especially such as the exudation itself, among which I place Sulphur at the top of the list. If the effusion is more of a serous character, rhagic or purulent, Aconite will not do much for the fever still remains. If, in a case of pleuritis with plastic effusion, the patient's carelessness or indiscretion brings on a relapse, the febrile power of Aconite will prove much less efficient in time ; and, if repeated attacks take place, Aconite will do less for the fever, and finally, will prove entirely powerless. I have to dissent from the preceding remarks in one particular, namely, regarding the effect of Aconite upon the fever ; my opinion is that the remedy exerts its effect by diminishing the exudation, by which means the pains are abated and the effusion limited. Aconite is, moreover, a distinguished remedy at the onset of pleuritis supervening during the presence of tubercles for pleuritis complicated with pneumonia. It is without exception if pleuritis is occasioned by marked decomposition of the lungs by the onward spread of peritoneal inflammation, or by the escape of pus from the lungs or from carious ribs. Here Aconite may be depended upon even at the outset, if the fever is even moderate. As regards waiting for a change after the exhibition of the remedy, it should never wait longer than twenty-four hours.

Bryonia alba is of all remedies more frequently used than any other in pleuritis and concerning which all physicians are of an equally favorable opinion. Although we cannot help believe that many reported cures were due to the spontaneous efforts of nature and that the removal of a violent pleuritic pain has very often been mistaken for a recovery from a severe attack of pleuritis, the pain alone is no adequate criterium of the extent and nature of the pathological process. Bryonia could not possibly be so often supposed to cure, if real cures had not been effected. Almost all practitioners agree that the period of remission of Bryonia is the time when the fever has abated. During this period, the comparatively rare form of pleuritis

836 Diseases of the Pleura.

of, that sets in as an acute disease and runs a similar course. Aconite is undoubtedly indicated first, and afterwards Bryonia. In a very large number of cases, however, Bryonia may be indicated at the outset ; they are the cases where the fever is high and the pain is severe but not intensely acute. We cannot undertake to explain the action of Bryonia in such cases, but are certain that it has a very beneficial effect and generally procures a speedy cure. Whether it acts directly upon the exudation and hastens its absorption, may be questioned ; it is not yet established, however, that under its influence the exudation never progresses, and that the pains rapidly subside. As a remedy in febrile, although very painful pleuritis, is rapidly cured by Bryonia. Bryonia is likewise appropriate in the severer form of a purely plastic pleuritis ; in the first stage of the disease it is the main remedy. If the exudation becomes purulent, the use of Bryonia is more questionable. If pleuritis complicates tuberculous, the symptoms which very seldom point to the disease only indicate Bryonia. On the contrary we deem Bryonia indicated so much less, the more copious is the exudation ; the power of action ceases if the inflammatory process is arrested

effusion neither increases nor is reabsorbed. In pleuro-Bryonia, after Aconite has been permitted to act for a s is almost an absolute specific. It is scarcely less spec cated in cases where bronchitis and pleuritis coexist.

Arnica. Hartmann's indications either occur very rarely ritis, or else they are so little characteristic of pleu may be said to point to any form of this disease. Nevert Materia Medica Pura contains a sufficient number of symp indications upon which the choice of Arnica can be predi great precision. Among these indications we range the st pain in the lower part of the chest, which is aggravated ure, motion and cough, shortness of breath, a continual ing cough, or else a painful cough with expectoration of and bloody mucus. This last-mentioned symptom is particu valuable, for it indicates Arnica in cases of pleuritis by hypersemia of the non-affected side. We do not limit edy to the few cases of pleuritis occasioned by mechanic The excellent effect of Arnica in certain kinds of exuda wise verified in pleuritis, if the exudation is rather s plastic, or is copiously mixed with blood. In purulent p should scarcely ever think of resorting to Arnica. An ex

Pleuritis, Pleurisy. 887

hyperamia of the brain comes within the curative range o drug as much as pneumonia within that of Belladonna. Old dations are not acted upon by Arnica as positively as ex of recent origin.

Digitafis purpurea. Wurmb writes concerning this drug: " is a great difference between pleuritis serosa occasione increased activity of the secretory functions, and hydro occasioned by mechanical obstacles. This difference rema known to physicians who had been in the habit of confoun these two diseases, until more recently pathological ana directed our attention to the differences in the patholo ances and a stethoscopic examination corresponding with pathological appearances succeeded in clearing up the di It is because these two different diseases have been con physicians, that some of them report such favorable resu the use of Digitalis in watery accumulations in the pleu whereas others, on the contrary, report nothing but utte An enlightened physician will certainly not expect any t Digitalis in hydrothorax occasioned by mechanical obstac as an insufficiency of the valves of the heart ; nor wil account, entertain a less favorable opinion of the curat of Digitalis, which renders such excellent service in pl where this remedy is really in its place. Dr. Fleischman ticed the best effects from Digitalis in pleuritis seros I may very properly recommend this remedy so much more u ently as I attach the highest value to the experience of practitioner. I prescribe this medicine in the first att higher attenuations have never shown any curative powers affection." If Wurmb recommends Digitalis only for chron ritis serosa, we do not think he has done this remedy fu Its frequent employment by Old School practitioners, of large doses, although only intended to depress the fever

be crowned with good results in so many cases that it might seem proper for us to experiment in the same direct physicians are as yet deterred from pursuing this course idea that this remedy is not adapted to acute affections is certainly erroneous and unfounded. It is particularly pleuritis, for which we certainly do not possess too many that Digitalis deserves special attention on account of relation to the rheumatic process. If this process spreads, or if pleuritis is from the start a rheumatic di-

338 Diseases of the Pleura.

edy 18 next to Bryonia better adapted to this form of pleuritis than Digitalis.

Hepar sulphuris calcareum. "No more than we were guided first trials with Hepar in pneumonia by the few corresponding symptoms of this drug, has Wurmb been guided by the symptoms alone when he says of Hepar: "To my knowledge, Hepar has been employed in pleuritis, yet few remedies render such service in this disease as Hepar. If the effusion is of a plastic nature, and if the disease has lasted for some time, a slow, lentescent course is to be apprehended from the commencement of the attack, I know of no better remedy than Hepar. Under its use I have seen copious exudations, which had lasted for a long time, disappear in a comparatively short period of time, nor have I ever observed a case where such circumstances, it did not exert some influence upon the effusion. A complication with pericarditis or bronchitis does not exhibit so much more urgently; if the effusion is serous, Hepar is of little use." We share this opinion, at the same time that empyema, provided it is not too old, is all calculated to substantiate the favorable action of Hepar. That the evident passage from the sero-plastic to the purulent of pleuritis points more especially to Hepar.

Squilla maritima is much more talked about than actually pleuritis. We believe, however, unjustly, for the physiological effects of this drug show that it is in special rapport with the pleura and likewise with the lungs. Squilla is decidedly one of the medicines that it is proper to try in the treatment of pleuritis. It is more particularly adapted to pleuro-pneumonia, and especially indicated by a copious exudation of serum and serous pleuritis where the curative action of this drug is aided by a profuse diuresis. In former times Squilla enjoyed great reputation in this disease, and have fallen into disrepute in the old system of medicine probably for no other reason than that the medicine did not help in every case, because its proper indications were either not sought or physicians did not know how to seek them.

We do not regard Phosphorus as a direct remedy for pleuritis although, having been mentioned as a remedy for pneumonia, it is very likely that it may be of some use in peripneumonia, in some cases, however, the pleuritic exudation will be very scanty. On the other hand we deem it proper, from more general reasons,

Pleuritis, Pleurisy. 839

attention to this drug. in cases of pleuritis caused by with, pyaemia or septicaemia, and constituting from the of purulent infiltration.

Mercurius is recommended by few physicians for pleuritis yet it is perhaps more appropriate in this disease than nia. We know from our Materia Medica Pura that quicksilv causes a number of symptoms pointing to pleuritis; hence homcBopathicity to this disease cannot be gainsayed. Mor analogy justifies the conclusion that Mercurius has just efiTect in pleuritis as in peritonitis, because we know acts upon definite systems rather than upon single organ pneumonia so in pleuritis, Mercurius is indicated, if th inclines from the start to change to pus, or if this ten imparted to it at a later period without, however, a spe to decomposition manifesting itself along with it. The f symptoms constitute essential indications: violent fever quent chills followed by a burning heat and exhausting, ling perspiration; considerable thirst; marked gastric c slight icteric symptoms ; intestinal catarrh. In pleuro- likewise, if the exudation is somewhat copious, Mercuriu of the best remedies. In subacute empyema we do not cons Mercurius an appropriate remedy. Several reports in our show that Mercurius has often rendered distinguished ser epidemic pleurisy, both if the character of the disease rheumatic, or when the disease was complicated with bron Old School experience, according to which mercurial oint employed in exudative pleuritis with an advantage that c even be denied by the dogmatic adherents of the expectan can likewise be appealed to as an additional recommendat the use of Mercurius.

Hellcborus niger has not as yet been exhaustively proved symptoms point, however, unmistakably to a pleuritic aff Practical trials have led several physicians to I'ecomme remedy for the serous exudation in pleuritis, to which i doubtedly more adapted than to hydrothorax.

Arsenicum album is not, in our opinion, a remedy belongi category of anti-pleuritic medicines. Its exhibition in well as in pneumonia is determined by the general rather local symptoms. Wurmb expresses himself much more favora concerning this drug in the following words: "In serous Arsenic is probably the most important remedy; my confid

840 Diseases of the Pleura'.

this agent is so great that I doubt the possibility of c where Arsenic does not effect the least improvement, as sibly be the case with hemorrhagic effusions which defy ference of art. The cases where Arsenic does not afford are not very frequent, whereas this medicine alone effec of cures or changes the form of the disease so that the easily be completed by other remedies. The beneficent ef Arsenic generally first shows itself by a change in the

asthmatic symptoms; afterwards dropsical swellings that already have set in, together with the febrile motions, and lastly the absorption of the effusion itself is effected. I dare not decide whether Wurmb still adheres to these statements that were written down a good many years ago.

Sulphur holds the same relation to pleuritis as to pneumo-employment depends more upon inferences drawn from its general effects than upon a rigid application of the law of similia. Its use is moreover substantiated by a vast number of practical experiences. Here, too, we first transcribe Wurmb's views which to us strikingly correct in the main points: "In a case of pleuritic effusion Sulphur is powerless; if a pleuritic effusion existed for sometime, Sulphur is less efficacious than Hepar sulphur. On the other hand, in pleuritis plastica, after first giving Aconite without Aconite at the very outset of the attack. Sulphur is a specific remedy. If the fever is not sufficiently violent the use of Aconite, I commence the treatment at once with frequently repeated drop-doses of the tincture of Sulphur which is generally sufficient to remove the disease in a short time. If the fever runs high, and Aconite which seems indicated, does soon effect an abatement of the febrile symptoms, I do not resort to the administration of Sulphur and so far I have not yet had the least cause to regret this course of proceeding. If the disease is complicated with pneumonia, if the disease has already lasted a few days and the stage of hepatization has already set in, Hepar sulphur cannot do the least good although the fever may seem to indicate it; everything, on the contrary, may be expected from Sulphur." This very warm recommendation which is indeed substantiated by practical results, seems to be liable to objections. In the first place it is evidently too general. The physiological effects of drugs and their applications in our guide we are indeed authorized to draw conclusions from, but the rigid boundaries of similarity; but Wurmb's mode of

Pleuritis, Pleurisy. 341

ing would lead us to general, not individual specifics, their therapeutic opponents show us every day where the former lead us. In the next place we are of opinion that all morbid febrile symptoms preclude the use of Sulphur, no matter whether the febrile phenomena arise from reactive endeavors of an intense but normal character, or from reactive efforts that are excessive and incline to adynamia. Again, the symptoms of an purulent metamorphosis are decidedly antagonistic to Sulphur. Finally, we think that Sulphur is adapted to every form of pleuritic exudation except perhaps an exudation depending upon septicaemia because this agent is more than any other capable of stimulating the absorption of the plastic exudation. We know that in pleuritis, even serous exudations, a thick plastic deposit lines the surface of the pleura, causing almost without exception adhesions at the boundary-lines of the inflammation and thus fixing the fluid as it were within a capsule. This newly-formed exudation is undoubtedly the cause why the fluid is not reabsorbed. Hence we see an exudation continue for weeks without change, after which it disappears very rapidly for the reason that the pleuritic fluid has disappeared and the pleuritic effusion is going through a normal process of absorption. In such cases we have

right to expect a great deal from Sulphur because it hastens the disappearance of the plastic exudation.

Iodine deserves to be mentioned, because Old School practitioners have employed it in so many cases externally for the purpose of bringing about the absorption of the pleuritic effusion, often with undeniable success. From its effect as well as from its influence upon single organs, we are led to conclude that Iodine can be used for the absorption of plastic pleuritic exudation, and that, indirectly, it may also aid in the removal of a serous effusion.

Beside the remedies we have named, many more have been commended for pleuritis. But these recommendations are based upon indications that we cannot accept as valid, or upon practical results where the diagnosis appears more than doubtful, or finally the remedies are recommended upon purely speculative grounds, and we, therefore, content ourselves with simply naming their names; they are: *Bismuthum*, *Toxicodendron*, *Nuxvomica*, *Stibium*, *Carbo vegetabilis*, *Sabadilla*, *Spigelium*. For reasons mentioned at the beginning of this article, we deem it expedient to give a cursory view of the various

842 Diseases of the Pleura.

In opposition with the various forms and stages of pleuritis, the general management of an acute case of pleuritis is the same as in pneumonia. Here, too, the fear of relapses, the frequent successive returns of the effusion, and our anxiety for the absorption of the exudation, should admonish us that suitable cautionary measures must not be abandoned too soon.

The consequences of pleuritis are of importance in two respects. In the first place, remaining adhesions of the two pleurae cause great anxiety on account of the violent pain which they occasion in subsequent diseases of the respiratory organs, and may likewise lead to the use of incorrect remedies. Another consequence emanating from the suppurative process is much more important, and requires the application of diuretic and expectorant measures. In a case of thoracic fistula, the above remedies have to be applied to in the first place; besides these, we have moreover *Silicea*, *Lycopodium*, *Ferrum*, *China*, and more particularly *Calcarea carbonica* and *phosphorica*. Under the use of these drugs, each in accordance with the corresponding indications, we need not all at once despair of the success of Old School practitioners indeed have to do with their method of treatment.

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SI. Hydrothorax.

Dropsy of the Chest

Hydrothorax in the pleural cavity represents the same process as ascites in the cavity of the peritoneum. On this account we may pass this process over in silence if a few points did not

special allusion to it desirable.

Hydrothorax is either originated by all the various circumstances that cause an engorgement of the veins in the lungs, or symptom of general dropsy and depends upon an altered condition of the blood. In no case is hydrothorax a primary but is occasioned by heart-disease, defects of the lungs particularly at high degree of emphysema, in which case the effusion is sometimes an isolated condition without any oedema in other parts ; or hydrothorax is caused by affection of the spleen, kidneys, liver, etc., in which case it most often constitutes the final development of general dropsy.

If hydrothorax arises from a sanguineous stasis in the lungs, the symptoms, independently of the results of a physical examination, are scarcely ever of a nature that will enable the physician

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Pneumothorax, 843

the presence of this process with reliable certainty ; if sanguineous stasis is of itself accompanied by great oppression of breathing which is only more or less increased by the effusion. In a case of general dropsy, a gradually occurring pleuro-pneumonia indeed justifies the conclusion that water has accumulated in the pleural cavities. The following objective phenomena in such a case are perfectly certain: Complete dulness of the sound, from below upwards, as far as a line which, when the patient is in an erect posture, is exactly horizontal ; when in a recumbent posture, is only felt posteriorly, or much lower down and corresponding with this dulness the respiratory murmur is entirely absent or very feeble ; if the lungs are very much compressed, there is bronchial respiration posteriorly ; the vocal fremitus from the voice are missing ; the thorax is expanded, but the costal spaces are not effaced.

If hydrothorax is a symptom of general dropsy, the treatment is the same as that of the latter disease ; if it occurs as

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in a pathic disease, the treatment is chiefly determined by the nature of the existing cause. As a rule, it is beyond our power to effect a cure or even an improvement, although we succeed in a few cases to arrest, and even to diminish, the extent of the disorder. We may try to accomplish this result by means of Arsenicum album, Lythrum, Aurum metallicum, Carbo vegetabilis [also by Digitalis and Apocynum and Helleborus]. For a description of the operation of Paracentesis thoracica the reader is referred to Surgical Works or to special treatises on the diseases of the Thoracic Organs.

3. Pneumothorax.

This disorder is likewise in all cases a consequence of

pathological conditions. The entrance of air into the pleura is most commonly the result of a perforation of the pleura occasioned by ulcerous or other destructive processes in the lungs, or by the escape of pus from the pleural cavity into the lungs; much less frequently by a separation of the external wall of the pleural cavity. Tuberculosis is the most common cause of this accident; the next most common cause is purulent pleurisy and the least common is gangrene of the pulmonary tissue.

Pneumothorax is always a terminal disease which very seldom ends in death unless the opening through which air penetrates the thorax, closes in good season. This, however, is very rare.

844 Diseases of the Pleura.

In the case of a simple pneumothorax, the excessive apnoea which generally sets in at once and is attended with symptoms of the most marked interference of the circulation; the great expansion of the intercostal spaces on the affected side; the very full percussion-sound which is heard at the location with the posture of the patient and is generally accompanied with the metallic tinkling, without any respiratory murmur being audible; the amphoric resonance and the metallic tinkling on auscultation render the diagnosis certain beyond all reasonable doubt.

That a cure of this dangerous condition is possible, is an established fact; but such cures are extremely rare. It is likewise certain that medicinal treatment is utterly powerless in such cases. [This statement is too sweeping. It may be necessary to puncture the chest-walls for the purpose of relieving the patient from the excessive dyspnoea and the displacement of the mediastinum. Otherwise palliative treatment by means of stimulants forms the only mode of overcoming collapse, diminishing the dyspnoea and the pain, is not only proper, but indispensable. Small doses of Morphia and alcoholic stimulants, even pure alcohol, may be used with great use. If the subsequent reaction is of an inflammatory character, with heat of the skin, a hard and strong pulse and pain of the affected side, the same treatment is to be resorted to that has been indicated for pleurisy. H.]

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NINTH section:

Diseases of the Organs of Circulation

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-'V.

A. DISEASES OF THE HEART.

The diagnosis of diseases of the heart as well as an intelligent appreciation of the phenomena characterizing and occasioning these diseases, presupposes a correct knowledge of the properties as well as the physiological functions of the body. We will expect us to dispatch such a vast subject in a few paragraphs ; on the contrary, we shall take it for granted that the physician is possessed of this knowledge, and confine our way of introduction, to a few practical statements of particular importance.

Starting exactly from the median line of the thorax, the heart is situated about one-third to the right and two-thirds to the left of this line, behind the sternum and the cartilages of the ribs, namely between the third and fifth on the right and the third and sixth on the left side. The upper border of the heart is situated between the sternal margin of the right and left

intercostal space ; the apex of the heart in the fifth l
 space close to the inner side of the nipple, or behind t
 of the left sixth rib close below the nipple. The anteri
 of the heart is mostly covered by the right and left lun
 only a portion of the anterior surface of the right vent
 contact with the thoracic wall, within a space which is
 the right by a line from the sternal extremity of the si
 rib to the sternal extremity of the left fourth rib ; su
 on the left by a line curving in an upward direction and
 from the sternal extremity of the left fourth rib to the
 inferiorly by a line from the nipple to the insertion of
 sixth rib. It is only within this space that percussion
 complete dullness.

(345)

846 Diseases of the Heart.

The various sections of the heart which it is important
 when exploring this organ, are situated as follows : The
 is situated farthest to the right, almost entirely to th
 the mesian line, from the sternal margin of the second r
 costal space to the insertion of the fifth right rib. Th
 from the right auricle towards the left, occupies almost
 of the anteriorly visible side of the heart. The left au
 to the left of the mesian line behind the origin of the
 so that it is almost entirely covered by the latter. The
 is situated posteriorly behind the right ; only a narrow
 its wall, when seen in front, constitutes the left bound
 space occupied by the heart.

The orifices and valves of the heart are situated as fol
 left auriculo-ventricular opening with the mitral valve
 sternal margin of the second left intercostal space, and
 close above, partially below the cartilage of third left
 arterial orifice with the semilunar valves of the aorta
 next to and to the right of the left auriculo-ventricula
 below the sternal articulation of the third rib on the l
 the sternum. The right auriculo-ventricular opening with
 tricuspid valve on a line drawn from the sternal margin
 third intercostal space of the left side to the sternal
 the fifth costal cartilage on the right side. The right
 orifice with the semilunar valves of the pulmonary arter
 the sternal margin of the second intercostal space on th
 From its origin the aorta coui*ses to the right and from

backwards, and the pulmonary artery to the left and from backwards.

The impulse of the heart is felt within a space not alto inch wide, close below and to the side of the left nipple intercostal space.

Of particular importance to an exploration of the chest following points: Never percuss with the plessimeter, al the finger; if exact results are to be obtained, the chest percussed with firm as well as light taps. Auscultation instituted with the stethoscope for the reason that it is exactly applied to a smaller portion of the chest-wall. If two different explorations are to be compared, they have to be instituted in the same position of the individual percussing the chest, it should not be struck at one time inspiration, and at another time during an expiration, but

Carditis, ' 847

during one or the other. If murmurs exist in the lungs make it difficult or impossible to hear the cardiac murmur make them appear less distinct, we sometimes succeed in these murmurs by requesting the patient to stop his breath heart should never be explored immediately after bodily exertions or excitements, but, if possible, while the patient is in a quiet state as possible; it is even well not to examine until some time after a quiet conversation has been had many become considerably excited by the act of exploration regarding the number of heart-beats, it is to be observed smallest while the patient is in a recumbent posture, and while he is standing up, and that the difference between numbers increases correspondingly with the patient's loss A single exploration of the heart is not sufficient to be diagnosis upon. This precaution is too often overlooked

1. Carditis.

Pericarditis, Endocarditis, Myocarditis.

Inflammation of the Heart Pericardium^ Endocardium^

Substance of the Heart

We include the three above-mentioned anatomically-distinct forms of an inflammatory process in the heart in one chapter because they generally not only occur associated together, wise because their treatment is the same in all essential

Inflammations of the heart occur more particularly between age of pubescence and that of full manhood, or between that of fifteen and forty years. Men are more frequently attacked than women. Although it may be sufficient to say that this is so unaccountable fact is undeniably substantiated by statistics yet some light may perhaps be shed upon it by the circumstance that most cases of this disease originate in acute rheumatism and that the peculiar occupations of the male sex expose men more severely to acute rheumatic diseases. Primary

tions of the heart constitute some of the least frequent and where they do occur, their causes are generally wrapped in obscurity. They are said to be occasioned by colds, excessive exertions, abuse of alcoholic stimulants, mechanical injuries of the heart, etc. We likewise know that carditis may be occasioned by various poisons which will be mentioned hereafter. Generally inflammations of the heart are consecutive or sec-

818 Diseases of the Heart.

affections arising either by a continuation of the inflammatory process from the lungs and pleura to the heart ; or in consequence of the heart becoming involved in inflammations of more remote parts, especially of the kidneys, and likewise of the stomach and intestines, or else, they may result from the operation of constitutional diseases. Among the latter acute rheumatism occupies the first rank, for there is not a case of intensely-acute articular rheumatism which is not, at the same time, accompanied by an inflammation of the heart. We mention, moreover, scarlatina, variola, typhus, and two other affections which are so apt to occasion inflammation in every serous membrane, we mean pyaemia and puerperal fever. As regards chronic constitutional affections, cannot be shown that they act as exciting causes in inflammations of the heart. Like all other inflammatory affections, inflammations of the heart sometimes occur in such numbers that they are disposed to trace their origin to telluric or atmospheric influences.

Etiologically the various forms of cardiac inflammation distinguished so far as this, that myocarditis occurs least as a primary disease, but generally develops itself out of other forms, both of which occupy the same rank in all other respects.

An exact knowledge of the anatomical changes occasioned by cardiac inflammation is not only essential to an intelligent diagnosis of the single symptoms, but likewise to a knowledge of the possible consequences of such inflammations. We can here indicate the main points.

Pericarditis has all the characteristics of an inflammation of other serous membranes. It is very seldom diffuse and is commonly limited to single spots. The pericardium at first is injected, opaque, sometimes spotted in consequence of extravasations, it is loosely-adherent and easily torn ; at a later period the pericardium appears covered with coagulable lymph, which may be disposed as a delicately-organized membrane, or may present the appearance of granulated fragments of exudation. An effusion into the cavity of the pericardium is scarcely ever entirely absent, but may vary considerably both in quantity and quality. It may be from a few ounces to several pints. The exudation consists either of plastic lymph, or of plastic lymph and serum, and is frequently mixed with blood, or hemorrhagic ; it very seldom consists of nothing but serum. The exuded fluid may undergo the following essential changes : A complete absorption may take place,

the patient may recover entirely. Or else, the fluid por absorbed, and the plastic portion may be transformed into tissue giving rise to a membrane of more or less thickness, else, the effused fluid may be transformed into pus, which is absorbed or may assume an organized consistence. The more the exudation, the sooner adhesions of both surfaces of the pericardium take place ; they generally show the most firmness at the base of the heart, but frequently consist only in thread-like adhesions and again cause large portions of the pericardium to adhere to the heart. The exudation is the more copious, the more fibrin it contains; the hemorrhagic exudation occurs most frequently in great abundance.

Endocarditis is almost without an exception met with in the left ventricle. It attacks less frequently than pericarditis of the endocardium ; most commonly it is limited to the left ventricle and has its chief locality near the valvular apparatus of the heart. The inflamed portions of the endocardium lose their elasticity, have a dim-white, grayish or reddish-gray appearance, are puffed up and easily torn and detached. This exudation of the endocardium may be associated with exudation on its free surface in the shape of fine fringes upon which deposits are apt to form. Further changes are : Either a cure by absorption, which is a rare occurrence, or else the thickening of the exudation not materially interfering with the functions of the heart. Or else, indurated deposits may form on the valves, containing calcareous matter. The most important sequences are those resulting from the breaking down of the exudation. The softened endocardium tears, thus giving rise to rupture of the chordae tendineae or of the valves themselves coming chiefly instrumental in originating numerous defective valves ; or the tearing of the endocardium on the sides of the ventricle may give rise to acute aneurysm of the heart, in which the muscular substance not being able to resist the pressure of the blood. The purulent decomposition on the surface, during which the broken-down exudation is continued along by the current of the circulation, easily results in the plugging up of single arteries or in the formation of multiple abscesses, especially in the spleen and kidneys. The protrusion of the muscular tissue of the heart occasions the changes as the next form, myocarditis.

Myocarditis generally occurs in conjunction with one of

850 Diseases of the Heart*

other two forms. It is never diffuse, but always limited to certain regions, sometimes in the interior of the muscular tissue, sometimes more on the internal and external surface of the heart.

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most commonly located in the wall of the left ventricle and the ventricular septum. The inflamed parts first show a dark brown ecchymoses, afterwards the affected fibres decay, being formed into a reddish-gray detritus ; or suppuration sets in, leading to the formation of abscesses in the heart. This inflammation

admits of a perfect cure, which is not very uncommon, if inflammation is not too extensive. In the other case a par may take place by the insulation and inspissation of the consequence of which callous indurations and calcareous tions may result. If the pus escapes into the cavity of tricle, an acute aneurysm of the heart, or, according as escapes in certain localities, valvular defects may aris purulent endocarditis, metastatic abscesses and plugging blood-vessels may take place. If the abscess is located ventricular partition, it may lead to a communication be ventricles. Perforation outwardly results in pericarditi

Symptoms. The fact that inflammations of the heart occur almost only as complicating and consecutive affections, characteristic peculiarity of the symptoms occasioned by flammations, render it not only difficult but almost imp draw even a moderately-correct and striking picture of t In the following paragraphs we shall, therefore, confine to furnishing detached details, first, the symptoms that served without any physical exploration, and afterwards sical signs. If, by pursuing this course, we are not aff opportunity of furnishing a perfectly coherent descripti flammations of the heart, on the other hand, we avoid th more serious mistake of either describing these patholog tions incorrectly or delineating fanciful pictures of di

All these forms of cardiac inflammation not unfrequently their course with such inconsiderable signs of disease, entirely without any symptoms, that the patients either sult a physician at all or that, in case carditis superv the existence of other affections, the physician does no heart-disease unless he institutes a very rigorous exami ought even to take it for granted that many cases of car the most minute physical exploration, since we so freque

Carditis. 851

with remains of which not a trace had been discovered du (if&-time of the patient.

Carditis setting in most commonly during the course of s other disease, its commencement is very seldom marked by generally it is even impossible to determine from the pa statements where the disease has precisely begun. Only p commences very commonly with shooting, more or less viol in the region of the heart. Most generally the patients an intense feeling of illness and great anxiety, which t as proceeding from the pit of the stomach. If the inflam fully set in, the following symptoms are perceived in di binations and degrees of intensity: Extreme feeling of i corresponding with the affection that the patient was al fering with, and not suspending muscular power. Lassitud constant restlessness, weariness, yet the patient is una Alteration of the expression of the countenance; this sy often sufficient for the attentive observer to suspect t of carditis : the face generally becomes more pallid, se cent, the features assume an appearance of tension, the shy, wandering expression, and, what is characteristic o

ease, the lips tremble a little while the patient is talking at the same time the speech is somewhat hurried and jerked out words, which is not owing to the dyspnoea. The posture of the patients has no particular significance; they do not by any means lie steadily on the left side. Headache, which is sometimes of a violent kind, is a usual companion of carditis, whereas cerebral symptoms, such as delirium, sopor, coma, are rare except in very bad cases which bear great resemblance to typhoid process. The patients are restless, appear anxious being conscious of it themselves; in severe cases the restlessness becomes extreme, the patients manifesting an sensitiveness to all psychical impressions. The temperature is very seldom increased by the supervention of carditis. Chills occur very frequently, but they do not last long, succeeded by a burning heat. There is very commonly an disposition to profuse perspiration which has generally a musty odor. At the beginning of the attack the pulse generally becomes more rapid, fuller, harder, and has a peculiar tremor afterwards it remains more rapid, but becomes small, feeble and inclines to be irregular. In some cases, on the contrary,

852 Diseases of the Heart.

The pulse is remarkably slow; in a case of pneumonia with pericarditis, that came under our observation, the pulse was reduced to forty-two beats in the minute. We likewise notice that in the same case the pulse is sometimes very rapid and at other times slow. Upon the whole, the character of the pulse is of no value as a diagnostic sign. Sometimes the patients complain of severe tearing pains in the left shoulder-joint, or in the left arm; rheumatic pains may even be experienced in other parts of the body. The digestive organs are not influenced by anything like a constant manner. The respiration is very disturbed, dyspnoea of the most varied degrees setting in at the outset of the attack the respiration is quick and short, requested to do so, the patients are able to draw a long breath. Cough is not a usual symptom; at times it is dry and at others attended with expectoration of mucus and blood. The quantity of urine is almost always considerably less, the urine is concentrated, depositing urates; sometimes albuminuria is present. It is further to be observed that, if carditis supervenes during an existing disease, recovery from the latter is much more difficult. Other characteristic symptoms are: Marked interference with the circulation; oedema of the face, ankles; cyanotic phenomena of the face; passive hypersemia of the brain. Increased dyspnoea and accompanying disturbances of the spleen and kidneys. The profuse expectoration of mucus is apt to result in the development of miliaria which has given rise to the most erroneous views concerning the disease. Miliaria breaks out about the time when cardiac inflammation is about to terminate fatally, and the miliaria disappears at the fatal termination, death has been laid to the retrograde exanthem which thus became invested with a peculiar sign. The truth, however, is that what takes place with other diseases likewise takes place in the case of miliaria: all these appear at death in consequence of the sudden decrease of vascularity.

All the above-mentioned phenomena may be present during form of cardiac inflammation. We will now proceed to describe the most common symptoms characterizing each form of the disease.

Pericarditis: The disease sets in with a chill ; rapid increase in the frequency of the pulse ; pains in the region of the chest may likewise spread towards the back and shoulder, and are increased by a change of position, a deep inspiration and

Carditis. 853

the pit of the stomach ; palpitation of the heart which is very distressing to the patient. Dyspnoea sets in immediately after the exudation has become more profuse. Continued dyspnoea is a not unfrequent symptom.

The symptoms of endocarditis are much more vague. It always approaches in an insidious manner, without pain, or only disagreeable sensation of pressure and constriction in the heart. On the contrary the action of the heart is altogether tumultuous, more rapid and generally irregular, assuming the form of palpitations. The pulse, however, does not diminish in frequency. The respiration is accelerated, but dyspnoea is never complained of during the first days of the disease. Headache, delirium, typhoid phenomena, swelling of the spleen, nephritic pains only set in in the subsequent course of

Myocarditis is not distinguished by regularly-occurring symptoms. Its supervention during one of the other forms of disease may be suspected if the pulse becomes suddenly weak and the action of the heart generally exhibits signs of excess. Even rupture of the myocarditic spaces does not furnish a clear picture of the pathological process. There is not commonly an intense feeling of anxiety which may be accounted for by the rapidly diminishing power of the heart to propel blood.

In contrast with these changeable, exceedingly inconstant phenomena, we have the physical signs which are so much more important since they are much less apt to deceive and are very commonly sufficient for the establishment of a diagnosis.

At the commencement of pericarditis, the shock of the heart is stronger and is felt over a somewhat larger surface. Friction murmurs are heard at an early period of the disease, very soon after a few days have passed. They vary a great deal in intensity, they are heard first and loudest at the base, do not follow the rhythm of the sounds of the heart, very often differ according to the position of the patient, and are heard more distinctly if the stethoscope is pressed against the chest, but not too hard. In the early stage of the disease, the friction-murmur remains scanty and chiefly plastic, the friction-murmur continues to be heard, whereas, with the accumulation of larger quantities of serum or other fluid, the murmur gradually increases and finally, especially at the base, disappears altogether. The tension of the pericardial sac by the exuded fluid occasions

854 Diseases of the Heart.

Following phenomena : The intercostal spaces on the left side are effaced or even bulge, the shock of the heart cannot be felt. In its stead we sometimes notice an undulating motion. Percussion returns a larger extent of dulness within a triangular space, its base downwards. On auscultation, the sounds of the heart in a recumbent posture are only feebly audible, whereas if the patient stoops forward, they are frequently heard very distinctly, the rate much more distinctly than in the former position. At the commencement of the disease, a feeble systolic blowing murmur is often noticed in the region of the mitral valve, likewise in the region of the aorta, or a double aortic murmur. Occasionally there is a blowing of the veins of the neck. If the left lung is compressed by profuse exudation, a tympanitic resonance or even dulness is noticed. The first consequence of a decrease of inflammation is that the dulness becomes less in extent ; after which the friction-murmur becomes audible, and may yet continue for some time. An important diagnostic sign of pericarditis is that while the dulness increases in size, the sounds of the heart become feeble, and the impulse of the heart diminishes in force.

The physical diagnosis of endocarditis is much more difficult than that of pericarditis. Since the sounds of the heart are the most important criterium by which the presence of endocarditis can be determined, it is of the utmost importance that the anatomy and functions of the normal heart should be correctly known, and otherwise valvular defects that had already been existing at the time, might be mistaken for consequences of the recent endocarditis. On this account we should guard against a hasty diagnosis, and explore the chest once a day or at least as often as may be convenient.

As long as the valvular apparatus has not been invaded by endocardial inflammation, the disease may remain completely unobserved. Although a bad case of endocarditis, with formation of abscess, metastatic phenomena, etc., may exist without a general disease, yet a physical exploration does not reveal the presence of such inflammation by any positive sign. At the outset the pulse of the heart is generally stronger and felt over a larger extent, it is likewise more tumultuous, yet the pulse is not unfrequently strikingly small. Endocarditis attacking almost exclusively the left ventricle, the first changes are noticed in the regurgitation of the first sound. With the increase of the pathologica

Carditis. §55

with the softening or partial disorganization of the valves, the consequence of their incapacity from any other cause to close their orifices, a murmur is heard, most distinctly at the apex of the heart, side by side with, or in the place of, the systolic murmur. Friedreich calls attention to the fact that the diagnosis of endocarditis can be more securely established by the circumstance that th

changes its intensity, duration, etc., more or less rapidly. Diastolic murmurs from disease of the aortic valves, or crescences upon the auricular surface of the mitral valve the whole, rare occurrences. Of essential significance is intensity of the second sound of the pulmonary artery, which is heard soon after the murmurs, and the increased extent of diastolic dulness which almost sets in simultaneously. It is possible to indicate the variations in the cardiac murmurs, but not like absolute correctness, since they must necessarily correspondingly with the various changes resulting from

Myocarditis is not recognized by any fixed physical signs such as are present they belong to the accompanying endocarditis or pericarditis. The participation of the muscular structure of the heart in the inflammation is more particularly inferred from the great weakness of the pulse co-existing with a tumultuous action of the heart. This pathological change can only be conjectured, it can never be verified with positive certainty.

The course and terminations of cardiac inflammations show the greatest differences in degrees of intensity as well as in their respects. In describing these particulars we shall follow the summary course, since particular terminations will have to be mentioned afterwards. Our object will be best accomplished by describing the three forms of cardiac inflammation each by itself.

Pericarditis of a middle degree, if attacking individual patients of otherwise sound constitution, is not a very dangerous disease. It generally terminates in complete or almost complete resolution. When exudation is completed, the patients are confined for a few weeks without being very sick, unless they are prostrated by a previously-existing disease, strength gradually returns, and the friction-murmurs that had disappeared, again become audible. The existing murmurs become less distinct. Termination never takes place rapidly or suddenly, and the friction-murmurs sometimes remain distinctly audible for months, during which period the patients continue to retain their suffering appearance. In acute affections where rapid changes take

856 Diseases of the Heart.

Pericarditis sometimes disappears very rapidly. Most commonly, however, we shall find that the supervention of cardiac inflammation during a primary affection imparts a lentescent character to the latter. If the exudation is very copious, it may only be slowly absorbed, the patients incline to shortness of breath, palpitation of the heart, and relapses easily take place, chiefly for these reasons the patients do not take proper care of themselves. These affections either have an acute or chronic character, in which latter they give rise to a condition which is described as chronic pericarditis. It is very seldom that fibrinous pericarditis suddenly terminates fatally. On the contrary, if the exudation is purulent or hemorrhagic, a fatal result may take place very suddenly, and is usually determined by paralysis of the cardiac functions which leads to acute oedema of the lungs. An excess of serous exudation generally results very speedily in softening of the muscle of the heart, consequently in oedema of the lungs and general dropsy, this end is to be apprehended if the cardiac dulness

which persistently remains the same, extends over a large course. The pulse becomes very small and increases in frequency. The emission of urine only seldom occurs as a critical change. Lesions of the pericardium are of subordinate importance, but of frequent occurrence. Very commonly pericarditis results in more or less considerable hypertrophy of the heart. The course of the exudation cannot be determined with certainty from the course of the disease, although this very desirable knowledge exerts a great influence upon the prognosis. As a rule it may be taken for granted that a purulent or septic exudation is the result of a general dyscrasia or in consequence of puerperal conditions.

Endocarditis always runs a tedious, sub-acute and even a chronic course. Of itself the disease very seldom leads to a rapid termination, and, if it does, it is always in company with febrile typhoid symptoms. The commencement of the disease is mostly uncertain; hence its duration cannot well be determined much less since the affection, in cases where it is diagnosed with positive certainty, had already developed valvular disease. Complete cure is possible, if the valves have not been injured. We likewise deem a cure possible provided the valvular disease does not consist of loss of substance or solutions of continuity. A partial cure is still possible if the valvular changes do not interfere with the functions of the heart. The most common

Carditis. 857

Termination of endocarditis is the development of valvular disease which gives rise to chronic ailments and a slow decay of the organism. If these valvular defects arise from such lesions as cicatrices in the substance of the valve, they may not manifest themselves until after the endocarditis has terminated without apparent anomalies of the valvular apparatus. Purulent endocarditis often results in speedy death in consequence of which it develops in other organs, more especially by plugging important arteries.

Myocarditis generally runs a latent course; but if it is complicated if an abscess forms within the parietes of the heart, it may end very speedily in a fatal end; if it coexists with the other forms of cardiac inflammation, the former becomes the chief cause of death.

A combination of the three forms of cardiac inflammation presses a different character upon the course of the disease. Pericardial inflammation alone can be very rapidly reabsorbed whereas, if it is associated with endocarditis, the course of the former is always retarded by such a combination and a complete cure is rarely ever effected. The hypertrophy which usually even if no complicating disorders are present, is greatly increased by the valvular deficiencies; paralysis of the heart consequent upon serous infiltration of the muscular tissue of the heart, is considerably facilitated by a complication of cardiac disease, especially by valvular disease, and the reabsorption of the exudate from the pericardial sac must necessarily be interfered with by the deficient action of the circulatory organs. Less prejudicial and always sufficiently ominous, is the influence of pericar-

endocarditis. The more impeded the movements of the heart the greater the effort this organ is called upon to make easily valvular lesions will occur.

What we have said must show that the prognosis of cardiac inflammations must be exceedingly uncertain. In a case of purulent pericarditis, the prognosis is most favorable, as the disease is not characterized by septic phenomena. In other cases and forms the sequelae which are almost sure to occur afford the assurance of a favorable prognosis, and although Homeopathy achieves much more satisfactory results than the Old School cannot boast of infallible success. Cardiac inflammation arising in connection with chronic dyscrasias, more especially syphilis, is almost certain to terminate fatally, yea, may

858 Diseases of the Heart.

as the terminal and necessarily fatal result of a constitutional disease.

Treatment* Although we can boldly assert that the homoeopathic treatment of cardiac inflammations has so far resulted more favorably than the treatment of these diseases in accordance with the principles of the Old School, yet we do not mean that we possess a large number of reliable indications of our drugs, or even a number of such drugs as we might expect of cardiac remedies. We ought to accomplish a great deal more than we do; yea, in the treatment of heart-affections we are more successful than in the treatment of diseases of the respiratory and digestive organs; nevertheless our successes are decidedly less than those of the Old School, were it for no other reason because we have abandoned so many therapeutic follies than the modern physiological School is guilty of. We should not go too far, if we would indulge in special statements bearing in point, subsequently we shall find opportunities for offering our remarks on this subject. We must, however, even here, protest most emphatically against heart-affections being treated by letting either by physicians of the Old or New School. We enter this protest even if we had no other reason than that bleeding diminishes the functional power of the heart and the regularity of its action.

Let us at the outset dwell a little more fully upon the reason why the therapeutic chapter of heart-diseases in the domain of Homoeopathy is as yet so incomplete and so ill-conditioned. Numerous homoeopathic publications bearing upon this subject give as a reason is given that our provings are deficient in sympathy with the signs elicited by a physical exploratory condition of the heart. This is undoubtedly a great defect which cannot be remedied by re-provings were they conducted with so much energy and devotion. Nobody will probably want to poison himself so thoroughly as to produce distinct cardiac murmurs. The only light we can obtain in this direction is from a study of accidental cases of poisoning and by means of experiments on animals. It is strange that in cases of pericarditis a careful exploration of the heart before and after death is omitted.

If the possession of objective physiological symptoms of disease is still the object of an unfulfilled desire, we work and discover a method of arriving at a knowledge of

Carditis. 859

remedy without such symptoms. It is our opinion that the method is the practical experiment, by which we mean the medicines ought to be applied in accordance with our evasive, unreliable and insufficient indications, and they should afterwards be registered in accordance with the physical diagnosis. This has not yet been done, and this reason why the homoeopathic treatment of cardiac affections is much more defective than that of any other class of diseases. A pneumonia and even a pleuritis can be recognized with certainty without percussion or auscultation, but the suspicion of an affection of the heart, and sometimes the existence of an affection of the heart cannot be determined without a physical exploration of the chest. Now we ask, in how many reports of heart-diseases contained in our literature has a physical diagnosis been complied with? And how in the presence of such glaring defects, do these reports be credited? In passing these remarks we do not mean to slur upon the labors of our homoeopathic veterans who are possibly acquainted with our present means of diagnosis; we deem it so much more necessary to point out these defects to stimulate the efforts of our rising physicians to acquire indispensable and highly useful knowledge.

It is from these points of view that we request the reader to consider the following statements, and to excuse the defects discovered in them. One or the other remedy may perhaps have been omitted, but we have stated more than once that we consider an enumeration of too many remedies embarrassing rather than useful to the practitioner. The following are the main remedies for cardiac inflammations:

Aconitum. We have already shown in several paragraphs of our work that great abuse is made of Aconite by being given to the homoeopathic law in inflammations of various organs and other febrile affections. This admirable remedy deserves to be pointed out so much more emphatically in cases where it is homoeopathic, and where its curative virtues have been so brilliantly verified. There is no doubt that the lungs and heart are the main organs upon which Aconite exerts its influence; whatever objections may otherwise be raised against their method of proving, Schroff and Van Praag have earned thanks for having shed more light on the relations which exist between Aconite and both the lungs and the heart. We here only relate

360 Diseases of the Heart.

symptoms pointing to cardiac inflammation, as developed in a deeply-penetrating and protracted poisoning. At first the symptoms of the heart become more rapid and more violent, and this lasts so much longer the less excessive the quantity in

experimental dose was taken. At the same time the respiration extremely accelerated, the temperature is increased, a sickness is experienced, and all the symptoms of a considerable cerebral hyperaemia set in. The pulse is hard. The pain in the cardiac region is not a constant symptom often felt. In the further course of the proving the heart becomes slower, sometimes to a great extent; or else remain quick and grow feeble, irregular, they seldom remain. On the contrary, the pulse changes to a feeble and pulse, not synchronous with the beats of the heart, unequal; the temperature is lower while the number of respirations increases rather than decreases. This last circumstance is sufficient to stamp Aconite as a cardiac remedy, for the pulse and a simultaneous and considerable decrease of respirations are phenomena that only occur in disease of the heart. As to the symptoms developed in the organism generally we do not mention them in this place; they embrace all that always accompany cardiac inflammation. These physiologic results have been confirmed by practice in a most striking manner. In every pericarditis and endocarditis, whether primary or secondary, Aconite is the first and most important remedy whenever inflammation sets in with febrile phenomena. We consider this remedy indicated even if the fever is moderate or is altogether wanting. Aconite is not only indicated at the commencement of the disease, but in many cases during its whole course, especially in rheumatic cardiac inflammations, as long as the alterations do not result in paralytic or cyanotic symptoms. We would rather treat a case of cardiac inflammation with Aconite, than a case of pneumonia. Of course, we must not depart from the custom with homoeopathic routine-practitioners who select synochal fever as a paramount indication, but the whole series elicited by a thoroughly-penetrating proving. It is in this manner only that the full therapeutic range of a great remedy can be determined.

Digitalis purpurea has been and still is regarded by many as appropriate in acute diseases and more especially in acute inflammations. We cannot sufficiently protest against this

Carditis, 861

which has a tendency to restrict the usefulness of a drug to exert such a beneficent influence over disease. If Digitalis more frequently and more rationally used in acute heart-disease we should be much less frequently called upon to employ it in chronic heart-disease. Since I have devoted, for years past, my attention to the use of this drug, I have found it much more frequently applicable in the treatment of disease than in former times and I am now prepared to assert most positively what I was only able to announce in rather dubious language, that Digitalis is an excellent remedy in acute affections of the heart, especially in pericarditis. Digitalis is not so much adapted to cases setting in with very violent symptoms, but to inflammations approaching in an insidious and scarcely observable manner especially without any local pain, but with a rapidly increasing embarrassment of the respiration. We should take a very different view of the action of this drug, if we were to regard the irregularity and slowness of the pulse as the chief criterium

cation, since a rapid and very weak pulse constitutes an reliable indication. Even a violent excitement of the fu activity of the heart, as generally occurs at the commen cardiac inflammation, is in characteristic accord with t symptoms of poisoning by Digitalis. Among all the variou of cardiac inflammation, we consider the rheumatic form adapted to Digitalis, and likewise if it is associated w eff'usion of serum ; less, however, to pericarditis if t murmurs continue unchanged from the beginning of the diseas sooner these murmurs disappear, the better is Digitalis the case. In endocarditis it seems almost impossible to special heart-symptoms requiring the use of Digitalis ; the constitutional symptoms will have to determine our c myocarditis the doubtful character of the diagnosis will an especially difficult task to point out indications fo Digitalis that have been confirmed by experience; one ci speaks in favor of Digitalis which is, that in myocardit of the heart is most suddenly weakened to an extraordina Among the general symptoms the following invite more par attention to the use of Digitalis: Rapidly-increasing dy occasional symptoms of acute congestion of the chest ; i of the pleura or lungs; bronchitis; chronic catarrh of t expectoration mixed, not streaked with blood; spasmodic Livid, turgescient face with blue lips; headache, vertigo

862 Diseases of the Heart.

Bopor. Vomiting at the commencement or during the course disease ; hy persemia of the liver, slight icterus, cata neys. Excessive feeling of illness, not corresponding wi ceptible symptoms ; great anxiety, but without any conti lessness. Aggravation by the slightest motion. A drawing pain in the left shoulder.

Vepatrum album is one of the choicest cardiac remedies, this place has not yet been assigned to it by homoeopath tioners; the stage of functional excitement of the heart more apt to rapidly change to a state of paralytic weakn pulse becomes very irregular, generally extremely rapid, feeble ; -this change takes place although the alvine ev may not be by any means excessive, so that the heart-sym have to be regarded as the effect of direct action, not from a highly acute anaemia. Veratrum is our first choic cases, if the following general symptoms are present : V pncea; constrictive sensation in the throat; constant sh hacking cough., Bluish complexion, with an expression of prostration; sopor, stupefaction, excessive dulness and of the head. Vomiting and diarrhoea. Considerable diminu the urinary secretion. Convulsive motions, more particul clonic character. Cool, dissolving perspiration, with ic of the extremities. So far we have no clinical records c the homoBopathicity of Veratrum to heart-disease.

Arsenicum album is frequently mentioned as a chief remediac inflammations ; we confess, however, that we have n any good effects from it in acute affections. It is a re that among the large number of cases of poisoning by Ars post-mortem examinations have never yet revealed a singl

tom that might lead us to infer that Arsenic exerts a sp
 flammatory action upon the heart. This shows that the he
 symptoms, which Arsenic occasions so constantly and exqu
 have to be accounted for in a different manner than by m
 an inflammatory process. Clinical experience leads us to
 symptoms to dissonances of the cardiac nerves, or else t
 them as secondary symptoms. Myocarditis presents many po
 of resemblance to the symptoms of Arsenic, and it is mor
 in this disease that we should try Arsenic, were it only
 reason that Arsenic exerts an intensely-paralyzing effec
 muscular tissue of the heart. This effect of Arsenic det
 its relation to the other two forms of cardiac inflammat

Carditis. 863

we consider Arsenic indicated in the cases where Veratru
 indicated, if the pulse very speedily loses its fulness
 and an excessive state of debility sets in at an early p
 most generally the case with cachectic individuals, and
 one of the most essential remedies in most cachexias. Am
 secondary heart-diseases, chronic pericarditis is the on
 Arsenic would be appropriate, if a copious exudation is
 In valvular disease, we have never obtained any decided
 ment by Arsenic ; it only acts as an uncertaih palliativ

Spigelia is an important remedy in heart-affections, but
 ings have to be greatly improved. In accordance with wha
 published of this drug, Hartmann gives the following sym
 indications: Undulating motion of the heart; indistinct
 the heart running into one another; when laying the hand
 the heart, tumultuous beating of the heart in a recumben
 as in a sitting posture, not synchronous with the radial
 spasms of the chest, suffocative complaints ; tremulous
 the chest and temples ; increased by motion ; tearing se
 the chest, when raising the arms over the head, and when
 the pit of the stomach; purring murmur during the beats
 heart; stitches in the region of the heart; pulsations o
 with a tremulous motion; great dyspnoea at every change
 tion ; bright redness of the lips and cheeks, changing t
 ing every motion ; the impulse of the heart raises the f
 ribs, the sternum and xiphoid cartilage, and displaces t
 vertebrse; audible beating of the heart, causing a pain
 through to the back; cutting pains from the heart to the
 as far as the head and arms ; excessive dyspnoea, with a
 cutting pain in the abdomen, at the insertion of the rib
 pains and stiffness of the joints ; dull stitches where
 heart are felt, and recurring with the measured regulari
 pulse; the beats of the heart can be felt through the cl
 anxious oppression of the chest ; scraping in the throat
 the tracheal and bronchial mucous membrane; the beats of
 heart are not synchronous with the pulse; purring murmur
 respects this enumeration, it is to be observed that the
 for the most part are not the result of physiological ex
 tion, but clinical symptoms observed upon the sick, and
 of less value to us. At any rate these symptoms do not c
 symptoms of sero-plastic, nor of serous pericarditis. On
 hand we distinctly recognize in this complex of symptoms

864 Diseases of the Heart.

purely plastic pericarditis as well as incipient endocarditis upon what basis are we to prescribe Spigelia in cases where the disease is painless and has scarcely any symptoms? This is a great mistake to lay too much stress upon pain, which is not by any means a constant companion of inflammation. "What invites more than all these theoretical arguments to the use of Spigelia in heart-affections is the fact that it has been so often and so variously employed in practice to our advantage. According to practical experience, Spigelia is peculiarly adapted to rheumatic pericarditis, likewise to serous pericarditis during its whole course, especially if the disease is characterized by all the signs of cardiac inflammation; and to endocarditis in its incipient stage, or to endocarditis where marked valvular changes have taken place.

Nitrum has so far commanded too little the attention of physicians, nor are we in possession of any decided clinical indications. Nevertheless we have every reason to recommend Nitre in cases of inflammation, more particularly if it sets in in company with pulmonary congestions, or as a symptom of Bright's disease associated with acute rheumatism. A striking participation of the kidneys in the pathological process going on in the heart urgently calls for the employment of Nitre.

Phosphorus is not usually numbered among the cardiac remedies, nor can it be denied that its relation to the heart is not a constant one. But if the post-mortem examinations of individuals who had been poisoned by Phosphorus, so often reveal lesions about the heart, especially where death did not occur immediately after the ingestion of the poison, it seems we could not deny the fact that Phosphorus exerts a direct action upon the heart, and that the cardiac phenomena which Phosphorus occasions, are not merely of a sympathetic or secondary nature. The main post-mortem appearances as far as the heart is concerned are: the muscular tissue is flabby and easily torn; opacity and interstitial distention of the endocardium; dilatation which in certain circumscribed spots penetrates the thickness of the muscular tissue. If, in addition to this, we consider the very feeble, small and exceedingly frequent pulse, the frequent observation that the sounds of the heart either disappear or are replaced by murmurs, it seems to us that Phosphorus has more claims to be regarded as a remedy for cardiac

Carditis. 865

inflammation than most other medicines, more especially of secondary origin. We cannot deny, however, that the indications upon which its homoeopathic application has so far appeared to us totally erroneous. In our opinion the following are the true indications suggested by physiological experiments: Phosphorus is exclusively suitable for inflammation of the endocardium and the muscular tissue, never for pericarditis. Constitutional symptoms would lead us to recommend Phosphorus

endocarditis associated with Pneumonia, where it has ren the most signal service on two occasions, we mean agains cardiac inflammation, not against the pneumonia, for we already stated when treating of pneumonia, that, when pn is complicated with cardiac inflammation, the presence o constitutes an absolute obstacle to the absorpition of th exudation. In the next place Phosphorus takes the preced over every other medicine in cardiac inflammations when as complications of such processes as lead us to infer a the blood, like scurvy, puerperal fever, malignant exant eases, typhus, etc. Finally we possess few remedies that pathogeneses as plain a picture of nephritic and cardiac tion, as Phosphorus. And lastly Phosphorus is almost the remedy of which we are sure that it occasions an infiltr muscular tissue, and that on this account it becomes a h portant remedy in myocarditis. We are not in possession clinical material to prove the correctness of these stat with a view of substantiating them more fully, we will ction to one circumstance. Phosphorus is employed by most paths in pneumonia as well as in other inflammatory and thematic diseases with the best result, whenever the inf assumes a nervous or rather a typhoid type. In a vast ma such cases a strict examination would undoubtedly show t of cardiac inflammation, for it is this that most freque all at once a typhoid character to pathological processe erally run an ordinary course. It is our belief that Pho often cured cardiac inflammations without the physician aware of it. Finally we have to point out a symptom whic decidedly indicates Phosphorus, we mean the dilatation w develops itself during endocardial inflammation with suc rapidity. After all these remarks we do not deem it nece criticise the indications offered by other physicians, f almost all of them vague and indefinite.

366 Diseases of the Heart.

Colchicum aufumnale seemB to us to be improperly ranked cardiac remedies. We are in possession of a large number rapid and slow cases of poisoning, but in no case does a examination show more than a quantity of bloody coagula right ventricle and the venae cavse; only in one case th dium was found ecchymosed, and there was a complete abse pericardial fluid. All the heart-symptoms arc of a secon and are founded in the* excessive losses of fluids occas chicum. Although Colchicum is highly praised for rheumat of the heart ; this may be owing to the general curative manifests in acute rheumatism, though not by any means i striking or constant manner. According to Miiller, Colch more suitable as a remedy for pericarditis than for endo Hartmann's indications are utterly meaningless. One impo point has to be well kept in view in selecting Colchicum that Colchicum causes an extraordinary increase in the s uric acid. It is precisely this circumstance which inves edy with importance in heart-affections during an attack

Bryonia alba is, next to Aconite, regarded by many homoe practitioners as the main remedy in pericarditis with se effusion. In this case the exhibition of the drug is evi

based upon the symptoms in the *Materia Medica Pura*, for heart-symptoms in the pathogenesis of *Bryonia* are mostly ing or at least very vague. The analogy of pleuritis and ditis has doubtless led to the use of the drug; nor do w dispute the propriety of such a conclusion, since *Bryoni* an excellent effect in all inflammatory affections of se branes, and is altogether indispensable in acute rheumat likewise admit that the pathological picture developed b supervision of pericarditis during pneumonia or pleurit ally corresponds very fully with the pathogenesis of *Bry* would limit the use of *Bryonia* to such cases ; for uncom pericarditis we undoubtedly possess more suitable remedi

Cannabis is undoubtedly one of the remedies that has a d action upon the heart, but we do not yet know what is th cise nature of this action. More recently a number of in gations have been instituted concerning the nature of In (haschisch), from which we have extracted the following cardiac symptoms: Violent palpitations of the heart, som without any anguish, and sometimes attended with perfect or the most frightful restlessness ; pulse small and som

Carditis. 867

mitting for a minute, from 100 to 120 beats; constrictio pit of the stomach ; paroxysms of anguish ; the beats of are scarcely perceptible and extremely weak ; fear of de is felt every time the pulse intermits. To judge by thes symptoms, which always set in after large doses of *Canna* drug would seem to be a powerful cardiac remedy ; yet al ary circumstances being considered, we shall find that t the case. The incipient exaltation of the heart's action with great exaltation of cerebral action which is attend phenomena of congestion. The cerebral exaltation very so changes to extreme depression, even partial paralysis, (of the nerves of the senses, skin,) and this depression accompanied by symptoms of diminished action of the hear latter lasting precisely as long as the cerebral depress this connection we can infer almost with certainty that symptoms do not arise from disease of the heart itself, functional change in the brain. Otherwise it would be in how such marked alterations of the functions should pass speedily and without leaving a trace behind. Our opinion nabis cannot be relied upon as a remedy in cardiac infla is confirmed by the circumstance that the clinical trial been instituted with this remedy, have not in any respec tiated the recommendations with which this medicine has honored.

Opium might claim the privilege of being considered a ca remedy with as much propriety as *Cannabis* ; but in its c cardiac symptoms are likewise secondary results of a pri tional change in the brain. If one of these two remedies be employed in heart-affections, it would be in cases of where the brain is very much involved ; this scarcely ev in pericarditis.

Laohesis. It is a remarkable fact that the opinion of pr

concerning this agent are diametrically opposed to each other. Many pretend to have effected extraordinary cures with it, but others have always used it without any benefit. The reason is undoubtedly that one preparation was reliable and another not; for that the serpent-poison has a powerful effect, every fresh bite of the reptile. Every case of poisoning of a serpent shows that this class of poisons exerts a special influence upon the heart. We have an unusual increase of the frequency of the pulse which becomes feeble and small, or intermitted.

868 Diseases of the Heart.

pain in the region of the heart, the pain being sometimes palpitations of the heart, fearful anguish, bloody expectorations with constant hacking cough, marked symptoms of cyanosis, coldness of the extremities, with cold perspiration, retention of urine; paralytic sensation in the whole left side of the face, violent pain in the left shoulder and left arm, etc. Post-mortem examinations have always shown the heart more or less affected. The endocardium in the region of the valves is infiltrated and torn; ecchymoses cover its internal and external surfaces and adhesions in the muscular tissue of the heart. According to the symptoms, Lachesis must prove a good remedy in very acute cases of endocarditis, not in chronic endocarditis. As a matter of course, clinical trials must be instituted with a good preparation, which ought to be readily obtainable, since the poisons of the various kinds of Viper act equally upon the heart. The fact that the venom is speedily decomposed after the Lachesis trigonocephalus has inflicted its bite, deserves special consideration. This fact indicates Lachesis very pointedly in typhus and acute ex-

[Bosehr has omitted the mention of Naja tripudians as a cause of heart-disease. We are indebted to Dr. Russell, of England, for proving of this snake-poison. Dr. Hughes, in his late Manual of Pharmacodynamics, confirms the therapeutic value of this snake-poison in diseases of the heart. "To quiet," says he, "chronic palpitation, to aid in the restoration of a heart recently affected by inflammation, and to assuage the sufferings of chronic hypertrophy and valvular disease, it was ranked by Dr. Russell as the chief remedy: and I think I can confirm his estimate." I

Sulphur is not classed by us among the cardiac remedies, but its pathogenesis contains a number of symptoms referring to the heart; nevertheless, we consider it valuable for reasons already stated when treating of inflammatory processes in former chapters. No remedy is better able than Sulphur to prevent the reabsorption of an exudation that had already existed some time, and in our opinion this proposition applies to all inflammatory processes. In a case of pericarditis, where uncommon friction-murmurs and a rubbing of the pericardial surfaces against each other, that could even be felt by the hand, had lasted for upwards of three months, these symptoms disappeared after Sulphur had been given for a fortnight. We only resort to Sulphur for pericarditis, especially the plastic form of it, after the inflammatory stage proper has run its course.

Carditis. 869

carditis there is generally no exudation to be removed ; consequences are limited to losses of substance which it to replace.

Iodium likewise deserves attention where all that remain done, is to remove the exudation. Indeed, we cannot aftb overlook a single remedy of this kind, considering the s ber of those that can be of any use in this direction. B ever, the pathogenesis of Iodium contains a number of us symptoms referring to cardiac afflections.

If we would here furnish an exhaustive list of our cardi dies, we should have to add a considerable number to tho described, more particularly if we were to include all t referring to the remote consequences of cardiac inflamma which we have devoted a separate chapter under the headi "Valvular Diseases." Many remedies among them we do not regard as cardiac remedies and consider their employment erved by peculiar complications. Such remedies are : Bel Pulsatilla^ Tartarus emeticus^ Mercurius^ Rhu^ Arnica. edies have not yet been sufficiently investigated in the to the heart, such as : Bismuthum^ Laurocerasus^ Acidum The efiects of the last-named remedy upon the heart are worthy of a careful study.

In order to facilitate the study of these drugs we here a synoptical view of each drug, with reference to the sp diac conditions, with which it is in therapeutic accord.

In pericarditis, if setting in as a primary affection, A always be the best remedy to commence the treatment with long this remedy is to be continued, will depend upon th the disease takes, more especially upon the course of th exudation. As soon as a copious exudation has set in, bo pains and the fever generally abate, after which some ot may be chosen with great propriety. Bryonia^ Spigelia^ D and likewise Nitrum may now claim our attention. Bryonia Spigelia may be given when loud friction-murmurs are hea the patient complains of continual pain, the area of car ness is somewhat enlarged, and the pulse is accelerated -weakened ; Nitriim may be resorted to, if the lungs are congested, and there is a good deal of cough with bloody ration. DigitaliSy if the cardiac dulness is rapidly ext a larger area^ the friction-murmurs disappear very rapid lapse sets in, the pulse being either very quick and fee

24

370 Diseases of the Heart.

very slow or intermittent. Veratrum album acts similarly talis. These two remedies, in connection with Arsenicum, generally adapted to the violent dyspnoea with cyanotic After the true inflammatory stage has run its course, th tion of the plastic exudation is promoted by Sulphur and Iodine^ and of the serous exudation by Arsenicum^ Digita

perhaps also by Tartarus siibiatus and Colchicum.

In the secondary or complicating pericarditis, the following remedies are of importance : For acute rheumatism, with fever: Aconite; if rheumatism sets in without any symptoms: Digitalis; if pains are present: Spigelia^ moreover Tartarus stibiatus^ BhuSj Mercurius, - If complicated with pneumonia: Aconite^ Iodine^ Phosphorus^ Bryonia; - if with pleurisy: Bryonia^ Spigelia, Digitalis^ also Nitrum. In the malignant form of pericarditis supervening during the presence of pyaemic forms of disease, Arsenicum^ and above all. Phosphorus prove the most important remedies. Pericarditis, complicated with acute exanthemata, requires principally: Aconite in the measles ; Rhus^ toxicodendron in scarlatina and measles ; and Tartarus stibiatus in small-pox ; AmTnojiium carbonatum latina; it is questionable, however, whether the cardiac affection had not rather be treated first without reference to exanthem.

It is only in rare cases that primary endocarditis will require Aconite exclusively. The chief indication is the quality of the pulse ; as long as the pulse is hard and full, Aconite is undoubtedly suitable. We have shown above that Aconite may be indicated during the whole course of the disease. Aconite, Spigelia may be required, Digitalis less frequently and Veratrum album may likewise have to be given. In some cases Lachesis, Veratrum album, or Arsenicum, may often be given from the first. If the brain is greatly disturbed : Veratrum album, Cannabis, Opium,

In rheumatic endocarditis with complications: Aconitum, Colchicum, Spigelia, less frequently Digitalis; if co-exists pneumonia or pleuritis : Phosphorus, Veratrum album, Nitrum, Bryonia; with typhus: Phosphorus, also Rhus toxicodendron, and Arsenicum, Opium and Cannabis; with nephritis: Phosphorus, Nitrum, Arsenicum, Colchicum, also Cantharides; when acute exanthemata are present, the same treatment as for pericarditis : •
' In myocarditis we would depend upon Phosphorus, Arsenicum,

Carditis. 871

and Digitalis; we likewise call attention to the importance of Plumbum in this disease.

[Of Kalmia latifolia which has likewise been recommended as a cardiac remedy, we have no reliable clinical reports worth mentioning.

Cactus grandiflorus is the last important cardiac remedy which has been introduced to the profession by Doctor Rubini. It seems to be particularly adapted to the organic defect which is consequent upon acute cardiac inflammations, especially rheumatic endocarditis. Hypertrophies and valvular deficiencies seem more particularly within its curative range. In the case of the latter, we have seen better effects from it in the attenuations. The case of hypertrophy of the right ventricle reported in the May number 1866 of the British Homoeopathic Review, presents a very fair illustration of the curative

tus in heart-disease. It is likewise recommended for *chr* palpitation. According to Dr. Hughes, the feeling as if were grasped and compressed as with an iron hand, is verteristic of *Cactus* in these cases of nervous palpitation BO, it rivals *Digitalis* which causes this feeling in a m manner. See my *Materia Medica*. H.]

If the three forms of cardiac inflammation occur togethe chief attention should, in our opinion, be first devoted ditis, the presence of which always favors the progress two forms of inflammation and retards their retrograde m phosis.

Dietetic and hygienic measures are of the utmost importa cardiac inflammations, especially if the disease runs a course, which might throw the patients off their guard a make them believe that a little exercise will hasten the chief attention should be directed to avoid every thing have a tendency to stimulate the heart's action ; hence well as bodily exertions are entirely out of place. This never be lost sight of, even if all signs of inflammatio peared, es{>ecially in a case of endocarditis. The stoma generally involved in the cardiac disturbance, the patie reject all kinds of nourishing food ; but even if this s the case, the most rigid diet should be advised as a mat precaution, at least at the beginning of the disease. Th the more advisable since cardiac inflammations do not of selves exhaust the system. Coexisting affections, of cou

372 Diseases of the Heart.

render dietetic modifications necessary. As soon as the symptoms have been subdued, a more invigorating diet may advised. However, if in the case of other inflammatory a we have not hesitated to recommend a glass of wine or be convalescence, we would with equal emphasis advise again use of these stimulants in convalescence from cardiac in The smallest quantity of such stimulants has a tendency the functional activity of the heart. This remark applie malt-beer, which contains a suflftciant amount of carbon to excite the circulation in many persons. The fact that inflammation often runs a latent course, is undoubtedly why, in such circumstances, stimulants often have an inj effect upon convalescent persons, and so greatly predisp minds of physicians against their use. The severe diet o during the period of convalescence should be pursued som after, for the reason that the inflammation very often l mains that escape our observation and entail a tendency or to organic alterations, such as hypertrophies and val eases, that can only be prevented by the utmost care fro ing to a fatal termination.

8. Syperthroplita Cordis.

Hypertrophy of the Heart.

By this name we designate a condition of the heart, wher volume is considerably enlarged by the increased thickne

muscular tissue, and by a more or less considerable distention of the cavities. The formerly current forms of hypertrophy of the heart are no longer accredited before the tribunal of modern pathology. An increase of the size of the heart by adventitious formation of tissue within the tissue of the heart, is no longer regarded as a form of hypertrophy.

This disease is caused by conditions which sooner or later excite an increased activity of the heart, on which account hypertrophy is generally to be regarded as a secondary or concomitant affection. Since the whole heart does not become hypertrophied, but the hypertrophy generally begins with one part, we find that hypertrophy arises from the following logical changes :

Hypertrophy of the left ventricle: stenosis and insufficiency of the aortic orifice, stenosis of the aorta itself, aneurism of the aorta.

Hypertrophia Cordis. 878

atrophy of the renal parenchyma, amputation of the thigh consequent ligation of the femoral artery. The same causes commonly lead to hypertrophy of the left auricle and stenosis of the mitral orifice. ' "

Right ventricle: Stenosis and insufficiency of the orifice of the pulmonary artery ; insufficiency of the mitral valve and the left auriculo-ventricular orifice consequent upon the condition offered by this insufficiency to the complete emptying of the pulmonary veins ; diseases which restrict the capacity of the heart and considerably diminish the lesser circulation, such as atelectasia, tuberculosis, pleuritis, caries of the vertebrae. Hypertrophy of the right auricle alone scarcely ever takes place, on the other hand this auricle always participates in the hypertrophy of the ventricle.

Every attentive observer must have noticed that primary hypertrophy arises in consequence of hereditary disposition without apparent cause; or it may develop itself in cases where the mode of living stimulates the heart to a constant and severe action, as may take place in consequence of severe manual labor, running, excessive gymnastic exercises, fencing, abuse of coffee, wine, beer, spirits; or finally, hypertrophy may develop when the heart is kept in a constant state of tumultuous action by psychical impressions, hence in the case of individuals of a sanguine temperament.

Hypertrophy of the heart may occur at any age between the years of fifteen and forty. Males are decidedly more liable to it than females, especially to hypertrophy of the left ventricle, however, is probably owing to the circumstance that men are frequently exposed to the causes giving rise to such structural changes.

The anatomical changes consist in a thickening of the wall of the heart and of the inter-ventricular partition, in a considerable dilatation of the cavities, very commonly in a change of color of the muscular tissue, in displacements of the he

changes in its external shape. If the hypertrophy is general, the heart assumes the shape of a triangle with obtuse angles. If the left ventricle alone is hypertrophied, the heart becomes somewhat conical, and the apex is turned more toward the left side; if the right ventricle is hypertrophied, the heart becomes more rounded, its diameter in breadth is less, and the heart approximates more to the right side. The base

874 Diseases of the Heart.

A hypertrophied heart generally reaches a little below the line.

Symptoms and Course. Only two forms of cardiac hypertrophy can be described symptomatically, because they are, as primary diseases, we mean hypertrophy of the whole heart and that of the left ventricle; whereas hypertrophy of the right ventricle is almost always of a secondary character, and its manifestation is essentially depending upon the nature of the primary disease. So far as hypertrophy of the right ventricle is concerned, we shall therefore have to confine ourselves to the general consequences of this disorganization.

Whereas primary hypertrophy of a certain grade always represents a really morbid condition of the heart, secondary hypertrophy can at the commencement only be regarded as an endeavor of the organism to restore the disturbed equilibrium. This is why the lesser degrees of this structural change exist without morbid symptoms, or are only accompanied by disturbances as are called forth by accidental stimulations of the heart. The more frequent and violent such stimulations and the longer their duration, the more they contribute to increase the hypertrophy and to complicate it by the production of valvular disease and dilatation of the cardiac cavities.

In moderate hypertrophy of the left ventricle, without a marked dilatation, the arterial blood is driven with increased force into the arteries of the systemic circulation and likewise with an increased frequency of the contractions of the heart. The impulse of the heart is stronger and generally visible over a larger area, so that it can be felt even in the intercostal spaces, and even beyond the nipple. A larger dulness is not always traceable on account of the overlapping of the lung. While in a state of rest, the patients generally feel well, they complain at most of a slight feeling of pressure in the precordial region. Every rather violent and continued motion or every mental excitement not only causes a troublesome and distressing palpitation of the heart, but along with it a sense of anxiety in the chest, a sensation as if the chest were too tight, dyspnoea. The increased excitement in the circulation gives rise to congestions of the head, the face is flushed, the eyes glisten and are injected, the margins of the sclera often look as if inflamed, there is buzzing in the ears, and the congestion is less frequently met with in the tract

Hypertrophia Cordis. 875

descendens, because the situation of the arteries it supplies them more yielding to its impelling power.

A high grade of hypertrophy of the left ventricle scarcely exists without valvular defects, most generally stenosis of the orifice; it very soon becomes associated with dilatation of the ventricle. As long as the mitral valve remains intact, such hypertrophy is characterized by the same phenomena as that described above, only in a more intense degree, and with or without any intermissions. But if, owing to the excitation, the mitral valve is no longer sufficient to close the ventricular orifice, the consequence is that the more forcible ejection of the blood into the aorta becomes associated with the lesser circulation and more immediately in the function of the right ventricle, in consequence of which the whole heart becomes hypertrophied in the most dangerous acceptance of this impulse of the heart is perceived over a large extent by ear and touch; it is even heard without the ear being at the chest; the concussion of the thorax is extreme; the impulse extends further on to the left, and is returned over a large extent. If the heart descends below its normal line, the ribs even creak, the sounds of the heart are either muffled, or else ringing, the valves are diseased, murmurs are heard. Other symptoms can be inferred by any one who considers that the arteries are extremely engorged, and that the lungs are in a state of hyperemia. All these conditions will be dwelt upon more fully when we come to treat of valvular anomalies.

The phenomena emanating from the hypertrophied right ventricle, are very frequently entirely disguised by those of the left which had given rise to the hypertrophy. Anxiety, depression, palpitation of the heart, may be caused by pulmonary affections alone. Simple hypertrophy merely results in an accumulation of blood in the lungs, and a consequent catarrh of the lungs, with hemorrhage, hypersemia of the blood. The physical signs are: Increased extent of dulness on the left side, even beyond the right border of the sternum; pulsation at the pit of the stomach, perceptible raising of the lower part of the sternum; accentuation of the second sound of the pulmonary artery.

Hypertrophy with dilatation may be very considerable without inducing any serious derangements. It implies a sufficient compensation of functional power, and the patients

876 Diseases of the Heart.

do not receive a disturbance of equilibrium if they undertake to perform severe bodily exertions. In hypertrophy with dilatation the heart often thumps very violently, without causing the patient any trouble; the impulse of the heart often raises the head of the consulting physician, and is felt over a much larger extent. The dulness is returned over a longer and wider area; the sounds of the heart are stronger and more sharply accentuated, and very often a metallic ring.

The course of hypertrophy is more especially determined

consequences resulting from it to the general organism. favorable circumstances such patients may live to an old age if they live within the bounds of moderation, prudence and frugality. If other morbid dispositions exist, the cardiac hypertrophy may give them a fatal start. Cerebral as well as pulmonary hypertrophy of young people is preeminently a consequence of cardiac hypertrophy. If hypertrophy coexists with, or is dependent upon, an aneurism or an atheromatous condition of the vessels, it acts as a compensation to the obstructed circulation and as a means to prevent the rupture of the vessels. We should always bear in mind that simple hypertrophy is not, of itself, a dangerous condition, but that it becomes dangerous as soon as valvular defects are present; therefore, refer the reader to the chapter on valvular disease. All these complications will be explained and accounted for in their proper places.

Professor Niemeyer furnishes the following excellent details: For eccentric hypertrophy of the left ventricle: increased pulsation of the carotids; loud systolic murmur in the aorta; full pulse which is visible even in the smaller arteries; increased impulse of the heart, felt much higher up from the apex of the heart reaches lower down than normally; extent of cardiac dulness from the apex upwards; increase of the size of the heart in the left ventricle and in the aorta, and metallic ringing. — For the hypertrophy of the right ventricle: Stronger impulse of the heart, extending to the sternum and times even to the left lobe of the liver; displacement of the heart outwards, scarcely ever at the same time downwards; greater extent of cardiac dulness in breadth, increase of the second sound of the heart, in the right ventricle and in the pulmonary artery; the second sound of which is most important. — For hypertrophy of the heart with dilatation: The arteries are dilated and the pulse as in hypertrophy of the ventricle; the impulse of the heart is considerably stronger and extending more in length and breadth; the apex of the heart is displaced lower down and outwardly; cardiac dulness is felt over a larger area in every direction; all the sounds of the heart are increased.

Hypertrophia Cordis. 877

lower down and outwardly; cardiac dulness is felt over a larger area in every direction; all the sounds of the heart are increased.

The prognosis becomes in the long run unfavorable, for the reason that the disorder bears within itself the conditions for its own growth.

Treatment* That cardiac hypertrophy is a curable disease, so long as the disorder is not too far developed, is admitted by all sides, although the chances of a cure are not very great. Pathologists, however, doubt whether a cure can be effected by the direct action of medicine. Before indicating the drugs to be used in the treatment of this disease, it may be well to give a few suggestions that may be of importance in conducting the treatment.

If hypertrophy is a necessary and compensating consequence of other morbid conditions, it would be wrong, by removing the hypertrophy, to disturb the equilibrium which the heart had restored. Fortunately, this is not well possible; no attempts are too readily made to depress the apparently excessive energy of the left heart more particularly, and it is this

which we consider injurious. In such circumstances all we should aim at, would be to remove the primary pathologic and, if this is not possible, to leave the condition intact to treat a few incidental troublesome symptoms. The physician will have enough left to do in supervising and regulating patient's mode of living, and in controlling intercurrents that might result in an increase of the disorder. If there is a primary disease, either congenital or imperceptibly there is still a prospect of the disease being overcome, physician is made aware of it in time. As long as the bones to grow, we deem it possible to remove the hypertrophy at least to reduce it to scarcely perceptible dimensions. First, it is of the utmost importance that, in the presence of hypertrophy of heart-disease in the case of children or growing hearts should be examined with the utmost care. Young people addicted to the practice of onanism, are very apt to be hypertrophied of the heart ; when excited by such a cause, the disease can undoubtedly be arrested or even completely removed.

In our opinion the following points ought to determine the treatment of cardiac hypertrophy.

In the first place, if possible, the cause should be acted upon. This will be difficult if the circulation is obstructed

878 Diseases of the Heart.

Any local obstacle, such as an aneurism, an atrophied kidney, stenosis of the aorta, valvular defects. A possibility of thrombosis ever, exists, in the case of young people, if the hypertrophy is caused by onanism, premature mental exertions with their necessary attendant consequences of nervousness, excitability and anæmia. The remedies adapted to this purpose are numerous and have already been mentioned in the chapter where the corresponding pathological diseases were treated of. A second cause of hypertrophy requiring particular attention is the patient's mode of living.

The dietetic management has to aim at two objects, in the first place the avoidance of every thing in the patient's mode of living that might aggravate the disorder ; and secondly, to surround the patient with influences that will have a direct tendency to improve his condition. As regards the first point, spirits, spices, the excessive use of salt, very substantial and richly fatty food will have to be avoided. The patient should be governed by the nature of his business in the quantity of food he consumes. Overloading the stomach is very hurtful; frequent small meals are preferable. A person afflicted with cardiac hypertrophy should never go to sleep immediately after dinner, or go to bed with a full stomach. Every bodily motion occasioning a sensation of increased action of the heart, is too great a tax on the system. Mental excitement is likewise strictly to be avoided. As regards the second point, we would call attention to the fact that the disease often succeeds, by changing the patient's mode of living, or by diminishing the violent congestions of the head. A mode of living that compels the patient to lead a sedentary mode of life, and that him to much excitement, should be abandoned. If coldness of the lower extremities is accompanied by heat of the head

flushed face, this trouble might perhaps be remedied by walking which, by exciting the action of the heart, would other hand, prove a source of mischief, whereas gymnastics with the feet alone might often render the best service, causing palpitation of the heart. An exhaustive development of these rules would occupy too much space in a work of this kind. What we have said will suffice to show in how many ways with heart-disease claims our attention.

In the third place, it is a matter of essential importance to consider morbid conditions as well as isolated symptoms, which occur in connection with an increased action of the heart, should be remedied as speedily as possible.

Hypertrophia Cordis. 879

possible by appropriate remedies. Here, too, all we can simply mention the leading remedies that we may have to resort to in meeting complicating disorders of this kind, the most important of which we will now proceed to point out.

Palpitations of the heart, that is to say : a very violent irregularity of the action of the heart setting in without any fixed irregularity of the beats of the heart, and always of short duration, are generally met with only in the case of very irritable individuals. We have obtained the best success in such cases from the use of Digitalis or Digitalin, which we recommend as the best remedies to begin the treatment with. The paroxysms being so violent we cannot expect to do much for a single paroxysm, on which account the remedy has to be continued for a time at regular intervals. Ferrum may likewise be tried, of course very especially if the affection is complicated with tubercular chlorosis. Pulsatilla and China may be classed in this category but we cannot speak in their favor from personal experience. In one case we have seen good effects from Argentum nitricum. Platina, Sepia may prove useful to women, but will not do in the case of men.

Palpitation of the heart is one of the most common and most distressing complaints in cardiac hypertrophy, but is at the same time so intimately connected with this disorganization that it is impossible to apply to it remedies that will have an independent curative effect. If the palpitation takes place at altogether irregular intervals, or if it only lasts a short while, or even if it is confined to the time, we advise the remedies that will be found indicated in the following chapter, and which may be given with a view to treating the whole disease, not merely a single symptom. In the case of paroxysms set in frequently, or at definite periods, or at irregular intervals, we have remedies that have a decidedly soothing effect. If the attack is excited by severe mental labor, by the abuse of spirits, or by some unpleasant emotional excitement, may be resorted to; with this precaution that it as well as the other remedies to be named hereafter, must not be given in strength. If the palpitation attacks robust, full-blooded, excitable individuals with bright complexion, disposition to changes of color, glistening eyes, injected conjunctiva, headache, stinging pains in the precordial region, Aconitum is the most appropriate remedy. It is likewise suitable for palpitation caused by anxiety or intense emotion, and more especially if the individual

X

880 Diseases of the Heart.

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with tuberculosis. Arnica is indicated very nearly by situations. If the palpitation is excited by a fit of anger in the case of very nervous persons and children, we give milla. If excited by a violent fright, or if attended with restlessness, the face being livid or pallid, we give Opium in small dose. Coffea is indicated by nocturnal palpitation with great weariness and a constant change of position, peculiar anxiousness, after too copious a meal, or after ardent spirits. Chlorotic individuals require Pulsatilla if they do not smoke, or to female patients, smoking often affords rapid and essential relief, and constitutes one of the best palliatives. Little paper-cigarettes are best adapted to such palliative. If any one should be disposed to doubt the homoeopathic drug, let him read one of the many published essays on the effects of tobacco.

Pulmonary hypersemia or rather pulmonary congestion does occur very frequently, but is very distressing. If it emanates from the left heart, Aconitum will most generally relieve it. Belladonna has never seemed of much use in this complaint, and Cannabis may do some good. [Likewise Veratrum viride] If the pulmonary congestion is traceable to the right heart, Digitalis generally proves a sovereign remedy to which Belladonna, Pulsatilla, and Carbo vegetabilis are essentially inferior.

Cerebral congestions which are sometimes excessive, are frequent accompaniments of cardiac hypertrophy, especially hypertrophy of the left ventricle. Here, too, Aconite is one of the most efficient remedies. We prefer Opium if the head feels extremely constricted, the complexion is dark-red, and the anxiety lessness extreme. We should never resort to Belladonna in such a case. If the congestion originates in hypertrophy of the right ventricle, Belladonna is sometimes useful; Digitalis however affords relief more efficiently and promptly.

The characteristic headache accompanying hypertrophy of the heart, and resembling hemicrania, can scarcely ever be relieved. If such a headache is attended with, and perhaps caused by hypersemia, the remedies which we have indicated previously, especially Digitalis, may be depended upon. If the headache is unaccompanied by congestive symptoms, we advise Digitalis, Arsenic or Spigelium.

In the fourth place we must try to meet the hypertrophy with proper remedies. We are aware that to many the abatement of the symptoms is still more the cure of an hypertrophy of the heart seems

Dilatatio Cordis. 881

possibility; indeed we ourselves should not feel anxious and unhesitatingly promise a favorable result from our treatment. Nevertheless we have often found that, after using proper treatment the dangerous phenomena consequent upon hypertrophy of the heart became less, and that in young individuals the hypertrophy yielded so far as to become inaccessible to the usual medication. Hence we would, by all means, advise to treat such cases were it only to make the patient believe that he is taking something, and thus to keep him from using strong and general remedies, or to continually remind him, by the use of harmless medicine, of the necessity of avoiding every excess and even the least violation of the rules laid down by his medical adviser. The medicines which we deem the most adapted to such purposes, are almost all of them metallic substances, no vegetable drugs. At any rate, we have never obtained any permanently good results from a vegetable drug. We recommend Arsenicum^ Aurum^ Argentum^ Cuprum^ Plumbum^ Potassa and Ferrum. It would be useless to undertake to assign definite limits to each of these remedies in the treatment of hypertrophy; we only recommend in general terms Arsenicum^ Potassa and Ferrum for hypertrophy of the right ventricle, and the same remedies, including likewise Arsenicum, for hypertrophy of the left ventricle. In a given case, the selection of the remedies have to be governed by the nature of the existing general symptoms. Sulphur^ Natrium muriaticum and Petroleum may be added to our list of metallics. If we desire to obtain good effects with drugs, we must guard against too strong and too frequent repeated doses, and against changing the remedy too often.

Considering the mischief which is so often done by the use of large doses of Digitalis, we repeat with decided emphasis that the effect of this drug in hypertrophy of the heart is never curative, but only palliative, and that, if it is given in such a manner it will act so much more like Opium, the more it is homeopathically indicated by slowness of the beats of the heart.

8. Dilatatio Cordis.

Dilatation of the Heart

We mention this condition here so as to avoid incurring reproach of incompleteness and rendering the pathological symptoms in other numbers unintelligible. As regards treatment

382 Diseases of the Heart.

The treatment of dilatation of the heart coincides with both hypertrophy and fatty degeneration.

Dilatation of the heart may arise, if the heart or the right ventricle or auricle is exposed during diastole to an influence of the inflowing blood which overcomes to a certain degree the resisting power of the walls of the heart. Inasmuch as the blood flowing in during the diastole of the heart is a proportionally feeble vis a tergo^ it is easily under the influence of the thick walls of the left ventricle and auricle are so rare and why this dilatation is so much more commonly met with

the side of the right ventricle and auricle. Since, in some instances, the ventricle makes greater efforts to free its contents which have become excessive, a dilatation is also succeeded by hypertrophy, giving rise to eccentric hyper-

In another series of cases the cause of dilatation is not the pressure of the blood, but a diminished energy of the muscular structure of the heart, and here we meet with a genuine dilatation without any compensating, consecutive hypertrophy. This diminished energy of the muscular structure of the heart either originates in exceedingly debilitating constitutional diseases as typhus and a high degree of anemia; in which case dilatation of the heart is merely a symptom of these pathological processes whose disappearance generally implies a complete disappearance of the dilatation; or else this defect originates in a disease of the muscular tissue itself, most generally fatty degeneration, frequently serous infiltration, such as may take place during the maturation of the muscular tissue of the heart, in which case dilatation and fatty degeneration become more or less

From these reasons we have deemed it unnecessary to devote a special chapter to the treatment of dilatation.

4. Adipositas Cordis.

Fatty Degeneration of the Heart.

Fatty degeneration either consists in an abnormal increase in the normal quantity of fat about the heart, or in the accumulation of fat within the muscular tissue of the heart.

In the former case, the fatty heart proper, the disease is traced to all those causes that determine a general increase in body fat; hence fatty heart is generally met with among persons who grow fat; fatty heart is likewise the result of an excess

Adipositas Cordis. 388

of ardent spirits. On the contrary and in defiance of all previous explanations, a fatty heart is sometimes, although rarely, met in cachectic individuals or in persons tainted with a codyscrasia.

The second kind, fatty degeneration of the muscular tissue, unfrequently results from the former. Other more or less frequent causes of this disorganization are: All pathological processes which impair the assimilative power of the muscular structure of the heart, myocarditis, adhesions of the pericardium, large hypertrophy of the heart, valvular defects, more particularly obliteration or degeneration of the coronary arteries. — causes that result in morbid fatty metamorphoses in other cases of dyscrasia of drunkards.

In fatty heart, the normal quantity of fat covering the surface and apex of the heart, etc., is sometimes increased to such an extent that the whole heart seems surrounded by a thick cushion. The layer of fat deposited on the right side of the heart is more considerable and is formed sooner than on the other

Not unfrequently the fat dips into the interstices of the fibres, impairs their nutrition and either results in at fatty degeneration of the muscular tissue.

In fatty degeneration which affects more particularly than the other form, fatty heart, affects more particularly heart, the affected parts of the heart have a pale, yellow are flabby and easily torn. Commonly the degeneration is to striated portions of the muscular tissue, is apt to a columnar carneous, and, if very extensive, is always accompanied by considerable dilatation of the heart. The single muscularia when seen under the microscope, are seen filled with fat and have lost their transverse striations.

Symptoms and Course. The lesser grades of fatty heart and fatty degeneration of the heart may run their course without morbid phenomena; there may even exist a considerable deposit of fat, and yet the general health of the patient may be sound. Morbid symptoms may not take place until the presence of the fat causes atrophy or fatty degeneration of the muscular tissue. The first symptoms of this disease consist in functional deficiency of the heart: peculiar feelings of weakness, from the least exertion. In addition to this we have dizziness, vertigo, fainting fits or paroxysms resembling syncope, sometimes even apoplexy. Except a distressing sensation of pressure the patient does not experience any pain. In the higher

884 Diseases of the Heart.

In this disease the skin becomes cool, disposed to perspire, assumes a pale and sickly appearance, oedema sets in, and an excessive weakness of the circulation may result in dropsy. The physical signs are the following: Increasing weakness of the heart; feebleness of the sounds of the heart, especially the first ventricular sound; increased extent of cardiac dullness only in far advanced cases; blowing murmurs in the regurgitant orifices, owing to the circumstance that the diseased cardiac orifices no longer permit the valves to completely close; easily compressible, soft, unresisting pulse which may show possible irregularity and is often extremely slow.

This affection only runs an acute course if the fatty deposit sets in rapidly and very extensively in consequence of inflammatory processes; otherwise the disease runs a very chronic course depending upon the following conditions. If the fatty degeneration affects an hypertrophied heart with valvular disease, death finally results from paralysis of the heart, or else rupture of the heart takes place. This may likewise result from a less extensive degeneration, after partial dilatation has occurred. The disease is very commonly characterized by marked remissions or even complete intermissions. Death takes place, although not in all cases, either by general marasmus with dropsy, or by paralysis of the lungs or paralysis of the brain, or, which is most common in the case, very suddenly by acute anæmia of the brain, or paralysis of the heart.

In treating this disease, we have to aim in the first place at arresting its progress by the avoidance of every hurtful

generally and every dietetic indiscretion in particular; stopping the paroxysms of distress as soon as possible ; at effecting a retrograde metamorphosis of the disorgani

In a curative point of view, the dietetic treatment is applicable only to fatty heart, not to fatty degeneration. There is no doubt that we are sometimes able to remove an excessive fatness, and most probably to influence by similar processes the excessive deposition of fat about the heart. In this extraordinary efficacy of the Karlsbad springs is so well demonstrated that we could not help censuring a physician who would refuse to send his patients to Karlsbad from no higher motive than a fanatical adherence to a therapeutic system. Unfortunately, however, fat which had disappeared under the influence of Karlsbad often and rapidly returns even in an increased quantity

Adipositas Cordis. 885

patient has gone back to his home. This is sometimes and most commonly the patient's own fault; but not unfrequently the fault of the improper dietetic instructions emanating from the physician. We should be led too far, if we were to go into particulars regarding the diet ; all we shall do is to point out the following general propositions to the reader's attentive recollection. The production of fat is owing to an excessive supply of food, considerably exceeding the waste. The quantity of fat produced will be so much greater the more the supply consists of articles that are known to make fat, principally animal and vegetable and starch-containing food. Alcohol generally promotes the production of fat either directly or indirectly. Meat, if constituting an article of diet, scarcely ever makes fat. These few point out the general dietetic directions. Let the supply and waste be balanced by bodily and mental occupation, and let whatever remains be done away with. The patients should principally eat lean meat, not starch-containing vegetables or fruit, and abstain from bread and wine ; and they should be directed never to overeat their stomachs as so many people do from mere habit, not from necessity. By pursuing such a system of diet and hygiene the patient will be able to do without a resort to Karlsbad. The cures are the more condemnable in the case of such patients the more the heart has already become diseased. At the same time it must be admitted that there are many persons who, most frequently in consequence of abnormal changes in the functions of the heart, deposit such quantities of fat, even under the simplest and most cautious diet, that it seems, impossible to suggest any changes in this respect.

Fatty degeneration may sometimes, but assuredly only in exceptional instances, have its primary origin in a constitutional tendency to fatness ; otherwise we are unacquainted with any other cause of this disease that might suggest special dietetic prevent

If the presence of the cardiac disease is substantiated beyond doubt, the patient's mode of living has to be regulated with a view to preserving his strength as much as possible. Substantiation of moderate use of wine is generally attended with the happiest results. In the case of drunkards, spirits should be withdrawn grad

not all at once. A sudden and complete abstemiousness mi
to dropsy ; indeed the frequent occurrence of such an ev
be a warning to us. The prostration which follows every

25

886 Diseases of the Heart.

able exertion, admonishes the patient never to use his s
the point of exhaustion. This precaution likewise applie
tal efforts. The frequent paroxysms resembling syncope o
ing apoplexy are very apt to lead to the adoption of mea
which, by depressing the strength, are at the same time
to aggravate the patient's condition for the reason that
bral phenomena do not depend upon ansemia, but hypersemi
section is of course out of the question ; patients with
not yet sufficiently acquainted, should have their atten
to the pernicious consequences of blood-letting, lest th
feel disposed to resort to it without the advice of a ph

Of the intercurrent morbid phenomena these pseudo-apople
paroxysms and those resembling angina pectoris deserve m
tion and should by all means be met by some appropriate
In the former, Camphora will be found most efficient, mo
ularly on account of the rapidity with which it acts. Be
phora we may try Veratrum album and Pulsatilla. As soon
fainting sensation comes over the patient, he must be la
horizontal position, with the head on a level with the r
body. If the syncope lasts too long and life seems to be
by it, Ammonium carbonicum and even Mher may be resorted
without fear.

In paroxysms attended with an increase of the heart's ac
Digitalis is the most homoeopathic and therefore the mos
agent, provided it is given in a small dose. Opium^ Cann
cerasus may likewise be administered with some chances o

The disease in its totality will have to be acted upon b
means of medicines that exert an influence over the exce
mation of fat, such as Ferrwriy China^ Calcarea, Arsenic
likewise by such medicines as are in special rapport wit
First in rank we have undoubtedly Digitalis whose pathog
presents the most striking image of excited and yet powe
tremely irregular action of the heart. Whether it is of
any use in adiposis, we dare not either affirm or deny;
degeneration its influence is as great as that of any ot
Of course, the dose has to be proportioned to the quanti
tive power with the utmost care. lodium is likewise of c
able importance. It has an extreme tendency to palpitati
heart during the least motion, improved by a horizontal
has the peculiarity inherent in inflammatory exudations
an abnormal metamorphosis ; it has a disposition to an a

Adipositas Cordis. 887

deposition of fat. Hence Iodine is one of the few remedies which corresponds to the morbid process in question in every disease. On a former occasion we have already once denied the power of Arsenic to influence structural changes of the heart; we make this statement, although it is undoubtedly true that the morbid process of Arsenic has many symptoms which, when detached from their connected series, can be referred to fatty heart. Other remedies which we cannot recommend with sufficient confidence in heart-disease generally and more especially in fatty degeneration, we mean Cuprum and Plumbum. Both remedies act similarly, except that the action of Plumbum is more persistent and penetrating. We would only use either of them in cases of complicated fatty degeneration. Since their provings do not point to a single heart-symptom, we will indicate those that may be seen in cases of poisoning. Cuprum has : Pulse irregular, small, compressible, intermitting, accompanied by excessive muscular debility; the beats of the heart are scarcely, or not at all perceptible; the sounds of the heart are indistinct; dyspnoea, anxiety, disposition to faint. Plumbum has : The action of the heart is very feeble, or even imperceptible, intermitting; the sounds of the heart indistinct; palpitations attended with excessive dyspnoea; pulse very soft, easily compressible, intermitting, irregular, fifty to sixty in the minute, less frequently heard, after which it is scarcely perceptible; heart flaccid; paralysis of the heart; fainting fits during every exertion attended with slight convulsions; extreme muscular debility; oppression from the least motion; despondency and dread of the night; oedema of the skin. As for Sulphur we should expect any favorable effects from it in these disorganisations; but pathogenesis does not indicate it in this disease, nor is it referred to it by a process of analogy; for even if fatty degeneration were to be regarded as the expression of a perverted metamorphosis of some inflammatory exudation, we cannot show from analogy in other organs that Sulphur is capable of antagonising the metamorphosis of this kind. Aurum on the contrary, is a remedy well worthy our attention, more particularly if the heart is affected; it causes great depression of spirits; usually the local symptoms are insufficient to legitimate the choice of this agent; and the testimony is entirely wanting.

