BOSTON UNIVERSITY

Practiced by

THE SCIENCE, THE ART OF THE PRINCIPLES OF HOMEOPATHY,
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TBASf1LATBD AHD BXBIOHBD WITH BUMBBOUB ADDITIONS

KAFKA AKD OTHER SOURCES^  

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VOLUME IL C?^32

BOERICKE & TAFEL, No. 146 GRAND STREET.  
1875.

Entered according to Act of Congress, In the year 1860,  
BOERIGKE & TAFEL,  
In the Clerk's Office of the District Goort of the Southern

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A. DISEASES OF THE MALE SEXUAL ORGANS.

1. VrethriaUs.

GcnorrJUa^ Catarrh of the Urethra^ BlennorrhxBa of the Mucous Lining.

If we liave not made a distinction between virulent and virulent gonorrhmcBa, it is because the last-named diseas and indefinite and, moreover, of such rare occurrence, t allusion to the same will sufELce for all practical purp
tation produced by foreign bodies in the urethra (calculi, etc.); or it may be caused by excessive sexual intercourse, interfering the menstrual flow, irritating drugs, etc., although reluctantly by the latter; it may likewise have a catarrhal and, finally, may constitute a symptom of other inflammations 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 produced by an infectious blennorrhoea of the urethra, is always occasional contact; and, although we cannot deny the possibility that gonorrhoea may result without sexual intercourse, yet in the majority of cases it may be boldly asserted that an impure cause of the disease. Of course, the patients make every effort to conceal the origin of their trouble. What conditions and influences have to co-operate in order to produce an infection is difficult to determine: all we know is, that the same woman will infect one person without infecting the other. The degree of sexual excitement may possibly constitute an additional cause of infection; at all events it is remarkable that novices are almost always infected.

1 (1) Diseases of the Male Sexual Organs.

Regarding the nature of the gonorrhoeal contagium, opinions still differ. Some deny the specific nature of the contagium, placing it in the same category as the secretion of epidemic blepharophthalmitis; they assert that gonorrhoea is caused by contact secretion caused by an intense catarrhal inflammation of the vagina. This view is not entirely unfounded, and is more particularly supported by the circumstance that gonorrhoea does not superinduce constitutional diseases. Others attribute to the gonorrhoeal specific character, and the power of producing constitutional diseases, concerning whose essential actuality and nature, we shall offer some farther remarks in the following paragraphs. The gonorrhoeal virus has even been supposed to be identical with the chancro 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 Pearl St., New York, is the best work on this important subject now extant, in the literature of our School; no physician who desires to have a full and accurate knowledge of the various opinions now regarding the nature of the gonorrhoeal virus and the syphilitic contagium, or of the manifold disorders which they are capable of producing, from the simplest blennorrhoea to the most terrible organization, or of their homoeopathic treatment as conducted in accordance with strictly and unimpeachably scientific principles, can do without this work.]

Symptoms and 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, although the patients are very apt to indicate a longer period. Usually, 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, sequence of differences inherent in the degree of infect the secretion, as has already been noticed when speaking norrhea of the eyes. The affection commences with a titillating, sometimes even voluptuous sensation in the ure which a small quantity of a transparent, slimy secretion charged by which the orifice is glued together in the mo