888 Diseases of the Heart.

9. Anomalies.

Abnormal Conditions of the Orifices of the Heart;

Valvular Diseases,

Although every alteration of the orifices might be designated an abnormal condition, yet, in pathology, this term is applied to such alterations only as really interfere with the functions of the heart. In view of our powerlessness to influence the presence of such disorganizations, nobody will find fault with us for only mentioning the most essential characteristics of these disorders.

The etiology of these abnormal conditions of the orifices is obscure, and in very many cases no definite cause can be

to them. All influences that occasion acute endocarditis likewise be considered as causes of valvular diseases ; causes rheumatism occupies the most prominent rank. This particularly to anomalies affecting younger persons. Amo of a more advanced age it is the still obscure process o endocarditis, the atheromatous deposition and degenerati affects the valves as well as the arteries. Other causes ever, are extremely rare, are: Dilatation of the heart, pressure or a severe strain, excessive exertions, ruptur not seem to have any influence in this direction, except repeated observations have shown that women are more fre affected with anomalies of the venous, and men more freq with anomalies of the arterial orifices. Beyond the age five a liability to every, kind of anomaly sets in, whic increase in proportion as persons grow older. Correspond the prevalence of endocarditis, acute as well as chronic heart, it is only exceptionally that orificial anomalies in the right side of the heart.

The following are the more particular alterations to be in the different orifices respectively :

a. Insufficiency of the Mitral Valve.

During the systole the mitral valve closes the ventricle less imperfectly against the auricle, either because its shrunk or torn, or the tendinous chords and the coulmnee are abnormally altered. Hence, during the systole blood tates into the auricle. This causes a gradual dilatation

Anomalies. . 889

auricle* the flow of blood from the pulmonary veins is i the vessels constituting the lesser circulation, become with blooa, finally, the right heart is overcrowded with ing rise to eccentric hypertrophy and, as an ultimate re a stasis in the peripheral veins. If the insufficiency i the left ventricle remains unchanged ; the higher degree ficiency lead to dilatation and hypertrophy of this vent ical signs : Greater extent of cardiac dulness in breadt of the heart stronger and over a larger area ; undulator ments of the right ventricle. Systolic murmur, most dist the apex, sometimes like a purring murmur ; second sound pulmonary artery louder, sometimes so loud that it can b pulse either normal, or, if the insufficiency is conside much weaker, sometimes irregular.

The consequences of this anomaly to the whole organism a hypersemia of theiungs; sanguineous clots in the lungs; of the bronchial mucous lining; hsemoptoe; dyspnoea; emp hypersemia of the brain, liver, spleen, kidneys, stomach gastric catarrh; subsequently cedema and serous efiusion diflterent regions attacked by hypersemia.

The prognosis of this afflection, of itself, is not enti able. Although a cure is scarcely ever possible, yet pat with care, live to an advanced age. This depends upon th pensation established by the right ventricle and auricle

this compensation is sufficient, the patients are not in great danger. But if an increase of dyspnoea, a stasis in the pulmonary circulation, or oedema show that the compensation is incomplete, an approaching termination of the patient's life may be safely prognosticated. The prognosis is still worse if insufficiency becomes associated with stenosis of the left ventricular orifice, as is most frequently the case. Before of the treatment, let us dwell a little further on the stenosis of the left auriculo-ventricular orifice.

b. Stenosis of the Left Auriculo-ventricular Orifice. ,j

A constriction of this orifice interferes with the passage of blood from the auricle into the ventricle, so that a portion of the blood remains behind in the auricle.

This result is superinduced by the following anatomical changes: The valves are thickened, especially at their insertion into the ventricle; their segments or lappets are more or less completely separated together or variously distorted in shape, or the chordae tendineae are

890 Diseases of the Heart.

contracted, shrunk and deprived of their elasticity, the valves are drawn down into the ventricle, and their segments assume a funnel-shaped appearance. In this way, an orifice usually large may be reduced to the condition of a mere slit, the diameter of a goose-quill or pea.

The consequences of stenosis are the same as those of insufficiency of the mitral valves: Imperfect emptying of the ventricle, stasis of the blood in the pulmonary vessels, overcrowding of the right ventricle followed by eccentric hypertrophy as a means of compensation, which may increase to such an extent that the tricuspid valve becomes insufficient to close the right auricular orifice. The left ventricle receives a smaller supply of blood; hence, the flow of blood through the arteries becomes less, the pulse grows very small and feeble. In the course of time the capacity of the ventricle becomes reduced and its walls atrophied. These changes do not take place if the stenosis is associated with conditions in the aortic system inviting incisions on the part of the left ventricle. Even in more recent cases the stenosis results in the same phenomena of stasis as consequent upon valvular insufficiency, and generally more rapidly and more extensively.

This lesion is characterized by the following physical signs: Cardiac dulness very extensive in breadth, owing to the extraordinary distention of the right ventricle; the murmur of the heart is heard over a more extensive area both to the left and to the right, even as far as the right sternal border, and it is accompanied by a rattling or crackling sound; the prsecordial region is sometimes sensibly vibrating; the flapping of the tricuspid valves is sometimes sensible; diastolic purring is very commonly perceived at the base of the heart. Auscultation returns a diastolic murmur at the base of the heart, and the first sound is considerably feebler; the second sound is also feeble; stenosis is associated with valvular insufficiency, a murmur is heard instead of the sound. The aortic sounds are weaker, the

the pulmonary artery, especially the second sound, are stronger.

From what we have said, the subjective symptoms may be inferred. The patients always suffer more from stenosis valvular insufficiency; the untoward consequences set in and more intensely, and hemorrhages of the most varied kind accompany stenosis much more commonly. Accordingly the prognosis is of course much more unfavorable, since in the local equilibrium cannot possibly be maintained.

Anomalies. (p. 891)

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The treatment of these two anomalies can never afford a complete cure. Even if we were to concede the possibility of artificial defects that had but recently arisen from an endocarditis: yet these defects do not become an object until they have existed for a long time without being noticed. Hence we shall have to confine ourselves in any event to symptomatic treatment, and even then shall have to abandon hope of achieving any permanent improvement.

In selecting a remedial agent for these abnormal conditions we have to limit our choice to remedies characterized by increased and weakness of cardiac action, not allowing ourselves to be misled by the occasional appearance of functional excitement of the heart to the adoption of remedies that are only adapted to an augmentation of cardiac activity. However, the mischief which a properly selected remedy might do, would only be of a secondary nature in case disproportionately large doses of the remedy were given; for the loss of time which a mistake of this kind involves, would be of very little importance considering the course which such disorganizations generally run. In other words the selection can never depend exclusively upon the conditions which are almost always the same, but will have to be determined by the locality and quality of the consecutive symptoms. The following series of remedies we mention after each of the main consecutive or secondary symptoms requiring its use.

Digitalis purpurea claims undoubtedly the first rank. No other remedy corresponds by its physiological symptoms more fully with the group of pathological phenomena evolved by disease of the mitral valves. In the heart we have the deficient action of the arterial half, with increased action of the venous half; irregular and tumultuous movements of the heart in spite of its diminished force, the irregularity of the rhythm, etc. All the other organs exhibit the most significant phenomena. The urinary secretion is considerably less. We have passive hypersemia of the brain, and its consequences. We have likewise pulmonary hypersemia, sometimes as a passing congestion, and at times in the form of bronchial catarrh with hemorrhage, dyspnoea. There is hyperaemia of the liver, even to the extent of giving rise to icterus.

We have symptoms of intestinal and gastric catarrh ; mor tendency to serous effusion. In short, the whole complex pathological phenomena points to Digitalis as our first treatment of these disorganizations. Digitalis is even i

J

392 Diseases of the Heart.

the peculiar pneumonia which is not unfrequently favored excited by the stenosis of the left auriculo-ventricular 1^3t the remedy be administered in a small dose ; this i importance. Even if large doses seem to agree at the beg yet in the long run they exert a decidedly pernicious in

We advise the use of Belladonna in all cases where Aconi seems indicated by the symptoms. In this kind of disorde never exerts a favorable influence. Belladonna is espec by the paroxysmally increasing pulmonary hypersemia and headache which sometimes reaches a terrible degree of in It is less frequently eificacious in the resulting hepat ments.

Pulsatilla cannot be numbered among the prominent remedi we would at most employ it in the higher grades of bronc catarrh.

Veratrum album competes with Belladonna as far as the af organs are concerned ; yet there are symptomatic diftere suitable for cerebral and pulmonary congestions setting pallor and coldness of the outer skin, or with a decided tinge.

Opium, in small doses, in the case of drunkards is a mai for celebral hyperoemia, less for the respiratory diffic cases it often acts with wonderful rapidity and complete although the effect does not last.

Tartarus stibiatus is indicated by bronchial catarrh wit secretion of mucus, and by a gastric catarrh the symptom may be compared in the Mat. Med. Pura.

Arsenicum which seems indicated much more frequently tha really is, has only shown a decisive efect in our hands sleeplessness which is a not uncommon symptom in these d it has never seemed to be of any use in affections of th organs for which it seems such an excellent remedy if th tions are not occasioned by valvular defects. Nor does i seem to have any efect .in drojmc al difficulties.

The remedies we have named so far, are in general adapte to overcoming single ailments either acute or subacute; we will add the following: Phosphorus^ Squilla^ Secale c lodium^ Ammonhim carbonictim. Another series of drugs ha opposed to chronic secondary affections which, although consequences of the cardiac disorganizations, very often

diminution, or at least of an arrest of the symptoms.

Anomalies. 893

China and Ferrum here occupy the first rank; the former especially, if the anfiemic phenomena which are an inevi-
sequence of the deficient activity of the left ventricle
with frequent paroxysms of passing congestions of the br
if the hepatic functions are greatly interfered with. Fe
indicated rather by a tendency to pulmonary congestions
hemorrhage from the bronchia, by prominent symptoms of g
catarrh, and, like China, by enlargements of the spleen.
is not very suitable to old people; Cldna^ on the contra
nently so.

In chronic ailments Arsenicum deserves more attention th
acute complaints. It may be tried in liver-complaint as
renal affections; sometimes it renders good service, but
quently it leaves us in the lurch.

Baryta carbonica has already been mentioned in the bronc
catarrh of old people ; we likewise recommend it, if the
occasioned by valvular deficiency.

Carbo veget. may still afford help, if every other remed
us in the lurch. This remedy embodies in its pathogenesi
consequences of the anomalies here treated of: a disposi
hemorrhage; the anaemic symptoms in cyanosis; oedematous
ings, pulmonary oedema; passive hyperaemia of the brain,
liver, spleen ;' chronic bronchial catarrh in every stag
hemorrhage; gastric catarrh. There is scarcely another r
that represents so clearly a definite morbid condition.
results have substantiated the truth of this similarity.

Beside these remedies, those that have been named for fa
degeneration may likewise be ranked here, especially Plu
Cuprum and Aurum. For single symptoms : Lycopodium and N
trum muriaticum are particularly efficacious. The last-m
remedies likewise embrace within their curative range, i
at all possible, the last link of this series of consecu
namely : local and general dropsy.

The mode of living has an influence upon the final resul
must not be underrated. Bodily motions and exertions are
lated without the least difficulty ; proper dietetic pre
easily violated. Inasmuch as the whole tendency of the a
of which we have treated, is to change the blood to veno
since the interference with the lesser circulation only
imperfect oxygenation of the blood : our whole aim shoul
famish the patient with such nourishment as will not req

894 Diseases of the Heart.

assistance of the pulmonary circulation, and likewise in
assimilable form on account of the gastro-intestinal can
generally very much disordered during the presence of th

alies. Hence, fat food and starch-containing substances avoided, whereas good meat and beef broth should be reckoned as chief articles of diet. The use of wine which seems to be indicated by the tumultuous action of the heart, is not useful, but even necessary, especially in the case of old people. Likewise call attention to the inhalation of compressed oxygen, which deserves particular recommendation in this disease; a great deal depends upon rendering the act of respiration easier to the patient by furnishing him a larger supply of oxygen, which is accomplished by this proceeding.

c. Insufficiency of the Aortic Valves.

The semilunar valves are no longer sufficient to effect closure of the aorta during the diastole of the heart. This is owing to a shrinking, laceration, rigidity, adhesions and disorganization of the valves. Disorganizations of this kind very seldom result from mechanical force or from acute endocarditis, but commonly from chronic endocarditis and from atheromatous degeneration. In all cases account aortic insufficiency is generally met with in old

Insufficiency results in a regurgitation of the blood during the diastole of the ventricle from the aorta into the ventricle. In consequence of this overcrowding, the ventricle becomes abnormally distended; hence, if the valves are insufficient, the left ventricle becomes more distended in consequence of this anomaly than any other. The increase of the ventricular contents invigorates the increased contraction of the muscular fibres, thus giving rise to eccentric hypertrophy which becomes the more excessive the more the valvular insufficiency. If at the same time the left ventricular orifice is normal, the insufficiency shows no effect on the sequences in the lungs, nor does it react upon the right ventricle. On the other hand, the consequences are visible in the aorta; the arteries, being exposed to a considerable increase of pressure or a force acting against them, dilate and, in the further course of the disease, very commonly undergo an atheromatous degeneration.

The objective symptoms of aortic insufficiency are generally plain as soon as the affection has acquired a certain importance. Corresponding with the extensive hypertrophy of the left ventricle, the cardiac dulcness extends over a much

Anomalies. 895

more to the left side and even as far as the seventh intercostal space. Palpation discovers a much more forcible and more tensile impulse of the heart, which sometimes shakes over the whole of the anterior wall of the chest; a purring or vibrating sound not unfrequently heard at the upper end of the sternum, a peculiar whir or buzz during the systole of the heart. A murmur returns over the ostium of the aorta, at the place of insertion of the third costal cartilage, a diastolic murmur which is most clearly heard as far as beyond the sternum and vanishes the more completely the more the ear approximates to the apex of the heart. The second aortic sound is at times entirely absent, or is only audible at the commencement of the murmur. The first aortic sound is either normal or associated with a murmur. The sounds of the right ventricle are normal, the second sound of the

nary artery is at most somewhat louder. The changes in the arteries yield the following exceedingly characteristic pulsation. The pulsation of the arch of the aorta is sometimes felt at the jugular. The carotids pulsate so strongly that their vibration is distinctly seen and that the whole neck and head are somewhat shaken by the motion. A distinct murmur is likewise easily heard in the carotids in the place of a feeble second sound. The arteries at the periphery are dilated and pulsate visibly. The pulse is hard, and bounds against the finger in a peculiarly short manner; sometimes it vibrates, especially under soft pressure.

The subjective symptoms differ greatly according as the insufficiency is more or less considerable or the hypertrophy more or less complete. As long as the hypertrophy equili-nsufficiency, the patients feel quite well and do not experience palpitation, no matter how much more forcible the impulse the heart may seem. But as soon as the compensating equilibrium is disturbed by an excess of hypertrophy, constitutional symptoms begin to become manifest. These consist at first in more or less violent congestions especially in the brain which are accompanied by considerable atheromatous degeneration of the vessel walls, easily result in rupture of the vessels and apoplexy, vertigo, luminous vibrations before the eyes, highly nervousness, with a violent throbbing sensation, throbbing headache, etc., if occurring during insufficiency of the aorta. These are always unwelcome phenomena which show that the compensating equilibrium which Nature had set up, is disturbed. In other cases likewise, -we notice a tendency to bloody extravasations

896 Diseases of the Heart.

from the genital organs of young women. If the opposite place in the course of the disease; if the hypertrophy is unable to compensate the valvular insufficiency, which is the case if a process of fatty degeneration is at the same time up in the muscular tissue of the ventricle, the morbid process assumes an entirely different aspect. The vessels which were very much dilated previously, now receive too scanty a supply of blood, and, in consequence of having lost their elasticity, are even unable to completely propel this smaller quantity; hence symptoms of cerebral anaemia supervene, and even in the venous courses more slowly. At this stage, the discharge of blood from the left auricle is likewise interfered with, and all the symptoms of stenosis of the mitral orifice develop themselves in although in a less degree and less rapidly.

This shows that the prognosis of aortic insufficiency depends greatly upon the equilibrium between the action of the heart and the impediments to the circulation. As soon as this equilibrium is disturbed the danger increases the more, the more considerable the disturbance. The older the patient; the greater the probability of an extensive atheromatous degeneration of the arteries, the more seriously is the patient's life threatened, which generates a sudden attack of apoplexy. If symptoms of disturbance of the pulmonary circulation supervene, the final catastrophe is already in the hands. If valvular anomalies at other orifices are at the same time present, our previous remarks will of course undergo considerable modifications.

As regards treatment we may refer to our statements when speaking of hypertrophy, since it is hypertrophy that in vular deficiencies with threatening danger. The general of such patients has to be regulated with much more care simple hypertrophy, for the reason that every unusual ex of the action of the heart may result in what is so much dreaded, a rupture of the vessels. Every sort of bloodle exceedingly pernicious ; even now this is sometimes reco by physicians, or resorted to by the patient without the advice, for the purpose of preventing or removing interc congestions.

d. Stenosis of the Aortic Orifice*

The aortic orifice is constricted and does not admit of passage of the blood. The narrowing is occasioned by a t

Anomalies. 897

of the semilunar valves consequent upon endocarditis, wh capacitates the valves from adjusting themselves to the the aorta. This constitutes an insufficiency the force o in inverse ratio to stenosis.

The necessary consequence of an impeded emptying of the left ventricle is an increased activity of its w^alls to blood, hence hypertrophy. It is to be observed that, if the only difficulty, the hypertrophy does not become ecc at least only very little so, whereas, if insufficiency the same time, hypertrophy becomes associated with dilat Stenosis does not exert a marked influence over the othe the heart until the hypertrophy is no longer sufficient the compensating equilibrium. In such circumstances the nary circulation is disturbed, the right ventricle becom trophied, but never in such a high degree as from stenosis left auriculo-ventricular orifice. The influence of sten motion of the blood through the arteries is manifested b completeness and feebleness of the arterial current.

The objective symptoms of this disorder are: All the sym which have been previously indicated as characterizing a able hypertrophy of the left ventricle. Auscultation ove aortic orifice usually returns a loud systolic murmur wh quently reaches a -good ways laterally and downwards, di the sounds of the heart more or less, and being most com audible even in the arteries of the neck. The first soun aorta is absent, the second sound is generally feebler, tinct, or likewise replaced by a diastolic murmur if the complicated with insufficiency. The sounds of the right the heart are normal. As long as the stenosis is properl pensated by hypertrophy, the pulse is indeed somewhat sm hard, and only becomes small and even soft after the com equilibrium is disturbed. The pulse generally constitute lent means of obtaining a correct judgment of the condit the heart.

In cases where the stenosis is completely equilibrated b

tricular hypertrophy, the subjective symptoms are general importance; the patient may feel quite well, only his color is somewhat pallid. If the compensation becomes insufficient symptoms of a deficient supply of blood to the brain and anaemia first become apparent, after which symptoms of the lesser circulation and in the veins slowly show them

898 Diseases of the Heart.

It is impossible to indicate a definite mode of treating stenosis, for the simple reason that the character of the varies too much and that it is always complicated with other abnormal alterations. As long as the patients feel well, the medicine might possibly accomplish, would be to disturb functional cardiac equilibrium. If the compensation becomes sufficient, we have to resort to the remedies that were recommended for fatty degeneration: *Veratrum*, *Lodium*, *Arsenicum* and *Digitalis* and with reference to the deficiency in the sanguification: *Ferrum*, *Calcarea carbonica* and *China*. If symptoms of venous stasis make their appearance, we have to resort to such remedies as have been recommended for mitral stenosis. The regimen to be pursued differs of course from that recommended for aortic insufficiency, since in view of the deficient arterial blood the process of assimilation is of course difficult. Hence our chief aim should be to give the body to make good blood, by furnishing it a supply of easily digestible and nourishing food and an abundance of fresh air. Even the use of wine need not be forbidden; on the contrary, it is recommended, both in order to promote the process of digestion and as a direct stimulant for the heart. If the stenosis is at the same time associated with insufficiency of the semilunar valve the treatment becomes much more difficult, because it is difficult to decide, the consequences of which of these two ought to be met first. Generally one anomaly will probably be more marked than the other, in which case the course to be pursued in the treatment is naturally indicated.

The combinations of valvular diseases of the left heart, generally present themselves, complicate the treatment by the difficulties for which it is, however, impossible to arrange therapeutic rules and practical applications of drugs. Situations of this kind fortunately never require the immediate intervention of remedial agents, there will always be time given in each case to consider what treatment had better be pursued and what remedies are most adapted to the case. Any special attention of the symptoms characterizing such combinations should be called for, since anybody may construct such a series in his mind.

Palpitatio Cordis 899

«• Defects of the Orifices and Valves of the Right Heart

They occur so seldom, especially as isolated affections, that we can condense all we may have to say on the subject, in

remarks.

Insufficiency of the tricuspid valve is the most frequent defect on the right side of the heart, and originates morbid processes as insufficiencies in the left heart. I are: eccentric hypertrophy of the right ventricle and st blood in the veins of the systemic circulation. If the a considerable, it gives rise to venous pulsation. Defects valve and of the consequent excessive eccentric hypertro right ventricle may lead to a so-called relative insuffi tricuspid valve which is of special importance to a prop appreciation of the whole condition, for the reason that appearance of this insufficiency, the stasis in the veno reaches an extraordinary degree, and dropsy is eminent. diagnosis is determined by a systolic murmur which is mo tinctly audible in the region of the tricuspid valve. Th has to be conducted in accordance with our remarks on mi insufficiency, since the consequences are entirely the s of the latter anomaly*

The rest of valvular diseases as well as stenoses are ex rare; no special remarks can be offered regarding their

O.]f errons Palpitation of tbe Seart*

Palpitatio Cordis.

Palpitation of the heart, by which we mean a momentary, or less continuous increase of the frequency and strengt beats of the heart, is not only met with in a large numb conditions beside the cardiac affections of which we hav in the preceding numbers, but likewise in persons of sou after violent mental and bodily exertions. This is not t palpitation that we wish to consider in this article, bu detached paroxysms of increased cardiac activity which s without any demonstrable alterations in the substance of and without any definite exciting cause.

The etiology of this affection, as far as regards a know the physiological connection between cause and effect, i obscure. All that we know is, that this palpitation freq

400 Diseases of the Heart.

not by any means constantly, sets in after strong emotio of an exciting or a depressing kind; that it may result such circumstances as weaken the nervous system and cons render it more irritable, such as anaemia, chlorosis, on excesses, excessive mental exertions; that it may likewi from certain nervous afiections, such as hypochondria, h spinal irritation, softening ; that it may likewise resu condition which is designated as general plethora ; and may occur as a reflex etfect of certain morbid condition of the abdominal cavity, such as helminthiasis, cholelit

The symptoms of this affection vary in the main in two d according as the increased action of the heart is only f patient, or is likewise perceptible as an objective phen

neither case is the paroxysm preceded by distinct symptoms arises all at once after a trivial exciting cause, or even evident reason. Paroxysms where the patient alone is conscious of the palpitation, are by far the worst and attended with the most distress. The heart feels as if it were hanging loose, the single beats even are feebler rather than stronger. At the same time the patient experiences a fearful anguish and rests with every new paroxysm imagines that his death is at hand. The face is pallid, covered with a cold perspiration, the extremities are cool, the consciousness sometimes seems to be lost for a time. The pulse is always small, compressible, sometimes intermitting. Paroxysms of this kind seldom last for more than a few minutes, seldom longer than an hour. Paroxysms of the second kind are characterized by an external increase of the cardiac activity, the impulse of the heart is much stronger, the beats succeed each other more rapidly and are harder, and even in this case not unfrequently unregular. The face is turgid, highly flushed, the eyes glisten, the body is at times cool, at other times hot. The patient complains of headache, buzzing in the ears, luminous vibrations before their eyes, dyspnoea which interrupts speech and to sigh frequently, and of vertigo which may even be very severe. Nothing abnormal is perceived at the heart, only the sounds of the heart are considerably stronger. These paroxysms are of short duration, at other times they continue for hours.

The course of this affection varies; often it is very ob

Palpitatio Cordis. 401

other times it disappears together with the complaint occasioning it. Very seldom the paroxysms show any regularity. If the affection is incidental to the period of evolution, it generally ceases of itself and gradually.

The affection is not a very serious one, provided life is not directly threatened; this could only be the case if other symptoms should assume a dangerous character in consequence of the abnormal increase of the heart's action. The disorder being a torment to the patient, the physician must necessarily endeavor to free him from it completely. We can certainly promise a cure if the palpitation depends upon an otherwise incurable affection.

The diagnosis must never be based upon an examination instituted during the paroxysm, but should be derived from the condition of the patient during the free intervals.

As regards treatment, it is of importance that the previously established distinction between subjective and objective symptoms should not be lost sight of, if possible. Cases do occur where the objective increase of the heart's action is associated with subjective palpitation, although not always to the extent that the patient's distress and lamentations might lead us to suppose. In such cases the remedies contained in each of the two following groups respectively ought not to be considered as belonging to them exclusively, but we have resorted to this arrangement.

with a view of facilitating the selection of the appropriate agent.

Another point deserving special consideration in selecting, are the influences which excite the attack and the if any, of which the palpitation constitutes a particular most distressing symptom. We can neither afford time nor to dwell upon this point more fully, since this would lead to tedious discussions, and the appropriate remedies are, moreover, specified when the different pathological processes are treated. In treating the palpitation of a chlorotic female, for instance, the endeavor will certainly be to find a remedy that shall cope with the totality of the chlorotic symptoms.

We do not wish to incur any censure if we mention the foregoing remedies very briefly ; it is our opinion that in a disease which is so entirely local, the suitable remedy can be just as easily found in the Materia Medica as if we here compiled a repertory of remedies bearing upon such a case. For the sake of completeness,

26

402 Diseases of the Heart.

we should likewise have to indicate the various accessory circumstances, which would plunge us into a maze of details.

For the objectively perceptible palpitation, which is particularly characterized by congestive symptoms, we recommend the following remedies :

Aconitum in the case of robust, plethoric, young individuals ; in the case of persons with excitable temperaments are subject to rushes of blood from every trifling emotion ; in the case of tuberculous individuals, where pulmonary congestion and palpitation of the heart exist together. Aconitum is indicated unless the column of blood is in a general stagnation and increased movement. The action of Aconite is not governed by any particular time of day, but it is particularly marked if the paroxysms occur more habitually towards evening. The movements of the heart are stronger, more rapid, but not means irregular.

Spigelia : The action of the heart is increased, but it is both in rhythm and impulse, which is more like an undulating motion ; the paroxysms occur at indefinite periods, but are usually in the morning ; the patient's temperature is unequal ; the extremities are cold to the touch ; Spigelia is indicated in cases arising from worms.

Arsenicum : The heart beats much more forcibly and rapidly ; it is seldom irregularly or indistinctly ; the paroxysms occur at night during sleep, or about midnight, and are attended with excessive anxiety and restlessness ; the skin does not feel burning hot ; at most the extremities may feel cool. Arsenicum is particularly suitable if the paroxysms set in with typical symptoms or more particularly at the time of the menses ; it is particularly applicable for chlorotic and asthmatic individuals, and for dr

Ferrum is adapted to chlorotic and anaemic individuals, palpitation is attended with frequent changes of color i and if the face looks flushed at the beginning of the pa is likewise adapted to tuberculous individuals, likewise uals with excitable nerves, or with nerves rendered irri cessive excitement ; it is adapted to females more parti menses are scanty and the patients are suffering with ut

Nitrum as well as Acidum nitricum are characteristically guished by violent, but short-lasting pulmonary congesti out any real pain, they either precede the palpitation, simultaneously with it.

Palpitatio Cordis. 403

Nux vomica deserves particular consideration, if the pal is occasioned by irregularities in the digestive process long, is attended with cerebral congestions or nausea ; palpitation is caused by abuse of spirits, in the case o or if caused by abuse of coffee, or depending upon spina

Platina, if the palpitation is attended with menstrual i ities or retention of the menses ; likewise if it is att good deal of sexual excitement.

Belladonna is indicated under similar circumstances ; it wise prove suitable for palpitation generally.

Phosphorus, Veratrum album, Aurum, Argentum likewise bel this category.

In the second series we class the remedies that have a d ing influence over the action of the heart, which the pa imagines m oikly excited momentarily or transitorily by drugs.

Pulsatilla, if the palpitation is excited by the least i attended with great anxiety which seems to be oat of all tion to the slight objective symptoms ; there is a rapid color in the face, the patient feels chilly; if the palp relieved by motion, especially by exercise in the open a little pleasant social entertainment ; if the palpitatio from sleep at night. Pulsatilla is excellent in chlorosi nervous symptoms prevail, and is likewise suitable for p during the menses.

China: Palpitation of the heart, with external coldness, small pulse; after losses of animal fluids; in the case with great nervous prostration, hypochondriacs, persons to self-abuse.

Camphora, for irregular palpitation, with unusual oppres the chest evidently not arising from determination of bl very feeble pulse, general coldness of the body.

Ignatia, Sepia, Asafoetida, Nux moschata have very simil symptoms ; they all have a small and weak pulse during t

tation and a variable irregularity of the heart's action chiefly adapted to hysteric palpitation of the heart.

In hypochondria where the heart's action is as frequently turbed as in hysteria, the main remedies are: *Ifostru* and *Lycopodium*^ moreover, *Cocculus* *Aurum*^ and *Nux vomica*

Cannabis is next to *Digitalis* the surest remedy for palp

404 Diseases of the Heart.

occasioned by self-abuse and by an erethic weakness of the organs.

Camomilla and *Opium* are regarded as specific for palpitation caused by fright. [Also *Aconitum*, *H.*]

A third series is composed of drugs that may be classed criminally in one or the other of these two series.

Digitalis is here the most important remedy. We have given characteristic symptoms on former occasions, and here again a marked excitement of cardiac action associated with weakness of the muscular tissue, and likewise the irregular movements of the heart. *Digitalis* is the surest remedy for palpitation caused by self-abuse, in general for palpitation arising from cause in the male sexual sphere.

Coffea. The palpitation is at times strong and visible, times is only felt by the patient; a characteristic symptom restlessness with weariness, yet the patient has no sleep particularly after a copious meal and late in the evening. who drinks coffee, has experienced the good effects of *Coffea* in the evening after a copious meal. For evening-palpitations *Coffea* usually affords relief to such only as do not use coffee as a beverage. As a rule, the excitement of cardiac action occasioned by coffee is not associated with an increase of temperature, flushed face, even if the patients experience a sensation of warmth.

Calcarea carbonica is an excellent remedy, not for a sinus, but for the affection generally. It is particularly useful in chlorotic females, without pallor of the face, and with tendency to rush of blood; it is especially adapted to children and young women, whose habitual palpitation it very often cures out the aid of any other drug.

Sulphur likewise is eminently useful in obstinate cases, often effects a radical cure. It holds the same relation to persons of a somewhat advanced age, that *Calcarea* does to children.

Whether in a given case the treatment ought to be conducted with reference to the single paroxysm or to the whole disease is sometimes difficult to decide. If the palpitation is excited by definite causes every day, or at least very frequently, the course to be pursued is, not to prescribe for the single paroxysm but to continue the suitable remedy at somewhat extended

vals and for some time, as we do in other chronic cases.

Angina Pectoris. 405

course has, of course, to be pursued if the palpitation some other pre-existing affection. If the paroxysms occur in long periods and continue for a long time, the patient should have his medicine always handy, for it is of the utmost importance with a view to shortening the existing paroxysm, that the medicine should be taken as soon as possible after the commencement of the attack. Or else a suitable remedy may be prescribed for the paroxysm, and afterwards another medicine for the intermissions generally.

The diet and mode of living that have to be recommended, according to the origin of the trouble, but can easily be determined from the nature of the case. We should, however, strenuously guard against the mistaken notion that invigorating and vigorous bodily exercise, even gymnastics or the use of cold, should be avoided by those who are liable to palpitation of the heart. This disorder is but too frequently symptomatic of great debility, and hence requires invigorating nourishment and a strengthening of living.

If the palpitation arises from sexual disturbances, cold, or a moderately low temperature and not persisted in too long a time, will prove excellent auxiliaries. General cold bathing will agree with a patient thus afflicted, nor do cold showers.

7. Angina Pectoris, Stenocardia.

This upon the whole very rare affection has not yet been counted for in such a manner that any explanation that has been given of it, might not be objected to for a variety of reasons. Nevertheless all attending circumstances justify the classing of it as a disease among the neuroses. Whether the cardiac plexus is the seat of this disease, or not, cannot be determined with any degree of certainty.

The etiology is obscure and vague; we only know from statistics that males are infinitely more subject to this disease than females, and that fat individuals, or such as incline to obesity, are principally attacked. Persons beyond the age of forty are mostly liable to the disease, and they generally belong to the higher social classes. Its frequent combination with cardiac anomalies, with atheroma or ossification of the coronary arteries, justify the opinion that the disease originates in such changes in the structure of the heart, for it is known to occur without any material alteration of the heart. All exciting causes are very often entirely a

406 Diseases of the Heart.

the attacks are usually provoked by a bodily effort giving rise to an augmentation of cardiac activity.

It is only exceptionally that a paroxysm does not set in

generally it takes place after very short and altogether liminary symptoms. The patients suddenly experience a pe pain in the praecordial region, which is sometimes extre and at other times dull, yet of such a peculiar kind tha ferer is scarcely ever able to describe it either accord quality or extent. With the pain a sensation of prostrat fainting sets in ; all patients agree in describing this death were at hand. What is remarkable is that not a sou pain escapes the lips of the sufferers, probably however their dread of increasing the distress by the least exer carry this precaution so far as to arrest the breathing them the appearance of great dyspnoea, although they are able to take a long breath, if they choose. Generally th remain immovably erect or in a sitting posture, a recumb ure suits them Yery seldom. The action of the heart is a normal, at other times slower than usual, and again hurr irregular, especially if the patient is afflicted with h Very seldom the pain remains confitied to the prsecordia most commonly the pain radiates to the left shoulder and frequently to the neck and nape of the neck, or to the l tremities, or even the right side. The pain very seldom gradually; it mostly sets in immediately in its greatest

A single paroxysm generally lasts only a minute or two, scarcely ever exceeds one hour. As the paroxysm generall in all its intensity, so it generally ends all at once. paroxysms are slight, that the patient's health is at on restored or at least very soon after the cessation of th whereas in this as in most other paroxysmal nervous affe great lassitude and sleeplessness remain for some time.

The course of this whole disorder varies greatly. Very s paroxysm is succeeded by a complete feeling of health. I commonly happens that the paroxysms commence slightly an increase in intensity with every succeeding attack. Exce of heart-disease, the intervals are quite free from all toms, the patients do not show a single trace of the ins ease, they often have even a very florid appearance. The paroxysms, as well as the whole disease, are of an indef tion; a paroxysm seldom occurs more than once on the sam

Angina Pectoris. 407

ordinarily they are separated by days, months and even y Many doubt the possibility of curing this disease; we, h believe in the absolute possibility of the contrary, alt lent paroxysm may suddenly terminate in death. It is que whether the disease ever changes to some other form of h disease, for the reason that the heart-disease most like in existence when the angina first broke out.

The prognosis is decidedly bad, if the angina is associa organic heart-disease, and likewise in the case of older whereas the purely nervous form in the case of young per possibly admits of a cure. We must always keep in mind t insidious disease sometimes remains quiescent for a long it suddenly breaks out again in all its former, or with violence.

Treatment. A treatment for a single paroxysm cannot well be arranged ; we might even inflict injury if we would v interfere with the position the patient may have selecte tively for his relief. Even the use of local application severe cutaneous irritants, to which we might feel tempt prove dangerous ; in no case is the people's rule, not t individual seized with a nervous spasm, more appropriate angina pectoris. Such precepts as may be found in every apeutic treatise, are unpractical, for the reason that t not last long enough to test their clinical value. This wise applies to the use of remedial agents which we migh be afforded sufficient time to procure before the attack If the attacks last long enough, we may try Arsenicum^ a to Arsenic Laurocerasus and perhaps Ignatia.

We have a number of remedies that seem homoeopathic to t disease, but we confess that our clinical records are ex scanty and unreliable ; in view of the great rarity of t the scantiness of our clinical cases cannot well surpris

The only case which we have ever been called upon to tre our own practice, and which had already been going on du number of not very violent paroxysms, we have cured with very often repeated doses of Digiicdin^ 2d and 3d tritur patient has now been free from the disease for the last It was a purely nervous angina pectoris. It would not be recommend a remedy upon the strength of a single experim the symptoms and the whole therapeutic range of the drug correspond with the disease. Whether Digiialin and the T

408 Diseases of the Heart.

of Digitalis would have an equally favorable effect in a toris accompanied with heart-disease, we are unable to d Hartmann recommends Digitalis and bases his recommendati upon the ground of practical experience in the use of th

Next to Digitalin Arsenicum undoubtedly promises the mos successful results in the treatment of this disease. Har the following remarks : " Not only the actual paroxysms, disease generally finds in Arsenicum its appropriate rem vided the disease is not complicated with structural cha heart and the large arteries, or other extensive disorga is indicated if the patient can only breathe very gently chest stooping forward, and if the least motion causes a loss of breath ; if oppression and stitches in the praec are associated with anxiety and a fainting sort of weakn breath gives out even while the patient is getting into takes him a long time to recover his breath ; if the par cited afresh by a simple change of position in bed. In m and according to the experience I have had, Arsenicum is remedy, more especially if the angina is a pure neurosis ative power is of course problematical, if the angina is with disorganizations which we can never expect to cure we can only exert a palliative influence. In this respec can be more certainly relied uj on than Arsenic." We wil few suggestions bearing upon the dose. There is not the

doubt that in purely nervous affections Arsenic, if give trituration, either does not show any curative effect at causes severe aggravations. Our urgent advice therefore angina pectoris only the higher attenuations should be u for the actual paroxysm as well as during the intervals.

Although the frequent occurrence of angina pectoris in c tion with atheromatous degenerations of the larger vesse heart itself, suggest all the different remedies of which has been made in the paragraph on fatty degeneration, ye particular attention to Plumbum; for particulars we refe we have stated at the end of the fourth chapter.

We have not a word of commendation to offer in favor of Samhucus^ Augustwa^ Lactu^ca virosa^ Veratrum album, Asa and Sepia, which are likewise recommended by Hartmann. O dissent is of course based upon theoretical reasons, but has no clinical proofs to offer any more than we have. A

Angina Pectoris. 409

f(Biida and Sepia might be tried if the angina seems an affection.

Regarding the dietetic treatment but little can be said. causes which give rise to an attack, are well known, the carefully avoided. That the mode of living exerts otherw decided influence, cannot well be maintained. Nor can we much good from a course tending to a general invigoratio nervous system, for most patients of this kind are in ge of robust constitutions. All that the patient can do, is a regular, quiet and prudent mode of living and to avoid thing that might excite the heart's action.

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TENTH SECTION.

Derangements of single Systems.

A. DISEASES OF THE BONES, MUSCLES,
AND ARTICULATIONS.

1. Ostitis, Periostitis, Pott's Disease.

Inflammation of the Bones and Periosteum.

luflaminations of bones occur in every age, less frequen ever, before the second and after the fiftieth or sixtie most cases they originate in mechanical injuries or mech acting deleterious influences, they are less frequently

extension of inflammation from the soft parts. In the majority of cases the mechanical is associated with a co cause, very frequently the latter existing alone. Among constitutional diseases it is more particularly scrofulosis, syphilis and hydrargyrosis that give rise to os often it is very difficult to trace the cause with any taint, especially so far as an inflammation of the sub bones is concerned, because it generally develops itself perceptible symptoms and in a very insidious manner, hen long a period of time may have elapsed since the cause f to act, to permit of the disease being traced to a defin

Bones that are but thinly covered by soft parts, are par exposed to inflammation from mechanical causes; inflamma arising from more dynamic or constitutional causes may a any bone; nevertheless inflammations of the mastoid proc inferior maxilla, of the vertebrse, the bones of the han and of the ribs, occur most frequently and are of partic importance.

Periostitis occurs more particularly on the fingers, on of the lower extremities and on the skull-bones.

The symptoms and course of ostitis diifer very remarkabl extent as well as intensity. It is very often found that

410

Ostitis, Periostitis. 411

outset the disease is entirely without any symptoms unti disease is finally revealed by the process of suppuratio seldom runs an acute and rapid course; this is generally the inflammation attacks the outer surface of the bone a periosteum. In such a case the intensity of the pain dep the extent of the inflammation; the fever is high, delir times sets in, slight chills are common and the patient begins to lose his strength. Cases of this kind, which r course, always terminate in suppuration, and the artific of pus is in most cases a matter of absolute necessity. pus is evacuated, a cure does not always take place imme the bone divested of its periosteum becomes more or less before a cicatrix has time to form.

If the periostitis runs a slow and somewhat chronic cour inflammation of itself is not very painful ; but very vi can be excited by contact ; here too the exudation may b formed into pus, but is likewise apt to result in osseou and to form extensive flat or tuberos bony indurations.

If the inflammation is located in the interior of the bo latter is generally distended in its whole length, is no tive to pressure, but the patient is tormented by paroxy peculiar dull boring pains which, even in the absence of cause, are particularly apt to set in, and to become agg night. These pains are usually felt for some time before commences to swell; they interfere with the mobility of more or less, generally the less the more remotely they

the articulation.

Ostitis of this central character always runs a chronic course. Its terminations are suppuration or ossification of the bone. The pus is seldom reabsorbed, nor does it often become transformed into a tubercular mass ; most generally it escapes and, unless the disease is cured, carries on and necrosis requires a richorous dissolution of the exudation generally determining a rapid course of the disease. If one of the large bones is affected by the suppurative process, death almost always results, in some cases not till the patient has lived through years. An important diagnostic symptom is the presence of pus in the urine ; it almost always occurs if the suppuration and affords very badly for the final result.

The importance of inflammations of bones varies a good deal. Age exerts a characteristic influence ; whereas children

412 Diseases of the Bones, Muscles, and Articulations.

people generally recover from such inflammations, even if they should last a long while, unless they originate in inveterate constitutional maladies; older persons, especially when on the verge of forty, generally fall victims to such inflammations. Children very often recover when the second period of dentition is over when they enter upon the period of pubescence. The seat of the inflammation is of no small importance; inflammation of the bones in the upper part of the body is less dangerous than inflammation of the bones, or the bones of the lower extremities. It is like to determine whether the inflammation is so located that the internal organs may become involved ; on this account inflammation of the skull-bones and ribs are more threatening on account of the risk of meningitis or pleuritis resulting from them. What renders the prognosis in every case of non-traumatic inflammation do the uncertainty concerning the transformation and extent of the exudation. Sometimes the inflammatory symptoms disappear entirely for a time, and then suddenly reappear again for a cause or other, or without any cause; or else, in one part of the bone the inflammation runs a favorable course, and then takes a new start either continuously in the tissue of the bone or in separate portions. Every inflammation involving more than one bone, renders the prognosis so much more unfavorable.

Among the terminations of ostitis we have to mention two of particular importance, caries and necrosis.

Caries represents a process where the purulent transformation of the inflammatory exudation, involves the destruction of the bone substance; hence it always implies a loss of substance and occurs more particularly in scrofulous and tuberculous, but likewise take place in perfectly healthy individuals. It commonly involves the spongy portion of the bones.

The symptoms of caries vary greatly like those of ostitis. In rare cases, if the pus has no escape or the carious portion is very small, it may remain a latent disorganization. In most cases the pus finds an outlet outwardly, and the rough surface of the bone can be felt with the sound ; the detached parti-

can even be discovered in the pus between the fingers and under the microscope, but if the carious process takes in the interior of the bone, the pus may gravitate downwards and may form fistulous canals and finally break forth in some

locality.

The disease always runs a chronic course, sometimes extending

Ostitis, Periostitis, 413

through a series of years, unless, owing to the presence of another disease, a radical transformation into ichor brings rapid termination.

Terminations: Recovery by means of granulations, results in a firm, tense, retracted cicatrix, or else death amidst symptomatic hectic consumption, or in consequence of the inflammation extending to other vital organs; in less frequent cases bones suppurate for years without the organism being much affected by the loss. After the bones are healed, the destructive necrosis remains, in case the loss of substance is great, very often deformities and other derangements depending upon the nature of the bone affected. Among these deformities the most important are: Cyphosis in caries of the vertebrae, and impaired motion of the lower extremities from caries of the head of the femur.

The prognosis is very doubtful. If the patients are otherwise sound, and the pathological process is limited in extent, it can be depended upon with tolerable certainty; otherwise it is all, questionable whether the disease will not sooner or later terminate fatally. If the carious process takes place very near the covering of important viscera, we have at all times to expect an extension of the inflammation to these parts.

Necrosis is the gangrenous destruction of a bone or part of a bone. It is a frequent consequence of ostitis attended with suppuration and a frequent accompaniment of caries. It is a well known fact that Phosphorus may cause necrosis of the inferior maxilla. The medicinal treatment of necrosis is of course out of the question, except in so far as secondary ostitis may be present; all that can be done, is to remove the necrosed portion of bone.

Treatment. The frequent occurrence of ostitis in individuals whose constitutions are tainted with some constitutional affection, invites a careful inquiry into the presence of such a constitutional taint, even though not manifested by any outward signs; the second place, to employ such remedies as not only counteract the constitutional affection, but likewise aim at the cure of the local disease. A mere comparison of symptoms will scarcely answer the purpose, for the reason that the localities in which the disease occurs are not much alike; it is only for a few definite localizations of ostitis that we possess real similia. In general we advise therefore that the local symptoms be taken as our guide; on this subject we mention the following remedies with a few short comments.

Mercurius is a medicine of whose specific and almost constant

414 Diseases of the Bones, Muscles, and Articulations.

definite relation to the osseous tissue we may always re
 It is indeed suitable in most cases of ostitis and perio
 they do not originate in mercurial poisoning. It is part
 indicated by : Violent bone-pains, distention, swelling,
 integuments, and in general by the more acute symptoms o
 disease. However, we do not mean to deny its usefulness
 cases of ostitis, and even in caries. The infantile orga
 rapidly and certainly affected by Mercurius. The dose ha
 be as small as possible ; the slow course of the disease
 to point to small doses and given at comparatively long
 as preferable to large doses of this agent.

Mezereum antidotes Mercurius in the bone-range ; this al
 that both remedies must be homoeopathic to ostitii^. Mez
 particularly adapted to periostitis, less to ostitis, an
 appropriate at a period of the disease when no complete
 has yet set in. With this remedy we have cured an inflam
 of the tibia, where a portion of the bone, several inche
 was considerably and painfully distended ; the patient w
 whom there could not have existed the remotest suspicion
 specific cause. We cannot point out a special loeaKty fo
 according to Hartmann, it is particularly the superficia
 bones to inflammatory conditions of which Mezereum is be
 adapted. [This may have been a case of scrofulous rheuma
 inflammation ; in the course of our practice we have cur
 number of such cases by means of Aconite^ Belladonna^ th
 of Mercury J likewise Iodine and Iodide of Potassium. H.

Acidum nitricum is indeed chiefly indicated in mercurial
 [and in ostitis originating in syphilis and abuse of Mer
 yet this recommendation must not be understood too liter
 this agent may likewise be of use in other forms of osti
 of the lower extremities, and in periostitis generally.

Phosphor! acidum is generally preferred to Acidum nitric
 non-mercurial ostitis; it is indicated in the inflammato
 affections of children, especially in inflammations of
 if there is an evident disposition to caries and ichorou
 In fully developed caries with symptoms of slow hectic f
 Phosphori acidum is one of the most important remedies.

Phosphorus is inferior to Phosphori acidum for the reaso
 the latter acts more specifically and more penetratingly
 affections. In other respects the therapeutic sphere of

Ostitis, Periostitis. 415

edies is very similar; we would accord the preference to
 if consumption with unceasing colliquative diarrhoea has

Staphysagria is indicated, if the ostitis runs its cours
 pains, and the bone and its periosteum are affected at t
 time ; in the case of scrofulous individuals ; if the fa
 those of the legs and feet are involved.

Manganum is recommended by Hartmann for painful periostitis and for inflammation of the articular extremities of the

Baryta carbonica is eminently adapted to a slow and almost less scrofulous inflammation of the bones of the extremities when suppuration has begun to set in*

Aurum is, like Nitric acid, an exquisitely anti-mercurial and hence deserves special attention in cases of mercurial. It has likewise an excellent effect in non-mercurial osteitis, caries, and violent pains, especially at night. Aurum is a remedy for inflammatory ulceration of the nasal bones and bones generally. In affections of this kind we prefer Aurum muriaticum to the common gold.

Silicea is one of the most important remedies in caries of the bone, its cause and at any age, as soon as the inflammatory stage has begun its course; it is adapted to every constitution, but makes a very favorable effect in acute ichorous suppuration. We must not forget that Silicea acts very slowly; we recommend small doses at long intervals.

Sulphur, in our hands, has never had a permanent effect nor have we ever been able to effect with it a return to recovery. It can at most be of use only in the latter stage of the disease, not at the beginning.

Calcarea. This agent is not so much indicated in uncomplicated osteitis, as in osteitis depending upon scrofulosis; in the latter it does not act directly as a curative, but by virtue of the change it effects in the scrofulous disease. On this account its use should be deferred until the suppurative process is fully advanced. We will not decide whether Calcarea carbonica or phosphate of lime is preferable; we consider it a wrong theory, however, to prefer the phosphate of lime because it is a constituent of bone. In the case of the vertebrae Calcarea is superior to any other drug; at least, it arrests the destructive process.

For further comparison we recommend: Hepar sulphuris, Kali bichromicum, Graphites, also Bhus toxicodendron and Podium. Euphrasia is particularly recommended for periostitis.

416 Diseases of the Bones, Muscles and Articulations.

The use of Aconite, Bryonia and Pulsatilla as recommended by Hahnemann, seems to us to involve a loss of time; we do not consider these drugs adapted to osteitis. On the other hand, Belladonna is appropriate in the osteitis of scrofulous children with feverish complexions.

S. Rliacitlft.

Bickets.

We treat of this affection here, instead of deferring it to the chapter on constitutional anomalies to which it really belongs because it is exclusively localized in the bones.

The causes of rhachitis are upon the whole involved in o It is certainly not correct to describe rickets as a con ecrofulosis, for not all children who are afflicted with scrofulous. With respect to rickets the following are. e facts: Rhachitis can only be diagnosed with reliable cer between the first and second period of dentition ; it is an affection of the lower classes, and more particularly that were- brought up by hand; sometimes it seems heredi The almost constant coincidence with more or less intens disturbances justifies the inference that the main cause disease is an abnormal condition of the assimilative fun

SymptomM and Course. Manifest symptoms of rickets are with few exceptions preceded for some time by precursory toms. The children are afflicted with diarrhoea which is more slimy and afterwards watery; they lose their appeti which is still more common, they have perverse tastes, c black rye-bread and potatoes; the abdomen is distended, complexion sickly, the desire to move about is less, and lectually, the children are more matured than their age to indicate. This lack of disposition to move about, whi particularly prominent in the case of children that had commenced to walk about, is the first suspicious symptom is very soon, and sometimes almost immediately followed in the bones and articulations. That these pains exist i from the cries which the children utter, whenever an att made to have them move about. This circumstance is often preted as naughtiness, more especially since the childre commence to cry at the mere approach of their parents wh suspect of an intention to make them move about. Soon th characteristic changes in the articular extremities of t

Rhachitis. 417

become manifest, more particularly, on account of the tl cular covering, at the lower articulations of the radius at the lower articulation of the tibia, and at the stern of the ribs. These articular extremities are enlarged, s unequally buncy, separated from the shaft by a more or fold of integument The disease is almost always accompan emaciation, especially of the lower extremities, which c swelling of the articular extremities and the distention abdomen to become still more prominent. The painfulness articulations is generally very great, scarcely ever har tible; hence not only the pain, but direct weakness seem cause why children absolutely refuse to walk.

In the further course of the disease all those changes t which depend upon the softness of the bones. The lower e bend outwardly, if the children attempt to walk, whereas remain straight, if children are attacked who are not ye walk and have to remain extended in a recumbent posture. bone often looks as if bent at an angle. The ribs are pr the sternum protrudes, giving rise to the so-called chic The upper extremities are less crooked, but bent a great if the child crawls about on all fours. The vertebral co times assumes the form of cyphosis, at times that of sco lordosis; the form of the pelvis is likewise altered. Th

the fontanelles and sutures delays for several years.

It is remarkable that the rickety bone does not show any sition to inflammation with suppuration and caries; nor bone as liable to fracture as a bone normally constitute sequences to the general organism which are sometimes in able even with fully developed rhachitis, consist in imp the respiration owing to a narrowing of the thorax and d mobility of the ribs, with chronic catarrh of the air-pa Excessive emaciation, with greatly distended abdomen. De irregular, sometimes perverse dentition. Great tendency especially eclampsia, sometiies setting in in consequen least pressure on the fontanelles.

The affection always runs an exceedingly chronic course, times extending over many months. The disease may heal s taneously at any stage of its development; we see this i where no physician had been employed, and where the true of the disease can be inferred from the still remaining

swellings. The first sign towards an improvement is the

27

418 Diseases of the Bones, Muscles, and Articulations.

of a normal digestion. The articular swellings seldom di very rapidly; the curvatures never disappear entirely, b diminish very materially.

The common termination is in recovery ; if death resulta mostly in consequence of the supervention of otlier comp is the result of actual marasmus only in cases where the utterly neglected.

So far as danger to life is concerned, the prognosis is favorable, whereas the curvatures may give rise to many affections in after-life; a rickety pelvis, for instance interfere with the process of labor.

The treatment of rachitis has to be, above all, strictly lactic or hygienic. It is certain that in almost all cas depends upon abnormal assimilation, and hence first mani by disturbances in the assimilative sphere. On this acco often succeed in arresting the development of the diseas to it that the children are properly fed, kept clean, th washed and rubbed, and they have an abundance of fresh a compliance with these dietetic rules is a primary duty n the commencement, but likewise in the further course of It is moreover of great importance that the children sho vented from moving about, and more particularly from sit since they avoid motion anyhow. By pursuing this course, considerable curvatures are often very much improved, th increase is checked, and the development of new curvatur vented. The most appropriate position is a recumbent pos an uniformly stuffed, not too hard mattress with a sligh pillow, or no pillow at all. Sea-weeds or fine chips, co excellent material for the stuffing, likewise on the sco

ness, since such patients generally belong to the poorer
Concerning the diet, we have already stated our views wh
ing of the intestinal catarrh of children, and shall ref
subject again in the chapter on scrofulosis.

The medicines which we require for the cure of rickets,
in number, but so much more reliable in their effect. Af
ing to the main requisite for a cure, namely the regulat
suitable mode of living, the next business in order is t
intestinal catarrh as soon as possible, for which purpos
rigid diet is often insufficient. All the medicines that
recommended for the intestinal catarrh of children, may
into use, but *Calcarea carbonica* undoubtedly heads the 1

Rhachitis. 419

well known that the partisans of the Bational School acc
the use of this agent in rickets upon chemical grounds,
a compensation for the excessive loss of the salts of li
urine. This excretion of the salts of lime is not the ca
effect of the disturbed nutrition of the bones, nor is i
mind by "rational" physicians that substances like lime,
given in their crude shape and in a massive dose, have n
even act injuriously. On this account the use of such ag
soon discontinued, again. Nevertheless *Calcarea* is the s
for rhachitis, and we can present it to our opponents as
illustration of the efficacy of small doses. When given
higher attenuations, it shows curative effects very prom
if there is no change in the mode of living; we have not
on many occasions. We have never witnessed such ,rapid r
from the lower triturations ; hence we advise everybody
the sixth and higher attenuations before resorting to th
attenuations and triturations. The diarrhoBa often cease
first dose, and this change implies a positive victory o
ease. Having almost constantly succeeded with the Carbon
Lime^ we scarcely ever venture to change to the Phosphat
A copious, watery, sour-smelling diarrhosa is the surest
for *Calcarea*. .

A second remedy which is likewise extremely beneficial i
suitable case, is *Arsenicum*. As regards the dose, we app
the same remarks that we have to *Calcarea*. The *Arsenic-d*
is less copious, less watery, of a foul smell as of deco
attended with a good deal of flatulence, hectic fever, g
ness, sleeplessness, also vomiting, loss of appetite, wh
is characterized by a great craving for certain inadmiss
of food.

Sulphur is seldom indicated in rickets. Its chief indica
seldom present, namely a slimy or muco-purulent diarrhoe
discharge of pure bile or a copious admixture of bile. I
by many that a few doses of Sulphur administered previou
Calcarea, renders the effect of the latter more reliable
we have no experience of our own to offer on this point.

These three remedies are sufficient to a cure in by far
number of cases. For other remedies we refer the reader
chapter on intestinal catarrh. [In this disease the cont

of small quantities of Cod-liver oil is decidedly approp

420 Diseases of the Bones, Muscles, and Articulations,

8. Eneliandroiia.

Pcedarthrocace ; Spina ventosa*

Enchondroma repreBents a disease of the bones where cart inous substance is formed within the bone, in consequenc the substance of the bone is more or less destroyed.

The causes of this affection are quite obscure; assignin ulosis as the origin of the disease, does not shed much subject. It occurs most commonly among children and duri pubescence.

The enchondroma is most commonly located in the metacarp bones and in the phalangeal bones of the fingers, much l quently in the bones of the feet, but may likewise occur bones and organs. It either commences without any pain, with indefinite sensations in the affected bone, very se marked pains like ostitis. The swelling of the bone is g the first symptom. It seldom spreads uniformly over the bone, but has mostly a spherical or conical shape. The s of slow growth ; the soft parts by which it is covered, long time their normal appearance, until finally, after has reached a considerable size, the skin reddens and br or more places. The sound now penetrates into the openin out any difllculty, and is easily passed around in the s is commonly found to consist of a very soft, spongy mass is very little discharge from the opening, very seldom a rather a serous liquid resulting in the formation of a c closes the opening. At this stage pains are generally en absent.

The disorganization runs a very chronic course. If adult attacked, the general organism is much affected by the d the case of children a cure may be promised with perfect

For this disease we do not possess any specific, properl but have to select our remedies in accordance with the r analogy. Practically Silicea has so far yielded the best to which we rank Graphites. Besides these two, the follo edies are recommended : Calcarea^ Staphysagria^ Mezereum Sulphur^ Ledum palustre. There is no clinical experience with these agents. We should always bear in mind, in tre case of this kind, that enchondroma can never be cured w ternal means, and that the knife never need be resorted

Psoitis. 421

4. Psoitis.

Inflammation of the Psoas-muscle.

Of inflammation of muscles this is the only one that is occasionally of frequent occurrence, and is of very great im

If psoitis sets in as a primary disease, its causes are great obscurity ; excessive exertions, a cold, rheumatism assigned as probable causes, most likely because no better are known. Mechanical injuries seldom result in psoitis. Usually psoitis may supervene during inflammation and carries lumbar vertebrae.

At first, the disease is often quite painless and develops very slowly ; sometimes, however, it sets in in an acute such a case the patient experiences a sudden or rapidly violent pain in the lumbar region, which he finds it difficult to define; it often radiates upwards or downwards; as soon as pain is felt, the motion of the limb is interfered with, flexion and rotation inwards. Under such circumstances a fever is always present, the pulse being remarkably rapid. Patients lie with their thighs semi-flexed and somewhat inwards. Pus forms sometimes rapidly, and at other times and sometimes in such profuse quantity that its first appearance is indicated by creeping chills. The fully-formed abscess is absorbed, which is, however, seldom the case ; or else, in the lumbar region, the pus escaping inwardly and immediately ending in life ; or the pus burrows downwards following the psoas-muscle until it finds an outlet, generally on the surface of the thigh, rarely posteriorly by the side of the lumbar column. The pus thus forms a fistulous canal, which is a case if the lumbar vertebrae are carious.

If suppuration sets in, the course of the disease is altered. It is only in rare cases that the inflammation does not terminate in suppuration; the organism may become involved in consequence of a profuse suppuration gradually consuming the patient's strength, or in consequence of the escape of the pus into the abdominal cavity, or of the inflammation communicating to the vertebrae. For these reasons the prognosis is always

The treatment is not surgical, except in so far as it may be necessary to open the abscess. Homoeopathic physicians have a higher duty to perform. In the first place we have to try to scatter the inflammation before suppuration sets in ; even

422 Diseases of the Bones, Muscles, and Articulations.

cannot be accomplished in all cases, it is at all events the spread of the inflammation can be prevented by appropriate internal treatment. For this purpose we commence the treatment if a violent and continuous fever is present, with Belladonna especially if the fever is accompanied by copious perspiration. Motion aggravates the pain extremely. Rhus should be given if the fever consists of a burning, dry heat, with intense restlessness. If the trouble seems to have originated in a cold and the pains are at night, and when the patient is lying down. If these treatments do not effect an improvement, and the fever is mingled with chilly creepings, the pulse becomes very much accelerated, the skin is at times burning-hot and at other times drenched with perspiration, we should at once give Mercurius which is the

remedy that can arrest the suppurative process, if such at all be accomplished. If an abscess forms, we give Hepar sulph. in order to promote the suppuration ; for the main point is to evacuate the pus as rapidly as possible and by this means to relieve the sore as soon as the pus is discharged. Hartmann names a number of drugs, such as Bryonia, Nux vom., Pulsatilla, etc., without any practical testimony, and, in our opinion, without practical value. Staphysagria may be tried if it runs a slow course, without much fever. After the abscess and the patients are free from caries, we advise the continuation of Hepar sulph. by which means a rapid termination of the discharge of pus is most speedily effected. If the opening be small, we must be prepared for an exceedingly tardy recovery, if the pus is of good quality and the patient preserves his strength, Silicea and next to it Sulphur are most calculated for a cure, although we confess that we have never seen any direct effect from their employment. If the pus becomes watery, looking, acrid ; if the strength begins to fail and hectic set in, we still may succeed in arresting the bad turn by China, Ferrug., or by Calcarea carbonica. If the smell of the pus shows a general quality of the pus show that the continuance of a slow discharge is due to caries of the vertebrae, we can expect any change from any medicine and the patient must be prepared to die of slow consumption.

5. Lumbago.

This affection being commonly regarded as rheumatism of the dorsal muscles, it ought to have had its place assigned

Lumbago. 428

chapter on rheumatism; however, inasmuch as we have several reasons for questioning the rheumatic nature of this affection, we will describe its character and point out its treatment place.

The affection is supposed to originate more particularly after being attended with a severe exertion. That this explanation is probable, is evident from the circumstance that lumbago is considered as an isolated affection, not attended with catarrh and extraneous symptoms ; yet, if a cold were the real cause, this is a very strange localization, so much more as scarcely a fever is present with the attack.

The difficulty arises suddenly almost without an exception, rarely preceded by vague pains in the lumbar region. The patient, while stooping, or making an attempt to raise anything or to turn rapidly about, suddenly experiences a fearful, rack-like pain in the back, which makes it almost impossible for him to raise himself again, and which may even be so intense that he turns as from a blow. The pain continues, is fearfully increased in every movement of the trunk and even the extremities, even coughing and sneezing ; it is suspended for a short time if the patient is lying quiet, but then returns again and compels him to make a painful attempt to change his position. Sometimes it is utterly impossible, or else the person has to walk with a rigidly erect, or stooping forward, with an unsteady gait.

the least misstep causes a horrid pain. No constitutional affections are experienced unless they are occasioned by the pain. If the affection is left to itself, it lasts at least a few days but may continue for several weeks, after which the pain gradually, mostly with great tendency to relapses.

We do not see upon what ground Hartmann proposes so many remedies for a strictly local affection. In all cases they are alike and differ only in degrees of intensity. On the two or three remedies have always sufficed in our hands Tartar emetic[^] second or third trituration, a dose every four hours, helps more rapidly than any other remedy. In two hours the pains generally disappear, except a little stiffness is preferable if the lumbago originates in a sudden cold pain, so far from being mitigated by rest, is, on the contrary, aggravated. Arnica is indicated if the attack is caused by exertion. Beside these three remedies we have never been obliged to employ any other; it is only in order to be complete

424 Diseases of the Bones, Muscles, and Articulations,

the medicines mentioned by Hartmann : Bryonia[^] Nux vomica[^] Phosphorus[^] Ledum[^] Pulsatilla[^] Rhododendron[^] Colchicum[^] China.

Kneading and pounding the affected locality is of undoubted use, so is the application of humid warmth* This application is made by dipping a towel in cold water, wringing it well, and applying it four to six times and then applying it to the painful locality which a dry cloth folded together several times, has to be applied to the wet compress, and a hot flat-iron pressed upon the wet cloth that the heat penetrates through the whole and imparts to the patient an intense sensation of warmth. These applications only relieve but never remove the pain entirely. [We have cured numerous cases of lumbago by rubbing a moderately strong liniment made of the tincture of Aconite-root upon the back, and at the same time using the first or second decimal attenuation of Aconite-remedy. H.]

O. Progressive Muscular Paralysis

The origin of this very peculiar affection is involved in great obscurity. We are not acquainted with any really constant causes of this disorder, and such causes as have been assigned excessive exertions, hereditary descent, are at all events uncertain. What is certain is, that men are more particularly liable to this disease.

An essential characteristic of this disease consists in the atrophy of one or more muscles attended with fatty degeneration of the affected part. It first invades the muscles of the face, especially the right, less frequently those of the arm, and never those of the lower extremities; and even when invading the muscles of the hand, it almost always first invades a limited portion of them, after which it gradually spreads. Generally it sets in without pain, seldom with an intense pain, and almost imperceptibly, the affected muscles lose their functional power and at the same time become atrophied. Not till the atrophy is complete, does the patient

its acme; until then the muscles retain their sensibility, action continues and the sensitiveness to the electric current is preserved more or less.

The affection may remain confined for years to the start without making headway, but this is a rare circumstance. frequently happens that the muscular affection gradually

Progressive Muscular Paralysis. 425

from one muscle to the other, successive portions of the body come involved in the paralysis, and, after having suffered a long time, the patient finally perishes if the muscles of deglutition become paralyzed.

This disease can be distinguished from ordinary nervousness by the circumstance that in progressive muscular atrophy susceptibility to the electric current remains intact. With scarcely an exception, the prognosis is unfavorable if the disease rapidly progresses from the start.

As for the treatment of this disease, we are as yet unacquainted with reliable specific remedies. It is characteristic of this disease never to invade the muscular fibres of the heart, so that the degeneration of the heart and muscular atrophy seem to be distinct diseases. In the therapeutic range we can only employ Plumbum and Cuprum, both of which have been used with emaciation; but it is not certain whether the emaciation is in the consequence of the palsy. At all events Plumbum is more appropriate than Cuprum. Arsenicum may likewise give rise to expectations of success. Beside these three remedies we recommend Sulphur, Iodine, Causticum and Lactaria. Gymnastic exercise, a careful avoidance, however, of all active exertions and a limitation of the exercise to passive motions, and likewise to electricity by induction, or faradisation, are said to have occasionally yielded favorable results, and to have effected a partial recovery of the palsy and even an increase of muscular volume. [This is also described by English pathologists as wasting palsy. William Roberts, of Manchester, published the first systematic treatise on this subject, in 1858. In France, the disease is described by the name of 'atrophie musculaire progressive' or 'paralysie graduelle du mouvement par atrophie musculaire'. There are several other forms of progressive paralysis, one of which is described as progressive locomotor ataxia or the ataxic form of progressive paralysis of Duchenne. We transcribe the following description of the disease from Aitken's Science and Practice of Medicine. "Pains like rheumatism first attract attention, rather than weakness. Paralysis of the sixth or third pair of nerves gives rise to temporary diplopia, with unequal contraction of the muscles of the eye as early symptoms; and another distressing harbinger of the disease is incontinence of urine, associated with spermatorrhoea at night, with a great proclivity to sexual congress, which is impotent desire but results in effective sexual intercourse."

426 Diseases of the Bones, Muscles, and Articulations.

erect posture, the muscles may sustain a heavy weight ; paralysis does not supervene after these extremely anomalous until a period of months or even years. There is total and progressive loss of the power of co-ordination and of volition. An awkward, unsteady gait is the earliest sign of such progressive paralysis. '* "At first the feet are slatternly manner, the heels lounging on the ground before the toes ; and then, as the disease advances, they are thrown alternately to the right or left without purpose, and without restraint of their irregular movements. The act of turning

round is performed with great difficulty. The sensation is apt to become blunted during this period of the disorder the patient feels as if he were always walking on a soft surface and is therefore so much the more insecure. . . . The bladder is also frequently implicated . . . but electro-muscular irritability is retained throughout the whole disease (see Merico-Chimurgical Transactions, vol. 35*, page 194). The duration of progressive ataxia is from six months to ten or even twelve years. If the patient is put on his legs with his eyes shut, altogether, it is seen that, although he has the muscular strength to preserve his body from falling, he is unable to guide him in taking even a few steps forward with his eyes closed. He will reel and tumble about like a drunken man (Trousseau, Meryon). It is a disease of middle age and affects rather males than females; and is apt to be hereditary." H.]

7. Inflammation of Joints.

The articulations composed of a number of essentially different tissues, are variously exposed, both by their functions and situation, to inflammatory affections which differ greatly in nature, for the reason that several of these tissues meet together and in various combinations. Moreover, an articular inflammation, wherever it may be located, is always of special importance, on account of the organism falling such a ready victim to its consequences. Homoeopathy has given abundant evidence that it is possessed of means to modify the course of these inflammations and to impress upon them a favorable change. It has no special remedies for articular inflammations generally, but for each form thereof. We call attention to this point, because we dwell upon every special form of articular inflammation in order to enable the reader to select the proper remedy for himself in a

Inflammation of Joints. 427

Among these inflammations we single out the following as most important :

a. Coxalgia or Coxarthrosis, Inflammation of the Hip-joint

This inflammation, the chronic form of which is designated luxatio spontanea or "voluntary limping," cannot be traced to any definite cause. It affects principally children and young persons during the first years of pubescence. Its extreme frequency during the years fourteen to seventeen, and in periods of rapid growth, leads us to infer that a rapid growth of the

constitutes a disposition to this inflammation, and that a cold or other scarcely apparent circumstances simply a exciting causes. A connection between this disease and s titutional affection Cannot be traced with any positive

Acute coxarthrocace sets in suddenly even with a violent like all other acute inflammations, with which severe pa associated. The patient locates these pains at times in of the back, at other times more in front, very seldom i joint; they are extremely acute, tearing, burning, stitc ing, aggravated by every motion of the lower extremities altogether, and sometimes not at all, relieved by horizo At the same time a high fever accompanies the pains, the being not unfrequently upwards of 120; this circumstance tinguishes the disease from lumbago with which it is eas founded. Amid symptoms of this kind which may become sufficiently intense to simulate typhus, the following o phenomena become manifest in one, two or more weeks: The affected hip and the buttock of the same side swell, so between the nates is much deeper ; the thigh is somewhat outwards and slightly drawn up towards the abdomen ; the is half bent; extension and rotation of the thigh are ve nor can these movements be executed completely. Walking entirely impossible, but can only be performed with the pain. It is very seldom that an improvement begins at th as a rule an extensive suppuration sets in, amid frequen burning heat of the skin. After this, a short intermissi to take place in the further development of the disease, abscess reaches the skin and bursts. This may take place laterally or in front. After the pus is discharsjed, the much better, and then worse again, provided the suppurat becomes very profuse and continuous. Upon the whole, the

428 Diseases of the Bones, Muscles, and Articulations,

of a speedy closure of the cavity is very slim; most gen fistulous openings result. The articulation itself is va according as one or the other tissue is most involved. I mation was originally located in the bone, this is parti together with the acetabulum, and caries is the result; mation emanates from the fibrous tissues or from the syn membrane, the bones may remain intact. Thus the terminat of the disease are: Very rarely a complete and rapid res long-lasting suppuration with final recovery and a total destruction of the articulation ; long-lasting suppurati which may end in hectic fever and death. The prognosis i very uncertain.

Chronic or subacute coxarthrocace presents a very diflfe of symptoms. The disease commences with vague symptoms i the hip-joint resembling rheumatic pains and alternately ing, remitting, or even intermitting for some time. Thes may be absent and in their stead the patient mwy only co of a stiflT joint which is more especially felt during m pressure on the hip-joint generally causes more or less the thigh is usually rotated outwards to some extent as disease commences. With such trifling symptoms it may go for some time, before more serious changes become manife

pains increase in intensity and cause the patient to lie on his side, the limb is slightly flexed and turned inwards, being at the same time, rotated outwards. Almost without an exception a more violent pain is at the same time felt in the knee, surpassing the pain in the hip-joint in intensity. The affected limb becomes elongated, its muscles become relaxed and the glutei muscles of the affected side become depressed, the fold is much deeper, the trochanter is somewhat turned outwards. In the further course of the disease suppuration supervenes, pus escaping on the outside and destroying life by caries of the bone. A cure at this stage is a rare occurrence; or suppuration sets in and the head of the femur and the acetabulum become separated; or finally the head of the femur slips out of the acetabulum, in which case adhesions occur with a greater degree of immobility of the thigh, or with suppuration of the bone.

It may take several years before the disease exhausts the phases of this course. The prognosis is always doubtful, far as a final cure is concerned, generally very unfavorable. In younger individuals the more hope we may entertain of a cure.

Inflammation of Joints. 429

As a rule; the older the patient the greater the danger of his not succeeding the suppuration.

Although the number of homeopathic remedies for coxarthrosis is but small, yet the success with which they are used in this disease, is a source of pride to our practice. In view of the positive certainty of a correct diagnosis in most cases of this disease, the clinical results that have been obtained in the treatment of this disorder, may be regarded as absolutely reliable testimony. In the following paragraphs we give the treatment of the different varieties of coxarthrosis and their stages.

At the outset of acute coxitis with violent fever and a rapid pulse Belladonna or Rhus tox. may be required, but only if no pus has yet formed. For the distinctive symptoms of this disease the Materia Medica may be consulted. If the symptoms are very violent, Bryonia may deserve a preference. If suppuration has plainly set in, no remedy can compete with Mercurius which of itself is capable of moderating and ending the suppurative process. Only if the abscess threatens to burst we advise a resort to Hepar sulphuris. After the bursting of the abscess, the selection of a remedial agent will depend upon the constitutional symptoms. If the patient gains in strength and the symptoms point to a rapid healing of the sore, Caicareae will do excellent service in so far as it promotes the nutritive process. Acidum phosphoricum is likewise appropriate under such circumstances. If the suppuration is profuse, and a laudable pus is discharged, the continued use of Sulphur will bring about a diminution of the secretion or, if Sulphur should fail us, Silicea will do excellent service. If the pus becomes thin, smells badly and the patient loses strength, we have to select in accordance with the constitutional symptoms: Phosphorus, Acidum phosphoricum and nitricum. Calcaea and phosphorus. Arsenicum. Lycopodium.

We have a few remedies which, when given at the outset of

chronic coxitis, have often succeeded in decidedly arresting further progress of the disease. Rhus tox. if the pains felt during rest, affect the whole thigh, and the lameness great. Belladonna in the case of young, robust, plethoricals, if the pains are severe, limited to circumscribed spots, set in more particularly towards evening and after exercise if the disease is traceable to some mechanical injury, with and frequently shifting pain which causes a great deal of distress. Colocynthis for very severe and constant pains resting

430 Diseases of the Bones, Muscles, and Articulations.

ischias and increasing or decreasing independently of external circumstances.

Even in the second stage of the disease, Colocynthis is indicated, and is very much commended by physicians. If we are satisfied that suppuration has set in, Mercurius will of our choice, more especially in the case of scrofulous individuals. Calcarea carbonica and He-par sulphuris are likewise recommended at this stage.

If pus is formed and the abscess has burst, the same treatment has to be pursued as in a case of acute coxitis.

The following remedies are recommended in isolated cases may be investigated more particularly in the Materia Medica: Conium, Lycopodium, Pulsatilla, Petroleum, Digitalis purpurea.

The rest of the treatment may be condensed in the following points which it would lead us too far to account for by a long train of reasoning. The patients should not remain in a state of absolute rest, on the contrary, they had better move about with the aid of crutches. If pus forms, warm poultices may be applied not only to promote the formation of pus, but very often to favor its reabsorption. Only if serious destruction of the joint has taken place, the patients will have to remain quiet lest suppuration should result; in such circumstances a suitable external apparatus may be resorted to, which will have to be applied with a great deal of caution. The diet should be a plain and strengthening; the use of fat is to be rigidly avoided.

b. Gonarthrocace, Tumor Alnus Genu, Gonitis, Inflammatio

Knee-joint*

This is one of the most frequently occurring inflammatory joints; owing to the exposed situation of the knees, this is indeed to be expected. Its etiology is no less obscure than that of inflammation of any other joint; it is certain that a mechanical injury is the least frequent cause of this inflammation. Gonarthrocace seems to be the expression of a constitutional disease. As regards age, young people are indeed more disposed to this disease, which is likewise, however, met with after the fifth year of age, and occurs, it appears, more frequently in females than males.

A simple inflammation of the knee, to which the name of

Inflammation of Joints. 431

albus should never be applied, and which is generally the result of some mechanical injury or of excessive use, is an unimportant affection as long as the inflammation is confined to the joint. It is scarcely ever attended with fever, is never ushered in by a chill, and runs its course within a few weeks. However, as we can never be sure whether such an unimportant disease will not result in the more dangerous tumor albus, it ought to be treated with all due precaution.

Tumor albus never runs an acute course, at most subacute, and is usually very chronic. While using the joint, the patient experiences pain and impaired mobility; in more rapidly progressing cases the temperature of the joint is higher than usual. If the inflammation emanates from the soft parts, the pains are generally more severe than when the bones constitute the starting-point. Sometimes the knee swells rapidly, at other times more slowly, and most commonly the bones receive the first shock of the disease. In the former the knee preserves its form for a long time, whereas in the latter cases the swelling soon modifies any former shape of the joint. The swelling increases, which generally has a very white color, and it grows progressively softer, elastic, and finally shows a fluctuation. The cutaneous veins become very much enlarged. The pains generally increase with an increase of the swelling. Sometimes not till after the lapse of years, and, in a few cases, that of weeks, distinct fluctuation is perceived in one or more places; here the skin reddens, breaks, and a pus which is thin and mixed with flocks, is discharged. In spite of the emission of pus, the swelling remains almost unchanged.

The suppuration in a case of tumor albus is generally very slow. The openings may close for a short time, after which they open again, so that, in a fortunate case, suppuration may continue after many months, and the swelling may grow smaller, but the joint remains stiff and thick, and the leg somewhat bent. The course of this disease is witnessed only in the case of young persons; in the case of the aged it terminates less favorably, the suppuration gradually induces hectic fever, and finally ends in death.

The prognosis is always bad, for no one escapes from such an attack without some permanent injury; the difference in the case of young and robust individuals is that death needs not be long in their case, which is generally sure to occur in individuals upwards of thirty years of age.

Treatment. We cannot boast of possessing many similia for

482 Diseases of the Bones, Muscles, and Articulations.

gonarthrocace whose clinical value has at the same time been confirmed by an abundance of practical observations. Moreover, it is unfortunately a difficult matter to select a remedy for a given case in accordance with the symptomatic records of the Materia Medica.

The simple, rapidly terminating and benign inflammation of the knee, without any affection of the bone or any marked suppuration, readily yields to Arnica[^] if the trouble or mechanical injury. If the trouble proceeds rather from internal causes, Belladonna will generally be found sufficient, in much pain, and Bryonia[^] if both pain and swelling are considerable; Conium[^] Pulsatilla or LiffUS toxicodendron will be frequently. [We think Pulsatilla is not sufficiently applicable by Bsehr; we know of no remedy that has a more specific effect to the synovial lining of the cavity of the knee than Pulsatilla hence in gonitis, if the inflammatory process is primarily located in the synovial membrane, Pulsatilla is undoubtedly the leading remedy. In chronic gonitis of this character we depend chiefly upon Silicea, higher attenuations, with small doses of Pulsatilla. H.]

If tumor albus begins as a subacute disease, with severe slight febrile excitement, rapid increase of the swelling the main remedy as long as the inflammation is confined to the soft parts ; if the trouble is primarily located in the bone pain is excessive, although the swelling is only slight, Belladonna will have to be employed. In the case of young and robust individuals Belladonna is preferred by many physicians, even when the bones are affected primarily. If the swelling progresses to much pain, Conium is indicated. Beside these remedies things deserve attention at the outset: Ledum for severely nocturnal pains ; Mszereum for nocturnal, tearing pains; if the pain is very much increased in a recumbent posture Lycopodium. We shall seldom be able to arrest the swelling with these remedies ; as a rule, it will progress to the stage where we have to dread the advent of suppuration. At this stage a change may yet be effected by one of the following: Mercurius Iodine[^] Hepar sulphuris[^] Sulphur. Their specifications cannot well be stated a priori[^] because they generalize from the constitutional symptoms which the disease happens to have evolved ; all we can here say is that Mercurius and Iodine are more adapted to very hard and not very extensive swellings, and Hepar sulphuris to large and soft swellings,

Inflammation of * Joints. 483

of fluctuation. If pus forms notwithstanding, and it bursts, a remedy has to be selected, with reference to conditions, namely : whether the suppuration threatens to spread and induce consumption, or whether the patient's strength be up under it. In the former case Calcarea carbonica and P will have to be given ; in the latter, Silicea Graphite Arsenicum may likewise be of eminent use in the case of individuals.

External applications are not always appropriate in this case. Poultices are injurious if they increase the pains ; in fact they not only relieve the pain, but likewise exert a favorable effect upon the reabsorption of the pus in the diseased part. Uninterrupted recumbent posture is to be avoided as long as the patients remain capable of moving about ; only the diseased part must not be used for a walk. A moderate and constant pressure

by a starched bandage is only borne if the bones are not diseased ; it has the double advantage of antagonizing it and protecting the limb during motion. It has the best effect when the abscess has already broke, for, in such a case, the decidedly promotes the course of the suppurative process. Immobilization is only advisable if the joint is utterly disorganized. When the constitution begins to show signs of failing under the constant pain and loss of fluids.

c. Inflammation of the Tarsus.

The inflammation is either seated in the bones or where they articulate with those of the metatarsus ; or else in the ligaments of the tarsus and tibia, or in both localities at the same time. Here, too, mechanical injuries are rarely the cause of inflammation. An inflammation of the metatarsus is particularly common among children and during the age of pubescence; an inflammation of the tibio-tarsal articulation occurs more frequently in adults.

The symptoms are most commonly the following : At first the pain is felt in walking, particularly during certain positions. In a state of rest the pain subsides almost entirely. When the joint begins to swell, the swelling increasing more and more gradually extending over the whole foot ; at the same time the pains increase, become continuous, and walking is entirely impossible. At last the pus finds an outlet in one or more places. In favorable cases the suppuration now decreases, the strength

28

434 Diseases of the Bones, Muscles, and Articulations.

keeps up, the fistulous openings close, although sometimes many years have elapsed. Or else, the swelling continues to increase after the bursting of the abscess, the foot becomes compressed, and hectic fever is the unavoidable consequence.

The course of the disease always exceeds one and even many years, until the pus escapes outwardly. At all times there is danger even in the case of children; adults succumb almost without scarce an exception.

A peculiar form of tarsal inflammation is a flat foot. Sometimes it affects already small children, although it is only seen generally among males if they suddenly grow up in height. After the foot is perseveringly used, violent pains are experienced in the joint, which becomes stiff after walking, when to stand upon the affected limb. On the inside a little swelling is perceived under the malleolus. Little by little the foot

arched shape, the os naviculare is turned downwards, away from the heel, and the patients generally walk on the inner edge of the foot. The malformation of the foot may become very considerable and may materially interfere with its use. Sometimes the inflammation does not cease spontaneously until after the patient is old. This form of inflammation which, under similar circumstances, may likewise occur at the knee, never results in suppuration.

The treatment involves difficulties for the reason that when entrusted with it at too late a period, and likewise because we never expect to accomplish a rapid success. At the outset of inflammation we may still hope to accomplish something better of Staphysagria, Ledurrij Sabina, Ruta, Mezereum; but in a few cases that we succeed in preventing suppuration. If we are the starting-point of the inflammation, Belladonna and Curius are preferable to the previously-named remedies. Suppuration generally sets in slowly and amid signs of an improvement which, however, should not deceive us. Suitable remedies are : CcUcareia carbonica and especially He-par besides which we have Graphites if the metatarsus is involved. If the abscess bursts on the outside, the same remedies have to be employed that have been recommended for tumor under similar circumstances, to which Aurum may still be added. Poultices are out of place in an affection of such slow

Arteries. 435

An abscess should never be lanced; a tight bandage scarcely agrees with the patient's feeling of comfort.

For flat foot Staphysagria and Graphites seem to us to be the best remedies ; their effect is, however, questionable, that in all the cases that we have had to treat, we have resorted to a firm bandage, most generally a starched bandage in order to afford the joint the necessary support ; indeed we often cured this disorder radically by means of such a bandage. Shoes firmly laced beyond the ankles, and with only moderate high heels, are indispensable.

Articular inflammations of the upper extremities are less dangerous, because they are less dangerous to the organism. It is borne for years without any great inroad upon the general health. The remedies to be employed are mostly the same as those mentioned for inflammations of the lower extremities ; others can be found in the Materia Medica, which is so much more efficacious as the disease does not require any immediate interference.

B. DISEASES OF THE ARTERIES, VEINS,
LYMPHATICS,
LYMPHATIC GLANDS.

1. Diseases of the Arteries.

The various diseases of the arteries are, indeed, of a pathological value, but of very little importance in a point of view, for the simple reason that they cannot be medicinally.

Arterial inflammation, mostly only a symptom of other disease is scarcely recognizable with positive certainty, even in larger arterial trunks. Of course, an inflammation of the arteries is highly interesting, because the closure of a trunk near the heart may give rise to cardiac hypertrophy.

486 Diseases of the Arteries, Veins, Lymphatics, etc.

Aneurisms are not exactly pathological diseases, but consequences of other influences. We do not see how medicines accomplish anything in such cases, either in the uniform expansion of arteriectasia or in the aneurism resulting from partial closure of the vessel. It is only the disturbances which such lesions cause in the heart, that suggest the propriety of medical interference, and we regard it as downright absurdity to recommend medicines for the cure of aneurisms, as has indeed [There is no reason why Aconite and Digitalis should not be used for aneurism. We know of a case of aneurism of the subclavian artery that was to be operated on by a celebrated Professor of the Philadelphia Colleges. Previous to the operation was placed on the alternate use of tolerably large doses of Digitalis for a week. When the patient presented himself for the operation, the aneurism had so far disappeared that the Professor was unable to trace it and concluded to wait; what of the case afterwards, I am unable to say. H.]

8. Diseases of the Veins.

a. Phlebitis. Inflammation of Veins.

Phlebitis, the correct diagnosis of which is a recent task so far as its consequences are concerned, one of the most important of all known morbid processes. The veins of the lower extremities and of the cavity of the skull are particularly liable to inflammation, besides all the veins whose sides do not collapse, all other veins, those of the gravid uterus.

The causes of phlebitis are: Direct injuries of the vessel arising from impediments to the circulation occasioned by constriction of the vessel; introduction of foreign substances into the vessel; decomposition of the blood. This last-named explanation is applicable to phlebitis which sets in in an epidemic form in cities; or else the disease may arise secondarily from inflammatory affections of neighboring parts, or of remote parts, but in the tract of the vein; or from puerperal conditions, pyaemic affections of bones, especially caries of the bones and ossicles.

The symptoms of phlebitis vary according to its extent and intensity. The most intense forms of phlebitis originate in the trunk to which we therefore refer; in this category belongs epidemic phlebitis, where the local process is rapidly extended through the whole organism. The less intense cases very

Veins. 437

set in with a chill recurring either irregularly with more frequency or otherwise, or else setting in typically, limited paroxysm. The diseased vein is often indicated by a seated, circumscribed, burning pain, but is quite often painless. The chill is succeeded by a feeling of illness severe that it is entirely out of all proportion to the cause. The pulse is accelerated and very much reduced in force. The digestion is interfered with, a tendency to perspire profuse. The tract of the vein becomes cedematous. If the circulation in the vein is restored, all these symptoms may disappear as rapidly as they came. If pus forms in the vein, the inflammation gradually ascends towards the heart, and the picture of pysemia becomes more marked. If the vein remains closed, oedema develops itself beyond the closure and, if a collateral circulation is established, may last only a short while, or else remain permanent. In such a case lassitude, chills at irregular intervals, and a fever of heat sometimes continue for weeks.

The terminations of phlebitis depend upon the changes going on in the inflammatory exudation. If no purulent decomposition takes place, life is not exactly in danger; if pus forms, it is carried along with the current of blood, and a most malignant phlebitis may suddenly arise notwithstanding the trifling characteristic symptoms at the outset of the inflammation. It is in this that lying-in women and persons that had been operated upon often perish quite suddenly although not a single symptom at first that could have given rise to the least apprehension of danger.

The prognosis is uncertain. If the chills recur but seldom with increasing weakness, the danger is less; whereas frequent chills, prostration and sopor, the supervention of icterus and petechiæ, are decidedly ominous signs.

Treatment. Phlebitis is one of those diseases that can never be treated in accordance with the rules of a systematic similarity, and where, if we do not mean to commit mistakes, we have to keep constantly and clearly in view the internal process not manifested to the senses by a single symptom. Thus a purely symptomatic similarity can only have a secondary value, and the drugs whose special action upon the veins has become acquainted with from cases of poisoning, necessarily rank in the treatment of this disease. Their number is not great, and a portion of those we shall name, is still

438 Diseases of the Arteries, Veins, Lymphatics, etc.

correctly known, and, what is worse, the clinical application of these drugs are still exceedingly unsatisfactory and insufficient. Among these remedies we distinguish: the serpent-poison - the poison of the honey-bee. Curare, Secale cornutum, Phosphorus and Arsenicum, Of all these. Phosphorus is undoubtedly the most important remedy, corresponding with the most diver

forms of phlebitis, from the most trifling form to that by icterus and petechise. Apis is particularly indicated of the cavity of the skull are inflamed; it is less homc phlebitis of the lower extremities. Ldchesis and Secale, Arsenicum^ are particularly indicated by the heart-sympt anxiety, dyspnoea, etc. Mercurius is especially appropri phlebitis remains more localized and is attended with ex inflammation and suppuration. We do not dwell upon these medies more in detail, because they will have to be refe again under pyaemia. In lighter cases the following reme been found practically useful : Bryonia, Staphysagria, R dendron; Bryonia if the inflammation was not very painfu attended with marked constitutional disturbances ; Rhv^ local symptoms radiating from the inflammatory centre li sipelas; Staphysagria, for phlebitis of the lower extrem donna and Hamamelis virg. are eminently useful in phlebi have cured a very severe and threatening case of inflammm the femoral vein, where the inflammation spread rapidly the hip, by means of tolerably large and frequently repe of Belladonna, without the aid of any other remedy. H.]

The subsequently remaining and very prominent oedema of parts which lose their normal circulation in consequence obstruction of the vein, cannot be removed by treatment. not disappear until the collateral circulation is restor sometimes takes years to accomplish; the uniform pressur bandage, if it can be applied, may, if it does not effec at least a good deal of relief.

b. Phlebectasia. Varices; Dilatation of Veins.

In most cases the causes of these very frequent dilatati be determined with perfect certainty ; in other cases, h are involved in obscurity. These are the cases where the cannot well be traced to some mechanical obstruction in culation of the blood. At all events, these cases are th quent. But even in cases where mechanical causes undoubt

Veins. 439

co-operate, they cannot be regarded as the sole cause of since individuals who are exposed to the sanie^deleterio remain free from any such trouble. Hence, the existenc iar predisposition in the walls of the veins, or else th supervention of a morbid change in those walls, will hav taken for granted. The most frequent causes are : Oblite the vein owing to which the portion beyond the obliterated dilates in its whole extent; dilatation or contraction o trunk, which has the same effect as obliterations, only degree ; every pathological change that interferes with blood to the heart, such as dilatation of the right vent tions of the liver, emphysema, tumors compressing the ve clothing. In all such cases, phlebectasia is of a second ter ; it may likewise occur as a primary disease in a ma we have not yet been able to account for, in the case of have to be continually in a position that interferes wit of the blood, persons for instance who have to be contin sitting or standing posture. In a sitting posture, the d

the vessels can often be accounted for by the pressure on the abdominal viscera in the stooping posture; in the standing posture, on the contrary, the dilatation is entirely owing to the circumstance that the vertical position of the body embarrasses the course of the blood onwards through the veins. In very many cases another influence exists of whose mode of action we have no definite idea, namely bad nutrition and living in damp, unhealthy dwellings. That these circumstances are of importance is shown by the frequent occurrence of varices on the lower extremities among the lower strata of the population, more particularly among weavers and washerwomen.

Every vein in the body may become dilated; dilatations occur most frequently in the veins of the rectum, lower extremities, and spermatic cord. We will briefly dwell here upon varices on the lower extremities. They occur more frequently among women, in whom the cause of the dilatation is traceable to the impaction of the uterus, whereas primary dilatations are decidedly of more frequent occurrence among men. What we have said just now concerns the originating causes of dilatation in particular. As to the form. At first one of the larger cutaneous veins of the leg is commonly affected, whence it does not usually extend to the foot, but involves very regularly the larger as well as the smaller veins of the foot, especially the veins situated around

440 Diseases of the Arteries, Veins, Lymphatics, etc.

where they give rise to a considerable swelling covered by a bluish net of both delicate and coarser vessels. In most cases the varicose veins are painless. In other cases the leg pains increase in time, after which the pain again disappears. Very often the pain is felt while a portion of the skin assumes a bluish red color and becomes quite hard; the pain increases continually, the skin suddenly breaks at the place of infiltration, without being caused by mechanical injury as most of these patients are provided with thin, somewhat undermined edges. Without proper management and hygienic precautions the pains increase in time; the ulcer spreads, its edges gradually swell, the skin becomes hypertrophied, the ulcer secretes a watery, sometimes exceedingly fetid fluid, and its base has a sickly odor. If the same mode of living is continued, during which walking is only a little, but standing hurts a great deal, the ulcer spreads over the whole surface of the leg from the ankle to the hip, and may even penetrate to the periosteum. Ulcers below the knee, and on the anterior portion of the foot are of rare occurrence. The fetor of the ulcer increases in proportion as the ulcer spreads over a larger surface. In one of our cases, during the summer months a crowd of worms of half to three quarters of an inch in length were seen in the ulcer whenever the dressing was removed. Patients who go about with such ulcers for years, and in whom a constant drain of their vital fluids does not result in death, are a proof of the fact that during the existence of the ulcer, it seems to heal spontaneously. If a fever or some other constitutional disease occurs during the existence of the ulcer, it seems to heal spontaneously, but the case is very commonly, but improperly, considered as the consequence of the healing.

If the patients are so situated as to be able to remain

a recumbent posture, the little sores heal very speedily open again very easily if the person has to stand a great while that the existence of such ulcers at any previous period constant liability to their returning again at a subsequent

In the higher walks of life, where every measure is taken the start to prevent the formation of ulcers, a peculiar affection is witnessed in their stead. The skin assumes a yellow and bluish color, and scattered and violently itching eruptions very frequently, or else the skin peels off in scales, the face moist. This form of the varicose affection is by far the most malignant and distressing.

Veins. 441

"With an entire change in the mode of living the varicose ulcers may heal of themselves, but this is undoubtedly a very rare occurrence.

Treatment. Painless varices, without ulceration, cannot be regarded as an object of treatment, nor do we believe that the body can imagine the feasibility of removing them by medicinal medicines. If pains are felt, and the subcutaneous cellular tissue becomes infiltrated, it would seem as though medicinal medicines would be useful; at any rate we have seen a rapid improvement take place after the use of Staphysagria, Lycopodium and Graphites. These are the only remedies which we can recommend as long as the ulcers are painful. Of other remedies, of which we have had many opportunities of trying a large number, such as Sulphur, Silicea, Mercurius, Aurum, Rhus tox., etc., we have never seen the least effect. Hydrocyanic acid is frequently used by physicians. H.] If the ulcer has become atonic, even the best-named remedies are no longer of any use, and a mechanical treatment is the only treatment that can prove of any use. These three remedies are likewise the only ones that we can recommend for the peculiar cutaneous affection, but we must confess that too will often leave us in the lurch. Our main resource in these varicose disorders are external or mechanical means, the dilatation of the veins being chiefly a passively mechanical process. It is evident that moderate compression by means of a garter will moderate and finally remove the varicose dilatation altogether. If individuals with marked varicose dilatation constantly wear a bandage, they will never be troubled with nor with any other cutaneous affection. Existing ulcers heal rapidly under a carefully-applied bandage, so much more so if we first cover them with strips of adhesive plaster and a layer of cotton wadding over these, so as to protect them from contact with atmospheric air. By pursuing this course we have never known an ulcer of any size or of upwards of twenty years' standing to remain uncured; but we have never shunned the trouble of applying the bandage ourselves. The longest time it has taken to heal these ulcers, is six months. In this case the ulcer was a quarter of a square foot in size, the subjacent periodicals considerably infiltrated, the skin was hypertrophied from the knee as in a case of exquisite elephantiasis, and the appearance of an enormous wart. All these deep-seated ailments yielded to the exclusive use of the bandage. If the excessive

442 Diseases of the Arteries, Veins, Lymphatics, etc.

sensitiveness does not admit of the immediate application of a bandage, the patient must be kept for a short time in a position with his leg raised ; in such a case warm cataplasms afford a good deal of relief.

8. Diseases of the Lymphatic System and Glands.

a. Lymphangitis and Lymphadenitis Acuta.

Acute inflammations of lymphatic vessels occur so seldom that lymphangitis especially occurs so seldom without inflammation of the lymphatic glands, that we will treat of both together.

These inflammations exist very seldom as primary disease if they seem to be of this character, yet a careful examination shows even in such cases that the inflammation is a secondary occurrence. Secondly the affection most commonly supervenes during the course of pathological processes that depend upon special infection, such as syphilis and variola, or during diseases depending upon or occasioning septic processes such as puerperal fever and typhus. Any, even ever so trifling sore on the skin may inflame the adjoined lymphatic vessel and glands ; sometimes this may not take place until the purpuration has healed, so that the inflammation in such cases seem to have originated as a primary disease. We may frequently observe that some constitutions show a striking predisposition to inflammations of lymphatic vessels, whereas others are never attacked by them.

Lymphangitis, so far as it is an object of observation in an inflamed vessel is situated near the periphery, sets in sometimes after an injury of the primarily inflamed part like a fine, sharply circumscribed, rose-colored cord which is sensitive to contact, and interferes with the free motion of the limb. This lasts very seldom longer than two days. Sometimes a few hours after the appearance of the red cord, at times a few hours have elapsed after its disappearance, one or more lymphatic glands in relation with the inflamed vessel begin to become painful, and very speedily shows an inflammatory action. It is more particularly the inguinal, axillary and post-cervical glands that are liable to becoming thus inflamed. Sometimes a kind of pain is felt at the commencement, which may not be until the swelling of the gland has reached a very high

Lymphatic Vessels and Glands. 448

suppuration has begun to make its appearance. According to the circumstances we feel very much disposed to regard the inflammation as primary. After the gland has reached the height of its action, that is to that of a hen's egg, the pain may disappear again, the gland having softened, and the swelling may gradually subside down again and the gland return to its former size or a portion of the gland may resume its normal condition.

balance remain indurated. Most commonly, however, the inflammation terminates in suppuration, the pus escaping outwards leaving the skin round the opening undermined, a process which generally takes place very slowly.

We have occasionally noticed a very peculiar form of lymphoitis, more particularly in the case of women, and about it. With this inflammation a violent fever breaks out very suddenly accompanied by tearing pains in the scalp and nape of the neck. The abatement of these pains is attended with the simultaneous appearance of several nodes and hard cords about the head, which however remain seldom longer than forty-eight hours. After a short interval of ease another attack takes place, and it goes on in this manner for several weeks. We have never been able to trace such an occurrence to any definite cause.

The treatment has to be in conformity with the exciting cause. Of syphilitic inflammations of the lymphatic glands we speak in the further course of this work. If the inflammation is due to the introduction of poisonous substances into a wound, the remedies are Ammonium carbonicum, Acidum nitricum and Mercurius, and likewise Apis; the last-mentioned agent more especially in cases running a rapid course. If an important constitutional derangement supervenes during the local affection, Arsenicum, Rhus toxicaria, etc. are likewise indicated. In such cases remnants of the inflammation usually remain, that have to be treated precisely as in other cases of chronic lymphangioitis, of which we shall speak hereafter.

If the inflammation of the lymphatic vessel is not caused by a specific virus, the first requisite of the treatment, if the inflammation is still present, is to direct our chief attention to the condition of the gland as the starting point of the whole in order, by this means, to deprive the pathological process of its nutriment. If the inflamed vessels of the lymphatic system are very painful, and no suppuration has yet taken place, a few doses of Belladonna are frequently of much use; this

444 Diseases of the Arteries, Veins, Lymphatics, etc.

is especially in the case of children, will sometimes effect a retrogression of the inflammatory process. If the gland is much swollen, Mercurius is the only remedy capable of stopping suppuration. In many cases, where fluctuation is almost perceptible, and a raised and very red spot shows where the pus will escape, Mercurius still effects a cure. We hold that it is best to give Mercurius at the onset, especially in the case of individuals in whom every little is disposed to suppurate. If the suppuration progresses unceasingly in spite of all treatment, Hepar sulphuris undoubtedly hastens the purative process, but is only suitable until the abscess is discharged. Considering the circumstance that Mercurius so often acts favorably even in cases where pus has already formed, we may sometimes be disposed to doubt the propriety of giving Hepar. We may be guided by the rule that, if the cell tissue round the gland is very much inflamed, and suppuration cannot be prevented, Hepar should be given at as early a period as possible; if the gland alone is inflamed, the use of Hepar

postponed as late as possible. The subsequent suppuration not be assisted by treatment as long as the pus has a healthy appearance and shows a normal consistence. If the pus becomes assuming the consistence of serum. Sulphur at protracted is appropriate to this condition. On the other hand, if suppuration proceeds sparingly, and the bottom of the ulcer with whitish flocks of cellular tissue, which, when touched the sound, show the consistence of lard, we advise decided employment of Iodine. As regards the other consequences of an inflammation, they coincide entirely with chronic lymphangitis.

.In the above-mentioned form of lymphangitis of the head neither Bryonia[^] nor Belladonna[^] Bhus tox. or Mercurius of the least use to us ; Apis showed a marked effect, so more paroxysms took place.

As regards external applications, we do not deem them necessary although they need not be rejected, for they very often relieve the pain and enable the patient to enjoy longer intervals. But we only recommend warm poultices which not only favor absorption on the one hand, but promote suppuration on the other. We are not in favor of any premature lancing of the abscess. An abscess should only be lanced, if, owing to the depth at which the gland is situated, the spontaneous escape of the pus meets

Lymphatic Vessels and Glands. 445

difficulties, or if the pus can be distinctly seen shining through the integuments. *

b. Lymphadenitis Chronica[^] Chronic Inflammation of Lymphatic Glands.

This affection either develops itself out of the acute form, or else it is a primary disease depending upon constitutional ties, such as characterize scrofulosis ; or else, in infancy it takes the place of an acute inflammation. Chronic lymphadenitis sometimes occurs as a phenomenon of marasmus with typhoid characteristics. Childhood and the period immediately after puberty furnish most cases of this disease.

If chronic lymphadenitis develops itself out of the acute form, the swollen gland either remains unopened, or else, if it has found an outlet on the surface, the opening closes again after a certain period, and the gland which had been reduced in size by complete suppuration, remains as a firm and hard swelling. It gradually becomes quite painless but may continue to grow during subsequent turns of inflammation and finally suppurate. where chronic lymphadenitis sets in as a primary disease attacks only one gland, but soon invades a number. The swelling is generally without pain and takes place very gradually. In commonly such swellings reach a much larger size than in acute lymphadenitis. The swollen gland may remain unchanged for years, after which it may gradually disappear spontaneously. Swellings that had originated in childhood, commonly disappear immediately after puberty ; or else further degenerate

gland may take place. It is a common occurrence for a to glandular swelling that had remained painless for a long suddenly become painful, and to inflame and break. Such always discharges a thin, badly-looking pus, the swelling very slowly in size, the bottom of the abscess is filled with, elastic, lardaceous substance. Very commonly several exist at the same time. The suppurative process is always slow, and, if the patient is unfavorably situated in life an hectic state of the system ; or else the sore may heal badly-colored, radiating, retracted cicatrix, under which of the indurated gland are very commonly still felt. It happens that after one gland is healed, another adjoining swells and passes through the same process ; this may be

446 Diseases of the Arteries, Veins, Lymphatics, etc.

of the glands for years. An affection of this kind is at period very generally followed by tuberculosis. ,

There is another form of lymphadenitis where the glands likewise swollen and where a row of such swellings extend the tract of a lymphatic vessel, but the glands are softening, generally painful even if not red. There is not always escape of pus, in consequence of which the swelling rapidly charges and heals to return again in some other locality sometimes takes place in spite of the evidently considerable accumulation of fluid. "We have noticed a phenomenon of kind in the case of a child one year old which was affected with an intense anemia and — we state this incidentally — a peculiarity that blowing murmurs were heard over the whole of the skull-cap; in this case the whole body was covered with these swellings ; they fluctuated, became inflamed, disappeared then showed themselves again in other places. The child died of hydrocephalus at an age of eighteen months. Another form was observed in the case of a man fifty years old. In this case the swellings appeared in company with the symptoms of general marasmus, every swelling broke, but was perfectly healed and the patient's strength was rapidly consumed by the swelling process. The most ordinary localities for chronic lymphadenitis are the neck and the upper extremities including the axilla; less frequently the lower extremities, without mention of suppurating glandular swellings in the abdominal cavity.

The manner in which the swelling originates, is of considerable importance in a therapeutic point of view, exclusive even of glandular swellings to which no reference is made here. In the case of a swelling remains as a result of acute lymphadenitis, Sulphur is the sovereign remedy to disperse the swelling. This agent will leave us in the lurch, and compel us to look for other remedies such as Aurum, Iodine, Urtica, Calcarea carbonica.

For a primary glandular swelling Baryta is one of the most efficient remedies ; in many cases this agent alone has to avoid the suppurative process and to effect a complete cure especially of glandular swellings on the neck. Conium has shown any marked effect. If suppuration has set in, Iodine, Calcarea carbonica render the most reliable aid. Beside these remedies we mention Graphites, Sulphur, Phosphorus, Sili-

bichramicum and likewise Aurum^ not the metallic Gold bu

Ischias. 447

Muriate. We should never lose sight of the fact that a r appearance of the swelling is among the impossibilities.

If the swellings constitute the expression of an intense constitutional aflGection, Ccdcareia deserves a preferenc children and Arsenicum among adults. In such cases a cur thing of very doubtful possibility.

In other respects the treatment is very plain. K the pat mode of living is improper and the constitution is likew the first thing to be done towards a cure is to regulate and to prescribe an abundance of out-door exercise. This effectual than medicine. We are acquainted with a family the children, three in number, were all of them suflferi extensive lymphadenitis in consequence of occupying an u dwelling in town and being restricted to an improper die youngest child succumbed .to hectic fever and marasmus, two children who were sent into the country, have regain health and have grown stout and fresh, although both, at when they moved out of town, were afflicted with at leas glandular abscesses.

We ought not to omit mention of the Iodine springs of Ha which are an admirable remedy for these glandular absces Unfortunately most of our patients are too poor to visit springs, and the bottled water is not by any means what be and leaves a good deal to be desired.

0. DISEASES OF THE NERVES.

The nervous system as immediately connected with the bra spinal cord, having been considered in a previous chapte its general morbid alterations were treated of, it remai to devote a few paragraphs to two other abnormal conditi nervous system. We did not deem it expedient, from many to treat of all the difierent neuralgias generally in on

1. IscUas.

Neuralgia of the ischiadic nerve constitutes one of the quent, and at the same time one of the most distressing

448 Diseases of the Nerves.

neuralgia. Its causes are generally involved in uncertai excessive exertions, abdominal afiections, stagnation of hemorrhages, etc., are mentioned as such causes, but it to trace a distinct connection between these two orders as cause and afiect. It is of course true that ischias a and robust individuals much less frequently than persons

frame.

At times the affection commences very suddenly, at other the pain arises gradually from sensations that resemble attack of rheumatism. The pain is generally located betw ischium and knee, so that the course of the nerve can be very exactly by the pain. It is very seldom that the pai upwards, more generally downwards below the knee as far foot, on the internal or external surface of the leg. We two kinds of pain ; either the pain is constant, somewha but never entirely intermittent, and usually following v the tract of the nerve without the patient being able to quality of the pain; or else peculiar tearing-darting pa supervene, resembling electric shocks, setting in paroxy being excited by motion or by making a wrong step, sneez coughing. At the same time one or more places in the cou the nerve are generally sensitive to pressure. Although does not seem to exacerbate at definite periods, yet all complain that it is worse in bed, and that this exacerba sometimes so great that they dare not go to bed. Inasmuc pains are very much increased by an extension of the leg ure or by the nerve being put on the stretch, the patien keep the limb slightly flexed, using it as little as pos walk or for the performance of any other motion. This is the cause why the diseased limb, after the ischias has l some time, grows thin, although the emaciation may likew caused by a gradually-developing paralysis. The diagnosi sometimes extremely difiicult, it is important to know t always attacks only one limb.

In ischias antica the pain follows the tract of the crur this form of ischiadic neuralgia is very scarce, nor is as acute as in ischias postica.

This disorder runs a chronic course. The attack is suppo at first set in with a fever, but these are exceptional spontaneous cure only takes place with a gradual abateme pains, but not till mouths have elapsed. The general hea

Ischias. 449

mncli disturbed by the constancy of the severe pains and sleeplessness; the appetite becomes inoipaired and the b torpid.

The treatment of this affection constitutes one of the s features of Homceopathy, not so much because we cure eve of this kind as because our opponents admit that they ha means of doing anything for this disease and have to let sufier for months; whereas we homoeopaths never fail of the course of a week or two at latest. Yet even we ought boast of being absolutely certain of success, for the re this aflfection has but few symptoms, and only a few of entirely local; hence the selection of a remedy is always with difficulties, and a successful result is often defe account. However, in order not to wrong Homoeopathy, if is effected, or is effected very slowly, we call attenti that ischias sometimes depends upon causes that cannot b

such as exostoses in the pelvic cavity.

The four leading remedies for ischias, the effect of which is verified in many instances, are: *Colocynthis*, *Rhus tox.*, and *Lycopodium*. *Colocynthis* is more particularly adapted to recent cases, the pain sets in suddenly in all its fiercest constant pain, becoming intolerable only in paroxysms excited once by cold and motion ; at the same time a feeling of numbness is experienced in the whole extremity. — *Rhus tox.* is well adapted to quite recent cases, but comes into play in the course of the disease, if the following symptoms are present: a drawing or burning-tearing pain, increasing during rest, and only for a short time by motion ; heaviness, lameness and an actual paralysis of the affected limb ; frequent paroxysms in the calves. — *Lycopodium* in more chronic cases, the pain is chiefly a burning or fine stinging pain, with complete numbness of the extremity, disposition to painful muscular twinges especially if the bowels have become very much constipated as a consequence of the distressing affection. — *Arsenicum* indications are marked by complete intermissions, break out with typical regularity, exacerbate every night even to an unbearable intensity ; they are a burning-tearing distress, seem to be close to the bone, are increased by vigorous, and alleviated by slow movements, excited at once by cold, and momentarily mode-

modified. At the same time the patient feels sick, the

29

450 Diseases of the Nerves,

are characterized by an extreme restlessness and an inability to remain long in the same position.

These four remedies do not, however, constitute the whole curative means for ischias; they only correspond with the most frequently-occurring forms. Other important remedies are *Tammilla* in recent cases, for a drawing-tearing pain which is intolerable at night and is especially aggravated by the patient lying in the bed. *Arnica* for a burning-tearing, or stinging-tearing pain with a numb and bruised feeling in the affected limb, with a sensitiveness to any kind of touch ; for the ischias of females. — *Pulsatilla* for a drawing pain which is worse at night and compels the patient to move the diseased limb continually. — *Carbo vegetabilis* is much improved by movement, and is sometimes increased by cold ; the cause of the attack is menstrual oppression. — *Carbo vegetabilis* in protracted cases; the pain is like those indicated for *Arsenicum*. — *Causticum* for the paralysis caused by ischias. — *Fenugreek*; the pain is increased by motion, but improved by the continuance of rest. — *Carbo vegetabilis* is more particularly suitable for worn-out individuals with irritable nervous systems.

We might mention a number of other remedies, but those we have named will suffice. In special cases a suitable remedy should be consulted.

We do not advise the employment of external applications generally weaken the patient still more. . The vaunted a of strips of fly-blister is very seldom of any use; if i probably because its action is in homoeopathic rapjKjrt symptoms. We may not often be obliged to send a patient with this neuralgia to the springs; if this should be ne would recommend Teplitz and Sulphur springs.

8. I VenralsIa InAercostalUk

Intercostal Neuralgia.

This species of neuralgia is still more frequent than is attacks principally females, and occurs very seldom befo of pubescence, and subsequently to the critical age. The c6nstitution does not seem to influence this affection; traced to definite causes. This affection succeeds very an attack of herpes zoster; it much less frequently prec exanthem. The intercostal nerves of the left side, and m

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Neuralgia Intercostalis. 451

ticularly the nerves between the sixth and eighth interc are most frequently attacked.

As in ischias, so in intercostal neuralgia, the pain is felt all at once in all its intensity, but most commonly itself progressively ; it is generally located in one in is at times tearing, at other times lancing or jerking, mingled with a burning sensation ; every more violent mo of the thorax excites or aggravates the pain. A characte peculiarity in this affection is that three spots are un sensitive to contact; namely one spot close to the verte in the middle of the intercostal space, one half way bet sternum and vertebral column, and a third spot towards t close to the sternum or mesian line of the abdomen. Thes are very seldom missing; they are well known to the pati the extreme sensitiveness of these points, which is very creased by the least attempt at percussion, easily sugge presence of inflammation. This suspicion is set at rest circumstance that hard pressure is generally borne witho The affection is unaccompanied by fever, its course is m and may last for years. The more gradually the pain aris more obstinate it is as a rule. The paroxysms of syncope tion of the heart, dyspnoea and the like, which are ofte by the intensity of the pain, are very apt to mislead on diagnosis.

In treating this affection we shall find it difficult to remedy, if we depend upon the symptoms in tbp Materia Me In selecting a remedy, we may lay great stress upon the stance that the pain is semi-lateral and likewise that t pain, the time of its appearance and other features, are istic indications. The favorable results which have so f

obtained by the use of *Ptdsatilla*, *Rhus toxicodendron* and *Mezereum* speak very much in favor of these drugs. [*juga racemosa* is likewise excellent. H.] *Mezereum* is und the chief remedy, and is especially indicated if the neu in after zoster. The general indications, as stated abov verified by corresponding symptoms in the *Materia Medica* following remedies are indicated a priori although they very little used in practice: *Ranunculus sceleratus*, *Rho Ledum* and *Spigelia*, Many circumstances speak in favor of latter, more especially the efficacy of *Spigelia* in neur trigeminus. We will here repeat the advice which we have

452 Diseases of the Skin.

edly given on former occasions, namely not to give too l which are apt to superinduce homcBopathic aggravations ; repeat the dose too frequently, for the reason that a fa is never obtained very suddenly.

D. DISEASES OF THE SKIN.

Ik treating of diseases of the eyes, we have pointed out inconveniences which render even an approxiraatively sat arrangement of the therapeutics of ophthalmic diseases a ficult task. In regard to cutaneous affections, it is li impossible to present them from the stand-point of homoe Therapeutics. In order to render such a presentation pro it would have to be very extensive and take in a good de purely hypothetical. The space that is allotted to us, i for such a purpose. For this reason we have confined our the most essential points, and have only stated practica facts. Before, however, passing to the consideration of cutaneous affections, we deem it proper to briefly expou reasons why cutaneous diseases are a sore point in the h *Materia Medica*.

Cutaneous diseases are not, like the affections of other spread over several parts of the body ; they only offer symptom, namely the cutaneous efflorescence, as a means nosing the cutaneous disease and selecting the appropria This symptom is of course accompanied by a variety of ge symptoms, but we would go too far if we were to allow th able companions of the cutaneous affection to decide the of the remedial agent ; at all events these accessory sy only of secondary importance. Hence we only have one obj symptom of disease, but where do we find a corresponding in the *Materia Medica* ? The leading symptoms of our drug moreover, indicated in such a superficial and vague mann their true meaning can hardly be deciphered from such a making this assertion, we expect to incur the censure of deem it a crime even to think of the possibility of amen *Materia Medica*. Well, we will endeavor to pocket the cen but we desire to be convicted by logical evidence. Until

Erythema. 453

shall stick to our text that it is impossible to treat diseases with certainty if we take the *Materia Medica* for o

We will now consider another expedient which might be resorted to in this case, as it is in other cases, for the purpose of covering up the defects of our *Materia Medica*, we mean a practical result, the experience gathered *ex usu* in morbid cases else do we meet with in this direction but endless confusion. Our literature exhibited the richest treasure of really practical observations, it would either have to be left unto the use of it would involve a great deal of trouble or be attended with numerous mistakes. For the last fifty years, cutaneous diseases have constituted an arena for those who were anxious to display the purposes of Science by manufacturing names or making an ostentatious display of their erudition. In this manner many have obtained a brilliant nomenclature which, however, is unknown to those who have not devoted years to its study. This circumstance has reduced the value of clinical cases almost to

In the presence of so much uncertainty and want of clearness in our *Materia Medica* and of confusion in the department of cutaneous diseases in the literature of our School, a therapeutic arrangement of cutaneous diseases is certainly a hazardous undertaking. Many preliminary labors are required before we can thin out and effecting a tolerable system of therapeutics of the cutaneous diseases. Above all, we recommend uniformity in our nomenclature, with a rigid precision in diagnosis.

The febrile exanthemata which have been excluded from the following list, have been transferred among the constitutions for the reason that their importance is determined by the accompanying derangements of functions rather than by the form of the exanthem. The series in which the special forms are successively presented, has been arranged in accordance with the path of anatomical changes ; we have simply avoided the custom of distinguishing special sub-divisions in each form.

!• Erythema.

Erythema occupies a middle rank between hypersemia and inflammation of the skin ; it is easily confounded with the form of erysipelas.

Its causes are : Mechanical injuries of the skin ; the influence of a high temperature, of various medicinal agents ; contin

454 Diseases of the Skin.

eruption of one part of the skin by irritation, liquid stool, perspiration, tears and even the constant use of moist compresses ; contamination of the skin by rough clothes. In the case of chilblains, erythema seems to be likewise caused by hearty and fat food. Epidemic erythema seldom occurs as a wide-spread affection, to which the designation of "epidemic" might be applied. Chronic erythema breaks out chiefly in the face, and more especially on the nose; it sometimes seems to be purely local, and at other times co

tutional.

Erythema is characterized by a more or less diffuse red skin, not separated from the normal redness by sharply-defined lines, assuming a yellowish, not a white tint under the pressure of the finger, and continuing for some time and, finally, terminating in desquamation. These characteristics belong to all forms of erythema. Erythema caused by external irritants, most generally breaks out on the scrotum, at the anus, between the thigh and axilla, face, and in the deep integumentous folds of the foot or at the place where the irritating cause exerts its influence. When the cause ceases to act, the erythema generally disappears in a few days. If the irritation continues, the epidermis becomes detached (intertrigo), and ulcers may form, or they even become gangrenous, as in decubitus. Erythema arising from internal causes, is almost exclusively located on the dorsum of the hands and feet, where it is never absent, even if the face is likewise affected. At first the place exhibits a redness which in a few days darker-colored papules of various sizes appear which remain even for some time after the diffuse redness has disappeared; the affected spot likewise retains a yellowish color some time after. In particular circumstances subsequent to this eruption break out on its borders, by which means the eruption runs a very protracted course. This form of erythema is generally attended with a little fever, and at the time of the eruption a darting-burning pain is generally experienced. The form of erythema on the contrary, has no fever as long as the erythema is of the simple kind, whereas the intertrigo of sensitive children is attended with fever. The second variety, without any successive crops, lasts from one to two weeks.

In treating the first variety, all that it may be necessary to do, is to remove the exciting cause. In some individuals the disposition to erythema is so great, and it leads to such serious consequences that we are led to suspect behind it

Erysipelas. 455

irritation the existence of some constitutional disposition particularly the case with the intertrigo or soreness of the chest. This soreness is often caused by improper diet, the first thing to be done is to regulate it with care; if the soreness continues after this change, a few doses of Mercurius vivus or sulphur will effect a cure. Among local applications, finely powdered starch is the best and most harmless; frictions with glycerine avoided, they are very apt to give rise to the formation of erythema. For erythema from internal causes, Mercurius is likewise a specific remedy, if the redness is intense, the red spot is sensitive, and the erythema is accompanied by fever. Hhv has always proved ineffectual in such cases. If the erythema is confined to the leg, Mezereum is the more appropriate, the affected spot itches and burns. Ledum likewise deserves mention; so does Staphysagria; this remedy is especially in the erythema is seated on the upper extremities. We advise the patient to avoid the eruption runs a protracted course in successive crops breaking out for a time.

Erysipelas proper is altogether a primary affection the which it is difficult to trace in every case. The disease almost exclusively between the age of pubescence and that and is of less frequent occurrence among old people than children. Atmospheric influences are generally regarded cause of erysipelas, but this theory is not justified by of fact. All we know positively is that erysipelas often a sporadic disease, and that sometimes it breaks out in a limited epidemic which never assumes a very extensive has given rise to the erroneous view that erysipelas is disease. It is a characteristic feature of this disease attack of erysipelas increases the patient's liability to which only becomes extinct at an advanced age. The cause successive attacks of erysipelas is very often to be found emotions, gross errors in diet, and in colds, more especially action of severe cold upon a heated skin. We have known who was several times attacked with erysipelas simply because suddenly went from the kitchen-stove into the cellar.

The origin of wandering erysipelas is involved in complete

456 Diseases of the Skin.

mystery; it is to be observed that it inclines to set in the age of pubescence.

Traumatic erysipelas is regarded by many persons as a form of dermatitis. It arises in consequence of injuries to the skin, or even at the start, soon after the infliction of injury; or it accompanies suppurating inflammatory processes as gum-boils. It may be looked upon as an excess of reaction against the inflammation from which it proceeds. Erysipelatorum is altogether a form of traumatic erysipelas. The introduction of septic substances undoubtedly exerts a prominent influence over the origin of this disease. This circumstance accounts for those cases of erysipelas that supervene in typhus and other constitutional diseases as a malignant termination or as a terminal disease.'

Symptoms and Course. True, or the so-called exanthematic erysipelas really only breaks out in the face, whereas elsewhere on other parts of the body is, properly speaking, erythema. The appearance of the exanthem upon the skin is generally preceded for a few hours or even days by a preliminary stage consisting of severe fever with marked gastric symptoms, with which symptoms of cerebral hypersemia, and more especially a violent headache sometimes become associated at an early period. During an attack these precursory symptoms are scarcely ever absent; they do not usually occur with a return of the disease. As the fever is on the increase, the face feels hot and tense, rheumatic pains in the nape of the neck are complained of, and redness breaks out at a certain circumscribed spot in the face which spreads rapidly and causes a burning pain. In proportion as the redness becomes more intense, the swelling likewise increases and the skin assumes a glistening appearance. Erysipelas generally breaks out on one cheek, whence it spreads to the nose, forehead, ears, less frequently to the lips, and scarcely to the chin. Within two or three days, and sometimes in thirty-

the erysipelas reaches its acme at the spot where it first appears, amid febrile symptoms which are sometimes exceedingly severe, attended with a foul-smelling catarrh of the mouth, vomiting, and most generally delirium; these symptoms, however, are not constant, whereas the headache and soporous stupefaction are very annoying. The face is now very much swollen, the features are disfigured to such an extent that they are no longer recognizable, the redness has a bluish and even brown-red tint, a

Erysipelas. 457

of various sizes sometimes spring up upon the inflamed skin, which always indicate an intense degree of illness. The inflammation decreases very rapidly; the redness disappears after the vesicles had dried up previously and had become transformed into thin and flat crusts, and very soon desquamation commences in large patches and afterwards in very small scales. But as the disease never terminates with its first appearance, it spreads over the whole head, we find erysipelas in full development to the original spot in process of healing, and find the inflammation gradually diffusing itself into this spot, whereas it forms a sharp contrast with the surrounding normal parts of the face. In this manner erysipelas gradually wanders over the whole face, beyond the ears, invading a portion of the nape of the neck, and spreading over the forehead and the hairy scalp. In this case the patients suffer severe local pains, even after the fever has subsided. The intensity of the fever, as it first breaks out at the commencement of the disease, does not keep pace with its gradual subsidence. Whereas at one spot the inflammation runs its full course in five to six days, yet, on account of its progressive appearance at different localities, the whole course of the disease lasts many days to a fortnight. The process of desquamation may last a long time, and the most severely affected parts often exhibit for some time a yellowish tint with signs of serous infiltration.

Deviations from this course are not unfrequent. The whole face may be covered so rapidly that it would seem as though the disease had broken out all over at once. These are cases of high virulence, where one ear, however, commonly remains uninvolved. Moreover, the inflammation may communicate itself to the meninges; generally, however, this does not take place until the local process has reached its height. In such a case the patient soon assumes a dingy and livid look; the skin becomes wrinkled, a most violent delirium sets in, and coma and death speedily supervene. This course has been mistaken for a case of erysipelas; whereas in such a case the same changes take place as in other similar cases, namely that, with the appearance of the violent disorder, the previously-existing lesser disease disappears. Erysipelas seldom becomes associated with disease of other important organs. Attacks of erysipelas succeeding an attack of typhoid fever are very apt to show deviations from the normal course. These attacks are very seldom preceded by precursory symptoms, the less so the more frequently the attacks have occurred.

Diseases of the Skin.

the fever as severe, the swelling is less, and the spread over the face takes place more slowly. It not unfrequently happens that in subsequent attacks the patients are not laid down and that their appetite remains the same as in the first condition. Subsequent attacks are more like erythema than erysipelas. The frequency of the attacks differs greatly in individuals; sometimes there are several attacks in a few days, and, after a short time, cease entirely; or months and even years intervene between the attacks; in such cases a spontaneous remission is much less frequent.

Among the consequences of true erysipelas the following are particularly to be mentioned: Swelling of the skin, especially the eyelids, nose and lips; the swelling is mostly oedematous, having a pale look and being disposed to the formation of nodules; if the attacks are very frequent, the swelling to a considerable degree of thickness, and is very obstinate. The hair, which almost always falls out if the scalp has been intensely affected by the disease; in most cases the hair grows again, but there are exceptions to this rule. — Subcutaneous abscesses in the eyelids, lips, ears. — Severe catarrh of the ear with obstinate hardness of hearing. — Catarrh of the conjunctiva which is generally very obstinate. — Disposition to neuralgia of the trigeminus.

Wandering erysipelas, or erysipelas ambulans or erraticum, attacks the face less frequently than the extremities. On the extremities an erysipelatous spot appears which heals like the above-described spots, only there is very little pain, and the general organism is not so much involved. From one spot the erysipelas spreads towards the trunk; the spot next is attacked, being either in close contact with the first or else all subsequent spots being more or less remote from the first.

Symptomatic erysipelas, as an accompaniment of inflammatory processes, is of no great importance, except when it covers a large extent of surface and depends upon septic causes. Generally it disappears of itself as soon as the cause that occasioned it is removed. If it is very intense, it may result in suppurative or gangrenous destruction of the skin. If the erysipelas sets in during the course of serious, constitutional febrile diseases, it is a bad omen. In such cases the redness is never very vivid, but dingy, having a bluish tint; the swelling is not excessive.

Erysipelas* 459

the disposition to form blisters is very great; these blisters always dry up, but often become transformed into badly-healed ulcers which are apt to become gangrenous. The fever accompanying this form of erysipelas, always increases to a high degree, but speedily assumes the character of an adynamic fever, becomes very small and frequent, the temperature increases considerably, the cerebral phenomena become very marked, and coma sets in at an early period, and death sometimes takes place so rapidly that life becomes extinct already on the day after the appearance of the inflammation.

Erysipelas neonatorum generally sets in in the first week after the birth of the infant, very seldom after the first month. It always proceeds from the umbilicus, on which account it is traced with great probability to the consequences of an inflammation of this organ, more especially to a purulent inflammation of this organ which can easily be accounted for by its management. — As a rule the erysipelas spreads from the umbilicus over the abdomen, the sexual organs, thighs, less frequently the thorax and back. The redness is not very vivid, the swelling, on the contrary, is very considerable. The children are restless, feverish, and incline greatly to spasmodic and sopor. The dermatitis is very apt to become associated with meningitis. Death is the most common termination.

Treatment* In speaking of the efficacy of a medicine for erysipelas, it is in the first place important to inquire how the course of the erysipelatous inflammation is shortened by the medicine. It is well known that erysipelas of the face, if the face is covered with it, never disappears, spontaneously or by the use of medicine. The course is limited to five or six days, and that the course is limited to five or six days on one side of the face is invaded; this last-mentioned circumstance often led to the supposition that a case had been cured whereas the cure was altogether spontaneous. In a first primary erysipelas it is very seldom the case for only one side of the face to be affected. At all events, we should be very cautious in claiming curative virtues for some of our remedies for erysipelas and should only believe after repeated and successful treatment of analogous cases that they were cured by medicinal drugs.

Simple, smooth erysipelas of the face, as long as fever is best combated by Belladonna, and, under this treatment usually runs its course in six days. Nevertheless, although

460 Disease of the Skin.

responds completely to the symptoms of violent cerebral meningitis, yet it is not suitable for the meningitis which may occur during the course of erysipelas. Here Rhus tox. is preferred. This remedy is generally more particularly adapted to the high stage of the disease, more especially if copious vesicles spring from the inflamed skin, if the fever, although intense, yet of the adynamic type, if the tongue becomes dry and the nervous system is superseded by a soporous stupefaction. Even the swelling of the affected part affords a decisive hint for the selection of the other drug; Belladonna is indicated by a bright-red, Rhus tox. by a bluish or yellowish-red tint. — If we may credit reports concerning Apis mellifica this remedy is preferred to Belladonna or Rhus tox. Apis is said to be a specific remedy only for smooth, but likewise for vesicular erysipelas, and is suitable even if the brain is affected. "We have not yet had the opportunity of verifying the pretended virtues of this drug in our own practice. A special indication for Apis is an inflammation of the mouth and fauces accompanying erysipelas. Although these remedies are sufficient in all ordinary cases, yet other remedies may be required to meet exceptional deviations from the norm. For the excessive cerebral phenomena, while the exanthema has not yet set in, Arctium

and Camphora are important remedies; Opium likewise is an important intercurrent remedy, when the patient is lying of sopor. True erysipelas, especially erysipelas of the seldom terminates in gangrenous destruction; if this should be the case, Arsenicum album, Carbo vegetabilis and Secale corn have to be administered. An incipient suppuration cannot be shortened by Mercurius; it is much better to at once give Hepar sulphuris and thus to promote the suppurative process. For erysipelas of old people Lachesis is said to be superior Belladonna or Rhus iox. Here too we would advise to keep on Ammonium carbonicum^ [also on Arsenicum. H.]

For erysipelatous attacks without fever, we have never found either Belladonna or Rhus iox. suitable; they are not helpful to this condition. On the other hand we cannot recommend Podium with sufficient emphasis, and if the local process is marked, Hepar sulphuris^ were it for no other reason than that both these remedies prevent the frequent return of the disease. In such cases Borax may be a reliable remedy which Boenning recommends for erysipelas on the left side of the face;

Erysipelas, 461

in this non-febrile form of erysipelas that the inflammation is generally confined to one side.

The sequelae generally deserve particular attention, for that they are mostly very obstinate and because it is in the disposition to relapses is generally founded. Some are a doughy, not oedematous swelling generally are some of the common sequelae of erysipelas; the swelling is apt to be increased by extreme cold or heat, in which case a stinging and tearing is experienced in it. As long as this swelling lasts, the remedies must not be discontinued. The remedies which will effect the removal of this swelling, are Graphites^ Sulphur^ Au if the swelling is frequently painful, Lycopodium and Hepar sulphuris. These remedies are the only ones capable of curing the extensive oedema of the face which sometimes baffles treatment for years, or yields only very slowly. — Swellings of the glands do not often remain; if they do, Baryta is most useful in removing them. After erysipelas of the hairy scalp, the hair falls out; in the case of older individuals, this kind of alopecia can scarcely ever be arrested, much less cured; in youth on the contrary, the hair grows again without anything being done for it. For chronic conjunctivitis after erysipelas, we especially recommend Graphites^ and likewise Arsenicum. A subsequent deafness or hardness of hearing is very difficult to cure, it generally remains unchanged. Sulphur and Baryta may be tried for it.

If the erysipelas is not seated in the face, some other remedy may have to be resorted to, more particularly if the erysipelas breaks out on the lower extremities. Nux vom. is recommended as a specific remedy in such cases; we prefer, however, Staphisagria and Graphites^ and if there is a great deal of pain, Mercurius may likewise be very efficient. H.] If erysipelas itself as a consequence of debility, or attacks of old people, or gangrenous destruction of the skin has to be apprehended, the remedies mentioned will render efficient service.

Symptomatic erysipelas, if caused by external irritants suppurating injury or sore, does not require any special the use of such remedies as are recommended for it, is vlematical. If it arises from general causes as a termination of a most threatening character, we have of course every hunt up efficient remedies. Bhus tox. and Apis will be vfound indicated in such cases ; likewise Phosphorus^ Carbilis and Arsenicum^ The selection, of course, will be g

462 Diseases of the Skin.

the character of the disease in whose soil the erysipelation has taken root.

In a practical point of view, it is best to regard erysinatorum as a form of phlebitis and to treat it with the that have been recommended for phlebitis. Hence we are iwhether Belladonna will ever be capable, as Hartmann thi arresting the mischief; in the place of Belladonna we shonce give Mercurius or Hepar siUphuriSy and, if icterus vened. Phosphorus or Bryonia. .

Wandering erysipelas is generally a very obstinate disea which it is very difficult to select remedies from the M dica. Graphites has furnished practical evidence of its powers in this disease, whereas Fulsaiilla^ Lycopodium a are unreliable.

As regards other points in the treatment of erysipelas, to deprecate the common practice of resorting to an exce covering which can at most only increase the intensity oflammatory process going on on the skin, as well as the to relapses by superinducing an extreme sensitiveness of There is neither use nor reason in covering the inflamed cotton wadding, nor is there any reason why the patients not remain in a uniform temperature, without any extra a of covering.

[It is well known to every physician and nurse that the ing itching and burning of the inflamed skin is very muc by sprinkling a thin layer of fine flour or pulverized s In erysipelas of the extremities I have likewise resorte watery solution of the Sulphite of Soda as an external a The effect has been to blanch the skin, alleviate the it burning, and, in conjunction with proper internal treatm shorten and moderate the course of the disease.

Traumatic erysipelas of the face, in the case of habitua ards, is very apt to involve serious consequences, espec allopathic treatment. If the inflammation invades the me which it is inclined to do, death under this treatment i certain.

Some years ago, a case of traumatic erysipelas occurred city, which speedily terminated fatally under Old School The patient, a very stout man, had been on a bender for a night, and was very much under the influence of liquor

Erysipelas. 463

on his face lacerated the skin near the left temple. Ery
in, and he died in two days. *

Inasmuch as I may not have another opportunity in the co
of this work, of offering the present remark, I desire t
self of the present chance. Delirium tremens is the ulti
of alcoholic poisoning. Can such a condition be removed
case with such small doses as we are in the habit of usi
practice? This is questionable. In my opinion there are
where we cannot do our patient justice without treating
large doses of the proper antidote. We remember a case o
tremens where the patient complained of vermin crawling
bed and hands. Arsenicum 30 cured him entirely. In other
cases this treatment utterly failed. A stout young man h
thirty-nine glasses of whisky on a wager in one night. W
him cold and the skin dry and husky like parchment. He f
numb all over. Pulse scarcely perceptible. He was in gre
of mind and expected to be utterly paralyzed. He was una
sustain his own weight. I gave him six globules of Nux v
in half a cup of water, a dessertspoonful every five min
patient sank visibly under this treatment. Being satisfi
Nux was his remedy, I now mixed five drops of the strong
in six tablespoonfuls of water, of which mixture I gave
dessertspoonful every five minutes. After the second dos
to perspire. The perspiration seemed to be pure alcohol
literally drenched with alcohol. He had to be changed se
during the night ; next morning he felt quite well, exce
weak. I have treated a number of cases of delirium treme
variable doses. Upon the whole, small doses have not pro
very efectual in my hands. Doctor Reed, Jr., of this ci
treated a number of cases ; proceeding upon the principl
ing the patient as speedily and effectually as possible,
his patients irrespective of dose. A few of his cases wi
delirium-tremens patients sometimes bear unusually large
of medicines. To illustrate this fact I will take this o
relating a few of the cases which he has related to me f
note-book.

G. L., forty years of age, a butcher and confirmed drunk
precipitated an impending attack of delirium by falling
ing three ribs; he suffered but little from pain or pros
tremor was severe, but the case was remarkable in the ch
the delirium, and as showing the immense quantity of Opi
necessary to overcome the obstinate wakefulness.

464 Diseases of the Skin.

For two days the delirium was evidenced by the most deli
visions, he saw angels hovering over his bed, and held d
interviews with the saints. Not being properly watched,
night escaped from the house, and after the lapse of som
returned to relate how he had been upon another Mount of
tude, having held sweet converse upon a neighboring sand

our Saviour and the Blessed Virgin, returning after the view much edified, to demand more whiskey. His hallucinations were all of this religious character, and this before they had been given.

Within twenty-four hours there was given him in divided at least three ounces of Laudanum, he being carefully watched the result, and it was only after the last half-ounce dose quantity stated, that he showed any effect from the drug effect, however, was a good and in all respects natural thirty-six hours and followed by an entire relief from all symptoms of his disease.

C. C, laboring under his fourth attack of delirium tremens under the care of a Doctor who had treated him in the old way, with Opium and Digitalis, had passed seven nights without sleep.

On visiting the patient on the morning of the eighth day I found him quietly brushing the vermin from his clothing, and I ordered the nurses to clear the room from the strange articles which were in every corner, and under every chair. His pulse was strong but lightly coated, skin moist and warm, appetite somewhat flushed. The attack, and all former attacks had commenced with severe vertigo. His eyes were injected, bowing owing to purgatives. I ordered rest from all medicines, soup, and oysters with an abundance of Cayenne pepper throughout the day ; at 8 o'clock at night I administered one drachm Bromide of Potassium to be followed, if necessary, every one half the quantity. The dose had to be repeated but a quiet sleep being obtained for twelve hours.

Five months subsequently C. C. again suffered for the first time and for three days I used every endeavor to obtain sleep with Bromide which had before acted so effectually, failing on the fourth night, however, sleep was obtained after the administration of .doses of Opium and Tartar emetic; recovery followed immediately.

An habitual drunkard of great capacity, having already suffered from many attacks of delirium tremens, after, according

Roseola, Rubeola. 465

own and his friends* accounts, abstaining from food for several days and subsisting entirely upon liquors of which he took a great and an incredible quantity, was attacked with a very severe delirium tremens. The prostration was extreme, the tremors violent, but the delirium bland, the chief hallucination being that the ceiling was about to fall and crush him, rendering it necessary for him to jump from the bed and hop around the room with as much activity as his weak condition would allow. His tongue was heavily coated, pulse small and irregular, skin moist, the forehead constantly bedewed with a cold, clammy sweat. His voice was feeble, husky and tremulous, he had had no sleep for three days. The treatment was directed principally to sustaining him but all efforts to obtain sleep were for fifty-two hours. At the end of this time two boluses containing each one of Cayenne pepper, were given, and within two hours the

was quietly sleeping, the skin, feet and hands for the feet being warm. After fourteen hours of quiet sleep, he awoke a desire for something to eat, and from this made a fair During the treatment Digitalis acted very satisfactorily doses of the tincture in strengthening the heart's actio

A tailor of intemperate habits, aged about forty, aftertracted debauch became delirious, imagining that he was by demons. I was first called owing to his having jumped third story window. His fall having been broken by a she sustained no severe injuries.

He complained of seeing horrible phantasms, struggling with attendants that he might escape from them. However, he answered intelligibly to inquiries, complaining of pain in the head stomach ; his tongue was heavily coated, face pale, pulse quick, skin dry but cool, had eaten nothing for some day had no sleep for two nights. I prescribed the tincture of vomica, three drops every half hour. Upon calling within hours, I found the patient sweating profusely, relieved in the head, and from the phantom which had been troubling Under the use of supporting measures his recovery was uninterrupted. H.]

8. Roseola, Rubicula.

This exanthem is characterized by spots of the size of 1 of a bright-red color, more or less scattered and rarely

30

466 Diseases of the Skin.

in groups; they are not attended with fever, or else the slight, and does not result in any perceptible desquamation

Roseola sometimes accompanies severe catarrh, in which case exanthem lasts at most twenty-four hours ; if it is preceding slight catarrhal stage, the exanthem disappears at the first third day. In this last shape roseola sometimes appears locally, but not over a large extent of country, in which eruption looks very much like a mild form of scarlatina it is related like a sort of transition-link. In the same have seen two children laid up with the mildest form of another child, on the contrary, was attacked so violently seemed perfectly justifiable to diagnose scarlatina, so distinct desquamation took place, and a slight degree of was noticed over the whole body. Roseola never involves danger.

The disorder may originate in catarrh or in a marked change of temperature, as a rule it is owing to such atmospheric changes as favor epidemic diseases. A species of roseola which supervenes during the course of dangerous constitutional more particularly of typhus, does not belong in this category

Owing to the trifling character of this disease, the employment

of medicines is generally unnecessary ; if catarrhal ang plained of, a few doses of Belladonna may be administere fever is scarcely ever sufficiently severe or generally to require Aconite, [A few doses of Aconite are very ser this eruption, even if the fever is ever so slight. H.] exanthem is confounded with a mild attack of scarlatina, patients suffer from such a mistake in consequence of be the room for an unnecessary length of time ; we shall dw such a proceeding more fully when treating of scarlatina

4. Vrticaiia*

NetUe-rashj Hives.

Blotches or wheals may be caused by the direct action of upon the skin, such as extreme heat alternating with col at a ball often expose themselves to such influences), m flea-bites, bed-bug bites, bee-stings, the stings of gad with nettles and other plants; or else by the action of substances which, after being introduced into the stomach upon the skin. This, however, is not generally the case,

Urticaria. 467

result of peculiar idiosyncrasies, as from strawberries, crabs, oysters, etc. Urticaria proper is for the most pa dpon individual predispositions which it is impossible t for with any certainty; a very common exciting caase is catarrh from indigestion, and likewise catarrh of the fe organs, chronic as well as acute. In acute constitutiona blotches sometimes break out, but they are not of any sp significance.

Urticaria very commonly commences with febrile symptoms times of a considerable degree of intensity, and which m during the whole course of the eruption. It is a questio whether the urticaria does not result from the fever ins fever from the urticaria. Generally the digestion is ver fected, symptoms of cerebral hypereemia are less commonl The appearance of the exanthem is generally immediately by great restlessness and an oppressive anxiety. In othe eruption comes out suddenly after a short feeling of ind without any fever. Amid a burning and violent itching of a dift'use redness or rather large red spots, without sh make their appearance, upon which soon after risings or start up, of a white or red color, but more generally wi tops. Their size varies from a quarter of an inch to one length and breadth; most commonly they are isolated, les quently they appear in clusters on the same spot. The wa the bed seems to promote their appearance. A single whea not remain out very long ; it disappears even in a few h out leaving a trace, but other wheals may break out in o by which means the whole, process may be very much protr The localities where the exanthem most commonly breaks o the extremities, and the anterior surface of the trunk, quently the face. The urticaria from gastric causes like nates in this manner, except that it scarcely ever lasts twelve hours; on the other hand, its first appearance is

attended with an intense fever, anxiety and restlessness
urticaria caused by the stings or bites of insects, is o
with fever.

A first attack generally superinduces an increased dispo
the disease ; this disposition increases in proportion t
of the attacks, and may continue for years under the des
of chronic nettle-rash. In such circumstances the fever
every new attack, whereas, on the other hand, the most t

468 Diseases of the Skin.

«

error in diet, the least cold may excite a new crop of w
the case of women the eruption often seems to have some
with the menses. In chronic urticaria the wheals are alw
tered, and the surrounding redness is trifling or entire
the wheals generally look red. This chronic urticaria is
nate disorder, but often remains uncured for the reason
constitutional anomaly in which it originates, is not re

A single attack, if not very violent, does not require a
ment ; medicines may have to be resorted to on account o
stitutional symptoms, not for the exanthem. For decided
of indigestion, Pulsatilla may be given; for a severe ga
Antimonium crudum. If the fever is intense, Hhus tozicod
a chief remedy; the severe rheumatic pains, which someti
accompany the eruption, require Bryonia^ the accompanying
rheoa, Dvlcamara. If the affliction becomes obstinate, an
wheals continue to break out, or if a first attack is so
by a second or third, the speediest possible interferenc
able remedial agents is eminently proper. The selection
to be chiefly determined by the constitutional symptoms.
such symptoms are present, and if every attack is occasi
the most trifling changes of temperature, without fever
other derangement, Urtica urens is a very excellent reme
remedy is likewise appropriate in cases of urticaria com
with renal and urinary difliculties. In the case of chil
carbonica is suitable for urticaria without any constitu
toms. Of the Balsamum copaivce, which is recommended by
physicians, we have no special indications, and should,
not use it until Urtica urens had been tried in vain. If
caria breaks out with the menses, Pulsatilla may be give
menses are scanty, Belladonna if they are profuse. If a
uterine catarrh is the cause of the eruption. Apis is an
remedy, which may be associated with Lycopodium. It is n
essary to mention more remedies for such a trifling afle
different combinations of which it is, after all, inexpe
out. [We have almost always succeeded in controlling our
of urticaria with Aconite and Ipecacv/inha. H.]

In habitual urticaria the diet plays an important part.
first place, if the skin is excessively irritable, we ha
hardening it ; this object is more easily reached by vap
by cold bathing and cold ablutions. In the next place th
itself has to consist of simple articles ; fat, spirits,
ulating spices have to be avoided.

Miliaria. 469

5. Miliaria.

Has/u

Miliaria is mostly a secondary, symptomatic affection; a primary and more particularly as an epidemic disease its occurrence among us. Symptomatic miliaria may break out in the course of all kinds of severe acute diseases.

Primary, epidemic miliaria runs its course after the fashion of all other acute exanthemata. The eruption is preceded for three days by febrile symptoms characterized by the presence of rheumatoid pains in the limbs, frequently shifting from one to another; excessive perspiration, great anxiety and oppression and finally by peculiar prickling, burning pains in the skin. Small vesicles break out, first on the neck and then on most other parts of the body; they are of the size of seeds or lentils, are seated upon a red base, and at times with a clear, at other times with a dim fluid. — Miliaria alba. — These vesicles generally spread in clusters. — The symptoms of constitutional disturbance disappear with the coming out of the vesicles which separate in bran-shaped scales in five to seven days. Inasmuch as the same period of time for every new crop, the duration of the disorder may be to a fortnight and longer. The usual termination is receipt in epidemic miliaria where the disease sometimes assumes a malignant type and frequently results fatally.

Symptomatic miliaria is regarded by some as a symptom of highest import, whereas others view it as resulting from certain external influences, and not deserving any special mention. We are decidedly inclined to share this opinion. Symptomatic miliaria generally attacks individuals who perspire from excessive covering, as in the case of lying-in women and patients, likewise in cases of measles and scarlatina if in the old fashion, and in other febrile or even non-febrile cases. Except in acute rheumatism, we shall always find that miliaria is caused by excessive external heat. This circumstance will account for the symptoms preceding the eruption, such as restlessness, anxiety, dyspnoea, even delirium; the disorder is rendered worse by the anxiety caused by the appearance of the exanthem, explains why miliaria may give the disease a malignant character. That our explanation is founded, is evident from the fact that miliaria is scarcely ever seen in hospitals, but is a very common occurrence in private practice, and that it never breaks

470 Diseases of the Skin.

patients who are constantly kept in a mean temperature under a moderate amount of covering.

In view of the frequently dangerous character of primary miliaria, medical treatment in all such cases is indispensable.

occurrence of the disease has not yet, however, afforded opportunities of positively determining the remedies the specific curative adaptation to it. The most suitable re corresponds with the whole course of this pathological p Aconitum, more particularly if the eruption is not so mu panied by anxiety as by great nervous excitement. If the much anxiety and restlessness and a burning feverish hea icum is the remedy ; if the patient is lying in a listle with typhoid symptoms, Bryonia is best suitable. Mercuri likewise deserve attention in this disease, and if the p spires to excess, Sambucus.

Regarding the propriety of instituting a treatment for s atic miliaria, it is our opinion that it is unnecessary efforts to prevent the appearance of miliaria by medicin are of very doubtful utility. Moreover, the selection of in all acute diseases depends rather upon the more impor toms of the disease than upon the appearance of the vesi Nevertheless, in order not to slight the views of our Co mention the remedies recommended by Hartmann for this ex them : Ipecacuanha (for the precursory symptoms in disea the miliaria may be expected to break out); Bryonia (und circumstances) ; Arsenicum (for restlessness and anxiety (for violent rush of blood); Belladonna (for accompanyin tive symptoms of the brain); Coffea^ Chainomillay Valeri Hartmann further remarks: "Chronic miliary eruptions whi partially disappear in one spot in order to reappear sow and cause a good deal of itching and burning^, are most reliably removed by such antipsoric remedies as Mezereum Sarsaparilla^ Staphysagria^ Arsenicum^ Ammonium carb.^ S and Carbo vegetabilis.^"

6. Pityriasis.

Dandruffs Dandriff

This exanthem consists m an exfoliation of the skin eith scales, or in larger patches : it may be unaccompanied b cutaneous symptoms and the exfoliating skin ma^ to all a

Pityriasis, Dandruff, DandriC 471

ances be perfectly sound ; or else, the process may be a by trifling local or more extensive symptoms of hypersem cutis. According as the skin is unchanged or looks red u scales, the attaction is designated as pityriasis simple

The causes of this affection are very obscure; in some c disease can be traced with some certainty to a derangeme functions of the liver and of the female sexual organs.

Pityriasis rubra, when spread over more extensive portio skin, not unfrequently sets in with slight febrile motio may break out at every renewed appearance of the exantho On portions of the skin, which itch and burn very fierce spots of indefinite and irregular shapes make their appe Accompanied by a peculiar feeling of tension, the cuticl spots very soon begins to exfoliate. The eruption first

itself on the trunk, and only invades the face if exceed
The almost inevitable itching may cause a moisture to oo
otherwise dry spots on the skin. This itching which is a
agonizing, very commonly interferes with sleep. The affe
very obstinate, but at the same time one of the rarer fo
cutaneous diseases.

Pityriasis, confined to isolated spots, is much less fre
the character rubra than a general pityriasis ; it is mo
met with on the hairy scalp, in the palms of the hands,
of the feet, and in the face. The itching is much less d
but is still very violent on the hairy scalp. By scratch
until it tears, a moisture is secreted from the irritate
ing in the formation of superficial scurfs and crusts an
tion of the hairs.

In treating a case of general pityriasis, we must not fo
we are dealing with a very chronic affection which never
rapid success, and where it would be consequently improp
to make a frequent change of medicines, or to repeat the
often. The most important remedies are Graphites and Ars
with which it is most likely that a cure can be best eff
good effects of Lycopodium are questionable, and Sulphur
of its symptomatic similarity, scarcely ever acts with s
persistence.

In partial pityriasis we never depend upon Arsenicum, wh
in pityriasis capitis Graphites renders excellent servic
these remedies we may compare the following : Sepia^ Thu
careo carb.<, Ledum pallustrej also Phosphorus. Sepia is

472 Diseases of the Skin.

indicated in the case of females, if the spots break out
quence of meustrual irregularities, or at definite perio
year.

7. Psoriasis.

Scaly Tetter.

This is pre-eminently an aflfection of the male sex ; in
females it is never attended with sexual disorders. It a
dividuals between the seventh and fiftieth year, and occ
frequently in the cold season. It cannot be traced to co
derangements, since persons who are afflicted with this
otherwise enjoy the most perfect health. With the appear
some constitutional disease, the psoriasis disappears at
returns again as soon as the disease is removed.

Psoriasis begins in this wise : at various, more or less
scattered spots, the detached epidermis forms a small, w
- psoriasis punctata. These spots gradually spread from
of the periphery until they reach the size of drops - ps
tata; on removing the scales, we find the skin underneath
red and bleeding. In proportion as the circumference con
expand, the original spot becomes cleansed of its scales
forms surrounding a healthy-looking skin - psoriasis ann

the further progress of the exanthem, this ring^opens, l roundness – psoriasis gyrata – and finally disappearing All these stages, or most of them, coexist side by side every case of this disease. Psoriasis is not attended wi or at most only at the commencement, ^ut in no case if i become an inveterate disease. It may remain stationary, breaking out in new places, or it may intermit in its ma for months and even years.

Treatment. In selecting our remedies, we must not overlo the fact that psoriasis is not an itching eruption. This have been ignored by many practitioners; Hartmann's deli of the disease is especially untrue to Nature. The selec remedies is rendered particularly difficult by the circu the patient enjoys perfect health, and that on this acco without any co-determining symptoms. It is wrong and uns to try to get symptoms out of a patient by persistent qu and to hunt them up even among his ancestors in order to our dreams about reliable remedies. For this reason we c ourselves with giving merely the names of the remedies t

Ichthyosis. 473

already been employed in this disease with some advantag may seem \$ulapted to further trials. We arrange the seri accordance with the practical value of each drug : Sulph pkoruSj Sejpia^ Petroleum^ Calcareo carbonica^ Acidum ni pkosphoricumy Arsenicum and Tellurixinu

Among external remedies the only application which is ne hurtful and usually efficient, is the vapor-bath accompa tions with castile soap, or, if the affection has alread long time, with brown soap. Cold bathing is of decided u although its effect may not be perceived immediately.

8. Ichthyosis*

Fish-skin^ Porcupine Disease.

According to Hebra, ichthyosis is an hereditary or, at a congenital disease, never acquired ; where acquired icht spoken of, the eruption has beeji mistaken for psoriasis other cutaneous disorder. It occurs most frequently amon so that even in its hereditary descent the disease is co male branch of the family, leaving the female branch int

Ichthyosis is characterized by an hypertrophied conditio papillee of the skin, with excessive development of the the function of the sebaceous follicles seems to be enti This disease does not show itself plainly until after th of infancy unless the children are frequently and carefu Until then the patients only show a remarkably harsh and dry skin which often has a deep-yellowish tinge. The sca form in the face, nor on the flexor-surface of the joint scrotum ; they form most copiously on the extensor surfa arms, thighs and legs, and on the knee. In this affectio is not infiltrated ; where the scales are seated, the sk color. In the lesser grades of the disease the scales ar

tered over the skin ; in the higher grades they form a t covering exhibiting cracks and furrows in all directions account of the dirt which adheres to them, having a ding color. Scales that fall off, or are picked off with the constantly replaced by new ones.

The disease is considered incurable ; it does not endang

Tr^atmentm We are not acquainted with a single case of c of this disease by means of homoeopathic remedies ; nor ever had an opportunity, in our own practice, of trying

474 Diseases of the Skin.

of homcEopathic treatment. In our part of the country th is of very rare occurrence. If we had a case to treat, w in the first place depend upon Silicec^^ Sulphury Calcar and Lvcopodiurn ; and in the next place upon Arsenicum^ and Petroleum. Knowing that cleanliness and attention to generally can keep the disease at a very low stage of de we urgently recommend the daily use of warm baths and fr with castile soap, likewise vapor-baths. K we desire a s moval of the scales, we have to rub the affected portion skin with oil a few hours before bathing.

9. Uehen, StropmlliiB.

Tooth-rash.

This exaiithem appears in three distinct forms, as strop lichen simplex and agrius.

Strophulus is in reality nothing else than lichen simple first period of dentition. It is caused by a continued i the skin, or is a consequence of bad nutrition, catarrha of the intestinal canal, or else it seems to be exclusiv by the process of dentition. Beside the derangements whi causes necessarily occasion, the appearance of this erup very seldom preceded by fever and restlessness. On one o places, sometimes only in the face, and at times over th body, scattered papulse or pimples break out which eithe reddish or else a natural color like the rest of the ski children are sufficiently advanced in age, they show by ner that the papulse itch, especially in the bed. A sing heals in three to four days, but successive crops of pap to occur, protracting the whole process for weeks.

Lichen simplex arises from similar causes as strophulus likewise be occasioned by a high degree of temperature a in every age. Its appearance is very seldom preceded by fever. The papulae come out unperceived, mostly in the f the same color as the skin or look a little redder; they form clusters and itch pretty severely ; the destruction by scratching gives rise to very small scurfs. Single pa appear within ten to twelve days ; this form of lichen m be protracted by successive croi)S for months, so that t acute disorder may assume a very obstinate, chronic form Lichen agrius often represents a higher degree of the fo

Lichen, Strophulus. 475

it may likewise break out as a primary disease. Its appearance is always preceded by febrile symptoms which sometimes do not entirely and speedily disappear even after the eruption is over. The pimples are surrounded by a red halo and cause a burning pain. The unavoidable scratching not only increases the inflammation, but likewise changes the eruption to that of the herpes. The pimples sometimes, though seldom, scale off already in a few days to a fortnight, and without leaving any alterations. Crops of pimples generally break out in rapid succession, the sequence of which the skin becomes infiltrated to such a degree that even long after the disappearance of the pimples the skin remains hard and callous, and even chapped. Lichen agrius is one of the more obstinate exanthems; if the whole body is covered with it, the eruption may even involve danger to life in such a case the patient emaciates very rapidly and a general cachexia is the consequence.

Treatment. Strophulus, if unaccompanied by other derangements, does not require any special treatment; the most required is that every attention should be paid to clean the clothing of the children. If it sets in as a consequence of other morbid conditions, the medicines administered for those will likewise remove the strophulus.

Nor is lichen simplex, when it first breaks out, of sufficient consequence to require medical treatment. If it is spread over a considerable portion of the skin, and the itching is intolerable, or Mercurius may be given. If it increases to lichen or becomes chronic, the medicines indicated for this form will have to be used. [Aconite is an admirable remedy to the hyperemia of the skin and to afford material aid in this distressing eruption. H.]

In a case of lichen agrius Mercurius is most appropriate in the paroxysms of acute exacerbation [also Aconite^ H.], and Rhus toxicod. and Staphysagria. Cocculus is likewise recommended. To eradicate the disease, other remedies are required, such as Graphites^ Lycopodium^ Arsenicum^ Sulphur^ also Azobenzol add Conium; the selection of a particular drug depends altogether upon its homoeopathicity to the accompanying constitutions. External applications, even baths when indulged in freely, most generally prove injurious.

476 Diseases of the Skin.

10. Prurigo.

According to Hebra, genuine prurigo is only met with among the lower classes; it never shows itself previous to the period of dentition, and gradually disappears again after the first year. Sex does not exert any modifying influence over the disease. Bad nourishment and want of attention to cleanliness and condition of the skin generally, are the main causes of the

The first symptom of prurigo is a violent itching as from the sting of an insect ; at the itching place a small induration is perceived, which rapidly rises above the skin in the form of a papula. The color is the same as that of the adjoining skin. If pricked, this pimple discharges a small quantity of a yellowish fluid. New pimples keep constantly breaking out, whereas the former ones, owing to the scratching, impart a changed appearance to the skin. The top of the pimple or papule being lacerated by scratching, a small quantity of blood oozes out, which dries and forms a small dark scurf, a number of which may be seen on the skin of persons afflicted with prurigo. As the disease lasts longer, the papules and crusts increase in size, and frequently the effused fluid suppurates, causing pustules with larger crusts and, by running into one another, undermines the skin, and give rise to lymphangitis and swelling of the lymphatic glands. In this manner prurigo assumes an extremely variegated appearance. If the scurfs and crusts fall off, they leave colored marks which, by their number, impart a spotted appearance to the skin. At the same time the skin usually becomes hardened, especially in the folds of the larger joints. The nodules which occur among young persons, are generally confined to the lower extremities, and are designated as prurigo mitis; the fully developed form as prurigo fomicans. The disease rarely occurs in the summer or fall ; in the winter and spring it reaches its acme.

The consequences to the general organism are less severe than in constant and distressing itching, which is worse in bed, and one is to suppose. Nutrition is not perceptibly impaired. On the other hand, it not unfrequently happens that the disease is intolerable as to drive persons to suicide. The highest grades of the disease have a peculiar disposition to rapid effusions especially into the pleural cavity and the meninges ; in many patients fall victims to the disease, or become men-

Prurigo. 477

ranged. According to Ilexbra, these not unfrequent terminations of prurigo represent the itch-metastases of the aneurism, there is no denying the fact that this view has great probability in its favor. Patients afflicted with prurigo most commonly have tuberculosis, which might likewise suggest the idea of metastasis inasmuch as with the increase of phthisis the itching disappears completely. The disease is never contagious.

As regards diagnosis, prurigo is distinguished from scabies in which it is most easily confounded, by the circumstance that prurigo most of the efflorescences and scratched places are in localities where they are either wanting, or else very scarce, as in scabies, namely on the extensor surfaces of the extremities particularly on the leg and back.

What is otherwise called prurigo, such as prurigo senilis, prurigo pedicularis, etc., has nothing in common with true prurigo, which is a very violent itching.

In regard to prognosis, Ilexbra considers the affection a

incurable; nevertheless by timely and uninterrupted management it is possible to maintain the disease in the form of prurigo and thus to avert its worst consequences.

Treatment. We are not acquainted with a single case of prurigo that has been cured by homoeopathic treatment; but we do not mean to assert that such a cure is impossible, has not already been achieved. Ilex is the first who has made a reliable and accurately defined diagnosis of prurigo. Having formerly been entirely unacquainted with the genuine characteristics of this disease, it was very easily confounded with scabies. Owing to the great rarity of the disease, it was not till a long time before we have a comparatively sufficient number of cases recorded in our published writings. Among the remedies for this disease we have to rely solely upon such antipsorics as Sulphur, Sepia, Arsenicum, Calcarea carbonica, Fluorine, and a few other remedies may be required for acute exacerbations and complications which arise in the course of prurigo more than in that of any other exanthem. The vapor-bath and friction with brown soap should never be omitted; by such means the disease is properly cared for, and the relief to the patient is not only permanent but lasts a pretty long time.

In conclusion we request every practitioner who has treated prurigo with success, to publish his cases, not omitting

478 Diseases of the Skin.

well as differential diagnosis of each case. We have alluded in previous chapters that a careful examination of prurigo has been culminated to annihilate the whole theory of psora and the diseases, and it is time that this stain should be removed from the escutcheon of Homoeopathy.

11. Acne.

Stone-pock.

Acne is situated in the sebaceous follicles of the skin, depending upon the quality of the sebaceous secretion, and is not, very seldom, determined by the narrowness or closure of the follicular duct. If the sebum secreted by the follicle is too thick, it does not naturally reach the surface with more difficulty, so that the external opening, and closes the follicle by means of a plug which has generally a black color. These blackish points are called comedones, or acne punctata. In certain circumstances they may not progress any further; on some portions of the skin, as for instance on the nose, this condition becomes habitual. Under other circumstances that will be stated below, the glands thus affected have a disposition to become inflamed. That this is not alone the pressure of the sebum upon the follicular walls, is a circumstance that in persons of a more advanced age they are scarcely ever inflamed, or that they enlarge to the size of a burr without any symptom of inflammation whatsoever. The inflamed follicle either changes to a small pustule, discharges, or sometimes forms small scurfs, or else the inflammation terminates in suppuration, the follicle retains for a time

of an indurated, somewhat painful and red papule, and gr the exudation is reabsorbed. If the inflammation is severe irritation is increased by the pressure and friction of the subcutaneous cellular tissue becomes involved, giving furuncle of a larger or smaller size. These different processes come under the designation of acne simplex. The of acne appears principally in the face and on the neck, back, buttocks, thighs, less frequently on the chest, so the skin of the penis and scrotum. No other consequences involved in this affection, except that the places of the remain red for some time. Considering that a number of faces sometimes become diseased while others are at the same time full bloom, the face must become considerably disfigured

Acne scarcely ever makes its appearance except between the

Acne. 479

of puberty and the twenty-fifth or thirtieth year. A period, a few single follicles may become inflamed, but number together. Males are more subject to acne than females. All the circumstances connected with this eruption show that it has its essential origin in the sexual sphere. In corroborating this statement we will allude to the circumstance that among ladies a few acne-pustules break out during the menses, almost every individual who is addicted to onanism, is a subject to an excessive breaking out of acne. We do not mean to say that acne only breaks out in the faces of onanists. Among the people of the city acne seems to be general, whereas among youths it is comparatively a rare disease. If a predisposition to acne may be developed under the operation of a variety of causes such as overheating, washing a heated skin with cold water, taking of boiled and roasted or fried fat, more particularly of geese; indigestion, the excessive use of wine or spirits, for instance, acne prevails in the winter-season, because pork or gooseflesh is eaten in winter; Jews are likewise subject to acne, for the reason that they replace the fat of geese with goose-fat, and for the additional reason that they are given to very fat eating.

It follows from these remarks that the first thing to be done when treating a case of acne is to prescribe a careful and appropriate diet. This task, however, is very difficult of accomplishment for the reason that acne-patients generally enjoy the state of perfect health, and that a rigid diet, if only persisted in some time, effects very little improvement in the disease. The best is to see to a proper management of the skin generally. Washing and washing is of no use; on the contrary, the trouble is to get worse in consequence. For acne on the trunk, friction with soap and the use of the flesh-brush in a vapor-bath are a good remedy; for acne in the face the following proceeding is better than all cosmetics: Every morning, or, if the patient has not time to do his home early in the morning, then every evening, the face should be gently rubbed for a few minutes with a soft piece of flannel moistened with warm water and greased over with soap, after which it is washed with warm water, and subsequently again with water that is almost cold. The best soap for such a purpose is so-called Venetian soap made of vegetable fats. By means

washings the disorder is reduced to its minimum proportion, formation of pustules is, moreover, best prevented by the

480 Diseases of the Skin.

being squeezed out. The nails must not be used for such a purpose, but a small watch-key, the opening of which must not be too narrow nor angular, is placed upon the spot so that the point of the comedo is exactly encompassed by the opening of the key which is firmly and vertically pressed upon the skin. It is better to be done previous to washing. By resorting to such proceedings, the face can be kept tolerably clean.

A treatment of acne with internal remedies is undoubtedly possible, but likewise superfluous in most cases. In very few cases have derived very satisfactory results from Arsenic, but never been achieved. Hartmann and others likewise recommend Cantharides, Sulphur, Staphysagria, Antim. crudum, Myrica, Natrum muriaticum, Acidum nitricum, Capsicum, etc. In our opinion, however, internal remedies need not be resorted to as long as a non-medicinal external management can accomplish all that can be desired.

12. Sycosis, Mentagra.

Barber's Itch*

Sycosis is exclusively a disease of the male sex, and occurs at the age of twenty-four or twenty-five years, when the hair on the beard, grows thick and hard. If persons who do not shave are attacked by it, which is a very rare occurrence, its cause is obscure. In cases where the beard is shaved, the eruption is caused by bad or irritating soap or by a dull razor, and is generally so frightfully obstinate, yet may, under such circumstances, heal spontaneously even without much loss of time. The treatment that needs to be done is to omit shaving the affected parts. It likewise seems to occasion sycosis.

The disease generally sets in, like herpes labialis, with a feeling of burning, heat and tension; most commonly we first notice on the chin a small cluster of isolated, red tubercles of a size, each of which is perforated by a hair. Some of these in a few days change to pustules, break and form dark crusts. The infiltration which forms the little tubercle, disappears on that account. In spite of all care, and generally in consequence of continued irritation, the number of tubercles increases uninterruptedly, the former ones growing larger; the skin on which they are seated, becomes more and more infiltrated and breaking, the pustules change to ulcers; deep, ulcerate and finally bullous infiltrations of a pale-red color appear.

Sycosis, Mentagra. 481

The patients do not complain of much pain, but their ugliness fills them with anxiety. The disease is extremely obstinate and may last for years. It is true that it not unfrequently

in severity, and at times even disappears altogether ; but out again with renewed fierceness, and in such a case in one spot simultaneously. Its first appearance is almost the chin ; it is here that the disorder exists most comm fiercest intensity, but it likewise invades every other tion of the face, and in severe cases even the eyebrows.

Treatment, Although sycosis, when it first breaks out, s times heals spontaneously, yet a spontaneous cure, after has existed for some time, is a rare event, and the high of the disease obstinately resist every attempt to cure we have seen cases where a mentagra of many years' stand manently disappeared after an attack of typhus.

In treating this affection, success depends upon commenc treatment as early as practicable. The first and most im measure is to investigate and remove the cause of the di would not advise the use of internal remedies until we a after having pursued this course for a short time, that no satisfactory result; otherwise we might easily be dec garding the effect of our remedies. We have cured three this disease permanently and radically with Graphites 4t trituration ; two of these cases had lasted for several two of these patients, moreover, never shaved. This stat shows that Graphites deserves our attention in sycosis. nitrium is another remedy that is often very useful ; i bear the greatest resemblance to this disease. However, to state that we have never achieved a cure with this re although the cases improved considerably under its influ make the same remark of Aurum muriaticuyn. Siliceaj Olea Carbo animalis^ and a few other remedies, are indicated symptoms, but we have no clinical evidence to adduce in fkvor. Hartmann mentions a few other remedies; but it is from a perusal of his description of sycosis, that he cl this denomination all sorts of heterogeneous eruptions.

We must not omit to mention a few external remedies that be of great use. In recent cases of mentagra it is undou use to pull out the single hairs that perforate the tube being a painful proceeding, it must be carried out gradu ever, it IB of very little, if any, use if the whole cut

31

482 Diseases of the Skin.

trophied and infiltrated. Among the caustics Acidum nitr occupies the first rank, probably because it is eminentl pathic to the disease. Aurum muriaticum is likewise a go in some cases. Hebra advises to pull out the hairs befor ing; this proceeding undoubtedly increases the effective likewise the painfulness of the cauterizing process. Heb of treating this disease deserves being mentioned so muc he professes having cured every case by means of it. Fir hairs are pulled out, and afterwards a paste of Sulphur, and Alcohol is rubbed upon the diseased skin every morni evening. A cure is very rapidly effected. Sulphur is the medicinal ingredient in this case. "We shall revert to t

application of Sulphur in the next chapter. All other ex applications of corrosive substances, except Nitric acid condemned by Hebra.

18. Aene RoAacea, Gntta Hosaeaa.

Copper-nosey Bottle-nose.

Acne rosacea is an exanthem consisting of tubercles with disposition to suppurate, suppurating tubercles; and, mo continual venous hyper»mia.

It almost always commences at the tip of the nose, whenc spreads over the dorsum of the nose and over both cheeks over the forehead and the rest of the face. First we not thematous spot of small extent, painless, and distinctly by dilated cutaneous veins. Upon this erythematous base tubercles start up, which sometimes suppurate at an earl but likewise spread in size after the pus is discharged. cles keep constantly forming, new erythematous spots kee stantly breaking out, the skin becomes more and more hyp the veins become more and more varicose, the isolated li change to large tubercles, cracks and deep rha»gades, and make their appearance, and the face looks very much disf consequence of this extreme developoment of the nasal exa At first the affection has remissions, but the dark redn disappears entirely ; at a later period the disorder kee the time.

Abuse of wine and spirits is the cause of the disease in the larger number of cases ; but it likewise breaks out uals of very moderate habits and where the disease canno

Lupus. 488

to any apparent cause. Among women the disease is of rar rence and most generally associated with menstrual anoma disease is not often seen previous to the twenty-fifth y frequent occurrence is after the fortieth. Overheating t and immoderate drinking are very apt to cause a renewed of the disease. It is exceedingly obstinate and, in its is considered incurable.

Hartmann recommends the following remedies for this dise Carbo animalisj Kali carbonicum^ Arsenicum^ Veratrum alb nabis^ Acidum nitricxvm and phosphoricumj Tlmya^ Phospho phrasiaj Silicea^ Ledum^ Huta^ Aurum^ Kreosotum^ Sepia^ Plumbum^ Sulphur^ Acidum sidphuricunij Capsicum^ Clemati icum. We cannot be blamed for not attaching any sort of tance to so many remedies for a morbid condition that is characteristically marked by definite and unvarying symp and so little involves the general health. Among the abo tioned remedies, Carbo animalisj Arsenicum^ Acidum nitic rumj Sepia and Sulphur are the only ones that promise pa success in the treatment of this disease; Carbo animalis icum in the case of drunkards, and Sepia in the case of The treatment is always protracted and the results uncer imperfect, for the redness most generally remains. More

we have witnessed a marked improvement after the following treatment : We mix two drachms of the washed flowers of with two ounces of distilled water, and after vigorously this mixture, we cause a linen rag to be dipped into it affected parts of the face moistened with this rag every before bed-time, allowing the liquid to dry upon the skin washed clean again in the morning. By means of this proceeding the tubercles are made to disappear in a surprising period of time, and the redness likewise becomes less in success of this proceeding never fails, and this instance what an excellent effect the external application of a remedy will sometimes have, whereas the internal use of this specific would either have no effect whatever, or else produce curative results in a very tardy manner.

Wdf^ Jacob's Ulcer.

Lupus is preeminently a disease of the lower classes; it more frequently in some parts of the country than in others.

484 Diseases of the Skin.

attacks individuals indiscriminately any where, without regard of sex. Lupus has not yet been known to occur previous to the tenth and after the fortieth year; it is most frequently between the tenth and twentieth years of age. It is said to result from scrofulosis and congenital syphilis ; this, however, is the more so since lupus likewise attacks persons of sound and vigorous constitutions. It is never infectious.

In describing this disease we will distinguish four different forms, namely : Lupus exedens, hypertrophicus, exfolians and exedens.

Lupus exedens commences with the formation of a few, rarely of a number of dark-red or brownish spots, or of dark, scaly papules resembling acne and seated upon a cuticle rendered by infiltration. The spots slowly enlarge in size, they increase rapidly in number; some even, which are situated at the centre of the affected spot, disappear, but are immediately again by new ones starting up at the circumference. The skin on the affected spot continually exfoliates in small scales. If the papules have lasted for an indefinite length of time the cutaneous hyperæmia and infiltration are increasing. The papules ulcerate and become covered with scurfs constantly growing in size and thickness and hide somewhat funnel-shaped ulcers that gradually unite in one and despoil the skin over a large extent of surface. The healing of the disease commences in the centre, while the ulcerative process is renewed at the periphery; this constitutes the lupus serpens. Lupus exedens is chiefly located in the face, but may also spread to the neck and ears and may likewise break out in other parts of the body. If the lupus is situated on the nose, it frequently happens that the ulceration destroys the nasal cartilages, and even bones. This seems to be a particular form of lupus that sometimes commences on the mucous membrane of the nose. Lupus exedens is the most frequently occurring form of lupus.

Lupus hypertrophicus .likewise breaks out more especially face; the papules increase to the size of large tubercle subcutaneous cellular tissue becomes strikingly hypertrophic absorbing the tubercles in such a manner as to give rise to a deep-red elevation of the skin, which is soft to the touch, at its periphery new papules keep constantly forming, sometimes in considerable extent but never to any considerable extent.

Lupus« 485

time a retracted cicatrix may be seen, traversing the face. Gradually the affection may invade the larger part of the face, the ears, and may even spread below the chin; it is commonly associated with considerable eversion of the lip.

Lupus exfolians, which Hebra is unwilling to regard as a form of lupus, begins, like the former species, with a dark-red infiltrated spot upon which very flat or no papules are seated, and where the epidermis is constantly passing through the process of exfoliation. This spot never heals spontaneously; it increases in size, the only alteration it exhibits being a marked paleness of the skin. It is more particularly seen in females, is easily confounded with nevus, from which it is distinguished by the circumstance that this form of lupus breaks out until persons have reached an advanced age, whereas nevus is a congenital affection.

Lupus non exedens commences like lupus exedens, except that the papules and tubercles do not ulcerate, but become gradually reabsorbed, leaving a retracted cicatrix with atrophied skin at the affected spot, which looks like the scar from a burn.

The different forms of lupus are exceedingly chronic; it is rare for lupus exedens to pass through its stage of ulceration rapidly and as it were subcutaneously. The disease is not generally severe; it does not impair the general health; but it may easily become a very severe attack of conjunctivitis and by this means destroy the visual power.

Treatment* In view of the great obstinacy of this affection the first requisite towards a successful treatment, both of the physician as well as the sick, is a good supply of remedies in order to give the remedies a fair chance to develop and exert their full effect. As far as particular remedies are concerned, there are still without a sufficient number of clinical cases to point to certain remedies as specifically adapted to lupus. It is extremely desirable that every case should be made public in our Journals. Lycopodium is effective in lupus exedens, if the disease has not yet existed too long; if ulceration does not penetrate too far into the tissues, order attacks feeble individuals of a sallow complexion. Graphites is particularly suitable for nasal lupus with ulceration. Next to Graphites we recommend Aurum more particularly in the chronic form.

486 Diseases of the Skin.

ularly Aurum muriaticum. This remedy has sometimes a sui effect; it is indicated if the lupus starts from the Sc membrane, or if it spreads from the skin, gradually invading Schneiderian membrane, the bones and cartilages. In such Acidum nitricum or Sepia are likewise suitable. Calcareo is adapted to lupus in the case of scrofulous individual

For lupus hypertrophicus at an advanced stage all remedies are ineffectual. At the commencement of this disorder we may begin with Conium Baryta Graphites and Sulphur*

Lupus exfolians is no less obstinate than the previous variety and it is very difficult to pick out suitable remedies from our Materia Medica. We may try Arsenicum next to white Sulphur J Phosphorus Kali bichrom. and perhaps Thuja.

Lupus non-exedens does not require any other remedies than lupus exedens.

Other remedies for lupus are : Iodum Carbo animalis and Silicea Alumina.

The usefulness of external applications is sometimes evinced but not unfrequently questionable ; cauterization sometimes does great amount of injury. In a case of lupus hypertrophicus cauterization is especially a proceeding of doubtful propriety. In carcinoma, it usually grows so much more rapidly after cauterization is insisted upon, it should be done with the extremity of a stick of the Nitrate of silver ; it is important to remember that only the little tubercles must be cauterized, the whole of the diseased surface. All liquid caustics irritate the filtrated skin still more, and make the disease worse than

Cod-liver oil in large doses has sometimes an excellent effect, might perhaps be sufficient to improve the constitution and afford substantial nourishment ; for cod-liver oil is only useful where the assimilative system has been very much impaired.

15. Herpes.

Tetter.

All forms of herpes are characterized by the formation of vesicles, clusters of which are seated upon an inflamed surface; the vesicles of one cluster breaking out simultaneously and running an acute course. In obedience to the habitual nature as well as on account of differences in the treatment we consider the main forms each by itself.

Herpes. .^'', 487

a. Herpes Facialis^ Facial Herpes. "U,

This form of herpes accompanies a large number of chronic diseases without exerting any specially marked influence

over their course; except in pneumonia where tbi\$ ^^ ni is said to constitute a decidedly favorable omen. -4^ at exanthem it seems to manifest itself when indicating the nient of a catarrhal aliection, provided the catarrhsdir not very intense. A first appearance predisposes most de relapses.

Herpes facialis (also hydroa febrilis, herpes phlyctseno generally breaks out on the lips, less frequently on the bead, ears, eyelids. A tension, burning, and a marked se of swelling are experienced at a certain infiltrated spo vesicles start up amid slight febrile motions and an unu of lassitude. In the face they are always of a tolerably but there are not many of them clustered together, they run into one another; the cuticle of the 8iX)t where the does not show a " ^ry vivid redness; sometimes they are p cleft. They contain a clear liquid which soon becomes di changes to a rather dark scurf that soon falls off, leav time a red, somewhat infiltrated spot ; burning pains li for some time.

One attack does not render any treatment necessary, beca does not alter the course of the vesicles that are alrea if new crops break out in rapid succession, at definite may be well to give Hepar sulphuris or Arsenicum in not quently rei)eated doses. Bryonia is an excellent remedy succeeding crop of vesicles is accompanied by fever and situde. If the affection is very obstinate and inveterat may be given for it. [^Aconite is better than any other the eruption is acute, attended with fever; by using Aco inflammation is speedily subdued, and the vesicles dry u small scurfs that fall off in a few days. H.]

b. Herpes Preputialis.

This is principally located on the prepuce, although it queutly appears on the scrotum, penis, and on the female organs. It bears a very close resemblance to herpes faci single clusters are small, the vesicles not very numerou

488 Diseases of the Skin.

portionally of some size. It breaks out without any symp general disturbance; its appearance is accompanied by th peculiar to all forms of herpes. If the vesicles are sea outer skin, superficial, bright-yellow scurfs form on th if seated on the inside of the prepuce, instead of vesic have superficial ulcers which occasionally become covere scurfs. The causes of this afiection are unknown ; what tively known is that syphilis does not modify the course of this form of herpes ; its frequent association with b has led this to be regarded as the cause, whereas the re that herpes is the cause of a more copious secretion of

Herpes preeputialis acquires its importance from the fac easily mistaken for chancre, especially by lay-persons w infected with chancre previously, and are now living in dread of constitutional syphilis. By fixing one's attent

following points, the diagnosis becomes quite easy : her
 consists of several vesicles seated close together upon
 base, in a case of chancre we scarcely ever see the prim
 which is moreover completely isolated. If properly guard
 very soon becomes covered with a scurf, the syphilitic u

The use of treating herpes prseputialis that is fully ou
 view of shortening its course, is very questionable ; we
 however, on some occasions, that this course is abbrevia
 proper remedy is administered. The main point is to coun
 the tendency to relapses which is just as great in this
 as in that- of herpes facialis. Hepar sulphuris meets bo
 indications, provided its use is continued for some time
 the disappearance of the efflorescence. Hartmann, on the
 recommends the red precipitate and nitric acid. Caladium
 is likewise indicated, but more in the herpes pudendorum
 the preputial herpes of males. If balanorrhoea is presen
 and careful cleansing of the parts is of course indispen

c. Herpes Zoster j Zona^ Shingles.

This form is characterized by the development of cluster
 vesicles, of which there are generally several, along th
 or more spinal nerves, assuming on the trunk the shape o
 or belt, but on the extremities breaking out in a more i
 form.

The etiology of this exanthem is involved in obscurity,

Herpes. 489

physician of extensive practice must have noticed that a
 periods of the year several cases break out simultaneous
 one after the other, as though epidemic influences were

Zoster commences almost without exception with rheumatic
 pains in the parts where it is to break out, and is ofte
 with great lassitude and fever. The preliminary pains ar
 unfrequently like inflammatory pains. At the origin of o
 nerves, in company with a violent and painful burning, a
 cence breaks out, after which papules arise, next, clust
 with tendency to run into one another. These vesicles re
 for four to six days, after which they change to flat sc
 inasmuch as a new cluster may arise after the first, and
 cessive crops may continue even after the first vesicles
 healed, the whole process may last even three weeks. It
 seldom the case that scratching or the friction of the c
 cause a superficial ulceration. There maybe no pain duri
 continuance of the efflorescences, except the slight bur
 ing the successive breaking out of new crops of vesicles
 greatest distress to the patient is the burning itching
 cially severe in bed. After the falling off of the crust
 gone, or the peculiar itching may perhaps continue for s
 or finally – and this is not by any means a rare occurre
 costal neuralgia of a very obstinate type may set in, ap
 more readily the less scantily the herpes was out on the

Treatment. Although zoster is an entirely typical form o

disease, and we have no certain sign whether our medicine diminished the number of vesicles, and abbreviated their yet it is certain that intercostal neuralgia sets in much when zoster is treated with appropriate remedies, which is a sufficient reason why zoster should never be allowed to take its course without proper medicinal treatment. The remedies by Hartmann, namely: Mercurius, HhuSj Causticum, Graphit Sulphur, Arsenicum, Acidum-nitricum and Euphorbium, with the exception of Bhus and Euphorbium do not correspond with the general features of the disease. So far as Rhus is concerned we know positively that the remedy is usually given without benefit, although its symptomatic similarity would seem to recommend it, and as regards Euphorbium we have no clinical proof of its curative influence in this disease. Mercurius seems to prevent the breaking out of new clusters of vesicles. It is a remedy that renders excellent service in some respe

490 Diseases of the Skin.

we cannot recommend with sufficient warmth, since intercostal neuralgia very seldom occurs after its use. We likewise tried Oleum croionia for experimental trials. The treatment of subsequent neuralgia has been discussed in a former chapter

d. Herpes Iris and Circinnatus.

Both these forms being essentially identical, we describe them together.

Herpes iris consists of a larger vesicle or bulla which is frequently filled with a blood-tinged liquid, and is surrounded by a wreath of smaller vesicles round whose external border a larger wreath may form. The course is the same as that of other herpetic vesicles. The efflorescences first appear on the feet or hands, spreading on the extensor-surfaces first upwards, and the new clusters of vesicles appearing in the same relative position as the vesicles of herpes generalis again assuming the form of herpes iris. This form of herpes frequently occurs among women and children.

Herpes circinnatus which comes out in the same manner as herpes iris, is distinguished from the latter by the circumstance that the central bulla is missing, and that only the wreath of vesicles is present.

Essentially both forms represent a form of herpes zoster on the extremities, so much more as they are sometimes succeeded by a peculiar pain which is not quite as severe as intercostal neuralgia. This affection which is altogether of rare occurrence, requires any other remedies than those that have been in use in zoster*

40. Eczema.

Eczema is one of those exanthems that has given rise to a large amount of confusion. In the following sketch we represent essentially the views and statements of Hebra who enjoys the disputed merit of having first cleared up this pathologi

The causes of eczema are either external irritants acting upon the skin, or else substances that affect this organ through general circulation into which they had been absorbed, or constitutional influences. Heat, for instance, causes the baker's itch; and heat, intense cold, salt-baths, mercury, Croton-oil, etc., a number of medicinal agents taken into food or food giving rise to an unusual deposition of fat

Eczema. 491

Affections of the female organs of generation, varices, all kinds of stasis in the venous system, and a number of similar circumstances and influences uniformly occasion eczema. Among the direct cutaneous irritants we distinguish: neglect attending to the skin, vermin, friction by the clothes, rubbing of a part, for instance between the thighs when horseback, and by continued walking.

The reason why eczema has given rise to so much confusion because its various modes of origination were not properly considered, and an eye was only had to the various modifications of the appearance of an eczematous part undergoes in consequence of the formation of crusts or scurfs, scratching, dirt, hair, body, etc. The typical form of eczema is obtained by rubbing Croton-oil upon the skin. Upon a red surface a number of pimples shoot up which, if carefully guarded, heal in a few days leaving the affected portion of the skin injected. If they are not protected, if they are scratched or rubbed again with clothes, the vesicles break, and crusts form, beneath which irritation continues, the exudation continues likewise; exudation may be so copious that no crusts can form, in which case the affected part always looks red and moist. If the irritation continues, the eczema spreads to the adjoining parts; scabies communicates it to remote parts; beside the vesicles, pustules likewise, the so-called eczema impetiginoides, and the color of the exanthem is totally altered.

Three modifications have been distinguished more particularly. First the eczema simplex. Upon the cuticle, having a natural color, small vesicles spring up irregularly, without forming definite clusters; they gradually grow in size, break, dry, and heal by desquamation, then reappear again at the same place, and, favored by circumstances, pass into the follicular form, Eczema rubrum; upon an injected and infiltrated spot, very small pimples spring up whose tops are filled with a watery fluid. After the bursting of the vesicles, desquamation ends the eruption. Finally eczema impetiginoides which is by far the most common form of eczema, consisting of vesicles and pimples or pustules, of which change to pustules ending in the formation of crusts. Hence this form is properly speaking a combination of eczema simplex and impetigo.

According to their locality we have several strikingly characterized forms of eczema, among which we distinguish the fol-

492 Diseases of the Skin.

Eczema of the face (crusta lactea, crusta Berpiginosa, p larvalis, melitagra) is almost always of the impetiginoid form; it may invade the whole face at once, in which case it usually spreads to the ears; or else, it may remain confined to single spots, especially the cheeks and chin. As a rule, the skin is swollen and only inconsiderably infiltrated. This form chiefly affects children.

Eczema of the hairy scalp is likewise generally of the impetiginoid form; it makes the hair look and feel like felt, and to spread a foul odor and to give rise to the formation of crusts and is strikingly disposed to migrate beyond the hair, especially to the nape of the neck. This form of eczema is more particularly met with among adults.

Eczema of the male organs breaks out on the penis in a form as eczema simplex; on the scrotum, on the contrary, it develops itself in a very chronic form as eczema rubrum. The last-mentioned form causes a horrid itching, and is generally attended by a dilatation of the cutaneous veins on the scrotum, and is one of the most obstinate cutaneous affections. It is very seldom attended by the formation of pustules, but is very apt to lead to hypertrophy of the scrotal integuments.

Eczema of the legs (salt-rheum) really depends almost exclusively upon varicose veins, more especially upon dilatation of the cutaneous veins, whereas the larger vessels may continue in a perfectly normal condition. This eczema is extremely obstinate, and most horridly, generally exacerbates in the spring and fall. It is a species of eczema rubrum with occasional formation of pustules and an infiltration of the skin that makes it almost look like elephantiasis.

Eczema has a peculiar tendency to attack correspondingly situated portions of the skin, even though the morbid influence originally only acted upon one side of the body.

Eczema seldom runs an acute course; the extremely acute form of "eczema universale" is very rare; on the other hand, it frequently commences as an acute exanthem, with slight itching but very soon assumes a chronic character. All the different species of eczema itch more or less; scratching, which it is impossible to avoid, is a main cause of the onward spread and the protracted course of the disease. Every kind of eczema may heal and heal spontaneously, provided the chief requisite towards

Eczema. 498

namely rest in a horizontal posture, is attended to. Eczema of the leg and scrotum is the least promising of any.

Treatment There is no cutaneous affection the cause of which is more easily discovered than that of eczema; nor is there any cutaneous affection where the removal of the cause is more likely to lead to the success of our treatment. How the causal indications

satisfied in every case, is difficult to determine owing to the quantity and number of the noxious influences giving rise to the disease. Above all, local irritants giving rise to eczema, should be removed. In most cases eczema gets well of itself after the cause is removed; however, this is not always the case. Not uncommonly, after the exanthem has lasted for some time, the disease acquires such a power of independent existence that a germ of inherent development has become ingrafted upon it. Eczema arising from constitutional causes, is of less frequency than any other.

In the next place we have to aim at removing the cause, which is the chief promoter of the spread of eczema, namely scratching. In some cases it is impossible to prevent scratching, no case of children, but likewise in that of adults; the itching is so intense and the scratching may be indulged in by the patient while he is sleeping, when the scratching cannot always be prevented in the long run. Under such circumstances it is a good plan to cover the hands by means of gloves or linen-bags and to remove the sharpness of the nails by the use of a nail-file; the possibility of laceration of the exanthem with the nails may transfer it to other parts of the body by a regular process of grafting. In other cases scratching may be prevented by appropriately covering the eczematous part; on the leg, for instance, by applying adhesive bandages, and in the case of children by covering the heel with a calf's bladder from which the mucous lining has been removed. Beneath which the exanthem sometimes heals with wonderful rapidity. Finally, we will name a few external applications the use of which the itching abates with more or less certainty. We ought to state that the greatest amount of irritation superinduced by the itching, proceeds from the fully-developed crusts, whereas a moist eczema itches much less. Hence, the greatest care is to limit the formation of crusts as much as possible, to prevent their excessive adhesion and desiccation. This object is best attained by frequent ablutions with cold or tepid water. We are aware that these are dreaded by many physicians and lay people, but

494 Diseases of the Skin.

any adequate cause if proper care is used. A shower-bath is preferable to washing; but the water must not have a fall of more than two feet, nor should the temperature be below fifty degrees. For eczema of the body tepid baths with friction and soap are eminently to be commended. Liquid fats are excellent means of softening the crusts. By moistening them with a little oil, they break up into little fragments and can be removed easily. Glycerine renders the same service. We must be careful, however, not to apply the oil too often, nor too much of it, for otherwise it might result in the formation of pustules. Twelve hours after the application of the oil the parts ought to be washed with soap. If very thick crusts are to be speedily removed, the surest means is the use of warm cataplasms which, however, should not be applied too long at a time, for the reason that they are likewise apt to lead to the development of pustules. No matter what they are made of, can never be of any use if they are generally hurtful.

Regarding the medicinal treatment of eczema, we find a list

number of medicines indicated in the books, most of them accompanied by all sorts of the most subtle and refined indications are not only of no practical use, but are not even substitutes for the symptomatic record of our Materia Medica. This subject affords us another opportunity of satisfying ourselves of the results resulting from an inappropriate and vacillating nomenclature which positively defeats all the good that could be done by accumulated records of clinical experience. Moreover, it is impossible to furnish reliable indications for every drug; the symptoms as well as the accompanying secondary phenomena are too varied to claim our chief attention, for the reason that the specific remedy that meets the cause of the eruption, is often determined by an investigation and knowledge of these phenomena. For this reason we have confined ourselves to merely naming the medicines, accompanying some of them by practical hints, referring to the Materia Medica for special information, which the chronic nature of the exanthem affords abundant opportunity. In order to facilitate the search of proper remedies we have associated them with the chief forms of eczema, each according to its locality.

Eczema in the face, which chiefly attacks children, is often cured to dry up in a few days by means of *Oleum crotonis* administration. This remedy shows its curative action so much more

Eczema. 495

tainly, the more recent the cutaneous affection; moreover, the most appropriate in eczema rubrum, and is so much less applicable to the case, the more nearly the eczema assumes an impetiginous form. If the disorder is of long standing, and hence more chronic and more extensive, *Lycopodium* often acts with surprising benefit. Next to this remedy comes Sulphur. For crusta lenticularis proper Borax is recommended; *Mercurius* and *Lycopodium* are likewise *Bepar sulphuris* are more reliable. [I have cured many horrid cases of crusta lactea with *Aconite* and *Belladonna*. From *Vida tricolor* we have never obtained the least significant curative effect. For eczema impetiginoides the remedies just named, are likewise useful, but we have a much better opinion among the following : *Mercurius* *Hepar sulphuris* *Acidurrij* *Cicuta virosa* *Baryta*. The last-named remedy has a specific action in cases where the eczema is accompanied by enlargement of the lymphatic glands, and generally in the case of impetiginous scrofulous individuals.

[We once cured a baby that had been vaccinated with impetiginous vaccine, of a horrid attack of *Crusta serpigiosa* by means of a single pellet of *Arsenicum* 200. On the third day after vaccination a black pustule broke out on the arm, which grew very rapidly to the size of a big potato and was filled with a foul-smelling ichor. An ugly-looking sore formed wherever the ichor touched the skin. In the course of twenty-four hours the face, neck, and upper arms looked like one mass of blackish, dark-brown crust. This disorganizing process spread almost visibly. The crust could no longer be seen. The sides of the face and neck, and part of the scalp were covered with this horrid crust. The face likewise had become infected. One pellet of *Arsenicum* 200 was placed upon the child's tongue at night. Next morning the

had not spread any further, and those that existed were dry ; they fell off in two days, and in a week after eve of the ulcers could no longer be seen. H.]