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this stage the visible portion of the urethral mucous me 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 titilllati 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 seem If the urine is emitted in larger quantity, the pains du emission are less severe, but so much more violent immed after. The concentrated urine, moreover, causes an incre on which account the first discharge of urine early in t is the most distressing. The orifice of the urethra now swell quite perceptibly, the lips look very red. The sec remains scanty, looks yellow or greenish-yellow, is th the linen with yellow or greenish-yellow stains, and, in is easily squeezed out in an increased quantity. The sen of the urethra to pressure now extends to the fossa navi The erections, especially at night, become more frequent tinuous, causing the patient great pain in consequence o ing of the exceedingly sensitive urethra; emissions now rarely. Shortly after this, the purulent secretion incre tity, but preserves its greenish-yellow color. The parts the discharge, the glans and prepuce, swell; the smegma more abundantly, excoriations and small superficial ulcer themselves. The inflammatory irritation of the prepuce e results in phimosis or paraphimosis. The further extension disease is evident from the fact that the urethra now is its whole length. It is only in a few cases that the gon remains confined to the anterior portion of the urethra. called inflammatory stage seldom lasts less than eight d ally a fortnight. General febrile symptoms are seldom pr what might be considered as such, is owing to the mental ment of the patient and to the intensity of the pain. To end of this first stage the discharge generally becomes but its color changes more and more to that of a whitish and assumes a more fluid consistence. At the same time t at urinating abate almost entirely, leaving at most only able feeling, the erections become less frequent and pai the other hand, the nocturnal emissions are apt to be mo and to be followed by slight exacerbations. The white se 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 term
five to seven weeks amid a gradual abatement of all the

Such a simple and favorable course does not by any means constitute 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 inflammatory stage may be protracted beyond the above-named pe In the next place we sometimes observe inflamed spots in porhood 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 imatory 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 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 triflance 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 not ordered if they desire to be freed from their distress. Fibrations will occur during gleet, which, if they do not result from acute gonorrhoea, cause some pain at urinating or a 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 instead of rendering it more inveterate.

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

We shall devote a few lines to the so-called gonorrhoeal disease and gonorrhoea! metastases. Hahnemann speaks of two kinds of gonorrhoea, a benign kind which may be regarded as a local cause of stricture may be a contracting cicatrix in the which case the bougie is alone capable of affording help. Stricture may depend upon infiltration and subsequent hypertrophy of the tissue surrounding the urethra, in which sometimes felt externally like a hard, elongated swelling.

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resemblance to the syphilitic contagium, by which is meant does not develop, as a more or less regular consequence constitutional malady, and that it acts like the contagium ophthalmic blennorrhoea and similarly to the contagium of scarlatina, etc. Or shall we consider these contagia as cause their respective diseases sometimes leave severe c derangements behind them? In our opinion, a gonorrhoeal disease neither exists, nor is it at all possible. At all intense gonorrhoeal infection, including, of course, the in which it is often treated" gives rise to a constituti is wrong to hold the gonorrhoea responsible for it, any that it may have acted as the exciting cause or the spar have ignited the accumulated combustible material. This supported by a number of analogies, whereas the other vi for its proof a mass of speculative hypotheses. Let the this doctrine be invited to point to a case of gonorrhoeal disease. If such a thing did at all exist, it cer be difficult to pick out a dozen cases among the tens of that have been treated for gonorrhoea. And then it would cumbent upon them to show that in those cases the gonorr a simple blennorrhoea and not caused by a syphilitic ulcer man has not made this distinction, nor is it probable t mann did so.
Gonorrhoeal metastasis, is likewise a theory of very que authenticitiy. 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 gonorrh 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 I2th 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,

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main localized in the ninary 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 gonorro 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
ing to an explanation which is itself unintelligible. If
consider a statement of this kind as disrespectful to Ha
him consider that it is much better to admit defects tha
close one's eyes to them. How many cures has any homoeop
physician made in accordance with Hahnemann's precepts ?
mal gonorrhoea runs a course of five to seven weeks. How

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

We boldly assert that most homoeopathic physicians empl
means and methods in order to secure the cure of gonorrh
the gonorrhoea disappears in the fourth week, we are ent
consider this a cure. It will scarcely ever yield in a s
of time. Hartmann admits that this disease cannot be cur
means of a strict comparison of the symptoms, and that w
get along without resorting to a certain empiricism. "We
with him in this opinion ; hence the reader must not exp
the use of each of the following remedies accounted for
eration of the symptoms.