If eczema is exclusively seated on and behind the ears, obstinate; hence, the remedies must not be changed too o best remedies are: Mercurius^ Iodium^ Kali bichromicum^ Sulphur.

Eczema of the hairy scalp, both when confined to the sca when the face is invaded by the exanthem, either runs it rapidly, more especially in the ease of children, and ge the form of eczema impetiginoides; or else it assumes th

496 Diseases of the Skin.

eczema rubrum, most commonly in the case of adults, its such a case being very chronic. For the former acute for remedies are: Hepar sulphur.^ Oleander^ Lycopodium^ Sulphur sagria^ Mercurius (when a tendency to acute lymphadeniti Baryta carbonica (when attended with a painless or, at a acute inflammatory swelling of the lymphatic glands), JS matis^ and, according to Hartmann's urgent recommendatio mara. For the obstinate eczema of adults we cannot recom sufficient emphasis Arsenicum and Graphites. With Arseni we have several times removed an exceedingly humid and h itching eczema in the space of six to eight weeks. Quite we have cured eczema of seventeen years' standing with G the patient being otherwise in a state of perfect health continue the remedy for over six months in the fourth to trituration, but even the excessively hypertrophied ears resumed their normal shape. We do not mean to deny the p adaptation of Sulphur^ Lycopodium^ or even Phosphorus^ disease, but we are obliged to confess that we have neve the least curative effect from either of these remedies.

Children passing through the second period of dentition attacked with an eczema that is confined to the lower bo hairy scalp on the occiput, between both ears, and which once cured, is apt to break out again, and is always acc by glandular swellings of considerable size. Hartmann re Dulcamara for this eruption ; we have used for it with p cess : Rhus toxicod.j Calcareo carbonica j Oleum crotoni

Eczema on the scrotum occurs in very few cases as an acupctiginoid eczema ; for such cases no medicine surpasses in efficacy, beside which we call attention to Caladium Rhus toxicod, and Hepar sulphuris. In cases of chronic e great patience is required not only on the part of the p likewise on that of the patient; it is an exceedingly ob tion. The remedies to be employed in such cases are: Sul senicum^ Lycopodium^ Nitri acidum^ also Graphites^ Petro and Anihrakokall. A fact deserving special consideration common co-existence of profuse hemorrhoids with this eru the scrotal integuments are likewise traveled by a numbe varicose veins.

Eczema between the thighs is generally cured by means of

curius or Lycopodium ; of course the cause has to be str
Daily ablutions of the part with good soap are indispens

Impetigo. 497

Eczema on the leg is likewise very obstinate, no less so
eczema on the scrotum ; in order to cure this disease, w
neutralize the eff'ect of the varices by a carefully app
bandage. If th© eczema has the impetiginoid form, it is
to place the patients for a short time in a horizontal p
order flax-seed poultices to the part ; at the same time
or Carbo vegetaUlis may be given internally, and, if ery
redness sets in: Mercurius. – Afterwards the chief remed
physagria which is often sufficient to eradicate the dis
likewise call attention to Graphites^ Sulphury Lycopodiu

Beside the above-mentioned remedies the following are li
more or less homoeopathic to eczema : Kreasoturriy Aurum
JSarsaparillaj Sepia^ Siliceay Alumina^ ConiumjRanunculu
also Tartarus stibiatus.

17. Impetigo.

By this term we designate the breaking out of small pust
the skin, either scattered or in clusters.

This afiection is traceable to the same causes that have
pointed out as causes of eczema ; indeed, both these exa
generally appear associated. Besides this, however, impe
generally the expression of a constitutional affection,
larly of scrofulosis, the first symptom of which is not
the formation of pustules. Among adults the disease may
caused by an excessive supply as well as by an extreme d
of good and nourishing food. Owing to peculiar causes, a
impetigo may break out after vaccination over the whole

The appearance of the pustules is sometimes accompanied
symptoms of an inconsiderable febrile irritation, genera
without the general organism being involved. At a certai
on the cuticle, seldom at several spots at once, an effl
its appearance, attended with itching and burning which,
never equals in intensity the itching 'and burning of he
eczema; very soon the efflorescent cuticle appears cover
small vesicles of the size of lentils or peas, containin
liquid ; after having been out a few days, the vesicles
their contents change to yellowish, greenish and brownis
which adhere with a tolerable degree of tenacity and, on

oft", leave for some time red and flat cicatrices. In the single pustule this course is terminated in ten days to But new pustules keep forming ever and anon, adjoining t
32

498 Diseases of the Skin.

pustule; they cover a large portion of the skin, and in the whole process assumes a chronic form. While the new of pustules are developing, the exudative process genera at the previously-affected places, by which means the or very thick scurfs are changed to crusts of considerable neath which a superficial ulcerative process may still b petigo rodens). With impetigo the lymphatic glands invol exanthem, almost always swell and become inflamed. In pu this course the exanthem may continue on for years, wher other times, the whole course of the eruption may be end few weeks. Scratching and the consequent grafting with t contribute a great deal to the spread of the pustules ; means the eruption may easily be transferred to other in as often happens in the case of children's nurses.

Impetigo-pustules, if not excited by local irritants, su or moist poultices, break out chiefly in the face (crust melitagra, porrigo larvalis), upon the hairy scalp (porr the nape of the neck and on the lower extremities. The p at times appear isolated (impetigo sparsa), at times in or clusters (impetigo figurata), and at other times upon inflamed base (impetigo erysipelatodes). The pustules ge involving a hair-follicle, the hair, in impetigo of the not only glued together in clustera, but is likewise dry a good portion of it falls out, giving rise to bald spot less size. Otherwise the constitutional condition of the not impaired by this affection.

In treating a case of impetigo, the causal indication is important as in a case of eczema, especially if we deal children, and a suspicion is consequently excited in our the disorder being occasioned by a scrofulous taint. In it is necessary to attend closely to their diet, cleanli very common cause is not, as is often supposed, too fat the excessive and too frequent use of milk. We likewise irequently see children attacked with impetigo whom thei especially in the country, nurse until the little ones a years old. Many occupations carried on in a high tempera likewise apt to induce impetigo, and all our efforts to ease would be fruitless, if this circumstance were lost

Local treatment has to be conducted in accordance with t laid down for eczema ; above all, the crusts have to be removed and their return prevented ; the further spread

Ecthyma, Rupia. 499

exanthera by scratching has to be limited as inuch as po appropriate barriers. In resorting to external applicati not overlook the fact that the skin of many individuals ingly vulnerable, and that the application of oil or of presses, etc., to such a skin may very speedily excite i increase it where it already exists.

Medicines employed for this affection may deceive ns reg their curative powers, for the reason that such an exant heals spontaneously within a few weeks. A spontaneous cu this kind can never be determined beforehand, for it but happens that an apparently acute or subacute course is c a very chronic one, or that the disorder is continually between remissions and exacerbations. On this account it that suitable medicines should be given at once at the c ment. In the case of children, and when the face or the scalp is invaded, Mercurius renders the best service as efflorescence of the cuticle continues. Hepar sulph. cal arrests the disorder at the onset. If the affection has chronic character, Antimonium crudum^ Lycopodium^ Arseni Calcarea carbonica^ Acidum nitricum or Clematis have to to. Lycopodium and Staphysagria are particularly adapted impetigo of the legs. According to our experience. Sulph utterly ineffectual in this affection; Hartmann, on the writes of this and other remedies as follows: "In impeti is undoubtedly one of the most distinguished remedies, p is not given in too scanty a dose ; even a bright efflor base does not counter-indicate it. Among chronic cutanio tions Graphites seems to be characteristically adapted t Acidum muriaticum is useful for impetigo on the legs in of old people, with burning pain." He likewise mentions Oarbo vegetabiliSy Sepia^ and a number of other remedies scarcely ever in homoeopathic relation with the case. Fo rodens Hartmann recommends Staphysagria^ Kali hydriodicu however, his delineation of impetigo does not seem to us an exact image of the disease.

18. Ecthyma, Rupia.

Both ecthyma and rupia (or rhyphia), according to their g characteristic properties, are nothing else than forms o that is : pustules upon the skin, differing only in size

Both may have the same etiology as impetigo, and may lik break out on individuals of apparently sound health ; in

600 Diseases of the Skin.

however, both exanthema are signs of constitutional dise are more particularly met with among the poorer classes damp and unwholesome dwellings, and not having a suffici of nourishment. The ecthyma-pustule is very often a symp neglected itch, rhyphia a symptom of constitutional syphi

The ecthyma-pustules are seated upon an injected and inf base which is at times of a bright, and at other times o redness, the latter, if some constitutional cachexia pre

are always distinct, very seldom close together ; they are size of a large pea, semi-globular, and at the onset fill yellowish-turbid, or sanguineously-opaque fluid. Only a break out at once, generally only one at first, the other following in successive crops. The eruption is sometimes by pains in the joints and febrile symptoms. The halo of tulle fades away with the desiccation of the vesicle, and adhering incrustation forms, not very thick, but which in thickness very considerably, if the suppurative process underneath it ; this change usually, however, takes place in case of cachectic ecthyma. In consequence of a successive this pathological process may become protracted for weeks or months. The pustules are most commonly seated on the leg less frequently on the thighs and the rest of the body, in the face.

Rupia-pustules are large blisters sometimes of the size of a penny ; yet they ought to be ranged among the pustules for the reason that their contents though serous at first, yet soon become to a puriform liquid, and are very generally mixed with blood. They are seated upon a dingy-red base, are never very much elevated above the skin, but are loose blebs which, in a change to brown incrustations raised in the middle, and separating very rapidly, leaving an ulcerated excoriatio simplex), or beneath which the suppurative process continues (causes the incrustations to grow to considerable thickness and prominens). If the incrustation is removed, a deep, sick ulcer is revealed underneath which obstinately defies every effort to heal it, but upon which new crusts are disposed to form. Rupia, too, is most generally seated on the leg, never is very seldom on the rest of the body. It is an exanthem of a hemorrhagic character, but is generally curable; it is only when the disease becomes ichorous (rhyphia gangrenosa) that it may lead to fever and result in death.

Pemphygus. 501

Treatment. Ecthyma associated with scabies and the syphilis will be treated of when we come to speak of the syphilis. If not accompanied by malignant symptoms, ecthyma hardly requires any medical treatment. Otherwise our best remedy is Antim. tartar. which is suitable as long as the cutis has not assumed a chronic character. Mercurius is decidedly to Tartar Emetic. Arsenicum Staphysagria and perhaps Lt podium may be tried to keep off the new crops of blebs. as rupia does not assume a gangrenous character, Shus to Acidum nitricum muriaticum or phosphoricum are sufficient; but if the affected parts are invaded by malignant ulcers we meet this change with excellent effect by means of Ar and Secede comutum to which Carbo vegetabilis and Staph are decidedly inferior although they may at times be used. The main object is to treat the general condition ; both eruptions disappear so much sooner and will be so much less disposed to break out again, the more carefully the skin is attended to, the more the internal treatment.

19. Pemphygi fl.

This affection which is likewise described under the name pempholix, is characterized by the formation of large blisters of various origin, especially that of the acute form, is involved in the disease, whereas the chronic form is evidently traceable to a constitutional taint, which is so much more probable as the chronic form of exanthem is so apt to terminate fatally.

Pemphygus may represent an acute affection, but, as such a very rare occurrence; we do not consider it necessary to devote more space to it.

Chronic pemphygus most generally commences without fever nevertheless in cases where the disease consists of successive crops of blisters, with intermediate free intervals, it is that each special eruption sets in with some fever and pain in the limbs. The disease commences with the breaking out of large sized red spots, attended with itching and burning; soon afterwards the appearance is perceived in the middle of the spot, which rapidly increases in size, and forms the blister; this sometimes remains small, and at other times grows to one inch and a half in diameter. The blisters are filled with a clear fluid, very tense, and easily, after which no incrustation forms, but the detached epidermis separates, leaving for some time a moist excoriated surface.

502 Diseases of the Skin.

that a blister runs its whole course in about a fortnight as the blisters seldom cease to form after their first, the contrary new blisters form almost every day, the disease becomes very much protracted and all the stages of the pemphigus disease may be seen and observed on the same patient. Pemphigus is most frequently seated on the leg, blisters may, however, break out over the whole body. The course of the eruption varies. Either the blisters come out in crops separated by intervals of weeks or even months; — this is a comparatively favorable form or else the affection commences with a few blisters which new blisters continuing to form, which involves a loss of plasma that may, after a lapse of time, lead to gradual hectic fever and death. At all events pemphygus is one of the most obstinate and at the same time one of the most dangerous cutaneous affections. This statement, however, only applies to the above-described form, not to the pemphygus which, like the erythema-pustule, sometimes breaks out as a secondary symptom of other cutaneous affections and a variety of other acute affections and which has no particular significance.

Treatment. Considering the importance of this exanthem, we are not particularly blessed with reliable remedies for its cure. Compare : Cantharide, Causticum, Kreosotum, Lachesis, Terebinth, Rhus toxicodendron, Banunculus, bidbosus and sceleratus nutum. These remedies are theoretically indicated by our symptoms, but, so far as we know, not one of them has yet cured a case of this disease. We doubt very much whether Dulcamara is capable of doing any thing for such a deep-seated constitutional disorder. Lachesis of all other remedies has the best marked symptoms. Mercuius seems to be in curative rapport with pemphygus. Some years ago we saw in Vienna a woman who for several years had been a nurse in one of the sections for

patients, and who had rubbed up a good deal of quicksilver on her bare hand. Since then she was attacked with pemphigus whether her handling of Mercury was the cause, is of course problematical. In the subsequent course of the disease remedies have to be employed for the general consequences of exanthem rather than for the exanthem itself. Arsenicum Sulphuratum Ferrum may possibly keep off the threatening disease if they are not homoeopathically related to pemphigus.

Furunculus and Carbunculus. 503

SO. Furunculus and Carbunculus.

Anthrax.

Although both furuncle and carbuncle are generally regarded as surgical diseases, yet we are perfectly satisfied that these pathological processes can be managed by internal treatment in such a manner as to make all surgical interference unnecessary.

A furuncle generally proceeds from a single cutaneous gland, or else from several in close proximity to one another, and the deposition of the exudation takes place into the gland. The inflammation, however, is not limited to the gland, but extends to the surrounding cellular tissue, enveloping the follicle and exudation-plug. Amid severe pains, and sometimes in connection with intense fever, pus forms in the space of three to four days, and breaks through the skin. Usually the exudation core cannot be removed until some time after the opening has existed. Furuncles of some size generally break out singly on the buttocks, but it very commonly happens for a furuncle to be followed by another; lay-people consider it an established fact that seven boils must break out one after another, which shows how seldom a boil is without successors. The origin of boils is very often a local irritation; but there are epidemics which have to be accounted for by atmospheric influences. Boils very often occur during convalescence from severe diseases and after the excessive use of fat as an article of diet.

Carbuncle or anthrax is regarded by many as a combination of several furuncles; but in our opinion this theory is erroneous. A boil is never attended with gangrenous destruction; with carbuncle this is the rule. Carbuncle, moreover, has its favorite localities, namely the integuments along the dorsal spine, especially the nape of the neck; less frequently the sternum or the face. Carbuncle, moreover, is chiefly met with among old persons; boils, on the contrary, may occur at any age, among young people. Otherwise it is difficult to decide the causes of carbuncle, for it occurs among individuals of cachectic and deteriorated constitutions as well as among healthy and robust persons. Carbuncle begins and runs its course with great pain. At the painful spot a mere change is scarcely perceived at first; soon, however, it acquires a bluish look, but without any perceptible swelling. The pus seldom breaks through before the sixth day, generally in several places at once.

504 Diseases of the Skin.

afterwards unite and from which a thick, easily decomposed mass is discharged, mixed with a quantity of shreds of detached tissue. This whole process is attended with fever which assumes an adynamic type and, after the sudden supervention of cerebral symptoms, may terminate fatally. In a favorable cure takes place very slowly, because the loss of substance is many square inches in extent. Further details about the disease will be given in the next paragraph.

Treatment. Boils require very seldom any medicinal treatment; warm poultices bring the boil to a head in a few days. If the boil is very large, attended with considerable inflammation of the cellular tissue, and a good deal of fever, and if it does not break spontaneously, a few doses of *Mercurius vivus* to be followed by doses of *Hepar sulphuricosum*, hasten the course. We do not lance, because the pains and the suppuration generally longer in such a case, whereas, if the boil breaks spontaneously, it generally heals in a few days; however, we should see to the removal of the core at as early a period as possible, for if the core keeps up the suppuration. To eradicate a tenacious boil, a constant return of new boils, *Acidum phosphoricum* or *Nitricum* and still more *Arsenicum* have seemed to us useful remedies. In every matter of course it is very difficult to decide this point.

If we desire a carbuncle to run a benign course, we have to attend to it with medicines from the commencement. *Acidum nitricum*, *Silicea*, *Carbo vegetabilis*, *Secale comutum* are recommended, but it is difficult to determine special indications of these remedies; nor are we acquainted with definite results in any case. *Arsenicum* given at the onset, affords excellent service, and contributes greatly towards a secure result. *Secede comutum* which is too little thought of in such cases, may be given if cerebral phenomena set in at an early period of the disease; *Phosphorus* may likewise be indicated under certain circumstances. *Silicea* is suitable if the suppuration has not broken in. Here, too, as in the case of boils, we urgently advise the artificial opening of the carbuncle, more especially if it is mature. An early access of atmospheric air favors the development of gangrene, pus is but too readily taken up by the cuticle, and the inflammation is enabled to spread. We are fully aware that surgeons are of a decidedly contrary opinion; but we can assure them whether they have ever attempted the cure of a carbuncle without a crucial incision. No opponent of our view will

Seborrhoea. 505

to answer this question affirmatively. After the carbuncle has broken, the shreds of cellular tissue have to be removed as soon as possible, and completely as possible; the sore should likewise be cleaned frequently. Warm poultices ought to be applied from the beginning.

11« Seborrlicea.

An excessive secretion of sebum on the hairy scalp is a frequent occurrence during the first year of infancy. It may likewise place among perfectly healthy and robust men up to the age of

thirty ; women afflicted with uterine diseases, and like women, often suffer from it.

Seborrhoea chiefly takes place on the hairy scalp, more on the sinciput than on the forehead, nose and on the si organ. On the hairy scalp the secreted sebum forms fine white scales or, as in the case of children, incrustatio times acquire considerable thickness. In the face the se remains liquid, in which case the affected part looks so injected and has a shining, greasy appearance, and the g be removed by means of blotting paper; or else the sebum lates very rapidly, forming a yellowish, scurfy, soft li which the skin has a natural appearance, except a little usual; numerous excretory ducts of the follicular glands wise seen.

This disorder, oscillating between more or less, always very chronic course. It is of no great importance, for t health is not affected by it, except that the patients e the affected part a disagreeable tension and prickling, itching on the hairy scalp. The seborrhoea of pregnant f almost always ceases after confinement. Seborrhoea is im in so far as it is easily confounded with pityriasis and mistake that is apt to lead to erroneous and even injuri ment. The diagnosis is secured by the circumstance that rhoea the epidermis remains intact.

X^eatmenU Internal treatment is only necessary in cases where the affection is of a primary origin, or depends u disorders. In the last-mentioned case our chief and, ind object should be to remove the cause, for the cure of th derangements involves the disappearance of the cutaneous As a primary affection the disease is very obstinate ; q in the case of a robust young farmer, we have employed i

506 Diseases of the Skin.

every iraaginable remedy, more particularly Aurum, Graph Lycopodiuniy Acidum nitricum, Calcarea carbonica. The on that improved the case, was Arsenicum. Tried remedies fo disease are as yet very scarce. [We have cured a case of where the patient, a young woman, looked as if she were in a coat of liquid and shining grease, with nothing but and Samhucus; the treatment lasted about two weeks. H.] much washing, either with cold or warm water, is hurtful is used, it must be very mild, lest it should prove disa Washing with spirits is sometimes usefuL Fat food must b strictlj^' avoided.

tit. FaTiuu

Honey-ccnnb Tetter^ Scald-head.

This cutaneous affection, which is likewise described un names of porrigo decalvans or tinea favosa, is character accumulation of multitudes of fungi around the roots of hence their exclusive appearance on the hairy portions o

Favus is a disease of the lower classes. It only attacks individuals who pay no sort of attention to cleanliness. In other such individuals may either enjoy the most perfect health or be of sickly and cachectic constitutions ; favus may attack all classes. This exanthem can be transferred to other persons by caps and other head-gear, likewise by sleeping in the same room. It has likewise been transmitted purposely from one individual to another.

A single favus-efflorescence has its origin in the orificious follicle in the form of a small, imbedded, not painful which is perforated by the hair and keeps constantly increasing in breadth and height, until the characteristic crust finally covers it. This crust has the shape of a dish, with a rounded central depression and round elevated borders ; it has a yellowish tint, without any exudation underneath, and has a peculiar odor. If, as usually happens in old cases, the efflorescences together, they unite to an uneven incrustation, at whose base distinct crusts are never missing, so that the diagnosis is very easy. The consequences of favus are : Partial atrophy of the hair in consequence of the crusts being imbedded in it ; excoriation by the scratching ; destruction of the hair on the parts; on the other hand, this disorder has no influence

Scabies, Itch. 507

general state of the constitution. The disease runs a very slow course, yet spontaneous cures occur, although very tardily without corresponding modifications in the hygienic circumstances of the patients.

According to what we have stated concerning the etiology of this disease, we deem an internal treatment of it useless and Hartmann's remarks in this respect have no reference to it. If constitutional disorders are present simultaneously with it they have, of course, to be treated with appropriate remedies. The same time they must not be regarded as the originators of favus. This can only be cured by removing the crusts in which the fungi are imbedded, and by preventing their return. The means of accomplishing this result, is care and cleanliness. The removal of the crusts is secured by softening them with oil afterwards removing them together with the perforating hair. This is a very tedious, but sure undertaking. Every sickly individual has to be pulled out singly, for the reason that the disease has already invaded the soil in which it grows.

[This eruption is treated with success in some cases by Iris versicolor; a cerate is applied to the scalp, and a tincture, even as many as twenty, in half a tumbler given internally, in teaspoonful doses, three or four times a day. See Hale's JSfew Remedies. H.]

tt« Seables, Itch.

It is with a certain reluctance that we enter upon a discussion of this affection, since we are satisfied that our views conflict with those of most of our Colleagues. We will, therefore, anticipate all objections by stating that the opinions w

mulgate in this chapter, are simply our own, not those e by a majority of our Colleagues, whose opinions we have sufficient space to refute.

The itch is caused by a parasite, the *acarus scabiei* or *hominis*. Any one who wishes to become specially acquaint the natural history of this animalcule, is referred to a Gudden, in Vierordt's Archiv, 1856 ; series XIV, No. 1, we transfer the following leading points.

The female full-grown *acarus* is from i to J of a line br ing an ovoid shape, with wavy lines; it is provided with limbs and a number of long hairs. To the bare eye it loo

508 Diseases of the Skin.

faintish-white or yellowish corpuscle. Each acams contai 40 to 60 eggs which are laid seriatim and from which the *acarus* originates in about eight days. The male *acarus* i smaller than the female, and is said to die soon after s verse. In the cold the *acarus* remains quiet, but in the movements become very lively ; the young *acarus* especial a disposition to wander.

If an *acarus* is placed upon the skin, it very soon comme burrow by placing itself in a vertical position, support the bristles projecting from the posterior part of its b perforated the hard layer of the epidermis, it lowers th part of its body continuing to burrow horizontally and v beginning to lay eggs. At intervals it makes an opening canal towards the outside, probably to afford the young to crawl out. The *cuniculi* of the male *acarus* are short, the female often one inch in length, generally with irre but the young *acari* soon again leave the spot where they buried themselves, hence do not form *cuniculi*, but papul vesicles. From ten days to a fortnight elapse between th when the *acarus* first begins to burrow and when the char itching is first perceived.

The places preferred by the *acarus*, are the hands, betwe fingers and on the sides, the surface of the wrists, the of the extremities, the entrance to the axillae, the abd inter-gluteal space, the region around the nipples, espe of the mammae, the penis and scrotum, and the feet aroun tarsus. The *acarus*, however, may locate itself anywhere trunk, but is never met with in the face.

The *cuniculi* the presence of which is indispensable to e a correct diagnosis, are most easily found on the hand, indicated; they appear like fine, irregularly dotted dar owing to dirt having adhered to the orifices of the cuni as on the trunk the *cuniculi* have a whitish appearance. mencement of the *cuniculus* is marked by single scales of epidermis which, being detached, afford an •pening to th which remains uninterrupted in its further course. The e *cuniculus* is recognized by a whitish-yellow, somewhat el point which hides the *acarus*. If the epidermis is carefu at this spot by means of a needle and the needle is firm

against, and moved over the cuniculus, the acarus will r adhere to the needle and can easily be recognized by mea

Scabies, Itch. 609

glass. With a little practice it will be found quite eas acarus. In the efflorescences occasioned by the young ac of them is seldom found for the reason that they wander from place to place very rapidly. On individuals who do themselves with care, a cuniculus is most easily discove passing a finger moistened with saliva over it several t sequences of which the dirt penetrates between and adher scales of the epidermis. In persons with callous hands t has to be sought at the wrist.

A transmission of the acarus is most easily effected whe the greatest desire to wander, hence in a warm bed ; it much less frequently by touching objects that had been h by persons affected with the itch; but it is easily acco through wearing apparel.

The phenomena caused by the acarus upon the skin, procee it either directly or indirectly. The presence of the ac the skin remains without symptoms except a slight itchin is not always present, and does not always become very t some even when, as is often the case, especially on the cuniculus is closed by a little exudation deposited belo its side. But immediately after leaving the canal, the y again bury themselves in its proximity, and small papule with fine vesicles break out close to the primary canal, violently, and being either speedily lacerated by scratc in the case of children, changing to pustules and formin crusts of various sizes. The indirect phenomena, accordi Hebra, owe their origin entirely to the scratching cause itching ; as an evidence of this fact he refers to the c that children and paralytic persons who do not scratch, from these symptoms, and that in healthy persons they ar met with in localities that can be scratched. First papu perforated by a little hair, break out, less frequently pustules. These papules are scratched, after which their come covered with fine, dark-looking scabs. After the cu irritation has lasted for some time, pustules arise from On parts of the body that are exposed to constant pressu constant pressure with friction, the skin soon appears i and is thickly covered with the above-mentioned efflores for instance round the waist in the case of females on a the clothes being fastened around too tightly, or in the

510 Diseases of the Skin.

Bhoemakers on the nates. In these instances, as in any o sistent cutaneous irritation, eczema may break out.

After this explanation it behooves us to examine the que whether, in a case of what is called the itch, and where described process takes place in its totality, the mecha

tion of the acarus or some other coexisting agent is the the disorder. The doctrine has been started that acari, tharides, contain some corrosive poison which is communi the skin and becomes the origin of a chronic itch-dyscra many other irritations of the skin produce the same symp the itch, without a virus having been their cause ; we n over, that the itch is always confined to the localities the acari; that it spreads in proportion as the acari in number, and that it ceases to spread as soon as the acar stroyed. In such a case the consecutive cutaneous phenom remain for some time, but the same thing takes place in of eczematous eruptions occasioned by other cutaneous ir and which, in the long run, had assumed the character of dent diseases. There is not a single symptom connected w whole course of the itch, that might lead us to think th secutive phenomena in the case of the itch differ from t fested by other kinds of vermin, such as lice or fleas. asked whether all the old doctrines about the terrible c of the itch are false, we answer that we partially admit tially reject them. They are unfounded in so far as they in the hypothesis of a specific itch-virus ; on the othe are founded in so far as the itch, especially if the dis for a long time uncured, and more particularly as it use managed in former times, may superinduce consecutive dis If the body is rubbed for a long time with ointments con noxious substances, the organism undoubtedly suffers in of such a proceeding, and no homoeopalh would want to de The absurd bathing for hours, sweating for days in overh rooms, and other similar measures, may make the healthie sick, and develop germs of sickness in an apparently hea vidual. Even the continued disturbance of the cutaneous by the itch may cause sickness, the more so, the more co constitutional disturbances affect the exanthem unfavora vice versa.

The best proof that the itch is not a constitutional dis afforded by the circumstance that, if the destruction of

Scabies, Itch. 511

is effected with all due caution, the equilibrium of the never disturbed by such a proceeding. This view does not the formerly entertained doctrines of secondary diseases from the suppression of the itch. Only if such secondary resulted, it was not the itch but prurigo. Those who had edge of the acarus, must necessarily have mistaken pruri itch, and it is the suppression of prurigo that leads to dangerous constitutional diseases and more particularly culosis.

After these remarks we need not say what we think of Hah mann's theory of psora and of Psoricum as a medicinal ag Psoricum might have had something in its favor, if it ha prepared from the acari themselves.

Treatment, Although we have tried in the course of this work, to be in accord with our homoeopathic Colleagues i things, yet in the matter of scabies we have to differ w

of them. We hold that all treatment of the itch, as long as the acarus is not extirpated, is downright absurdity. It is that the cures of the itch which are reported as having been effected by the exclusive use of internal remedies, are not compatible with a correctly scientific observation.

The destruction of the acari is the causal indication which can only be satisfied. The most simple, never proceeding and which never fails, if carefully carried out, is the following: First the patient is placed in a water-bath of

92° F., in which he remains for half an hour. At the end

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period of time he rubs himself well with brown soap, especially at the places where the acarus is principally located. This means the cuniculi are almost completely opened. After the bath the patient is thoroughly dried and enveloped in a blanket for a quarter or half an hour, for the purpose of enabling every particle of moisture from the skin and at the same time the ointment to thoroughly penetrate the cuniculi. Now resort to frictions with the following ointment: Two ounces of lard, two drachms of the washed flowers of Sulphur, and a drachm of the Sulphuret of Lime. These proportions are abundantly sufficient for every adult. The whole body, especially the head and neck, has to be rubbed very carefully, especially those parts which constitute the favorite haunts of the acarus. The rubbing is best done by two persons at once, one on each side. After the rubbing, the patient is again enveloped in the woollen blanket in which he remains for an hour and a half. At the end of

512 Diseases of the Skin.

he is placed in a warm bath of a temperature of 92° F. After the bath, he is thoroughly rubbed with brown soap. After the rubbing, the patient may take a shower-bath, and be kept in the bath some time longer in order to guard against taking cold. Such a proceeding which we have employed in a number of cases, we have never seen a relapse. The best method of cleansing the clothes as well as the bed-linen is to boil them at a temperature of 200° F.

Under certain circumstances the proceeding here recommended may have to be somewhat modified. In a case of pustulous skin which is so often met with among children, the pustules heal first, otherwise the soap would irritate the skin. According to their ages, children only require one-third or one-half of the quantity of ointment, and, on account of their skin being so much more tender, need not be kept in the blankets as long as adults. If several members of a family are infected at the same time, they have to undergo treatment simultaneously. Frictions with brown soap alone are hardly sufficient to kill the acari; still they may be repeated twice a week in order to make doubly sure of the result.

After the cure which does not cause any marked irritation of the skin, this organ is allowed about a fortnight for it

to a normal condition. If, after this, any efflorescence they are treated according to the principles laid down in most cases the daily use of a tepid or shower-bath is sufficient to complete the whole cure. ,

We have never known this treatment which can be easily put in a private family, to be followed by any of the terrible diseases described in the books.

Lest we should be accused of condemning what we know not about, we will here state that we have tried every remedy recommended for the itch by homoeopathic practitioners, in the triturations, tinctures, attenuations, high and low potencies the least benefit. The acari would not die and the pustules increased in number. In one case, that of a child of six we fancied that SiUphur 6 did arrest very speedily the development to the formation of pustules.

"We are satisfied that in making the preceding statement shall give offence to many homoeopathic physicians, but are happy to hear all condemnations and objections, and shall regard it a pleasure and a duty to answer them.

ELEVENTH SECTION.

Constitutional Diseases.

A. ACUTE AND CHRONIC CONTAGIOUS DISEASES.

1. Measles.

Measles.

Measles are not only a contagious, but a more or less epidemic form of disease. In most cases they arise by a contagium. This is contained in the catarrhal secretion and is transmitted by contact, and still more frequently by clothing ; this theory is probably adhered to with so much force no other reason than because the doctrine that measles are contagious, is to be maintained at all hazards. The incubation of the transmitted contagium is eleven to twelve days, and it can easily determine for himself in any outbreak of epidemic measles. The contagium is most active shortly before the appearance of the exanthem upon the skin. We have observed this to be the rule in the epidemic that has now been raging among us for some time of a year. An apparently mild catarrh is taken no notice of, and the child is sent to school in spite of it, and next day the

down with the measles. Exactly on the twelfth day after, nearest neighbors of the sick children are attacked. In schools become the true nurseries of the exanthem, whence spreads to families. After the exanthem is once on its infectious nature is decidedly less, and becomes entirely so as desquamation sets in. Personally we hold that measles can spread without contagion, although this is not the case. We likewise believe in this possibility in the case

33 513

514 Acute and Chronic Contagious Diseases.

Measles and small-pox. It would lead us too far, if we were to corroborate this assertion by the evidence of facts ; we beg to draw much more urgently the attention of our Colleagues to the existing epidemics.

Measles attack individuals of every age and sex, but frequently very old people and infants. Inasmuch as almost every one has an attack of measles in his early youth, they are not seldom met with among old people. One attack of measles usually protects persons against a second one ; exceptions are not very rare, although it behooves us to guard against a second attack of measles. [In the late war measles raged with a fierceness in many of our regiments^ and, under all circumstances, destroyed a number of lives. H.] No later than two years ago we treated two little girls in the same family who were attacked with the measles, one severely, the younger without any constitutional symptoms, but with the eruption in full bloom. Three weeks after desquamation had taken place, the younger was again attacked with all the preliminary symptoms of measles, indeed, they again broke out with much intensity, attended with severe constitutional symptoms, but in other respects ran their course regularly.

The ordinary season for measles are the months when catarrhs are common, from October till April ; nevertheless measles here very extensively last summer, which, it is true, so far as temperature was concerned, was more like winter. This circumstance alone ought to suffice to show that the measles are not exclusively propagated by a contagium.

Symptoms and Course. We have already stated that the incubation-period of the measles-contagium, until the eruption breaks out upon the skin, is eleven or at most twelve days. During the general health does not seem in the least disturbed. In the last eight to nine days of this period, definite preliminary symptoms show themselves in the last two or three days. These preliminary signs are falsely said to have been noticed at an earlier period inasmuch as catarrhal affections are very prevalent during measles, it is very likely that purely catarrhal symptoms are mistaken for the prodromia of measles. The prodromia proper begin with a slight catarrh of the nose, lassitude and some fever. The fever increases considerably on the second day, frontal pain supervenes, the eyes look red, are sensitive to the light, the conjunctiva is seldom puffed up. On the third day there

MorbilU. 515

increase of fever, the patients feel unable to sit up, the throat thickly coated, the appetite gone, and in the night from the third to the fourth day, immediately previous to the appearance of the exanthem, a hoarse, barking cough sets in resembling croup, but however, is scarcely ever attended with the danger that characterizes croup, and never changes to true croup. The symptoms may increase to a considerable degree of intensity, associated with vomiting, delirium, sopor; at times, however, are entirely wanting or so slight that it is not deemed necessary to confine children to the room. This is the reason why the disease spreads so rapidly through the schools, for it is precisely previous to the breaking out of the measles that the infectious principle is most active, and that hence the measles are so easily communicated. We account for this circumstance by the fact that in the last twenty-four to twelve hours previous to the appearance of the exanthem upon the skin, distinct, lentil-sized spots are perceived in almost every case on the palate and on the inner surface of the fauces. We have noticed them in all our cases of measles as well as of last-year's epidemic. Without doubt, it is the inflammation of these spots to the larynx and trachea that cause the croupy cough, and we have always considered it an excellent prognostic sign to find this cough associated with red spots on the palate, in which case we were able to positively predict the appearance of the eruption within twenty-four hours. In other cases the prodromi have no distinctive peculiarity from which the character of the exanthem might be inferred; it can at most be suspected after several cases had already occurred in the neighborhood in its immediate vicinity. As a rule, adults suffer more from the prodromi than children, nor has, in the case of adults, very often the croupy sound.

The measles-exanthem breaks out gradually, in one case more rapidly than in another. The first spots always show themselves in the face, most commonly on the cheeks and temples. They are of the size of lentils, of a bright redness and with regular outlines; after being out for a short time, they become raised above the skin and harder to the feel than this or more or less speed, generally within twenty-four to thirty hours the exanthem comes out over the whole body from above downwards, and is fully out in forty-eight to sixty hours, when the spots appear, whereas, up to that time, new spots had not broken out in addition to the first spots that were more

516 Acute and Chronic Contagious Diseases.

scattered and isolated. The spots keep growing in size to such an extent that some of them run together, and the normal skin between the place of spots, exhibits here and there irregular redness. In proportion as the exanthem comes out more profusely, the color generally grows darker, sometimes with a bluish tint. With the fuller development of the eruption the constitutional symptoms most commonly increase in intensity. The catarrh of the nose, the larynx and the cough especially grow much worse. The pulse

times increases to one hundred and forty beats. Sometimes skin is dry, but at other times covered with perspiration. In rare cases the constitutional equilibrium remains undisturbed during the eruptive stage; however, in every considerable epidemic a child with measles is occasionally seen running about

If the exanthem runs a benign course, its decrease commences at the end of the third day, seldom before this time, and with great rapidity until the eruption has entirely disappeared. The spots grow smaller, assume a distinctly yellowish tint, especially marked on pressure with the finger, and within twenty-four hours the spots have completely disappeared leaving a vestige of their existence. Very frequently the yellowish tint remains for several days. The fever subsides speedily, the catarrh of the conjunctiva likewise abates, the bronchial catarrh most generally continues for a few days longer, and resolution sometimes does not take place until a considerable quantity of mucus has formed. Not unfrequently a patient is at this period attacked with diarrhoea, but profuse perspiration is not the rule, but is not by any means an anomalous occurrence.

Desquamation commonly commences on the seventh day, but may delay until the fourteenth. The epidermis comes off in the form of shaped scales, very seldom in larger patches; in the face and extremities the desquamation is most distinct. During the eruption the general health is generally good; except that the bronchial catarrh and still less frequently the diarrhoea may continue to some extent. In very few cases the irritation of the conjunctiva continues some time longer.

According to the nature of the epidemic or other supervening disturbances this normal course of the measles undergoes modifications which we now proceed to point out, classified as benign, that is such as do not complicate the prognosis, and malignant. We ought to observe, however, that under certain

Morbilli, 617

circumstances every anomaly in the course of the measles becomes a bad omen, and that we have to watch every case for deviations from the normal course occur, with redoubled

Among the anomalies of a benign character we class the following

The eruption does not break out in the face first, or comes out sparsely on the rest of the body.

The single spots are topped with little tubercles or vesicles.

The exanthem comes out more slowly than usual, and the spots remain much longer, sometimes beyond a week.

In the case of little children the appearance of the exanthem is attended with symptoms of severe cerebral hypersemia or convulsions.

The cough retains its croupy sound beyond the first day

during the whole course of the exanthem.

Among the malignant deviations we number the following:

The spots, when first coming out, are of a pale-red color does not increase in intensity, nor does it acquire the tint. Within the spots hemorrhagic appearances are met and between the spots ecchymoses are noticed. The spots soon after their appearance, or else they fade very suddenly regular period or before.

In the case of children the pulse exceeds 140 beats, and in case of adults 120 beats; moreover it is a small pulse. The tongue is dry. Angina tonsillaris. Diphtheritic membranes form in the buccal cavity. The respiration becomes hurried and superficial. Sopor and delirium after the second day of the eruption.

Of great importance are certain complications of measles which are very apt to occur and which were formerly regarded as rare, because the exanthem disappears with the appearance of complications. Laryngitis with copious exudation is of frequent occurrence while the exanthem is still out; it is more met with after the exanthem has left the skin. A slight cough is an accompaniment of every case of measles; it only assumes a dangerous character if it continues beyond the stage of desquamation, or if it reappears again during the stage of desquamation, or if it assumes a very acute form. It is very apt to run into an ingly obstinate chronic catarrh. Pneumonia is not unfrequently is mostly lobular, much less frequently lobar, and may be met at every stage of the disease. It is most threatening, if it occurs after the eruption has run its course. It does not usually in complete resorption and, on this account, is very apt

518 Acute and Chronic Contagious Diseases.

foundation for subsequent pulmonary phthisis. Pleuritis is a complication, so is pericarditis. Enteritis is a rather frequent complication in some epidemics; it excites legitimate alarm for the reason that other consecutive diseases, more particularly scrofulosis, are apt to follow in its train. Affections of the throat are rare; their intensity is rarely such as to excite apprehension. The supervention of sopor is a bad sign, because it may lead to fatal general paralysis.

Of the highest importance are likewise the numerous and obstinate sequelae of the measles, which make this exanthem one of the most malignant, whereas its ordinary normal course character entitles it to be regarded as one of the most harmless. Among these sequelae we distinguish:

Cutaneous affections, especially impetigo and eczema, more or less extensive, but always very obstinate.

Chronic conjunctivitis, with impaired vision; chronic otitis; chronic deafness; chronic ozaena; chronic inflammation of the lymphatic glands, mostly without suppuration; chronic inflammation of the parotid and submaxillary glands.

Chronic bronchial catarrh, with which bronchiectasia becomes associated and which gives rise to a peculiar sp cough ; or real whooping-cough which is much more severe sequela of measles than when setting in at other periods very often develops a most dangerous lobular pneumonia.

Anasarca with affection of the kidneys is a very rare sequela of measles; it is not exactly an occurrence of a threatened Noma is likewise a sequela of rare occurrence; it is not of great importance.

After the measles, children are very frequently attacked with scrofulous symptoms. It is very likely that, in the case of children, the measles simply act as an exciting cause of scrofulous symptoms but it is likewise among larger children that, after an attack of measles, all sorts of phenomena make their appearance, which are in the habit of designating as scrofulous and which are due to the fact that a morbid change has been impressed upon the whole of the organism.

Tuberculosis likewise frequently breaks out after measles. I believe with Niemeyer that pulmonary phthisis after measles is most commonly a chronic lobular pneumonia, having nothing in common with tubercles, or else, a lobular pneumonia with tubercles. That tubercles do not unfrequently occur after measles is a fact.

Morbilli. 619

shown to us by the circumstance that we have recently lost several children with acute hydrocephalus, in the neighborhood of New York, where the measles prevailed much more fiercely than in this city. In every one of these three children the symptoms of hydrocephalus set in soon after the measles.

Treatment* Measles are universally regarded as a typical disease, on which account the so-called rational physicians regard every interference with medicines in a case of measles as a deviation from the normal course, as useless. From the stand-point of Homeopathy this negative treatment on the part of our opponents, is subject to several important objections. In the first place the measles constitute a fixed typical exanthem, for, as regards time, they erupt greatly both with respect to the time it takes to erupt and to the duration of the stage of efflorescence. It is not conceivable that this irregularity in the course of the exanthem can be modified by medicines, and every homoeopathic physician agrees with us in the statement that, under homoeopathic treatment the measles very seldom run an irregular course. A second objection to the correctness of which has been demonstrated by the course of clinical experience, is that under homoeopathic treatment complications are rare occurrences and that sequelae are less frequently observed. All our most excellent observers, of whom there are a great many, agree with us in this statement. It is therefore, our advice to treat every case of measles, even the mildest, with a little medicine, although the action of the medicine may not always be distinctly perceived.

The preliminary stage of measles, if there is otherwise nothing abnormal in the existing symptoms, requires either Aconite

donna. We prefer the latter if the fever is purely catarrhal, the skin is hot but moist, the tongue thickly coated, the pulse neither hard nor full. These symptoms were uniformly in the preliminary stage of our last epidemic. We prefer if the skin is hot and dry, the catarrhal secretion scant, the tongue is red and the pulse full and hard. We have never seen that vaunted Pulsatilla do the least good at this stage of the disease, and we are at a loss to perceive upon what grounds the efficacy of this drug could be justified. The croupy cough is a good indication for Belladonna; at any rate, we have never seen it more than twenty-four hours after this remedy had been given. We recommend Spongia or Hepar sulphuris calc., either of which may be a suitable remedy according to circumstances. Aconite

520 Acute and Chronic Contagious Diseases.

is an excellent service for this croupy, catarrhal cough. If the eruption had begun to come out, the best course then is to continue the remedy that had been given last, for beside the spots, the catarrhal discharges - generally make their appearance: the increased, but not the lasting intensity of the existing symptoms does not justify the use of remedies, for the reason that such an increase of the symptoms inheres in the normal course of the disease. As soon as the eruption begins to pale off, we advise the discontinuance of the remedy. If the spots have entirely disappeared, yet the cough continues, the treatment will have to be resumed; if the cough is attended with rattling and wheezing, and the expectoration is very difficult, Hepar sulphuris calc. is to be given; particularly troublesome at night, and is otherwise loose, hard, Pulsatilla may be required; for a dry, nocturnal, cough we give Hyoscyamus, and if the cough torments the patient the whole day: Nux vomica. The general management of the patient is of great importance, for it is a certain fact that the usual course of the eruption is sometimes attributable to neglect or to the enforcement of improper rules and measures, and forbear showing in this place how the poor measles-patient formerly abused, and still are very frequently abused by nurses and practitioners. We pursue the following course which we have never seen any bad consequences result. If measles prevail, we have the children who complain of a catarrh, kept at home, but do not confine them to their rooms; they themselves insist upon it. A measles-patient should not be covered too warmly, nor should he ever remain in a temperature above 50° Fahr. The room should be carefully and cautiously ventilated; pure air is of immense benefit to the patient. The patient should never be obscured more than is desired by the patient themselves. The best beverage is fresh water in small quantities; if this should increase the cough, the water may be drawn cold taken oft*, sweetened with a little white sugar. The danger involved in daily ablutions of the patient's face with tepid water. Owing to the impaired appetite there is a danger of the patients being treated to improper food. We never allow stewed fruit; and we allow meat and broth if the patient is able to eat. After the spots have disappeared and the cough has ceased nearly so, we have the patient transferred every morning to a bed in a lukewarm bath, where he is thoroughly washed with soap and afterwards well rubbed dry in a woollen blanket.

Morbilli. 521

morning he is rapidly washed with cold water and again r
off in a woollen blanket. We now regard him as fully rec
and, if the weather permits, send him out into the open
course, with all suitable guarantees against taking cold
never yet seen any bad consequences result from this tre

We will now mention the treatment that ought to be pursu
for some of the deviations from the normal course, and l

4

the complications and sequelae, for it is these abnormal
that require a most thorough knowledge of the appropriat
remedies.

If the eruption is unusually pale, we have to suspect th
of complications, and if they cannot be traged, we give
album or Ipecacuanha ; if the exanthem disappears all at
out any apparent complication, Arsenicum^ Opium or Digit
have to be given according to circumstances. If the meaa
are hemorrhagic, Phosphorus and Arsenicum are suitable,
also Mercurius. Angina, which is a rare occurrence in th
requires Belladonna^ Mercurius^ or Apis, Delirium and so
the exanthem is out, may require Shus toxicodendron^ Zin
Opium; Ipecacuanha may likewise have to be used. This la
named remedy likewise arrests the vomiting which sometim
cedes the appearance of the exanthem. A moderate diarrho
not require any treatment; if it becomes too copious and
Mercurius^ or Veratrum album^ or Phosphorus and Ipecacua
have to be given. Adults retain for som'e time a thickly
tongue, and an impaired appetite, for which symptoms Ant
crudum is an excellent remedy, and, if the tongue is cle
uanha. These remedies should be given at once if the app
does not return immediately after the spots have begun t

Complications require the same treatment that is pursued
occur without measles, hence, we refer the reader to the
on pneumonia, bronchitis, pleuritis, etc. But we must no
that these complications are very dangerous and may easi
an abnormal course; pneumonia, for instance, may assume
form, pleuritis may be transformed into pleuritis serosa

Like the complications, so the sequelae do not require a
treatment on account of the measles ; for special condit
ever, certain remedies have become exceedingly valuable.
bronchial catarrh is one of the most common sequelae, an
erally very obstinate ; not to mention other remedies th
cially indicated by particular symptoms, Sulphur is the

522 Acute and Chron'c Contagious Diseases.

curative remedy in such a case, which we deem, however,
by Causticum. If the cough is accompanied with hoarsenes
vegetabilis as well as Tartarus stibiatus will meet the

dance of mucus is secreted. If the cough changes more and more to a croupy cough. Cuprum has to be given the sooner the better. The subsequent hoarseness or even aphonia constitute great ob-
 stacles to a cure. With the exception of Carbo vegetabilis the only remedy that has shown any curative results in this affection ; all other remedies have proved fruitless. It has only been in the course of time that the natural voice in Phthisis after measles can only be regarded as tubercular. If pneumonia had been noticed either during the acute stage or exanthem, or during the period of convalescence; if symp-
 toms of pneumonia had existed, we may take it for granted that the chronic phthisis is the result of chronic pneumonia. This position is important on account of the remedies that have to be used in the last-mentioned case Sulphur, Hepar sulphuris, and Iodine are the chief remedies, whereas in tubercular phthisis these are of no higher importance than others. Chronic diarrhoea is usually completely cured by means of Sulphur, likewise by Magnesia Phosphorica acidum. Catarrhal conjunctivitis, in the advanced stage of desquamation, is exceedingly obstinate. The conjunctiva is not very much thickened, but very red and unusually sensitive to a glaring light as well as to intensely cold air. For this Arsenicum does more than any other remedy ; only it must be discontinued too soon, because the result generally develops very tardily.

8« Scarlatina.

Scarlet-fever.

Scarlatina is unquestionably a contagious disease; at times it occurs in a sporadic, but more frequently in an epidemic form. What is the nature of this contagium, and what contains it, cannot be determined, but many circumstances argue in favor of the doctrine that it is transmitted through the air. It is more probable and certainly more probable than in the case of measles that scarlatina sometimes breaks out spontaneously and usually without any infectious contagium, and likewise epidemics in which category belong the cases where scarlatina is supposed to be transmitted indirectly through the agency of non-affected individuals. It is difficult to determine the duration of

Scarlatina. 523

of incubation ; it is generally supposed to last eight days. The contagium is most fiercely active soon after the appearance of the exanthem, during the period of desquamation the contagium of scarlatina has most probably become extinct. The susceptibility to the influence of the scarlatina-contagium is much less than that to the measles contagium; many persons escape scald altogether. The largest number and the most malignant cases occur between the second and seventh year, a much smaller number between the eighth and twenty-fifth year. At a later period, as during infancy, scarlatina occurs very seldom. One at

time scarlatina acts almost as an absolutely certain preventive against subsequent attacks. Epidemic scarlatina is most common in the transition-seasons, less frequently in the summer and least frequently in winter. Although certain atmospheric

ditions may be supposed to exist during the prevalence of scarlatina, yet they are unknown to us ; nor are we able to explain the circumstances which render one epidemic so dangerous and leave comparatively mild. Epidemic scarlatina very often occurs simultaneously with, or subsequently to epidemic measles; it does not unfrequently occur together with small-pox; its relation to whooping-cough is less definite.

Symptoms and Course. No acute exanthem is so variable in its course as scarlatina, although certain fixed types are recognizable. The various epidemics differ very peculiarly from each other. We have not space to consider all these particularities and shall therefore content ourselves with describing the normal course of ordinary benign scarlatina, and shall also mention the deviations from this course, as we have done in the treatment of measles.

The disease is undoubtedly ushered in by a precursory stage which has no characteristic symptoms any more than the prodrom of measles. The patients exhibit the symptoms of a severe fever which, in contrast to measles, is not attended by an irritation of the respiratory tract, but with inflammation of the fauces and catarrh of the stomach. This stage differs from a catarrhal angina, not even by the pulse which, in the case of this kind, is generally very rapid. Only the skin of the patient is much less frequently moist.

After the prodrom has lasted for two days, the exanthem makes its appearance, generally with a marked increase of fever and the other preliminary symptoms ; children are attacked

524 Acute and Chronic Contagious Diseases.

convulsions. The exanthem always first breaks out on the face, whence it spreads downwards over the rest of the body. First notice is taken of closely-crowded red stigmata, generally of a much darker color than the measles-spots ; these stigmata very speedily merge into one another, causing an homogeneous, faintly dotted redness (scarlatina *isBvigata*), or else they grow in size and, running together, form single spots of a darker color, seated upon a more elevated cuticle (*scarlatina variegata*), or, finally, small vesicles upon the red surface, most generally in consequence of the character of the cutaneous affection, some of which are crowded together, others are more scattered (*scarlatina variegata*). The exanthem is generally fully out in twenty-four hours after the stage of efflorescence commences. The redness is most marked on the neck and on the extensor-surface of the extremities, especially on the hands. Throughout this stage the constitutional symptoms preserve their intensity, but the fever begins to abate after two days ; it does not pass away suddenly, as in the case of measles. The angina is very intense, the fauces are dark-red ; the tongue, having got rid of its original coating, looks very dark, and the papillae, imparting to it a strawberry appearance. Salivary secretion is much less. Sometimes a little bronchial secretion makes its appearance at this time, but it scarcely ever assumes a violent form.

On the fifth or sixth day after the appearance of the exanthem

them, it commences to pale off, with considerable abatement of fever and more particularly of the angina. Soon after, desquamation begins. It always commences on the neck and scales, whereas on the body, and more particularly on the epidermis most generally peels off in large patches. The fever now speedily returns and the patients feel quite well a fortnight at the latest the desquamation is completed.

We will now consider the most important anomalies in the course of the disease, corresponding with the order in which the stages succeed each other.

The preliminary stage may be so slight that it may seem as though no such stage had existed. This, however, does not alter the expectation that the disease will run a mild course. On the contrary, if the preliminary stage is considerably longer if an excessive lassitude is a marked symptom of this stage may almost be expected with certainty that the disease will have a comparatively malignant character. Occasionally the fever

Scarlatina. 625

even at this stage a height that gives to it the appearance of intense typhus, so that the patients soon fall victims to this stage the angina is never so violent as to cause an attack of convulsions occurring at the breaking out of the exanthema seldom of any particular significance, for an affection of this kind except in so far as the excessive fever may cause an irritation of this organ, is a rare occurrence.

It is during the eruptive stage and the stage of efflorescence that the course of the exanthem can be watched and learnt. It varies in color, is at times bright-red, at other times of a violet hue, and these distinctions justifying any particular inference drawn from them. An extremely bright color is an inauspicious prognostic only if the fever has at the same time a marantic type. A union of the smaller spots to larger patches is of no great importance. The formation of petechial and larger hemorrhagic effusions on the skin always points to a more severe type of fever. In some epidemics the exanthem remains quiescent, the redness is very slight, is confined to small spots of bright rose-color, remains only a few days upon the skin and is attended with any marked constitutional symptoms. Such cases have been designated as roseola or rubeola, and an attempt has been made to view this exanthem as a special form of disease. In fact that roseola occurs in every mild scarlatina-epidemic, and is nothing else than a very slightly developed case of scarlatina.

The angina is likewise liable to important deviations. It is usually of an erythematous character, but not unfrequently it is of a purulent character, and shows an extraordinary tendency to penetrate into the glands and cellular tissue of the throat and neck. Such a change does not occur until the exanthem has run its course. It has been supposed that it is the result of a metastasis, which is the case. Whereas a parenchymatous angina seldom terminates in suppuration, an inflammation of the cervical cellular tissue, on the contrary, has this termination so much more readily; it is a circumstance which constitutes one of the most malignant symptoms of the disease.

the disease. What is still more dangerous is the supervening diphtheritic ulcers during the inflammation. Although the diphtheritic ulceration very seldom spreads* to the larynx, it catches itself so much more frequently to the nose, the Eustachian tube and the inner ear, to the cervical cellular tissue if it does not destroy life by its direct action, the patient passes slowly to the suppurative process, or are attacked with

526 Acute and Chronic Contagious Diseases.

deafness. Not too much attention can be paid to this malady, especially in the case of children, an examination of the throats we are very apt to neglect in consequence of the attending such an operation. A discharge from the nose which at first thin and has no smell, is almost always a sure sign that diphtheritis has set in ; it should never be regarded as a simple symptom, for the reason that a simple nasal catarrh never occurs in scarlatina.

Inflammations of the joints, pleura, pericardium most commonly occur in cases of great intensity, and do not present peculiar features, although they render the prognosis much dubious and complicated.

Nephritis occurring at this stage, is never very acute, much inferior to the other morbid phenomena that it is a disease which passes unperceived.

The most obstinate and most dangerous anomalies occur in the stage of desquamation. They do not always date from this stage but are most generally developments of former disturbances which had remained unnoticed during the violence of the fever. Enteritis applies to inflammations of the joints, pleura, pericardium and ear. Enteritis occurs very rarely ; on the other hand, diphtheritis may set in, which, within certain limits, is not a dangerous disease. The worst symptoms are the suppurating inflammations of the cervical cellular tissue and lymphatic glands, to which was made previously, and inflammation of the kidneys. During the process of desquamation nephritis becomes a more prominent complication, probably because a suspension of the cutaneous functions, as in extensive burns for example, excites the action of the kidneys in an extraordinary degree, in consequence of which renal catarrh, during the stage of efflorescence, changes into a croupous inflammation during the stage of desquamation. Various reasons which have been adduced to account for the supervening nephritis, do not stand the test of a rigorous examination. In some epidemics there is no nephritis at all, in other cases it occurs in every case, no matter how the patients were managed hygienic and dietetic respects. "What is certain is, that the skin is more easily excited by excessive warmth, especially by the wearing of clothing, which precludes the access of air, than by the being kept in a cool room and accessible to the influence of pure air. The renal affection sets in almost imperceptibly. Patients have felt quite well for several days ; but, when

Scarlatina* 527

any symptoms of fever, they do not seem properly to recur. The appetite does not return as it should; the discharge dark, and the quantity is scanty; suddenly it shows a sometimes black or blackish-gray color, and contains a quantity of albumen, blood-disks, fibrinous cylindrical casts. The afebrile stage gone, the skin becomes cedematous first in the face, and over the whole body, and to a very high degree. If we do succeed in controlling the renal affection, the patients recover in a few more weeks of oedema of the lungs, or of cardiac disease.

In some rare cases oedema sets in as a post-scarlatinal complication without the signs of a marked renal disease; this is of infinitely less importance than that which we have described.

All these deviations, complications, etc., vary with the course of the epidemic, both as regards intensity and danger. It is impossible, when the epidemic first commences, to establish a prognosis upon a reliable basis; apparently trivial cases suddenly turn all at once a bad turn, whereas apparently severe cases follow a normal course. For this reason every epidemic requires to be specially studied; not one epidemic resembles another in respect.

Treatment. In regard to treatment we apply to scarlatina the same rule that we have proposed for measles, which is, that a specifically-appropriate remedy should be given at the very commencement of the disease, because this is the most efficient method of arresting the course of the disease within normal bounds. We infer from the circumstance that the homoeopathic treatment of scarlatina is undoubtedly superior to any other; for this reason we have exhibited Belladonna at the very commencement of the disease, this remedy not only corresponding to the cutaneous affection, but likewise to the angina. This medicine should be continued until no particular anomalies set in, until the exanthem has subsided, the angina disappears, and the pulse decreases in strength. Under the use of Belladonna the fever generally runs a normal course, during which the special symptoms of the disease do not undergo any alteration; but this is not expected in the course of the affection. Whether Belladonna can be regarded as a prophylactic against scarlatina, we will not decide, although we are ready to admit that we doubt the prophylactic virtues of this agent for the simple reason that we do not believe in any kind of preventive medicine. We have already stated that scarlatina does not infect

528 Acute and Chronic Contagious Diseases.

with the same facility, and we have known more than one instance where one child was taken down with scarlatina, and the other children all remained well, without Belladonna having been given to them. Before discussing the treatment of anomalies which occur during the course of scarlatina, we will first indicate the course pursued during the normal course of the disease. Even at the present time a great repugnance still seems to prevail against a confinement of scarlet-fever patients still less than measles-patients to a room of pure air and cleanliness; the rule was to confine patients in small rooms full six weeks. Even Hirschel lays this down as a

his "Treasure of Medicine." This is evidently the result views concerning the sequelae. Since they apparently originate the desquamative period, it was supposed that the sequelae be traced to a disturbance of the process of desquamation. The most common disturbance was supposed to be a cold. We have endeavored to show that the commencement of all post-scarlatina diseases is traceable to the stage of efflorescence, hence they are continuations of previous beginnings, not new diseases. We here add that the obstinacy of many a consecutive disease is owing to wrong management during the disease itself and immediately after. From abundant personal experience we recommend the following rules. The patients should be kept from the commencement of the disease in an uniform temperature of 98 to 100 degrees F., and should only be covered with a light blanket. If possible, the sick-chamber should be ventilated several times a day, of course with all proper precautions. The patient may be allowed to drink pretty large quantities of water, because the fever deprives the body of a large quantity of moisture. The juice of fruit is a refreshing beverage, and is allowed in moderation; if used too freely, it is apt to produce a bad taste in the mouth. Pure malt-beer we have never known to do any harm. The patients not desiring any food, gruel and wheaten bread or bread made of unbolted flour, are sufficient nourishment. As soon as the pulse has become normal, the fever has disappeared, and the desquamation is fully established, patients may be allowed to rise, but the temperature of the room must be a little higher than while they were confined to bed. A fortnight after the disease first broke out, a general convalescence has been recommended for measles, may take place, and, if the weather permits, the patient may be sent out of the house with all suitable precautions. No reason can be imagined why such a treatment should be injurious.

Scarlatina. 629

We will now devote some space to the treatment of the anasarca that may turn up during the course of the disease, but we will not go into details concerning particular indications, for that every epidemic has, after all, to be combated with appropriate medicines whose symptomatic correspondence we have to be studied out in the *Materia Medica*.

The excessive fever in the preliminary stage, which is of a threatening character, has to be met by *JRhus toxicod.* as long as the brain remains free; but if delirium, sopor, or in, Phosphorus or Opium may be tried; we would likewise recommend *Digitalis*. — If convulsions set in previous to the commencement of the exanthem, *Berberis* is entirely sufficient. In cases in which an adynamic type, and the exanthem delays its appearance, *Bryonia alba* will meet this condition.

We do not dwell upon supposed distinctions between smooth scarlatina and purple-rash, because we believe them to be the same. We admit that in cases where the angina is very slight, *Aconite* is better adapted to purple-rash than *Berberis*. If the efflorescent surface is studded with miliaria, *Rhus* is more appropriate than *Belladonna*. If petechiae and ecchymoses break out, the fever generally has an adynamic character.

phorus^ Arsenicum and Kreosotum are the remedies adapted change.

If the fever has an adynamic type during the stage of effluence, great danger is impending. Bryonia may be sufficient in the lower grades of this fever, but the higher grades require Phosphorus, Digitalis, Veratrum album.; the latter remedies correspond more particularly to the frequent an anasarca with cerebral symptoms resembling typhus. Ammonium carbonicum, may deserve a preference, if the pulse accompanying cerebral symptoms is not excessively rapid. Zincum is likewise recommended in such cases. If a sudden disappearance of consciousness is attended with ominous symptoms; if a general prostration threatens, Camphora should be resorted to. The special symptomatic indications of these various remedies can be learned from the Materia Medica Pura.

The angina, even if only of an erythematous character, is sometimes intense, and Belladonna does not seem to have the effect upon it. In such a case Apis not unfrequently mitigates the pain. If we may judge by the provings, this agent must be

an important remedy in scarlet-fever ; the clinical record

34

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530 Acute and Chronic Contagious Diseases.

Information is still very scanty. Whether Apis will prevent the inflammation from penetrating to the deeper tissues, has not yet been ascertained. If the angina is accompanied by swelling of the tonsils, Apis should be given ; this remedy often arrests all further progress of this feature of the disease. If the angina is confined to the throat it will seldom be found necessary to give Hepar sulfuratum; if no suppuration generally sets in. If suppuration takes place in the tonsils, it should be resorted to without delay. If inflammation invades the cervical cellular tissue and the cervix, which it may do while Mercurius is being exhibited, in such a case this remedy is no longer indicated, Bryonia may be given in such a case; we do not advise a premature lancing of the abscess, because suppuration proceeding would undoubtedly favor an ichorous decomposition. For chronic suppuration we recommend Silicea in the early stages and in the later durations Baryta and Sulphur*.

A malignant form of angina requires the same treatment as diphtheritis. Iodine has frequently rendered excellent results in this affection ; Acidum muriaticum is likewise commended. As we said before, such recommendations are not always to be followed upon in all cases, for the reason that one remedy will do in one epidemic, and the very next epidemic may require a different treatment. A scarlatina-coryza sometimes requires a peculiar treatment; it often remains even after the diphtheritic angina. Aurum muriaticum is the most reliable remedy for it; Sepia and Calcareo carbon, is less so.

Parotitis is very seldom an isolated affection in scarla generally accompanied by a malignant or parenchymatous a and requires to be treated with the same remedies that h recommended for this disorder. K existing alone, we trea the remedies that have been recommended for it elsewhere

Pleuritis and pericarditis as complications of scarlatin peculiar features requiring any special treatment; they as idiopathically-existing, independent diseases; howeve state that Tartarus stibiaiua has been variously recomme pericarditis, and Mercurius and Rhus toxicod. in pleurit

Articular inflammations in scarlatina have the peculiar of rarely terminating in suppuration and resembling almo entirely articular rheumatism. Amicaj Phosphorus and Rhu toxicod. deserve special attention in these affections.

Cerebral affections occur very rarely in scarlatina; iso cerebral symptoms, although sometimes very marked, must

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Scarlatina. 531

all at once taken for inflammatory symptoms. If the symp denote congestion, with nervous excitement and restlessn or Ammonium carbon, may be resorted to ; if they occur a by a cold perspiration and coolness of the trunk, Ipecac Veratrum album may, be tried; marked sopor indicates Opi convulsions point to Zincum. — We should always endeavor mine whether the cerebral symptoms are not altogether su duced by the intense fever and whether our remedies ough be primarily directed against it.

For nephritis and dropsy Helleboms has acquired a well-e reputation; it sometimes relieves these aflfections very However, it is not suflicient in every case. If the urin good deal of blood, Cantharides and Terebinthina may hav given ; Arnica and Nitrum likewise deserve our regard in tion. If threatening heart-symptoms supervene, Arsenicum at once be resorted to, and if the renal inflammation ha run its course, Digitalis or Lycopodium, •

Finally we wish to make mention of cold water in connect with scarlatina. The not unfavorable results of cold-wat ment while the exanthem is out on the skin, may serve to anxious physicians regarding the danger which they imagi patients would incur if they were not kept very warm or forbidden the luxury of a refreshing, although ever so c ducted ablution. We would not resort to the cold pack du efflorescent stage, for we have remedies that surpass th treatment in efficacy. Whether cold water will still pro the exanthem recedes from the skin, is not certain; it c resorted to as a last resort in such a contingency. Duri of desquamation cold-water treatment is decidedly in its

there is nothing abnormal in the course of the disease, ablutions which we have recommended for measles, are sufficient if oedema has set in, these means are not sufficient has to be kept very active. In the case of little children to being packed, we sometimes accomplish our purpose by them every day in a warm bath of at least 92° F., leaving each bath for 15 or 20 minutes, after which we have the patients carefully dried and wrapped in a woollen blanket for an hour. Most generally, however, the wet pack is indispensable; it ought not to be used to excess and after each patient ought to be rubbed down very thoroughly. In a few days already* perspiration begins to set in, when the patient

582 Acute and Chronic Contagious Diseases.

considered safe. Under this management we have not yet had to deplore a single loss from post-scarlatinal dropsy.

8. Variola.

SmcUl-Poz.

It is with a certain timidity that we enter upon a discussion of this subject, because we are aware that our views in this respect differ greatly from the views ordinarily entertained by the medical profession; nevertheless space is wanting to enable us to substantiate our views by corresponding arguments. We shall have this privilege some time, in a more appropriate place.

Small-pox is chiefly the result of infection. The contagium undoubtedly resides in the contents of the variolar-pustule, also in the exhalations and in the secretions of the mucous membrane. Although it has been proven beyond a doubt that the contents of the pustules retain their infectious principle for a long time, provided it is kept from great heat and is not exposed to the action of atmospheric air, yet we cannot subscribe to the theory that the exhalations adhering to the patient's clothing for a long time the power of transmitting the disease; hence the spontaneous origin of variola as well as of scarlatina is a circumstance that small-pox at times only appears sporadically and at other times breaks out epidemically, likewise supports our views. The contagium is not very volatile. It is of the same nature, that is to say, the same in each of the three forms of the small-pox disease, so that varicella may cause variola and varioloid in another. Hence these distinctions do not arise from so many distinct contagia, but from the different sensitivities of the infected individuals, as is likewise the case with scarlatina. For similar reasons we do not attribute the different character of one small-pox epidemic and the mildness of another to differences in the nature of the contagium, but to different degrees of susceptibility in the individuals, and to other circumstances of a general or local character, upon which the malignant nature of the epidemic depends; precisely as in the case of scarlatina, the place during epidemic scarlatina is not an individual living of whom we can positively assert is inaccessible to the small-pox contagium; it is true, at times the susceptibility seems to be considerably greater than that it is unquestionably most intense in childhood and

age of forty-five years, beyond which it begins to decli

Variola. 533

proportion obtains in all epidemic, and likewise in all diseases. One attack of small-pox is a tolerablj^ sure, absolutely certain protection against another attack. Th for the apparent immunity of numbers of people; while yo they had an attack of varicella without the fact being n on this account enjoy a protection against small-pox, wh properly attributed to vaccination, concerning which we further details when speaking of the treatment. Epidemic pox breaks out most commonly in mid-summer, very seldom ter; it is most generally accompanied by epidemic measles whooping-cough; yet a connection or logical succession b these epidemics cannot be traced.

Symptoms and Course. For the sake of convenience and in obedience to custom, we adopt the division of the var ease in varicella, varioloid and variola, although these generally exist in the most varied transitions to each o that, in a case of varicella, single pustules assume the ioloid-pustules and in cases of varioloid, some pustules form of variola-pustules, or that the whole exanthem run course between two of these forms.

Varicella or chicken-pox constitutes the mildest form un which the variola-disease with contagious pustules devel Chicken-pox is infectious and may give rise to either of two forms. It infects more particularly children, althou exclusively. Quite recently we treated a case where a yo of eighteen years, who had varioloid, infected his siste six months, with variola, and his mother with a very mil varicella.

This eruption generally sets in without any precursory s perhaps with slight symptoms of gastric catarrh, but oth seldom with precursory symptoms resembling those of vari A few red stigmata break out in the face which grow rapi spread irregularly over the whole body; the largest numb seen on the chest and back. Each of these red stigmata c a few hours to an elevated vesicle, the contents of whic in thirty-six to forty hours, and afterwards form thin s fall off already on the seventh day. The vesicles someti ing out in successive crops, the whole exanthem may requ night to complete its course. Very commonly some of the grow to larger pustules, like variola-pustules, and leav behind. At the same time the general health is often so

534 Acute and Chronic Contagious Diseases.

paired, especially if the vesicles are not numerous, tha have not the remotest suspicion of the child being sick. however, is very commonly present on the first days, eve delirium not unfrequently occurs, the appetite is gone, feel languid, complain of headache and difficulty of swa

caused by the vesicles having broken out in the throat a palate. The constitutional symptoms are never very impor The exhalations from such patients have the same odor as varioloid patients.

Varioloid, or modified variola, always commences with a but not characteristic precursory stage. The patients ex violent chill, or most frequently chilly creepings which succeeded by a violent febrile heat with increased tempe a rapid pulse, and with such an intense feeling of illne approach of a severe disease is unmistakable. With the g symptoms, a violent headache and even active delirium be associated, and likewise a somewhat pathognomonic, sever the back and small of the back. As a rule, the fever rem morning and exacerbates in the evening, increasing every intensity until it reaches its acme on the third evening eruptive stage commences. Shortly previous to the appear the exanthem, an hypersemia, consisting of large spots, perceived on various portions of the skin.

The exanthem in most cases first breaks out in the face, it spreads with tolerable regularity over the whole body above downwards. Red, scattered, lentil-sized spots brea Each single spot passes through the following course of ment. In ten to twelve hours it changes to a papula, whi next twenty-four hours, becomes transformed into a vesic centre of which is perforated by a hair and correspondin pressed. In the next twenty-four to forty-eight hours th of the vesicle grow dim, and a pustule forms surrounded narrow halo. About the sixth day after the breaking out exanthem, the contents dry up, giving rise to a brown sc falls off in three to. four days, leaving the spot somew This course of development of one pock is not pursued by other pocks simultaneously, but occurs in the order in w exanthem broke out, so that the whole process requires a days or a fortnight until the scabs have completely form general health shows the following changes while these p are taking place upon the skin. During the eruption the

Variola, 585

abates soraewliat, upon the whole the patient feela a li but is tormented by the breaking out of pustules upon th lining, which cause difficulties of deglutition, photoph cough, urinary troubles. After the eruption is fully out feels almost well, and only complains of the distress ca jected and tense skin. The suppurative process is genera with a mild fever which disappears entirely as soon as t begin to form, and which gives place to a feeling of hea will mention a few deviations from this course when we c treat of true small-pox. The remaining red spots seldom entirely under a month. Scars remain after varioloid, th after variola, only not in such large numbers, nor so de loid the disorganizing process takes place most generall external surface of the cutis, but does not penetrate be

True variola begins with the same precursory symptoms as previous species ; according to Hebra, the precursory st

is often even less severe than that of varioloid. It las

Without an exception, the exanthem first breaks out in t
thence spreading over the whole body, from above downwar
within two, at most three days. The face always shows th
number of efflorescences. Inasmuch as variola penetrates
neous tissue more deeply, the course of each single vari
differs somewhat from that pursued by a varioloid pustul
twenty-four hours the stigma changes to a papule, and in
twenty-four hoars the papule to a vesicle, the contents
assume a puriform consistence until the sixth day after
ance of the stigma. The pustule thus formed is surrounde
broad halo. Hence in variola the eruptive stage and the
efflorescence last at most ten, but never less than nine

The general health in these two stages is about the same
during a similar period in varioloid. The fever abates t
degree ; the affection of the mucous lining is generally
intense.

On the ninth or tenth day commences the suppurative stag
characteristic of variola. The fever, which had almost e
appeared, breaks out again with frequent chills and an i
Hebra accounts for this fever by the circumstance that p
been absorbed, not by the intensity of the cutaneous aff
it is not unfrequently absent, even during a most violen
variola and never sets in until the pustules had become
some time, but, on the other hand, is always present if

536 Acute and Chronic Contagious Diseases.

takes place. The j-yjemic nature of this fever accounts
for the dangerous character of this stage upon which we
more fully by and by when we come to treat of the compli
While the fever is gradually abating, the suppurative st
tinues until the fourteenth day, when the desiccation an
bing process commence in the same order as the eruption
oped itself. The patients, during this time, are without
feel quite well. The scabs very seldom separate before t
sometimes not till the fourteenth day, leaving reddish-b
mentous spots and scars which disappear very slowly.

It now remains for us to indicate several important anom
the course of the disease. In doing this, we shall confi
to variola, varioloid having the same modifications exce
lesser degree.

In the first place the pustules, instead of remaining is
run together (confluent small-pox). This confluence of t
may take place to some extent in every severe case of sm
but if it is extensive, the disease becomes much fiercer
abates very little during the stage of efflorescence, th
fever is very intense, because confluent pustules cause
trating ulcerations. As a rule, this' process only takes
face. In the suppurative stage the pustules not unfreque
come mixed with blood, giving rise to the so-called blac
which always constitutes the most dangerous form of the
because it sets in w[^]ith an exquisitely adynamic fever a

profuse nose-bleed, hrematemesis, hsemaptoe. The filling pocks with an ichorous pus is a very rare occurrence. The the pustules varies considerably in the same individual. attain the size of a lentil and dry up very speedily; of the bullae of pemphigus, and some again do not even leav papular form. A few single variola-pustules are met with case of varioloid ; it is the universality of the suppur and the longer duration of the disease that determine th teristic nature of small-pox.

With regard to the whole course of the disease we distin small-pox where the fever preserves an adynamic type dur whole course of the disease, and small-pox with septic t throughout its course. It not unfrequently happens that, disease bar. passed its first stage, the fever suddenly adynamic type. In adynamic small-pox the pustules may no their fuU development ; in septic small-pox they are apt

Variola. 587

hemorrhagic and gangrenous. The phenomena accompanying a change of this kind, resemble altogether those of an int Variola without an eruption is a speculative theory rath practically verified fact-

Complications and sequelae occur much less frequently af small-pox than after measles and scarlatina, but are no ous, for the reason that they have their origin in the s process; hence, they occur almost exclusively during and course of variola, and very seldom after or during an at varioloid. As direct consequences of the variola-pustule tion : diphtheritis, croup and oedema glottidis. The las process likewise occurs as a complication of varioloid. these complications and sequel» does not essentially var of other analogous diseases. The croupy sound is often h during the efflorescent stage of small-pox, but at this no dangerous significance ; it only becomes threatening stage of suppuration. Violent inflammations especially o membranes, meningitis, pericarditis, pleuritis, inflamma large joints, deep-seated abscesses only occur after the fever has set in. They certainly do not arise from the i the inflammatory process upon the skin, but from the abs of pus. The eyes in consequence of an inflammatory proce on in their interior, are not unfrequently threatened wi whereas it is immaterial in a case of varioloid whether of pustules have become seated close to the eye or on th tiva. The danger is altogether determined by the superve the suppurative process.

In both variola and varioloid the prognosis is very unce the most favorable appearances at the beginning sometime way very suddenly to the most dangerous symptoms, and vi cases that set in with symptoms of great severity, turn mild at the end. Age is of great consequence in this dis people have to suffer a great deal more than young perso dently owing to the greater rigidity of the skin. As a m course, a vitiated constitution and unfavorable social c above all, pregnancy and confinement invest small-pox wi acter of most threatening gravity.

Treatment, Before speaking of the remedial agents that m
have to be used for small-pox, we will express our views
the great preventive of small-pox, vaccination. "Without
ing the right of the State to require the individual cit

688 Acute and Chronic Contagious Diseases.

himself or his children sick ; without meaning to inquir
morbid matter can be transmitted by vaccination, for thi
be avoided with due caution ; simply looking at the fact
vaccination is really useful or not, we feel bound, from
point of view, to declare our opposition to tliis procee
reason that we do not believe the vaccine-virus possesse
least prophylactic virtue against variola, by which we m
the transformation of the pock into a suppurating pustul
epidemic small-pox is so much less dangerous and extensi
present time than it was a hundred years ago, this can b
well accounted for by the undeniable fact that epidemics
increase and decrease in intensity, as by the universall
process of vaccination. If persons who are not vaccinate
the present time more frequently of variola than those w
cause may be that only those remain unvaccinated at the
time, who, living in the worst conditions of society, ar
to fall victims to epidemic diseases. The last epidemic
has shown very satisfactorily that the danger of small-p
derived from accompanying local circumstances, not so mu
the fact that vaccination had been neglected. In the cit
over, where we have not had any malignant epidemics sinc
year 1846, we have had numerous small-pox cases for the
with only few deaths, whereas more northward, in our mar
districts, where severe epidemics have prevailed during
years, small-pox has likewise claimed a larger number of
spite of vaccination. We, therefore, have no hesitation
ting that we belong to the number of those who repudiate
tion, and we favor the more and more rapidly spreading m
that has been initiated against this measure. It may be
entirely do away with this peculiar institution ; but wh
accomplished is, that, if people insist upon being vacci
operation should be performed under appropriate circumst
We deem the following points essential to such a purpose
renewal of the lymph by cowpock- virus ; - extreme preca
selecting the children from whom the vaccine is taken ;
of the statute which makes it obligatory upon parents to
children vaccinated in the first year of infancy ; - ^in
vaccine in only a few places with a view of diminishing
possible all unfavorable consequences to the organism. I
respect we maintain that, if vaccination has at all any
virtue, one pustule ought to protect as much as a dozen.

Variola. ^.^ 589

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of vaccination we cannot help raising the question whether diminished mortality in small-pox epidemics may not be a more enlightened management of the disease. ^ ^ \ •

The preliminary stage which is not always recognizable at the beginning of the attack, will always invite the use of remedial agents, although the usefulness or efficacy of proceeding is extremely questionable. Aconite is more than other medicine recommended at this stage, but we do not agree with our Colleagues in the propriety of this course. Aconite is indicated in all inflammatory fevers, febrile conditions that evidently owe their origin to the blood. For this reason we do not advise Aconite either in measles, scarlatina or typhus, still much less in small-pox. Bryonia will be found preferable, even after a most careful management of the symptoms, and ought to be continued until they are fully out. Bryonia will be found much less frequently suitable at this stage of small-pox. Upon the whole we opine that Aconite is useless either totally or nearly so, for the reason that the first stages of small-pox are without any malignant symptoms, if delirium should set in. As soon as the exanthem is out the patient feels tolerably well; but now is the time to administer the most valuable remedies for the purpose of preventing the purulent morbid process which must now be expected, and of which we can positively know how it will result ; and, in general, for the purpose of maintaining the course of the disease within normal bounds. We have but one remedy that answers this purpose; this remedy is Mercurius. In any circumstances we would advise our Colleagues never to repeat the dose too often in this disease. It is a difficult task to show its usefulness as long as we have a number of comparative observations at our command. If Mercurius is to be given, it is certain that Mercurius is the most appropriate. Just as well as Mercurius will prevent suppuration in case of abscesses and small boils, — and we know from abundant experience that it will do this, — we may likewise expect a favorable result upon the suppurative process in small-pox, so much more from the symptomatic similarity between the pathogenesis of Mercurius in small-pox in this special point extends to the minutest details. If suppuration does really set in, we may try Hepar sulphuris the purpose of preventing the excessive development of the morbid process. As long as no anomalies occur, these three remedies will be found sufficient in every case of small-pox or varioloid, if employed in the manner above mentioned.

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540 Acute and Chronic Contagious Diseases.

requently severe conjunctivitis, nor the difficulty of swallowing, finally the croupy cough demand any other remedies than those above named ; for these phenomena are simply occasioned

exanthem running its course upon the mucous lining, and therefore, without any special significance. Upon what number of other remedies are recommended for small-pox, unable to conceive, and we, therefore, do not mention that their multitude should cause confusion in the reader's mind. *monium crudum* and *tartaricum* have made more noise than any other remedy, nor can it be denied that the principle of *arsenicum* is in their favor; so far, however, it has not been shown that remedies exert either a modifying or abbreviating influence upon the disease, or that the suppurative stage is prevented.

Among the anomalies and complications we only mention a few, since it is impossible to furnish a complete list of them. *Variola* with an adynamic type of fever is always very tedious and is characterized by an extraordinary tendency to degenerate and to approach to typhus. At the commencement *Bryonia* may very generally be indicated, on the other hand, we think that under these circumstances that *Tartarum emeticum* is in its place, especially if the brain is involved. After the pustules have formed, *Arsenicum* is most likely the most appropriate remedy, on account of the constitutional symptoms, as on account of the decomposition which is so apt to set in at this period, hemorrhagic effusions into the pustules and ichorous discharges. We likewise call attention, at this stage, to *Secale cornutum* and the mineral acids, especially *Acidum muriaticum*. This last-mentioned remedy is particularly appropriate if the pustules become confluent with symptoms of diphtheritis in the mouth and fauces, a life of the patient is in the greatest jeopardy. Croup which occurs during the suppurative stage, is not controlled by the remedies usually recommended for croup; it is not the ordinary croup, but a symptom of diphtheritis. We would recommend *Hepar sulphuris* first, and afterwards *Phosphorus*. (Edema glottidis during small-pox requires the same remedies that have been suggested for this disease in a former chapter.

[I once saved a boy's life with *Arsenicum*. The child had been vaccinated, or rather eight different attempts had been made to vaccinate him, but every attempt had proved futile. He was attacked with confluent small-pox. The disease was not so favorable a course as could be expected, when I was

Variola. 541

one night in a great hurry because the disease had taken a bad turn. I found the boy in an undescribable state of apathy and prostration. The pustules had suddenly receded and those that were still upon the skin, looked black. Involuntary diarrhoeic evacuations took place every fifteen minutes spreading a most horrid odor through the room. The skin was cold and clammy, the pulse feeble and could no longer be counted. I gave him *Arsenicum* in centesimal trituration, one half of a grain at a dose, repeated every fifteen minutes. After the third dose the diarrhoea stopped entirely, the skin warmed up, the pulse returned and the remaining pustules resumed a normal appearance, and the boy went on its course very favorably. After the boy had been twelve days, and seemed all but well; after the fever had disappeared, and the child expected to be dressed and placed in the room, he was all at once taken with a severe angina,

returned with a severe chill, he was seized with partial and next day was covered with scarlet-rash. He had caught scarlatina at school, but the variola kept it under until severer disease had run its course. The boy made a fine and only showed one or two scarcely perceptible pits on chin. H.]

Secondary inflammations, when occasioned by the absorptivus, are generally very severe and obstinate ; they require treatment from what similar inflammations require when seen as primary diseases. Bryonia[^] and above all Mercurius Solvatus Separ sulphuris and Arsenicum are most generally the most appropriate remedies. Among these five remedies to which we can add Sulphur the proper remedy for a given case will undoubtedly be found. [Tartar emetic may likewise be added ; a case of supervening in the course of scrofulous periostitis, and only be accounted for agreeably to Virchow's theory of phlogogen having been deposited in the lungs by the current of the lymph[^] promptly and radically in our hands to the exclusion of Tartar emetic, third centesimal trituration. H.]

As soon as the formation of the scabs is completed, all is over. Only in very exceptional cases deep-seated abscesses but in such a latent manner that they are only discovered when desiccation is terminated. Hence the patient may be safely as cured.

In view of the measures which it is common to enforce even at an early time in the management of small-pox, a few rules follow.

542 Acute and Chronic Contagious Diseases.

The internal treatment of such patients seems to us of some importance. Experience has abundantly shown that the spread of small-pox cannot be prevented by even the strictest and most careful quarantine ; hence it is useless to exile such patients from a country although it is undoubtedly proper that all unnecessary importations should be avoided. Above all, let the patient enjoy an abundance of pure air ; the access of fresh air not only affords the guarantee of a successful result, but is likewise the most effective means of preventing the further spread of the disease. It is useless to cover the patients burning up with fever, more than they wish to be. Cautious ablutions never hurt, and are always beneficial. As soon as the patient is free from fever, and desires to get up from his bed, let him be permitted to do so. The scabs are most easily removed by softening them with almond-oil, and by frequent washing and bathing the patient as soon as possible. Ablutions and baths have the additional advantage of helping to restore the normal action of the skin. As regards diet, the patient's wishes may be consulted as far as possible ; as long as the fever lasts, he will not want anything, but the lightest feverish diet other than the lightest kind of food causes nausea and indisposition. As soon as the fever has disappeared, a more substantial diet may be permitted. As soon as the scabs have come off, the patient may be permitted to go out. Nothing can be more unreasonable than to keep the patient confined in a room even after the exanthem has run its course. An extreme irritability to catarrhal affections are the usual sequences of such an unnecessary confinement.

4. Syphilis.

Venereal Disease.

Syphilis is a disease concerning which it is very difficult to give comprehensive and satisfactory statements in a few paragraphs. The disease is too varied, and undergoes too many modifications under constitutional influences ; moreover the best mode of treatment is not yet positively settled. We request the reader to receive our subsequent remarks with a good deal of forbearance ; let us stand above all things that we do not intend to present in a graph on the subject of syphilis.

Etymology. Syphilis is either communicated by a contagium, or else it is inherited ; this last statement, however, only holds in a few forms; whether syphilis can break out spontaneously,

Syphilis. 543

Its nature is uncertain, although there is no valid reason to deny its nature of the contagium cannot be denied ; it is most commonly contained in the primary ulcer, whereas its presence in the blood is maintained by some in certain affections as well as in the blood is maintained by some by others. The adoption of a different contagium for simulating indurated chancre depends upon observations, the correctness of which cannot be positively impeached. In the vast majority of cases the chancre-virus is communicated by sexual intercourse, in a few cases only the virus is communicated by a different mode. It is not absolutely necessary that the chancrous matter be inserted at a spot where the epidermis is injured ; inoculations may take place, even if the epidermis is intact ; for this purpose it is to be very delicate, as the epidermis of the sexual organs is. Syphilis can be inherited from the father as well as from the mother ; it would even seem as though it were more easily inherited from the former. Most observations show that constitutionally syphilis is a protection against a second infection by the same contagium. Induration of the primary chancre, as much as a first attack of variolation against a second attack of this disease, likewise the incubation period is short and does not last beyond the second week, whereas other affections incubate for at least five weeks. A disposition to contract this disease, inheres in every individual ; however, its mode of origination accounts for the circumstance that the primary chancre is more generally affected with it. Some persons seem to possess a natural immunity from constitutional syphilis, whereas others manifest a peculiar susceptibility to this disease ; this seems founded in the so-called lymphatic constitution.

A description of the separate forms under which syphilis usually manifests itself, cannot well be given in one connection ; we therefore prefer describing the various phases of the disease, each by itself, in the order in which they generally succeed each other.

a. Primary Chancre,

Syphilis always commences with the primary syphilitic ulcer. Except when the disease is hereditary, we have no evidence of its

syphilis can have any other beginning.

The soft, simple chancre is chiefly seated on the inside prepuce, on the glans, and in the transition-fold from the prepuce to the glans, more particularly on the frenulum ; among the indurated chiefly seated at the posterior commissure, at the entrance of the

544 Acute and Chronic Contagious Diseases.

vagina, and on the lesser labia. But inasmuch as other parts of the body may either accidentally or designedly come in contact with the chancre-virus, a chancre may likewise break out on the inner surface of the penis, on the scrotum, at the anus, on the inner surface of the thigh, and in the posterior parts of the vagina. Its course is as follows : at the place of inoculation a small vesicle is formed, surrounded by a red halo ; or, if the virus was inserted in a wound on the skin, an ulcer may form immediately which, arising from the vesicle, develops in a very short time, and the vesicle is very seldom seen. The ulcer is generally round or frequently oval, never sharply angular, of the size of a lentil, and it has sharp, shaggy, not prominent borders and a lardaceous base. It gradually spreads, but never grows to a large size ; it acquires a fungoid growth from its base, without, however, becoming indurated on that account. At first only one ulcer of this character generally breaks out, very seldom three, but in the progress of the disease new ulcers break out in the immediate neighborhood of the former, so that the glans is surrounded by them as by a wreath ; they may likewise become confluent. It is a notable fact that the more recent ulcers generally heal faster, and more tardily than the primary sore. These ulcers heal between three and eight weeks. The healing process is manifested by the fact that the bottom of the ulcer loses its dirty color, and is covered with usually readily-bleeding granulations, and they then lose their shaggy appearance. The cicatrix is generally small. If the soft chancre is seated in the urethra, it generally occupies the locality immediately behind the orifice, where it causes a burning pain. If it is seated farther on in the urethra, its presence is manifested from a seated pain when the part is touched, and which is often experienced during urination ; and also from a scanty discharge of pus, whereas, if the chancre is complicated with gonorrhoea, its diagnosis is very generally impossible. The cure of this chancre takes place in the same manner as that of a chancre seated in some external locality.

The indurated, so-called Hunterian chancre is chiefly seated in the transition-region from the prepuce to the glans, and the frenulum, but it may likewise break out on any other place of the penis as soft chancre. Many look upon the virus of the Hunterian chancre as different from that of the soft chancre. This is not, by any means, decided. This chancre often arises not from a vesicle, but from an induration in consequence of the direct action of the virus.

Syphilis. 645

of the inflammatory exudation. According to some, this is the mode of origination. It has chiefly a rounded form ; its

scarcely varies from that of the simple chancre ; its base has a less lardaceous and dirty look. If the induration bottom of the ulcer, the latter is raised, forming the edge if the borders are chiefly indurated, they form a wall round the funnel-shaped ulcer. The induration sometimes spreads to a distance round the ulcer, and is generally of a cartilaginous consistence. If the indurated chancre develops itself out of a simple chancre, which is very seldom the case during the first appearance of the latter, and generally not till after the latter has existed some time, the appearance of the ulcer often changes very much. The indurated chancre does not multiply on the surrounding parts, hence we seldom see more than one or at most two indurated ulcers. It heals much more slowly than simple chancre, and is almost surely followed by secondary phenomena if a slow appearing induration remains after the healing of the ulcer. A delicate scar of the indurated chancre is easily torn by the edges of a chancrous ulcer readily forms again immediately.

Phagedenic chancre is a chancre modified by the constitution of the patient. It only breaks out on cachectic individuals and is more generally from the simple than from the indurated ulcer. If such an ulcer becomes phagedenic, it assumes an irregular shape with indentations; it shows a dirty-gray or greenish base with diphtheritic exudations, is surrounded by a sickly-livid areola, and secretes a quantity of thin, sickly matter. The ulcer inclines to spread rapidly and to destroy organic tissues, in consequence of which it may involve a considerable loss of substance and even result fatally in a short time. Phagedenic chancre most commonly arises in cases where the patient has had been very much abused ; it is not difficult to understand the abuse of Mercury should aggravate a phagedenic chancre materially. A cure takes place by a separation of the indurated parts in the same manner as takes place in a case of simple chancre.

A gangrenous chancre may arise both from the simple and indurated chancre in consequence of the parts round the ulcer being considerably infiltrated ; the ulcer acquires a scurf which is covered together with its surroundings, changes to a scurf which is covered by a considerable serous infiltration. A cure takes place by the scurf becoming separated ; or, in the opposite case, the disorganizing process spreads, but scarcely ever as

35

546 Acute and Chronic Contagious Diseases.

case of phagedenic chancre. Death may very readily ensue, and it is not always possible to trace the gangrenous change to it.

Either directly caused by the primary ulcer, or in consequence of the ulcer, without any definite connection being perceivable, a gangrenous chancre, at times outlasting the ulcer, we have :

The syphilitic bubo, that is, lymphadenitis occasioned by a syphilitic affection. The bubo is seated on the side nearest the place where the infection was first communicated, more especially in the groin below Poupart's ligament. We distinguish ac

chronic buboes.

The acute bubo seldom develops itself in the second to the third week after the appearance of the primary ulcer, seldom a second, and likewise seldom after the cicatrization of the ulcer. It generally breaks out after simple chancre, and is most likely to make its appearance if the chancre is located close to the inguinal gland. Irritating the ulcer, most likely favors the development of a bubo. At a spot in the bend of the groin, the patient, especially when moving the part briskly, experiences a pain which is very aggravated during contact, although the inflamed gland can yet be felt. It generally grows rapidly in size, is very hard, and may reach the size of a goose-egg. It adheres to the integument, hence is not moveable, and the integuments soon show a redness. Suppuration does not take place very rapidly; fluctuation is perceived over a large surface, because resolution only takes place fragmentarily. The spontaneous breaking of the abscess takes place with much difficulty; after its discharge the true bubo forms an ulcer with all the characteristics of chancre, and a secretion from which is infectious. A bubo very seldom arises from a simple sympathetic irritation of the lymphatic gland. In the latter case, a cure mostly takes place very speedily, whereas in the former case the healing process is very tardy, and the scars remain even a long time after the wound is closed. An extension of the inflammatory process to the surrounding cellular tissue, and to the peritonaeum; the formation of fistulous canals and the migration of the pus are not unfrequent occurrences. These complications generally occur if the bubo is lanced prematurely. We shall return to this subject when we come to speak of the treatment of bubo. There is no difficulty in diagnosing the true nature of bubo, except after the chancre is healed without leaving a scar, when a bubo develops itself without any previous chancre. A characteristic circumstance in the history of a syphilitic bubo is, that it always breaks out below Poupart's ligament.

Syphilis. 647

The chronic, indolent bubo runs a slow course; it comes out painless and is very obstinate; it is distinguished from the acute bubo by the circumstance that it only occurs in connective tissue, indurated chancre, and is not, like an acute bubo, confined to one gland, but involves a number of them. The swelling progresses very slowly; a single gland does not attain any considerable size, but from several glands swelling close together, a bumpy tumor is formed. Single glands very seldom terminate in suppuration; if this happens, pus forms very slowly, and the abscesses are very slack, and a whole gland is transformed into purulent matter. Very seldom the inflammation attacks the surrounding parts. Whereas an acute bubo does not justify the conclusion that secondary phenomena will certainly make their appearance, an indolent bubo is almost invariably succeeded by them. ^

A catarrh of the mucous lining of the urethra or vagina very frequently accompanies the primary ulcer. Chancres in the urethra may run their course without a sign of gonorrhoea, but the gonorrhoea may be very violent and painful. To account for the latter case, the doctrine has been started that there

infection with the chancre as well as the gonorrhoeal virus is not necessary to account for the gonorrhoea, for a chancre of the urethra may very readily give rise to extensive urethritis. If the cause does not, the cause must be the different degrees of irritation of the mucous lining of different individuals. The secretory gonorrhoea is characterized by a strong, very offensive

Condyломата are vegetations of the skin belonging to primary as well as to secondary syphilis, but they may likewise be found in combination with gonorrhoea without chancre. We will devote a few general remarks to them in this place.

There are two pretty essentially distinct species of condyloma, the soft, humid condyloma with a broad base, and the acuminated condyloma.

Soft condylomata very frequently accompany primary syphilis, and secondary syphilis is almost always accompanied by them. They are seated on the integuments of the sexual organs, on the thighs, scrotum, in the intergluteal fold, on the external surface of the thigh, in general in localities where two surfaces are exposed to frequent frictions against each other. They are flat risings, very little or not at all injected, consist of a thin epidermis, very soft to the feel, and moistened with

648 Acute and Chronic Contagious Diseases.

muco-purulent, and most generally disagreeably smelling. By growing the isolated condylomata may unite and rise to a considerable height. The excoriations and the deep rhagades on the surface impart to the skin that covers them a peculiar cracked and split appearance, which is most strikingly noticed during the period when these vegetations break out, differs a good deal from that which they come most speedily with an indurated chancre, more particularly, if the primary ulcer is accompanied by profuse gonorrhoea.

Acuminated condylomata occur less frequently as companions of chancre, more commonly as accompaniments of gonorrhoea. They grow more especially on places that are continually bathed in a poisonous secretion, hence in the same localities where condylomata are chiefly seated, principally on the glans and on the inner surface of the female urethra, and at the entrance of the vagina. Their presence does not always imply the existence of a general syphilis. As a rule, they have a cauliflower-shaped appearance, are seated on a hard epidermis, are seated on a narrow base, are pedunculate or, in consequence of being flattened by a pressure on both sides, have a cock's-comb shaped appearance. They possess a great tendency to grow like fungi, in which case they possess considerable vascularity; they may reach the size of a walnut. If they are seated between the glans and prepuce, and of considerable size, they may cause a great deal of suffering in consequence of being pressed upon and pulled at. They never suppurate, they never fissure, except by the action of direct force. After healing, they sometimes disappear quite suddenly, sometimes decline gradually.

b. Secondary Syphilis,

The phenomena of secondary or constitutional syphilis are confined to the external skin, the mucous membrane and the organs of sense. They succeed the primary ulcer at different periods, very seldom, however, before the sixth week and sixth month. They are generally preceded by a period of latent condition, but it likewise not unfrequently happens secondary syphilis breaks out while the primary phenomena still running their course. The mercurial treatment of primary syphilis is said to exert a modifying influence over secondary phenomena; whether for the patient's weal or woe, is a question which will be more fully examined by and by. Secondary syphilis

Syphilis. 549

Conditions do not yield infectious matter. It almost always has an indurated chancre superinduces secondary phenomena, which is a simple, soft chancre may run its course without any symptoms. Most observers maintain that secondary syphilis never goes entirely, but that, on the other hand, it is a protective constitutional symptoms. It is conceivable that these two conditions may coexist, but not one alone without the other. We have secondary phenomena break out more than once on the same patient after repeated infectious intercourse; the phenomena of the last infection were undoubtedly milder, and lasted less long than the phenomena succeeding the first attack.

Constitutional syphilis is not unfrequently ushered in by constitutional symptoms which sometimes exist during the period that the disease exists in a latent state. These are: lassitude, ill-humor, vague rheumatoid pains, backache in the throat, slight transitory febrile motions. Such symptoms are generally so vague and trivial that the patient does not deem it worth his while to complain of them.

Cutaneous affections occur in all the different forms that characterize such diseases; they are distinguished by one characteristic, namely the peculiar copper-color of the hypersemia they are accompanied. The form of the exanthemata is a reliable indication of their syphilitic origin. They generally present circular or curvilinear figures always of the same size, especially the squamous exanthemata. Finally secondary exanthemata reveal a tolerably constant predilection for certain localities on the surface of the body, more particularly for the hairy scalp, the frontal and nasal regions, the nape of the neck, the volar surface of the hand, the region around the sexual parts, the low arch of the feet and the soles of the feet. The most frequent exanthema

Syphilitic roseola generally constituting the first constitutional syphilis. It consists of small, rounded, bright red spots which rarely run together, and are scattered about irregularly; they are immediately preceded by the above-mentioned symptoms of constitutional malaise. After the spots have been out for some time, they assume a yellowish, and soon after a copper-tinge which does not yield under the pressure of the finger. The spots break out in different crops, hence are present in successive stages of development, which is an important diagnostic sign. They never itch.

In syphilitic psoriasis the scales form upon a very dark

550 Acute and Chronic Contagious Diseases.

are thin, nor are they massed on top of each other in the different from non-syphilitic psoriasis, it spares the knees, and is most fully developed in the palms of the hands on the soles of the feet. Under the scales the skin is infiltrated, hard and callous, and superficially fissured

The other forms, lichen, impetigo, actinomyces, ecthyma, rupia, have no peculiar features except the copper-redness. Tubercles constitute one of the more frequent and, at all malignant cutaneous affections, since they evince a marked tendency to purulent dissolution, and to ulceration. They all have an intensely red color, and break out chiefly on the face and Corona veneris. They give rise to the syphilitic lupus, which usually form definite, most commonly circular clusters; arising from them retain the same arrangement. However, they have a very different significance from real lupus, and involve any considerable loss of substance. Their place among the tertiary phenomena; they have been mentioned simply for the sake of brevity.

The syphilitic exanthemata in one form or another genera exist throughout the whole course of secondary or tertiary, very often constituting the only symptom of the continuation of the disease. This applies more particularly to acne and to the impetigo of the lower extremities, also to the lupus in the palms of the hands; the two last-named exanthems are frequently associated with considerable callosities in the

The hair very frequently becomes diseased, but not as alopecia is certainly a mistake to suppose that the baldness of some individuals is always a consequence of mercurial abuse; when seen this baldness occurs in two cases where no Mercury has been taken. What is certain, however, is that after mercurial treatment the hair either does not at all grow again, or only very imperfectly. What causes the falling out of the hair, cannot well be ascertained, since the scalp is not unfrequently has a perfectly normal

The affections of the mucous membranes are mostly seated on the lining membrane of the mouth and nose, less frequently on the larynx, and still less frequently of the rectum. In the favorite locality are the tonsils and the velum palati, immediately back of the last molar tooth. Here a deep-colored hypersemia is generally noticed simultaneously with the eruption of the roseola, attended with stinging pain and a difficulty of swallowing as after a cold, which, be it remarked incidental

Syphilis. 551

quently excites the hypersemia. This hypersemia either remains or else, it disappears for a short period to return again more intensely, until finally ulcers break out, having a

ance of primary chancres. These ulcers may remain unchan a long time; sometimes they are very flat, causing very trouble. In other cases they show a great tendency to sp the nose and to the posterior wall of the pharynx and la such a case they may remain superficial, or else, penetr the cartilages and bones. From the losses of substance t sioned, and likewise from the contracting cicatrices cau healing of the ulcers, great inconveniences may arise. T of the Schneiderian membrane are most commonly revealed fetid, puriform, sanguinolent discharge.

Syphilitic iritis is a phenomenon that cannot be account It occurs very frequently, and sometimes runs such a mil that it is entirely overlooked and is only recognized by quences. It only sets in after the appearance of the exa never at the commencement of the secondary phenomena, an is an evident connection between the iritis and the cuta tions; the more intense and extensive these affections, certainly we may expect the supervention of iritis. It m ally affects only one eye, very seldom both eyes togethe one after the other. The iritis sets in with violent pai globe of the eye; these are scarcely ever absent and exa night, attended with more or less disturbance of the vis tions and severe illusions of light. The color of the ir changed, the organ looks specked, the pupil is all but i angular or ovoid, the anterior chamber looks dim as if f pus, sometimes slightly and at other times more striking sionally small excrescences are noticed at the border, o on the surface of the pupils. This affection generally r course, and is less painful in such a case; if the affec acute, it is attended with frightful pains, in which cas apt to be destroyed. A complete cure without any disturb nants of disease, can scarcely ever be expected.

c. Tertiary Syphilis.

Under this collective appellation various alterations ar hended involving a number of organs and being principall in the osseous system. Sometimes they set in very soon a

552 Acute and Chronic Contagious Diseases.

appearance of the secondary symptoms, ordinarily, howeve the lapse of years. During the development of these tert toms the secondary phenomena do not disappear, but gener accompany the former in a greater or less degree of inte cannot here undertake to examine the question whether te syphilis is caused by a gradual spread of the infection, it is indebted for its existence exclusively to the use This question it is certainly very difficult to decide i We are most assuredly of the opinion that tertiary sympt set in in consequence of the improper use of Mercury ; o is that we are not acquainted with a single case of syph tertiary symptoms showed themselves under homoeopathic m ment. If, in reply to this statement, the objection shou that under homoeopathic treatment syphilis is cured more we are perfectly willing to throw in tertiary syphilis, rior value of our treatment would not be invalidated by

admission. The various affections that will be enumerated following paragraphs, have the peculiar characteristic of tending to the purulent metamorphosis and consequent destruction of the affected parts, or causing atrophy of the affected parts, or the formation of adventitious areolar tissue.

Diseases of the bones and periosteum most commonly involve the skull, and facial bones, the bones of the lower extremities particularly such bones as are not provided with a thick covering, such as the sternum, ribs, etc. The disease is characterized by horrid pains which have the peculiarity of exacerbating with terrible fierceness (*dolores osteocopi*). The pains precede the objective symptoms for some time. At the time when tumors are seen, which seem to be super-imposed on the bones are of two kinds. Some constitute elastic-doughy, soft, swellings, called *gummata*; they contain a tenacious fluid, and disappear again gradually, or else, become transformed into abscesses. The other class, called *tophi*, are infiltrations of the periosteum, having all the hardness of exostoses. If they do not slowly disappear, they may become real exostoses; they suppurate only in a few cases. The substance of the bone is much less frequently the primary seat of inflammation, but is apt to be invaded by secondary inflammation occasioned by the suppuration of the above-described swellings. It is more especially in the bones of the nose and face that the disease has the most malignant consequences. These bones are destroyed to a great

Syphilis. 553

to a less extent, in consequence of which the face becomes horribly disfigured. If the affection is located on the inner surface of the skull, the brain is exposed to great danger, partly in consequence of the pressure exerted upon the brain, and partly in consequence of the probable or at least possible extension of the disease to the meningeal membranes.

Gummata are not exclusively seated on the bones, but likewise occur in the interstitial areolar tissue of muscles; various tertiary affections of special organs seem likewise to be dependent on the existence of *gummata*.

Syphilitic sarcocele occurs pretty frequently; it generally affects only one testicle, very rarely both at the same time, so that one follows after the other. It is seated in the substance of the testicle without, attacking the epididymis. Its development takes place slowly and without pain; the testicle may gradually enlarge to the size of a goose-egg, becomes indurated and unequal on its surface. The termination in suppuration is a rare occurrence, and probably owing to bad management. A retrograde metamorphosis takes place very slowly, and in a majority of the cases the interstitial infiltration leads to subsequent and sometimes even to atrophy of the substance of the testicle. Among the viscera the trunk the liver is first attacked by an inflammatory process that is exceedingly chronic and sometimes remains latent for a long time in the testicle so in the liver, this process may result in a carcinoma, and consequent atrophy and callous degeneration of the substance of the liver. For the spleen, heart, lungs and kidneys have no forms of disease to which a syphilitic origin may be traced.

attributed with positive certainty.

The contraction of the biceps muscle without paralysis, diminution but not entire suspension of its functions, is always a symptom of tertiary syphilis, whereas, if other are similarly affected, a syphilitic origin is more ques

Upon the general organism tertiary syphilis exerts witho ception a most deleterious effect, either in consequence turbances resulting from the above-mentioned processes, more direct manner. A very common consequence is a deep choly and hypochondria occasioned by depressing reflecti cerning the obstinacy of the disease, and afterwards lea most inteilse derangements of the digestive functions. T is most apt to take place in the course of sarcocele. Fi these various complications and disturbances may lead to

554 Acute and Chronic Contagious Diseases.

cachexia which, however, is not distinguished by any par features.

In reviewing the pathological process of syphilis in its we have to ofler a few suggestions that are not unessent therapeutic point of view ; we shall avoid, however, all ical propositions, so much more as a good many points in still require further examination. In our previous state have chiefly adhered to the views of Old School practiti a view of presenting an uniform picture of the disease. however, as the treatment of syphilis must necessarily e greatly modifying influence over the form of its manifes behooves us now to review the changes taking place under opathic management.

The total course of syphilis is the more rapid, the more and healthy the afflected individual otherwise is; its c more tardy, or inclines to chronic and dangerous develop more, the more debilitated the constitution of the disea In view of this general proposition it is undeniable tha treatment with large doses of Mercury, the course of syp not only much retarded, but is likewise more easliy forc abnormal deviations.

The treatment of syphilis with large doses of Mercury ke syphilis latent for a longer period, and by this means p course. A complete cure takes place so much more speedil more speedily the secondary symptoms manifest themselves they have to be regarded as curative efforts of the orga greater the number of single chancres that break out on vidual, the more intense the cutaneous exantheams, the mo ily will a complete cure be effected.

Whether there is a secondary sj'^philis, is a fact susce demonstration ; but it is not so easy to decide what sym modifications of secondary syphilis have to be charged t of Mercury. In this respect the judgment of Homoeopathy reliable than that of any other method of treatment. Fro stand-point of Homoeopathy we assert that the spots and

the intense hypersemia of the mucous lining of the fauce superficial ulcers of the fauces, and the condylomata are syphilitic ; that, on the contrary, the impetigo, the sc particularly the tubercular exantheams, the ulcerations of the nose, and likewise those of the larynx, are unquesti to the treatment. Iritis is likewise a syphilitic phenom

Syphilis. 555

whole series of phenomena that are designated as tertiary and doubtedly the result of Mercury, not syphilis.

If syphilis is treated homoeopathically from the commencement and every objective symptom has disappeared under this treatment it is safe to assume that the disease is completely cured and no new symptom breaks out in the space of five or six months. Under the old-fashioned mercurial treatment new symptoms break out even after the lapse of years. It is not fair to compare these mercurial symptoms are purely and simply the result of mercurial poisoning, for Mercury does not produce such effects employed in other diseases ; the truth seems to be that the union of mercurial and syphilitic action that these result. The ease is precisely similar to that of intermixture cured with massive doses of Quinine; the cure is simply and altogether temporary.

Hence the total course of syphilis under homoeopathic treatment is altogether different from what it is, when the treatment is conducted in accordance with the principles of the Old School. We have availed ourselves of the course of syphilis under Old School treatment for the purpose of presenting a full picture of it is because homoeopaths are but too often applied to by syphilitic persons who had been poisoned with Mercury. Under homoeopathic treatment the course of syphilis is about a year. The soft chancre heals between six or ten weeks, most generally multiplying considerably ; it is scarcely ever followed by indurated phenomena. The indurated chancre heals between nine to twelve weeks, during which period the infiltration disappears ; is generally succeeded by secondary symptoms, but they break out while the chancre is still existing, and heal completely between four and six months. An acute bubo breaks out only exceptionally, and it retrogrades without any subsequent secondary symptoms and is finally completely reabsorbed without leaving any participation. We have observed this course in the case of bubo which had already reached the size of a hen's egg, with intense inflammation of the integuments and distinctly-perceptible fluctuation. We have never treated a case of syphilis where, after a complete appearance of all the symptoms, syphilitic phenomena again appear themselves at a subsequent period.

In conclusion we must not omit to state that in Schneide's treatise, entitled : "Syphilis and the methods of curing it," 1861, we possess a valuable work, where the pathological

656 Acute and Chronic Contagious Diseases.

therapeutical views concerning syphilis, are subjected to exhaustive criticism. We here call attention to this work in the benefit of those who desire to become acquainted with the methods of treating syphilis, and which we have not space to mention more fully.

Treatment. The only remedy for all the uncomplicated forms of syphilis is Mercury. Every homoeopath accepts this principle, the practical value of which has been verified in a large number of cases, as correct. Simple syphilis whose course we have described above, requires for its complete cure nothing but Mercury. Syphilis as manifested in the various forms, a description of which has been given in previous paragraphs, requires for its cure a number of other remedies in almost every case. With a view to simplifying the presentation of our subject, we will describe the treatment of the above-mentioned single forms in successive order.

The simple soft chancre heals in the time indicated, seldom within three weeks, under the exclusive use of Mercurius solubilis. If practitioners entertain different views concerning the treatment, probably because no adequate allowance has been made for the course which syphilis takes; moreover, there is no doubt that each individual requires a larger, and another a smaller dose. In our practice we are in the habit of employing triturations, and many physicians profess to have effected cures with the even higher attenuations; we never give more than one dose a day, of one grain each, second or third trituration. Under this treatment the chancre never shows an immediate tendency to heal, but it increases in size, three, four or even eight new ones break out, all of which heal within ten weeks at the latest, leaving scarcely perceptible cicatrix. Hence the appearance of new chancres should never deceive us; on the contrary, it is a sure sign since secondary phenomena scarcely ever break out in succession. For the last three years we have likewise applied the secretion of Mercurius solubilis externally, dusting the ulcer every day by means of a little camel's-hair pencil. This seems to hasten the cure; the ulcer becomes a little raised, in which the cleansing takes place very rapidly. As soon as the chancre is beginning to set in, we discontinue the local treatment and now give a higher attenuation less frequently, continuing for two or three weeks after the cicatrization of the chancre. The inflammation of the prepuce is less important than it might be, and an operation need only to be resorted to, if the glans is

Syphilis, 557

constricted by an existing paraphimosis. However, since the circumstance that the cut surfaces are apt to become chancrous does not involve any danger, and phimosis may cause a good deal of distress, our advice is to slit the prepuce whenever it becomes inflamed and swollen. In order to protect the chancre from unnecessary friction, and at the same time prevent an adhesion of the prepuce and glans – an event of very rare occurrence – cover the chancre with a thin layer of lint.

The indurated chancre likewise requires Mercurius solubilis preparation is, however, inefficient in very many cases, especially if the disease runs too protracted a course. However, if

as we cannot fix a normal period for the curative action we should not lose our patience too readily. It is unnecessary to give larger doses than in a case of simple chancre ; and to be given more frequently than every other day. In these cases the local application of the remedy has seemed to us of decided utility. Whether some other mercurial preparation is indicated, has to be determined by the nature of the consecutive phenomena. In indolent bubo forms, we advise the use of the red Precipitate soft, flat condylomata we prefer Corrosive Sublimated Mercury which we likewise apply externally. We have never yet found it necessary to give stronger doses of either of these than one grain of the second trituration a day, nor have we had to deplore the supervention of medicinal symptoms after the use of medicine. [We once prescribed half grain doses of the red Precipitate, first decimal trituration for several Hunterian chancres, labia majora ; the disease was speedily cured, but a hordeolum broke out, which it took a week to subdue. H.] Condyloma most generally last longer than chancre, but very seldom longer than the induration. Indolent buboes always disappear very rapidly. In order not to be led by our impatience to the commission of mistakes, we should always remember that a rapid cure is not to be had to a tardy one, if it is at the same time safe ; but in the opposite case the latter is decidedly preferable. Syphilis should be cured rapidly. If we are called upon to treat an indolent chancre after it had already been for a long time treated with doses of Mercury, it is decidedly proper not to give any more Mercury even for three weeks, and to substitute Nitric acid. By pursuing this course we obtain so much more certainly a clear picture of the syphilitic disease, nor need we be alarmed at its progress near as much as the insidious development of

558 Acute and Chronic Contagious Diseases.

of a syphilitico-mercurial monster. Several physicians recommend for the treatment of indolent chancre the Iodide of Mercury and likewise Cinnabar. It is very likely that these two remedies act well in this case, but we have never yet employed them for the reason that we have always got along with the remedies above mentioned.

As we have stated previously, phagedenic chancre is determined by peculiar constitutional tendencies. It does not bear the use of Mercury ; if this is to be used, it has to be employed with great caution. The best mercurial preparations for this chancre are Corrosive Sublimated Mercury and the red Precipitate. Upon the other hand, however, Acidum nitricum or muriaticum had better be substituted for Mercury until the ulcer spreads no longer, and the bottom of the ulcer becomes cleansed. In very bad cases Arsenicum is sometimes to be used and has had a good effect.

A gangrenous chancre should never be treated with Mercury until the gangrened parts have sloughed off and provided the remaining ulcer still shows the characteristic properties of a syphilitic chancre which is not usually the case. Arsenicum is the only remedy of arresting the gangrenous destruction. It is a well known fact that this form of chancre is scarcely ever followed by secondary syphilis ; hence the apprehension of secondary symptoms never suggest a resort to Mercury.

An acute bubo does not require any other treatment than of the simple chancre from which it had proceeded. Under of Mercury it generally runs its course without suppurating even, if pus has already been deposited, it is very often cured by *Acidum nitricum* or *Hepar sulphuris calc.* the red *Precipitum animalis* have likewise been recommended for buboes. Except *Hepar* we cannot recommend a single one of these remedies superior to *Mercurius s.d.*; *Hepar* can only prove useful if a suppurative process has become fully established. *Hepar* is likewise indicated if, after the evacuation of the pus, or a retrograde metamorphosis, the gland still remains for so long hard and swollen. Sulphur may likewise have to be employed in such circumstances, provided of course that no secondary symptoms have broken out.

An indolent bubo which is almost always a sure sign of constitutional syphilis, never disappears rapidly; hence it ought not to be changed too rapidly. In such a case the Mercury is decidedly appropriate and sufficient unless the

Syphilis. 559

eruptions of the skin and mucous membrane which may be beginning to make their appearance, should require another remedy.

Gonorrhoea occasioned by chancre in the urethra, does not require any special remedies; *Merc. s.d.* cures the gonorrhoea at the same time as it heals the chancre.

For condylomata, *Thuja* is not a sovereign remedy; this is now established beyond a doubt by abundant experience. It is an excellent remedy for the acuminate, dry condylomata, but it has but a very little, if any, effect upon the soft condylomata when used internally or externally. In our opinion, the soft condylomata do not always require any particular medication, but break out in company with a simple chancre, they generally disappear soon after the chancre is healed, and it is good to continue the Mercury in small and less frequent doses. If they accompany an indurated chancre they remain for a long time even after the latter is cured, the reason that they constitute a sign of the more intense and universal infection. But even in such a case we do not require a special treatment on their account, because the other constitutional symptoms are much more important. What is certain, however, that as long as condylomata are present that had come out with a chancre, the syphilitic disease is not cured. If they are the only manifestation of the disease, we advise both the internal and external use of Corrosive Sublimate. "We have no objection to offering concerning *Nitric acid*, *Cinnabaris* or *Stannum* [Tartar emetic] internally as well as externally, as a remedy for soft or mucous tubercles. IL]

Among the secondary symptoms we first notice the exanthema. They are best managed with the more intensely acting mercurial preparations, Corrosive Sublimate or red and white *Precipitum* according to our own very satisfactory experience, with *Mercurius vivus* which, it seems to us, is not sufficiently violent. The violent action of the Neapolitan ointment shows that

acts more rapidly, and even energetically, than most other preparations; we have found this statement corroborated in a number of cases. Of course not the first, but the third tried to be used. It is, moreover, certain that Mercurius vivus exanthematic phenomena more certainly and specifically than other mercurial preparation. For this reason we cannot recommend Mercurius vivus with sufficient emphasis for experimental purposes much more since it likewise corresponds so perfectly

660 Acute and Chronic Contagious Diseases.

hypersensitization and ulceration of the mucous lining of the face in the above-described uncomplicated affections of the skin and mucous lining, the remedies which we have pointed out will be sufficient; however, a marked increase of the cutaneous eruptions must not be regarded as a bad sign, for the more rapidly and abundantly they break out, the more speedily and thoroughly will be cured. The falling off of the hair is very often observed.

Iritis cannot well be treated without Mercury; but it has to be used cautiously; Corrosive Sublimate is the best mercurial preparation for this disease and the most efficient remedy to avert the danger. After the Sublimate, the remaining symptoms are most effectually controlled by means of Clematis; we have had two cases of iritis with this drug alone, although the pupil was already considerably distorted.

The next syphilitic forms which we shall describe, are those of syphilis and mercurial poisoning, or, which is likewise the case, of syphilis and constitutional anomalies. The treatment of these forms is therefore very different, sometimes exceedingly so, and always very tedious. It is of great importance that, in regard to the forms that we have just described, we should know how much Mercury had been used in treating them; this knowledge is indispensable if we are called upon to treat mercurial combinations. We should also call to mind a chief rule applicable to all these cases, namely that a curative result should not be expected too impatiently, and that we had better pursue the treatment with some indifferent substance, which will give us time to decide upon the course of treatment that ought to be pursued. We would tender this advice to all those who fear that a syphilitic patient cannot pass a day without suffering want of medicine. Drenching the patient with quantities of mercury is sufficiently destructive in the hands of Old School physicians, it is likewise hurtful in homoeopathic hands, because such a treatment obscures the curative results obtainable with our remedies. And we again suggest with all proper emphasis that the cutaneous efflorescences and most other syphilitic phenomena are curative endeavors that ought to be sustained rather than prematurely suppressed.

The remedies which homoeopaths employ to combat the mixed forms of syphilis and mercurial poisoning, and whose value is ascertained by clinical experience, are: Mercurius bijodatus

Syphilis. 661

hf/driodicum^Bepar svlphuris calc.^ Sulphur^ Aurum muria metaUicum^ Kali bichromicum^ Acidum nitricum^ Sarsaparil podium. To undertake to give special indications for eve remedy would be a vain endeavor. In reality we have to b by clinical experience, without being able to act in ful the law of similarity. We shall rarely be able to effect with any single one of these remedies; most commonly fre changes will be found indispensable. For this reason we fine ourselves to giving the most necessary rules in the paragraphs.

Syphilitic exantheams, with the exception of roseola, sca require any Mercury ; it is only if the improvement is t does not seem disposed to set in, and if we are certain patient had not yet been poisoned with this drug, that a of Mercury can sometimes be given while the treatment is conducted with some other leading remedy. Psoriasis yiel promptly to Svlphur^ Nitri acidum^ and, according to som saparilla and Lycopodium. The pustulous forms require th of Mercury^ Nitric acid^ the Hydriodate and Bichromate o Syphilitic pemphigus requires: Hepar sulphuris calc.^ Sx likewise Graphites. Tuberculous exantheams: Aurum Wjetall Acidum nitricum^ and likewise Graphites ; Lycopodium may be appropriate.

The ulcers on the mucous lining are of a mercurial chara they are deeply-penetrating and affect the bones ; we ha Mercury in treating them, and only resort to it, if we a that no improvement can be achieved by any other means. cases the red and white Precipitates are preferable to a curial preparations. For ulcers in the mouth Kali hydriod given alternately with Kali Uchrormicum ; for ozeena, if are yet intact, Kali hydriod. may be prescribed, and if invaded, Aurum muriaticum^ If the patient had previously a good deal of Mercury, Addum nitricum may be given ever and then for a few days at a time. Laryngitis requires a other remedy Hepar sulphuris^ moreover Iodine and the Bi oj Potash^ and according to Hartmann, Lycopodium.

The tertiary phenomena require throughout a cautious, bu tinued use of the Iodide of Potassium. It is only for si that other remedies are required, Aurum^ for instance, f lupus, for caries of the facial bones, the suppurating t

36

562 Acute and Chronic Contagious Diseases.

finally for sarcocele. Sulphur scarcely ever produces ma in tertiary syphilis, nor does Hepar sulphuris. On the o the Iodine-springs of Hall deserve high praise; the wate these springs is the mildest and at the same time most p form in which Iodine can be administered.

It remains for us now to make a few remarks concerning t of syphilitic patients. In this respect opinions differ

homoeopathic physicians to such an extent that they some in direct antagonism to each other. We have found the fo rules uniformly substantiated by our own experience. Syp patients should never be deprived of a sufficient supply and nourishing food ; they should not be allowed to eat nor should they indulge in fat and spiced articles of di heavy beer ; light wines do not hurt ; a beverage compos and water may safely be permitted. The patient should be to enjoy fresh air, but should avoid violent exertions, dancing, etc., until the chancre is healed. These rules upon the observation that, if the bodily strength is wel the syphilitic disease runs through its difierent phases it is moreover a general principle in therapeutic scienc reactive energy of the organism should never be voluntar depressed in any disease. Mercurial poisoning does not r deviation from this principle, for it is in debilitated Mercury causes the most terrible devastation. Of great i in protracted cases of syphilis is careful attention to is undoubtedly the most important organ for all critical of the organism. This is the reason why inveterate secon tertiary syphilis improves so rapidly under a rationally ically conducted cold-water treatment which should always resorted to in such cases. Sulphur-baths are much less e they may afford relief, if the patient is attacked with matic pains ; otherwise they have no other effect than t the sensitiveness of the skin to atmospheric influences.

B. EPIDEMIC AND ENDEMIC INFECTIOUS DISEASES.

i. Intermittent Fever, Fever and Ague.

Intermittent fever is now almost universally traced to t ence of malaria ; any other origin of this fever is deni malaria is, and whence it arises, is either entirely unk our knowledge of malaria is very uncertain. Where a quan vegetable matter is exposed to rapid decay, intermittent a very common occurrence, and they are the more intense rapidly the process of putrefaction takes place, consequ intensity is greatest in very hot weather. We should be far, if we were to dwell more particularly upon the natu malaria, and we omit this so much more readily as no adv accrues to the treatment from such speculations. It is w ever, that our attention should be kept fixed on one poi the decaying vegetation ; for this will remind us of the measures that it may be necessary to take. Where malaria intermittent fever is endemic. But this fever likewise b in a more or less epidemic form, when it invades malario with great violence, or when it visits regions that are from intermittent fever, in a mild form, and does not sp large extent of country. Whether epidemics of this kind owe their origin to malarious miasms that had been wafte from their original locality, is questionable, for, afte cult to understand why in one year the infectious matter carried ufion the wings of the wind, and not in another are such epidemics confined to certain atmospheric relat is remarkable is that such fever-and-ague epidemics are

precede epidemic cholera. Where intermittent fever is an sporadic disease, its origin is still more obscure, as in us, for instance, in the city of Hanover.

A special disposition to the disease is determined by age so far that middle-aged, robust individuals are more exposed to exciting causes of the fever. In infancy intermittent fever is a comparatively rare disease. Tuberculosis is an almost complete guarantee against intermittent fever.

663

564 Epidemic and Endemic Infectious Diseases.

As regards the seasons, the disease occurs most frequently in the months of April, May and June, in hot summers with showers of rain, likewise in very warm fall-months. Fever and ague is least prevalent during the winter-months, in very cold weather and likewise in very warm, dry weather.

Predisposing causes of fever and ague are : errors in diet, of the digestive tract, colds, working all the time in wet weather. This last-mentioned circumstance is the reason why bricklayers are so readily attacked with fever and ague, even if the place where they work is situated on high ground.

One attack of fever and ague undoubtedly increases the disposition to have a second one; persons who move from perfect health into malarious districts are likewise attacked much more readily whereas a protracted sojourn in a malarious district diminishes susceptibility to the malarious miasm.

To picture intermittent fever as it really exists, is a difficult undertaking ; in the first place, the disease of itself in its manifestations; and in the next place the fever is modified by the employment of remedial agents. Inasmuch as deviations from the normal form will have to be mentioned particularly when we come to speak of the remedies for it we here confine ourselves to a short description of the principal modifications.

Uncomplicated, genuine intermittent fever is characterized by paroxysms of chill, heat and sweat, returning at regular intervals and separated from each other by a more or less complete remission.

The first paroxysm is very generally preceded by a more or less distinct preliminary stage lasting at times a day, at other times a week and even longer, and not presenting any phenomena that definitely point to intermittent fever. In sporadic cases it is a gastro-intestinal catarrh with slight remittent fever that runs into fever and ague.

The paroxysm is very frequently ushered in with a feeling of chill.

malaise, stretching and yawning, drawing pains in the extremities, these symptoms are soon succeeded by chills down the spine, a feeling of coldness in the extremities and whole body, with shaking of the body and chattering of the teeth. On the part of the body most remote from the heart, the skin general turgescence, its temperature falls quite considerably, it is bluish and as if dead. On the other hand, the temperature

Intermittent Fever. 665

axilla as well as in the mouth is considerably higher. Temperature is very generally accompanied by violent headache and a desire for drink, and, if any food had been introduced into the stomach shortly before the paroxysm, it is ejected when the chill sets in. The chill seldom lasts less than half an hour, nor more than two hours. The pulse is small and contracted, the urine has a dark color, the spleen is somewhat enlarged.

The second or hot stage never sets in all at once; it begins gradually and is interrupted by local flashes of heat, but finally becomes permanent and general. With the heat, the turgescence of the skin likewise returns, the temperature gradually increases to a considerable height, sometimes over 100°; the pulse becomes full and bounding. The headache, restlessness, thirst increase considerably, delirium is not unfrequently present. The color of the face changes to a bright-red. The enlargement of the spleen continues during this stage which seldom lasts less than three, but frequently upwards of six or eight hours.

The sweaty stage likewise sets in gradually; perspiration begins first on some parts and gradually covers the whole body. At the same time the temperature sinks rapidly, according to the intensity, in regular stages, and a feeling of comfort is soon experienced by the patient. As a rule, the urine at this stage is strong and contains urates. The sweat lasts from one to six and even to ten hours. The apyrexia commences as soon as the sweat ceases. This stage is of the utmost importance to a homoeopathic practitioner. It always shows some, although sometimes very trifling morbid symptoms which differ in different individuals.

Fever-and-ague, in its uncomplicated form, generally follows the tertian type; in other words, forty-eight hours elapse between successive paroxysms. If the intensity of the fever remains the same, the paroxysms generally return at the same period. As the intensity of the disease decreases in intensity, the next paroxysm always sets in at a somewhat earlier period, and in a less degree of intensity; it is much less frequently the case for the paroxysm to set in with less force and at a later period. If the paroxysm sets in sooner and with more violence, a transformation of the fever into the quotidian type may be expected; a change of the type almost always takes place, if the fever lasts a good while. The same time the affection shows a higher degree of intensity and obstinacy. The quartan type, that is, the return of the fever at intervals of seventy-two hours, only sets in after the

lasted for a long time, at times developing itself direct tertian type, while the paroxysms postpone, and at other from the quotidian fever. This quartan type implies the degree of tenacity in the disease.

The other types, double-tertian, sub-tertian, and whatever names may be, occur too seldom to deserve special mention.

It is difficult to say what constitutes the normal course of intermittent fever, for the reason that it is always modified. The following may be regarded as tolerably fixed: in a favorable case the paroxysms scarcely ever cease suddenly, decrease gradually both in intensity and duration, and are discontinued entirely at the end of seven days, the fever more and more prolonged and gradually becoming permanent in unfavorable cases, either under the influence of improper treatment or under the continued action of the malarial poison never, or at least very seldom, under homoeopathic treatment have a gradual development of the so-called malarial cachexia which we shall dwell upon more fully after having previously described a few deviations from the normal type.

Upon the whole, these anomalies occur very seldom at the commencement of the malarious infection, but they become more frequent, the more the disease approximates to a malaria. One of the three stages may be entirely wanting, or, if present, may be scarcely perceptible. It is generally the chill stage that remains suppressed, the hot stage is almost always present. Some of the stages, more particularly the heat and the sweating, may be separated by an apparent apyrexia of a few hours' duration. Among children, convulsions are not unusual in the stages, but they are not of a dangerous import, except when long and long-lasting. An intermittent fever of long duration under the continued action of malaria, changes to the remittent in this circumstance, however, points without an exception to malarial cachexia. In simple intermittent fever, the spleen enlarges to any very great extent.

One of the characteristic effects of malaria is intermittent ague; the paroxysms set in with all the typical regularity of ague paroxysms, but without any marked febrile symptoms. During these attacks, the temperature of the body is generally considerably higher than usual. [There are other intermittent paroxysms which take the place of fever and ague and may be regarded as masked forms of the intermittent disease. So

Intermittent Fever. 667

more common forms of masked fever and ague are: Intermitting neuralgia, dysentery, pneumonia, articular rheumatism. A practitioner never been able to get along in the treatment of these forms of fever and ague without Quinine; it is not necessary to give large doses, but Quinine is indispensable. H.]

The most important anomaly is the intermitting perniciousa comitata. Most commonly intermittent fever adopts this form; the subsequent course of the disease, very seldom at the

Intermittens perniciosa is a form of fever where a simple of the ordinary symptoms becomes dangerous to life. This intermittent increase often takes place in the first stage, more in the case of children, but more commonly during the second stage, the danger arises either from the brain being paralyzed, paralysis of the heart in consequence of the excessive excitement. If the brain is threatened with paralysis, the symptoms are characterized by delirium, sopor, coma, likewise by paroxysms of excessive maniacal exaltation; if paralysis of the heart, the chill increases to icy-coldness, like the coldness of ague. Many a case of fever and ague assumes the pernicious type because the paroxysms are of an extraordinary duration. A form of intermittent fever is designated in our country as congestive chills; it acts precisely as Hufeland's febris perniciosa. We have seen a great deal of it. During the attack we give Aconite or Gelsemium as the case may be, and we sometimes give the spirits of Camphor to hasten reaction; during the attack we continue the Aconite, or substitute Belladonna; and when the sweaty stage has fairly set in, we give Quinine in sufficient quantity either to keep off the next attack, or at least to secure the termination of the paroxysm. We do not believe that congestive chills, such as we see them in our malarious countries, can be cured without Quinine; we believe that Quinine is the specific remedy for this form of chills, although other remedies may likewise be required. When the late Dr. Channing was still practicing in the city of New York, he had a case of congestive chills to which he gave the patient, a Western gentleman, a dose of a probably highly-potentized Nuxvomica, a second chill, of course much more violent than the first. The Doctor, with his brain crammed brimful with the doctrine of homoeopathic variations, being perfectly satisfied that the Nuxvomica had aggravated the symptoms, gave him a drop of Alcohol to counteract the mischief the harmless little globule of Nuxvomica had done; a

568 Epidemic and Endemic Infectious Diseases*

paroxysm occurred, which destroyed the patient. II.] The complications are characterized by the superintention of other symptoms during the paroxysm, more particularly a second attack of intestinal catarrh like cholera, rupture of the excessive hypersemia of the brain, inflammatory affections of the organs, hemorrhages, apoplexy.

Malarial cachexia in its severest form is most usually cured if a quantity of Quinine is administered to the patient. If the patient continues to be exposed to the action of the malarious miasm without Quinine, never produces a malarial fever of the same degree of intensity. Individuals who had taken a great deal of Quinine, after moving out of the malarious country are very apt to be attacked with malarial cachexia. According to the observations that have been made by a number of practitioners the close connection between malarial cachexia and Quinine cannot be denied. We will now proceed to describe the course which ague takes when mismanaged by Quinine.

With large doses of Quinine we generally succeed in effecting a sudden cessation of the paroxysms; but the period following a suppression is not free from morbid symptoms; the patient

plain more or less. A fortnight, or more commonly three frequently four weeks after the suppression, another paroxysm comes out very suddenly. This paroxysm likewise yields to Quin after this second suppression the patient generally complains less than after the first; for a third paroxysm, which generally comes out after a short apyrexia. Quinine now proves ineffectual. Paroxysms either assume the quartan type, or else they break out with great irregularity, and combine with constitutional symptoms which gradually increase in intensity. The spleen is sometimes enlarged; it fills one-half of the abdominal cavity; the liver becomes enlarged and after a while shows symptoms of fatty degeneration; the digestion is entirely deranged, the appetite is gone, the bowels are either constipated, or else, the patient is troubled with diarrhoea as in hectic fever. The patients seem to be attacked with seated anaemia and have a strikingly sallow complexion. Changes in the abdominal viscera may sooner or later lead to the formation of abscesses. If, as we have often noticed, a catarrhal affection of the lungs is present, we obtain a complete picture of florid phthisis. The course of the patients soon reaches a high degree, and, under the most judicious treatment, death now is an almost inevitable result.

The prognosis in intermittent fever revolves around the

Intermittent Fever. 569

points: If the attack is recent, the prognosis is quite favourable; the longer the disease has lasted; the more irregular the paroxysms have become; the more strikingly the blood has become altered, the more protracted will be the recovery of the patient. Spontaneous cures in a healthy district are of very little importance. Dismissing the patient while the patient continues to be exposed to the influence of malaria, get well very slowly; but even if the patient is cured from the further action of the miasm, the cure takes place very slowly. An advanced age as well as a very young age; a dilated stomach, and more particularly alcoholism, render the prognosis very uncertain.

To treat fever and ague according to the homoeopathic law is a task which is undoubtedly invested with great difficulty. Scarcely the most experienced practitioner. The homoeopathic treatment of fever and ague has undoubtedly led to many errors, for the reason that spontaneous cures were too often overlooked and attributed as the results of the medicine that had been administered for the fever. In consequence of this, the number of our patients for fever and ague has been very much increased, to the inconvenience of the physician who is in need of a remedy for a particular case. For this reason we furnish in the subsequent section a limited number of remedies with definite indications; more unreliable medicines we shall only give the names.

In treating a case of fever and ague a few points should not be lost sight of, since attention to these points will save the practitioner from many mistakes.

In the first place, it is an important point in the treatment of fever and ague that the totality of the symptoms should not be lost sight of; in other words, not only the symptoms characteristic of the paroxysm, but likewise those that are perceived during

apyrexia, or new symptoms, should be carefully noted. A remedy should never be chosen exclusively according to the symptoms of the paroxysm or the apyrexia. It is evident, however, in the great similarity of the paroxysms, that the remedy will more especially be determined by the symptoms during apyrexia.

Lighter potencies are undoubtedly sufficient to effect a cure, although a preference is generally accorded to the lower remedy that is evidently homoeopathic to the case, does it is perfectly proper to try a lower attenuation before this drug.

570 Epidemic and Endemic Infectious Diseases.

If possible the remedy should never be given during the paroxysm, but as soon as possible after the paroxysm is terminated.

If, under the operation of a medicine, the paroxysms decrease in duration and intensity, it should be continued as long as the effects of this medicine last; by pursuing this course the most reliable information concerning the use of special remedies for fever and ague.

If an epidemic breaks out in a non-malarious district, it is found that one or two remedies are generally sufficient for every case.

The following are the most efficient remedies for simple fever and ague:

China or Quinine is undoubtedly the most important remedy for fever and ague, but its value is very much impaired by the fact that it is employed as a sovereign remedy not only for fever and ague itself, but likewise for all intermittent diseases. We dwell any further upon the manner in which this remedy is used, as this fact is too well known to the Profession. All we can say is that China is the most effectual and reliable of all antiperiodics, but that it only helps when it is homoeopathic to the case. China is suitable in a majority of all cases of endemic fever and ague, even during the whole course of the disease. In sporadic cases it is generally of very little use. China is particularly indicated by the following symptoms: Precursory symptoms consisting in nervous excitement, anxiousness, headache, general irritability; the chill is of short duration, and is followed by heat, without thirst which is only experienced at the commencement of the hot stage, and is never very intense. Sensitiveness and excessive irritability especially during the chills stage lasts a long while and the perspiration is excessive. During the apyrexia we have: great debility with restlessness, loss of appetite with canine hunger, bitter taste and thickly coated tongue. We do not attach an extreme importance to these symptoms, for they are often deceptive. As a rule, it is true that every case of fever and ague originating in malaria must be of recent origin and attended with nervous irritability and gastric-bilious symptoms. In inveterate cases, with marked hypertrophy of the spleen and liver, anaemia, dropsy, China will be of much use; such patients have always been dosed with

medicine to excess. If they have not, China is indicated
mia, a yellowish-gray complexion; occasional attacks of

Intermittent Fever. 671

palpitation of the heart, congestions of the head, back-irregularity of the paroxysms, the single stages not suc- other immediately, and not being completely developed. [frequently met v\rith such symptoms under the symptom-tr of high potentialists, where a few small doses of Quinin wipe out the whole disease, after the patient had been k sicker for weeks. H.] Upon the whole, a tertian type is adapted to the curative range of China, the quartan-type frequently. As regards dose we advise the use of the low parations in all recent cases, but it will scarcely ever to go below the second trituration of Quinine or the fir tion of the tincture of Cinchona. Fevers that do not yie doses, are not amenable to the curative action of Quinin only be suppressed, but not cured, by more massive doses drug. In the genuine malarial cachexia, China will very render much service.

Ipecacuanha is decidedly adapted to epidemic fever and a it cures one case, it will undoubtedly cure most of the This circumstance at one time procured for it the inordi of the Old School ; afterwards it fell into disrepute, b not found adapted to all epidemics, its opponents not be that fever and ague epidemics differ amongst each other acter. Ipecac, is only suitable in the milder forms of i fever, scarcely in any other than the tertian type; the stages run their course without much intensity and the c most marked ; it is particularly indicated, if the fever panied by gastric symptoms, such as loss of appetite, lo food, nausea, vomiting, diarrhoea with very little bile evacuations, or if the paroxysm is caused by dietetic tr Intermittent fevers of this character are generally epid malarious districts.

According to Hartmann Nux vomica is indicated by the fol symptoms : Fever, with constipation, gastric-b'iliious sy breaks out after gross violations of diet, and is chamct nervous symptoms proceeding from the spinal cord. [We on cured a case of fever and ague of nine months' standing few doses of Kux. The patient had been in one of the Ifa hospitals for nine months, and had taken Quinine by the He was very fond of liquor and a paroxysm broke out afte debauch. Nux cured him so perfectly that the paroxysms d even return after he had been drinking. II.] Quotidian a

572 Epidemic and Endemic Infectious Diseases.

fevers, setting in in the afternoon, evening or night, w tion of heat and chills, enormous craving for beer, fron ache, vertigo, nausea, bitter taste and eructations, car weakness. — In congestive chills Nuz is likewise indicat following symptoms: Paralysis of the extremities at the

prostration, weariness, trembling, fainting, vertigo, dyspnoea of the heart, heat of the head with coldness of delirium. Nux is undoubtedly one of our more important remedies; it will not be difficult to determine its homeopathy in given cases. In inveterate cases Nux would not often be the choice. It is likewise an important remedy if the fever is complicated with bronchitis.

Veratrum album is likewise one of our most important febrile remedies; marked chill which is slowly followed by convulsive symptoms and great thirst, vomiting or retching, feeble and small pulse; stupor during the hot stage, with delirium; the third stage is not strikingly marked. In febrile comitata Veratrum album is an important remedy if the cerebral symptoms, the pulmonary hypersemia and the profuse intestinal catarrh are prominently developed.

Arsenicum, in our estimation is still more important than its range of action is still more extensive. In recent cases indicated by the following symptoms: Intensity and long duration of the paroxysms, especially burning heat; unquenchable thirst during the whole attack, and extreme anxiety and restlessness except during the sweaty stage, attended with palpitation of the heart, and a subdued, accelerated pulse; moreover functional derangements of single organs. Arsenic is indicated the more efficaciously the cleaner the tongue remains in extremely violent paroxysms, the more rapidly the strength is exhausted by the paroxysm and the sooner the characteristic sallow pallor appears. For this reason Arsenic is an important remedy in endemic fever and ague. In congestive chills the imminent paralysis of the heart points to Arsenicum beside Veratrum. It is likewise indicated if the fever is complicated with sepsis. In fever and ague cachexia Arsenic is a sovereign remedy. It is truly marvellous. With a single dose of Arsenicum 30 cured a cachexia of thirteen weeks' standing. The patient a robust man, presented the picture of a complete phthisis he was cured even without leaving his home situated in a malarious region of country. Another case of nine months

Intermittent Fever. 673

ing was cured by means of a few doses of Arsenic 30, so that even the hypertrophied spleen was reduced back again to its natural size. The patient was a Hollander who brought this with him; after residing in our very healthy city for four years and swallowing large quantities of Quinine all the symptoms of phthisis florida had developed themselves. — Arsenic is not a fever-remedy, but likewise an antidote to Quinine. "We do not point out special symptoms, for cachexia is amenable to Quinine in all its manifestations, which, it is true, generally differs from other very closely; it is least reliable when the anaemia and the reactive powers of the organism are very much depressed. In the above-mentioned cases we have stated the dose, but we are satisfied that in cachexia small doses exert the most beneficial influence; on the other hand we are equally satisfied that in recent cases triturations up to the sixth are most suitable.

Natrum muriaticum is very seldom indicated in recent, but

more so in inveterate cases. The stages are very unequal continuous, the heat moderate, but accompanied by all so accessory symptoms, among which headache occupies the most prominent rank ; the perspiration is either wanting, or excessive and debilitating. At the same time the patient with chronic catarrh of the mouth and stomach, constant tition, renal catarrh, palpitations of the heart. The patient has a grayish-yellow look; the spleen and liver are very much

Arnica is adapted to recent as well as inveterate cases is preceded by violent thirst which abates almost entire heat breaks out ; if during the hot stage every little cause causes the patient to feel chilly, and if, during this stage to be listless but at the same time very restless.

To these remedies we add a few from Hartmann, concerning which we do not possess any personal experience.

Belladonna in quotidian fever, with horrid headache, vertigo, hallucinations, injected eyes, nausea, vomiting, constipation ; or in fevers where each paroxysm is associated with neuralgic attack.

Cina, if the fever commences with vomiting of food follows canine hunger; the attacks come on every day.

Pulsatilla ; vomiting of mucus at the commencement of the heat and sweat without thirst; mucous diarrhoea during the apyrexia, with loathing of food and nausea.

574 Epidemic and Endemic Infectious Diseases.

Antimonium crudum ; heat and sweat break out at the same time the sweat being only transitory; loss of appetite, eructation, nausea, vomiting, thickly-coated tongue, bitter taste, tenderness at the stomach, pain in the chest.

Bryonia; the fever sets in early in the morning; the attack ushered in with vertigo, pressure and a gnawing sensation in the chest ; at the same time a dry cough with stinging pain in the chest, dyspnoea, vomiting.

Sabadilla ; the attacks set in with great regularity, cannot be postponed nor anticipated; short chill, followed by thirst and or only chill without heat or sweat ; apyrexia with frequent creeping, pressure and distention at the stomach, with little or no thirst, nocturnal, dry cough, pain in the chest, dyspnoea.

Ignatia ; the chill is removed by external covering ; so cold, others hot ; heat only on the outside, without thirst of the head during the hot stage, bruising pain in the forehead, pressure at the pit of the stomach, great lassitude of the face, etc. Thirst only after the paroxysm.

Carbo vegetabilis ; the attack is preceded by a beating of the heart, tearing in the teeth and extremities, stretching, Thirst and great lassitude during the chill. During the apyrexia without thirst : headache, vertigo, flushed face, obscure

nausea, pain in the stomach, abdomen, chest, dyspnoea ; succeeded by severe headache.

Capsicum ; the chill prevails, attended with intense thirst wanting or only very moderate during the hot stage ; sweat the heat. During the chill : anxiety, restlessness, inab one's-self, sensitiveness to noise ; headache, ptyalism, mucus, splenetalg' a, backache, tearing and contracting the extremities. During the heat : stinging in the head, the mouth, colic with ineffectual urging to stool, pain and back, tearing in the lower limbs.

Tartarus emeticus; drowsiness during the attack; Opium i given if real sopor is present.

We niight increase this list, if we would name all the d remedies that might possibly be indicated. But we do not regard most of the above-mentioned remedies as real feve ague remedies ; their choice depends upon the nature of panying symptoms which, if a cure takes place, would hav to be the cause, not the consequence of the fever. If we be certain of selecting the right remedy, we have to inq

Intermittent Fever. 575

great care whether the intermittent character of the att constitutes an accidental, although very prominent sympt whether the other symptoms emanate from the intermittent oxysm as their fountain-head. In the latter case the rem have been named first, deserve a preference over any oth former case the symptoms which are most prominent during apyrexia, decide a choice of the remedy.

In congestive chills as well as in the tebres comitatse ening accessory symptoms are the main indications. The m suitable remedies cannot be indicated a priori.

A fever and ague cachexia is always such a complicated a that it is impossible to indicate therapeutic rules for applicable to every case. The whole organism is involved the spleen being more severely affected, at other times the stomach and intestines, then again the lungs : somet greatest danger emanates from the ansemic condition of t so that it is often very difficult to hit uj)on the righ China had not been abused, it will meet most of the symp and will prove the best remedy in the case. If Quinine h taken to excess, Arsen. will help in the large majority remedy should not be given up all at once, if the improv not very speedy ; in such a case it is much better to ch dose than the remedy. Ferrum is adapted to all cases whe ansemia and debility are highly developed, but no oedema set in ; the patients complain somewhat of congestion of and heart, nor is the stomach disposed to retain any nou Natrum muriaticum and Lycopodium are indicated if the di organs are chiefly affected, and the derangement is char symptoms peculiar to these two drugs. Other remedies may required for extraordinary symptoms. We doubt, however, Belladonna and Staphysagria^ recommended by Hartmann, ar

of any use in this cachexia.

,There is no special diet that can be recommended for fe
ague. It depends in every case upon the state of the dig
organs and the necessity of guarding the stomach against
pernicious influence, for it is upon the normal function
stomach that depends the possibility of the patient's si
being restored to its natural tone. If possible, the pat
better leave the malarious district, and remove to the m
where recovery takes place most rapidly.

676 Epidemic and Endemic Infectious Diseases.

Typhus occurs in two forms that do not differ much from
other, namely: typhus abdominalis and typhus exanthemati
More recently this last-named form has become much less
than the former. In spite of these differences the etiol
forms is pretty much the same ; up to this period we hav
ceeded in discovering tlie reasons for the appearance of
the other form.

Typhus originates in some infectious agent ; all that is
of this agent is that it is caused by the decomposition
substances. Hence typhus occurs most frequently where th
position of animal matter is most favored by circumstanc
in large cities and hospitals ; likewise in localities w
favorably situated for carrying away the products of dec
such as cities built in a flat country and with imperfec
The infectious principle at times seems to act with grea
at other times very mildly, so that typhus in crowded lo
sometimes breaks out with an extraordinary virulence, an
times with comparative mildness. According to all probab
graduated difference of this kind is chiefly owing to th
of the infectious agent that acts upon the organism, not
quality. The contagium is reproduced by the patient. We
share the views which prevail concerning the formation o
tagium. We do not consider any form of typhus contagious
apparently contagious transmission of typhus only takes
among those who have been for some time exposed to the e
tions from the infected individual, not among those who
been in contact with the patient for a short period of t
remarks likewise apply to exanthematic typhus which is c
as decidedly contagious, but which only appears so for t
that it produces a larger quantity and a more infectious
contagious matter. Physicians in private practice are se
tacked, notwithstanding they are brought in closest cont
the patients when exploring their chests ; hospital-phys
nurses, on the contrary, are taken down very often. More
the level of the surface-water has been more particularl
with reference to typhus and cholera ; a high lev^ is su
favor the breaking out of these plagues. We are still wi
reliable data in this respect. In large cities the const
wells and water-closets deserves great attention ; where

Typhus. 677

close together that the well-water can be contaminated by the contents of the closets, typhus is very likely to occur. There is without doubt worthy the most serious attention of the Board of Health, for typhus is not only one of the most dangerous but also one of the most frequent diseases.

A few points can easily be inferred from what we have said: epidemic and endemic, slightly endemic and sporadic typhus; breaking out of typhus in very damp and hot years during the hot months of the summer and in the fall; likewise crowded hospitals, more particularly if they are full of soldiers; or in densely populated streets, tenement-houses, etc. Typhus occasioned by an insufficient supply of food or by unwholesome and deteriorated food, is less easily

One attack of typhus does not always, but very generally protect against a second attack. There are certain other circumstances that almost positively preclude the possibility especially abdominal typhus; these are: Intermittent fever, carcinoma, heart-disease of the higher grade. A person who has established any positive lines of demarcation; except infants of any age may be attacked, but more particularly young children and individuals up to the age of fifty. Vigorous constitutions are more easily attacked and likewise more severely.

Exciting causes are: Fear and anxiety; a sudden change of residence when persons settle in a locality where typhus is endemic; mental depression, both by excessive exertion as well as by care and grief.

Symptoms and Course. "We deem it unnecessary to analyze the pathological anatomy of typhus, for the reason that the present post-mortem phenomena scarcely ever correspond with the groups of symptoms in the phenomenal totality of the disease. Hence, we confine ourselves to a few more important data. In abdominal typhus the ulcers in the intestines act the most important part; they have even given rise to the name of this disease. However, it behooves us to premise the state in their various phases these ulcers do not correspond with the phases in the total course of the disease. The ulcers follow: At first the mucous lining of the ileum is strikingly inflamed, more particularly in its lower half; gradually the hyperemia becomes centered in Peyer's and Brunner's glands which swell up considerably together with the mesenteric

In the former the inflammatory infiltration may be reabsorbed

37

678 Epidemic and Endemic Infectious Diseases.

else, which happens much more frequently, the infiltration decomposes, destroying the super-incumbent mucous lining giving rise to an ulcer, the enteric or typhoid ulcer. The most commonly located in the inferior extremity of the intestine according as it arises from a solitary or a conglomerate ulcer, be round and small, or enlarge to the size of half a dollar, irregular, undermined borders. The healing takes place very

slowly ; the destructive process may likewise penetrate tissues, perforating the intestine. The subsequent cicat causes stricture of the intestine. The intestinal ulcera seldom assumes a (^hronic form, resulting in a slow, hec Beside the intestinal ulcers, the spleen shows tolerably alterations; in the first weeks it enlarges even to six normal size, the capsule is very tense, the substance of exceedingly vascular and crumbling, its color is very da wards the swelling goes down again almost to the natural tions of the organ, the capsule is relaxed, the parenchy anaemic. Except these two almost constant phenomena, typ not offer any permanent, certainly no characteristic sig brain, especially, remains unaltered; the lungs, on the show at first symptoms of pulmonary irritation ; afterwa static, less frequently lobular or lobar pneumonia. Duri weeks of the disease the muscles have a somewhat charact ally dark color, and the internal surface of the arterie a dark-red appearance. In exan thematic typhus the intes ulceration does not exist, whereas in this form likewise is considerably hypertrophied and softened, and the vess have a bright appearance as if injected. Other constantl anatomical alterations are not perceived.

Abdominal typhus very rarely breaks out suddenly ; it is ally preceded for a few days or even a week by indefinit toms, such as lassitude, indisposition to worky loss of impaired appetite, very seldom hunger almost bordering u voracious desire for food; wandering rheumatoid pains in limbs, especially in the back, headache of an indetermin sleep full of dreams.

The disease is generally ushered in by a chill of modera lence, or by a marked fainting sensation which is soon f the characteristic feeling of illness, namely: an inabil erect or move about, and a desire to lie down. Very seld of these conditions is entirely wanting, so that it is d

Typhus. 579

out the real beginning of the disease; instead of one se .we often meet with a succession of very feeble chills. now develops itself in the following manner: The patient weak, have neither the strength nor the desire to rise f beds; headache, at times more frontal, and at other "tim more violent cases, in the occiput, throbbing and very d complete loss of appetite; altered, generally pasty tast not very frequent; bowels quite torpid in the first week sleep; when waking early in the morning, the patients co very soon to complain of phantasms which they cannot avo they talk very rationally and are perfectly conscious of phantasms. The pulse is generally full, very seldom exce hundred beats, very often dicrotic; the temperature is h skin feels burning-hot. The breathing is almost constant anxious, the patient talks hurriedly, yet, if desired, h take a long breath. The spleen is generally swollen, the increasing rapidly in size, and is not unfrequently pain abdomen does not show any constant alterations, but when coecal region is pressed upon, the patients complain of

region, and a gurgling sensation is communicated to the with which the pressure is made. The tongue is at times very thickly, at other times it only has a whitish coating it looks quite clean, but the coating changes as the disease progresses. Sometimes the patients complain of a little hiccough, and exhibit symptoms of a slight bronchial catarrh. Urine is less in quantity, saturated, notwithstanding that patients often experience a very violent thirst. All the symptoms remain in force only in very violent cases; most general remission of these symptoms takes place towards the first week.

In the second week the symptoms of the disease undergo a marked change, unless the morbid process takes a turn to recovery, which is very seldom the case. For the present we speak of typhus of a moderately severe type. In this stage patients lose their consciousness more and more; they are lying in a state of lethargic apathy, or else, it is only with difficulty that they are able to reply to questions or to attend to their own ideas. In the evening and during the night soporous prostration is generally interrupted by a state of exaltation, during which the patients manifest their consciousness by animated talking or by a constant endeavor to

680 Epidemic and Endemic Infectious Diseases.

from their beds. Sensations of pain now cease entirely; when asked how they feel, they answer: "Quite well;" they desire for drink, but they swallow the offered beverage and greedily; when repeatedly asked to do so, they put their tongues slowly and tremulously, and forget to draw them. Another evidence that the influence of the brain is almost suspended is, that the patients persevere for a long time in a comfortable position, and that they allow the urine to escape into their beds. At the beginning of the second week, frequently already at the end of the first week, the patients complain of a violent buzzing in the ears, afterwards they are hard of hearing. Corresponding with these changes the countenances of the patients become altered. Although the complexion seems to shine, yet it has a livid hue; the eyes stare, with a vague and unsteady expression; when raised in their beds patients at once turn pale and look as if they would faint. Various functions show the following deviations from the normal condition: The fever is intense, the temperature rising to 100° or 102° Fahr., with slight morning-remission; pulse is seldom below 100, nor is it often above 120, more than usual and sometimes dicrotic. The tongue, which at first showed a good deal of dryness in the first week, now is dry; the streaked coating, which had marked it hitherto, vanishes; it shows a peculiarly red color, and the papillae have become effaced; towards the end of the second week the tongue appears covered with a brownish incrustation. The appetite is entirely wanting, yet the patients will taste of the offered to eat. They do not seem thirsty, yet they drink the proffered beverage. At this stage the abdomen begins to swell quite considerably; when the ilio-coecal region is pressed hard, the patients distort the corners of their mouths. Diarrhoea now usually sets in, from four to eight passages taking

untarily every day. They have a yellowish color, depositment of thick consistence over which floats a watery, op substance. The urine is secreted in smaller quantities, and is frequently voided involuntarily; sometimes it is altogether, so that the bladder becomes very much distended. Respiration is still accelerated, yet the peculiar hurried breathing of the first week is scarcely yet perceived; posteriorly they generally return hypostatic dulness; catarrhal symptoms are discovered, although the patients scarcely ever cough and

Typhus. 581

rarely bring up a tenacious, yellowish mucus. The spleen tends to enlarge, although, owing to the distention of the bowels, consequent displacement of the spleen upwards, the enlargement cannot well be discovered by a physical exploration. Upon the abdomen, thorax and back roseola-spots break out in great number, some of which are usually present already at the beginning of the first week.

About the middle of the second week all these symptoms generally show an increase, less frequently a remission; both the increase and the remission are, however, of short duration.

In the third week, especially at the commencement, the symptoms continue to increase in intensity. The patients are in a state of complete apathy; in the day-time they are delirious, but during the night the nervous exaltation is worse, attended with subsultus tendinum and grasping at the bed. The prostration is so great that the patients are no longer able to sit erect; they are constantly lying on their backs, and yielding to the law of gravitation, settle from the pillows towards the middle of the bed. The tongue is only protruded after loud and repeated requests; it is quite fuliginous coating which is likewise exhibited on the teeth and the nostrils. Deglutition is very difficult, and it is so difficult that the patient is able to swallow very small quantities of liquid at one time. The diarrhoea continues, but the passages are generally less copious, and not unfrequently tinged with urinary secretions continue to decrease and paralysis of the bowels is not an unfrequent occurrence. The abdomen is greatly distended and is no longer sensitive to pressure. The other symptoms continue unchanged, except that the roseola-spots pale off and are complicated with miliaria and sometimes with ecchymoses. Sores are now very apt to torment the patient. Emaciation proceeds very rapidly and his whole appearance is that of a collapse. Up to the middle of the third week, the fever continues with its intensity. In cases where the disease continues during the third week, no remission of the fever is perceptible. In most cases, however, the seventeenth day is characterized by a sudden abatement of the fever and of most of the other derangements of the system. This improvement at times is only apparent, inasmuch as in a few hours already the symptoms again exacerbate; but at other times it is a real improvement marking the beginning of recovery. In the latter case the patients die, it is most generally at this period;

582 Epidemic and Endemic Infectious Diseases.

just alluded to, when followed by an exacerbation of the is generally looked upon as a fatal change. Death takes symptoms of paralysis of the heart and lungs. In favorab the fever remits every morning on the last days of the t whereas the evening-exacerbations decrease in violence, sciousness returns gradually and with it a desire for fo At this stage the fever scarcely ever shows a sudden and able decrease, with a correspondingly sudden beginning o valescence.

With the third week typhus of a medium grade has reached intensity in so far as signs of convalescence now begin themselves, although very slowly. Every case of typhus o ing the third week, may be safely regarded as very sever complications take place, no new symptoms develop themse during the fourth and fifth weeks. The remissions of the are very distinct and grow more decided in character; th on the contrary, increases in weakness and frequency. Th looks as if he were in a state of terrible collapse; occ threatening paroxysms of collapse really take place, mor ularly in the night ; in the later course of the disease ysms are, however, not as dangerous as they seem. In the adults the consciousness usually returns towards the end fourth week; but, if the fever continues, delirium is st frequent towards evening. The diarrhoea is at times less was, and at other times more profuse ; in some cases it altogether. The skin looks clean, with the exception of here and there. The bed-sores which are never wanting du such a protracted course of the disease, grow rapidly in malignancy.

If the fever runs a course of four weeks, recovery takes very slowly. In very fortunate cases recovery goes on un ruptedly, but most frequently its course is disturbed by accidental inconveniences, such as vomiting after certai food, or even after any kind ; sudden disappearance of t that had just begun to return; return or protracted cont of the diarrhoea; exacerbations of the fever. The decubi nature and conduct of which aftbrd an excellent criteriu the amount of progress in the recovery of the patient ca measured, sometimes causes a great deal of serious troub the final cure of the fever is very much delayed. Death takes place in consequence of the utter prostration of t

Typhus. 583

^r else is caused by the complications and sequelse that mentioned hereafter. Before, however, dwelling upon them have to mention various frequently occurring deviations general course of the disease. It ought to be observed, that typhus varies in its manifestations more than any o ease, sometimes to such an extent that it is only with g culty that the attack can be diagnosed as typhus.

Abortive typhus may terminate in convalescence in the fi second week. In both cases the phenomena of typhus may p

a character of great gravity, and may cease quite sudden generally happens that in typhus running a very short outbreak of the disease is characterized by very violent The complete cessation of the pathological process at the first week, including a sudden decrease of the temperature a very rare event. It has been doubted whether such case to be regarded as typhus^ but these doubts are unfounded typhus can abort, is most indubitably witnessed in families this process of abortion takes place side by side with the intense forms of the disease. More commonly the fever abates the second week. In such cases all the symptoms still continue to increase at the commencement of the second week, even to a high degree: the somnolence, however, is not very marked instead we notice more frequently great nervous exaltation diarrhoea is never very profuse. On the eleventh day the fever distinctly remits, the remission being sometimes preceded by severe exacerbation. Every day the remission becomes more and more considerable; the appetite returns at the same time the tongue loses its dryness. The diarrhoea generally ceases as the fever begins to abate. If no striking disturbance takes place, the patient enters on the twenty-first day upon a rapidly-progressing convalescence. But if the patient is subjected to severe emotional excitements, or commits serious diet transgressions by over-eating and the like, a relapse may replace in precisely such cases, and the patient may expose to great danger.

A precipitated course of typhus is not a very frequent one. The disease which, at the onset, broke out in its fiercest form increases within the first week or even within the first few days to such a degree that life becomes extinct even without the intervention of any special complications; it seems as though the organism sank exhausted and paralyzed under its excessive

584 Epidemic and Endemic Infectious Diseases.

to react. This course is only met with among individuals exceedingly robust and plethoric constitutions.

A protracted course of typhus, or the so-called febris lenta, is likewise only rarely met with in comparison with the other forms of this disease. It occurs more particularly among nervous individuals, hence more especially among females. There are two modifications of this disease. In the first place it may creep along imperceptibly, without a chill or any evidence of serious illness. The patients lose their strength more gradually their appetite leaves them all at once, they are not thirsty. There is no great rise of temperature, the skin remains remarkably cool; the pulse is at times very quick and sometimes upwards of one hundred and twenty, at other times strikingly slow. Diarrhoea may be entirely absent, or is very inconsiderable. The patients look pallid, or else their cheeks show a hectic or easily changing redness. The tongue is seldom coated, never liginous, generally of a bright-red color, smooth as a mirror. In this way the patients may remain six, eight or more weeks without the least change in the symptoms taking place. Relapse almost always takes place imperceptibly. Death either takes

in consequence of slow and intense exhaustion or else by
vention of acute complications. In the other case the di
in like typhus of a middle grade, continues this course
first three weeks, but in the fourth week it assumes the
type with the previously-described symptoms of the first
except that the prostration is still greater and the dia
more common. This form is most easily succeeded by seque
Typhus of a more intense type runs a very characteristic
among children during the first period of dentition. The
begins with the symptoms of a severe catarrhal fever, wi
heat, passing sweats, occasional vomiting, constipation
instead of exceeding one hundred and twenty beats which
quently does in catarrhal fever, usually ranges from one
to one hundred and twenty. Towards the end of the first
the somnolence changes to sopor, and in the second week
coma; diarrhoea sets in, the passages as well as the uri
tions taking place involuntarily; the face assumes an
of collapse at an early period, the pupils are almost al
siderably dilated; deglutition is difficult, only small
be swallowed at a time. The little patients most commonl

Typhus. 585

tlie presence of a severe headache by moving a hand or a
over their foreheads at short intervals, and uttering ev
then the characteristic "m enciphaliquie,^^ One side of
generally completely paralyzed. The patients remain in t
dition which looks very much like meningitis, for weeks
showing the least sign of a change. To judge from the fo
that we have met with in the last two years, it seems to
though the end of the sixth week were the decisive term
fever; for on the first day of the seventh week these fo
were again restored to consciousness. In such cases the
has to depend entirely upon the pulse which, in contra-d
to an inflammatory cerebral affection, especially to acu
cephalus, constantly remains at one hundred and twenty;
upon the presence of diarrhoea, upon the hypertrophy of
which is seldom very considerable; and finally upon the
with which the sick-chamber is filled and which strikes
ably on entering the room from the open air, even if the
is ventilated with ever so much care. Sequel© are not ve
mon in such cases; nor is, in spite of the worst apparen
prognosis so very bad, provided the eighteenth day is sa
In conclusion we have to make mention of pneumo-tj^phus,
modification which occurs very frequently at times, wher
not met with at all in other epidemics. The supposition
such a case the typhoid process runs its course upon the
instead of upon the intestinal lining membrane, is not c
the affection of the intestinal lining membrane is not e
ing, although it may be inconsiderable. In pneumo-typhus
inflammatory irritation of the bronchia which we meet wi
every case of typhus, increases to a more marked degree
real pneumonia supervenes, and the ailditional advent of
occasions a very threatening combination utterly oversha
the abdominal phenomena. Pneumo-typhus may exist from th
beginning of the disease, or it may break out in the cou
first, second, and even third week, most generally in a
manner. Beside the physical signs, pneumo-typhus is not

by any other reliable sign, although the presence of a v superficial respiration, a frequent and painful cough, f of the alae nasi during respiration, circumscribed redne both cheeks ought to excite suspicion, and awaken our at the disease. The course of the disease is not retarded b of typhus, but the critical days are very commonly misse

586 Epidemic and Endemic Infectious Diseases.

danger is very great. Very often pneumo-typhus is follow development of florid phthisis, probably owing to the ci that the typhoid process in the lungs causes existing tu suppurate.

The number of complications that may break out during th course of typhus is very great ; for this reason we only following which are most common and most important: Hemo rhages from the bowels and nose ; the latter occur more at the beginning than during the subsequent course of th they are of very little importance, provided the loss of excessive; as a rule, the patients feel relieved after t Intestinal hemorrhage, on the contrary, occurs during th period of the disease, and becomes very dangerous either of its copiousness, or on account of its exceedingly deb influence. If the blood is not discharged from the anus, rhage may superinduce a sudden and complete collapse. Pe and extensive ecchymoses are ominous symptoms which indi bad composition of the blood. The frequently-occurring a sive cerebral exaltation is of importance in so far as i necessity of constantly watching the patient ; it manife more frequently in the first and second week than in the course of the disease, and, since it may break out at an typhus-patients should never be left alone for one insta collapse, with paralysis of the heart, is not generally after the second week, very often while the fever seems an apparently mild course; one attack of this kind selde nates fatally ; but a repetition of the attack, which ge place in the evening or during the night, is very apt to Parotitis has already been spoken of before ; it is neit nor an absolutely bad symptom. Ulcers in the larynx may ulceration of the cartilages, and by this means endanger inconsiderable, they may likewise endanger life by super cedema glottidis. The worst changes are those occasioned in the intestines, namely consecutive peritonitis, and p the intestines with peritoneal inflammation. Both these are exceedingly dangerous to life ; peritonitis is more previous to the intestinal ulceration, the latter may ta any time alter the second week, even after convalescence very far advanced. If no adhesion had previously taken p between the intestines and the peritoneum, the inflammat membrane soon becomes diffuse and ends fatally in a few

Typhus, 687

Meteorism is a common symptom in typhus ; when excessive when it threatens paralysis, the meteorism becomes a ver

condition.

Among the numerous sequelae of typhus we distinguish int phthisis, occasioned by the number, and continued ulcera infiltrated glands of Peyer, and the solitary glands of this ulceration is a very common cause of a protracted cence, and may finally terminate in fatal ascites. It is condition. Inflammations of serous membranes are not unf but they do not, properly speaking, belong to the sequel of the larynx may lead to stenosis and to obstinate, gen incurable hoarseness. Paralysis of the extremities, espe lower, and paralysis of single organs of sense, are ofte but as a rule, they gradually disappear again without an ment. It is only in rare cases that the mind remains imp life. Decubitus may even penetrate to the bones, and may death long after the typhus had ceased. Although typhus ever attacks individuals with decided, especially florid we often see patients who had been convalescent for week denly relapse into a fever, and, in a very short period by tubercular phthisis. Whether typhus causes the slumbe germ to grow, or, by its own inherent agency, implants t cular disease, has to remain an open question for the pr former is the more probable of the two,

Exanthematic typhus runs a much more decidedly typical c than typhus abdominalis ; in this respect it bears the g resemblance to acute exanths.

It sets in with very uncharacteristic precursory symptom tude, want of spirits, a feeling of illness, slight cata headache, anxious dreams disturbing his sleep, etc. Thes toms precede the real outbreak by two to seven days.

The invasion of the disease is generally marked by a vio less frequently by alternate chilliness and heat. The ch immediately succeeded by intense heat, at the same time patients are unable to keep themselves erect. Amid the s that have been described as pathognomonic of abdominal t and which are generally much more intense when occurring phenomenal manifestations of exanthematic typhus, more p ularly the dulriess and cloudiness of the sensorium, the spots make their appearance between the fifth and sev^en first in small numbers on the trunk, but rapidly multipl

688 Epidemic and Endemic Infectious Diseases.

covering the whole body except the face. In size, shape these spots resemble measles, except that they are never raised above the skin. The enlargement of the spleen and continued violent fever enable us to distinguish this ex measles ; it remits about the seventh day, but breaks ou worse again afterwards.

In the second week, all the symptoms reach their highest of intensity, and may continue unchanged during the whol following week ; the cerebral symptoms and the excessive tion are particularly prominent. The abdomen retains its shape; no meteorism takes place as in abdominal typhus,

diarrhoea which is very often wanting, of the same character as the diarrhoea of typhus abdominalis. In cases of a moderate intensity, the fever commonly abates in the second half second, less frequently at the commencement of the third such an abatement is immediately preceded by an exacerbation. The temperature falls considerably in a very short period, the pulse likewise falls to ninety, to hundred, and even to a number of beats. At the same time, a considerable change takes place in the whole condition of the patient. The sensoria are clouded, but he commences to enjoy a quiet sleep, he is in his waking condition : a desire for food is felt, and convalescence is under full headway, so that at the beginning of the fourth week the patient is able to leave his bed, although he still feels weak for a long time. Up to the middle of the second week, the exanthem continues to increase, the spots assume a darker color ; but as soon as the fever abates, the spots fade, and pale often rapidly without even leaving a vestige of their existence. Not unfrequently the spots, some of them at first to real petechiae; altogether this form of typhus is distinguished by a tendency to hemorrhagic effusions, and to hemorrhage in every possible organ. Among the complications, inflammations of the respiratory organs are the most striking; in severe bronchial catarrh is very apt to be present at the break of the disease. A fatal termination most commonly takes place towards the end of the second week, amidst the same symptoms as those that characterize a fatal termination of abdominal typhus. If the disease lasts beyond this period, it is generally attended with complications ; but such a more protracted course is a rare occurrence. "With the exception of a long continuance of the disease, no other sequelae are apt to occur.

Typhus. ' y' ' 589

The prognosis of abdominal typhus is very uncertain ; a sudden outbreak of the disease does not justify the conclusion that the course of the disease will be one of great danger, mild beginning prognosticate an equally mild ending. It may become suddenly endangered at any period of the disease; according to Wunderlich, those cases are the most serious in which the fever does not distinctly remit at the end of the first week. It ought to be regarded as a favorable rather than as an unfavorable symptom. The absence of diarrhoea, more especially if constipation exists in its place, is a very favorable symptom. A girl of fourteen years who had a most violent attack of typhus, with no passage from her bowels for twenty-one days ; on the second day recovery commenced and progressed very rapidly. It is a greater folly can be perpetrated than to administer cathartics in typhus. Symptoms denoting a rapid and deep-seated decomposition of the blood, and likewise a rapid increase of the decubital ulcers, render the prognosis more dubious ; so do extensive complications affecting important organs. For the exanthematic form of typhus, when running an uncomplicated course, the prognosis is, in the whole, favorable, notwithstanding the phenomena of the disease have a very threatening look. Complications of exanthematic typhus are likewise overcome much more readily than those attending the typhus during the course of abdominal typhus, for the reason that the exanthematic typhus does not consume the patient's strength so rapidly and thoroughly as the latter.

Treatment. Among all possible diseases there is no disease of which it is so difficult to decide whether the treatment pursued hitherto has been of any, or of how much use; our opponents cannot be blamed for doubting our successes; the homoeopathic method often furnishes equally favorable results during the course of typhus as a positive prognosis, and the diagnosis is likewise exposed to a good many uncertainties. After all, the superiority of the two methods of treating typhus can only be decided by comparing the number of deaths from the same epidemic, and in a number of epidemics. In this respect homoeopathy has a decided advantage, for the number of deaths under homoeopathic treatment never exceeds seven to eight per cent, whereas under other methods of treatment this number amounts to twenty and more per cent. These figures cannot be improved by accusing us of errors in diagnosis, which our opponents are as capable of committing as we are.

590 Epidemic and Endemic Infectious Diseases*

We omit casting an inquiring glance at the manner in which typhus is treated by the Old School, and by the adherent New and Newest School of Homoeopathy; an inquiry of this kind would not be very profitable; we cannot help wondering, that the rational physicians who consider typhus inaccessible to remedial agents, should combat it with such a mass of heterogeneous medicines. However, we must dwell upon two points that are of importance to us homoeopathic physicians who are so often called upon for aid in the later stages of typhus. In the first place we wish to point out the consequences of a revulsive or derangeing treatment. Sanguineous depletions which are so often resorted to even now, have a bad effect, not only immediately but also in a later period; the patient lapses more speedily into stupor, and prostration becomes more excessive, they perish in large numbers, or, if convalescence sets in, it takes place more slowly and completely. Cathartics have likewise a permanently bad effect upon typhus as acts of wickedness. In the second place, we get notice that patients who have been fed on large doses of opium or Quinine, have the functional power of their stomachs restored for weeks, and that the integrity of their cerebral functions is restored very slowly.

Regarding the homoeopathic treatment of typhus, we do not share the views of all our Colleagues in this respect. The large number of remedies for typhus with the most minute and delicate indications, whereas it is our belief that we have only a small number of real remedies for typhus, by which we mean remedies that have it in their power to modify the course of the disease, and that most of the other remedies that have been recommended for this disease, only correspond with a few inessential symptoms. Our opinion is based upon the proposition that typhus owes its existence to some definite toxic agent which enters the organism from without, as is the case with a number of others. It is for this reason that in no epidemic disease has the virtue of one or more remedies as genuine epidemic-remedies been so thoroughly tested as in typhus; and in our opinion the most important task which a physician has to fulfil in the

demic is, to find out the general remedies adapted to ea
second, still more important circumstance resulting from
vious opinion is, that the remedy should never be change
distinctly new, unexpected morbid phenomena manifest the

Typhus. 691

that are not in harmony with the normal course of the di
this course of treatment had been pursued before, and if
course of typhus had been watched and regarded with more
our knowledge of treating typhus would most likely be mu
further advanced than it really is. How much, for instan
be claimed for the efficacy of a remedy that was adminis
the fifteenth or sixteenth day of the disease, if the fe
moderates on the seventeenth ?

We wish to call attention to another mistake that very m
impairs the physician's professional usefulness. In trea
or other typical diseases, we are very apt to proceed as
treating other diseases ; we forget the typical characte
to break the fever at any price, and the rage of bringin
induces us to administer a new remedy every day. But typ
cannot be cut short, except within the above-stated, def
daries ; typhus never disappears before the seventh day
terminates critically on the eighth, ninth, fifteenth or
day, any more than a measles or scarlatina-eruption can b
by medicines.

The real typhus-remedies corresponding with the whole co
of this disease, are : Bryonia alba^ Rhus toxicodendron^
Phosphorus^ Acidum phosphoricum and muriaticum.

Bryonia alba corresponds to those forms of typhus that r
or moderately-intense course. The initial symptoms are s
so indefinite that both the selection of a remedy and th
are uncertain, and our choice would properly not fall up
But as soon as the typhoid character of the disease has
fully established, Bryonia is indicated by the following
Violent, pressive headache, buzzing in the ears, dulness
sorium, yet the patient does not yet lose his conscioun
and thick^ white coating on the tongue whose edges are b
without great tendency to dryness ; acute pains in the i
and splenetic regions ; nausea or even vomiting after ev
constipation ; torpor of the bowels or occasional diarrh
full and not very rapid. Bryonia corresponds fully with
initial symptoms, and generally with the whole course of
ease which seldom outlasts the seventeenth day. We have
seen typhus cut short at the end of the second week by s
fining the treatment to the use of Bryonia. In febris ne
Bryonia is likewise one of our best remedies ; its use i
IB of course more restricted, owing to the variable natu

592 Epidemic and Endemic Infectious Diseases.

symptoms. In exanthematic typhus Bryonia is a distinguis
remedy as long as the brain is not altogether deprived o

tional power. We do not point out single groups of symptoms the reason that the symptoms of the disease as well as the remedy are too manifold.

Rhus toxicodendron differs in its indications so essentially from those of Bryonia that it is scarcely possible to confound remedies with each other. Bhus tox. corresponds to typhus of intense character ; it begins with a chill, followed immediately by burning heat and, even on the first few days, by all symptoms that render the diagnosis certain. We may lay it down as a rule that Rhus is indicated the more specifically the more the true character of typhus can be diagnosed. Bhus is especially indicated by active delirium and great prostration, a dark redness of the cheeks, injected eyes, early dryness of the tongue, and a copious diarrhoea which sets in soon after a fever has fairly shown its true character. Cases adapted never run a speedy course, nor will the crisis have to be previous to the seventeenth day ; until then the medicine continued without fear unless some other medicine should be indicated by particular symptoms ; the symptoms of Bhus correspond to all the stages of a most intense typhus, even to the most severe. An alleviating epistaxis, stools tinged with blood, a severe affection with a dirty-looking, sanguinolent expectoration are indications for Bhus which may likewise prove efficacious in typhus. In exanthematic typhus Bhus generally has the advantage over Bryonia not only on account of the greater intensity of fever, but of the whole course of the disease. Rhus is generally indicated by excessive reactive endeavors with insufficient reactive power, and an excessive irritability of the nervous system. There is scarcely another remedy that has shown its good effects in so many cases, although we must never expect to cut the fever with this remedy.

Arsenicum album is the most prominent remedy in typhus; even in those cases that seemed utterly hopeless. The cases of Arsen. resemble those indicating Rhus, at least in the beginning. The fever is intense, the patients are very restless and their behavior that they are in great distress ; the least pressure in the cecal region and the region of the spleen causes pain. There is a decomposition of the blood set in at an early period, nose-bleed, bloody diarrhoea, badly-colored, bloody sputum.

^ Typhus, 593

on the skin ; the stools have a foul odor, the exhalations from the patient generally, are very fetid. Instead of prostration we have a change between great nervous excitement and complete prostration. Bedsores break out at an early period of the disease forming gangrenous scurfs with dark-red borders. The pulse is very frequent, hard and tense. The patients are tormented by unquenchable thirst. Generally Arsenicum is recommended in the second half of the second, and for the third week ; but whether this is practically correct ; in our opinion we can accomplish a great deal more by means of Arsenicum, if the remedy is more frequently administered from the commencement or at least in the first week of the disease, for in such a case it has a more effect upon the whole course of typhus. Since Arsenicum is more than any other medicine adapted to the worst forms

infectious diseases, it seems wrong to delay its administration until the symptoms indicating Arsenicum, are developed in their malignant intensity. Years ago Fleischmann showed that it generally runs a favorable course under the influence of it, and we should think that several hundred cures ought to be recorded in its favor. Fleischmann, however, generalizes too far, whereas Wurmb, on the other hand, errs in individualizing it beyond necessity. After all, the balance inclines in its favor, for Arsen. produces the symptoms of lentescent as well as inflammatory and putrid typhus. Our advice therefore is that it should be given more frequently than has been customary, from the very beginning of the attack, and that we should not wait until the disease has fully developed its pernicious character. A few special indications for Arsen. are the following: Sudden remission of the fever, having the appearance of intermission. Marked meteorism of the bowels, with gurgling in the bowels, but no diarrhoea. Extensive hypostasis of the lungs, bronchitis and considerable hoarseness. Irregular action of the heart, absence of the second sound of the heart. Paroxysms sudden collapse towards midnight. Fetid breath. Frequent vomiting and even vomiting, immediately after drinking, in the evening and the subsequent weeks or during convalescence. Considerable enlargement of the spleen. In exanthematic typhus Arsen. is indicated much less frequently, and is chiefly adapted only to the form, the so-called putrid typhus. In lentescent typhus it is an excellent remedy, if the symptoms exacerbate every other 11" the patients are tormented by anxiety; if every lit

38

594 Epidemic and Endemic Infectious Diseases.

retching and vomiting, although the tongue is clean. Arsen. is much more extensively applicable in the more typhus assumes epidemic form; likewise in endemic typhus. Most observers have noted repeated doses of the second to the fourth trituration. I remember a case of exanthematic typhus where the patient had putrid fever set in; the patient was emaciated and extremely debilitated; the teeth looked black; the tongue was swollen and bleeding; blood oozed from the gums; the skin was covered with petechiae, from many of which a black, foul, decomposed matter was constantly oozing; involuntary, bloody, horridly-smelling stools. A few globules of Arsen. 18th excited a reaction which effected a perfect recovery in one week. H.]

Phosphorus is one of the most important remedies in typhus. Its curative action is, however, limited to certain sharply defined forms; it cannot be regarded as a general remedy for typhus, in the same sense as Arsen. or Bryon. — Above all, Phosphorus is indicated in pneumo-typhus with violent bronchitis, hepatization, toxic hypostasis and laryngitis. It is a sovereign remedy for typhus, unsurpassed by any other medicine. It is indicated in the following abdominal symptoms: Frequent diarrhoeic stools in the early period of the disease, coming on after every meal, dingy, blackish-gray color, or mixed with decomposed blood containing shreds of intestinal mucous lining. Extreme pain after every discharge. Numerous roseola-spots, with ecchymosis and sudamina. Burning heat of the trunk, with cold sweat

the head and on the extremities. Pulse frequent, small a Sensitiveness of the region of the liver and stomach ; c meteorism. A characteristic indication for Phosphorus is in the first, and at the commencement of the second week vomiting contains watery-bilious and slimy masses which brought up with great distress. In exanthematic typhus, Phosphorus is one of the first remedies, for the reason that many symptoms are generally very prominent and involve danger. — Among the sequelae. Phosphorus is indicated by when it acts like colliquative diarrhoea. Hartmann point excitement as a not unfrequent indication for Phosphorus

Acidum phosphoricum renders eminent service in typhus ; Rational School acknowledges its power in this disease without course, mentioning the source where this knowledge was obtained. Phosphoric acid is a truly specific remedy in typhus, and is never indicated, if the fever is high and

Typhus. 595

greatly excited. The patients are lying in a state of ex prostration and apathy, without being exactly in a state the face is rather pallid, not turgid, the pulse very feeble and small; the tongue is not very dry; it is smooth and red. The thirst is inconsiderable ; diarrhoea moderate discharges occurring only now and then; the meteorism is very marked. The disease does not show any tendency to a change; perceptible remissions do not take place. The weakness has the appearance of a gradual extinction of the vitality without any decided reactive efforts being perceptible on the part of the organism. Beside the cases where Acidum phosphoricum is indicated from the beginning, sometimes after Bryonia, but properly speaking, after Rhus or Arsenicum, Phosphoric acid likewise come into play, if, at the end of the fourth week the disease seems to remain stationary, more particularly if a diarrhoea is frequent.

Of the other mineral acids, Acidum muriaticum is sometimes the forms of typhus requiring this acid are, upon the whole, rare. Muriatic acid is more particularly adapted to the putrid typhus where the decomposition of the fluids is so extensive, but does not set in suddenly. The general symptoms resemble those of Phosphoric acid, only the fever is more the restlessness is more marked and the following local symptoms are present : Frequent diarrhoeic stools, but scanty ; toxic discharges are mingled with shreds of intestinal lining and with lumps of whitish mucus. The discharges are commonly involuntary ; the meteorism is very great. The lining of the mouth is ulcerated here and there, the ulcers being covered with a dirty- white coating. The bedsores indolent, pale look ; they are painless and extend very patients' breath is very offensive; they have an aversion to kind of food, but they crave fresh cold water. [Settling the bed, is characteristic of this acid. H.]

So far as our present experience goes, these remedies constitute the number of our typhus-remedies ; it remains for us to indicate a number of other remedies that are more or less

various phenomena, but do not correspond with the whole ter and course of the disease. "We will mention them as possible.

If Aconitum is prescribed for the violent fever at the b of typhus, it is probably for no other reason than becau

596 Epidemic and Endemic Infectious Diseases.

nosis 18 not yet satisfactorily cleared up ; we do not b Aconitum is capable of either exerting a curative or pal effect in typhus.

Belladonna, which undoubtedly seems to be indicated in t week of the^ fever, may sometimes moderate its violence period, especially the excessive cerebral hyperaemia, bu scarcely ever produce a striking and incontrovertible ef renders most efficient aid against the severe bronchitis week. In the later course of the disease, it is scarcely cated. [We think Bsehr underrates the great virtues oi B as a specific remedy for typhus. We have cured many case typhus where no other remedy was used except Belladonna. will mention a few of them.

A girl of thirteen years, of a healthy constitution and temperament, was attacked with a severe angina fancium. day she was slightly delirious, complained of seeing peo room, strange-looking faces, dogs, etc. Pulse about one ten ; cheeks scarlet-red, eyes sparkling, tongue dry, li skin dry and hot, urine red, without any sediment ; bowe stipated ; great prostration and rapid emaciation. I gav ladonna 1st attenuation. On the seventh day she left her recovered.

A lady of about forty years was attacked with pleuro-pne on the third day of the disease, the symptoms of typhus developed. Severe headache ; eyes sparkling ; cheeks pal occasional deep flushes ; tongue parched, and of a deep-like sole-leather ; skin dry and hot ; pulse about one h twenty; bowels constipated, urine of a deep-yellow color reddish tint ; grasping at flocks, picking at the bedclo delirium ; intense thirst, but the least attempt to swal of liquid caused the patient to utter a piercing cry and into violent spasms, with foam at the mouth. The patient nothing but Belladonna. She improved very gradually ever sometimes no improvement became perceptible under a fort The whole course of the disease extended during a period months, I mean from the first outbreak of the fever to t when the patient took her first ride out in a carriage

A young lady of twenty-three years was attacked with len typhus; the leading symptoms were: headache, somnolence, and hot skin, pulse one hundred and twenty ; tongue of a brown color, very dry but smooth as a mirror; urine of a

Typhus, 597

yellow color; prostration, utter loss of appetite, emaciated chial irritation. The disease ran a course of twenty-one patient took nothing but Belladonna, middle and lower po

Arnica in its whole pathogenesis shows so much resemblance typhus that it must astonish everybody that this remedy not have been employed in this disease more frequently t The characteristic indications result from a merely supe of the symptoms. The disease is more like an inflammator the cheeks are pale, with flushes of redness, the pulse much accelerated, the heat is unequally distributed. The show an extraordinary sensitiveness of the organs of sen with a distressing headache ; nose-bleed, bloody expecto delirium without great bodily restlessness. It is questi Arnica can do anything for bedsores. As regards. the kin intensity of the cases to which Arnica is homoeopathic, icine occupies a middle rank between Rhus and Bryonia.

Carbo vegetabilis is regarded by many as an exquisite re typhus. We do not share this opinion, and simply believe adapted to certain anomalous manifestations in the cours disease. Carbo may be exhibited if the patients are sunk of apathy without any marked symptoms of reaction; if th is burning-hot and the extremities are icy-cold; if the power of the heart fails very speedily ; if petechise br large numbers, with extensive hypostasis of the lungs, f decomposed diarrhoeic stools, frequent attacks of an omi lapse, wide-spread decubitus, with burning pain of the s is rather suitable in cases that seem to be adapted to B Acidum Tphospfioricum, In the subsequent course of the d Carbo is more particularly indicated by the bronchial ca there is a good deal of tenacious mucus that can only be torated with a great deal of diflSculity ; during the con this remedy may sometimes be required by the characteris diarrhoeoC.

Digitalis can only be exhibited in lentcscent typhus, if tion is associated with great irritability of the stomac fulness of the region of the liver; the pulse is at time other times slow and feeble, and is very much accelerate motion, especially by rising from a recumbent position; sensorium is clouded but consciousness is never entirely although there is no diarrhoea, yet the strength and the away very rapidly. Digitalis is undoubtedly deserving of

598 Epidemic and Endemic Infectious Diseases. •

consideration in typhus, were it only for the reason tha of action is limited and distinctly circumscribed.

Closely related to the former remedy is Cuprum, concerni faculty of producing a connected series of typhoid sympt Frerichs' observation in Mengershausen (see Frank's Arch vol. IV.) furnishes the most conclusive testimony. Witho ducing the facts related in that publication, we recomme to the careful study of all homoeopathic practitioners. typhus sets in and runs its course without any violent f

extraordinary prostration at once makes its appearance, increases so rapidly amid symptoms of sanguineous decomp (nose-bleed, petechise) that in a short time death takes all the symptoms of general paralysis.

Secale cornutum is indicated if the attack sets in with paralysis of the extremities, gangrenous ulcers especial extremities, extensive ecchymoses on the skin.

Kreosotum corresponds to putrid typhus if copious atonic rhages exist.

Stramonium, Hyoscyamus, Helleborus are only suitable for responding cerebral symptoms. In our opinion they will accomplish any real good, nor will they be required for that a delirium of the most varied forms does not constitute essential deviation from the normal course of typhus. [We agree with Beehr so far as Hyoscyamm is concerned. We know from experience that an acute outbreak of typhus may yield Hyoscyamus. A robust merchant of about forty years came with a terrible headache. He had had a heavy chill in his room which was very soon followed by fever. The cephalic distress was principally located in one side of the head and was given. Next day delirium set in, with picking at the clothes; the patient was constantly talking about his business; he wanted to leave his bed; the prostration was very great, he lost flesh visibly; the bowels were loose, the discharge offensive smell. The patient was constantly troubled with delirious paintings on the wall falling to one side. A drop of the tincture of Hyoscyamus was mixed in half a tumbler of water, of which a dessertspoonful was given him every two hours. After the second dose he dropped to sleep, and woke after a refreshing sleep in full tide of recovery. H.]

The same remarks apply to Opium; this remedy is said to frequently have removed the deep sopor of typhus-patients;

Typhus. 699

never been able to accomplish such a result by means of [A man had an attack of exanthematic typhus; the fever lasted six weeks, and the patient seemed irretrievably lost. To the end of the sixth week the following symptoms had developed: The patient was constantly settling down in his bed; his eyes were half closed, with the eye-balls turned upwards in sockets; depression of the lower jaw; strings of aropy mucus hanging out at the corners of the mouth; tongue thick and foul; involuntary stools; miliaria; excessive emaciation and lethargy. A few drops of Muriatic Acid in half a tumbler of water re-awakened the sinking reaction. The paralytic symptoms were followed by a deep sopor. This was on the evening of the forty-first day. A drop of Opium was mixed in half a tumbler of water, of which mixture the patient took a dessertspoonful every two hours. Next morning, instead of the usual exacerbation, a sound sleep set in, which lasted with short interruptions the whole week. No further medicine was given. The patient died out in a fortnight, perfectly well. In my opinion the Opium had a curative effect in this case. H.]

Camphora acts well for a short time when given as an internal remedy for sudden paroxysms of severe collapse coming on of great exaltation of the cerebral functions.

A few other, most unimportant remedies will be found under catarrh of the stomach which very often bears a de similarity to the lighter grades of typhus.

The general management and the diet to be observed in ty are of more importance than in any other disease. It is nately true that in this respect physicians are often gu most unpardonable delinquencies. In managing typhus-pati observe the following rules, the usefulness of which has dantly established, and which we have never known to res mischief to the patient. The patients should lie on a ma never on feather-beds which promote the development of b A woollen blanket with a linen sheet is sufficient cover dows in the sick-room should never be shut entirely, no season of tVie year ; if possible, the room should always properly ventilated by securing a current of air along t If possible, the patients should often be changed to ano and even to another room. Once every day, and, if the di reached its height, several times a day, the patient sho with cold water over the largest part of his body ; an a this kind affords an immense amount of comf^-t to +1'^^

600 Epidemic and Endemic Infectious Diseases.

The passages from the bowels and bladder have to be remo soon as possible. If possible, the same person should ne constant attendance on the patient, lest he should becom impregnated with the typhus-contagium. Only the most ind pensable conversation should be held with the patient, a mental excitement should be strictly avoided. As long as lence of the fever continues, no great supply of nourish required ; the patient does not desire anything, nor sho persuaded to partake of anything substantial. Liquid nou is best adapted to his condition. If the patient desires have : beef-tea, broth (no veal-broth), chicken-broth, m with one-third water, malt-beer cooked with sago or grue should be allowed to cool before it is used ; mucilagino not exclusively. The best beverage is fresh water ; this given the patient quite often, even if he does not call is the best means of repairing the waste of moisture cau fever. Sugar-water is hurtful ; water with the juice of solved in it, may be partaken of in very moderate quanti water very soon becomes offensive to the patient. Water little wine is perfectly appropriate in the later course Malt-beer with a little sugar is perfectly admissible ; than any other beverage the sensation that the thirst is and the patients crave it even when they are lying in a sopor. We have never seen it do any harm. Many patients fest a strong desire ibr fruit which they may partake of moderately, not too often ; stewed prunes without the sk best kind.

The diet during the period of convalescence is very diff

manage properly. Either a real canine hunger is experienced by the patients, or else the stomach craves food without being able to digest it. The former is the more common result under homoeopathic treatment, the latter is often the result of the allopathic. In the former case the patient's craving for food may be every two hours, but the quantity ought to be small each time and the food ought moreover to be substantial. Beef, chicken, venison, but very little farinaceous food which, by the large quantities of fecal matter, might irritate ulcers in the stomach that are not entirely healed. Good vegetables are decidedly beneficial. Individuals recovering from typhus have to be treated like persons that were near starving to death. If the stomach is weak the food has to be selected with so much more care, nor should the patient be too often persuaded to eat. Good wine after a

Typhus, 601

sometimes has a marvelously good effect, whereas, if the patient is tormented by canine hunger, it is rather hurtful than beneficial. The resumption of our habitual stimulants, such as coffee, tea, should be postponed as long as possible. The patients may be allowed the use of fresh air as soon as expedient ; no artificial heat need be entertained of their taking cold.

[Among the recent additions to our Materia Medica, Baptisia tinctoria or the wild Indigo is recommended for typhoid fever. This drug was first brought to the notice of the homoeopathic by Dr. Hoyt in the sixth volume of the North-American Journal. The following interesting cases were published by him :

Mrs. C. was taken with typhus-fever and treated allopathically. She became so reduced that her life was despaired of. After the continuation of the fever for thirty-one days, as quinine failed, Dr. C. prepared a decoction of the Baptisia ; taking a piece about three inches long and three-eighths of an inch thick, cut it in half a pint of water. He commenced by giving her six drops of the decoction once in fifteen minutes, and gradually gave nearly a teaspoonful at a dose. In about one hour a redness on the surface of the patient presented an appearance as though she had been literally scalded, so red was the skin, accompanied by most intense superficial heat ; at the same time noticed a profuse sweat standing on her forehead, the medicine was discontinued. In a few minutes a profuse perspiration appeared all over the body which continued for nearly twelve hours, or till she was able to get up freely with brandy and water. From this time she began to improve and with the occasional administration of a drop or two of the remedy, got well, without any febrile symptoms. It is worth remark that immediately upon the administration of the remedy she became quiet and fell asleep ; she had been restless for three weeks previous.

Mr. and Mrs. S. being very unwell, I was called and found them suffering with continued fever. After prescribing Aconite etc., without much effect, and my patients growing rapidly worse, was induced to use the Baptisia in decoction as in the former case. I remained to watch the operation of the remedy. To my great surprise, in about an hour the perspiration appeared upon the heads of my patients, and it gradually covered the entire

In about six hours they were thoroughly bathed with tepid water, and the next morning scarce a vestige of the fever remained, rapid recovery followed.

602 Epidemic and Endemic Infectious Diseases.

Mr. R. was taken with typhus fever, and had the usual homeopathic remedies for several days. An unfavorable prognosis was given and the Baptisia decided upon. It was administered in drop-doses and the effects watched. In this case drop-doses of an alcoholic solution were used. The fever was reduced more than one half in a few hours, and by a continuation of the remedy he was saved. Delirium was present in this case, but it rapidly gave way to the action of the medicine.

English practitioners, Drs. Hughes, Kidd, and others, speak of this medicine very favorably in the incipient stages of typhoid fever, more particularly when gastric fevers show a tendency to the typhoid type. According to Dr. Edwin M. Hale, the following are the characteristic indications for its use: Chilliness at night; chilliness with soreness of the whole body; bruised sensation in the head, stupefying headache, confused ideas, delirium at night, heavy sleep with frightful dreams, red tongue, or brown coated tongue, sticky mouth, fetid sweat, and great fetor of the discharges (urine and feces) of a bad character, etc.

According to my own experience, Baptisia is not so much indicated in fully developed typhus as in intermediate forms of intestinal fever and abdominal typhus. My experience in the use of this drug is limited, but I doubt whether any good can be expected from it after the ulcerative process in the abdominal cavity is fully set in. In the first stages of exanthematic typhus other medicines are indicated by characteristic symptoms, but they may have a good effect in kindling a decided reaction. H

8. Febris Ictericæ.

Yellow Fever.

This is an epidemic fever of a specific nature and a contagious type, so called because the skin and conjunctiva look yellow, although cases have been known to occur where this yellow color is almost entirely absent. Such patients complain of severe orbital headache, and soon become delirious. In the subsequent course of the disease the urinary secretions become suspended, hemorrhages take place, the patient passes black vomit, a black substance; this is the stage of black vomit, which generally terminates fatally.

This fever is endemic in low districts on the sea-coast,

Febris Ictericæ. 603

particularly on some of the West India Islands, Cuba, and in

our Southern cities, New Orleans, Mobile, Savannah, Charleston, and even higher North, Wilmington, Norfolk, Baltimore, and finally is brought even to Philadelphia and New York. It has always been imported into European ports, Lisbon, South America, St. Nazaire, in the Department of the Lower Loire, in France, where the fever has never been known to propagate beyond the 45th latitude, nor without a temperature of 72° Fahr. It has a period of incubation of from three to eight, ten and even more days.

It is generally supposed that yellow fever attacks a person only once during his lifetime, but I have known individuals in New Orleans who had two, and one person who had three attacks of fever during different epidemics. That this fever is a contagious disease, owing its existence to some specific contagium by which it is propagated, and which may adhere to such fomites as woollen cloths, cotton, letters, etc., is not only no longer a doubtful fact established beyond the shadow of a doubt by the epidemic of 1857, and by the importation of the disease from the West Indies into the port of St. Nazaire by the "Anne Marie," in 1862, but the Royal mail-steamer "La Plata" into the port of South America in the month of November, 1852.

That yellow fever is a contagious disease, is likewise shown by Dr. Holcombe's interesting report of the yellow fever epidemic which visited Natchez and the surrounding neighborhood in 1857. "The first oases of the fever," writes the Doctor in the number of the North American Journal of Homoeopathy, "appeared in families some members of which had come from New Orleans within a few weeks. The houses were pleasantly situated in the central part of the city, and the tenants all in similar circumstances. There were four distinct centres from whence the disease spread in every direction, not reaching the suburbs until after several weeks. Many of the inhabitants fled into the country, carried the disease with them. One man sickened on the road, and stopped at the house of a family twelve miles from town, where he died of yellow fever. The family speedily exhibited the same disease and died. Another man fled into an adjoining county, where he also sickened and communicated the disease to those around him.

"In this manner neighborhoods were scourged by yellow fever wherever the disease was utterly unknown.

"In several cases which came under my observation, the fever

604 Epidemic and Endemic Infectious Diseases.

were carefully isolated, with the exception of one messenger who was permitted to visit the town on necessary business, and a former messenger was the first attacked. This epidemic was undoubtedly contagious."

The yellow fever epidemic which visited Lisbon in 1857, was carefully investigated by Dr. Lyons, of Dublin, who described four distinct forms of the disease: 1st, the algid form; 2d, the typhoid form; 3d, the hemorrhagic form; 4th, the purpuric form; and the typhoid form.

The algid type is the most suddenly fatal form of the disease. The patient, while in the enjoyment of his usual health in the midst of his usual occupation, feels suddenly the effect of a sudden blow from a heavy bar on the back, falls while walking or standing, and dies within a few hours in collapse, and after exhibiting more or less of the other symptoms of this fever." The countenance became sunken, the eyes dull and filmy, the face and trunk presented a dirty livid surface was dotted with points of venous congestion, hemorrhagic spots or patches like purpura broke out here and there. In severe cases the tongue and breath were cold.

In the sthenic form the symptoms of an inflammatory condition of the system, severe headache, a high, full and flushed face and throbbing in the temples, were present.

The hemorrhagic type was characterized by effusions of blood from various organs and tissues, "the hemorrhage never from a single, nor from any one source or organ only."

In the purpuric form the distinctive signs are purpuric spots of various tints and colors, caused by subcutaneous effusion of coloring matter of the blood.

The typhous form is most generally a sequela of the other forms. In some cases the disease presents the character of typhus, stupor, nervous prostration and other typhoid symptoms, setting in at the outset of the attack.

In reference to the course and characteristics of yellow fever, Dr. Holcombe imparts the following interesting information in an interesting paper :

"Yellow fever, like scarlatina, presents a wide range of severity, from an ephemeral mildness to the most malignant form. The impending attack is sometimes foreshadowed for a few hours by languor, restlessness, and malaise, but commonly a chill comes on, without premonition. Sometimes h

Febris Ictericodes. 606

shiverings, headache and nausea, are all confusedly manifested at onset. When the febrile reaction is complete, the pain in the back and limbs is sometimes exceedingly severe ; the skin is dry; the pulse full and hard, from 100 to 130; urine is dark and high colored ; eyes injected, watery, brilliant ; tongue with a pasty, white coat, with red edges and apex ; the vomit sometimes a good deal of mucous and bilious vomiting." This is scarcely distinguishable from the incipient stage of bilious fever, lasts from twelve to thirty-six hours, terminating in partial perspiration with great diminution, but seldom in the disappearance of the symptoms. This remission is the rule, exceptions are numerous, and I have repeatedly seen the patient continue uninterruptedly four or five days. In a few hours the patient declares himself worse, and another train of symptoms appears. Pain in the head, back and limbs is not so poignant, fever entirely absent. The pulse, tongue and skin may remain normal whilst in fact the patient is verging into a most critical

The febrile irritation is rather of the typhoid than of type, the pulse being soft, rapid and sometimes irregular more frequently exists in the epigastric, occasionally in the epigastric or hypochondriac regions. It is sometimes intolerable in cases of imminent danger the symptom may be entirely absent. Diarrhoea, or dysentery, may accompany this stage, but is more common. Burning in the pit of the stomach, acid eructations, flatulence, thirst, nausea, all combine to a remarkable sense of prostration, and a great degree of sleeplessness. The skin and conjunctiva assume a light pink which deepens into a deep orange or gamboge color, although this symptom is by no means universal. The urine is of a sulphur yellow, and stains linen. Sometimes there is slight hæmaturia and in bad cases the secretion of urine is totally suppressed from the gums and fauces or other mucous membranes now common. Vomiting becomes a distressing and an alarming symptom. The matters ejected pass from a greenish-yellow to a brownish or claret-colored hue; sometimes blood, red, brown, is thrown up. The appearance of coffee-ground vomit leaves but a ray of hope. Still the patient may recover a tardy convalescence, very liable to relapse. If the disease is not arrested, the temperature of the skin falls, the hæmaturia becomes more profuse or ominous, the circulation fails, delirium comes on, delirium or coma supervenes, and death

606 Epidemic and Endemic Infectious Diseases.

Death is occasionally preceded by general convulsions. The disease seemed generally to be worst on the first, third, and fifth day. Death appeared to be more common on the sixth, but some died as early as the third day, and many lingered beyond several days. Several cases terminated in dysentery and a good number in common intermittent fever.

"The above sketch is purely typical, the symptoms of the disease would not be presented by any one single case.

" I will now mention some local features of importance which I have come under my own observation.

1. Head. The headache was severe during the first paroxysm but abated during the remission, seldom to return and rarely to resume its prior intensity. It was throbbing, boring, with a sensation of undulation in the cranium. There was commonly a motion of the eye-balls in motion, sometimes photophobia, and a violent earache. There was sometimes a sensation as if the brain was very much enlarged. In a few cases the headache was but was mostly referred to the supra-orbital region. It will usually be found that, when the organic function is the result of the disease, the headache will be referred to the anterior part of the cranium, while the derangements of animal life are rather displayed by vertical and occipital headache.

" Eyes. The redness, brilliancy, and watery secretion is more marked in the first stage of yellow fever than in allied diseases. «

" Mouth. Spontaneousptyalism sometimes occurred, one or

cases of which were ascribed by the unscrupulous malice opponents to the secret use of Calomel.

" Stomach. Positive pain in the epigastrium sometimes occurred but there was more frequently only soreness, and sense of oppression. Thirst, burning in the pit of the stomach indescribable, empty, gnawing, sinking feeling, preceded the nausea and vomiting, which were the most troubling and distressing of the yellow fever symptoms. An insensibility to external pressure stood occasionally in strange discordance with the gastric irritability, and other symptoms of gastro-epithelial acid and acrid eructations were very common. Every thing cold water, was said by the patient to 'turn sour on the tongue'. Conjoined with these symptoms, there was sometimes a morbid canine hunger which made the patient forget every thing he thought of, could he only eat something, he would feel perfectly

Febris Ictericæ. 607

well. The nausea was provoked by eating, by motion, and, in some cases, by lying on the left side. Hiccough, which Dr. Sturges considers a strong sign of inflammation about the cardiac orifice of the stomach, occurred in some bad cases. The matters ejected in their nature. Black vomit likewise occurred, sometimes in large quantities, and when the patient was much prostrated, they were merely gulped up, running out at the corners of the mouth. It is said to be distinctly acid, reddening litmus paper and effervescing with carbonates. It is not always a fatal symptom.

** Genito-Urinary Apparatus. The uterus and vagina were means exempted from the hemorrhagic tendencies of the other mucous membranes. In a few cases the urine was at first clear, then yellow, and, occasionally, turbid and brownish like coffee. This last was sometimes largely excreted, without provoking any suppression of urine is perhaps more frequent in this disease than in any other, excepting Asiatic cholera. It was always of a formidable character, and, when conjoined with black vomit, presaged too certainly the approach of death.

" Chest. The thoracic organs were not principally deranged. The pulse, soft, full, compressible, averaging hundred, was variable throughout the disease, whether mild or severe. In one case the radial wrist was pulseless for some hours, as in Asiatic cholera, but returning during a partial, but transitory reaction.

" Nervous System. In all points of view, as the medium of the mind and of the senses, as an excito-motory apparatus, but particularly in the involuntary, the nervous system was both primarily and secondarily implicated. The subjective phenomena were numerous and distressing: pains, nausea, vertigo, numbness, bad taste, hunger, coldness, burning heat, frightful dreams, etc. The neuralgic pains of the second stage, and even the thirst, headache, nausea, etc., were sometimes distinctly, but irregularly like the pains of colic, which is explained by the fact that the functions of the ganglionic plexus are rhythmical in their nature. According to Volkmann, even a current of electricity is admitted continuously through them, but is broken up into a series of successive shocks. Delirium occurring in the first stage

of little importance. Later in the disease, it was in so furious, the patient struggling desperately to get out o generally it was of the mild, incoherent typhoid type. I drunkard it was precisely the delirium of mania a potu. even to profound coma, often marked the last stages.

608 Epidemic and Endemic Infectious Diseases.

^^Skin. The temperature of the skin after the febrile pa was commonly natural. In a few cases there was the calor of typhus,

"The perspirations were very irregular, often partial, s offensive, and never, that I could discern, of the least value. The yellowness came on generally by the third or day, seldom earlier, sometimes not until convalescence w lished. Petechifie were sometimes observed in protracted The eruption was sometimes vesicular, sometimes like wha as prickly heat, sometimes like nettle-rash, and again t presented the lobster-like redness of scarlatina."

I^roynoHis. Aitken arranges the data to judge from, into symptoms which are favorable, and those which are not so able symptoms: "A slow pulse and moderate temperature of body, and quiet stomach. Streaks of blood during the sta black vomit, or after acid elimination has set in, are f the corpuscles are found entire. If the urinary secretio and the black vomit be scanty from the first, or is afte pressed, the patient may yet survive. Urine simply album a less serious sign than when it also contains tube-cast copious urine, no matter how dark or bilious, is the mos of any sign. Prognostics may be derived from the effects ment." Under homoeopathic treatment the prognosis is inf more favorable than under the Old School treatment with murderous doses of Calomel and Quinine.

Dr. Holcombe treated one hundred and forty cases of yell between the 13th of August and the 15th of December, 185 of them were cases of ephemeral sickness, nothing but un strongly marked yellow fever was admitted into the list. number seventy-one were white, and sixty-nine colored ; colored thirty-nine were blacks, and thirty mulattoes. T were ninety-three ; children forty-seven ; cases in town and eleven ; cases in the country twenty^-nine. Males si eighty. At least one-half of the cases were very severe, being for several days in a critical and dangerous situa one hundred and forty cases, nine died. Of these six wer homoeopathically from the beginning, one case was compli abortion and profuse hemorrhage ; another, a cachectic n six weeks alter the day of attack in a typhoid condition of the fever. Three came into the doctor's hands on the fifth day of the fever, two of them having employed allo measures.

Febris Icterodes. 609

Doctor DaviB, the pioneer of Homoeopathy in that region, four hundred and fifteen cases, with twenty-four deaths. unfavorable signs are : The more fiery crimson the tip a the tongue, the more irritable the stomach, the severer ache, the worse the prognosis of the first stage, and vi a streak of blood in the early vomit indicates much dang the attack. In the second stage the earlier or more comp suppression of urine, and the more copious the ejection vomit, the more imminent the danger. If the urine be sca loaded with tube-casts, entangled in epithelial and coag ter, a light buff-colored curdy sediment indicates a com of the secreting structure of the kidneys. It is the uri in its maximum of severity, and is as fatal as if the su had already occurred, A faltering of the articulation is prognostic, and a difliculty of protruding the tongue, e The danger of the case is enhanced by inflammatory compl and by hypertrophy of the heart. A recent residence in a climate ; the race or complexion of the individual ; the previously having suftered from an attack, will enter in estimate of his chances of recovery."

Treatment. Doctor Holcombe reports: "If the chill was vi lent, or persisted long, I ordered the tincture of Camph doses every ten minutes, a procedure eminently successfu cholera, and in the cold stage of malignant intermittent not long since, in Cullen's Materia Medica, some interes proof of the last substantiated view, namely, that its p is a great reduction of animal temperature. The operatio Camphor is so evanescent, that it in no wise interferes eflicacy of subsequent remedies. Aconite and Belladonna in alternation in the first stage. To run a parallel bet symptoms of yellow fever and these drugs, would be to ab whole pages from the Materia Medica. I need not speculat pathology of Aconite and Belladonna poisonings. They evi show that profound lesion of innervation, subsequent ner vascular erethism, and local determination to the cutane nervous membranes so strongly characteristic of the yell poisoning. They are complements of each other in making whole morbid picture, and were therefore used in alterna half hour at first, the interval being afterwards length and in mild cases, to two hours. In a few cases I used a pure tincture in half a tumbler of water ; but I general

39

610 Epidemic and Endemic Infectious Diseases.

myself with five or six drops of the first centesimal di in the same manner, of which one teaspoonful was given a A similar preparation of Ipecacuanha was commonly left, administered after each act of vomiting. In very mild ca remedies alone sufficed.

" When the second stage came on, the cerebro-spinal symp disappearing, or being much ameliorated, while the patie plained of nausea, prostration, acid or burning sensatio the abdomen, thirst, restlessness, etc., a change of rem

demanded.

" On studying the symptoms of this stage, ninety-nine hundredths out of a hundred would suggest Arsenicum as one of the remedies. But lest my allopathic reader should distrust Hahnemann's *Materia Medica*, or Jahr's *Manual*, I will collate the nearest allopathic authority, which happens to be Taylor some of the prominent symptoms of the Arsenical pathogen

" Faintness, depression, nausea, with intense burning in the stomach, increased by pressure. Violent vomiting turbid matter, mixed with mucus, and sometimes stained with blood. Sense of constriction, with a feeling of burning often accompanied by intense thirst. Pulse small, frequently irregular. Skin cold and clammy in the stage of collapse sometimes it is very hot. Respiration feeble, and accompanied by sighing. Inflammation of the conjunctiva with suffusion of the eyes, and intolerance of light. Irritation of the skin, by an eruption. Exfoliation of the cuticle. Great nervous debility. Intolerable pain in the bowels, with bloody stools. Lassitude, want of sleep, urine scanty, high-colored, and of a strong effort. Suppression of urine. Strangury and jaundice also noticed among the secondary symptoms. Delirium, Jacksonian convulsions.

" Finally the anatomical lesions of Arsenic are also remarkably similar to those of yellow fever. They are the pure dynamides of the drug acting through the nervous system ; for it is that its specific effects on the stomach will be produced by the veins or inserting it into a wound. Mr. Taylor says: 'Arsenic is not an irritant poison ; it does not seem to possess any of the properties, that is, it has no chemical action on the animal and the changes met with in the alimentary canal of a person poisoned by it, are referrible to the effects of the inflammation excited by the poison, and not to any chemical action.*'

Febris Ictericæ. 611

" In looking for a complementary medicine to alternate with Arsenic, in order to fill up the morbid picture, we keep in mind that it must be capable, chemically or otherwise, of deteriorating and devitalizing the blood, so as to give rise to hemorrhage and debility, and render it unfit for the nutritive demands of the nervous system. No poisons, animal, vegetable or mineral more uniformly and effectually than the virus of serpent bite and Lachesis are remarkably similar in their action, like morbid substances in Dr. Blake's interesting experiment he chose Lachesis in the fifth dilution, alternating it with trituration of Arsenicum at intervals of an hour. When Lachesis and Arsenicum produced no amelioration, a change to Arsenicum Lachesis brought about the desired amendment.

" These remedies were sufficient for very many severe cases of yellow fever, but occasional symptoms arose from the idiosyncrasy of the individual, or the peculiarity of the case, which required other remedies. Veratrum was very useful in allaying the vomiting and abdominal pains. Tartar emetic succeeded promptly in cases of prolonged and distressing nausea. Chamomilla di-

for this gastric irritability than its rather mild patho lead us to expect, particularly in the cases of women a Mustard plasters to the epigastrium, and cold enemata we used as palliatives for the nausea and vomiting. Very hotations frequently diminished the excruciating pains in When diarrhoea or dysenteric symptoms supervened, Mercur Phosphorus or Colocynth relieved them readily. Cantharid ever failed to remove strangury, and restore the venal s conjunction with Arsenic. Nuz vomica was frequently empl an adjuvant in persons much addicted to alcoholic liquor milla, Sabina or Secale generally caused the symptoms of abortion to disappear. When the strong characteristics o fever gradually subsided, leaving the system prostrated Hhus and Bryonia were used with good effect. Belladonna^ and Hyoscyamus were sometimes indicated at night for ner sleeplessness. Millefolium was used in one case of abund rhage from the mouth, and whether it was a coincidence o it was almost immediately checked. Some of our ultra-IIa mannian brethren may find fault with us for using such l tions, repeating them so frequently, and sometimes emplo remedies in quick succession. But the malignity and rapi the disease, the diversity and frequent incongruity of t

612 Epidemic and Endemic Infectious Diseases.

their Protean forms and treacherous character, warranted active and decisive measures. Homoeopathic aggravation, such circumstances, is very little to be apprehended, fo as it does a curative result. A resort to the higher dil 12th or 80th after the lower had failed, was attended, i cases, with the happiest effect.

"If the above remedies proved inefficacious, if the pati if the vomiting became worse, with brownish stains in th ejected, or any of those various hues which indicated he from the gastric mucous membrane, Nitrate of Silver was conjoined with Arsenicum and Lachesis. We made a first a centesimal trituration, and as the latter did just as we mer, perhaps better, I infer that the action, like that was not topically stimulant, but dynamic Indeed, what st in the allopathic sense of the word, can the one ten-tho a grain of Nitrate of Silver^ dissolved in half a tumble administered in teaspoonful doses, give to the whole gas membrane ? A much more curative one, I venture to say, t same remedy would have made in larger doses. As it was, medicine frequently aggravated ; and one patient complai terly of the nausea it produced. In this case, all the d symptoms were arrested by Lachesis. One negro woman live week after black vomit had set in, apparently, but not p rallied by Nitrate of Silvery Carbo vegetabUis and Hydro

" Strict attention was paid to diet ; a point of vast im in managing the diseases of the blood-making apparatus. root, rice-water and black tea with a little sugar and m were the standard articles for the first stage. During t stage, the canine hunger was sometimes distressing; but the above nutriment, we seldom permitted anything but a spoonful of pure cream at regular intervals. Ice was all

moderate quantities, for the thirst. During convalescence slightest imprudence in eating was apt to induce relapse seen toasted bread, chicken broth, soft boiled eggs, etc injurious. When the patient is able to pass from the far articles to something more nutritive, he may be permitted to chew pieces of good beef-steak. This is much better than tea, because the act of mastication extracts the saliva, and saturates it with the animal juice, thereby facilitating it. Alcoholic stimulants were seldom given during the disease commended to promote recovery. Confirmed topers, however

Cholera Asiatica. 618

permitted to use small quantities of their favorite beverage in the latter stages of the disease." H.]

4« Cholera Asiatica.

Asiatic Cholera

Asiatic cholera is an intensely epidemic disease ; sporadic even if they bear the greatest resemblance to cholera, cannot be regarded as such, but must be set down as very violent cholerae. We will not inquire where and how cholera first originated. The important point for us is to be acquainted with the manner in which this epidemic spreads. Cholera is caused by a special contagium which is multiplied by the disease and retained in the excrements ; its presence anywhere else is doubtful. Hence the infection is principally spread by the contagious excrementitious matter of cholera-patients. This proposition was first started by Pettenkofer is the only one among the multitude of hypotheses bearing on this point, by which the various bizarre modifications in the spread of the epidemic can be explained in a natural manner. This involves a second point, namely that the development of the contagium does not take place in the body of the patient, but in the excrements after they have come out of the body, and that this development takes place more rapidly and intensely the more the conditions for a decomposition of the excrements are accumulated. The infection is promoted by all kinds of affections affiliated to cholera, by gastro-intestinal catarrh, by circumstances exerting an effect upon the mind, by a cold, by dietetic transgressions, age nor sex shows either a greater or a less susceptibility to the disease. The epidemic now raging in Egypt furnishes a striking example of the origin and spread of cholera. Hence cholera is contagious properly speaking.

Symptoms and Course. It cannot be stated with perfect certainty how soon, after the infection has taken place, the symptoms of the disease show themselves, but all circumstances tend to show that the period of incubation only lasts a few hours. It has no characteristic symptoms ; the alterations caused by the dread of the fearful malady must not be mistaken for manifestations of the disease itself.

A preliminary stage in reality does not exist. The first stage that infection has taken place, is a painless diarrhoea

614 Epidemic and Endemic Infectious Diseases.

thin, but is still somewhat tinged with bile ; the patient three to six discharges every day. On a careful examination number of shreds of epithelium are discovered in the exc The diarrhoea is not always associated with a marked fee malaise ; sometimes the only symptoms present are a distaste feeling of lassitude, an increase of thirst and an irritability. That this premonitory diarrhoea is real cholera, in the circumstance that it is capable of spreading the infection any rate, every diarrhoea which sets in at the time of an epidemic cholera ought to be regarded as a premonitory symptom of cholera. At times the diarrhoea only lasts a few hours, at other times a few days, scarcely ever beyond a week. It may terminate in a fatal attack, or else the disease may pass into the more malignant and more characteristic forms of the epidemic.

This passage to the more malignant type generally takes place quite suddenly. A copious evacuation takes place resembling watery stool, simultaneously with which the debility increases rapidly. These evacuations succeed each other with more or less rapidity, an agonizing thirst supervenes, and very soon the patient is attacked with vomiting of substances resembling the contents of the evacuations, but having a little more color. At the same time the patients are no longer able to preserve the erect posture, they are tormented by a peculiar anguish which they point out as being located in the epigastrium; the urinary secretions are almost entirely suppressed, the patients have a cadaverous appearance, the eyes are sunken, surrounded by dark margins, the skin is cold, the head is bathed in a cool perspiration; the pulse is small and frequent, the stage cramps of the glutei muscles and of other muscular groups make their appearance. The affection may persist for some time at this height, very seldom longer than twelve hours, after recovery takes place, the passages gradually resuming a normal character, becoming less copious and less frequent, and the patient getting up again. Convalescence from this milder form of cholera always proceeds rapidly, without being disturbed by complications. Usually, however, this mild form sooner or later passes into the most violent form of the disease.

This type of cholera, designated as cholera asphyctica, does not very seldom break out all at once at the outset, but precedes the premonitory diarrhoea with the suddenness of a lightning bolt. The quantity of matter evacuated by the anus and vomited, is enormous; it is colorless and inodorous, contains

Cholera Asiatica. 615

of epithelium and a few flocks of mucus. These evacuations succeed each other without the least intermission. The patient becomes agonizing; the vomiting is excited every time after the patient swallows a drink of water. His anxiety is excessive, he complains of violent pains in the pit of the stomach, he is likewise tormented by severe cramps in the calves. Urinary secretion is entirely suppressed. The consequences of cholera, immense losses of fluids show themselves very speedily. The

becomes cold, very soon it assumes a cyanotic color, loss of elasticity to such a degree that a fold of integument on the nose is pinched up, remains in this condition for a long time ; a cadaverous appearance, the eyes are deeply sunken in the nose is pointed, the lips blue. The temperature is low. The radial pulse can no longer be felt, not even the larger arteries ; the sounds of the heart are very feeble, the sound is often wanting ; respiration is labored, the breath the voice is extinct. After this condition has lasted for at most, death takes place, previous to which the evacuations upwards and downwards generally cease and the extreme prostration changes to a complete stupor, without any real death-struggle without the rigidity which usually precedes death. The disease changes for the better even after it has reached the acme stage of asphyxia, although recovery from this stage is a rare occurrence.

The stage of reaction shows the most remarkable difference. The disease may uniformly but slowly progress towards recovery. This change as well as the beginning of reaction is indicated by the circumstance that the patients are able to take liquids on their stomachs, and that the radial pulse returns. Usually the temperature of the skin is restored, the albumen diminishes in number and are more and more colored ; at first they are generally mixed with shreds of intestinal mucous membrane and have a foul smell. The prostration continues for a few days, the urine is at first turbid and shows traces of an inflammatory process going on in the kidneys. Such a simple convalescence in cholera algida is always an exception, not the rule. In the icy coldness is suddenly succeeded by a febrile excitement, a rapid and full pulse, cerebral hyperaemia; this change is speedily followed by convalescence, or else, typhoid phenomena make their appearance. The more malignant forms of cholera are very generally followed by typhoid symptoms. After the c

616 Epidemic and Endemic Infectious Diseases.

of the vomiting and a return of the pulse, the pulse becomes full and frequent ; the turgescence of the skin is very evident, the brain seems blunted, the patients are lying in a state of delirium, very much prostrated; the temperature rises considerably; the thirst continues and the patient has even occasional attacks of vomiting, the diarrhoeic stools are decomposed and have a foul smell ; the tongue is dry and has a fuliginous coating. This symptom points to the supervention of an intense typhus, which the symptoms of an intense nephritis are generally associated. The transition from this typhoid condition to the typhus takes place very slowly, although more rapidly than in cholera typhus. A favorable turn generally takes place already in the second week. Death is a very common termination of this condition. Cholera has no positive sequelae, although the most diverse derangements remain after an attack of cholera, which generally result from the circumstance that the circulation in the organs had almost been arrested during the frigid stage of inflammatory infiltration. We do not give a detailed description of the anatomical changes in cholera, because they are generally without any characteristic significance. Besides the but perfectly explicable dryness of the tissues, we cons

with an extensive destruction of the epithelium of the membrane of the ileum ; the gall-bladder is found distended. At all events, the anatomical lesions are not sufficient to account for the frightful rapidity of the development of the lesions of the intestinal epithelium certainly cannot cause of the profuse watery evacuations.

Treatment. We will in the first place call attention in our remarks to the prophylactic treatment which can be arranged for cholera more easily than in any other epidemic. We know that the excrements of the patients are by far the most active vehicle of the contagium. Hence, it behooves us either to destroy the contagium in the excrements, or else, to remove it. For this purpose the discharges should at once be mixed with Sulphate of Iron, and should not be thrown into water-closets, but into deep pits far from inhabited dwellings. The soiled bed-linen is best cleaned by boiling it. In order to protect uninfected persons, they are forbidden to visit the houses of the sick, and above all the water-closets must be absolutely prohibited. Nurses never remain with the patient too long at a time. The end of further measures is the business of the health-authority.

Cholera Asiatica. 617

Sanitary measures must aim at this one object, to keep the patients of cholera remote from all contact with healthy persons. On the other hand, it is unnecessary and useless to prevent the spread of cholera by placing all cholera-patients under quarantine. If cholera were contagious, every physician would have an attack of it. Among the precautionary measures which it behooves each individual to observe, the following are the most important : As much as possible a regular mode of living, of simple and substantial nourishment ; the slightest deviation from one's regular mode of living ; avoidance of exciting influences, such as excessive mental exertions, and strong emotions, etc., more particularly avoidance of the excitement of spirits. Whatever tends to excite diarrhoea, must be discontinued. Persons must take care not to get chilled or overheated. The diarrhoea with which a person may be attacked, or with which he may already be affected during an epidemic, should be carefully attended to. The observance of these preventive rules is in all events a much more efficient prophylactic than all the boasted preservatives which are almost always made up of spirits. Good claret is the only kind of wine that can be allowed as un hurtful. No reasonable person will deny the utility of suitable prophylactic means which everybody should employ in his own, and likewise advise in other families under the direction of an enlightened physician.

The medicines which a good deal of clinical experience has pointed out as our best remedies for cholera, are not numerous in view of the great uniformity which the leading symptoms present in all epidemics, no great variety of remedial agents can be expected; from the practical stand-point, this must be looked upon as a great boon to the physician. Our remedies the efficacy of which has been corroborated by trials, are : Ipecacuanha, Camphor, Opium, and Arsenicum; this list does not include the remedies for the typhoid condition remaining after cholera.

Ipecacuanha is less indicated for real cholera than for tory diarrhoea ; its efficacy in this diarrhoea is certain. An attenuated tincture of Ipecacuanha can be safely recommended as the best domestic remedy during epidemic cholera. It requires Ipecacuanha[^] if the vomiting is much worse than diarrhoea. Ipecacuanha is, moreover, an important remedy in the case of little children.

Camphora is recommended by Hahnemann himself for an inci

618 Epidemic and Endemic Infectious Diseases.

lent attack. This recommendation has not been very extensively verified by experience ; nevertheless, if the attack is violent, the tincture of Camphor had better be tried ; like cholera, the attack is preceded by unequivocal, premonitory symptoms, so-called cholera sicca. Hahnemann announces the following symptoms for which Camphor has been used in many cases with success : Sudden and rapid failing of strength, so that the attacked cannot stand on his legs[^] ; alteration of the face, sunken eyes, bluish and icy-cold face, coolness of the body ; hopeless despondency and anxiety as if he would be strangled ; stupefaction, insensibility ; constant and unintermittent burning in the stomach and fauces ; crampy pains in the calves ; painfulness of the pit of the stomach to contact. Nausea, vomiting and diarrhoea have not yet set in. After Camphor, sweat soon breaks out as a sure sign that an imminent crisis has commenced. As soon as this takes place, the remedy must be given less frequently and in smaller quantities, it might give rise to a troublesome cerebral hypersemia. In typhoid symptoms remaining after cholera, Camphor has likewise been given ; the exhibition of Camphor in this condition is justified by the similarity of its pathogenesis to the symptoms characterizing ursemia. The results, however, are not as numerous.

Veratrum album is, without doubt, our most important remedy in cholera. If we wish to derive good effects from its use, begin its administration in good season, and give it at the first premonitory diarrhoea, especially if it is colorless. It is more indicated still more, if the attack commences with vomiting and diarrhoea ; this remedy often stays the further progress of the disease. Veratrum is less reliable if the symptoms of cholera are well developed, although even then it surpasses all other remedies in efficacy. Of course, no remedy acts as favorably after the disease has made considerable headway ; it is for this reason that Veratrum should be given at as early a period as possible. If the restlessness of the patient has given way to a dull apathy and insensibility ; if the skin is cold as marble and the pulse perfectly extinct, Veratrum is no longer indicated. It is proper to say that Veratrum album ceases to exert a favorable effect after the symptoms of reaction have become extinct.

Cuprum is highly commended by some, and entirely rejected by other physicians. An investigation will show that the la

Cholera Asiatica. 619

reject Cuprum because they have not given the proper dose. Cuprum cannot be expected to have any effect in such a disease. Cuprum is not only indicated when the evacuation is still unchecked, but likewise in the stage of asphyxia. Cuprum is not endowed with much power to check the diarrhoea; it is a valuable remedy in preventing the general paralysis of the organism. For this reason, as long as vomiting and diarrhoea are still present, Cuprum had better be given in alternation with Veratrum more particularly if the spasms are very general rather of the clonic form. In the frigid stage Cuprum is indicated, if the following symptoms are present: Loss of consciousness; spasmodic twitching of the fingers and toes; audible gurgling of the beverage down the oesophagus; vomiting, in its place distressing, ineffectual efforts to vomit, when the diarrhoea has ceased, but on pressing on the bowels a loud gurgling is heard, giving rise to the suspicion that the stools are expelled, because paralysis of the intestines has set in. Cuprum is likewise indicated if the pulse not only becomes feeble, but intermittent at an early period of the disease. It is of great importance what preparation is used. We doubt whether metallic Cuprum can ever act with great promptness; we prefer the Acetate and Sulphate of Copper.

Arsenicum album displays its curative action in those terrible rapid cases where cholera algida at once sets in without prodromatory symptoms. The most essential indications for Arsenicum are: Sudden and complete exhaustion, vanishing of consciousness together with violent palpitations of the heart, great and inexpressible anguish, constant tossing about, horrid thirst, the least quantity of liquid is vomited up again immediately, burning distress in the region of the stomach and upper part of the bowels; complete suppression of urine. In such cases Arsenicum should be given at once, without any other medicine being resorted to in the first place. After the exhibition of Arsenicum the urine is often secreted in large quantity, a valuable change.

Beside these most important remedies we mention the following, accompanying some of them with brief indications or only their names. It is not an easy thing to introduce new remedies to the favorable notice of the Profession, for that the above-named remedies have proven themselves reliable in this fearful epidemic to such a degree that they must ne-

620 Epidemic and Endemic Infectious Diseases.

cast all other medicines that are recommended for cholera. Who would want to experiment with untried remedies in such a rapidly and terribly fatal plague?

Carbo vegetabilis has not unfrequently been found useful in the course of the disease when no special medicine is decidedly indicated. Carbo may be administered in the advanced stage, if the diarrhoea and vomiting have ceased, if even peristaltic movement has disappeared, and the patient lies as

Carbo is frequently indicated after Arsenicum[^] and is pa its place in cases where every sign of reaction had seem from the beginning.

Acidum hydrocyanum has similar indications as Carbo, but from this medicine in the succession of its symptoms. It cated if the attack at once assumes the highest degree o so that but a few hours intervene between the commenceme the attack and the moment when death seems to be lurking the threshold ; Carbo may be sufficient if the failing o is less rapid.

Opium deserves attention in the cholera of little childr seldom suitable for adults,

Colchicum cannot be regarded as a remedy for cholera, fo reason that it has not the colorless stools.

We name moreover : Jatropha cureas, Iris versicolor , Ci Conium, Secale cornutum; these remedies, however, are ei unreliable as similia, or because they have not been suf proved.

As regards dose, almost all observers agree in recommend the lower preparations, even the strong tinctures, frequ repeated.

We have to devote a few lines to the management and diet cholerarpatients. Warm external applications are general little use ; they are apt to increase the patients' rest have to be resorted to very guardedly. Continued but gen tions with cold wet clothes are much more beneficial. At onset of the attack, food is utterly out of the question beverage is fresh well-water; this will moderate the thi moment at any rate. Small lumps of ice in the mouth like refresh the patient a good deal. If Champagne can be had be administered in tablespoonful doses with great advant

The typhoid symptoms after cholera are so changeable tha next to impossible to recommend a positive course of tre

o

Cholera Asiatica. '^ 621

them. The most important remedies are: B^flfdort<na^ fir PhosphortiSy Opium[^] Acidum phosphoricum and T^r^ati^m^C tharides and Terebinthina maybe chiefly relied upon as r the often prominently developed nephritis. As a rule, tl ment should be conducted upon the same principles a^ thy ment of typhus. The returning appetite has to be graifi great caution. In cholera, as in typhus, the intestinal its normal integrity very slowly. ' i

[During the epidemic cholera of 1849 I recommended the s

rated tincture of Aconite-root as a specific for cholera medication was laughed at by some, and very coolly received by others. In the May number of the North American Journal of Homoeopathy, 1867, we find an article by Doctor Cramoisy translated from the Bulletin de la Societ  M dicale homoeopathe de France, by Doctor John Davies of Chicago. In this article Cramoisy claims for the tincture of Aconite the rank of specific. He claims that from a therapeutic point of view a characteristic feature in cholera is the acceleration or diminution of the pulsations. "This," says the Doctor, "is my hypothesis; for we can well remember in the cholera-case examined when under our supervision in the Charity-hospital in 1854, and in our private Clinic in 1865, that the increase of pulse more or less coincided with the degree of the disease with the anguish or suffering; because the pulse frequently appeared at this moment.

"At the commencement of the epidemic of 1865 we did not appreciate these symptoms, and had the misfortune to lose two women and two children; to these we had given the remedies prescribed in the books for similar cases, which remedies to be the most efficacious in such circumstances.

"This is therefore the reason for our presenting this treatment of cholera: our experience and observation establish the fact that the tincture of Aconite is the grand curative of inflammatory diseases, and the regulator of the circulation.

"We have prescribed from fifteen to twenty drops of the tincture of Aconite in six to eight ounces of distilled water, a teaspoonful to be taken every ten, twenty or thirty minutes according to the intensity of the symptoms. Under its influence, the patient begins to revive, the circulation of the blood returns to its normal condition; the pulse rises, the internal heat ceases; the vomiting, diarrhoea, and the vomiting and diarrhoea arrested. At the

622 Epidemic and Endemic Infectious Diseases*

At the time the bluish cast of countenance disappears, the cadaverous expression changes to a natural one, the agitation of mind is replaced by a tranquil condition; the dread of death is transformed to joy and hope, and the patient recovers in three hours/*

In several cases are mentioned where the patients, after having been fruitlessly treated with the usual cholera-remedies, such as Veratrum, Veratrum, Arsenicum, and Cuprum, and sinking very far into the last stage of collapse, were* speedily and completely cured by doses of the concentrated tincture of Aconite.

Indeed, why should Aconite be overlooked as a great and valuable remedy for cholera? If there is any truth in the homoeopathic law, the effects of Aconite upon the normal human organism to it as a remedy for cholera. "We do not think that it is the use of other valuable specifics for this terrible epidemic, they, on the other hand, supersede the use of Aconite. A case of poisoning will conclusively demonstrate the homoeopathic value of Aconite to Asiatic cholera. With high potencies we must,

course, not expect to accomplish anything ; large doses concentrated tincture are required to produce a curative ef

The following case of poisoning is reported by Doctor Ja Reed, Jr., of this place: A man, forty-five years of age treatment of rheumatism, swallowed a teaspoonful of lini posed of equal parts of the tincture of Aconite-root and This was followed by pain in the epigastrium, numbness o hands and feet, and a sense of formication over the whol One hour after, the dose was repeated. At the time of my an hour and a half after the first dose, the man had swa a drachm of the strongest tincture of the root. I found complete state of collapse ; after the second dose he ha repeatedly, first bilious matter changing into copious w charges ; he had also had several very large rice-water from the bowels ; he complained of terrible pain and anx the heart, was pulseless, skin cold and clammy, face ind great suffering and fear, breath cold to the hand ; occa oxysms of general opisthotonic spasms would leave him in trated condition in which it would seem that bis constan fear that he should die, was about to be realized.

Before I questioned the family, from my first examinatio case, I judged it to be cholera ; indeed, if there had b cholera in town, I would have thought it unnecessary to

Cholera Asiatica. 623

the case further. I discovered the mistake that had been and under the free use of stimulants, Coffee and Opium, ered, but not until after three or four hours continuanc above severe symptoms."

The following case of poisoning from the tincture of Aco is reported in the October number, 1868, of the Medical gical Reporter, published in Philadelphia. By mistake a given a teaspoouful of the strong tincture of Aconite-ro patient was a boy, six years of age. Doctor Hays of Covi Ky., where the poisoning occurred, reports as follows : patient so much prostrated that, had there been an epide cholera, and had I no examination to aid me, or any prev tory, but had to depend upon the appearance of the patie would undoubtedly have pronounced it a collapsed state o The skin was cold, clammy and livid, with a profuse pers there was no pulse to be felt at the wrist, the action o was quite feeble and irregular, the capillaries were sca be refilled when their contents were poured out. The hea cold, the eyes were natural in appearance,- except the d the pupils which was extreme and not at all sensitive to of light. The facial expression was haggard, the nose pi breathing extremely labored, the lungs were filled with rattle of which could be distinctly heard in any part of The patient's bowels moved several times involuntarily. proper treatment the boy recovered."

The eleventh case of poisoning by Aconite in my Materia waB regarded by Dr. Pereyra of Bordeaux as such an exact tation of the symptoms of cholera that the doctor conclu

dote the symptoms with Guaco which he had found efficacious in the paralytic stage of cholera. The poisoning was caused by a dose of Aconite taken by a rheumatic patient in the hospital at Bordeaux, France. All the pathognomonic cholera-symptoms were reproduced in this case.

Doctor Richard Hughes, in his Manual of Pharmacodynamic Medicine, urges the claims of Aconite as a remedy for Asiatic cholera. In Vol. I he writes: "Some very striking phenomena are observed in the sphere of the circulation. In acute poisoning the pupils are contracted, the face is pale, the pulse is quick and contracted, a coldness is felt within and without, and all speak of an excitation of the motor nerves throughout the body, analogous to that of the vaso-motor centres which results in tetanus. In other words

624 Constitutional Diseases without Definite Infection.

have a condition answering to the chill of fever, the collapse of cholera." Page 44 he writes: "In the collapse of Asiatic cholera, where the chill is so deadly that it is not for the * consecutive fever, its true nature would be recognizable, Aconite will still assert its power. I venture to predict that it will some day be recognized as superior even in those terrible cases where vomiting and purging are absent, and death seems eminent from the arrest of the circulation. If the Doctor will turn to the pages of the British Journal twenty years back, he will find that I made the same prediction at that time, and was laughed at for my pains. H.]

C. CONSTITUTIONAL DISEASES WITHOUT

DEFINITE INFECTION.

i« Chlorosis.

Green-sickness.

Chlorosis as an idiopathic disease occurs exclusively among females, and is connected with the sexual functions in a manner that we are as yet unable to account for by a precise anatomical process of reasoning. Chlorosis occurs chiefly between the thirteen and twenty-four years, seldom at a later period, and it can be traced to secondary disturbances, such as : colds of young women coming rapidly one after another, more especially if the women nurse their own children. Hence the real cause of chlorosis has to be traced to the sexual sphere ; but it is received that unconquerable obstacles stand in the way of investigation. The disease sometimes breaks out previous to the first appearance of the menses, more frequently after several menstrual periods ; as an entirely primary disease it only occurs among unmarried women. It appears to be hereditary ; females with a pale complexion are more liable to be attacked with it. Stomachic constitution is exempt from the disease, although delicate constitutions with irritable nerves are more susceptible to it. Among the causes we may mention: Insufficient exercise, mental exertion without corresponding muscular activity; excitement of the

fancy, especially when caused by novel-reading; excitement

Chlorosis. 625

the sexual instinct by onanism, improper converse with the sex ; deprivation of open air, and interference with the action of the chest by tight dresses. In a given case it is difficult to find out the proper cause ; for this reason in watching the symptoms is indispensable, as for instance in the case of robust young country-girls. Chlorosis is very common among the daughters of a tuberculous mother.

Symptoms and Course. A number of observations have established the fact that the number of blood-corpuscles is much less in the blood of chlorotic patients ; in very bad cases this number is diminished by four-fifths of the normal. We do not know what the cause of this deficiency is, but deficiency accounts for most of the symptoms of the disease. It generally commences very slowly. The patients become morose, they are apt to get tired after every little exertion, liable to changes of color ; the skin soon loses its brilliancy, the patients complain of feeling chilly at an early period of the disease. Inasmuch as the pathological picture which now presents itself, may be characterized by a variety of symptoms, we describe the derangements as they appear in each special system.

The skin at times has the color of wax; at other times it is yellowish or of a dingy-white, the veins being either not perceptible or indistinctly perceptible. The color of the cheeks may change quite often within a very brief period of time. The visible membranes are more or less without color. (Edematous symptoms only occur in the highest grades of the disease, and excite the suspicion that some other disease is at the bottom of these symptoms. The following symptoms occur in the digestive range : Impaired appetite, aversion to meat, longing for strange articles such as vinegar, chalk, coffee-beans ; bloating of the stomach, acidity of the stomach, generally the bowels are very constipated. In the nervous system we discover excessive irritability, hysterical symptoms, fitful mood. — The breathing is accelerated, the least physical exertion causes an attack of dyspnoea, to a very high degree. The circulation is accelerated, very irregular ; disposition to transitory palpitations of the heart, the patients are easily excited by a physical exertion; an anæmic murmur is heard over the veins of the neck. The menses are irregular, sometimes suppressed or very tardy, sometimes more profuse than usual.

always of a lighter color or even quite colorless. Accompanying

40

626 Constitutional Diseases without Definite Infection.

these symptoms are pains of the most diversified kind, usually uterine catarrh. The urine has a strikingly pale color. The patients generally sleep very soundly and have to sleep

sleep never refreshes them.

One or the other of these derangements is generally want other times one of them is very prominent, whereas another considerable ; thus it happens that the most varied groups often develop themselves which, however, have essentially the same meaning. The one characteristic symptom is never but dyspnoea and palpitation of the heart from the least uneasiness especially after going up stairs.

The course of chlorosis is always more or less protracted times very chronic. This, however, must be expected, since the disorder is depending upon anomalies of nutrition that change very gradually and which can, no more than their consequences be extirpated very suddenly. If no particular disturbance takes place, the affection can sometimes be cured in a few weeks if the usual mode of living which had acted as the exciting cause is persevered in, the trouble may continue for years. In the disease has remissions and exacerbations, and is most more violent in the summer than in the winter-season. Uncomplicated chlorosis always terminates in recovery ; it is circumstances favor the disease that disturbances of the system and the sexual sphere, but less frequently of the latter remain. Among the complications, the simultaneous presence of tuberculosis and scrofulosis is most threatening. We find that scrofulous girls who are attacked with chlorosis, recover their health to some extent for a year or two, after which the consumption, or phthisis may set in as a direct development of protracted chlorosis.

Treatment. This has to be directed with a view of meeting the cause as well as the symptoms of the case. To meet the symptoms, medicines have to be used ; but before prescribing we ought to find out what the remedy is given for, what it is to accomplish with it, and what we can legitimately expect from its operation. Most generally, physicians aim at bringing back the menses ; if this is accomplished, they fancy that they have won the battle. This view, however, is not only totally erroneous but may result in a good deal of mischief. The menses are not the cause of chlorosis nor do they indicate the grade of its severity. They are often absent, or, if present, they are generally

Chlorosis. 627

pale, watery, but may likewise be profuse and occur too abundantly. This shows that they have no characteristic significance. This is so true that after the menses cease, the disease sometimes commences, as we see in the case of young girls who are sent from the city into the country where they gradually gain day in health and strength without seeing any catamenial flow for months. Of course, chlorosis cannot be said to be entirely cured unless menstruation has resumed its regular course, the older the patients are.

The true remedies for chlorosis are : Ferrum^ Arsenicum^ carbonica^ Fluviatilis^ Sepia^ Pulsatilla; many other remedies are required for intermediate conditions.

Ferrum. This medicine is a real specific for simple, unchlorosis ; every simple case of this disease yields to action of Iron, If physicians complain of the inefficiency of medicine, it is most probably their own fault ; for, if administered at proper time and in the right quantity. Iron always acts and no evil effects be apprehended from this agent if the stomach is weak and irritable. It is for such gastric states that Iron is more particularly suitable. The sooner it is administered the more speedily it will act ; the longer it is delayed, the less reliable it becomes. It is impossible to determine the proper dose a priori ; all we can say is that by a third trituration the medicine has no effect and that it is often necessary to resort to the crude substance. This has been found out by careful trials. Of the numerous ferruginous preparations one praises one, and another another preparation ; but all are useful, because each may effect a cure. We are still without any criterium by which the usefulness of any particular preparation could be determined; we prefer that which is least liable to error. Among these preparations the simple Ferrum redactum of the Pharmacopoeia is undoubtedly the most appropriate. It may be given with excellent success in the first or second trituration. We generally prefer the Acetate on account of its ready solubility, but the salt has to be frequently prepared fresh, because it decomposes. The Sulphate and Muriate may be used, but they have no special advantages. Chalybeate waters do not enjoy an superiority ; their administration requires some caution. In inveterate cases of a high degree of intensity, they are especially preferable ; their use renders it absolutely necessary.

628 Constitutional Diseases without Definite Infection.

The patient should change her mode of living, which she might otherwise be indisposed to do. The use of Ferrum is contra-indicated in the following symptoms: Previous employment of the drug in enormous doses ; even small doses cause a marked hyperæmia of the heart and lungs. The last-mentioned effect is apt to be permanent if tubercles are present in the lungs.

Arsenicum is less frequently indicated, but, when indicated, it has an eminently curative effect. It is suitable in all cases that have been mismanaged with Ferrum and which are generally characterized by a high degree of debility, with excessive paleness, oedematous paleness, cardiac phenomena even during complete gastro-ataxia. Arsenicum is likewise important, when the previously mentioned symptoms are associated with a disposition to adiposis, paroxysms of dyspnoea or else continued shortness of breath, profuse menstruation, liver-complaint, violent cataplexy, sleeplessness at night, drowsiness in the day-time. It is indicated how soon after the administration of Arsenicum the normal state returns and the sickly complexion is replaced by a healthy one.

Caloarea carbonica, unaided by other remedies, scarcely admits of a cure of chlorosis ; generally Ferrum has to be given. It is indicated by a disposition to congestions of the chest ; constant and abrupt changes of color ; a lively temperament; the menses are too profuse and premature; a disposition of the stomach with complete loathing of animal diet, or

farinaceous and indigestible food. In such cases Ferrum agrees best after Calcarea. As a general rule this remedy is suitable to chlorotic persons during the period of pubes

Plumbum aceticum is recommended by Winter in accordance with sound reasoning; we have no personal experience with it. It is indicated by the following circumstances and symptoms: Severe orthopnoea and dyspnoea, unconquerable constipation, muscular debility, oedema of the feet. If, in addition to these symptoms, we take the numerous cardiac phenomena, the gastric difficulties and the cough, we obtain a striking picture of intense, inveterate chlorosis. Beside Winter's, we are acquainted with any trials that other physicians have made with Lea

Sepia may be regarded as an excellent remedy for the part of hemicrania which constitutes a source of distress to certain females with brown hair and lively temperaments. Sepia is well adapted to chlorosis emanating from the sexual organs and secondary affections.

Chlorosis. 629

Pulsatilla has been long regarded as a remedy for chlorosis; ever, we are of opinion that most of the cures of chlorosis attributed to the exclusive use of Pulsatilla are questionable. Pulsatilla is no remedy for primary chlorosis, although we admit that, like Sepia, it is a very excellent remedy in chlorosis. Pulsatilla is likewise excellent for special cases such as: pain in the stomach, headache, toothache; but it is scarcely ever acted upon by this medicine.

The removal of the cause, including a certain preventive treatment up to a certain degree, is scarcely ever heeded with attention. We are not able to determine all the special causes of chlorosis, but the general causes can be clearly made out and are sufficient both to guard against the disease and to cure it. Let our young ladies be properly educated, and let premature excitement of the fancy be carefully avoided; let fashions interfering with the respiration and the digestion be discarded; let our girls have an abundance of very active exercise in the open air; let the mothers' attention be directed to the practice of onanism and to all premature sexual excitement; above all, let all novel-reading be strictly prohibited. When chlorosis has once broken out, a radical change in the mode of living is eminently advisable; city-girls ought to be sent into the country and country-girls to town. A change of this kind alone is sufficient to effect a cure. Of course, the deleterious habits which we have alluded to, have to be strictly avoided. The patients had better confine themselves to the use of milk, leaving out tea and coffee. A moderate amount of bodily exercise is to be continued and fatiguing exercise is hurtful. Cheerful conversation promotes the cure very much. Sleep should not be limited to a fixed number of hours; on the other hand, constant somnolence should not be yielded to.

[Bsehr has left out three remedies that may render effective in the treatment of chlorosis; they are: Aconite which is complicated with tuberculosis; such patients are apt

dark sallow complexion sometimes with a greenish tint and flushes on the cheeks ; they are troubled with palpitating stitching pains in the chest. — Digitalis; in some chlorosis the pulse is irregular and intermittent and the heart's action is characterized by similar changes ; such symptoms indicate Belladonna is indicated by frequent paroxysms of headache in the forepart of the head ; the headache is accompanied by br

630 Constitutional Diseases without Definite Infection.

on the cheeks, deep sparkling looks, heat in the head ; they are apt to be of a lymphatic disposition and passive temperament, H.]

2. Rhenia.

BheurifKuisra.

Under this heading we comprehend a group of morbid conditions concerning whose essence our knowledge is very defective. They have in common is, that they are localized in the fibrous tissue of the muscles, tendons, joints, aponeuroses, etc. We may say that all rheumatic affections are very much aggravated by the influence of cold.

Their etiology is no less uncertain and vague than their nomenclature. "Whereas the acute forms occur chiefly between the ages of fourteen and thirty-five, the chronic forms are principally with after the fortieth year of age. The former are principally occasioned by exposure to colds and wet, the latter more usually by damp and cold dwellings, and by continued exposure to wet weather and permanently dwelling in wet localities. These are atmospheric conditions which frequently cause epidemics, generally in company with extensive catarrhal diseases. One attack of rheumatism begets a tendency to new attacks. In the case of females, chronic rheumatism is decidedly favored by the influences of the critical age.

The rheumatic process shows itself in four distinct forms which we shall describe separately, although their treatment condensed in one, in order to avoid unnecessary repetitions.

a. Acute Articular Rheumatism.

This form of rheumatism often arises from a cold and exposure to atmospheric influences ; it is not unfrequently of an epidemic type and, in such a case, breaks out most commonly in the fall and winter.

The disease commences very gradually with a vague feeling of malaise, accompanied with slight catarrhal symptoms; it usually breaks out after severe attacks of angina, very seldom suddenly, but with alternate chills, but with alternate chills and fevers, very seldom after, and still less frequently with the fever, very seldom after, and still less frequently one or more joints become painful ; the pain rapidly increases, the joint swells, sometimes with, and at other times with

Rheuma. 681

ness ; at this period the least motion and the least pain, so that the patients remain perfectly quiet for themselves. Generally several joints are attacked at once, seldom only one at a time, never all the joints at once. The disease progresses in a very characteristic manner. The joint that was first attacked, is getting better in three or four days, sometimes with a complete cessation of the pain as well as the swelling, other joints are attacked in the same manner ; in the meantime most of the other joints are invaded, after which rheumatism frequently breaks out again in the joint when it was originally proceeded. At times the swelling is quite considerable, at other times scarcely perceptible ; sometimes it is confined to the joint alone, at other times the surrounding parts are very much involved ; not unfrequently the articular extremities are affected. The constitutional symptoms are at times very violent, at times very slight ; this depends a good deal upon the number of joints involved. The fever runs pretty high, remitting very irregularly ; the temperature is not much raised above the normal level; pulse about hundred, in very acute cases increases to one hundred and twenty and upwards, small and feeble ; a copious perspiration, having a musty-sour smell during the whole course of the disease, corresponding with the patients are tormented by a distressing thirst. The stools are scanty, saturated, and, on cooling, deposits a copious sediment. The digestion is slow, the appetite impaired, but very seldom suspended.

The course of uncomplicated rheumatism is never very rapidly more or less wavering ; recovery takes place gradually, joints may remain painful and swollen for a long time, temperature remains obstinately accelerated, the perspiration continues weak, weakness abates very slowly. A favorable change takes place seldom after the first week, a little more frequently after the second, but most commonly only after the third and fourth week. It is often noticed that, before the disease terminates, it is attacked twice, and that the second attack only lasts as long as the first. In violent cases all the joints are affected, but at the termination of the attack, some, however, are more inflamed than others.

Complications generally occasion a more protracted course of disease, and determine the amount of danger involved in it. Among these complications we seldom meet with pneumonia,

632 Constitutional Diseases without Definite Infection.

peritonitis, endo- and pericarditis, on the contrary, are common occurrences. Such complications must be expected much more certainly the larger the number of joints that are simultaneously involved, and the more fiercely they are affected. In a majority of cases the cardiac inflammation develops imperceptibly, so that it is scarcely betrayed by a single symptom, very seldom sets in with a chill or with acute pain. A symptom that ought always to excite our suspicion, is the hurried and the abrupt talking of the patient. If this symptom be

manifest, the heart must be explored forthwith. This, ho should be done every day during an attack of acute rheum

The disease generally terminates in recovery, although v slowly, and leaving various inconveniences and discomfort particularly a peculiar laming weakness. Death is a very termination, except when such complications supervene as terminate fatally. Very seldom the rheumatic inflammatio creases to such an extent that suppuration takes place ; pens, the suppurative process always involves a good dea Among the consecutive diseases, structural alterations o with their distressing consequences, occur most frequent lytic conditions are less frequent, and, moreover, disap very speedily. Almost all patients retain a great tenden relapses.

b. Acute Muscular Rheumatism.

This rheumatism owes its existence almost exclusively to cold ; such muscles are most easily attacked as were eng active work when the exposure took place.

This form of rheumatism is one of the milder sort. In ra cases only, it sets in with an acute fever and a continu tion, the same as acute articular rheumatism; however, i shorter duration and much less dangerous, leaving of cou marked disposition to chronic muscular rheumatism. Most erally muscular rheumatism develops itself very rapidly, denly, in company with more or less severe catarrhal com In the invaded muscles, the number of which is seldom ve and which are almost always in close relationship with e violent, drawing-tearing pains are experienced during ev these pains are likewise felt, if the muscles remain for in the same position, as at night, in bed ; the pains ar cold, and likewise by humid warmth ; dry warmth relieves

Rheuma. 633

The character of the pathological group depends of cours the muscular bundles that are invaded, and the violent p times suggests the thought that internal organs are infl idea may be suggested by rheumatism of the thoracic and costal muscles, where the respiration, cough, sneezing, about, cause an intense pain ; likewise by rheumatism of dominal muscle T where peritonitis is so easily suspecte proper management and. care this form of rheumatism ends covery in one week at latest. However, by neglecting to against relapses, an acute attack may very easily termin chronic form, and contractions and paralytic conditions which can only be removed with great difliculty.

c. Chronic Articular Rheumatism.

It most frequently develops itself out of the acute form it constitutes a rest as it were ; it likewise arises fr action of damp and cold places.

Chronic rheumatism is less frequently located in the ext

integuments of the joints where acute articular rheumatism is seated, than in the synovial lining, the ligament cartilages. Little by little these grow thicker and rougher the reason that, after a time, crepitation is heard in the joint. The disease seldom involves a number of joints ; general rheumatism is limited to one or a few only. Neither the swelling nor the pain is very considerable ; to some extent the power of motion remains, yet the patients may be entirely deprived of the use of the affected limb, whereas the rest of the body is perfectly sound. The disease has remissions followed by exacerbations each of which leaves the condition of the joints somewhat worse, and may even terminate in ankylosis. These exacerbations often look like an attack of acute rheumatism with fever and slight inflammation of the affected part ; sometimes, however, they are without fever, and are attended only by pain and loss of mobility. Chronic rheumatism so called remains after repeated attacks of acute rheumatism of which it seems to constitute an ultimate stage. The joint is not distorted by the disease. A complete cure is very much impeded by the extreme obstinacy of the trouble, and likewise by the impossibility of preventing the joint from being acted upon by the disease that never ceases, by their presence, to perpetuate the disease.

634 Constitutional Diseases without Definite Infection.

d. Arthritis Deformans, Arthritic Rheumatism.

This form of articular rheumatism always runs an exceedingly chronic course ; it does not develop itself out of the acute form, but occurs very rarely previous to the thirty-fifth year of age, and most frequent after the fortieth year. It breaks out among all classes, especially, however, the lower ; on this account it is difficult to determine the degree of influence exerted by damp dwellings over this disease. Arthritic rheumatism attacks more particularly the female sex ; the critical age undergoes an outbreak of this disease, for we meet with it most frequently about this time.

The disease may attack any joint in the body, but it is limited to the joints of the hands and feet, affecting but one part of the body at the same time. It generally commences in the hands, whose joints become more or less painful, especially when they are moved or pressed upon laterally. Sometimes the pain is particularly felt in bed ; crepitation is very soon heard in the joint, and the joint swells very slowly ; at times long intervals occur in the continuance of the swelling, after which the arthritic process resumes its course amid renewed paroxysms of pain. Toward the end the shape of the joints is very much altered, especially of the phalangeal articulations. The articular extremities become bulbous, they are especially enlarged in breadth ; they are covered with their integumentous covering has a natural color; the articular surfaces are no longer in complete coaptation, giving the bones the appearance of being dislocated, and imparting to the hands and feet a deformed shape. The power of motion is entirely suspended, but motion is very painful ; in the advanced grades of the disease the joints are entirely immovable. The patient is not endangered by this condition, but its curability is very small. The swelling never disappears entirely ; all that can be aimed at by treatment, is to arrest the further progress

disease.

Treatment* Owing to the peculiar vagueness and indefiniteness of the single forms of rheumatism, whether acute or we find it difficult to decide whether and what medicine exerted a curative effect upon the disease. The consequence an unreasonably large number of medicines have been employed this disease, all with more or less pretended effect, yet cases the same remedy does not always produce the same c

Rheuma. 635

result. The natural course of the disease is not taken into account and a spontaneous cure is mistaken for the work of art.

Another reason why our remedies for rheumatism are not perfectly reliable, is the vagueness attaching to a definite term. Here we have a striking demonstration of the fact injurious to treat diseases in accordance with pathology and that there is, on the other hand, great advantage in treating cases according to the rules of Homeopathy, with ourselves whether the morbid condition is called rheumatism or something else, provided the abnormal process ceases. No embarrassment the Rational School more than rheumatism which makes a laughing-stock of all hypothetical speculations.

Although we have no very exalted opinion of the power of homoeopathic medicines over rheumatism, yet we assert without hesitation that the homoeopathic treatment of rheumatism is more effective than any other; at the same time we admit that it is difficult for us to accomplish a great deal more. In our opinion one of the principal reasons why we so often fail in our treatment is the dread homoeopathic physicians seem to entertain of administering large doses, which rheumatism often requires, as evidenced in the case of Sulphur.

In the following paragraphs we only mention the leading remedies more fully; of the other less important remedies we give the names, for we believe that too large a number of remedies would be judicial.

Aconitum is the main remedy in acute articular rheumatism. The pulse is not only frequent but likewise full and hard, the temperature is considerably higher, the joint is red and excruciatingly sensitive to contact; it is suitable for nervous, irritable individuals; or when pericarditis or endocarditis has supervened. Further indications may be gathered from the Materia Medica Pura. Aconite has been less frequently used in chronic rheumatism, but it sometimes acts with great efficacy. Aconite is less suitable for chronic articular than to muscular rheumatism, especially when the disease is located in the upper extremities. [Aconite is the best remedy for rheumatism of the deltoid muscle. H.]

Bryonia alba is a leading remedy for acute and chronic rheumatism, except the arthritic form. The symptoms of this remedy are so numerous that we have to content ourselves with furnishing a few general indications, Bryonia is most suitable for rheumatism of the upper extremities.

636 Constitutional Diseases without Definite Infection.

caused by exposure to cold and dampness after a severe m effort ; the violent fever soon adopts an adynamic form ular swelling is dark-red and exceedingly painful ; the organs show symptoms of inflammation; the perspiration h sour smell. In muscular rheumatism, Bryonia is indicated following symptoms : The muscles of the trunk are the se disease, especially the thoracic muscles ; the patient f ter during rest ; the pains are severe tearing pains, an shift from one place to another.

Mercurius. That Mercury possesses a remarkable power to a variety of rheumatic pains, is shown by syphilitic pat cases are mismanaged by large doses of Mercury. Mercuriu so much adapted to chronic as to most forms of acute and acute rheumatism, with the following general indications fever runs high ; the pulse is remarkably quick and hard spiration very copious and having a musty smell, the thi ceedingly tormenting. The local swelling is not very gre painful, intensely red, giving rise to the apprehension ing in the joint ; it is not apt to shift about ; even i are affected, yet the original joint remains swollen and breath is foul, the tongue has a thick, yellow coating, is gone, every kind of food causes nausea. The skin is c copious sudamina. The pains are worse every night, towar midnight, aggravated by severe cold and ameliorated by e warmth. The more frequently relapses set in, the more sp Mercurius indicated. In muscular rheumatism, Mercurius i cated by the following circumstances: the pains exacerba night, they are deep-seated as if the periosteum were at great sensitiveness to gentle as well as firm pressure. ing inflammations of vital organs, Mercurius deserves a position, in cardiac inflammation as well as in pneumoni itis, likewise in meningitis.

Rhus toxicodendron is adapted to every form of rheumatis cept arthritic. In acute articular rheumatism, it is ind following symptoms: Violent fever, with tendency to the type, delirium and excessive restlessness; the swelling able, admits of some motion, is intensely red and somewh tive to contact. The perspiration is not considerable. T are constantly changing their position, for even after l short time in the same position, the pains are very much Feather beds are intolerable, so is external artificial

Rheuma. 637

muscular rheumatism, Rhus tox. is the best remedy, if th caused by exposure to wet; if the above-mentioned circum either improve or aggravate the symptoms ; if the pains become associated with paralysis and contraction ; if th of the lower extremities are the seat of the disease. Rh paralysis particularly points to Hhus. In chronic articu tism, Ehus is of little, if any use. [Rhus is generally for rheumatism, if the patient contracted the disease in

of getting soaking wet. This indication is unreliable. Some ago I was called to see a Catholic priest who, while visiting in the country, was overtaken by a thunder-storm and was to the skin. In this condition he had to travel eight miles back. The next day he was attacked with neuralgic rheumatism of the upper third of the left upper arm. The pain was as if bone and marrow were being ground into a thousand fragments. Having been treated allopathically for a whole week, with doses of Morphine, Quinine, etc., the patient was reduced by the pain, deprivation of sleep, etc. Being sent for, the arm apparently natural, but the sensitiveness so great that an attempt to touch the affected limb, caused the patient to start and shudder. The pain extorted agonizing cries. I made up my mind that Mercury was his remedy, of which he took the finest trituration, a powder every hour. Already after the first powder the pain began to abate, and next morning he was completely relieved and went out again, two days after my first visit. H.]

Puteatilia, according to Hartmann and others, is indicated in subacute rheumatism of the joints and muscles; the affections about frequently and speedily; the pains exacerbate in the day and at night; they are violent tearing, drawing and jerking, increased by warmth, improved by cold, at least for a short time. Pulsatilla is seldom appropriate in chronic rheumatism, the rheumatism of muscles and of the joints. It is neither a remedy, nor one that can be often used for the reason that the rheumatism to which Pulsatilla corresponds, is not of frequent occurrence. [For rheumatism of the dorsum of the foot, Pulsatilla is an excellent specific. A lady, seventy years of age, and rather phlegmatic temperament, had an attack of acute rheumatism of the dorsum of the right foot. It was very much red, excessively painful, and very sensitive to contact. The foot had a shining appearance. The pain was much worse at night.

638 Constitutional Diseases without Definite Infection.

deprived her of sleep; the fever ran high. She had been in this way for three nights. I gave her six globules of Pulsatilla, dissolved in half a tumbler of water, to be taken in spoonful doses every two hours. After the first dose all pain moderated, she very soon fell asleep, perspired all night, and next morning was entirely free from pain, swelling. H.]

Colchicum is not exactly a remedy for acute rheumatism, excellent in subacute affections of the joints and muscular parts of the former being chiefly affected. The fever is violent, mingled with constant chills, either without or with little perspiration, the urine is saturated and deposits a sediment. The painful joints are neither red nor swollen, and increase considerably at night or by motion and contact. The disease comes on in damp and cold weather.

Tartarus emeticus deserves to be used more than it so far has been; it is one of those remedies that have a good effect in the most intensely painful local muscular rheumatism, for instance, of the dorsal muscles contracted after a cold during the

ance of a fatiguing muscular effort. In such a case, Tar very soon brings relief. In acute articular rheumatism T emetic is indicated by the following symptoms : Marked s of a number of joints, the pains are not very^great duri this rest is frequently interrupted by spontaneous, spas painful contractions of single bundles of muscles. There much fever ; the symptoms of digestive derangement, on t trary, are very prominent. A condition marked by such sy sometimes occurs during the subsequent course of articul matism, scarcely ever at the commencement.

Digitalis purpurea is, in our opinion, a most important acute articular rheumatism ; in the last few years we ha seen this remedy produce a striking effect and shorten t of the disease. We do not deem it necessary to demonstra similarity of Digitalis to rheumatism ; the physiologica this drug as recorded in the Materia Medica, explains th ity beyond the possibility of cavil. We do not, however, to give the special indications of Digitalis in every pa for the simple reason that we have not had sufficient op to test it in practice. So far we have been guided in th of Digitalis by the following points : Hurried, small pu affected by motion ; increased strength of the beating o

Rheuma. 639

but the sounds are muffled and indistinct, mingled with murmurs ; hurried respiration, with ability to draw a lo hurried, abrupt speech ; almost complete suspension of t secretion ; shining-white swelling of the joints, not ve to pressure; a number of joints are attacked at once; th body is very pale. During the whole course of the diseas given this medicine without any other drug, and in spite violence of the symptoms, we have never been able to dis symptoms of cardiac inflammation, for which Digitalis mi ever, likewise be indicated. In conclusion we desire to Digitalis holds a high rank as a remedy for rheumatism a Rational physicians; there is undoubtedly a reason for t

Sulphur bears almost the same specific relation to the r process that Mercury does to syphilis. In an acute attac not think of giving Sulphur; on the other hand. Sulphur pensable to remove the remaining traces of acute rheumat which the extraordinary disposition to relapses generall What this remedy ia capable of accomplishing in chronic tism, is shown by the numerous cures which are every yea by the use of Sulphur-springs, and which it is impossibl We doubt, however, whether similar results can be obtain ing Sulphur internally in small doses ; at any rate, we been able to accomplish such a task. All we have been ab has been to improve the case, but we have never yet achi perfect cure with these small doses. This shows that the be a something, a higher curative power in Sulphur-sprin small doses of Sulphur do not possess. Sulphur exerts a power over arthritic rheumatism ; it arrests the progres ease, and materially reduces the swelling of the joints.

Ferram is applicable in primary chronic rheumatism as we

after an acute attack, if the patient has been very much flesh. It never shows its favorable effects all at once; the remedy must not be discontinued too soon.

[Caulophyllum thalictroides, the blue cohosh, is highly for rheumatism of the smaller joints. Dr. R. Ludlam, of prescribed it for a case of inveterate rheumatism of the joints of the left hand, in doses of two grains of the s trituration every two hours, until relief was obtained. was a servant-girl ; she had not slept for two or more n the second dose she fell asleep, and her pain vanished f time forward. There was no metastasis of the complaint,

640 Constitutional Diseases without Definite Infection.

two days she was down stairs at work. While she remained family, two years, she had no return of the disease. The writes : " Since the above result was obtained, I have f prescribed the Cavlophyllin for articular rheumatism aff smaller joints, and several times with a signal success. ever, ap[>eared more effectual in case of females than o were ill with this painful disease." H.]

Beside these remedies the following deserve being mentio In acute cases : Arnica^ Belladonna^ Nitrum^ Spigelia ; and more chronic affections : Ledum^ Sabina^ CocculuSy M Clematis^ Rhododendron^ Ruia^ Oleander (especially in ca matic paralysis); finally, in inveterate cases: Iodium, Calcarea carbonica, Silicea, [In arthritic rheumatism, g a scrofulous basis. Aconite and Iodine are indispensable

Although Sulphur-springs are the most effectual remedy f stitutional rheumatism, yet there are other means calcul to heal or prevent new attacks; some of these means are sufficient to perform a cure. In this class we rank the treatment, sea-bathing, the Turkish and Russian baths. T last-mentioned have to be employed witt great care ; if at all, the favorable effect is seen already after a few

It is a matter of course that the cause should be remove much as may be.

The diet in acute rheumatism is easily managed ; the pat either do not crave any nourishment, or their appetite i impaired. Fat and greasy articles of diet are decidedly acid substances, especially stewed fruit, have a very go raw fruit may be partaken of, but moderately.

S. Arthritis.

Gout.

The cause of gout is involved in a great deal of obscuri ulations on this subject have led to the most one-sided All that we know ix)sitively is, that gout is not only a but in the majority of the cases that come under our not herited disease ; however, it may likewise originate as malady.

We likewise know positively that, if the body receives a supply of animal food than can be assimilated either by mental labor, or that, if quantities of heavy or sour wi

Arthritis. 641

beer are drank, the outbreak of the disease is very much but whether such causes can occasion the disease primari questionable. A large majority of cases occur among the the disease breaks out between the ages of thirty-five a years; if it attacks persons before this time, the disea In accordance with these statements we find that gout ch attacks the higher strata of society.

Symptoms and Course. Gout is a decidedly chronic disease the course of which is interrupted by acute attacks. It very gradually, with a train of symptoms that do not ena draw reliable conclusions regarding the nature of the di Shortly after a period, during which a good many dieteti gressions had been committed, the patients feel out of s table, ill-humored, they complain of pain in the stomach vomiting of a sour liquid, pressure and repletion in the hemori holds, gastric headache, and the urine is saturat these preliminary symptoms have lasted for a longer or s period, the first

Paroxysm of Gout sets in, in the vast majority of cases sleep, at night. The patient is roused from sleep by a v boring-burning pain, with a sensation as if the part wer at the first attack this pain is almost without an excep in the first articulation of the big toe of one or the o increasing very rapidly to such a degree of intensity, t patients are almost beside themselves. Very soon the pai shows a vivid redness and is more or less swollen ; but ness nor swelling ever spreads over the adjoining parts. impossible, and external pressure causes such an intense the patients cannot even bear the least touch of the bla pain is often accompanied by a high fever which sometime BO fully on the following morning, amid a profuse perspi the day is spent with scarcely any pain. The next night, the pain returns, showing that the disease is still ther goes on between one and two weeks, until the painfulness ness, and soon after the swelling, disappear pretty sudd patients feel well again, even better than before the at only striking change after the attack is the great quant which never fail to be deposited in the urine.

This first attack may terndnate the whole disease, espec patient changes his present mode of living with determin ness and consistency. If this is not done, a new attack

41

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642 Constitutional Diseases without Definite Infection.

after a certain lapse of time ; this second attack chief during the period from February to April. This circumstance in some respects accounted for by the patient's more lux of living during the winter-season, when he takes at the less active exercise than usual. The interval is entire ailments until shortly previous to the new attack, when premonitory symptoms again make their appearance.

With every new attack the free intervals are more and more obscured and shortened, the local disorder leaves calcul on the diseased joint, with more or less permanent pains or less degree of immobility. The paroxysms are less acute instead of at most two, they last eight or twelve weeks; joints, especially those of the feet, knees, hands and so wise become involved. The so-called chronic or atonic go an established infirmity. The more numerous the changes remain after the attack, the more joints are affected, the attack lasts, the more prominently the chronic affection characteristic features during the interval. The digestion is permanently deranged, the patients complain of pains in the which sometimes increase to severe paroxysms of cardiac pain, moreover, of acidity of the stomach, pressure, and flatulence after every meal, torpor of the bowels and rhoidal distress ; they are very irritable and out of humor. As the disease is more and more impaired, the complexion assumes a grayish appearance. The circulation is disturbed in various ways. Such disturbances are very significant in so far as they point to a degeneration of the valves and arteries ; the heart with frequent, but short-lasting congestions, palpitation of angina pectoris, asthmatic complaints. The affected joints come more and more deformed and ankylosed.

At a more advanced age and by observing a strict diet, the chronic gout may terminate in recovery; of course, the changes in the joints remain. This form of gout may likewise assume the character of the so-called anomalous gouty which sometimes in the whole disease ; in such a case it becomes exceedingly difficult to establish a reliable diagnosis. Anomalous gout may likewise succeed the first attack of gout in the place of chronic gout. Patients suffer with the complaints of chronic gout ; the urine looks very cloudy depositing large quantities of uric acid in the place of acute pains in the joints, we have short shifting about from place to place frequently and speedily.

Arthritis. 643

swelling or redness, "but very frequently with gradual increase of the mobility of the joints. Of particular importance are the intermediate affections of internal organs that have been regarded as retrograde or metastatic gout. Sometimes they, indeed

upon material changes, products of a permanently established arthritic process ; sometimes, however, the organs are affected in a manner corresponding perfectly with the invasion of the articulation. The internal organs that are principally affected are the heart and stomach, less frequently the brain ; the disease consists in a sudden violent inflammation with horrid pains as the brain is concerned, with considerable danger, for it may terminate fatally in a few days.

Arthritis scarcely ever terminates directly fatally; it is frequently succeeded by perfect recovery. Death results from alterations in the organs of the circulation, very gradually a prostration of strength. Recovery being generally perfect, the prognosis is only conditionally favorable.

Treatments It has to be directed against the single paroxysm in which case it is necessarily symptomatic ; and likewise against the chronic disease, in which case it aims at removing the

The treatment of the single paroxysm leads us to the remedies that have been indicated for rheumatism ; this is a necessary consequence of the pathological vagueness of both affection and insufficiency of our physiological provings. Many remedies recommended for gout, the value of which is very questionable, recommending them, their authors probably overlooked the fact that an attack of gout sometimes terminates spontaneously in a week. At the same time we are bound to admit that we are acquainted with any complete cures of gout under homoeopathic treatment. In selecting a remedy, a characteristic phenomenon of the gout, namely the deposition of urates in the urine, has been lost sight of. Unfortunately the sediments in the urine have not been tested chemically by our provers.

For the single paroxysm which is accompanied by violent pains Aconite renders the most eminent service, but it has to be given in large and frequently repeated doses. Arnica has often done good service, if the attack had been caused by mechanical injury ; it sets in after great physical exertions ; if the inflammation is intensely red, and the patients were very restless in spite of the pains. Arnica is likewise excellent in cases of metastasis to the brain. According to Hartmann, Pulsatilla is indicated by

644 Constitutional Diseases without Definite Infection.

Following symptoms : The pains abate in cool air ; the locality shifts its locality very rapidly ; the affection is characterized by shooting, drawing-stitching pains. Such symptoms scarcely ever occur in reality, Sabina is, like Pulsatilla, if the affection inclines to rapidly change its locality particularly if the change takes place from the big toe-joint and vice versa ; the pains are alleviated in the cool air. The patient is constantly obliged to change the position of the affected part. We have observed all these symptoms in the case of a patient who had swallowed a quantity of Sabina for the purpose of producing a miscarriage ; these symptoms convey an exact image of an attack of gout. Staphysagria if the paroxysms of gout at the tarsal joint gradually assume the form of anomalous gout. Urtica is evidently recommended on account of the exciti

its pathogenesis does not show any homoeopathicity to go-
 talis is eminently useful if the attacks are gradually c-
 character, and have lasted a good while; in such transit
 chronic gout Digitalis is scarcely ever surpassed by any
 edy ; but it must not be given in too small a dose. The
 able change effected by Digitalis is the supervention of
 sleep. Ledum responds to the imperfect, long-lasting par-
 involving the carpal and shoulder-joints. Baryta is adap-
 affections of the knee.

The treatment of the whole disease is more important tha-
 of a single attack, which is always somewhat precarious.
 former treatment must be limited in its main features, e-
 the beginning of the disease when the intervals are stil-
 to the enforcement of an appropriate mode of living. Wha-
 of regimen arthritic patients should follow, is evident
 we have said when speaking of the etiology of the diseas-
 subsequent course of the disease when the derangements h-
 ready become* more permanent, it may be difficult to get
 without medicines, but they cannot be indicated a priori
 reason that the symptoms are too diversified. The follow-
 edies are very often suitable: Nux vomica^ Lycopodiuin,
 Arsenicum,^ Sulphur^ Addum svlphuricxcm^ [also Acidum be
 H,] In the case of persons of a more advanced age, they
 not be altogether deprived of their usual supply of subs-
 nourishment ; nor should the use of wine be entirely pro-
 Sometimes a great deal of good is accomplished, if we su-
 weak grog in the place

Hydropsia. 645

light claret is the least injurious to such patients. Ar-
 being so readily disposed to forget the strict rules lai-
 them by their physicians, it is necessary that these rul-
 repeatedly impressed upon their memory.

Among the mineral springs, the use of which is sometimes
 avoidable in such cases, Carlsbad-springs occupy the fir-
 provided the constitution has not yet suffered too much
 Carlsbad, we recommend Vichy, if the patients have alrea-
 leaden complexion, the cautious use of Pymont-water doe-
 thing that can be expected, to raise the sinking power o-
 organism, whereas feeble chalybeate springs have no perc-
 effect. Many other mineral waters are recommended, and t-
 patients improve by the use of all of them, but no more,
 speaking, than they would have done without drinking the
 provided they had strictly adhered to the severe regimen
 at the springs.

4. Hydropsia.

Dropsy.

"We have avssigned this place to this class of diseases
 treatment of dropsy is so uniformly the same that a sepa-
 scription of the disease as developed in special organs
 would have led to many useless repetitions.

Dropsy is never an idiopathic disease, but always second although it sometimes appears to be of a primary character, all conditions which, in the long run, interfere with circulation, or retain the water in the blood, lead to dropsy any other conditions that result in the production of a hypersemia or ansemia. In most cases, however, something has to become associated with these conditions, otherwise it is difficult to comprehend why many anomalies should be continued so long before resulting in the development of dropsy. We are unacquainted with the nature of this something; whether a relaxation of the coats of the vessels, or a more copious accumulation of water in the blood, or whatever else, we have not yet to find out. Most likely it is from this unknown cause that dropsy is consequent upon a general marasmus, without any special, local cause results. In accordance with the above-mentioned categories, dropsy sets in, if the flow of the venous blood to the right heart is interfered with; if the circulation is o

646 Constitutional Diseases without Definite Infection.

thrombi in the larger venous trunks (as for instance in the case of phlebitis in the lower extremity, in the case of lymphatic ascites arising from inflammation of the vena portarum); in the case of pulmonary affections impeding the reflux of the blood, as emphysema, hydro-thorax, pneumo-thorax; in the case of affections of the liver resulting from obstructions of the circulation. — In the case of renal affections, if the function of the kidneys is very much interfered with; in chlorosis, affections of the spleen with hydremia, after copious losses of blood, or debilitating diseases, in general in conditions of debility.

Symptoms. At the onset dropsy is more or less local; as a rule, it commences with a swelling round the ankles, less in the face; ascites takes place only when the liver is affected. In this case it may remain localized as ascites; in the case of dropsy it gradually spreads throughout the whole of the subcutaneous tissue, unites with ascites, and finally with cedema of the brain, in which case death soon results.

Dropsical effusions are generally accompanied and sometimes preceded by prostration, and by decrease of the urinary secretion. The urine is dark, saturated, becoming cloudy in a short time. The quantity is sometimes very scanty. All the other watery secretions are likewise less, or they are entirely suspended; the sweat is dry, the skin is dry and cracks easily, incapable of perspiring. The mucous membranes are likewise dry, on which account the patient is often tormented by a distressing thirst.

Dropsy at times develops itself very speedily and universally, sometimes slowly and progressing very gradually. It is especially after nephritis that water accumulates very rapidly; it is also slowly in company with affections of the lungs. It is unprofitable for us to describe the special forms of dropsy; these forms of constitutional symptoms accompanying them, can easily be recognized without any further description.

The Course of the disease is at times uninterrupted, leading

speedily to death, or else it makes pauses, a portion of that had been poured out into the cellular tissue or the being reabsorbed. This may result from a transitory cessation or diminution of the obstruction in the circulation, or from excretions of urine, watery discharges from the bowels, through cracks in the skin, or from a general invigoration of the whole organism. Death generally takes place by cedema of

Hydropsia. 647

lungs or brain. Recovery is attended with copious discharge of urine, very rarely with diarrhoea alone.

The Prognosis depends upon the chances of removing or neutralizing the primary obstruction or derangement.

The treatment has to be chiefly directed against removing the cause ; if this is not possible, it has to be almost purely palliative. The causal indication is met by the remedy which has been indicated when the affections of the various organs are treated of; we need not repeat them in this place. Symptomatically we shall have to select remedies capable of stimulating the increased action of the kidneys, or of the circulatory organs. This means, of promoting indirectly the absorption of the fluid. We possess a tolerable number of such remedies which somewhat help to diminish dropsy depending upon some incurable disease, and by which means Homeopathy enjoys a striking advantage over any other method of treatment. In mentioning these remedies we will accompany them with short statements, for there are many possible groups of symptoms, that it is impossible to furnish indications upon an extensive scale. Moreover, the chronology of the disease enables us to compare the remedies in our Materia Medica with all proper attention.

Arsenicum album is our most important diuretic. It is superior in all forms of dropsy, more particularly in dropsy dependent on heart-disease, and oedema of the lungs. After giving Arsenicum copious diuresis will sometimes set in with astonishing rapidity after which the dropsical swelling speedily disappears. It is most doubtful, if we have only ascites to contend against, inasmuch as the medicine shows its good effect in a few days, but after a few doses had been taken, it is useless to continue it longer period, in the vain hope of eliciting good effect by persisting in its use.

Digitalis purpurea is much less reliable than Arsenicum, it is much easier to determine the indications for its use, particularly useful in dropsy depending upon, or accompanied by a high degree of general debility ; the dropsy is caused by heart or cardiac disease. Digitalis is never indicated for ascites, but so much more specifically for oedema of the lungs. The chief of the exciting causes is such that Digitalis can only be used as a palliative ; if small doses remain ineffectual, larger doses should be resorted to before the medicine is discontinued.

China is particularly useful in dropsy setting in after

648 Constitutional Diseases without Definite Infectiou.

diseases, great losses of blood, and when the liver is a the whole, however, we have to place China among the les medicines.

Helleborus niger is not adapted to slow^{ly} developing ca but it is an excellent remedy in acute dropsy, probably form of the disease generally arises from an affection o which comes within the curative range of this drug.

Apis at one time was greatly extolled as a remedy for dr practical trials have disappointed us ; we have never be obtain any decided results by means of Apis. It is recom for every form of dropsy.

Acidum fluoricum has been used by Haubold with success f anasarca of a drunkard. We are not aware that this medic been often used, but we urgently recommend it for trial.

Prunus spinosa is so urgently recommended for general dr it is undoubtedly advisable to try it. Hartmann has seen effects from this medicine in dropsy depending upon hear

Aurum muriaticum is recommended for general dropsy as we for dropsy depending upon derangement of the liver, or f alone, especially in the case of cachectic individuals.

[Apocynum cannabinum in various doses, but principally i quantities, has frequently cured dropsy, general dropsy hydrothorax.

Helonin is recommended for dropsy arising from renal dif such as albuminuria, Bright's disease, etc.

Cochineal is useful in dropsy from the same cause. H.]

The following remedies are indicated by the nature of th ing cause rather than by the presence of the serous effu tharis[^] Terebinthina (for renal affections); Tart stib.j Squilla[^] Sulphur (for pulmonary affections) ; Ferrum[^] Ka cum[^] Phosphorus[^] lodium[^] Mercurius (for affections of th Lycopodium[^] Sulphur (for chronic catarrh of the bladder)

In no disease it is more difficult to select a suitable in dropsy ; nor are we in any disease more frequently di by the medicine employed, very often on account of some hidden from observation. These disappointments are very owing to the circumstance that we do not give a sufficie dose; it is well known, however, that dropsy requires to with larger doses than almost any other disease, althoug may be exceptions to this rule.

Paracentesis is only to be resorted to as a last resort

Scorbutus. 649

ever heightens the susceptibility to medicinal action, a
erally leads 80 much more speedily to a fatal terminatio
reason that the water accumulates again so much more rap
On this account the operation had better be deferred as
pc^sible.

[5. Scorbatns.

Scurvy.

Aitken defines scurvy as follows : " A morbid state ushe
by debility, lassitude, lowness of spirits, attended by
breath, sponginess of the gums, which swell by irritatio
overhang the teeth in palmated excrescences. Livid, subc
patches and spots appear upon the skin, especially on th
extremities among the roots of the hair. Spontaneous hem
may take place from the mucous canals ; contractions of
cles and tendons of the limbs occur, with pains, and som
superficial ulcerations. An altered state of the albumen
blood is associated with this condition, and the phenome
brought about by a deficient supply of the organic veget
or of the salts of fresh vegetables."

Scurvy has been the scourge of armies and navies from th
liest periods of human history. The Roman army under Ger
icus was decimated by it after a long encampment in Germ
beyond the Rhine. The French army under Louis IX. in Pal
was almost wholly destroyed by this plague. Thousands of
and soldiers became its victims until Cook finallj'' suc
quering it ; on his return home in 1775, after a three y
he brought back a crew of one hundred and twelve men in
condition, having only lost one man by disease.

l^ost'inortein Aiypearances. Poupart and Lind inform us
that the " principal effects of the disease were oLserve
in the cellular tissue of the extremities." Lind says th
blood often lay in large concrete masses on the perioste
the bellies of the muscles of the legs and thighs seemed
with it, often an inch in thickness." Water and blood we
found efflised into the cavities of the chest and abdome
found that " on examining the joints, the epiphyses had
separated from the bones ; and in other cases that the c
the sternum had separated from their bones ; and bones t
united after being broken, very often separated again at
fracture." The spleen was found very much enlarged, soft
engorged with coagulated blood.

650 Constitutional Diseases without Definite Infection.

The phenomena of scurvy point to the blood as the seat o
essential alterations in this disease. All the leading e
of the blood seem to be present, but their normal propor
turbed and one or the other essential ingredient is foun
in quantity and quality. Various opinions have been adva
Christison, Garrod, and others, regarding the causes of
it is sufficient briefly to state, that "one of the most
from the healthy condition is seated in the blood, which

in composition either by the addition to it of some ingredients, or by the absence of such, which ought to be and the deficient ingredient may be one of the ordinary of the blood, or it may be some principle or element of their composition. This deficiency is due to the absence of articles of diet ; and the disease is known by experience once cured by supplying those articles." (Aitken.)

Symptoms. The first manifestation of the disease is a change of color in the face. The countenance looks bloated, and livid, jaundiced hue. A bad symptom is when the disease is attended with a puffiness of the skin around the orbits ; the sclerotic junction is tumid and gives the cornea an appearance as if the bottom of a well. Wandering, rheumatoid pains in the joints are complained of; the patients feel weary, yet the pulse is soft ; there is no fever, on the contrary, the animal temperature seems depressed. A very high grade of stomatitis develops. The gums look spongy and hang over the teeth in fleshy limited excrescences; they bleed readily; in bad cases the cheeks slough in shreds, the tongue looks broad, indented ; the odor from the mouth is very fetid. At the time an eruption like flea-bites breaks out on the lower lip it has a purple-hue and may ulcerate if the disease becomes severe. The muscles of the legs become indurated and painful the skin is discolored in large patches and sometimes over part of the leg. In the higher grades of scurvy, these patches break out in ulcerations which are generally located on the inner side of the legs, buttocks, hams, shoulders and arms. The skin is exceedingly irritable, the merest rub causing an hemorrhage under the skin. Deprivation of sleep constitutes one of the sufferings of scorbutic patients. Their strength may be completely exhausted that death may result from the most trivial bodily effort. Scurvy at the present time is a very rare disease and with our present means of treatment and our perfect

Scorbutus. 651

In view of the nature of the disease, it scarcely ever runs to termination.

Etiology and Treatment, At one time, the excessive or exclusive use of salt-provisions was supposed to be the cause of scurvy, but we know now that scurvy may likewise result from the exclusive use of fresh as well as salt meat. The real cause of scurvy is a deprivation of fresh vegetables. By supplying fresh vegetables, the disease is readily and effectually cured. " The disease is so fatal when left to itself, is cured with the greatest facility. Symptoms, apparently the most grave, vanish as if by magic, and without leaving behind them a serious injury to the constitution. The scorbutic discharges and scorbutic sores has been known to change color and to be healthy in a few hours after the commencement of treatment. In pure cases of scurvy, the blood, and the blood only, is cured by "Lemon-juice," writes Dr. Watson, "is really a specific remedy for scurvy, whether it be employed as a preventive or as a cure. It supplies something to the blood which is essential to its healthy properties." According to Budd, the potato seems to be as efficacious as a remedy and preventive. Parkes observes

lemon-juice seems to be more effectual than pure citric absence of fresh vegetables deprives the system of the acids which are necessary to the nutrition of the organism; these are tartaric, acetic, lactic and malic acids which form carb system by entering into combination with alkalies. "When we inquire," says Dr. Parkes, "whether there is any proof of deficiency of these particular acids and salts from the diet in scurvy, we find the strongest evidence not only that this is the case, but that their addition to the diet cures scurvy with certainty. Tartaric, and especially citric acid, when combined with alkalies, have always been considered the anti-scorbutic par excellence and the evidence on this point seems very strong. "Of the vegetable anti-scorbutics," writes Clymer in his edition of Aitken, "the potato enjoys, and probably deserves the highest reputation; sailors cut it in slices, which they eat with molasses; next to it are onions, sliced and eaten raw; greedily devoured by scurvy-patients. Cabbage in the form of sauerkraut, sorrel, the wild artichoke, the maguey or American prickly pear, the dandelion, lamb's-quarter, green corn, apples, have all been found excellent anti-scorbutics. Uncooked fruits and vegetables are more efficient than cooked in the prevention and cure of scurvy."

652 Constitutional Diseases without Definite Infection.

Dr. Parkes recommends Citrates, Tartrates, Lactates, and Potash, as drinks, or as additions to the food.

Most of the above statements have been taken from Aitken and Watson, and from Parkes' work on the pathology and treatment of scurvy, to which we therefore refer for more extension. H.]

6. Scrofula.

This is a constitutional anomaly which it is as difficult as rheumatism, perhaps more so. At any rate we do not desire to present an imperfect definition of the disease, and we content ourselves with stating that scrofulosis is a disease of the period of development, the presence of which is manifest under conditions of a peculiar character, more particularly in glands, skin and bones.

Scrofulosis may be inherited from scrofulous parents, whose disease is not necessarily, but in a majority of cases, repeated in the children. It may likewise be regarded as an inherited disease if the parents were affected with some chronic disorder (especially the mother during pregnancy), such as tuberculous constitutional syphilis, malarial cachexia, mercurialism. Finally, every reason why scrofulosis should be regarded as inherited is that the disease breaks out among the offspring of marriages between near relatives, and after such marriages had been continued through several generations.

Scrofulosis may likewise be acquired by exposure to influences that continually impair the process of nutrition. Above a deficient supply of food, or improper food generally, the occurrence of scrofulosis in children the more certainly the sooner than

exposed to such an influence. This is the reason why children are chiefly fed on farinaceous soups, bread, potatoes, and scrofulous, the more certainly the smaller the quantity were allowed at the same time. Potatoes, and next to the starchy food, are the articles of diet to which scrofulosis is attributed. Children who are nursed by healthy mothers, rarely become scrofulous if they are fed too often, or if too long at the breast, which is so often done in the case of women who are anxious to prevent another conception. Moreover, scrofulosis is not perhaps directly caused, but decidedly not only by improper food, but likewise by an insufficiency of fresh air, want of exercise, living in damp dwellings, and exposure to the skin.

Scrofulosis. 633

If hereditary Scrofulosis and the last-mentioned circumstances meet, scrofulosis reaches the acme of its development. In my opinion, improper nutrition is a much more frequent cause of scrofulosis than hereditary descent. Parents generally bring up children as they had been brought up themselves; the habits of their own parents have become engrafted upon them with the mother's milk, and the grandmother generally stands by them as a faithful watch-dog to prevent the old routine from being departed from in the least particular. In this point of view it is often proper to say, not that scrofulosis has been inherited, but that absurd views concerning the bringing up of children have been transmitted from one generation to another. As an evident truth of this statement, we mention the circumstance that children born in a family is apt to have a feeble and sickly constitution, whereas children born at a subsequent period, are healthy. Some children who were brought up on improper food, become scrofulous, whereas no sign of scrofula is manifested in those with whom more rational maxims are pursued.

Scrofulosis always breaks out in childhood. It seldom manifests itself before the second year. Children that are very large and bloated in the first two years, almost always become scrofulous at a later period; children with firm muscles and slender frames scarcely ever attacked with the disease. Scrofulosis seldom breaks out after the second dentition, still less frequently after the age of pubescence.

Symptoms and Course. It is very difficult to furnish a complete picture of the scrofulous disease, for the reason that it manifests itself in so many different localities and diversely; hence a few general statements will have to suffice. Scrofula localizes itself in the

Lymphatic Glandular System. Either we find a more or less extensive hypertrophied degeneration, or else an exudation leading to suppuration, the surrounding cellular tissue being more or less involved in this process. In the former case the swollen glands may remain unchanged for many years until they gradually disappear, most commonly at the age of pubescence, leaving only trifling remnants of diseased structure. The inflammation is seldom deposited in an acute form; generally the swelling slowly and without pain, the swelling sometimes even

stationary, or else retrogrades, until gradually one pore gland becomes injected, fluctuates and breaks. The suppu

654 Constitutional Diseases without Definite Infection.

generally takes place very slowly, because the decomposition goes forward step by step. In other cases, especially in individuals with sickly constitutions, a complete decomposition and exudation takes place before the swelling discharges; in the discharge indeed takes place very rapidly, but other glands are attacked so much more speedily one after the other, and the strength is undermined by hectic fever. The cervical and axillary glands are generally attacked first and most extensively, but the morbid process may likewise be transmitted to every part of the body. It becomes most threatening, if the mediastinal glands are invaded; in such a case obstinate catarrhal irritations may set in, which are often enough followed by hectic fever and death. If scrofulosis can be suspected, every chronic bronchitis, may be traceable to a scrofulous origin.

The skin is very often the first organ that shows symptoms of the scrofulous taint. It is but too often the case that children up to the time when they were weaned, looked fleshy and healthy, and after they are weaned, are attacked by cutaneous eruptions which almost always look like eczema and impetigo, less frequently ecthyma or pemphigus; the incrustations are generally followed by obstinate ulcers which constitute characteristic symptoms of scrofula. While the exanthem, which is most commonly confined to the head, is still out, or soon after its disappearance the face becomes affected.

The localization in the bones and joints is one of the most dangerous signs of scrofulosis. We refer to what we have said concerning the bones and articulations in a former chapter to observe, moreover, that the inflammatory forms run a protracted course, and that it is only when the patient's condition is in a very bad state, that those forms terminate in healing and death, but, on the other hand, leave the affected joints with impaired mobility, ankylosed and deformed. Scrofulous inflammation of the vertebrae is the most threatening, for it entails curvature of the spine or develops hectic fever by the opening of congestive abscesses.

Another symptom of scrofula is the ophthalmia which we have already described in a previous chapter. It is either confined to the margins of the lids, or involves the whole conjunctiva. The ears of scrofulous children have a peculiar inclination to inflammation with eczema breaking out at the same time round the ears.

Scrofulosis. 655

seldom only, and then only if the affection is very deep, does the inflammatory process communicate itself to the ossicle of the mastoid bone.

The mucous membranes do not show any particular morbid states, but an extraordinary susceptibility to catarrhs, especially of the nasal and buccal mucous membrane. In the nose the copious discharge is associated with soreness and ulceration, and as a rule the whole nose, in which the upper lip generally participates in a manner that is exclusively peculiar to scrofulosis. In this we notice frequent attacks of angina, with disposition to hypertrophy of the tonsils.

It is only the highest grades of scrofulosis that are accompanied by peculiar affections of internal organs, such as fatty hydrocephalus, etc.

These various localizations manifest themselves in the most diversified combinations and successions, sometimes one at a time, at other times all together. Their course is always slow and lingering, subject to many oscillations between remissions and exacerbations, but generally terminates in recovery, as long as the organs remain unaffected by the disease, always, however, leaving some remnants of the disease behind. Even suppuration of vertebrae sometimes terminates in recovery with surprising rapidity.

The general state of the organism is of importance both in the course of the disease as well as to the treatment. Pathologists have adopted two kinds of scrofulous constitution, the erythemic and the anæmic; they are indeed sharply separated from each other in practice. The erythemic scrofulous constitution is distinguished by a livid complexion and a marked tendency to febrile affections. Such persons have a fine, transparent skin, flushed cheeks with great sensibility to sudden changes of color in the face, an extreme nervous irritability, increased mental activity, melting, languishing, delicate bones, and slightly-developed muscles. The anæmic constitution, on the contrary, is characterized by a diminished activity of the circulation and reproduction, and great adiposity. The whole body of such a person looks bloated, the face, the features are coarse, the nose and upper lip are thickened, the bones, especially the skull, are large, and the limbs are thick and shaped; other characteristics are: a distended abdomen, flaccid muscles, mental and bodily indolence, a dingy-looking, yellowish-gray skin, disposition to canine voracity. From such general symptoms the speedy outbreak of local scrofulous affections is easily predicted.

656 Constitutional Diseases without Definite Infection.

The course of these diseases is generally slow and insidious, and is predicted with tolerable certainty; frequently, however, if a proper mode of living is pursued from an early period, the scrofulous habit disappears entirely, sometimes at the age of ten years, without having occasioned any local diseases.

Treatment The treatment of the various local scrofulous diseases has already been discussed in former chapters, and remains for us to do here, is to consider the disease in general. According to what we have said when treating of the etiology of the disease, it is evident that the causal indication occupies the first rank. Before any medical treatment can be thought of, the mode of living has to be thoroughly changed. The change refers mostly to diet, habitation, exercise in the open air, and attention to the skin, etc.; in cases of erythemic scrofulosis, the use of cold water is especially indicated.

wise to take into special account the mental development of the patient, which should never be forced, and premature, and always go hand in hand with an abundance of bodily exercise. In this respect it is difficult to lay down specific rules adapted to one child, and decidedly contrary to the case of another. The physician should carefully investigate, and remedy the defects of education, but definite laws cannot be reached to reach such a result. The causal indication likewise includes measures having reference to a true and useful preparation for treatment ; hence, a physician should make it his duty to direct the education of the children confided to his care, in the possible direction and aspect of the case. How much trouble a physician saves himself by such a course, and how much anxiety he saves to others !

Except in local affections, the medicine that may be regarded as the chief remedy for scrofulosis, is *Calcarea carbonica*. It corresponds with a torpid, but so much more decidedly irritable habit. This remedy is not sufficient to alter the correct mode of living which is indispensable to accomplish it, but *Calcarea* is a most important adjuvant in the treatment. Much as the effect of this or any of the following remedies is slow and never very striking, the medicines prescribed will have to be given at long intervals. Side by side with this remedy, and equally efficacious for the scrofula of torpid constitutions, we mention *Arsenicum* which we recommend upon our responsibility rather than the recommendations of other remedies since very little is said about this medicine in homeopathy as a remedy for scrofula. We have to observe, however, that

Scrofulosis. 657

It is only indicated by the general symptoms, and only by a few local lesions. *Ferrum* holds the mean between the two remedies ; it is adapted to the irritable as well as to the torpid constitution, provided the process of sanguification is deficient or imperfect, as may be seen from the dispositions, hemorrhages, palpitation of the heart, ataxia of the gait, and a deficient secretion of bile. *Ferrum* is chiefly suited to the scrofula which is most strikingly developed during the age of adolescence. It is much less adapted to the scrofula of childhood. Such a remedy should not be forgotten in this place ; it is, however, better suited to the localized forms of the disease than to its general and unexpressed symptoms. *Sulphur* is a distinguished remedy, if the disposition is very irregular ; if a disposition to constipation is present, if the abdomen is very much distended, the mesenteric glands are distinctly felt, the cervical and posterior cervical glands are swollen, but painless, the nose and upper lip are swollen and inflamed. *Sulphur* is likewise indicated in chronic bronchitis depending upon infiltration of the bronchial glands.

These four remedies are the only ones that we can design generally anti-scrofulous. Other remedies require special indications. We will mention the leading remedies of this class for particulars to our former chapters on conjunctivitis, otitis, chronic intestinal catarrh, etc.; they are *Lodurrij*, *Silicea*, *Aurum miriaticum*, *Baryta carbonica*, *phurisy*, *Magnesia carbon.*, *Conium maculatum*, *Mercurius*.

Spongia.

We cannot help mentioning two preparations that are used great deal by lay-persons, even without a physician's or Oleum jecoris aselli^ cod-liver oil. We shall revert to the next chapter; a few words on the subject will suffice. Cod-liver oil is decidedly useful if the digestion is impaired, if the stomach seems disinclined to retain food, and if frequent discharges set in; if, moreover, nutrition is impaired, emaciated and destitute of animal juices. *If the appetite is regular, and there is a marked disposition to vomit, cod-liver oil is decidedly hurtful; in such a case it impairs the digestion and impairs the appetite. However, in view of the reputation which cod-liver oil enjoys, neither physician nor patient cares about the harm it may possibly do, imagining as they do that good results must be got out of the oil by sheer force. The mode of giving of this kind is, of course, prejudicial. The second

42

658 Constitutional Diseases without Definite Infectious.

Bath water-baths, with or without an addition of malt. They have a good effect, is evidenced by the numerous baths prescribed by the mother-lye of salt-works. When used at home the favorable effect of the baths may be charged to the benefit which derives from the operation. In the case of children the skin is too often and disgracefully neglected.

I. Tuberculosis.

Tuberculosis is not only the most frequent of all constitutional diseases, but likewise the most common of all diseases. According to Wunderlich it is characterized by deposits into all tissues and organs, of a pale, yellowish or gray color, of a soft and sometimes a harder or softer consistence, of the size of granulations to the size of larger bodies, in which the granules (molecular granules and a few imperfect nucleated cells) persevere in a low state, without any organic connection with the adjoining tissue; do not show themselves of any further development, and either dry up, or else, decomposed and melt.

The formation of these deposits or tubercles depends in some cases upon peculiar conditions of the organism with which it is almost unacquainted; it is very questionable whether tubercles ever be formed without some constitutional anomaly, hence they constitute a purely local affection from which the constitutional disease emanates at a later period. This seems to be as improbable as the formation of carcinoma without a pre-existing constitutional anomaly. We will designate the radical diathesis of tuberculosis as the tubercular diathesis. In almost every case tuberculosis can be demonstrated as developing itself under the following circumstances: It may result from a deficient supply or quality of the food in the same manner as has been indicated in scrofulosis; in this manner tuberculosis often succeeds scrofulosis; that when, at the age of pubescence, scrofulosis disappears, tubercles take the place of the former. It may likewise be oc-

a deficient activity of the respiratory organs, as may occur in certain trades, which will be named by and by, or as may result from tight dressing, or from a sedentary mode of life. When a pre-existing germ is excited or created by such causes, the former, however, seems to us more probable. It may be inherited like scrofula.

Tuberculosis. 659

The tubercular diathesis does not manifest itself by any symptoms, and the so-called tubercular habit consists of else than the symptoms of general debility and imperfection. There die as many men without as with this habit. A point that enables us to be tolerably sure of the existence of tubercular diathesis, is the fact that the person was affected when young.

Tuberculosis is found equally distributed in both sexes, a little more among women. It breaks out chiefly between the ages of eighteen and thirty years.

The deposition of tubercles, and hence the tubercular diathesis generally; perhaps likewise, in many cases, the origin of a peculiar tubercular diathesis, are founded in the following circumstances.

A scanty supply and a bad quality of food, damp dwelling and deficient exercise in the open air. On this account the disease is met with in the lower walks of life, and likewise occurs more frequently in cities than in the country; among individuals whose business confines them to a room; among prisoners.

Too rapid growth, more particularly if the growing person is fed on improper nourishment, for this will occasion a considerable debility.

Continued depressing emotions, especially sorrow and grief, sickness. The connection of cause and effect between the causes and the disease is not clearly made out; but that connection exists, can be shown by a number of cases; they are often very properly designated as tears shed inwardly.

Circumstances incident to pregnancy, confinement, lactation. More certainly, the more rapidly one confinement follows another and the longer the infant is nursed at the breast. Women with tuberculous dispositions generally pass very well through confinement; they keep up the nursing business for a year, losing much strength, but after that, they complain of being exhausted. During the next pregnancy they apparently feel every respect, but immediately after confinement the symptoms of an approaching tuberculosis multiply; while nursing her mother experiences all sorts of inconveniences; the next again brings an improvement, until phthisis suddenly breaks in all its might, usually during the first weeks after confinement, and very often runs a very rapid course to a fatal termination.

660 Constitutional Diseases without Definite Infection.

A sudden change in the mode of living; if an occupation involving constant exercise in the open air, is exchanged for business; a luxurious mode of living is suddenly replaced by a mode of living full of privations; if the climate is suddenly changed; if persons move all at once from a warm into a cold climate.

Circumstances and conditions that permanently interfere with the breathing; tight dresses preventing a free expansion of the chest; occupations that render constant stooping necessary, as the carpenters' and tailors' trade, etc.; or trades in which the lungs become filled with fine dust.

Diseases of the respiratory organs. Frequent attacks of bronchial catarrh, pneumonia, pleuritis; above all, measles, whooping-cough and influenza are very common exciting causes of tubercular deposits.

Most diseases that cause a rapid decline in the assimilations, such as: Typhus, dysentery, cholera, chlorosis, diphtheria, inveterate syphilis, chronic exanthems, especially pruritus.

Influences which greatly debilitate the nervous system, long continued mental labor, venereal excess, self-abuse.

What causes are chiefly instrumental in exciting the first break of the disease, is hard to decide. If the germ is present, the most trivial event may kindle the spark into a flame.

Certain conditions of system afford a certain immunity against tuberculosis; among these conditions we distinguish: a pulmonary emphysema, malformation of the thorax, congenital cardiac defects, carcinoma. It is likewise certain that fresh air diminishes the chances of tuberculosis becoming a developed disease. In the following pages we shall only give a description of pulmonary tuberculosis, furnishing now a hint concerning the tuberculosis of other organs.

In order to understand the meaning of the perceptible symptoms of the disease, a knowledge of the pathologico-anatomical changes is more indispensable than in most other diseases. We meet with three essentially distinct forms of tuberculosis, namely miliary tuberculosis, infiltrated tuberculosis, and acute tuberculosis.

In chronic miliary tuberculosis, the single tubercular granules are found irregularly scattered in the lungs, sometimes singly, at other times in large clusters, always chiefly occupying the upper lobes. The granulation is at first of a grayish color, tolerably firm.

Tuberculosis. 661

it assumes a yellowish tint and acquires a cheesy consistency; at this point, it may dry up to a calcareous little body with a rough little stone to the feel; or else, it may soften

formed into pus. These suppurating granulations may give the lungs to vomicae or cavities filled with pus, and of less size in proportion as the number of granulations is smaller. The vomicae may be present in large numbers ; they either remain isolated, or else unite, forming caverns or a goose-egg. The vomica enlarges either by the dissolution of tubercles that are still embedded in its walls, or else, if tubercles in the walls of the vomica goes forward uniformly, the latter process being the one that is most common. The walls of the vomica are excavated, permeated by obliterated bronchia, or, if the bronchia are destroyed, their inclosed orifices open into the cavity. The blood-vessels undergo the destructive process longer than the bronchia, and commonly shrivel up ; but if they are destroyed while blood is circulating through them, they may give rise to extensive hemorrhages. The vomica may be entirely isolated, or else, it may be in communication with one or more bronchial ramifications. In its growth it may penetrate the pleura and even the chest-walls. The parts surrounding the vomica show bronchial catarrh, interstitial pneumonia in some localities, with subsequent atrophy, bronchiectasia, emphysema. The vomica may empty itself and cicatrize, or else, it may become closed and, without being entirely emptied, its contents may become transformed into calcareous matter. The pleura, even if not touched by the tuberculous process, becomes thickened and the two pleuras adhere. Inasmuch as in mild tuberculosis the deposition of tubercles takes place in groups or clusters, tubercles are not generally found unaltered, but are met with in all the stages of their course.

Infiltrated tuberculosis is distinguished from the former by the circumstance that a pneumonic exudation is transformed into tubercular matter, while the organism had either been in apparently sound health, or during the presence of tubercular parts. The infiltrated substance passes through the same changes that have been described above, but it usually dissolves more rapidly, causes much more radical destructions and its transformation into calcareous matter takes place more tardily.

In acute miliary tuberculosis we meet with an extensive distribution of granulations not merely in the whole pulmonary p

662 Constitutional Diseases without Definite Infection.

chyma, but likewise in the pleura, the pia mater, the peritoneum and the abdominal viscera. The homogeneous uniformity of granulations shows their simultaneous origin ; in the chest this does not occur very extensively.

Tuberculosis of the intestines, which is scarcely ever a complication in the course of pulmonary tuberculosis, reveals at the commencement of the disease granulations in Peyer's and Brunner's glands. These tubercles change to separate round ulcers which when they increase in size, and spread in the ileum in a circ

The most common alterations co-existing with pulmonary tuberculosis, are : Tubercular ulcers in the larynx, resembling those in the intestines; fatty degeneration of the liver, dilatation of the heart, or atrophy of the heart, slight degree of Bright's

the kidneys.

Symptoms and Course. In describing this disease we shall adhere to the most common form, namely: chronic miliary culosis.

It is very difficult to say, with any thing like certain the disease really commences. The deposition of the first especially if not very numerous, is accompanied by symptoms seem too insignificant to a patient to complain of to a physician. When a physician is consulted, the disease is already so advanced to be discoverable by the usual means of exploration its first beginning no such result can be obtained. That its beginning to set in, can almost positively be inferred from the usual signs who were afflicted with scrofula when young, or persons of a tubercular habit, show the following symptoms: Disposition to pulmonary hyperæmia, with palpitation of the heart; disposition to bronchial, tracheal and laryngeal catarrh, the attack obstinate, with bloody sputa, long-lasting hoarseness; nervous irritability, irritability and increased frequency of cough. Repeated attacks of catarrh ought especially to excite suspicion for they evidently indicate the period when the first tubercle is deposited. Very often, however, the deposition may be gone for a long time without any apparent symptoms, in which case the supervention of a severe bronchial catarrh which gets worse with time, shows the sudden outbreak of phthisis or, in other words, the purulent dissolution of the tubercles. In young women the disease does not unfrequently set in with all the symptoms of consumption which may lead to very injurious mistakes. The older the patient the less distinctly is the beginning of the disease recognized.

Tuberculosis. -0^ 663

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seldom, however, the disease breaks out suddenly in such

that an apparent fulness of health is succeeded by an outbreak of illness with all the characteristics of tuberculosis; a sickly condition almost always precedes the outbreak. It is of great importance if the first deposition of tubercles is clearly made out by a physical exploration of the chest. We know of two tolerably reliable indications, early attention may be of the most decided importance to the treatment. The first is a prolonged, although not very much louder expiration which is particularly important if it is heard during expiration with closed mouth. The second is the so-called "saccadic" jerking, wavy, cogged-wheeled respiration, which is distinctly perceived during an inspiration. In the place of the ordinary blowing murmur we hear an inspiratory murmur at intervals but not otherwise altered in any respect. Another reliable sign is, during a slight catarrhal attack, the apices of the lungs, when percussed, look like soaked sago, or are transparent, in shape of fine, firm threads; this is a symptom of chronicity of the finest bronchial ramifications.

The existence of a tolerably severe, protracted, acute bronchial catarrh, or a more or less violent hæmoptysis generally

dent and very seldom doubtful sign that the phthisis has. At the same time the patients complain of unusual debility, stitches, or a peculiar drawing pain in the upper lobes, peculiar rheumatoid pains in the arm of the affected side, respiration is accelerated, the pulse very frequent; this is very much increased by the least motion; the existence soon shows typical exacerbations setting in in the morning nine and eleven, or in the evening between five and seven or at both these periods, and sometimes attended with complete remissions that the fever has very much the appearance of an intermittent disease.

From this beginning, the symptoms can easily be observed in their character of phenomena of tubercular phthisis, modifications during their course to which we will first allude before describing the various local symptoms.

The course of the disease, especially among individuals of advanced age, is marked by stages. After the first evidence of catarrh has slowly disappeared, a feeling of almost perfect health is again enjoyed by the patient, who is at most

664 Constitutional Diseases without Definite Infection.

the slumbering danger by a dry cough or a disposition to stop short of breath after an unusual bodily exertion or after talk. The course of months, and sometimes not till years have elapsed, other catarrh breaks out which likewise ends without any symptoms, and these changes continue until finally an acute form of marked intensity terminates in fully developed phthisis. At the same time, nutrition may remain perfect for years, the patient retains his flesh and healthy complexion, or else he may lose flesh gradually, and acquire a more or less anaemic appearance.

A chronic, uniform course of phthisis occurs much less frequently after an acute catarrh. On the contrary it sets in with insidious symptoms, a slight, hacking cough, loss of flesh, palpitation of heart, shortness of breath, etc., and the patient already presents the complete picture of phthisis when all at once an acute catarrh in which is suddenly transformed into the actual disease. No acute catarrh ever takes place, the patients continue to live almost imperceptibly, hectic fever supervenes, a tubercular rhoea and oedema make their appearance, and death takes place amid symptoms of complete exhaustion.

A subacute course of the disease, phthisis florida, succeeds the initial catarrh sometimes immediately, especially in the young individuals and after confinement, likewise after other diseases; very frequently it forms the conclusion of the various forms of phthisis. This subacute course is particularly marked by intense hectic fever, tuberculous diarrhoea, disposition to nary hemorrhage. The most vigorous patients fail within ten weeks, nor is it at all possible to arrest the course in the least degree.

In reviewing the most important local alterations caused by tubercular phthisis, we have in the first place to attend to the physical symptoms.

Except perhaps in very acute cases, the form of the thorax is plainly and characteristically altered. The thorax is flattened and descends lower down, so that the shoulder is at a very obtuse angle with the longitudinal axis of the thorax; the neck appears to be elongated. The intercostal spaces are more particularly the jugular fossa, the clavicles are prominent; the sternum is much depressed, its upper portion is flattened out, so as to form an angle with the rest; the shoulder is prominent. These changes are most striking, and they only exist in one side of the thorax; it is true that in

Tuberculosis. 665

not all these changes are so decidedly marked, but they are striking to the eye. The movements of the thorax are very much changed; respiration is carried on with the lower portion of the thorax, and still more with the diaphragm and the abdomen, whereas the upper ribs are scarcely moved. On palpation, increased vibrations are often perceived from the voice in the lower portion of the lungs.

In the beginning of chronic miliary tuberculosis, percussion does not reveal the least change; as the deposit increases, the sound becomes less full, tympanitic, and finally completely empty. Percussion only yields truly valuable results at the apex of the lungs and in the infraclavicular region; if dulceness is returned in these parts, an empty sound in other portions of the lungs authorizes the conclusion that tubercles are deposited; if caverns have formed close to the thoracic wall, percussion returns a metallic ring or the sound of a cracked

Auscultation returns the most reliable results, because it is most commonly present. In a previous paragraph we have seen the value of the prolonged expiratory murmur and of the "rattle" in the apices of the lungs. If these symptoms are associated with sub-crepitant rales, the diagnosis becomes more certain. In proportion as the infiltration increases, the expiratory murmur becomes more and more bronchial, and remains even if caverns form, or else amphoric sounds and the murmur supervene during the rale. It is often of importance to note the rales during a paroxysm of cough, because at such a time certain especially the rales, are heard more distinctly. If the tubercular deposits are very extensive, pectoriloquy has often a ve

The cough of tuberculous persons varies exceedingly. At the beginning a constant short and hacking cough is very usual, sometimes interrupted by severe paroxysms, resulting in expectoration of a light-colored, scanty mucus; or else it sets in in irregular paroxysms which are generally excited by marked changes in the temperature and by pulmonary effusion. These paroxysms often last for several hours, and end with a sneeze; the sago-like expectoration follows in a few hours, and at once sets in, with a copious expectoration, is attended with pain. After suppuration has taken place, the cough becomes less wearing and spasmodic; the coughing fits readily result in copious expectoration. Between the more violent paroxysms of constant hacking takes place, during which the mucous rales

666 Constitutional Diseases without Definite Infection.

tinctly heard. In very rare cases there is no cough during the whole course of the disease, although the infiltration massive and numerous caverns may exist.

Previous to the deposition of numerous tubercles and the slow dissolution, the expectoration is without any characteristic features. Nevertheless a continual expectoration of clear mucus is always a suspicious symptom ; but such an expectoration acquires significance when it is traversed by fine streaks of yellow and when, moreover, it frequently appears streaked with red. Still more characteristic is the presence of sago-like fragments and fibres. Much less frequently hard, yellow or greenish little lumps are coughed up at an early period; they grow very badly, and frequently have an offensive odor. Sometimes expectoration contains small lumps of calcareous matter, tubercles, seldom, however, previous to suppuration having set in ; usually after caverns have formed. The cavernous secretion has a yellow-gray color, less frequently a greenish, firmly coherent; in the water it forms irregular, shaggy masses which slowly sink to the bottom ; it is surrounded by a coating of clear bronchial mucus with which, however, it does not mix. The microscope discovers elastic fibres in this expectoration, a sign of existing phthisis.

The larynx and trachea seldom remain intact during the whole course of the disease ; they show more or less marked symptoms of catarrhal irritation. At an early period of the disease the voice becomes husky or loses its resonance and firmness of tone. In a later period, these organs become painful, according as the described ulcers are located, and not unfrequently complications set in.

The phenomena of the circulatory organs are not by any means constant, but at the beginning of tuberculosis we generally find dilatation of the right heart, disposition to a tumultuous action of the heart, blowing murmurs under the clavicle, anaemic murmurs in the jugulars, continuation of the sounds of the heart over both apices of the lungs. Afterwards the heart becomes more atrophied. The tendency to sudden changes of color is a striking phenomenon only at the commencement of the disease. Very soon the pulse becomes frequent and feebler than usual, and is accelerated by every movement. In the stage of phthisis the pulse always exceeds 100, sometimes rising to 140. It is only in the advanced stage that the pulse of phthisical patients is retarded,

Tuberculosis* 667

occasionally and alternating with a frequent pulse. As a rule the pulse affords the best means of judging how far the patient has already been consumed by the disease.

The digestive functions are generally very much impaired. Usually at an early period of the disease the appetite grows

or cardialgic pains are experienced after eating, which unfrequently followed by distressing vomiting. The appetite remains natural ; sometimes, generally shortly previous to the patient's death, he experiences a morbidly increased hunger. In phthisis florida, the stools generally remain natural in time ; diarrhoea only sets in after the symptoms of extermination of intestinal tubercles have become manifest. Terrestrial stools are peculiar, partly papaceous and partly resembling mustard in color and appearance ; most common passages are accompanied by a quantity of gas, they frequently contain blood and pus, and are seldom colorless. They are frequent, from three to six a day, generally two in the morning in quick succession, in the day-time they occur after the partaken of nourishment. Sometimes they are preceded by colicky pains, at other times they are quite painless. It is always a bad symptom, for the longer the diarrhoea persists the longer is the patient's strength preserved. In the first disease, the patient is sometimes troubled with diarrhoea but they generally abate in proportion as the pulmonary disease decreases in intensity ; if the tendency to diarrhoea has been established, the course of the disease is generally very protracted, sometimes becomes very troublesome to the patient in consequence of frequent paroxysms of hyperaemia.

The skin does not show any special symptoms ; it is pale sometimes exhibits a yellowish tint. The fatal termination is sometimes preceded by a painful decubitus. At an early period of the disease the muscles begin to show symptoms of atrophy. A characteristic sign of phthisis is the bulbous thickening of the phalanges ; most likely this change takes place because the fingers do not participate in the general emaciation.

What is peculiar is, that in most consumptives the sexual power is very much excited, especially in the case of men, and virile power continues so long unimpaired in spite of the emaciation. The menses remain natural for a long time ; they may cease, death may positively be expected within a few months. Urinary secretions do not undergo any abnormal changes ; nocturnal sweats break out, the urine is of course diminished.

668 Constitutional Diseases without Definite Infection.

Infiltrated tubercles are seldom met with, except in the lungs. This form of tuberculosis develops itself from pneumonia or from pleuritis with firm exudation. The inflammatory exudation is not reabsorbed, but transformed into tubercular matter. It shows an extraordinary tendency to suppurate; the course of the disease is very seldom protracted. The transformation into tubercular matter generally takes place while tubercular deposits exist ; but it may likewise take place in the case of individuals who had never shown any signs of constitutional tuberculosis.

A pneumonia setting in with such peculiar symptoms, may take a perfectly normal course at first; or else, symptoms of a tubercular nature may show themselves at the outset, more particularly a weak pulse which does not show any change on the critical day, and exceedingly exhausting diarrhoea. Not unfrequently the disease is observed to take place at intervals. Most usually tubercular

pneumonia is met with in the upper lobes of the lungs. It leads to rapid destruction of the parenchyma, to pneumothorax, fistulous openings through the chest-walls. In other respects it develops the same phenomena as chronic miliary tuberculosis rapidly running its course.

Acute miliary tuberculosis attacks simultaneously every organ in the body. It rarely ever breaks out in individuals who have hitherto enjoyed a seemingly perfect health, more common in acute, debilitating diseases, but most generally it sets in as a continuation of chronic miliary tuberculosis.

The symptoms of this form are entirely like those of an attack of typhus, with which the disease might be confounded much more easily as it likewise runs its course by stages. It generally sets in with violent vomiting; after the vomiting there is loss of consciousness, and the symptoms characterizing hydrocephalus to which we therefore

Treatment and Prognosis* Although the prognosis in tubercular diseases is absolutely unfavorable; although the prognosis of a tubercular disease that had been diagnosed with positiveness, is very slim, yet the labor of the physician is not without reward, since it may be in his power to prevent fatal termination. Professional aid becomes still more important if it is tendered at a period when the tubercular disease is hidden, or had emerged into light with sufficient distinctness to be recognized in its true character with a tolerably reliable certainty. Although success cannot be positively promised

Tuberculosis. 669

period, yet it is our opinion that the formation of tubercles either be prevented, or that their further development be checked. After all, the case may perhaps be the same as that of other acute or chronic diseases which only become incurable after they have far advanced. Unfortunately the aid of the physician is of little avail until the suppurative process has already set in, in other words at the stage of phthisis, when help is exceedingly doubtful.

It cannot be denied that tuberculosis is curable at any stage during its course, although such a result happens very rarely. If hectic fever has set in, and more particularly after the suppurative process has invaded the intestines and the larynx. For in no case should at once be abandoned as beyond the reach of successful treatment. A complete cure, that is, a complete removal of the tubercular deposits, indeed cannot be expected. Remnants of the disease will remain, and a new outbreak may place at any time.

What we have said shows that the treatment must aim at three objects: preventive treatment, the treatment of tubercular constitutional disease, and the treatment of the acute exacerbations and their most prominent symptoms.

The preventive treatment has to embrace a vast range, if it is to be of any use. Inasmuch as mistakes in the first education of children may promote, if not originate, scrofulosis,

as scrofulosis may easily terminate in tuberculosis, the prevention must necessarily go back to the first years of life. A correct mode of living from the earliest infancy is an preventive against the dreaded disease; every physician should insist that physical laws are properly obeyed in the rear-education of the young, for this will at the same time prevent a legion of diseases. A physician's duties in this respect are so much more so when so many false customs and wrong maxims have been grafted upon the education of the young by the present age. Unfortunately it cannot be denied that physicians pay too little attention to the development of childhood, and that they confine their so much more to the treatment of existing diseases than to the prevention. Of course, preventing diseases does not pay. We have not space to exhaust the whole subject of prevention; we have to limit ourselves to a statement of the most essential principles. The diet should be regulated in accordance with the principles which are more and more universally recognized as correct. In all, during the first two years the nourishment should be

670 Constitutional Diseases without Definite Infection.

be milk; afterwards other easily digested articles of food should be added in suitable quantity and order. Potatoes should not be means constitute the chief nourishment of children, nor should they be fed, as has been the custom, with milk and farinaceous articles. But not only the quality, also the quantity of the food should be given with care, which should moreover be supplied at regular intervals, and require our careful attention. It may seem a small matter for a physician to bother about such trifles, when the children are robust and healthy, but it is not a small matter; on the contrary, it is of great importance. Beside proper diet, a salubrious home, pure air, exercise and cleanliness must likewise be provided for the young ones. The mental culture is likewise of the utmost importance. Daily experience shows that precocious development and constant mental exertions render children irritable, make them loathe to be deprived of their appetite, and predispose them for various bodily sufferings. These symptoms show themselves already from the seventh year, but still more at the age of pubescence, especially among females. How many individuals fall victims to an early age to an unreasonable and precocious mania for acquiring knowledge! The only means of counteracting the absurd course of our schools is gymnastics in all its forms, especially particular stress upon the cultivation of the respirator, but not by imitating the modern plan of practising neck-tours-de-force, and straining the muscles to the uttermost. The proper system of hardening children should likewise be pursued with a view of rendering them capable at an early period to resist abrupt changes of temperature without being made sick by exposure.

If it is proper that all these rules should be enforced upon the education of every child, it is still more important that they be strictly carried out in the case of scrofulous children born of tuberculous parents.

At the age of pubescence all the signs denoting the accession of tuberculosis, become more apparent, and the tuberculous child frequently shows its peculiar characteristics at an early age.

above-stated rules a few other important rules may be ad
 the first place the young people must be taught to breat
 not merely with one portion of the respiratory muscles.
 is more conducive to this end than early singing lessons
 to pay particular attention to a correct practice of the
 It is less important that young people should be invited

Tuberculosis. 671

frequent and deep inspirations, and slow expirations ; B
 tione are too easily forgotten. It is during this period
 ment that gymnastics perform real miracles ; chamber-gym
 in particular becomes an invaluable aid in the harmoniou
 ment of the muscles. However, in practising with the arm
 ^^eigha must not be used. The dress, likewise, deserves
 tion ; it should be of such a style as not to interfere
 dom of respiration. If a catarrh occurs, it must not be
 chlorosis should likewise be carefully attended to. In s
 trade or a profession, male individuals should avoid suc
 known to favor the development of tuberculosis. Women sh
 be cautioned against reckless dancing and the continued
 to work that requires constant sitting.

A rigid prophylactic treatment is likewise necessary if
 of tubercles have broken out, and if the tendency to cat
 the same time become very prominent. Whatever involves a
 creased activity on the part of the lungs, such as runni
 continued talking in large crowds, hurried going upstair
 ing an eminence, should be strictly avoided at this stag
 anything that interferes with the action of the lungs, s
 tinued stooping in a sitting posture, tight clothing, et
 now ought to practice deep inspirations ; a substantial,
 diet, without any artificial stimulants, is Ukwewise indi
 being of essential importance that the patient should av
 opportunities of being attacked with acute catarrh, he w
 avoid keen and cold winds, and provide himself with a re
 the usefulness of which has not yet been sufficiently re
 The damper the atmosphere of the place where the patient
 the more important it is that he should wear flannel und
 this rule applies more particularly to the female sex. A
 crowded rooms that are lighted with gas, and in damp and
 churches is exceedingly prejudicial. Proper ventilation
 erate heating of the rooms should not escape our attenti
 period the food should be more simple and of a more dige
 quality than ever; animal food deserves a decided prefer
 now commends itself as an excellent nourishment, provide
 patients are able to bear it, which is unfortunately not
 case. We should be led too far if we would enumerate all
 ticulars concerning diet and hygiene ; indeed, strict ru
 always be enforced, the physician has to accommodate him
 the circumstances of the patient, and has to blink at a

672 Constitutional Diseases without Definite Infection.

omissions. We must insist, however, that a woman suspect
 tuberculosis, should never nurse her children at the bre

hooves us likewise to direct attention to the circumstances of mental labor and the mood and disposition of the patient of utmost importance to the course of the disease. We doubt that grief and care can cause tubercles, but what is absolute truth is that depression of spirits, sorrow and care, and continued excitement likewise exerts a pernicious influence. Even for a few weeks only from their usual surroundings to a pleasant retreat, affects the patients beneficially.

What we have said shows how much importance we attach to correctly-understood preventive treatment. Various medicines likewise of importance during the course of occult tuberculosis, however, they need not be mentioned in this place, since they correspond to the most ordinary precursors of tuberculosis, namely chlorosis and scrofulosis, under which respective names and their special indications will be found.

We have now reached the treatment of the fully developed tubercular disease. This treatment, of course, has to be chiefly dietetic, although the above stated dietetic rules should be in all their force. It is difficult to furnish full and definite directions in this direction; in the first place the groups of cases are too manifold, and in the second place it is next to impossible to draw positive conclusions from clinical cases, for the same remedy which helped in one case and effected a cure, showed itself perfectly ineffectual in another, especially in a similar case. We do not intend to supersede the Materia Medica in furnishing symptomatic groups, and therefore prefer given names, referring to the Materia Medica for the symptomatic

Bronchial catarrhs that break out as an acute disease, afterwards assume a chronic form, first claim our attention. A cure is of immense importance to the course of the whole. As soon as we have ascertained that a person attacked with tuberculosis, we must in the first place insist upon their remaining confined to his room, the temperature of which should be uniformly kept at about 60° F. On the other hand, such should not be all at once confined to their beds. Aconite is suitable in catarrh generally, is still more adapted to bronchial catarrh commencing with a violent fever which is characterized by great heat without much perspiration. Upon the

Tuberculosis. 673

however, we prefer Belladonna in this form of bronchial as well as in simple bronchitis; for particular indications our remarks in the chapter on acute bronchitis. Belladonna is only adapted to cases with high fever, but likewise to cases with much fever; no remedy is as effectual in moderating the tormenting cough as Belladonna. Bryonia is an excellent remedy if the patient complains of much lassitude without a great high fever; the drawing-stitching pains in one apex of the chest and the pains in the arm corresponding with this part of the chest or tearing through all the limbs, are likewise complained of. Bryonia is seldom of any use in the subsequent course of tuberculosis. Digitalis has rendered us excellent service for some years in similar cases as those for which Bryonia is indicated;

talis is to help, the cough must not be dry. It has seem that this remedy arrests, or else reduces the cough very more speedily than any other remedy. Spongia is an excel remedy if the catarrh commences with obstinate hoarsenes cough remains for a long time dry and barking, spasmodic with congestive sensations in the chest and asthmatic co Bromine is symptomatically very similar to tubercular ca however, the clinical results that have so far been obta Bromine, are not yet very numerous. Pulsatilla is indica nothing remains of the catarrh but a racking cough vni expectoration of mucus. For other remedies we refer to d of the lungs.

If, instead of breaking out with acute catarrh, tubercul out with bloody cough, we have to depend particularly up remedies, namely Aconite^ Arnica and Digitalis^ the symp indications of which can easily be studied in the Materi

If the treatment of these initial affections has left no our minds that we have to deal with tuberculosis, it the US to treat the disease as a whole, without, however, ne symptomatic appearances. It would be a great mistake, ho if after the catarrh is fortunately subdued, we were now an exclusively symptomatic treatment.

The patient may seem ever so well, yet he must still be as if he were sick. His whole mode of living must be str formable to the rules which we have laid down ; a consis persevering enforcement of these rules is the snrest gua the prevention of new and the calcification of existing

deposits. The only medicines that can now come to the su

43

674 Constitutional Diseases without Definite Infection.

of the hygienic means, are Ferrum and Calcareo carbonica whether it is used as a medicinal preparation or as mine has to be administered with a good deal of caution. If t show an extreme disposition to pulmonary hypergemia, the very sensitive to the action of Iron ; any dose of unusu their circulation and makes them cough up blood. Since t is principally owing to the dose, we have a ready explan the Old School has been so averse to prescribing Iron in If it is given in small doses, not below the second trit shall very speedily notice good eflfects from the drug, istered for the following symptoms and conditions : Pale with disposition to a change of color, or with a yellowi deficient appetite, or perverse cravings, with dispositi the stomach, and constipation ; frequent palpitations of and transitory congestions of the lungs ; disproportiona debility; lassitude from the least unusual motion; irrit temper excited by the least unpleasant impressions. The for Calcareo do not differ much from those of Iron. The have a florid appearance, their cheeks are very much flu skin being at the same time very delicate ; they are apt of congestive headache; they have an excitable dispositi

sanguine temperament ; at times they digest their food v
larly, at other times they are troubled with diarrhoea ;
are under some special excitement, the patients complain
ness, although, when in pleasant company, no sign of wea
perceptible ; the sexual system is very active, the mens
fuse and set in prematurely and with acute pains.

Under the operation of these two drugs, the use of which
to be discontinued sometimes for a week at a time, we so
see the whole disease arrested or even retrograde ; of c
patients have to be very particular in observing the str
We need not suppose that these two remedies produce thei
able effect simply by promoting the general nutrition, s
often effect a favorable change even at a later stage of

China and Arsenicum are two remedies that can likewise b
at the beginning of the tuberculous process, although th
reliable than the former. China is indicated if the pulm
tion seems to constitute the whole difflSiculty, but stil
commences with the symptoms of a severe hyperemia of the
and if the patients very soon show a cachectic appearanc
well known how often pains in the liver constitute sympt

Tuberculosis. 675

tuberculosis, and how often such patients were formerly
Carlsbad to return home again in a dying condition. Arse
album has only been employed by us for tuberculosis in t
years; the cases where Arsenicum is indicated, are too f
us to express a positive opinion on its therapeutic valu
time. So far we have found the remedy of use in cases of
culosis with almost typical, long-lasting paroxysms of c
attended with retching, and vomiting of small quantities
cious mucus, succeeded in a few days by an easy expector
the above-mentioned sago-like little lumps. The paroxysm
cough are ushered in with a sensation like violent asthm
accompanied by severe dyspnoea. The general health is no
much impaired as the violent cough might lead one to exp

This so-called first stage of tuberculosis, that is, the
the tubercular deposits have n6t yet commenced to suppur
the time when a cure of the disease can be hoped for wit
certainty. Unfortunately this stage is too often overloo
patient as well as by the physician. To the above-mentio
dies which have to be exhibited for months, a number of
remedies have to be added that we require to use for the
of all the trifling inconveniences inherent in the disea
of the highest importance lest the nutrition of the organ
be impaired beyond what it necessarily will be by the tu
process. We cannot go into details in this particular. C
oil, a change of climate, and other methods of cure will
of by and by.

After the supervention of the suppurative stage, the med
treatment has to be considerably modified. We now have t
two indications, the necessity of preventing the further
of tubercular matter, and, secondly, of circumscribing i
dissolution. We need hardly state that the prognosis now

more unfavorable than previously. To the remedies that have been named, we now have to add a number of others acting directly upon the local process. The use of Ferrum, at times requires still more caution than before. Other remedies are Iodine, Phosphorus, Kali carbonicum, Hepar sulphuris calcareum, Digitalis, Plumbum, Cuprum and Natrum muriaticum. All these remedies seem to have a marvelous effect in some cases, apparently similar cases they leave us in the lurch, so exceedingly difficult to establish positive indications from results. We omit them so much more readily as the slow course

676 Constitutional Diseases without Definite Infection.

the disease affords plenty of time to consult the Materia Medica for special symptoms. A few hints will, therefore, prove sufficient.

Iodine is undoubtedly one of our most important remedies in confirmed phthisis; it only suits, however, after the disease has become purulent. This remedy effects, more frequently than any other, curative results, provided we do not obstinate upon giving only small doses. Iodine 6 sometimes has a good effect but Iodine 1 is often indispensable, nor need any apprehension be apprehended from the use of such large doses. Iodine is particularly indicated if tuberculosis is the result of the case of young and robust individuals; if diarrhoea Iodine does not act favorably as a rule.

Kali carbonicum has, beside the general symptoms of phthisis characteristically persistent, sharp stitching pain at a spot in the chest. Unfortunately this remedy often disappoints our expectations.

Hepar sulphuris calcareum is particularly suitable if the disease tends to run rapidly to a fatal termination; a severe fever sets in on onset, the cough is rather dry, although the patients then hear a rattling and wheezing in the lungs; scrofulosis in the case of the tuberculosis. Violent diarrhoea contra-indicates Hepar sulphuris calcareum.

Phosphorus is only suitable for the slow phthisis of old people; its effect is questionable.

Phosphorus, according to our own experience, is less adapted for phthisis as a whole than to single symptoms. It has to be used with caution, for no other medicine causes hæmoptoe as Phosphorus; no other medicine disagrees so completely with the system. The chief indications for Phosphorus are: Continuance, with a distressing, dry cough, sore feeling in the trachea; pain in the stomach after every meal, also retching and vomiting of mucus; continual diarrhoea, which is exciting, after every meal; excessive excitement of the sexual system.

Plumbum ought to be used more frequently than has yet been the case; the dose must neither be too weak, nor too strong. It sometimes has a good effect after every other remedy has failed, more particularly if there are considerable vomitings, patient is tormented by copious, watery diarrhoeic stool accompanied by severe pain.

Cuprum deserves our commendation in florid or galloping

Tuberculosis. 677

its symptoms are so striking that we limit ourselves to the reader to the *Materia Medica*.

Digitalis purpurea is, like *Cuprum*, particularly adapted in phthisis with intense hectic fever from the commence patient complains of palpitation of the heart, coughs frequently, has no appetite; the bowels are constipated and is exceedingly quick. *Digitalis* is the most reliable remedy to moderate the hectic fever, but the dose must not be too large; the dose should be excessively large, because large dose excite the patient.

Natrum muriaticum is only useful in chronic cases, attend severe disturbances of the cardiac functions.

Millefolium is an important domestic remedy for tuberculosis. Our provings point to it as such, but clinical results are wanting.

Sulphur, which is too often mentioned as a remedy for phthisis, in our opinion, adapted to a single case of this disease. We have used it frequently, but have never seen it do any good; it is said to have produced a good effect, chronic pneumonia probably been confounded with tuberculosis.

Concerning the best method of applying all these drugs in phthisis, views differ considerably. The more striking these are, the more earnestly we recommend the golden mean not respect to the size, but likewise in respect to the repeated dose. The attenuations from the third to the sixth are generally sufficient; lower attenuations are scarcely ever necessary and are unreliable. We do not like to give more than one dose of the appropriate remedy, sometimes only one dose every two or three days. If a remedy has once been selected, it should not be given up too soon; if the improvement under it seems to be a lower attenuation had better be used before the remedy is entirely abandoned. If this should have been found necessary, the remedy that is chosen after the former, likewise proved successful, it may be well to return once more to the last remedy which seemed to improve the case. A change of this kind sometimes produces a very good effect. We would likewise warn against a remedy being given for every little symptom and a strictly symptomatic treatment being indulged in. This is decidedly injurious and defeats all chances of a successful termination.

This now leads us to mention a few remedies that are not contained in our *Materia Medica Pura*. As regards Cod-liver

678 Constitutional Diseases without Definite Infection.

the Physiological School admits that it acts well in phthisis

Iodine it contains being present only in a very small quantity, the boldest conclusions were resorted to for the purpose of proving the theory that the oil alone is the curative agent. This theory is erroneous, can easily be shown by some other oil substituted for cod-liver oil ; the same effect will not be produced. The small quantity of Iodine is sufficient for the homeopathic account for the action of the oil. That it should be used with caution, has already been stated at the conclusion of our observations on scrofulosis ; the same maxims that were laid down on this occasion, are likewise applicable to phthisis, so much more decidedly injurious to phthisical patients to have their digestion disturbed and their normal digestion interfered with. The dose should likewise be carefully measured; a tablespoonful in the morning is sufficient, two spoonfuls at a time are a very large dose. It is decidedly improper to prescribe a spoonful in the evening. A morning-dose is sufficient ; in the evening the oil should be given with most persons. No other medicine should be given with cod-liver oil.

Whey-cures which have found great favor with many, have a great deal against them in cases of perfectly developed phthisis, they render the stomach very sensitive. For our own part we prefer the therapeutic use of milk, provided the same is pursued in connection with a milk-cure that is indispensable. A whey-cure is pursued. Milk does not agree, if the patient is at the same time in a luxurious mode of living, and a highly seasoned diet. Nor should it be overlooked that milk is a substantial kind of nourishment, and that hence it should be used as a mere beverage, but should be taken in the place of food, as a regular meal.

Mineral-waters are highly recommended for tuberculosis, but we must confess that we are not acquainted with a single kind of mineral water which effects only a tolerably favorable change. The weak chalybeate springs sometimes render good service in the same manner as the mineral preparations of Iron ; only they have to be used with caution. In other respects spas are not more beneficial than a sojourn in a beautiful country, accompanied by a suitable mode of living generally.

A prolonged stay in an elevated region of country has undoubtedly a directly healing influence over phthisis, although seldom complete. We believe that living in a mid-mountain

Tuberculosis, 679

region is better than all climatic cure-places; it facilitates the increase of the capacity of the lungs, and hardens the organs generally. The unusual results obtained by Dr. Brehmer in Gerdorf abundantly testify to the excellence of his curative system, which is entirely based upon the action of attenuated air. No physician should leave these results unnoticed, but it is possible to send the patient into a high region of country without changing the climate to which he is habituated.

We do not think much of systematic cure-places, such as Madeira, Algiers, Pisa, Venice, Nice, Meran, etc. ; they have a directly curative influence, but are only useful by pro-

frequent return of acute catarrhs. Madeira, on account of air, and Meran, on account of its high situation, deserve commendation. As a rule, climatic cure-places act the less the more their climate differs from that to which they have been accustomed. After his return home, he is so much susceptible to colds ; a Southern climate could only be provided the patient intends to make it his permanent residence. Unfortunately this is impossible for a large majority of patients. Above all, patients already far gone in consumption should not be sent away far from home.

The remedies and general measures which we have proposed as a direct cure of tuberculosis and phthisis, even though impossible to employ them, or though they can only be employed on a limited scale, should never be omitted even in the most hopeless cases. We can point to three patients who seemed to be at the point of death, and who suddenly improved and lived a number of years in tolerable health.

It remains for us to devote a few words to the symptomatic treatment of a few straggling symptoms. Leaving a direct cure out of the question, it is so much more important to speak of single disturbances the less they are connected with the disease of tuberculosis ; moreover, the duty of rendering the patient as comfortable as possible, imposes upon us the necessity of sometimes resorting to a purely symptomatic treatment. In the following paragraphs we will give a few hints with reference to this subject.

The cough generally causes the greatest distress to the patient, leaving them no rest. At the beginning of phthisis, when the patient is constantly teased with a dry cough and dyspnoea, opium usually has a very excellent effect. In the later

680 Constitutional Diseases without Definite Infection.

the disease, after suppuration had really set in, we have speedy and real relief by means of small doses of Morphine, twentieth or one-fiftieth of a grain at a dose, nor have we hesitated to avail ourselves of the narcotic properties of Cannabis, which is exceedingly unreliable. For a cough with a fetid expectoration, Carbo vegetabilis often proves a most excellent remedy.

Hectic fever never requires special remedies; it is a necessary attribute of florid phthisis.

Haemoptysis has to be stopped as soon as possible, not on account of the anxiety of the patient, but of the loss of blood. Aconitum, Arnica, Digitalis, Ipecacuanha, Belladonna sometimes arrest it very speedily ; if they do not, and the loss is great and threatening, a small teaspoonful of table-salt administered ; this will sometimes effect an immediate stop to the hemorrhage.

The laryngeal difficulties are purely symptomatic ; they yield to any medicine.

For violent headache which deprives the patient of sleep talis and Arsenicum are excellent remedies.

The gastric derangements are manifold ; they are most difficult if every time the patient partakes of a little nourishment experiences pain in the stomach, nausea, retching, vomiting. symptoms Ferrum generally acts as a specific remedy. Ars Iodine, Kreosotum likewise deserve our attention.

Diarrhoea, when not occasioned by intestinal tubercles, according to the usual rules. If it assumes a tuberculous Phosphorus and Phosphoric acidum. Ipecac., Calcarea acetophorica are the proper remedies.

Pulmonary hyperaemia generally yields to Aconite; Belladonna and Kali nitricum, likewise Arnica may prove useful for condition.

Infiltrated tuberculosis is treated according to the same as miliary tuberculosis ; Iodine is a very important remedy disease, likewise Lycopodium and Sulphur, together with Phosphorus.

Acute miliary tuberculosis generally defies every attempt it, so much more as it is generally very difficult to discern with certainty. Veratrum, alb.. Digitalis, Cuprum, Tartarum stibiphorus may be tried, but the experiment will generally prove fruitless.

Constitutional Plethora. 681

In conclusion we will mention a few remedies that are recommended for tuberculosis ; at times for the disease and sometimes for single symptoms; these remedies are : Kali hydriodicum^ Stannum^ Ledum^ Manganum^ Baryta^ Alum Causiicum. This number might still be increased, if we could imagine every possible change in advance, and every occurrence that might complicate or interrupt the course of tuberculosis. view of so many changeable and diversified groups of symptoms all that we could well be expected to do was, to explain principles upon which the treatment of the disease should be conducted.

As regards diet, we need not dwell upon it any further ; from what we have said when speaking of the prophylactic treatment and the etiological causes of the disease.

The following chapters, referring more particularly to treatment and the sphere of nutrition, are taken from the last number of Kafka's second volume.

9« Constitutional Plethora, Polycemia, Hyperaemia.

[The volume of blood is increased; this increase of the volume of the blood involves a proportionate increase of the number of blood-corpuscles and of the albumen. It is true that man

pathologists deny the existence of plethora ; they maintain nobody has too much blood and that plethora most commonly depends upon an augmentation of the red corpuscles or upon increased quantity of the fibrin in the blood. But daily teaches us that a constitutional hypersemia does occur, not very frequently, and that it represents a derangement on occasions morbid symptoms.

A constitutional plethora most frequently occurs in the young people who, having a good and active digestion, consume a quantity of meat and other protein material, without taking exercise. It is likewise observed in the case of older people while appropriating a large supply of food, leading a sedentary and indolent mode of life. It is not unfrequently the consequence of a suppressed flow of blood, such as the menstrual or hemorrhoidal flow, etc., and is frequently coincident with a peculiar constitution, the influence of climate or the seasons.

672 Constitutional Diseases without Definite Infection.

omissions. We must insist, however, that a woman suspected of tuberculosis, should never nurse her children at the breast. It likewise behooves us to direct attention to the circumstances of mental labor and the mood and disposition of the patient of utmost importance to the course of the disease. We doubt that grief and care can cause tubercles, but what is absolute that depression of spirits, sorrow and care, and continued excitement likewise exerts a pernicious influence. Even a removal for a few weeks only from their usual surroundings to a pleasant retreat, affects the patients beneficially.

What we have said shows how much importance we attach to correctly-understood preventive treatment. Various medicines are likewise of importance during the course of occult tuberculosis, however, they need not be mentioned in this place, since their indications correspond to the most ordinary precursors of tuberculosis, namely chlorosis and scrofulosis, under which respective names their special indications will be found.

We have now reached the treatment of the fully developed tubercular disease. This treatment, of course, has to be chiefly dietetic, although the above stated dietetic rules should be in all their force. It is difficult to furnish full and definite directions in this direction ; in the first place the groups of cases are too manifold, and in the second place it is next to impossible to draw positive conclusions from clinical cases, for the same remedy which helped in one case and effected a cure, showed itself perfectly ineffectual in another, especially in a similar case. We do not intend to supersede the Materia Medica by furnishing symptomatic groups, and therefore prefer giving names, referring to the Materia Medica for the symptomatic

Bronchial catarrhs that break out as an acute disease, afterwards assume a chronic form, first claim our attention. A cure is of immense importance to the course of the whole. As soon as we have ascertained that a person attacked with tuberculosis has tubercles, we must in the first place insist upon the

remaining confined to his room, the temperature of which be uniformly kept at about 60° F. On the other hand, such should not be all at once confined to their beds. Aconite is suitable in catarrh generally, is still more adapted to bronchial catarrh commencing with a violent fever which is characterized by great heat without much perspiration. Upon the

Tuberculosis, 678

however, we prefer Belladonna in this form of bronchial catarrh as well as in simple bronchitis ; for particular indication our remarks in the chapter on acute bronchitis. Belladonna is only adapted to cases with high fever, but likewise to cases with much fever ; no remedy is as effectual in moderating the tormenting cough as Belladonna. Bryonia is an excellent remedy if the patient complains of much lassitude without a great high fever ; the drawing-stitching pains in one apex of the chest and the pains in the arm corresponding with this part of the chest or tearing through all the limbs, are likewise complained of. Digitalis is seldom of any use in the subsequent course of the disease. Digitalis has rendered us excellent service for some years in similar cases as those for which Bryonia is indicated ; Digitalis is to help, the cough must not be dry. It has seemed that this remedy arrests, or else reduces the cough very more speedily than any other remedy. Spongia is an excellent remedy if the catarrh commences with obstinate hoarseness. If the cough remains for a long time dry and barking, spasmodic with congestive sensations in the chest and asthmatic cough. Bromine is symptomatically very similar to tubercular catarrh, however, the clinical results that have so far been obtained with Bromine, are not yet very numerous. Pulsatilla is indicated if nothing remains of the catarrh but a racking cough without expectoration of mucus. For other remedies we refer to the Materia Medica of the lungs.

If, instead of breaking out with acute catarrh, tuberculosis commences with bloody cough, we have to depend particularly upon the following remedies, namely Aconite, Arnica and Digitalis, the symptomatic indications of which can easily be studied in the Materia Medica.

If the treatment of these initial affections has left no other symptoms behind our minds that we have to deal with tuberculosis, it behooves us to treat the disease as a whole, without, however, neglecting symptomatic appearances. It would be a great mistake, however, if after the catarrh is fortunately subdued, we were now to resort to an exclusively symptomatic treatment.

The patient may seem ever so well, yet he must still be treated as if he were sick. His whole mode of living must be conformable to the rules which we have laid down ; a consistent persevering enforcement of these rules is the surest guarantee for the prevention of new and the calcification of existing

deposits. The only medicines that can now come to the su

674 Constitutional Diseases without Definite Infection.

of the hygienic means, are Ferrum and Calcareo carbonica whether it is used as a medicinal preparation or as mine has to be administered with a good deal of caution. If t show an extreme disposition to pulmonary hypersemia, the very sensitive to the action of Iron ; any dose of unusu their circulation and makes them cough up blood. Since t is principally owing to the dose, we have a ready explan the Old School has been so averse to prescribing Iron in If it is given in small doses, not below the second trit shall very speedily notice good effects from the drug, i istered for the following symptoms and conditions : Pale with disposition to a change of color, or with a yellowi deficient appetite, or perverse cravings, with dispositi the stomach, and constipation ; frequent palpitations of and transitory congestions of the lungs ; disproportiona debility; lassitude from the least unusual motion; irrit temper excited by the least unpleasant impressions. The for Calcareo do not differ much from those of Iron. The have a florid appearance, their cheeks are very much flu skin being at the same time very delicate; they are apt of congestive headache; they have an excitable dispositi sanguine temperament ; at times they digest their food v larly, at other times they are troubled with diarrhoea ; are under some special excitement, the patients complain ness, although, when in pleasant company, no sign of wea perceptible ; the sexual system is very active, the mens fuse and set in prematurely and with acute pains.

Under the operation of these two drugs, the use of which to be discontinued sometimes for a week at a time, we so see the whole disease arrested or even retrograde ; of c patients have to be very particular in observing the str We need not suppose that these two remedies produce thei able effect simply by promoting the general nutrition, s often effect a favorable change even at a later stage of

China and Arsenicum are two remedies that can likewise b at the beginning of the tuberculous process, although th reliable than the former. China is indicated if the pulm tion seems to constitute the whole difficulty, but still commences with the symptoms of a severe hypersemia of th and if the patients very soon show a cachectic appearanc well known how often pains in the liver constitute sympt

Tuberculosis. 675

tuberculosis, and liow often such patients were formerly Carlsbad to return home again in a dying condition. Arse album has only been employed by us for tuberculosis in t years; the cases where Arsenicum is indicated, are too f ns to express a positive opinion on its therapeutic valu time. So far we have found the remedy of use in cases of culosis with almost typical, long-lasting paroxysms of c attended with retching, and vomiting of small quantities cious mucus, succeeded in a few days by an easy expector

the above-mentioned sago-like little lumps. The paroxysm cough are ushered in with a sensation like violent asthma accompanied by severe dyspnoea. The general health is no much impaired as the violent cough might lead one to expect.

This so-called first stage of tuberculosis, that is, the time when the tubercular deposits have not yet commenced to suppurate, is the time when a cure of the disease can be hoped for with certainty. Unfortunately this stage is too often overlooked by the patient as well as by the physician. To the above-mentioned symptoms which have to be exhibited for months, a number of remedies have to be added that we require to use for the purpose of allaying all the trifling inconveniences inherent in the disease of the highest importance lest the nutrition of the organs be impaired beyond what it necessarily will be by the tubercular process. We cannot go into details in this particular. Change of climate, a change of climate, and other methods of cure will be of use by and by.

After the supervention of the suppurative stage, the medical treatment has to be considerably modified. We now have two indications, the necessity of preventing the further accumulation of tubercular matter, and, secondly, of circumscribing its dissolution. We need hardly state that the prognosis now is more unfavorable than previously. To the remedies that have been named, we now have to add a number of others acting directly upon the local process. The use of Ferrum at t requires still more caution than before. Other remedies are Iodum, Phosphorus, Kali carbon, Hepar sulphuris ccUc., Digitalis, Plumbum, Cuprum and Natrum muriaticum. All these remedies seem to have a marvelous effect in some cases, but in apparently similar cases they leave us in the lurch, so exceedingly difficult to establish positive indications from their results. We omit them so much more readily as the slow

686 • Polyæmia, Hyperæmia.

When dyspnoea, oppression of the chest, a dry and tight cough, and when hæmoptoe are present.

If the patients have become very much excited by mental exertion, by anger or vexation, abuse of spirit, if they have indulged in over-eating or luxurious living; if there is a sense of pressure in the frontal region, with nausea or actual vomiting; if the tongue has a yellowish coating, the tongue is dry or pasty; if the patients are troubled with frequent eructations or distention of the abdomen; if they are irritable, irascible, if the bowels are torpid, Nux vomica in solution, every hour, will remove the hyperæmia but likewise the gastric disturbance.

Under similar circumstances and for similar symptoms, Caustic 6 or Calc. carb. 6 may likewise prove useful.

The last-named remedies, to which we add Sulphur 6, render good service for general plethora superinduced by the use of opium or of habitual hæmorrhoids; if arising from menstrual suppression we resort to Gonium, Digitalis or Crocus 8.

These statements, which are suggested by daily practice, simply intended to show the manner in which we avail our the results of our physiological provings. These statements by any means present an exhaustive discussion of the subject do not obviate the necessity, in extraordinary cases, of the Materia Medica with special reference to a given case we have many other remedies, such as Mercur. [^] Hepar sidp tox. [^] Lycop. y Sepia [^] Tart, emet. y Ibdium [^] etc., which are removing a general plethora.

Regarding the diet, we recommend to plethoric individual use of vegetables, abstinence from spirits and heating by daily exercise in the open air for a couple of hours, avoiding exciting or depressing emotions, of sedentary habits and sleeping.

A spurious sort of plethora accompanying emphysema of the lungs, hypertrophy of the left ventricle, insufficiency of the bicuspid valve, goitre, stenosis of the larynx, has been described in the chapters where these diseases are treated.

Kafka relates the case of a lady, seventy years old, with indurated goitre, in consequence of which she became short-breathed, dyspeptic, very feeble and somnolent. In using ineffectual for these symptoms, Arsen. 3, three doses was resorted to. In a few days already a decided improvement set in. fi.]

Deficiency or rather Paleness of the Blood. 687

9. Anemia, Oligæmia.

Deficiency or rather Paleness of the Mood.

[It is only true anemia, or deficiency of blood consequent on excessive losses of this fluid, that consists in a diminished quantity of the blood without any simultaneous alteration of its normal composition of this fluid. Spurious anemia with a normal composition of this fluid. Spurious anemia with a diminished number of the red corpuscles is more or less diminished, in consequence of which the blood becomes paler and appears variously altered both quantitatively and qualitatively.]

Hence it is with a qualitative rather than with a quantitative disease of the blood that we have to deal with, where the number of red blood-disks constitutes a characteristic phenomenon. To account it would be more appropriate, according to Vogel, to name the disease oligocythemia.

In a normal condition of the organism, the reproduction of the red corpuscles equilibrates their decay, so that, within certain limits, the percentage amount of red blood-disks in the blood, and their quantity remains unchanged.

In diseases, however, this relative proportion is disturbed; more red blood-disks decay than are reproduced; hence arises a condition which Vogel denominates oligocythemia.

The results of our pathological and anatomical investigations show that the blood of anemic individuals is deficient in corpuscles ; it contains less hæmoglobin and fibrin, but on the other hand an excess of serum.

The anemic blood is fluid, pale, the clot is small, and contains a quantity of serum, its specific gravity is diminished, and its sedimentum which is sometimes entirely wanting, is less dense and easily disintegrated.

Anaemia is either a primary or secondary morbid process.

A constitutional anaemia depends upon certain ante-natal influences or conditions of development; its causes are either or not satisfactorily accounted for.

It is either congenital, or inherent in the process of development or in the period of involution.

Congenital anaemia occurs among children of sickly, debilitated parents or of parents afflicted with anaemia, tuberculous, syphilitic, carcinoma or other exhausting diseases;

688 Anaemia, Oligaemia.

It occurs among children born before their full term, among children feeble, or whose mothers were suffering with uterine discharges.

Anaemia inherent in the period of development either occurs during the first, less frequently during the second dentition when the children are weaned, or in consequence of a too rapid or at the period of pubescence, more particularly if this period is unduly protracted, or if the sexual instinct is awakened prematurely and is attended with frequent excitement of the genital and the sexual organs (chlorosis).

The anaemia of involution most commonly occurs during the critical period of females, or during old age, or if marriage occurs prematurely.

Consecutive anaemia sets in simultaneously with, or in consequence of derangements the causes of which are general and directly diminish the quantity and deteriorate the quality of the blood.

The quantity of the blood is diminished by acute losses of fluid, such as bloodletting, hemorrhages, operations, and likewise by frequent attacks of chronic hemorrhage.

The quantity and quality of the blood are impaired by losses of fluids, as in consequence of catharsis and diarrhoea, continued vomiting, profuse suppuration, excessive or continued nursing, profuse leucorrhoea and perspiration, profuse nocturnal emissions, onanism and other sexual excesses.

A loss of strength, such as may arise from excessive muscular exertions, long marches, running, etc., or from hard work.

severe febrile or inflammatory diseases, especially when with copious serous, plastic, purulent or hemorrhagic ex after various acute exanthems, such as measles, scarlati etc.; after frequent pregnancies occurring at short inte after frequent miscarriages, etc., may likewise induce a consumption of red corpuscles than the organism is capab reproducing, and may consequently bring about a conditio ansemia.

Consecutive anaemia may likewise occur in consequence of insufficient production of blood-disks and hseraatin owi deficient supply of food or a total deprivation of nouris fasting, starvation-cures, or a scanty supply of, or vit bad or stagnant water, unfavorable climatic or atmospher fluences, excessive cold or heat, damp or vitiated air w

N.

Deficiency or rather Paleness of the Blood. 689

sufficient supply of oxygen, in damp valleys or malarious on the borders of large rivers where frequent inundation or in consequence of the inhalation, in mines, of air im with carbo-hydrogen or carbonic acid ; or likewise in co of a deficient supply of light in damp cellars serving a habitations, or in consequence of deprivation of sleep, ing, continued and long-lasting pains and spasms, depres tions, such as gr;ef, care, sorrow, mortification, home-appointed love, etc. ; or in consequence of the working passions, as envy, pride, ambition, etc.; likewise from mental exertions, abuse of the sexual organs, etc.; or i of diseases of such organs as are physiologically import production and propulsion of the blood, such as : diseas lungs, heart, arteries, veins, lymphatic glands, liver, neys, uterus, intestinal canal, etc. ; it may likewise r inhalation of dust or metallic vapors of chemical substa ing a hurtful influence upon the formation of the sangui such as : Arsen., lead, copper, phosphorus, mercury, sil The abuse of Opium, Belladonna, tobacco, alcohol, etc., abuse of certain kinds *of nutrient substances, such as: tea, etc., may likewise lead to anaemia.

Secondary ansemia only occurs as an accompaniment of oth morbid processes, upon which it depends. It occurs in th of tuberculosis, constitutional syphilis, carcinoma, scu losis, rhachitis, diabetes, puerperal fever, etc., likew of chronic articular rheumatism, helminthiasis, diseases and spinal marrow, in the course of chronic exudations, hydrothorax, hydropericardia, ascites, anasarca, ovarian

Having dwelt with sufficient detail upon the general and logical part of anaemia, we now give a description of it matic, manifestations.

The skin is pallid in various degrees, sometimes yellowi a grayish white, at other times livid ; the paleness of

palpebral conjunctiva and ears is particularly striking. The new veins appear delicate, bluish, thin and empty. The most commonly exhibits a bluish-gray appearance. The temperature of the skin, especially that of the extremities, is diminished ; even the temperature of the axillae not unfrequently falls below the normal standard. Anaemic persons exhibit characteristic sensitiveness to cold, a fondness for warmth, a shiverings increasing even to violent shaking chills. Th

44

690 Anaemia, Oligxmia,

of anaemic persons are very often soft and flabby ; in many the bodily weight becomes less, more particularly in the higher grade, which is frequently combined with atrophy, new cedema or hydropicemia. The muscular strength is always after the least bodily exertion, the patients experience weakness in the extremities. When ascending an eminence, going upstairs, dancing, or making the least attempt to run, the individuals turn remarkably pale, become short-breathed, palpitate, and, if the anaemia is of a high grade, syncopate. The pulse is mostly small, feeble, short and accelerates with increase of the frequency of the pulse from slight exertion about, and even from sitting up in bed, is a characteristic symptom. If we are in doubt concerning the degree of anaemia direct the patient to walk about; if the pulse increases in frequency after such a trifling effort, we may rest assured that anaemia has reached a high degree.

The palpitations of the heart, with which such patients are frequently troubled, are often attended with systolic blowing murmurs in the region of the heart and in the larger vessels. Fully developed the anaemia, the feebler the impulse of the heart that in the highest grades of the disease, as in cholera, the sound of the heart and that of the arteries disappears entirely.

The cerebral functions are generally depressed ; anaemic individuals are sad, low-spirited, monosyllabic, melancholy; they, to a good deal, are sleepy even in the day-time, whereas at times sometimes lie awake for hours.

On making a slight bodily effort, their sight becomes obscured, they are attacked with buzzing in the ears and vertigo, which, in high grades of anaemia, may even increase unto blindness. Such patients are frequently attacked by periodical paroxysms of headache, prosopalgia, cardialgia, coxalgia, sometimes by neuralgia of anaemic persons).

The spinal nerves likewise become frequently involved in anaemic condition, so that either disturbances of the sensory system take place in the shape of frequent attacks of pain, or of the motor system in the shape of spasms.

Respiration only becomes impeded after excessive bodily exertions ; owing to the deficient oxydation of the blood, the patient has to yawn or sigh quite frequently.

The appetite is frequently impaired, or the patient expresses a desire for uncommon things, such as charcoal, chalk, li

Deficiency or rather Paleness of the Blood. 691

coffee, acids, bitter substances, etc. ; the digestion and appetite is speedily satisfied, and, after eating, such patients are frequently attacked with oppression of the stomach or flatulency. The thirst is often very much increased, sometimes quite excessive. The bowels are generally torpid, the urine is pale, water quite copious and has an alkaline reaction. In the case of men, the sexual functions remain unaffected; in the women, however, the menses often become irregular, or even they are entirely suspended. Profuse menses are of much frequent occurrence ; they exert a very prejudicial influence on the general organism. Anaemic women are very frequently afflicted with leucorrhoea and sterility. The secretion of milk is scanty, the milk is watery, thin, not nourishing, hence anaemic women are unfit for the business of nursing and the children who are fed with such milk, generally become anaemic.

Most anaemic persons feel better in a state of rest and a horizontal posture, whereas they soon feel tired when standing, or when performing bodily labor. Hence they are generally lazy, are not disposed to work, and soon have to desist from labor. We are acquainted with patients who become exhausted even after doing the lightest kind of work, such as knitting, crocheting, embroidering, etc., and even become short-breathed. They experience an oppression on the chest, palpitation of the heart, and sometimes even pains in the muscles of the arms, chest or back, or after standing or walking for some time, pains in the legs or of the calves or thighs.

As a general rule, anaemic persons feel most uncomfortable in the morning-hours ; their sleep is not refreshing or strengthening. A feeling of lassitude does not leave them, on which account they remain sad and depressed in spirits until, in the course of the day, they become artificially stimulated by the use of coffee, beer, broth, etc. This circumstance is very important in a prognostic point of view ; whereas anaemic persons look pale and languid while their stomachs are empty, and at such time they yawn or complain of headache and are generally morose: they commonly feel much better after using the above-mentioned stimulants or immediately after eating, their complexion looks better, they are more active and cheerful. Very seldom do individuals experience an oppression at the stomach, a rush of blood to the head after eating or drinking, or feel uncomfortable and languid.

692 Anaemia, Oligaemia.

Diarrhoea, hemorrhages of every kind, even if very slight, nocturnal emissions, sexual intercourse and nursing aggravate the symptoms of anaemia. Depressing emotions and mental exertion likewise cause aggravations, whereas moderate bodily and

exercise, cheerful company and surroundings affect anaemia very favorably.

An anaemic condition is most strikingly increased by the intervention of some acute disease. An occurrence of this kind to bring on an adynamic condition, prostration and sopor. An acute attack is often attended with fibrinous or serous effusions, which drag along very slowly, and convalescence is in most cases protracted.

All the above-mentioned circumstances are of great importance to the homoeopathic physician, on which account we have mentioned them very minutely.

It is only anaemic conditions consequent upon acute loss of blood and other animal fluids that run an acute course ; other anaemia run a chronic course and, while the exciting cause continues, may last weeks, months and even years.

The more speedily anaemia develops itself, the more rapid are the phenomena characteristic of anaemia set in.

If anaemia runs a protracted course, the greatest attention is often required on the part of the physician in order to observe the pathognomonic symptoms of anaemia. A deficiency of the colored corpuscles causes a more or less vitiated nutrition, a gradual vanishing of the fat and of the vital turgor, a decrease in the natural temperature and of the muscular strength, a degree of lassitude, indolence and ill-humor, increased action of the heart after slight bodily exertions, disorders of the nervous system resulting in attacks of pain or spasm of the most violent kind.

The termination in recovery frequently occurs spontaneously when the exciting causes cease of themselves, as is often the case with constitutional or consecutive anaemia. Very frequently a cure is effected by artificial means.

After acute losses of blood or other fluids, the water and salts of the blood are often speedily restored, without the reproduction of the red corpuscles taking place with equal rapidity. In consequence of this, a hyperaemic condition is apt to set in, which is known under the name of serous plethora and is often accompanied by congestions of the head, febrile irritation, violent palpitation of the heart, sleeplessness, etc.

Deficiency or rather Paleness of the Blood. 698

The more complete the anaemia, the more the fat and muscular strength disappear, the viscera and tissues likewise become impoverished ; the watery constituents of the blood increase, and the red corpuscles decrease in proportion ; the reason why certain parts of the body gradually become oedematous and why serous transudations into the different cavities of the body occur at a later period. This hydræmic condition is commonly observed after copious losses of blood and other fluids, after continued derangements of the digestive system, as a consequence of cardiac and valvular anomalies, of Bright's disease, etc.

after severe acute diseases and exanthems, during long-attacks of fever and ague, chlorosis, during a highly de tuberculosis, carcinoma, caries and other wasting diseases

If an improvement or cure cannot be obtained, marasmus and exhaustion set in.

It may likewise happen that the blood is deficient in red corpuscles and so much richer in colorless blood-globules. This kind is generally connected with diseases of the glands, the liver, spleen or uterus, and is designated by the name of leucemia.

If the blood is deficient in red blood-disks, but has an excess of pigment which is likewise deposited in the tissues, a condition of this kind is denominated melanaemia; it occurs most frequently after old and violent intermittent fevers.

After rapid alvine evacuations, as in cholera, the high degree of anaemia is complicated with inspissation of the blood characterized by the highest degree of debility and cold extremities and attended with fainting-like paroxysms and a weak of the second cardiac and arterial sound. If this condition be removed, it leads to paralysis of the heart.

In treating anaemia, the prognosis depends, above all, upon the various forms and degrees of the disease. The better the causes are known and the more easily they can be removed, the more easily and certainly the loss of the red corpuscles is repaired and the harmony between their consumption and production can be effected, the more favorable is the prognosis.

Among the forms of constitutional anaemia, those in the early period of evolution admit of a favorable prognosis; in the case of anaemia, and in the anaemia of the critical age, the prognosis is favorable; it is least favorable in the anaemia of old age.

In consecutive anaemia, that which is consequent on loss

694 Anaemia, Oligsmia.

anaemia of the young and of strength, admits of a more favorable prognosis than anaemia depending upon climate, atmospheric circumstances, or the nature of one's business. Anaemia from scanty or unwholesome nourishment, vitiated air, unwholesome habitations, bad water, abuse of spirits or certain kind of occupations likewise admits of a more favorable prognosis than anaemia from the effects of passions whose impressions are lastingly not be effaced.

The prognosis is most unfavorable in consecutive anaemia when the consumption and reproduction of the red corpuscles is simultaneously invaded by disease, as in the case in diarrhoea and dysentery with simultaneous catarrh of the stomach, or when extreme bodily exertions, the supply of food is deficient, or when the process of nursing is disordered by grief; or when frequent nocturnal emissions are accompanied with disappointment

Secondary anaemia can only be cured in case the primary can be removed.

Age has no decided influence upon the prognosis ; old people recover very speedily after severe diseases, hemorrhages etc., whereas children and robust adults often require a long time for their restoration. This depends chiefly upon the condition of the blood ; in youth and robust manhood this consumption is very rapid and often outweighs the process of restoration whereas in old age much less blood is consumed, the regenerative process being carried on at an equal ratio.

Intercurrent diseases of any kind during the course of a disease render the prognosis more uncertain, since the number of red blood-disks which is anyhow scanty, decreases with more or less intensity, more particularly in acute febrile and inflammatory diseases and most seriously during typhus and intermittent fevers prognosis is doubtful for the additional reason that a reduction of the red blood-disks is attended with a rapid diminution of vital energy, and a high grade of adynamia, or destructions or gangrenous disorganizations may be the consequence.

Treatment. In our opinion anaemia is a most important pathological condition developed in the depths of the various processes ; it frequently becomes an object of observation which claims our most serious attention.

The homoeopathic treatment of anaemia comprehends three directions of equal importance : the removal of the causes, the use of remedial agents.

Deficiency or rather Paleness of the Blood. 695

If the causes are known and can be removed, the first step towards a cure is frequently made. Hence all losses of blood and other fluids, the waste of strength, have to be arrested as far as possible; anomalies depending upon birth, constitutional development, etc., have to be regulated ; excessive bodily exertions, depressing emotions, sexual excesses have to be avoided; the unfavorable influences of climate and atmosphere to give way to more favorable surroundings ; the supply of the right quality and quantity ; errors of nutrition have to be corrected; the circumstances of education, living, occupation, habit, etc., have to be considered ; single organs and systems, and constitutional anomalies in anemic conditions are so often engendered, have to be observed, and the bad effects of sudden changes of temperature, a sudden rise or fall of the barometer or other unfavorable influences of the season, have to be counteracted by appropriate measures.

In cases where the causes of anaemia are unknown, where they are not sufficiently accounted for and cannot be investigated most commonly the case in regard to the various forms of functional anaemia, we adhere to our previous statement that a diminution of the red corpuscles, and the consequent anaemia occasioned by a too rapid consumption, or by a deficiency of these bodies, or by both these causes at once. I

other of these causes prevails, the homoeopathic treatment is adapted accordingly, and the true nature of anaemia is really modified by these means.

The dietetic treatment of anaemia has for its object to adapt the circumstances of the patient as to secure the normal condition of the blood. The diet is so important that our opponent attributes exclusively the good effects of our treatment. Although we do not deny that many forms of anaemia, especially of the primitive kind, are cured by a suitable diet after the removal of the causes, there are many other forms of anaemia, especially functional and secondary, where the best dietetic measures are insufficient, and where the interference of art is indispensable.

General dietetic rules adapted to all forms of anaemia are established for the reason that every special case requires its own management. For the present we content ourselves with mentioning the general dietetic arrangements that demand attention in most cases. Special dietetic rules will be given when treating of the special forms of anaemia.

696 Anaemia, Oligemia.

If the process of sanguification and nutrition is to be normal, the condition of the digestive organs has to be carefully attended to above everything else.

If anaemic individuals digest very rapidly; if, soon after a meal, they again feel hungry; if they do not experience discomfort after eating; if they feel comfortable after a meal and have no fever, the most nourishing diet may be indulged in by such persons. They may use strong soups with the concentrated extract of roast-beef, steak, à-la-mode beef, various kinds of roast-meat, much fat, venison, eggs, farinaceous food, light vegetables, and without yeast; fish which is not too fat, is likewise suitable, such as trout, salmon, cod, pike, pickerel, etc.

Fat food, salad seasoned with sharp vinegar, husks, fresh bread, etc., should be rigidly avoided.

Stewed fruit is generally more easily digested than raw fruit.

Eggs, almonds, cottage-cheese may be partaken of in moderate quantities.

A well fermented beer is the best beverage for anaemic persons during a meal light wines may be indulged in. A little Champagne may be used with the dessert.

If there is a good deal of vascular excitement, disposition to headache and congestions, with sleeplessness, affections of the chest or lungs, hemorrhage, etc., the use of wine has to be strictly avoided; beer, if partaken of discreetly or diluted with water sweetened with sugar, generally agrees with most patients.

Anemic persons had better eat frequently, every few hours, but not too much at once. If a sensation of hunger, or of a so-called

"empty stomach" is hurtful, and may give rise to frequent indigestion, cardialgia, headache, a disagreeable and audible rumbling of the bowels, weakness of the extremities and even attacks of syncope ; on the other hand, overloading the stomach is attended with oppression of this organ, flatulence, nausea, vomiting and diarrhoea, by which conditions the patients are weakened and the anaemia is made worse.

If the digestion is prostrated, our main object must be to restore this important function as speedily as possible to its normal state, for without it no restoration of tissue, and hence no amendment of the blood can be thought of. The management of the digestive apparatus will be indicated when we give the medicinal treatment. For the present, it may suffice to state that the sick should

Deficiency or rather Paleness of the Blood. 697

not be loaded with heavy nourishment ; the least excess of food causes the patient serious distress and increases the gastric disorder.

As long as the appetite is wanting, the patient had better eat nothing but weak soups ; under certain circumstances he may be allowed a dish of milk, or some farinaceous preparation such as fruit. Beer or wine, whether pure or diluted, can only be given if not counter-indicated by any of the above-mentioned circumstances. !

As the appetite improves, more nourishing soups, light wheat meat, soft-boiled eggs and a light farinaceous diet may be given, as the digestion continues to improve, beef, venison and a strengthening diet may be resorted to.

Cooling things, such as: ice, lemonade, orangeade, raspberry juice, soda-water with wine or syrups, are only permitted if the patients do not cough, are not troubled with indigestion, cardialgia, and are not inclined to abdominal pains.

We give these dietetic rules in detail for the reason that often seen practitioners urge upon anemic patients the most substantial diet without regard to their digestive capabilities, unable, for want of appetite, to comply with the demands of the physicians, the poor patients, instead of gaining in health and strength, continued to fail and were finally obliged to seek relief elsewhere.

Exercise and rest are of great importance to the process of recuperation. It is just as important to regulate the amount of exercise with reference to the existing amount of bodily strength, as it is important to measure the amount of supply proportionally to the strength of the digestive powers.

As a rule, anemic patients have pale and flabby muscles, and lack of their normal energy, elasticity and powers of perseverance. Their muscles and muscular bodies exhibit a certain degenerative debility ; the muscles of the trunk and extremities exhibit this weakness by a feeling of languor and lassitude ; the muscles of the thorax by shortness of breath, those of the heart by an irregular beating of this organ, those of the stomach by weakness

tion, those of the intestinal canal by indolence of the
by flatulence, those of the uterus by dysmenorrhoea or s
This is the reason why anseraic individuals, when exerci
rapidly or too much, are apt to be attacked with dyspnoe
tion of the heart, ah increase of temperature, in conseq
which abnormal cerebral irritations in the shape of hemi

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698 Anaemia, Oligaemia

headache occur. An increased frequency of the pulse is n
quently accompanied by such a high degree of weariness t
the patients rest, syncope may take place. The after-eff
cessive muscular exertions consist in a high degree of w
and weakness, in muscular pains, spasms and cramps, espe
the chest and calves, in loss of appetite and sleep.

On the contrary, muscular movements adapted to the patie
strength, and followed by timely rest, produce a gradual
tion of the muscular fibre, a more active circulation, a
waste and supply, an improvement in all the functions, a
activity in the process of nutrition.

It is an established fact that a great deal of strength i
excess of active exercise, and that it is restored again
rest; exercise is to rest as consumption to restoration,
supply. This shows the importance of subjecting the cond
anemic persons in regard to these two factors to a more
examination.

Anaemic persons should not take any long walks ; as soon
feel exhausted, experience dyspnoea or palpitation of th
commence to perspire, they ought to rest and not resume
until they feel able and disposed to do so. Their muscul
is best ascertained by the condition of the pulse during
the pulse becomes hurried during such exercise, it is a
that their strength is not very g.eat and that much exer
hurtful to them.

Walking rapidly and up hill, in a damp and cold air, or
currents of air, on damp soil, have to be carefully avoi
diseases should set in in consequence of such exposure.

Short rides in the country, or excursions on the water,
most appropriate exercise ; these may be followed by sho
on a level, in a shady alley, garden, forest, or meadow,
lowed by adequate rest.

Running, jumping, climbing, ascending a hill, journeys o
heavy work, wrestling, fencing, etc., should be rigorous
by anaemic persons.

Dancing is an entertainment which, in pleasant company,
tributes a good deal to cheering up the spirits ; on thi
do not prohibit it entirely, except, however, waltzing w

positively interdict. In cases of pulmonary, cardiac and diseases, dancing is prejudicial under all circumstances

"We permit riding on horseback if the patients feel stro

Deficiency or rather Paleness of the Blood. 699

for this kind of exercise and, while riding, do not expect palpitation of the heart or dyspnoea. Long rides, gallop sharp trot^ do not agree as a rule.

The well known indolence of anemic persons, their disposition to sit or lie down, should not be encouraged by their protracted rest or a total deprivation of exercise diminishes functional energy of the muscles and may even result in atrophy and paralysis.

Sleep and waking likewise exert a powerful influence upon life of the blood.

Anaemic persons who sleep too much, generally become irritable, complain of dullness of the head, inability to yawn, look bloated, the blood becomes paler, the muscles more relaxed, and the formation of fat and the serosity become very marked.

The want of regular sleep as well as complete sleeplessness the anaemia worse, and frequently result in nervous irritability, anesthesia, debility, digestive derangements, and emaciation

A natural sleep of six, seven or eight hours is refreshing, promotes the restoration of the muscular fibre, the process of sanguification, and invigorates the cerebral

Voluntary watching when the hours which should be devoted to sleep, are spent in a state of intentional wakefulness is injurious to anaemic individuals. The will acting in opposition to the natural want, an effort takes place both of a physical and psychical nature and equal to the sleeplessness added to of bodily and mental exertion, in consequence of which it becomes more deep-seated.

On this account, anaemic persons should neither watch while sick, nor for purposes of manual or other work; they should not read, study or travel at night. Even social entertainments should not be indulged in after midnight, so that the remainder of the night can be devoted to rest.

Depressing emotions, such as grief, sorrow, mortified feelings, fear, homesickness, disappointed love, etc., and excesses such as envy, hatred, jealousy, ambition, wounded pride, are injurious to anaemic patients equally badly as sleeplessness. Hence it is necessary in the case of anaemic persons that their morbid desires and thoughts and feelings should be moderated or entirely suppressed by an appeal to their reason as well as by the personal influence of a physician.

700 Anaemia, OHgsmia.

The atmospheric air is likewise of great importance as a means of improving the quality of the blood ; the purity of the air and the quantity of oxygen it contains contribute greatly to the vitality of the red corpuscles. If the digestion is at the same time good and a sufficient supply of proper nourishment is introduced into the organism, bad cases of ansemia are sometimes cured by simple means without medicine. It is more particularly of convalescent patients that can be removed in this manner.

Anaemic persons residing in crowded cities or in damp and unhealthy districts where the air is rendered impure by frequent use of coal-vapors, decaying vegetable matter, etc., should, if circumstances permit, be sent during the warm season into a healthy country where the air is pure and rich in oxygen.

The dwellings of anemic persons must be dry, spacious, and well ventilated, facilities for being easily heated, accessible to sunlight, and free from damp and chilly dwellings give rise to a variety of diseases.

The clothing of anaemic individuals has to be adapted to the season and the weather ; the want of animal heat and an increased sensitiveness to changes of temperature make it desirable that anaemic persons should be warmly clad or, at any rate, that they should at all times and places be provided with a supply of warm clothing, so as to be protected against the bad effects of sudden changes of temperature or of a sudden access of bad weather. They must be cautioned against leaving off their winter-clothing too soon, or against throwing off their cloaks, coats or shawls while covered with perspiration.

Anaemic persons who are disposed to sadness and to keep themselves from company, must be cheered up by pleasant surroundings, games, entertaining books, theatrical representations, frequent walks, not too long walks or rides, short journeys, etc.

Baths are only useful to anaemic persons if their temperature is pleasant to them. Experience has shown that baths with a temperature of over 88° F. cause a loss of muscular power and weight in the case of anaemic patients, whereas baths below 65° F. cause chilliness, a loss of animal heat, followed by an increase in the temperature. For this reason the best plan to be adopted for such persons is to give them tepid baths between 65 and 85° F. only two or three times a week, and only fifteen to twenty minutes to each bath.

Swimming may be allowed, provided the patients are sufficiently strong, and neither are troubled with cough, nor dyspnoea.

Congenital Anaemia. 701

diarrhoea ; the temperature of the river or sea-water must be 57 to 60° F., that of the air at least 64 ; there must be no keen wind, nor must the air be damp or chilly. Hydropic patients should not bathe under any circumstances.

In high grades of anaemia sexual intercourse is hurtful of either sex ; however, if they improve in looks, if they are vigorous and frequently experience sexual desires or nocturnal emissions, moderate sexual intercourse is admissible.

The medicinal treatment of anaemia requires a good deal of discretion and judgment on the part of the physician. In the selection of a remedy, it is not only of importance that the exciting cause be carefully investigated, but that the physician should determine whether the anaemia he is called upon to treat, is of a primary or secondary character. A primary anaemia generally admits of direct treatment and is curable, whereas a secondary anaemia requires a careful consideration of the primary pathology and can only be reached indirectly by homoeopathic remedies and not unfrequently resists the most rational and judicious treatment.

A direct anti-anaemic treatment requires, besides the removal of the cause and a suitable diet, the use of such remedies as are in their power to correct the process of sanguification and exert a direct influence. We have no universal specific for anaemia, but in investigating the various forms of anaemia, their causes and morbid processes upon which they depend, we are able to avail ourselves of a considerable number of remedies whose effects on the human organism have been carefully studied, and by their use means to obtain favorable results with surprising rapidity even in severe cases where medicinal aid seemed all but useless.

Since the selection of homoeopathic remedies for anaemia is principally determined by the nature of the exciting causes and the resemblance between the remedies and the disease, we have thought it proper to present the various forms of anaemia and to describe the special treatment of each of them. By this means we hope to give a clearer perception of the various morbid processes, and to facilitate in surveying the list of specially adapted remedies.

10. Congenital Anaemia.

Owing to haemorrhages of the mother during pregnancy or the act of parturition, children are often born anaemic. If they arrive at full term, they generally look fleshy, but in

702 Congenital Anaemia.

In the natural bright flesh-color, the skin has a pale-yellow color, the nails and lips likewise look pale, and the sclerotic color. Their movements are not very vigorous, their voices are weak, they do not sleep much, moan a good deal, and nurse very

Such infants very soon pick up strength at the breast of a wet-nurse whose milk, rendered more nourishing by a good diet and the use of beer, easily and speedily accomplish the restoration of the red blood-discs.

If anaemic children are at the same time born feeble, they are generally emaciated, look old, wrinkled; they are sometimes so feeble that their moans can scarcely be heard ; they are so weak that they find it very difficult to take the breast

times decline doing so.

Such children have to be fed on the nurse's milk by mean little spoon ; otherwise, being too feeble to draw the m breast, they would soon perish of exhaustion ; in order the deficient nutrition, it is likewise proper to bathe once a day in tepid cowVmilk. As soon as they have becom what more lively and vigorous, we introduce every day th .finger into their mouths for the purpose of ascertainin they are able to nurse. If they are strong enough to dra they may then be put to the breast ; by pursuing this co generally gain very rapidly.

If anaemic children are born before their full term, the sleep a great deal, have a wrinkled skin which is covere fine downy hair ; they look old, their little nails are on their heads is short, their heads are disproportionat their fontanels are far apart, etc.

Such children have to be roused from their sleep quite o order to feed them a little nurse's milk by means of a s should be done at least once every two or three hours, i energy is to be preserved and sufficiently strengthened. tion is likewise sustained by tepid milk-baths and injec milk or soup; the injections should only be given in sma ties, about half an ounce, in order to secure their rete intestinal canal and subsequent absorption.

For purposes of nutrition, the milk of healthy and robus is much better than that of mothers whose milk has becom in consequence of copious hemorrhages or exhausting dise which has become greatly deprived of its protein constit

Congenital ansemia occasioned by diseases of the parents

Congenital Anaemia. 703

the mother alone, is generally very obstinate, frequentl during the whole period of dentition and even beyond the of pubescence. Such children generally cut their teeth a period and with difficulty, are frequently attacked with ments of the digestive functions and of the nervous syst the nervous disorders are subject to frequent attacks of they begin to run about, and they acquire the use of spe late period, generally have a pale and bloated appearanc weak and thin extremities, a bloated belly; enlargements spleen, liver and mesenteric glands are frequent occurre are moreover often accompanied by leucaemia; they show g liability to softening of the bones and to scrofulosis, chial and intestinal catarrhs, to croupous processes and meningitis. The most common results of congenital and pr anaemia are tuberculosis, scrofulosis, rhachitis and atr

Children afflicted with congenital anaemia should have h wet-nurses during the first months, they should be taken the open air as often as the weather permits, the use of should be strictly prohibited, nor should they be fed on or pap, lest the digestive functions should become disor

should never be fed to excess, they should be kept clean and frequently bathed in tepid water. Acute or chronic gastric, or bronchial catarrhs have to be treated in the manner indicated in their respective chapters ; they favor more than any other the diminution of the red corpuscles.

Sleep is likewise a function of great importance to such children. If they will not sleep at all, or can only be got to sleep with difficulty, we administer Calc. 6, or Nux vom. 8, or Pulsatilla 3, a dose every two or three hours.

If the children become exceedingly restless, so that they will not remain in their beds and have to be carried about all the time, the most approved remedies for such a trouble are Arsen. 3, Ferrum 3, Nux vom. 3, or Calc. 6, or Svlph. 6.

If, especially during the period of dentition, they frequently wake from their sleep and afterwards remain wakeful, we resort to Chamom. 3, Coffea 3, Nux vom. 8, or Nairum mur. 6, or Silicea 6.

The slow dentition of such children is attended with great difficulty in the process of ossification ; the fontanelles remain open a long time, the skull-bones are thin and fragile, the articular surfaces grow thick and rickety ; the vertebral column and the lower limbs are liable to become curved.

704 Congenital Anaemia.

In such cases Cede* 6 to 80, two doses a day, is a splenic remedy which speedily regulates the digestive and assimilative process, thus improving the quality of the blood and visibly promoting the process of ossification. What Iron is to chlorosis, Arsenic is to anaemia, that heme is to delaying ossification. This remedy is of great value where the skin is bloated, the abdomen metically distended, the extremities are thin, the mesenteric glands swollen and where the patients are at the same time suffering from gastric, nasal or intestinal catarrhs. The continued use of this remedy for several weeks, in increasingly large doses, and by a proper dietetic management, may lead to favorable results even in cases where an hereditary disposition to tuberculosis is present.

^If the delay in the process of ossification has already taken place, and actual curvatures; if single bones have become hypertrophied, if the angular edges of the long bones have become rounded off, if the articular extremities become disproportionally enlarged and the broad bones thick, we may be sure that osteomalacia is set in. In such cases a gelatinous substance is found in the cells of the friable and interstitially distended osseous tissue, the consequence of which the bones not only become distorted but osteoporosis takes place, or a dilatation of the medulla and cells.

Such phenomena find a sovereign remedy in Silicea 6 to 30 doses a day. What Lime is to a delaying ossification, that Silicea is to osteomalacia. Silicea, by first regulating the digestive and assimilative functions, corrects the composition of the blood, not only secures a reabsorption of the gelatinous mass,

perfect ossification.

This remedy likewise renders efficient service in cases of rickets and, like Calcarea is often administered in alternation with Sulphur 6 to 80.

If Silicea is not sufficient, we resort to Phosphorus 8 which we have obtained the most satisfactory results in cases of feeble and exhausted children who did not acquire the use of their legs until very late. (See the article "Menin^{tis} Spondylitis.")

Children who learn to walk with difficulty or at a late age must not be made to stand upon their feet ; every attempt to make them walk, is an injury to them. It is better for them to lie down as much as possible. Carrying them in a sitting position is also better.

Congenital Anaemia. * 705

Without changing from one arm to another, frequently give them to spinal curvatures. To afford them the enjoyment of fresh air they have to be dragged about lying on their backs in a carriage.

In all cases of congenital anaemia, country-air and a moderate exercise are very beneficial.

We have already cautioned parents against overfeeding. In order to keep the children quiet, some parents and nurses are in the habit of keeping them at the breast the whole night. As soon as the children cry a little, they are put to the breast, or to their mouths, or they are stuffed with farinaceous papas or gruels. Even after weaning them, this system of overfeeding is continued ; children are constantly eating bread, pieces of potato, cake, etc. These vicious habits are the beginning of rickets. The habit of keeping the digestive organs constantly employed, leads afterwards to an insatiable voracity. The digestive organs, being constantly excited to an unintermittent activity, become weak; the children have to vomit frequently and are suffering from acidity of the stomach, accumulations of mucus, gastric disorders, painful diarrhoea or flatulent colic, weakness and thinness of the extremities and other disorders leading in the final development of scrofulosis, rickets and the road for the invasion of tuberculosis.

Nurselings may be put to the breast every two or three hours and after they are weaned, children should have their meals at regular periods ; between meals they may be allowed to rest and play in the open air. Atmospheric oxygen is as necessary as an improvement of the quality of the blood as adequate nutrition. Digestion, says Moleschott, converts the food into constituents of the blood, atmospheric oxygen forms the blood-disks into tissue-making substances.

Good food and an abundant supply of pure air are often sufficient to impart to feeble and rickety children an appearance of health and strength.

Exercise in the open air, and more particularly the various games, throwing the ball, trundling the hoop, jumping rope, etc., are very much to be commended. Of course, children must be warned against getting heated, or cooling themselves by throwing off some of their clothing, or drinking cold water when heated.

Under similar precautions fishing, hunting, berrying, etc.

45

706 Congenital Anaemia.

It is likewise to be permitted, because a moderate exercise of the body promotes the metamorphosis of the tissues.

Children born of tuberculous parents, or born feeble and should not be sent to school before they are seven years of age. Usually such children have bright intellects, but their minds are not developed at the expense of their bodily health. It is better to be taught only a few hours a day; the rest of the time should be devoted to invigorating their constitutions.

As has been said before, congenital anaemia very frequently depends upon some hereditary disposition which, owing to tuberculous, syphilitic, carcinomatous or other exhausting diseases of the parents, or to some chronic uterine disease of the mother, continues far beyond the period of dentition and growth, and in some cases of the sudden invasion of some acute disease, plays an important part. In such cases a single acute local affection constitutes the beginning of a series of changes in adjacent organs or systems. A simple nasal catarrh, for example, may be seen followed by palpebral blennorrhoea, or an inflammation of the conjunctiva of the bulb may be seen accompanied by the most violent photophobia and by ulcers of the cornea, so that by otorrhoea and bronchial catarrh, or diarrhoea, etc. a whole series of disorders of the mucous lining may break out.

In another case a simple tonsillitis is succeeded by inflammation of the tonsils; at the same time the submaxillary, cervical, anterior cervical, axillary and even parotid glands may be inflamed and even erysipelatous, presenting a series of glandular diseases.

A simple pleuritis, pneumonia or bronchitis is often the beginning of a deposition of tubercles in the pleura or lungs. Intestinal catarrh is not unfrequently the beginning of tuberculosis of the intestines and mesenteric glands; at other times it is the occasion of the outbreak of basilar meningitis.

A simple cold, or excessive fatigue may give rise to sprain of the knee, a fall on the knee to white swelling, a fall on the tibia to periostitis or exostosis, an injury of the nose to epistaxis.

For this reason it is of the utmost importance that a physician should observe and appreciate such hereditary dispositions, and direct the attention they are entitled to. Unfortunately it is the case that anaemic or feeble children are neglected by the

their sickly condition is attributed to dentition, the development, and a physician is only applied to after an

Congenital Anaemia P " // 707

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ease has actually broken out. In such a case the actual

to be treated with great discretion, nor ought the present position to be left unconsidered. If it should appear to a physician that an acute disease is struggling but impetuously manifesting, that the disease threatens to assume a high or to pass through a series of other pathological forms, he should investigate at once the anamnestic circumstances of the case and will have to employ such remedies as will weaken or correct this tendency. Thus the judicious and methodical use of Iodide of Potassium or of the Muriate of Gold will correct the tendency, that of Calcium, Iodine or Sulphur or Cod-liver oil will remove the tuberculous tendency, that of Conium or Aurum mur. natr. will remove the tendency to carcinoma. Ars. or Sulfur will remove or correct the disposition of children consequent upon chronic suppuration of the nose or colliquations of the parents, and will prevent the development of chronic diseases which it may be either difficult or impossible to cure.

It sometimes happens that children who look healthy and robust at birth, in a few days already look pallid and flabby, moan a good deal, do not sleep well, the lips lose their color, the sclerotics assume a bluish appearance, the features are sharply delineated, the palpebral conjunctiva and the ears and the muscles lose their tone. In a more advanced stage of anemia the children look like old people, the face is perceptibly thinner, and on the neck and extremities visible signs of atrophy make their appearance.

An anaemic condition of this kind is most frequently caused by an insufficient supply of milk on the part of the mother. If the children pass little urine and not as often as they should if they do not go to sleep while nursing; if, after nursing, they grow restless and moan a good deal, let the mother or nurse insert her finger into the child's mouth. If the finger is taken greedily and sucked at, this is a sure sign that the child is anemic and craves more nourishment.

In such a case the breasts should be examined at once. If, on making pressure around the nipple, the milk does not spring readily; if the mother is pale and feeble; if she had a great deal of blood during parturition or had been sick for a long time during her pregnancy, it becomes at once evident from such circumstances that she cannot possibly afford her infant a sufficient amount of nourishment.

708 Congenital Anemia.

Sometimes there is an abundance of milk in the breasts, is watery, like curd, and, when collected in a tumbler of water, it soon mixes up with the water without forming threads or clots. If the mother had previously lost a quantity of blood or had been afflicted with some severe disease subject to paroxysms of mental depression from grief, care, anger, etc., the milk loses its nutritive quality, becomes destitute of protein, and consequently does not nourish. In all such cases the child should at once be placed in a sound and strong wet-nurse.

If anaemia sets in notwithstanding the quantity and quality the milk are perfectly satisfactory, the cause of the trouble is sought for somewhere else; it may be overfeeding, catarrhs of the stomach, bowels, bronchia, etc., for which the reader is referred to the respective chapters where these diseases are treated.

For the anaemia and convulsions arising from teething, a consequent sleeplessness andptyalism (drooling, drooling) the reader is referred to the chapter on Eclampsia infantum.

The excessiveptyalism is not unfrequently attended with stomatitis or gingivitis. In either case Merc, sdiv, 3 is a remedy; likewise Cole. carb. 3 to 6, if the gums are painful. Children are very nervous, fretful and wakeful.

A too rapid growth sometimes superinduces an anaemic condition attended with muscular debility and sometimes with a liability of the capillary vessels to rupture.

If such children, as they approach the period of puberty, are exposed to high heat, or perform unusual mental efforts, they are attacked with nosebleed or even haemoptysis. These symptoms are of special importance in the case of children born of tubercular parents.

For the treatment of tuberculosis we refer the reader to the chapter on tuberculosis. For the anaemia without great muscular debility or other complications, we generally give two or three daily doses of Ferr. 1 with much success. More recently we have made use in many cases of the syrup of Iron of which we give one or three tablespoonfuls a day. This preparation agrees with children who seem to be quite fond of it.

If the muscular debility is not very prominent, we find the mentioned preparations of Iron sufficient. If the muscles are weak, we resort to Quinine 1, two or three doses a day.

Consecutive Anaemia. 709

If the remedy is not sufficient to remove the anaemia, we give Ferrum in alternation, giving Quinine one day and Ferrum the next; or a dose of Ferrum in the morning after breakfast, before dinner a dose of Quinine, another dose of Ferrum at noon, and a dose of Quinine at night. Either method leads speedily to a successful result.

For the nosebleed of anemic individuals, two or three d Crocus 8 a day proves very efficient. If debility is a p symptom, China 1 or Phosphor. 3 are important remedies w will arrest severe hemorrhages. After the nosebleed ceas general treatment of ansemia has to be continued.

For hfiemoptysis from excessive walking, dancing, runnin ascending eminences, etc., attended with vascular erethi in solution, a dose every fifteen or thirty minutes, in with cold applications to the chest, renders most excell

If, under similar circumstances, the lungs have become w by much talking or loud reading, blowing on wind-instrum etc., and an oppression is felt on the chest, and sympto monia threaten, we at once resort to Phosph. 8 in soluti every hour or half hour ; at the same time we employ col tions to the chest. We likewise refer the reader to the hfiemoptysis or hemorrhage from the lungs.

Nvj: vom. 3 may prove a good remedy for the hsemoptysis anemic persons, when caused by excessive mental labor o abuse of spirits.

For the best means of invigorating the constitution, die cise, occupation, etc., we refer the reader to the chapt culosis.

For the anaemia of chlorotic persons, the reader is refe chapter on Chlorosis.

it. ConaeiitlTe Ansemia.

Consecutive ansemia is in every particular case attended diminution of fat, decrease of strength and loss of bodi These conditions, together with their exciting causes an quences, are of great importance for the selection of th remedy. Among the phenomena which accompany or follow th form of antemia, we distinguish paroxysms of syncope, sp ralgia, hyperesthesia, anesthesia, debility, emaciatio

The treatment of acute anaemia consequent upon severe he

710 Consecutive Anaemia.

rbages from the lungs, stomacli, bowels, womb, etc., has cated in the chapters where these accidents are treated

Chronic anaemia, consequent upon repeated losses of bloo when complicated with hydrsemic symptoms, requires China three to four doses a day, if debility is the prominent and Ferr, met. 1, one to three doses a day, if the anaem are the most prominent. A strengthening diet, rest and f are likewise indispensable. If both these conditions exi same time, we prescribe China and Ferrum in alternate do

For the debility superinduced by sexual excesses we give phor, 3 or China 1; for anaemia Phosphori ac, 1, or Calc

Puis, 3 ; for a disposition to hypochondria or melanchol constipation or excited sexual passion, Nux vom. 3, or P dyspepsia Nuz vom, 3, or Puis, 3, or Sepia 6, two or thr day. The cure is hastened by complete abstemiousness and bathing.

For debility from excessive nursing we give China Ij or ac, 1 ; for anaemia, Calc. 6 or Puis. 3 ; for oppression Phos, 3 ; for vaginal blennorrhcea, Sep. 6 ; for a high anaemia, Ferr. lact, or m^t. 1. Of course the nursing mu once discontinued and a strengthening diet be pursued.

For anaemia after profuse suppurations, with debility, e tion or hydraemic symptoms, we give Ars. 3, with fistulo Silic. 6, with suppurations of glands Hep[^] sulph, 3 or I Silic, 6, with chronic caries Silic. 6 or Asaf. 3, or Ly cutaneous suppurations Hep. 3 or Silic, 6.

Anaemia, consequent upon profuse perspiration, yields to or Phosp, 3, and sometimes to Calc. 6. At the same time the body rubbed twice a day with dilute brandy or a very solution of Phosphorus, one drachm of the first dilution ounces of distilled water.

For anaemia from excessive diarrhoea, with rapid emaciat debility, disposition to relapses, we give Ars. 3 ; and small, quick, with audible purring through the veins, we two or three daily doses of the Acetate or Sulphate of f

Anaemia after excessive vomiting is met by Ars. 3.

Anaemia after profuse ptyalism generally yields to China Quinine 1, two or three daily doses.

Anaemia after excessive walking, running, dancing, etc., by Arnica 1, a few doses a day, together with frictions tion of Arnica. Huta may be employed in a similar manner

Secondary Anaemia. — Marasmus, Tabes. 711

tox.is indicated if the weary limbs feel lamed and they be moved with difficulty.

For ansemia caused by excessive mental exertions we depe upon Cede. 6 or Nux vom. 3 ; in obstinate cases upon Sep

Ancemia from nervous sleeplessness is generally attended cerebral erethism, for which we give Cocc, 8, Nux vom. 3 chiefly IffnaL 3, two or three doses a day.

!•• Seeondarj Ansemia.

Secondary ansemia may occur as an accompaniment of vario constitutional diseases, such as tuberculosis, chlorosis cinoma, glandular diseases, diabetes melitus, Bright's d ulcer of the stomach, etc. Such forms of ansemia require treatment ; they disappear together with the constitutio upon which they depend. H.]

iS« Marasmiis, Tabes.

[This anomaly of the functions of nutrition consists in a considerable decrease of the normal roundness and fulness of the

Primarily marasmus arises in consequence of congenital deficiency of a deficient supply of nourishment, excessive bodily or mental continued mental depression, sexual excesses, self-abuse, sitting, too frequent confinements. Very often the cause is unknown.

Secondarily this disease may be superinduced by excessive exertion, seminal losses, excessive perspiration, ptyalism, nursing, long-lasting diarrhoea, blennorrhoea, diabetes, continued losses of blood, chronic suppurations or discharges, exhausting diseases, pysemia, cancer, syphilis, tuberculous lasting intermittents, etc.

Marasmus likewise arises in consequence of chronic blood poisoning, by Arsenic, Lead, Mercury^ etc., or in consequence of weakness, most frequently in childhood and old age; it likewise occurs in consequence of continued nervous irritability, lessness, chronic febrile conditions, etc.

Marasmus is chiefly characterized by a gradual or rapid emaciation, disappearance of the adipose tissue, a wrinkled skin, weakness of the muscles. The skin is mostly dry, extenuated, rough and scaly, without turgor or elasticity; at times reddish, at other times strikingly pale, or cachectic; at times it is covered with local or colliquative perspiration; the hair

712 Marasmus, Tabes.

The head falls out more and more, the nails become curved and brittle, the extremities are mostly cool, the patients frequently complain of a feeling of coldness and cannot get warm.

At times the appetite is great, increasing even to canine voracity, but the hunger is soon appeased and digestion takes place slowly. At other times the patients experience an irresistible aversion to meat or certain kinds of food. In most cases the pulse is increased.

The breath is often fetid, the gums are atrophied, the teeth are denuded, and gradually become loose and fall out.

The voice is feeble and without resonance, the respiration is frequently normal, but often oppressed, and after the least exertion dyspnoea and palpitation of the heart set in. The face becomes pendulous and flabby, the abdomen is at times sunken, at other times distended; the bowels are at times loose, at other times constipated, and again dysenteric; the urine is mostly scanty, small quantities and saturated, the genital organs become atrophied and the sexual instinct is either diminished or becomes extinct. The pulse is small and feeble, sleep fatiguing and refreshing, sometimes it is very much disturbed; the patient is either hypochondriac or irascible; sometimes they show marked

apathy or obstinacy, their memory is weakened, their behaviour often childish and vacillating. The muscles are flabby and wasted, and the strength becomes less and less.

The disease may last months or years ; in some cases it progresses at a rapid rate to a fatal termination.

Recovery can only be obtained if the exciting causes can be removed ; however, it takes place very slowly, sometimes with frequent interruptions and disposition to relapses.

Wounds, ulcers, abscesses, etc., heal slowly and with difficulty. Accidental diseases run a slow course which inclines to become chronic. If the patients are compelled to remain in a recumbent posture, hypostatic inflammations are very apt to set in.

According to the nature of the cause and of existing conditions, death may take place by anaemia, hydraemia, dropsy, embolism, gangrene, etc.

The prognosis is favorable only if the disease remains a curable disease, losses of blood and other animal fluids, excesses, etc. The marasmus of children is likewise a curable disease provided the causes can be removed.

In marasmus senilis, and in the marasmus consequent upon

Marasmus, Tabes. 718

curable diseases, such as tuberculosis, carcinoma, diabetic diseases of the brain or spinal marrow, etc., the prognosis is favorable.

Treatments* Marasmus scarcely ever sets in without anaemia to which we refer the reader for further details, more particularly consecutive anaemia and the anaemia inherent in the process of involution.

The marasmus consequent upon intermittent fevers is always accompanied with malarial cachexia, the treatment of which has been indicated in the chapter on intermittent fever.

Marasmus senilis is almost always complicated with anaemia. It occurs either between the years of forty and fifty (marasmus praecox, premature old age), or after the age of sixty or seventy. For the treatment of marasmus praecox we refer the reader to the treatment of the anaemia of involution; as regards the marasmus of old people, we treat it according to its symptomatic

If the anaemia is not very considerable ; if the loss of adipose tissue is attended with great debility, disposition to syncope in the day-time, feeble impulse and sounds of the heart, oppression on the chest, dyspnoea after slight exertions, or painful diarrhoea, we recommend Phosphor. 3, a dose every 4 hours.

This admirable remedy acts much better upon such symptoms than Quinine ; it quickens the circulation, invigorates

functions, regulates the alvine evacuations, and is like if the patients are attacked with vertigo when walking, closing their eyes, turning the head, with a sensation a had to tumble over to one side or the other.

If the patients are weak and anaemic, dyspeptic with dis to constipation, hypochondriac, irascible; if they are s vertigo and nausea; if their gait is unsteady and draggi Niix vom. 3 every two hours, until these symptoms improv which we give Quinine with excellent effect. Ferrum carb metal, may likewise be given after Nux. In such a case w these remedies in daily alternation with excellent effec

For obstinate dyspeptic symptoms without any sj'mptoms o tric or intestinal catarrh, we have sometimes given Peps of three to five grains.

Arsen. 3, a dose every two or three hours, may be employ cases of anaemia if the patients are very feeble, faint dyspeptic and thirsty, restless at night, so that they h

714 Obcsitas, Adiposis, Polysarcia, Obesity.

and walk about ; this remedy is eminently proper if hect has set in, with fetor from the mouth and large ecchymos lower extremities. A small and feeble pulse, cold extrem less and cadaverously smelling diarrhoeic stools, oedema extremities are further indications for Ars. which may s help in the most desperate cases.

If this remedy is not sufficient, we resort to Chininum cosum 1, three to four doses a day, and order small quan pure old wine to be taken during the intervals.

In all cases of incipient or far advanced marasmus, a st ing diet is of the utmost importance. "We recommend brot of beef, old wine, if possible old claret, Malaga, Port small quantities either pure or diluted with water ; goo likewise appropriate. The patients must be kept warm, es the feet, lest other diseases should supervene. Country mountain air, the use of strengthening springs and, if t extremities are very weak, the use of electricity by ind powerful adjuvants during the treatment and promote a cu

14. Obesttas, AdlpoBls, Rolysarcia, Obesity.

An excessive accumulation of fat is a morbid condition t be attended with a variety of important derangements.

A disposition to obesity is at times congenital, at othe hereditary ; it frequently occurs already in childhood ; less frequent after the period of pubescence is passed a frequently noticed in advanced manhood. As a rule, women more frequently subject to fatness than men.

An accumulation of fat in the subcutaneous cellular tiss often so excessive that the skin is an inch in thickness circumference of the body becomes monstrous. The thickest l

of fat are found on the breasts, abdomen and thighs. The fat persons weighing from four to six hundred pounds.

Adiposis presupposes a peculiar disposition; many persons eat and drink as much as they please, they remain thin and less ; many, on the contrary, eat scantily, are a prey to emotions, and yet grow or remain fat. .

Excessive fatness may be caused by a too copious supply or too much fat or substantial food, and a simultaneous of exercise in the open air ; drinking beer and spirits sleeping too long; mental indolence; abstemiousness from

Obesitas, Adiposis, Polysarcia, Obesity. 715

intercourse, want of active labor, disposition to idleness and nervous temperament.

An excessive deposition of fat may likewise be occasioned by castration, or at the critical age, after severe disease

An accumulation of fat in the subcutaneous cellular tissue generally takes place very gradually : single parts of the body become fuller and jounder, the white or yellowish skin becomes red and, in consequence of the increased secretion of sebum, greasy and has a fatty feel. The more the body increases in size, the more numerous become the semi-circular furrows in various parts of the body, for instance in the umbilical region, in the thighs, at the nape of the neck, under the chin. If the deposition of fat becomes excessive, the neck vanishes more and more, the abdomen bulges very strikingly, and the gluteal region more and more in breadth and becomes more and more repulsive. In consequence of the excessive fulness of the abdomen, the diaphragm is pushed up more and more, and the cavity of the chest being encroached upon, the lungs are compressed. The natural consequence of this condition is a striking dyspnoea which very fat persons are more or less afflicted. This dyspnoea harasses them in walking, going upstairs, ascending an eminence or performing the slightest bodily labor. Fat persons generally prefer to lie on their backs, in which position they snore, have bad dreams which often cause them to cry out suddenly as if terrified by anxiety. The compression of the lungs, the encroachment upon the thoracic cavity and the consequent dyspnoea and other disturbances in the circulation characterized by palpitation of the heart, syncope, determination of blood to the head or laceration of the stomach, kidneys, uterus, etc.

At the commencement of the disease, the digestion is generally very active and frequently degenerates into canine hunger. When fatness has acquired a high degree, the patients often become anorectic, are tormented by flatulence, acidity of the stomach and heartburn. In consequence of the resulting congestion of the liver and spleen, the slightest meal leads to oppression of the chest and nausea which frequently increases to sour or bilious vomiting. Fat patients are not troubled with costiveness, and frequently have three or four watery evacuations in the course of the day. The urine is frequently cloudy, opalescent ; after bodily work, the discharge of urine is attended with a burning sensation in the urethra.

quantity of uric acid is deposited.

716 *Obesitas, Adiposis, Polysarcia, Obesity.*

The perspiration has a peculiar, sometimes a rancid smell the odor of a goat. In the above-mentioned semi-circular or folds the frequent sweating causes an erythema which changes to a moist and exceedingly fetid intertrigo. This wise take place under the breasts, between the thighs and the anus, and even at the anus.

The pulse is mostly feeble, small and easily compressible; sensitiveness to cold is much less, the menses are scanty, instinct frigid or even extinct; women are often sterile.

As a rule, fat persons are indolent, apathetic; they do not exercise, even a little mental labor; their muscles are flaccid, their senses are dull, their intellect is torpid, inclined to sleep.

These phenomena are not, however, without exception; a many fat persons remain quick, of active mind and body; known a fat old gentleman who danced more vigorously than the young associates and, not feeling tired, at the same time retained his company with the most piquant anecdotes.

Polysarcia is frequently attended with a disposition to growths, such as lipoma, cancerous depositions, or with scurvy or dropsy.

"While teething, fat children are in danger from congested head. It is very seldom that they live to an old age. Fat persons are often suddenly struck down with apoplexy and paralysis of the heart. Intercurrent diseases often assume a dangerous character on account of the existing disturbances in the respiration. Fat persons are frequently anaemic; in such a case especially after severe diseases, hydremic conditions frequently attend themselves which it is difficult to distinguish from morbid. Fat persons are frequently attacked with boils and carbuncles, the latter frequently run a dangerous course, causing vast destruction in the subcutaneous cellular tissue. Acute diseases are frequently preceded by dropsy or marasmus.

On this account a good deal of cautious reserve should be observed in establishing a prognosis in high grades of polysarcia, especially if an atheromatous degeneration of the blood-vessels or fatty degeneration of the heart may be suspected.

Treatment, An excessive deposition of fat is an anomaly of the sphere of nutrition which, in our opinion, depends upon the weakness of the assimilative functions. In the case of children it is frequently caused by over-feeding, and in the case of adults

Obesitas, Adiposis, Polysarcia, Obesity, 717

Excessive supply of nourishment is likewise the frequent cause

In either case the overloading of the digestive organs with them, the food is not adequately transformed into firm carbonaceous tissue, but, remaining a mass of assimilation, is transformed into carbohydrates.

Starting from this point of view, the treatment of adiposity should, in our judgment, aim at invigorating the assimilative energy of the organism and at the same time preventing a excessive supply of fat-making food.

It is a well-known fact that adiposity cannot be arrested by any known method of treatment. For, independently of the weakness of the assimilative functions, we frequently have to contend with other congenital, hereditary or individual, known or unknown tendencies which favor the excessive deposition of fat and which it is either difficult or impossible to control.

For this reason, when treating polysarcia, we confine ourselves to such dietetic and hygienic measures as will quicken the metamorphosis of the tissues and invigorate the assimilative energy at the same time we resort to such internal remedies as counteract constitutional tendencies and promote nutrition.

In order to accomplish this object with as much speed and certainty as possible, we prescribe regular meals and a moderate but sufficient to satisfy the appetite ; such patients have to confine themselves to lean and young meat, with fresh vegetable salad, and abstain from rich soups, fat gravies, fat farinaceous food, fat fish, potatoes, beans and peas, quantities of bread, they must likewise avoid coffee, tea and tobacco, for these substances retard digestion and interfere with the metamorphosis of the tissues. The best beverage for such patients is fresh wine and water, acidulated alkaline beverages with or without wine, water mixed with acidulated jellies. For breakfast we recommend weak beef-broth or vegetable soups without fat, skimmed milk with a little sugar ; eggs and chocolate have to be avoided, they contain too much fatty matter. For dessert we give fresh or stewed fruit, and for supper a light soup or a fruit. Food spiced with a little pepper agrees with such patients provided it is not fat. Water-ices are likewise allowable if they are not too rich and must be avoided.

Together with these dietetic arrangements which have to be strictly obeyed if they are to do any good, the following are of special importance. In order to stimulate the metamorphosis

718 Obesitas, Adiposis, Polysarcia, Obesity.

of the tissues and secure the introduction of as much oxygen as possible into the organism, fat persons should walk or ride on horseback whenever their time and circumstances will permit ; walking in a carriage is of no use to them ; active exercise in the morning and evening, promotes in a high degree the assimilation of food and the metamorphosis of the tissues. It is well if, during their walk, they frequently drink cold water a little when tired and then continue their walk. The more exercise they take in the open air, the more healthy the blood becomes and the more the fat disappears. They had better sleep a

possible, and avoid inaction as much as they can. Active at home, while attending to their domestic affairs, is a idleness promotes the deposition of fat. Swimming, riding back, hunting, cold ablutions, cold baths, in bad weather up and down in the room at a rapid rate ; gymnastic exercises resorted to in systematic order, impart great activity to the morphosis of the tissues.

These measures, if carried out strictly, are often alone to arrest the tendency to fatness and diminish the amount. The so-called panting-cure, which has been frequently resorted to in modern times, rests almost upon the same principles and produces good results in some cases. In pursuing a strict diet the main point is for the patients to persevere until the mass has considerably decreased and they have gained in agility of motion. In pursuing a dietetic treatment, the bodily strength increases instead of diminishing, the blood does not grow it attains a higher degree of oxygenation, and the weight and circumference of the body decrease, whereas all the physical and psychical functions become more animated.

In conducting the internal treatment, we pay particular attention to the disturbances in the respiration and circulatory functions of the stomach and intestinal canal, the quality of the blood and the other coexisting abnormal symptoms.

Fat persons are often short-breathed, especially when going up stairs or performing the slightest bodily work, or walking faster than usual. In such cases a careful exploration of the chest and abdomen becomes indispensable. If, on percussing the chest, we discover a dulness over a larger surface than the pulse of the heart remaining vigorous and the sounds of the heart loud and distinct, we infer the existence of a larger accumulation of fat about the heart or in the mediastinum,

Obesitas, Adiposis, Polysarcia, Obesity. 719

sequence of which the thoracic cavity becomes contracted and normal expansion of the lungs is interfered with. For these symptoms we give Arnica 2, from six to ten drops in half a dessertspoonful every two or three hours. At the same time we recommend the diet that has already been pointed out as conducive to persons suffering with adiposis. By continued treatment for weeks, at intervals of two or three days, we restore patients to an apparently perfect state of health. The Arnica acts by diminishing the pressure of the fat upon the heart, or bringing about a reabsorption of the fat-molecules, an open question.

If the dulness in the cardiac region is attended with feebleness of the impulse, and if the sounds of the heart are likewise indistinct, we infer a fatty metamorphosis of the heart, the treatment of which we refer the reader to the article on fatty degeneration of the heart.

If the fatty degeneration is accompanied by dilatation of the heart and pulmonary emphysema, we pursue the treatment recommended for emphysema.

If the patient is dyspeptic, the abdomen meteoristically the region of the stomach bulges, the liver, spleen and are pressed upwards ; if the stomach is acid, and nausea iting are complained of, the first thing to be done is t diet should be rigidly enforced. Such derangements gener from luxurious living or the abuse of spirits. Persons w the habit of using spirits, may gradually be weaned from indulgence by diluting their drinks. A sudden and total tion often superinduces an injurious weakness. Internall NiLZ vom. 8, or Natr. mxir. 6, or Carbo veg. 6, two or t day, until the abdomen becomes softer, the breathing eas appetite keener and the diaphragm has resumed its natura

If the abdomen is not meteoristically distended, the reg the stomach does not bulge, and the other symptoms conti same, the abdominal integuments are very thick, the bowe torpid and the hemorrhoidal veins somewhat swollen, it i the mass of fat accumulated in the abdominal integuments mesentery and in the omentum, which contracts the abdomi cavity and, by pushing up the diaphragm, causes the abov tioned difficulties. These can be remedied by strictly f dietetic measures suggested in a previous paragraph. Int we persevere in the systematic use of Capsicum 2 or 3, a obtained handsome results by this means.

720 Uraemia.

Attention has likewise to be paid to the liver. This vis likewise liable to fatty degeneration giving rise to dig rangements, dyspnoea, pressure in the epigastrium. The t for fatty liver has been indicated in the chapter on dis liver.

Other conditions which sometimes accompany fatty degener of internal viscera, or adiposis generally, such as : hy the liver, palpitation of the heart, fainting fits, sudd to the head or chest and other symptoms of plethora ; an dyspepsia, intertrigo, etc., require the same treatment indicated in the respective chapters where these conditi spoken of.

Adiposis is sometimes benefitted by the use of mineral s Patients of this kind should never visit spas for purpos without the advice and consent of their family-physician beate springs may be advisable in some cases ; in others springs, in others effervescent waters, and in others ag springs. In all cases let the diet and general hygiene o be regulated by his physician. H.]

ift. Ursemia.

[^Anafotnfcsl CharacterisHcH. The cadavers of nreemic patients do not exhibit any striking alterations by whic symptoms during the course of the disease could be satis accounted for. The brain and spinal marrow do not show a pathological alterations of tissue, nor any constantly o anomalies in the condition of their blood and vessels. T

are sometimes infiltrated as in pneumonia, the bowels are sometimes covered with follicular ulcerations, the kidneys frequently hypersemic, or inflamed, or degenerated. The secretions which not unfrequently occur in the extremities, and the mucus of the stomach and the secretions in the lungs found to produce an alkaline reaction and to contain ammonia.

The blood sometimes has a violet color and, in many cases greater coagulability and an increase of fibrin.

According to Frerichs, the blood contains in all cases the characteristic symptoms of ursemia are present, carbonic acid in varying quantities, sometimes manifesting its presence by its disagreeable odor and at other times effervescing by the action of muriatic acid.

Ursemia. * 721

Ursemia is only observed in the course of certain diseases. It may be caused by obstructions in the secretion as may occur during an intense hyperemia of the kidneys, or by extensive infiltration of the renal canaliculi in the course of scarlatina, etc.; or in degeneration of the substance of the kidneys in old people; or it may be caused by obstructions in the excretion of the urine, in consequence of pressure upon both ureters, or in consequence of obstruction of the sphincter of the bladder or in the urethra, as in the case of gravel, or from hypertrophy of the prostate, stricture of the urethra, etc.

Ursemia may likewise occur during the last months of pregnancy or during or after parturition, in the course of scarlatina or from effusion of the urine between the tissues as during contusions, wounds, injuries, perforations, etc.

Symptoms. According to the course and intensity of the symptoms we distinguish acute and chronic ursemia.

Acute uraemia is almost always preceded by a diminished secretion of urine, or the secretion of urine meets with difficulty or is obstructed; at times there is only a reabsorption of the urine in consequence of effusion of urine into the cellular tissue. The signs of ursemic intoxication of the blood often consist in diarrhoea, or only in vomiting, sometimes in apathy or listlessness, or in headache with vomiting, weakness of sight or delirium; or convulsions and amaurosis set in, all of which are commonly followed by ursemia of the highest degree. In other cases the invasion of ursemia takes place with a chill followed by intense fever with typhoid symptoms. In all cases, when the symptoms set in, they generally point to the presence of ursemia. We notice a dulness of perception, a difficulty of collecting the mind, stupefaction, somnolence or a deep sopor; the delirium is generally of the bland or moaning kind. In rare cases there is great restlessness, an excited state of the mind, loud delirium to escape, etc. The cerebral symptoms are frequently associated with amblyopia, vertigo, mistiness of sight, or even real or deficient irritability of the pupil with hardness of hearing.

buzzing in the ears, gritting of the teeth or trismus. The cavity and teeth are generally dry, the thirst is very much appetite is entirely gone, the voice is rough or husky, respiration accelerated, dyspnoeic or stertorous. The expired air has the smell of urea or contains traces of ammonia.

722 • Uramia.

The abdomen is distended, at times the distention is bent at other times meteoristic, the alvine evacuations are frequently diarrhoeic, the skin is either dry or covered with a perspiration has the smell of urea, or with a fine dust consisting of some cases petechiae or miliary vesicles make their appearance. The pulse is always very hurried and small, some times irregular filiform. Towards the end of the disease, spasmodic tremulous jactitations, subsultus tendinum and an automatic twitching and feeling around, with continued coma, tracheal rattling finally paralysis of the sphincters set in.

Chronic ursemia develops itself gradually during continuance of obstructions in the secretion of urine, or in consequence of a continued decomposition of the urine that has accumulated behind in the urinary ducts. Chronic ursemia is characterized by such phenomena as the following: Sickly, anaemic appearance, continued loss of appetite, generally with a thickly-coated tongue, aversion to meat, dryness of the mouth; an increase of thirst with a desire for sour or cooling things; increasing lassitude; slowness of speech and thought, apathy and forgetfulness; constantly increasing dyspnoea, muscular debility and emaciation; costiveness or serous diarrhoea; dryness and sometimes itching of the skin which not unfrequently appears studded with eczema, lichen, ecthyma, etc.; asthmatic difficulties, oedema of the lungs, finally anasarca and general dropsy as the sequence of the constantly increasing marasmus.

Course, Terminations, Prognosis. Acute ursemia sometimes runs a very rapid course, striking the patient down with the suddenness of lightning: if, in the course of Bright's disease, in the last days of pregnancy, previous to or subsequent to confinement, etc., the urine is suddenly retained or its retention is the consequence of an effusion of urine into the cellular tissue, the urine remains stagnant, and an ammoniacal decomposition of this fluid takes place: vomiting, eclampsia or amaurosis, and other phenomena which are so speedily followed by a deep sopor, continued convulsions or symptoms of paralysis of the brain. Death may result in a few hours or only at the expiration of two days.

In the majority of cases the disease runs a less rapid course, the symptoms manifest themselves gradually, sometimes diminish and then increase again in intensity, according as the disturbance of the secretion and excretion of the urine improves or gets worse.

Uraemia. 723

Fevre cases are characterized by a constantly increasing

Bojx)r, or by an increase of the typhoid symptoms. Cases in with symptoms of cerebral irritation and bear some re to meningitis, occur much less frequently. The existing ances in the urinary secretions and excretions shed ligh diagnosis. The more violent the symptoms of ursemia, the the course of the disease; the milder the symptoms, the chronic its course.

The worst cases occur if, in consequence of retention, s or effusion of urine into the cellular tissue, the urine and the blood is poisoned with carbonate of ammonia; thi tion is designated by Treitz as ammonicemia.

Considerable quantities of urea and carbonate of ammonia not only found in the blood, but likewise in the stomach canal and other secretory organs. The presence of carbon ammonia in the stomach is manifested by copious vomiting stances that have an ammoniacal odor.

If the ursemic blood is decomposed in the intestinal can decomposed already when entering the circulation: watery rheoic stools take place having the odor of ammonia; or dysenteric process sets in, attended with a diphtheritic grenous destruction of the mucous membrane of the large and of imminent peril to the preservation of vitality. T mucous membrane frequently exhibits scurfy exfoliations down into the throat, in consequence of which the voice husky and sometimes extinct "as in the case of cholera-p The saliva, the milk in the breasts, the perspiration co ate of ammonia and have the odor of ammonia. The expired likewise spreads an odor of urine and ammonia. The skin quently seen covered with a whitish ammoniacal dust, cry urea and the chloride of sodium.

The irritating action of Ammonia upon the various organs quently causes a momentary hyperseraia of the brain whic soon results in sopor ; in the lungs an intense catarrh inflammation develops itself ; effusions rapidly set in pericardium, peritoneum and in the ventricles of the bra stagnation and decomposition of the urine in the bladder lead to inflammations and suppurations of the vesical li brane, or to depositions of pus between the different la bladder, in consequence of which the symptoms of ammonia and pyaemia may api>ear together. If renal dropsy is at

724 Urxmia.

time present, the accumulations of serum under thie skin various transudations contain urea and carbonate of ammo

The course of ammonisemia is either acute or chronic ; i toms bear the greatest resemblance to urtemia with which frequently confounded. The above-mentioned pathognomonic toms give the exact diagnostic distinctions between thes ditions. Uraemic symptoms frequently occur without any s of ammoniffimia ; but the latter never exist without the

Acute ammonieemia likewise sometimes runs its course wit

suddenness of lightning, especially in the case of acutely debilitated patients. Vomiting sets in, or vomiting, or diarrhoea, or diarrhoea without vomiting, or else a sudden death followed by a rapidly increasing sopor and death in twenty-four or forty-eight hours. In most cases acute ammoniaemia if it runs a moderate course, lasts a few weeks ; but that of sudden effusions into the pleura, pericardium, cerebrum etc.: the possible supervention of croupous pneumonia or oedema of the lungs, etc., impart a high degree of danger to the disease. Chills frequently occur during the course of acute ammoniaemia, frequently with typical regularity and bearing a deceptive resemblance to intermittent fever.

Chronic uraemia as well as chronic ammoniaemia may last for months and even years ; they may get better and worse again according to the determining causes decrease or increase in virulence. In some cases generally occur in consequence of ischuria or anuria. When the desire to urinate can be restored, the danger is momentarily removed.

Dryness of the mucous membrane of the mouth and fauces, though every atom of moisture had been absorbed by the mucous membrane appearing dry and glistening;" hoarseness or even aphonia ; the plainly ammoniacal odor of the expired air ; a constant aversion to meat ; livid color of the skin, a marked emaciation and muscular debility constitute, according to Jaksch, reliable diagnostic signs of ammoniaemia which are seldom observed in cases of uraemia. Convulsions, amaurosis have never been seen by Jaksch in the course of ammoniaemia. However, since this condition never occurs except in the course of uraemia, we hold that the above-described phenomena may likewise characterize a condition of uraemia.

Light and moderate, even severe and very acute cases of ammoniaemia frequently terminate in recovery, provided

Uraemia. 725

obstacles which impede the excretion of urine, can be removed. These diseases, however, are peculiarly liable to relapse. In some cases very serious accidents may occur.

Cases setting in with a sudden and crushing violence, almost always terminate fatally.

Paralysis of the brain, croupous pneumonia or dysentery, gangrenous destruction of the intestinal mucous membrane, serous effusions into the various cavities of the body, a high degree of marasmus and general dropsy frequently lead to termination.

In cases of great intensity the prognosis is most commonly unfavorable.

In mild cases of uraemia and ammoniaemia the prognosis depends upon the possibility of removing the disturbance of the secretion and excretion either totally or partially. This likewise applies to the chronic form of uraemia or ammoniaemia.

The access of convulsions or amaurosis is generally a ve prognostic

Vomiting and serous diarrhoea sometimes constitute a fav prognostic symptom in the course of ammonisemia, for the that quantities of the carbonate of ammonia are often ex this means. If croupous pneumonia, oedema of the lungs, and a deep sopor set in, the prognosis is doubtful.

Treatment* Whenever the secretion and excretion of urine interfered with or entirely obstructed, the cautious phy at once be reminded of the possibility of a sudden or gr velopment of unemic symptoms. These can only be prevente the speediest possible restoration of the excretion of u by the use of internal remedies or by mechanical means o operation.

In very acute cases where the disease develops its sympt extraordinary rapidity; where the vomiting, or a paroxys eclampsia, or the sudden invasion of amaurosis is speedi by deep sopor, any kind of treatment is in the majority utterly powerless. If we do not soon succeed in securing to the stagnant urine and, by means of an appropriate me which has to be repeated again and again at short interv moving the sopor and the accompanying paralytic conditio brain, the patients are irretrievably doomed.

If such symptoms make their appearance during the act of turition or in the last period of pregnancy, they are ca

728 Uraemia.

obstructed excretion of Urine consequent upon the pressu gravid uterus upon the ureters and bladder. In such very cases the patient can only be saved by bold measures: ar delivery should at once be resorted to, after which the drawn off with the catheter. A dose of Hyosc. 3, or Opiu Hydrocyan. ac. 3, or Ldciuca virosa 8, may be given ever or fifteen minutes. In a case of this kind, occurring im after confinement, where the symptoms of acute uraemia d themselves with fearful rapidity, the patient was at onc by the application of cold compresses to the region of t bladder. The organ contracted and the urine was expelled the fierceness of a torrent. The case occurred in Dr. He practice.

If the jaws are locked, the medicine may be administered cutaneously. If no improvement sets in in one hour, a se a third remedy, etc., may be injected, etc This is the o preventing a fatal issue.

In the course of scarlatina, ursemic symptoms may set in sudden violence in consequence of croupous nephritis res sudden obstruction of the urinary canals with plastic ex Here, help can only be afforded by the speedy removal of flammatory process in the kidneys. For this purpose we g ten minutes a dose of Hepar sulphk. cede. 8 or Kali hydri

exhibition of these remedies for two or three hours resu
more copious diuresis with numerous fibrinous casts, lif
saved.

If symptoms of cerebral hypereemia prevail, we give Bell
Atropin.^ Apis^ Stramon. or Conium 8.

If sopor is most prominent, we resort to Bellad.^ Lact.
or Anac. 3.

For anaemic and paralytic symptoms we give Ar^n. 3, Ghij
or Ckinin, arsen. 1, or Phosph. 3, Phosph. 1 or 2, or Ca

For very acute strangury, with scanty and hot urine, or
charges of the urine drop by drop, and if the urine is m
albumen or blood, Cantharis 3 is appropriate.

Chronic ursemia generally occurs with vomiting, constant
of appetite, coated tongue and aversion to certain kinds
is generally mistaken for catarrh of the stomach and tre
ingly. In atony of the urinary bladder, hypertrophy of t
of this viscus or of the prostate; in strictures of the
the excretion of urine, according to the statement of th

Urxmia. 727

not unfrequently takes place without much difficulty. Th
rently gastric phenomena continue, however, in spite of
careful medicinal treatment, and gradually increase in i
In such cases the statements of the patients must not be
upon, but the bladder must be carefully explored immedia
an emission of urine. Almost in every case of this kind
or smaller quantity of urine will be found left in the b
long as this urine is pure and undecomposed, it only cau
symptoms ; but as soon as ammonia develops itself in thi
and the fluid becomes cloudy, acrid and spreads a fetid
monisemic symptoms make their appearance.

In such cases it is absolutely necessary to draw off the
least twice a day with the catheter in order that all st
urine may be prevented. At the same time the difficulty
the retention of urine, such as the torpor of the detrus
muscle, the hypertrophy of the prostate, urethral strict
has to be treated with appropriate homoeopathic or surgi
for which we refer to the chapter on diseases of the Uri

We have already stated that, if the cerebral symptoms ar
prominent, such as headache with vomiting, dryness of th
bland delirium and somnolence, we either administer JBel
Atropin. or likewise Hyosc. 8,

If the gastric symptoms prevail, with aversion to meat,
Sulph, is, Sepia 6, Natrum carb, 6, or Puis. 3.

If the ansemia and muscular debility are far advanced, w
ness in the mouth, extensive anasarca, incipient effusio
pleural cavity or pericardium, etc., we use Arsen. 8, or
1 to 2, or Lachesis 6.

If there is a particular tendency to serous diarrhoea, w Phosph. 8, or Arsen. 8, or Argent nitr. 8.

Dysenteric symptoms yield very rapidly to Corr. subl. 2 Hepar 8. 8, or Sulph. 6.

If the dysentery is attended with septic symptoms, we ad Arsen. 8, or Carbo veg. 6, or China 8, or Mar. ac. 1 to

Intercurrent pneumonias are almost always of the croupou and require to be treated with Iodine, Phosph. has never any good in such cases.

Ammoniaemic phenomena are treated by us in accordance wi the same maxims ; so far, however, we are not acquainted single reliable remedy for this species of blood-poisoni has seemed to produce some improvement; Lyeop.^ Phosph.

728 ' Pyaemia.

NitH ac, have been tried by us with some good results. A Hep, sulph. pro ved useless. Asafoet 3 may perhaps do so We likewise recommend Kreos. and Petrol. 3 by way of exp ment. Such conditions, as a general pruritus, pneumonia, chial catarrh, oedema of the lungs, the various exanthen have to be treated according to the rules laid down in t where these diseases are specially discussed.

In acute unemia the diet has to be very much restricted. afflicted with chronic uraemia might partake of some mea had not an irresistible aversion to meat-diet of every d In such cases eggs, milk, vegetables, lish, a light fari and beer have to be the main articles of food.

Patients who are very much debilitated, may likewise par of a little old wine.

If such patients are tormented by itching of the skin, r obtained by washing the body with dilute vinegar and bra by taking a tepid bran-bath two or three times a week. H

16. Pyflemta.

Purulent Decomposition of the Blood.

[^Avntomical Chai*acteriHtics. Collections of pus are al found in the cadavers of pyoemic persons, most frequentl lungs, less frequently in the liver, spleen, kidneys, in cutaneous cellular tissue, in the muscles and sometimes They form abscesses which are generally located at the p of organs and have a cuneiform shape. Their apex is alwa inwards, their base outwards. When first forming they re circumscribed hemorrhagic infarctions of a dark-red or e ish-red color and a dense consistence. Under the microsc vessels look turgid and are filled with red corpuscles. spots afterwards assume a gray sickly appearance, soften centre outwards and form abscesses which never consist o

pus but always of decayed fibrin, the detritus of tissue posed serous pus.

Formerly these abscesses were regarded by Rokitansky as metastases and attributed to an infection of the blood matter. Virchow has however shown by numerous experiment that these abscesses are the result of embolia ; in other they are caused by the transfer of particles of tissue from one to another; that pure pus never engenders pysemia, but it must be in a state of decomposition and contain decayed

Pyemia. 729

that it is the entrance of the latter into the circulation causes the obstructions in the bloodvessels that are afterwards formed into abscesses.

Etiology. Most frequently pysemia arises from suppuration in the interior of organs, from the downward burrowing abscesses, purulent inflammations of joints, gangrenous ulcers during the course of phlebitis, periphlebitis, metrophlebitis, endocarditis; in the course of puerperal fever, variola; in consequence of suppurations after surgical wounds, etc. Decomposition of the pus is an indispensable condition for the development of pysemia. This decomposition is occasioned by a want of cleanliness, vitiated air, crowded rooms with wounded men, effusion of urine into the cell, access of air into open wounds or ulcers.

The infection of the blood is supposed to emanate from the decayed purulent serum.

Symptoms* The pysemic process almost always commences with a chill followed by intense heat. Sometimes the chill is in such a manner that the heat is mingled with chilly or even severe paroxysms of chills. The pulse at once becomes as soon as the pysemia sets in ; it is seldom below one small and easily compressible. In most cases delirium sets in during the heat, with restlessness, heat of the head, delirium, the sensorium and tendency to sopor. The patients feel exhausted, the appetite is entirely gone, thirst intense becomes dry, cracks, the teeth are covered with brown soot, nostrils look sooty. Sometimes aphthae form on the mucous membrane of the mouth and fauces. Very often bronchial catarrh, pneumonia and pleuritis supervene. The bowels are generally constipated, the skin is hot and dry, sometimes icteric or else profuse sweats break out, with sudamina or numerous subcutaneous abscesses are very frequently accompanied by vesicles of the skin, inflammations of internal organs by paroxysms of fever and local pains, purulent effusions in cavities by painfulness and swelling of the joints.

Very frequently the abscesses become flabby and lax, and contents change to ichor; the wounds assume a sickly appearance and become diphtheritic. In such cases profuse diarrhoea often sets in, or hemorrhages from internal organs, bedsores, partial paralysis.

Course, Terminations, Prognosis. The course of the

730 Pyaemia.

disease is sometimes very rapid, This is most frequently in puerperal fever ; the patients are attacked with chill fever-heat which does not remit; they become delirious, consciousness, lapse into a deep sopor and die in forty-hours. In such cases pyaemic localizations are frequent in the brain or lungs.

A milder course of the disease is marked by distinct remissions lasting from two to sixteen hours in benignant and only four hours in malignant cases. The shorter the remission the more dangerous the course of the disease. The more violent the more imminent the danger of internal or external infections, the shorter the course of the disease and the more a fatal termination.

In moderate forms of the disease it may last four, five weeks and terminate in recovery. Convalescence is however in such cases a slow process, slower even than after typhus.

In cases running a rapid course the prognosis is general

In a mild form of the disease a good deal depends upon the circumstances whether the various manifestations of the pathological process can be improved. If we succeed in moderating the inflammatory symptoms and sustaining the strength of the patient the prognosis is usually favorable.

Sopor, constant diarrhoea, hemorrhages, decubitus, paralysis of the sphincters do not admit of a favorable prognosis. A change in existing wounds is likewise a symptom of very

Treatment If we deal with morbid processes in the course of which pyemia may be apprehended (see etiology), we must take care to prevent this result. To this end existing abscesses should be opened in due season, wounds have to be kept clean and an access of air into such cavities has to be carefully guarded. At the same time the sick-room has to be frequently ventilated, over-crowding with patients has to be avoided, cleanliness and good nursing have to be seen to.

If, in the course of the above-mentioned diseases repeated shivers or chills set in, they always denote the beginning of a typhoid character, the symptoms are evidently of a typhoid character, associated with great debility and dissolution of the blood.

For this reason, with a view of preventing as speedily as possible the great loss of strength or correcting the fluids, we give Quinine 1, a dose every two hours, and continue this until the chills cease and the violence of the fever abates.

Pyaemia. 731

If a high grade of anaemia and great prostration manifest during the chills, it is well to substitute China a dose every two hours.

The further course of the pysemic process resembles that of typhus and the subsequent treatment is likewise like that

The more violent the paroxysms of fever and the longer the exacerbations last, the more imminent becomes the danger of inflammation. On this account the physician should be unflinching in his attention ; he should frequently examine the surface of the body, and especially the abdomen ; a physical exploration of the thorax is likewise indispensable. If the sensorium is depressed it is important that, during such explorations, the frequent respirations or any impediments to the act of breathing, the distortion of the features when pressure is made upon the face or muscles, should be carefully noted. Inflammations in the cutaneous cellular tissue, or in the muscles, in the internal organs, the joints, never fail to occur, and they have to be removed as speedily as possible. For the treatment to be pursued in such cases we refer the reader to the chapters on meningitis, arthrocace, pneumonia, puerperal fever, typhus.

Of excellent effect in the course of pysemia are ablutions of the body with dilute vinegar, two or three times a day. If pustules themselves on different parts of the body, they can be destroyed and their increase in number prevented by rubbing the parts with coarse, wet cloths. Larger pustules have to be opened with a lancet.

For the aphthous or diphtheritic exudations in the mouth and fauces we have in vain used Iodine, Merc. and Borax and the much vaunted Kali chloric and Arg. nigr. likewise fruitless. Generally these processes only cease with the removal of pyaemia. In the case of aphthae the frequent rinsing of the mouth with cold water; and in the case of diphtheritic exudations frictions of the buccal and pharyngeal mucous membrane with dry linen rags, or which have been dipped in water, render excellent service.

Abscesses have to be sought for with great care and, even deep-seated, have to be emptied as speedily as possible.

The dietetic and general precautionary measures to be adopted during convalescence are the same as those that have been recommended for abdominal typhus.

After the termination of the disease a high degree of an

782 Septicaemia.

and muscular debility generally remains. For the former Ferr. metall. carbon. or lacticum ; for the latter China Quinine 1, two or three doses a day, together with a strict diet.

Country-air is well calculated to promote convalescence.

In the British Journal Vol. 26, page 480, Lachesis is recommended for pyaemia. This agent may be adapted to some cases. In our hands a case of pyaemic phlebitis of the left lower extremity promptly yielded to Belladonna preceded by a few doses of Opium and a case of pneumonic pyaemia to Tartar emetic, H.]

17. Septicaemia.

Putrid Decomposition of the Mood.

[Anatomical Characteristics* The blood is of dark color, and does not turn red when exposed to the air; it loses solubility either totally or only partially, putrefies more in many cases, has an acid reaction. The serum has frequently a bloody color, the blood-corpuscles are partially dissolved, the blood-vessels are penetrated by their contents. In the interstitial tissues we frequently discover infiltrations with diastase.

Etiology. In most cases septicaemia proceeds from gangrenous localities or is occasioned by local processes of decomposition transformation into ichor. Not unfrequently it is the result of contagious or miasmatic influences, as in the plague, etc. Or it may arise by the decomposition of substances which ought to have been excreted but remain behind in the organism as in acute gastric and intestinal catarrhs, ichorous exudations. In many cases the etiological origin of the disease remains unknown, in which case the septic infection of the blood has been exclusively ascribed to the genius epidemicus or to endemic influences with which we are unacquainted.

Symptoms* The septic condition sets in with or without precursory symptoms. The precursory symptoms consist in weariness and heaviness of the body; in dull headache accompanied by a sense of dreariness, dulness and apathetic indifference; in restless and unrefreshing sleep; in dull, wandering pains in the limbs; in pressure at the stomach and in the loins; in loss of appetite with a sensation of repletion, and with an insipid or foul taste; in frequent chills with fugitive heat and an outbreak of sweat; in the secretion of strong-smelling urine.

Septicaemia. 783

Stools and evacuations having a foul odor. These symptoms have continued for a shorter or longer period, and sometimes preceded by any preliminary symptoms, a violent chill sets in followed by moderate or intense fever-heat. This heat has the peculiarity of imparting to the hand a stinging or biting sensation (characteristic of the higher and highest degrees of septicaemia). The symptoms of adynamia which now develop themselves resemble those that characterize the higher and highest degrees of septicaemia and plague. Most generally the septic symptoms make their appearance after the patients have become debilitated and apathetic to such an extent that they faint away when the least attempt is made to raise them or change their position. The first sign of septic decomposition is the fetor of the mouth, breath and the bodily exhalations likewise spread a putrid stench so that, whenever the patient raises the bed-cover by himself, a sickening stench affects the nostrils. Stool and urine

have a cadaverous smell. The dissolution of the blood is manifest by the following symptoms: readily-bleeding gum consequence of which the mouth, tongue, teeth and lips a black-brown appearance; frequent nose-bleed, vomiting of bloody and foul-smelling diarrhoeic stools, hfmaturia, from the vagina and uterus. Blood has even been known to from the canthi and ears. At the same time petechise mak appearance, either in the shape of ecchymotic spots or o of suffused blood in various parts of the body ; on part body which are exposed to continued pressure, bedsores b which generally become gangrenous. At the height of the inflammations of the meningse, pleura or peritoneum freq show themselves, with sanguineo-serous exudations, occas swellings of the parotid glands that soon become ichorou in the mouth and throat or pains in the joints, with eff bloody serum into the articular cavities.

If the disease reaches the highest degree of intensity, tinued sopor sets in, with trembling of extremities, sub tendinum, grasping at flocks, involuntary evacuations, c spiration and fainting fits, and the patients die from e

Course, Terminations, Prognosis. Cases consequent upon gangrene or the reabsorption of ichor, are very seldom p by preliminary symptoms; most commonly a chill occurs ve suddenly, after which the typhoid symptoms develop them with intensity and more or less rapidity. Such cases gen a very acute course, the adynamic and septic symptoms se

734 Septicaemia*

overwhelming virulence, so that a fatal termination take already in two or three days. Some cases run a milder co two, three or four weeks and upwards, and sometimes reco

Cases arising in consequence of a contagium or miasm or unknown causes, generally set in with precursory symptom intensity of the pathognomonic phenomena mostly depends the violence of the exciting cause or upon constitutiona If the prevailing type of disease is of a malignant char and the individual has a feeble, sickly or debilitated c the phenomena of septicaemia are generally very violent disease runs a rapid course. The most dangerous cases ar fever remits but little or not at all, the prostration i the septic phenomena make their appearance at an early p Nevertheless, even the most threatening symptoms should sufficient to discourage the physician: as in typhus, so ticaemia, the disease may have reached the acme of its i when all at once the fever abates while copious fetid sw out, or frequent discharges of urine take place, or bloo colored and fetid stools are passed, after which the dis gresses slowly towards final recovery.

In most cases death takes place by exhaustion, or in con of intense and frequent hemorrhages, or by paralysis, ga decubitus, gangrene in other parts of the body, or by ef a bloody serum into the various cavities of the body.

As after diseases we notice a long-lasting weakness of the organism, obstinate derangements of the digestive functions, the composition of the blood, a high degree of anaemia, a cachectic appearance followed by dropsy or marasmus.

As a rule the prognosis is doubtful. Very acute cases with trifling or no remissions are almost always fatal. Frequent vomitages; foul-smelling excretions, a fetid breath and perspiration, soporous conditions, the access of gangrenous decubitus, paralysis, rapid prostration with collapse of the features, the eruption of the petechiae, subsultus tendinum and grasping a vitiated constitution and depressing social circumstance favorable prognostic signs.

Treatment, When treating ichorous abscesses, ulcers or other wounds, or any other pathological processes where gangrene has supervened, we must always be prepared for the appearance of septic phenomena. In many cases septicaemia can be prevented by diligent washing of the abscesses, ulcers, wounds or

Septicaemia. 733

places with chlorine-water or with a solution of Xereosol frequently and carefully ventilating and fumigating the sick and by observing the most scrupulous cleanliness and attending to the most careful nursing of the sick.

As soon as chills or shiverings set in, we at once administer 1, or Chiniru arsenicos. 1 for the reasons that we give when treating of pyaemia.

In cases with precursory symptoms we likewise have chills which are generally succeeded by a more or less intense fever, acute diseases. From the beginning to the end the treatment is the same as that for typhus.

In great prostration with fetor of the mouth, fetid breath and sweat, we give Ars. 8 every hour.

This remedy not only moderates the burning fever and prevents the rapid prostration, but it has likewise a decided effect on the decomposition of organic material, by which means the further progress of the septicaemia is arrested and hemorrhages, decubitus are prevented.

Even if all reasonable ground for hope had disappeared, this may still prove an efficient remedy if the skin is cool, the features are collapsed, the patient is exceedingly prostrated, in a condition with muttering delirium, grasping at flocks, subsultus tendinum, petechiae, ecchymoses, involuntary, bloody and foul-smelling stools and even gangrenous decubitus.

Carbo veg. 6 in solution, a dose every hour or two hours prove serviceable in similar circumstances.

If the symptoms of adynamia prevail; if the patients are in apathy or sopor; if they faint when trying to raise themselves in bed; if, on trying to hold a thing, their hands tremble

trying to put out their tongue, it trembles; if, when lying on their backs they settle down in the bed, and if they pass blood-stained stools, we give China 1, or Chinin. ars. Phosph. 8, every hour or two hours (also Muriatic acid).

In many cases, especially if the septic condition has to be attributed to a contagium, the adynamia is accompanied by symptoms of extreme nervous irritation; the patients have a dry heat, are tormented with loquacious or noisy delirium, they show a circumscribed redness, their thirst is very great and is hurried and feeble, with grasping at flocks, subsultu catching at imaginary objecta, constant desire to get up

736 Septicaemia.

etc. For such symptoms we give Rhus tox. 3 every hour, if there are petechiae, bloody stools, meteorism and clammy sweats are

If a high degree of stupor prevails, if the skin is cool and the respiration clammy, the features collapsed, the pulse small and feeble, and if the petechiae or ecchymoses are of a bluish-gray color, Camphora 1, in hourly doses, has power to restore the sunken vitality and bring about a favorable reaction

For violent nosebleed, vomiting of blood, septic haematuria, hemorrhages from the vagina we administer with good success Ergotin 1, every two hours.

For excessive hemorrhages and their consequences we administer doses of Sulphuric or Nitric acid: 1, or Ferr. mur. 1, at

For long-lasting syncope with rapid prostration we alter the previously-mentioned remedies with Moschus 1; at the same time we feed the patient on broth in order to repair the waste loss of blood as speedily as possible.

Gangrenous decubitus or gangrene of other parts is treated under typhus.

During the burning fever we have the skin bathed with dilute vinegar or aromatic vinegar, or, if the prostration is very great, with wine and water.

As a beverage during the fever we resort to water with citric jelly or syrups. If the skin is cool and the patient very weak, dilute wine is preferable. If the patient threatens to fall into exhaustion, a spoonful of good wine may be given.

During convalescence the rules indicated for typhus have to be followed.

1

(Addenda from Kafka and from personal experience.)

[19. Gastromalacia.

Softening of the Stomach.

Anatomical Characteristics. In the case of children the mucous coat of the stomach, especially in the region of the pyloric sac, is found transformed into a gelatinous, colorless mass. In the case of adults, it has a dirty-brown color. There are often signs of gastritis or ulceration. During the formative stage of life the mucous coat is interstitially distended, soft and easily destroyed by scraping it with the back of the scalpel. It can no longer, as in its normal condition, be detached from the submucous cellular tissue. In a high degree of all the coats of the stomach decay and the shape of the stomach is sustained only by the thin, gauzy peritoneum which tears at the slightest touch; or else the stomach is perforated and its contents are poured into the abdominal cavity or, if the oesophagus is involved in the softening, into the thorax, more especially the left half. If the serous coat is intact, the stomach is distended with gas and chiefly contains a badly-colored, soapy fluid. The softened parts are never sharply circumscribed. Softening always commences in the mucous coat whence it spreads outwardly, frequently drawing the (oesophagus, the spleen and the left half of the diaphragm into the morbid process.

Etiology. Gastromalacia most commonly attacks children under a year old, whose constitutions have become deteriorated by want of proper nourishment, by disease or general neglect. It most frequently occurs after weaning.

Secondarily it is apt to set in as a sequel of cholera and sometimes it develops itself in the course of hydrocephalus or meningitis.

In the case of adults, gastromalacia always constitutes a secondary process developing itself in the course of malignant pyæmia, puerperal fever, acute tuberculosis, tubercular meningitis, etc.

The circumstance that softening of the stomach has been observed even within the case of perfectly healthy individuals who die shortly after a meal, and that the stomachs of infants a

47 (737J

738 Gastrointestinal.

are always found in a state of softening if they contain gas after the infants' death, has led modern pathologists to conclude that softening of the stomach is under all circumstances a *si mortem* appearance. It is possible and probable that many of the gastromalacias are simple post-mortem appearances in themselves; on the other hand it is likewise certain that many gastromalacias have been correctly diagnosed as independent diseases which were verified as such by post-mortem examinations.

Symptoms. The gastromalacia of children is usually an idiopathic

disease, at times manifests itself in the form of cholera times as a gastritis, again as an acute hydrocephalus and with the symptoms of a typhoid condition.

The cholera-form of the disease sets in with frequent vomiting of greenish, mostly sour-smelling slimy fluids; simultaneously occurring alvine discharges having a green color, of watery consistence, sour-smelling and corroding the anus; unquenchable sudden collapse, fainting turns, convulsions, coldness of the extremities, speedy supervention of sopor; such an attack begins without any precursory symptoms and with so much violence that the little patients are either saved or else succumb to the attack in twenty-four hours.

Or the symptoms of typhoid gastritis may set in suddenly without precursory signs: the children are very feverish, cry and want to drink and to be carried about all the time, belch frequently, vomit frequently without any relief, and have discharges from the bowels, which corrode the anus, are attended with severe pain and cause the little patients to draw their hands up to the abdomen. At the same time the region of the stomach is very painful, exceedingly sensitive to contact, the skin is hot and distended, the skin much warmer than usual. If we do not succeed in speedily arresting the attack, the patient dies very rapidly, the features collapse, the skin gradually becomes livid, the crying of the patients gradually changes to a continual wailing and they lapse into sopor or convulsions.

The hydrocephaloid as well as the typhoid form never without precursory symptoms. Most commonly they consist of continual diarrhoea, frequent eructations, occasional somnolence with sleeplessness, peevish or very irritable mood, pallor and depression of suffering of the countenance, loss of appetite. As the fever increases, the vomiting and diarrhoeic discharges become more frequent, the abdomen becomes bloated; the

Softening of the Stomach. 789

which had been hot hitherto, and the extremities gradually become cold, whereas the trunk and especially the abdomen feel hot. Soon the little patients become apathetic and, with their hands closed, lie in a soporous condition, from which, however easily roused when spoken to. They hurriedly grasp the trunk and hold on to it with both hands and are unwilling to relinquish their hold. Very often they start from their slumber with a cry and after looking about wildly, they relapse into their sopor. At the same time the children become rapidly emaciated, especially the neck; the pulse becomes smaller and more hurried, the evacuations acquire a foul odor, become watery, are destitute of fecal matter and distinguished from the urine only by their fetid smell; the respiration becomes short and labored and is often accompanied by a tormenting cough. Finally there is complete loss of consciousness and sensibility, the eyeballs protrude, spasms or convulsions set in, with symptoms of the most extreme exhaustion.

This hydrocephaloid condition is distinguished from true hydrocephalus by the absence of the pathognomonic signs of the

namely : rigidity of the nape of the neck, the piercing
lique, boring with the head into the pillow backwards, t
ished frequency of the pulse and respiration, the retrac
abdomen, the dilatation of the pupils and the automatic
at the head.

If the above-mentioned precursory symptoms usher in a ty
condition, the children have frequent attacks of vomitin
rhcBa while the supervening fever very soon reaches a hi
of intensity ; they do not sleep, the tongue and lips be
the nostrils have a sooty appearance; there is an expres
fering and anxiety in the countenance ; the little patie
rapidly emaciated, the skin looks pallid, they are very
want to be carried all the time and moan unceasingly. At
they quiet down, become cooler, and, owing to the aneemi
brain, lapse into a soporous condition which is genefall
of approaching death.

In some cases the symptoms are less striking and the dis
runs a chronic course; the diarrhoea and vomiting, the i
thirst, the bloating and painfulness of the abdomen, the
emaciation and the gradual prostration most commonly set
without fever, and, unless the disease is arrested, the
slowly die of exhaustion.

740 Gastromalacia*

The gastromalacia of adults is not characterized by snch
ing pathognomonic symptoms ; in the case of old people w
died of gastromalacia, derangements of the digestive fun
said to have slowly manifested themselves, with oppressi
pain in the region of the stomach, dryness of the tongue
developing marasmus are said to have been noticed withou
having been possible to localize the disease in any part

Course, Termination^ Prognosis. The course of gastro-
malacia is either acute, as when the disease breaks out
the form of cholera or gastritis, in which case it often
in twenty-four, thirty-six or forty-eight hours ; or mos
it is less acute, as when the disease assumes an hydroce
typhoid form, in which case it may run a course of sever
including the precursory spmptoms ; the disease may like
a chronic course, during which the morbid phenomena deve
themselves slowly and may continue weeks and even months

The disease either terminates in complete recovery, most
ally in its most acute or chronic form, or in death. Dea
takes place at the height of the acute process, amid con
or, in case the disease runs a slow course, by exhaustio
vital powers or in consequence of cerebral anaemia.

In the case of children, the prognosis is always doubtfu
most favorable in the very acute or in the chronic form.
fed, weakly, neglected and impoverished children are chi
to succumb to the disease.

Treatment. The treatment is to be conducted in accordanc
with the form under which the disease happens to manifes

If it assumes the symptoms of cholera, we resort to Ars. alb, 8, or Tart emel 8.

If the vomiting is chiefly sour and the stools have a so are watery and corrosive, attended with violent colicky the thirst is excessive, the extremities are icy-cold, a are covered with a cold and clammy perspiration and lyin state of torpor bordering upon insensibility, Ve give Ar tion, a teaspoonful every fifteen minutes.

If the vomiting is greenish and sour, and the act of vom preceded by paroxysms of nausea and fainting, the watery inodorous alvine discharges are very copious and attende severe colicky pains; and if the extreme collapse is acc by convulsions, we give Veratrum in the same manner.

Softening of the Stomach. 741

If tliese Rymptoms are accompanied by sopor instead of c Bions, we resort to Tart, emet^ same dose. These three r perfectly reliable and sometimes effect an improvement a first dose.

If the disease breaks out in the form of gastritis, Bell sovereign remedy which speedily moderates both the pains fever and arrests the vomiting and diarrhoea. We give th in solution, a teaspoonful every fifteen minutes, extend intervals as soon as an improvement becomes apparent. If provement sets in in two or three hours, we resort to th of Atropine 3 same dose and form, with which we have oft ceeded in subduing the most dangerous symptoms. At the s time we apply cold water compresses to the region of the and if the abdomen is painful and bloated, likewise to t If the whole body is very hot, we resort to general ablu dilute vinegar.

If, after the termination of the acute stage, the patien collapsed, with cold extremities, frequent diarrhoeic st convulsions, Ars. 8 or Laches. 6 may be resorted to, a f wine or brandy and water may be administered, the cold e ities may be rubbed with warm wine or brandy and envelop warm cloths, after which a favorable reaction and a gene improvement will sometimes set in even in cases that had hopeless.

If the disease breaks out in the form of an hydrocephalo are guided in the selection of a remedy by the febrile p the evacuations, the strength of the patient and the cer symptoms.

As long as there is fever and the evacuations continue f the children retain their strength, the brain is free, b is hot and heavy, we give Bellad. 3 in solution, every h

If the extremities are cool, the children are pale and l trunk is hot, the alvine evacuations are copious and sym sopor set in, we give Verat. alb. 3 in the same dose and

If collapse and signs of insensibility show themselves, sudden cries and starting from the deep sopor, or even c we depend chiefly upon Arsen. 3 in solution, every half hour. Tart. emet. 3, and Laches. 6, may likewise prove u such cases.

For typhoid gastromalacia we recommend Phosphor acid. 3 Shus tox. 3 in solution, every hour.

742 Gastromalacia.

If cerebral anaemia supervenes, we give Jrs. 8, and Ladi wine and water, etc., as for the gastric form of gastrom

The chronic form of gastromalacia requires Arsen. 8. Kre and Argent nitr. 8.

Kreosofe is excellent, if the sour vomiting and rapid em are prominent symptoms, the alvine discharges are not ve

Secale oomutum 3 is indicated by sub-acute attacks, with foul smelling vomiting, sensitiveness, heat and bloating region of the stomach, expression of distress in the cou sinking pulse, clammy and cold skin, prostration, fetid, discharges from the bowels,

Arg. nitr. 3 is indicated by a semi-paralytic condition intestinal canal, 'the beverage is at once discharged ag rectum with a rumbling noise, the stools are watery and and are only distinguished from the urine by their cadav A cure of such a cose of this kind is reported by Kafka second volume of the Hom. Vierteljahrsschrift, number 4,

The convalescence is generally very slow. Convalescent c have to be fed on good beef- or chicken-broth, milk, bar dry rusk, arrow-root, etc.

Gastromalacia generally setting in after the children ar we will here subjoin a few remarks about weaning.

Children should not be weaned until they are able to par other nourishment beside mother's milk.

Weakly or anaemic children who are troubled with acidity the stomach, dyspepsia or diarrhoea, have to remain at t until these morbid conditions are removed and the little look better and are more vigorous. Experience has shown such children do not digest the nourishment which is giv after they are weaned and that symptoms of gastromalacia very apt to supervene in consequence of the increasing w of their digestive powers. If such children show symptom dyspepsia or of gastro-intestinal catarrh, they have to to as soon as possible.

Children who are brought up on farinaceous diet, or with tits habitually in their mouths, are most commonly subje derangements. We have likewise observed the beginning of line of gastric and intestinal afiections which afterwar

gastromalacia, in the case of infants who are fed on coliment in the night, when mothers or nurses are too indolent warm it before giving it to the little ones. For this re

Goitre, Bronchocele. -'^^ 743

choice of food as well as its preparatioiv^nd t^^ime of to the children, are of the utmost importStnce.\ -^ ,

For children who have been weaned, t^most suitable kinds nourishment are barley-coffee, carefully-strjctned codo% in milk, skimmed milk sweetened with a^Uttfe stjg^r, bee chicken-broth without salt and at first mixedrjwiWi ^itt and sweetened with a small quantity of sugar ; tffter l^ salt may be added and some wheat bread-crust ^nay be -^a and boiled with the brofh. All this kind of notfrishmeri be given warm and in small quantities.

Children should be accustomed at an early age to a certa regularity in their meals; there should be an interval o three hours between one meal and the next in order to pr overfeeding and give the food a chance to be properly as Fresh well-water, not too cold, is the best drink for ch intestinal catarrh supervenes, a slimy decoction, such a water, arrow-root or slippery elm may be substituted in of water.

By observing these rules, gastromalacia can be prevented vigorous and healthful development of the infantile orga be secured.

19. €k>ltTe, Broncliiocele.

Derbyshire Neck,

Goitre is a well-known enlargement of the thyroid body i of the neck. Sometimes the enlargement involves only one the gland, but most commonly both lobes are hypertrophie

This disease is endemic in many parts of the United Stat especially in districts where limewater is habitually us ing and drinking purposes. It is remarkably prevalent in shire, England, and in some of the deep, damp valleys of land. The river Saskatchewan in British North-America is notorious for its goitre-producing qualities.

The structure of goitre varies ; it may consist of a sim ment of the blood-vessels; or the capsules of the parenc the gland may be distended by a gelatinous fluid. We hav thyroid glands enormously enlarged and of an osseous har Sometimes the enlargement chiefly takes place on the ins ing respiration and even threatening suftbcation. If a s often seems to defy all treatment it is because the sore upon this internal enlargement of the thyroid body, whic scarcely visible on the outside. "We have known cases of

744 Goitre, Bronchocele.

terminating 5n tubercular phthisis; in such cases the st the goitre, from the incipency of the disorganization, with that of the tubercular deposition.

TreatmenU For all practical purposes it is suiBcient to guish the simple vascular enlargement of goitre, and the trophy of the thyroid parenchyma. The cartilaginous, sch and tubercular disorganization may resist all treatment, not in all cases.

In unacclimated individuals first coming under the influ lime water, we have sometimes succeeded in arresting an goitre by causing the patient to consume quantities of l sour fruit, and to drink water acidulated with lemon-juj vinegar.

A simple vaccular enlargement of the thyroid gland often to Aconite alone; sometimes Aconite and Iodine have to b alternation internally and compresses of a weak solution may have to be applied externally.

We sometimes employ with a good deal of success compress of bay-rum with which the tincture of Iodine is mixed in proportion of one drachm of Iodine to a quart-bottle of a weak solution of Iodine being at the same time used in even very hard, cartilaginous goitres sometimes yield to treatment.

The tincture of Iodine rubbed upon the goitre, has been paratively little use in our hands. We have derived more from the Iodide of Potassium-ointment and a solution of of the salt used internally every day.

Another excellent application is an ointment of the Iodi Mercury, Some persons are very sensitive to the action o ointment, and it has therefore to be used with great car one-sixteenth of a grain of the Iodide has been known to the skin most shockins^ly. We have succeeded in removing large and rather soft goitres with an ointment containin one hundredth part of a grain of the Iodide.

There are cases of goitre where Spongia, or roast sponge be given internally and an ointment of Spongia has at th time to be applied externally. In other cases CaJcarea a sulphuris may be required to act upon the constitutional tion. Goitre is very apt to reappear even after it had s have completely disappeared under the influence of appro treatment. H.]

ALPHABETICAL INDEX

OF TBB

DISEASES TREATED OF IN THESE TWO VOLUMES.

(The Roman figure II refers to the disease described in

Page

Abscess, s= Psoas, see Psoitis.

Abscess, retropharyngeal 294

Add stomach, see Catarrh of the stomach, acute and chronic... 859 and 879

Acne II 478

rosacea II 482

Adiposis II 714

Adipositas cordis II 882

Albuminuria, see Bright' s disease.

Amenorrhoea II 65

Ammoniaemia, see Uvemia.

Amygdalitis 284

Amyloid liver 541

Anæmia II 687

of the brain 66

, congenital, II 701

- , consecutive, II 709

^-, secondary, II 711

Anasarca, see Dropsy.

Aneurysms II 486

Angina catarrhalis 281

- parotidea 814

pectoris IL. 405

tonsillaris 284

Anthrax II 508

Aphth» 279

Apoplexy, cerebral 70

Arteries, inflammation of the, II 486

Arthritis II 640

-^— deformed II 684

Ascarides 493

iVscites, see Dropsy.

Asiatic cholera II 613

Asthma II 811

Ataxia, progressive locomotor II 425

Atrophy of the liver, acute yellow... 642

Aurigo, see Jaundice.

Barber's itch II 480

Biliari calculi.. 564

Bilious fever 422

Bladder, inflammation of the 625

, paralysis of the 684

Blennorrhoea of the coi^junctiva, acute 242

chronic 243

of the urethra II 1

of the vagina, see Gonorrhoea of
the female and leucorrhssa.

Blood, deflcient, II 687

> pale, II 687

Bloody urine 629

Bones, inflammation of, II 410

Bottle-nose II 482

Bowels, inflammation of the 485

, occlusion, obstruction of the... 479

y stenosis of the 479

Brain, anaemia of the 65
f concussion of the 92
f congestion of the, see Brain,
hypersemia of the.
; dropsy of the, see Hydrocephalus 99

, hypersemia of the 57

, Inflammation of the 86

, yellow softening of the 99

Breasts, see Mammse.

Bright's disease of the kidneys 696

Bronchia, acute inflammation of the,
II 104

, chronic inflammation of the, II. 210

; dilatation of the, II 284

Bronchitis, acute, II 164

, chronic, II 230

Bronchiectasia II 234

Bronchocele II 736

Calculi, biliari. 564

J renal 614

Cancer, see also Carcinoma.
aquaticus.... 807
of the mammsB II 100
of the womb II 81

(745)

746

Alphabetical Index.

Capsular hepatitis 581

Carbuncle II 603

Carcinoma of the liver. 569

of the stomach 875

— , see also Cancer.

Cardialgia 891

Carditis II 847

Caries of the vertebra®, see Spondylitis 120

of vertebra, see also Pott's disease.

(Catalepsy 177

Catamenia, see Menses.

Cataract 256

Catarrh 268

, acute laryngotracheal, II 107

f chronic laryngotracheal, II 129

— — , chronic intestinal 413

^ intestinal 404

f simple intestinal 406

of the stomach, acute 809

— ^ chronic 879

of the urethra II 1

of the vagina II 20

Catarrhs intestinalis 404

— ventriculi acutns 859

— ventriculi chronicus 879

Catarrhal fever 422

Cellular tissue of the intestinal canal,

inflammation of the 451

Cellulitis 451

Cephalalgia 220

Cephalffimatoma 218

Cerebritis, (see also meningitis) 94

Cei*ebro-spinal meningitis 180

Chancre II 548

Change of life II 87

Chest, dropsy of the, II 842

Chicken-pox, see Variola.

Child-bed fever^ see Puerperal fever.

Chlorosis II 624

Cholelithiasis 564

Cholera, Asiatic, II 618

infantum 418

sporadica 408

Cholérine 408

Chorea .* 170

Cirrhosis of the liver. 589

Clap, see Gk>norrhooa.

Climacteric period II 87

Climaxis U 87

Codcum, inflammation of the. -... 440

Cold in the head. 263

Colic 468

Concussion of the brain :. 93

Congestion of the brain, see Brain,
hypextemia of the.

of the lungs II 150

Congestive chill, see Intermittent
feveh
Conjunctiva, acute blenn(M*rh<>i of

the 243

1 ehronic blemiorrhoa of the 243

i catarrhal inflammation of the 237

, scrofulous inflammation of the 249

Coi\junctivitis blennorrhoeica. 242

catarrhalis « 237

Bcroftilosa 249

Consumption, dorsal 129

Convulsions of infants and parturient women, see Eclampsia infantum and partarientium.

Copper-nose II .• 483

Coiiea, inflammation of the •^ 2~6

Comeitis 2r6

Coryza 203

Coxalgia II 427

Coxarthrocace 11 427

Critical Age II 87

Croup, membranous, II 113

Cystitis 625

Cystoplegia 634

Cystospasmus 633

Dandriflf II 470

Debility, see Anaemia.

Degeneration of the heart, fatty, II. 383

Delirium tremens 11 463

Dentition, see Eclampsia infantum.

Deranged stomach, see Catarrh of the stomach, acute and chronic ...359, 379

Derbyshire neck II 743

Diabetes melitus „ 617

Dlaphragn:!, hernia of the, II 324

, inflammation of the, II 323

Diaphragmitis II 323

Diarrhœa, - for the various forms of
diarrhœa, see Catarrh, intestinal, 404

to 413

^ chronic, see also Catarrh, in-
testinal 418

Dilatation of the heart II 881

of the veins 11 438

Alphabetical Index.

747

Pan

Dilatation of the bronchia 11 284

Diphtheria 296

Diphtheritis 296

Dorsal consumption 129

Dropsy 11 , see also Anasarca, As-
cites 645

- of the brain, see Hydrocephalus 99

- ^ of the chest II., see also Hydro-
thorax 842 '

- of the lungs II, see also (Edema

of the lungs 807

Dysentery, catarrhal 455

, epidemic 457

Dysmenorrhœa 11 60

Dyspepsia, acute, see Catarrh of the
stomach, acute 859

^ chronic, see Catarrh of the sto-
mach, chronic 879

Dysphagia inflammatoria 8*36

Ear, inJQammation of the inner 258
, inflammation of the outer 261
Eclampsia 154
infantum 154
parturientium 168
Ecthyma II 499
Eczema II 490
Emphysema of the lungs 11 286
Emprosthotonos, see Tetanus.
Encephalitis, (see also Meningitis)... 94
Encephalomacia 108
Enchondroma II 420
Endocarditis II 847
Enlargement, see Hypertrophy.
Enteralgia 468
Enteric fever, see Typhus.
Enteritis 485
Enui-esis nocturna 681
EpUepsy 189
Epistaxis 209
Erysipelas II 455
Erythema II 458
Eyes, inflammation of the, see ophthalmia.
of newborn infants, inflammation of the 247
Face-ache 227
Falling, see Prolapsus.
Fatness, see Obesitas.
Fatty degeneration of the heart II... 882
liver 540
Favus II ~... 606

Page

Febris gastrica catarrhalis, mucosa

et biliosa 422

icterodes II 603

Fever and ague II 568

, bilious 422

catarrhal 422

, enteric, see Typhus.

, gastric 432

, intermittent, II 568

mucous 422

, puerperal, . II 84

> spotted 130

typhoid, see Typhus.

yellow, II 602

Fish-skin II 473

Fluor albus II 20

Fothergill's prosopalgia 237

Furuncle II 508

Gangrene of the lungs II 808

Gastric fever 422

Gastritis 801

Gastrodynia, see Cardialgia.

Gastromalacia, II 787

Gland, inflammation of the parotid 814

Glossitis 811

Glottis, (Edema of the, II 187

y spasm of the, II 140

Glycosuria 617

Goitre II 736
Gonarthrocace II 4⁰
Gonitis II 430
Gonorrhoea of the female II 22
^ of the male II 1
Gout II 640
Gravel 614
Green-sickness II 624
Grippe II 1 2
Gums, scurvy of the 8C2
Gutta rosacea II 482
Haematemesis 888
Hematuria 629
Headache 220
Heart, dilatation of the, II 881
fatty degeneration of the, II... 882
, hypertrophy of the, II 872
inflammation of the, II 847
palpitation of the, II 879, 899
Heartburn, see Catarrh of the sto-
mach, acute and chronic... 859 and 879
Heloosis II 145

748

Alphabetical Index.

Ilelminthiaslfl 492

Hemicrania 221

Hemiplegia, see Paralysis.

Hemorrhage in the kidneys. 009

– from the lungs II 164

from the nose 269

from the stomach 888

from the womb II 66

Hemorrhoids ^ 485

Hepatitis, acute 528

> capsular 581

^-i chronic 637

Hernia of the diaphragm II 824

Herpes II - 486

- circinnatus II 490

, facial, II 487

Iris II 490

- , preputial, II 487

Zoster II 488

Hiccup II 828

Hip-disease 427

Hip-joint, inflammation of; II 427

Hives II 466

Honey-comb tetter II 606

Hydrocephalus, acute 99

- - - (stricte sic dictus) 109

Hydrothorax IT 842

Hypersemia of the brain 67

<-^-, constitutional, II 681

of the liver 622

of the lungs II 150

Hypertrophy of the heart II 872

of the liver 688

Hypochondiia 207

Hypochondriasis, see Hypochondria 207

Hypopyou 256

Hysteria 190

Ichthyosis II 478

Icterus 654

Impetigo II 497

Indigestion, acute, see Catarrh of the
stomach, acute 859

Inflammation of the arteries IL 486

of the bladder 625

of bones U 410

of the bowels 485

.- of the brain 86

of the breasts II 95

_ of the bronchia, acute, 11^ 164

_ chronic II. ...~ 210

Pftg*

Inflammation of the cellular tissue •

of the intestinal canals 451

of the coccum 440

- ^ of the conjunctiva, blennorrhoea 243

catarrhal 237

scrofulous 249

of the cornea 256

of the diaphragm II 323

of the inner ear- 258

^-- of the outer ear.. ^ 261

of the heart II 847

of the hip-joint II 427

of the iris 256

of the joints II 436

of the kidneys 506
of the knee-joint II 430
of the larynx 107
of the liver, acute 629
chronic 687
of the capsules of the liver.;.... 631
of the lungs II 248
of lymphatic glands II 445
of lymphatic vessels A glands II 443
of the nose 268
of the oesophagus 826
of the ovaries II 45
of the pancreas 678
of the parotid gland 814
malignant 817
of the periosteum II 410
of the peritoneum 508
of the pleura II 825
of the psoas-muscle II 421
of the rectum, catarrhal 445
of the sclerotica«-.* 256
of the spinal cord 110
of the spleen. 578
of the stomach 861
of the tarsus II , 488
of the testes II 18
of the tongue 811
of the tonsils 284
of the trachea 107
of the urethra II 1

of the veins II 486
of the vena porta 533
of the vertebrse, see Spondylitis 120
of the womb II 27
»- puerperal, II 84
Influenza II 183
Insufficiency of aortic valves II 894

Alphabetical Index.

749

Tnsiifficiency of mitral valve IT 888
Intercostal neuralgia II 450
Intermittent fever II 663
Iris, inflammation of tlie 256
Iritis 356
Irregularities, menstrual 47
Irritation, spinal 135
Ischias II 447
Itch II 607
Jacob's ulcer II 483
Jaundice 664
Joints, inflammation of, II 426
Kidneys, diseases of the 680
y hemorrhage in the 609
, inflammation of the 686
Knee-joint, inflammation of, II 430
Laryngitis submucosa II 137
Laryngotracheitis catarrhalis acuta

II 107

*- chronica II 129

crouposa II 112

Laryngotracheal catarrh, chronic, II 129

Larynx, inflammation of the, II 107

, ulcers of the, II 145

LeucorrluBa II 20

Lichen II 474

Liver, acute yellow atrophy of the... 642

, carcinoma of the 669

, cirrhosis of the 638

, fatty 640

•^- , hyperemia of the 622

- , hypertrophy of the 638

, acute inflammation of the 629

f nutmeg- - ... 688

, waxy or amyloid 641

Lockjaw, see Tetanus 178

Lumbago II 422

Lumbrici, see Worms.

Lungs, congestion of the II • 160

, dropsy of the, II 807

J emphysema of the, II 236

- ^, gangrene of the, II 808

J hemorrhage from the, II 164

-^- » hyperaamia of the, II 160

, inflammation of the, II 243

» oddema of the, II 807

, plethora of the, II 160

Lupus II 488

Luxation, spontaneous, see Hip-dis-
ease.

LymphadenitiB acuta II 442

Pn<r«

Lymphadenitis chronica II 446

Lymphangioitis II 442

Lymphatics, acute inflammation of,

II 442

Lymphatic vessels and glands, chron-
ic inflammation of, II 446

Malaria, see Intermittent fever.

Mamm», cancer of the, II 100

, Inflammation of the, II 05

Mania-ar-potu, see Delirium tremens.

Marasmus II 711

Mastitis II 95

Mastodynia II 99

Measles II 613

Megrim 221

Melituria C17

Membranous croup II 112

Meningitis 86

cerebro-spinalis 180

spinalis, see Inflammation of

the spinal cord 110

Meningitis, tubercular, granular, ba-
silar 99

Menorrhagia, see Menses, profuse.

Menostasia, see Amenorrhea.

Menses, difficult, II GO, 61

^ profuse, II 67

, scanty, II 60
J suppression of the, II 65
Menstrual irregularities II 47
Mentagra II 480
Metritis II 27
puei'peralis II 84
MetrCHThagia II C6
Miliaria II 469
Morbilli II 618
Mumps 814
Myocarditis II 847
Myelitis, see Inflammation of the
spinal cord 110
Nasitis 268
NephritU 686
Nerve, neuralgia of ischiadic, II 447
Nettle-rash II 466
Neuralgia" Fothergilli, see Prosopal-
gia.
interoostalis II 4.';0
of ischiadic nerve IL 447
spinalis 136
trigemini 227
of the vagina II 92

750

Alphabetical Index.

Page

Neuralgia of the womb II 89

Noma 807

Nose, hemorrhage from the 269

 f Inflammation of the 268

 bleed 269

Nutmeg-liver 688

Obesitas II 714

Occlusion, obstruction of the bowels 479

Odontalgia 828

 (Esophagitis 826

 CBSophagus, inflammation of the 826

 (Edema glottidis II 187

 of the lungs II 807

Oligwmiall 687

Oophoritis II 45

Ophthalmia, see Conjunctivitis, Cor-
neitis. Iritis, Bcleroiitis.

 - neonatorum 247

Opisthotonos, see Tetanus.

Orchitis II - 18

Orthotonos, see Tetanus.

Ostitis II 410

Otitis externa. 261

 interna 258

Ovaries, inflammation of the, II 45

Ovaritis II ; 45

Oz8Bna 264

Psedarthrocace II 420

Palpitation of the heart II 879, 899

Palsy, see Paralysis.

Pancreas, inflammation of the 578

Pancreatitis 578

Paralysis 188
, progressive muscular, II. 424

Paraplegia, see Paralysis.

Paresis, see Paralysis.

Parotitis 814
– malignant 817

Pemphigus II 501

Perforating ulcer of the stomach 868

Pericarditis II 847

Pericardium, inflammation of the, II 847

Perihepatitis 531

Periosteum, inflammation of, II 410

Periostitis II - 410

Peritoneum, inflammation of the 508

Peritonitis - 503

Perityphlitis 440

Pertussis II 198

Phlebitis II 486

Phlebectasia II 488

Phthisis, see Tuberculosis.

Paes 485

Pityriasis 11 470

Plethora, constitutional, II 681
of the lungs II 150

Pleura, inflammation of the, II 325

Pleurisy II 825

Pleuritis II 825

Pleurothotonos, see Tetanus.

Pneumonia II 248

Pneumorrhagia II 154

Pneumothorax II 843

Poly»mia II 681

Polypi in the nose 2C7

of the rectum 450

Polysarcia II 714

Pompholix II. 501

Porcupine disease II 473

Pott's disease II 410

see also Spondylitis ... 120

Proctitis 445

Progressive muscular paralysis II. ... 424

Prolapsus of the rectum 451

of the womb II - 88

Prosopalgia 227

intermittent 238

Prurigo II 476

Pruritus vulva II 88

Psoas-abscess, see Psoitis.

Psoas-muscle, inflammation of the, II 421

Psoitis II 421

Psoriasis II 473

Ptyalism 819

Puerperal inflammation of the womb

II 84

fever II - 84

Pulmonary hemorrhage II 154

Py»mia II 728

Pylephlebitis - 583

Pyrosis, see Heartburn.

Quinsy 284

Ramolissement, see Softening.

Ranula 824

Rash II 469

Rectum, catarrhal inflammation of
the 445

9 polypi in the 450

, prolapsus of the 451

Renal calculi 614

Retina, inflammation of the 256

Retinitis 207

Alphabetical. Index.

Paff«

RetropliaTyiigeal abBcesa 294

RhachitlB U 416

Rheumatism 11 680

, arthritic H 684

J acute articular, II 680

^ chronic articular, II 688

i acute muscular, IL «• 682

Rickets IL 416

Ring-worm, see Herpes Iris.

Roseola IL 465

Round ulcer of the stomach 86S

Rubeola II 465

Running from the nrethr% see Go-

norrhcaa, Urethritis.

Rupia 11 499

Salivation 819

Scabies 11 607

ScaMJiead II 606

Scalp, bloody tumor of the 218

Scarlatina 11 622

Scarlet-fever II 522

Sclerotica, inflammation of the 256

Sclorotitis 266

Sciatica, see Ischias.

Scorbutus II 649

Scrofulosis II 652

Scurvy IL 649

of the gums •-.... 822

Seborrhoea II 605

Septicemia II 782

Shingles 11 488

Singultus II 828

Smallpox II 682

Softening of the brain, yellow 99

of the stomach, see Gastromalacia.

Sore throat 281

Spasm of the bladder 682

of the facial nerve 234

of the glottis IL 140

of the stomach 891

Spasmus nervi facialis. 284

Spermatorrhoea IL 16

Spina ventosa IL 420

Spinal cord, inflammation of the 110

irritation 185

Spleen, see Hypochondria 207

^ inflammation of the 573

Splenitis 678

Spondurthrocaoe, see Spondylitis..... 120

Spondylitis 120

751

Pag*

Spontaneous limping, see Hip-disease.

luxation, see Hip-disease.

Spotted fever.. 180

Stenocardia 405

Stenosis of the bowels. 479

of caidiac orifices II 889, 896

Stomach, acid, see Catarrh of the

stomach, acute and chronic, 859

and 879

derangement of the, see Catarrh
of the stomach, acute and

chronic 859 and 879

acute catarrh of the 859

chronio catarrh of the 879

^ carcinoma of the 875

■, hemorrhage from the 888

•. inflammation of the 861

>, chronic or perforating or round

ulcer of the 868

softening of the, see Gastroma-
lacia.

, spasm of the 891

i weak, see Dyspepsia.
Stomatitis 278
Stone-pock II 478
Strophulus n 474
Summer-complaint. 418
Suppression of the menses II 56
Sycosis II 480
Syphilis II 542
^ secondary, II 648
, tertiary, IL 551
Tabes II 711
dorsalis A 129
T»nia solium, see Tape-worm.
Tape-worm 494
Tarsus, inflammation of the, IL 488
Teething, see Dentition.
Testicles, inflammation of the, IL... 18
Tetanus 178
Tetter, scaly, IL 472
n 486
, see also Herpes.
Throaty catarrhal inflammation of
the 281
- , sore 281
Thrush, see Aphtha 279
Tic convulsif...? 284
douloureux, see Neuralgia Fo-
thergilli.
Tinea capitis IL 606

752

Alphabetical Index.

Tongue, inflammation of the 811

Tonsillitis 284

Tonsils, inflammation of the 284

Toothache 828

Tooth-rash II 474

Trismus 178

Tuberculosis II ^ 658

Tumor albus genu II 430

of the scalp, bloody 218

Tussis convulsiva II 198

Typhlitis 440

Typhoid fever, see Typhus.

Typhus II 676

Ulcer, Jacob's 488

of the stomach, chronic 868

Ulcers of the larynx II 145

Ulcus perforans ventriculi seu rotundum 868

Urticaria II 7J:0

Urethra, blennorrhosa of the, II 1

, catarrh of the, II 1

of inflammation of the, II 1

Urethritis II 1

Urine, bloody- 629

Urticaria II 466

Uterine hemorrhage II 66

Uterus, see Womb.

Vagina, catarrh of the, 11 20

^-, neuralgia of the, II 92

Vaginismus II 94

Vaginitis II 20

Vaginodynia II 92

Valve, insufficiency of mitral, II 888

Valves, insufficiency of aortic, II 894

Valvular diseases II 888, 899

Varices II 4*8

Varicose veins II 488

Varicella, see Variola.

Variola II 63a

Varioloid, see Variola.

Veins, dilatation of, 11 438

inflammation of the, IT 406

Vena porta, inflammation of the 5^2

Venereal disease II 542

Vertebral*, inflammation of the 120

Vertigo 69

St. Vitus' dance, see Chorea 170

Wasting palsy, see Progressive muscular paralysis.

Waterbrash, see Catarrh of the stomach, acute and chronic... 859 and 879

Waxy liver 541

Weak stomach, see Dyspepsia.

Wetting the bed 631

White swelling II 430

Whites, II 2)

Whooping-cough II 198

Wolf II 483

Womb, cancer of the, II 81

— r-f hemorrhage from the, II 66

, inflammation of the 27

^, neuralgia of the, II 89

, prolapsus of the, II 88

, puerperal inflammation of the,

II 84

Worms 492

Yellow atrophy of the liver, acute... 542

fever 11 602

Zona U 488