For the first stage of an uncomplicated gonorrhoea there
better simile and no more efficient remedy than Mercurius.
This drug has the whole group of symptoms ; tickling in
thra when touching it at urinating, the tickling is of a
sort, attended with violently excited sexual desire; gre
purulent secretion from the urethra, with traces of bloo
mation of the prepuce and glans with balanorrhoea; break
little sores ; urging to urinate, with frequent and pain
etc. The choice of Mercurius is therefore in strict acco
moeopathic principles, but does not depend, as Hartmann
upon the resemblance of the gonorrhoeal to the chancre-v
does not exist. If Hartmann states that he has cured but
goanThoea with Mercurius, we do not find this strang
rius is not sufficient to a cure, and even if it were, i
the disease at once, for it cannot be cut short by inter
Let it suffice to state that most homoeopathic physician
curius as long as the inflammatory symptoms continue. So
the above-mentioned complications likewise require Mercu
allude more particularly to inflammatory infiltrations o
tate and to the parts adjoining the urethra. It is surpr
such infiltrations scarcely ever occur if the gonorrhoea
Mercurius from the beginning. If chordae sets in, M
is indicated by the cause producing the chordae. Gonorrh
boes likewise require Mercurius. The doses should not be
we have always had more success with the second triturat
with the higher attenuations ; one or two grains every m
\en every other morning are quite sufficient ; it may
able to continue the use of this drug longer than ten da
ight.
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Hepar sulphuris is the best remedy to give after Mercari symptoms referring to the disease are not very character the sccess 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 cnius 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 inflammi odi of gonorrhoea, with almost unceasing painful erecti ocially at night, violent urging to urinate, with inabili 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 inflammato 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 Thuaya, 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.

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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 ion; it is one of the most obstinate plagues both to t and patient, and its removal is so much more difficult 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 distinguish between a cure effected by the action of Nature and the remedy.

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

Nitric acidum competes with Thuya, but will scarcely ever useful, except in the secondary form of gonorrhoea. As a seems to act best in cases where Thuya had proved useles

Petroleum has been recommended in former times, but is now generally abandoned on account of its inefficiency. It has likewise been recommended in the acute form particularly if the neck of the bladder is very much inv gicum 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 depende certain. In strictures occasioned by chronic-inflammatory infiltra tions it is an important remedy. Clematis erecta and Nit however, be tried first for this trouble. Strictures dep the presence of cicatrices in the urethra, are beyond th internal treatment and have to be managed by surgical me bougie, etc.

The following remedies have likewise either been used or mended. In acute gonorrhoea: Balsam, copaivcBy Tussilag Petroselinum; the last-named remedy deserves the most at

Urethritis. Ill

although it is not used maeh by practitioners generally. Culebec^ Agnus castus^ Mezereum^ lodium^ Phosphori dddum

[In several inveterate cases of gonorrhoea, where inject been used for several months without the least benefit, effected by Eafka by means of the internal use of Matricovian 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 tionally that a real gonorrhoea yields in a few days to homoeopathic treatment; it generally takes weeks to cur ease, and even then the gradual transformation of the disease gleetish discharge cannot be avoided. Have we not yet the right remedies? Or do we not make a proper use of t medies we have? In this condition of things it certainl
us to ascertain how gonorrhoea is treated by physicians. 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 w treatment is attended with severe pain, and that it is danger as regards the supervention of strictures. This last circumstance is of course flatly deified by the partisans of or aborting method. Astringent injections after the inflammatory stage is passed, frequently lead to good results, nor ar dary effects attended with the danger involved in the fo method; nevertheless they are not absolutely reliable, a happens that the gonorrhoea breaks out again after a sup of several days. Large quantities of Copaiva and Cubebs times suppress the discharge for a few days, but it freq turns again with a renewed fierceness and changes to a m obstinate gleet. In addition to these disappointments intestinal canal is sometimes very much weakened by thes Moreover it is our conviction that these two drugs are t frequent cause of gonorrhoeal orchitis and of the peculi rheal rheumatism, neither of which conditions has ever to us under a strict homoeopathic treatment.

Upon the whole, we are willing to admit that these sever ods of treatment are now and then crowned with brilliant but on the other hand we believe that they do not counte

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the dangers incident to this treatment; we believe that rhcea treated in this manner, without being cured, becomingly inveterate. Hence we prefer, under all circumstanc slower but safer homoeopathic treatment, were it for no reason than that it never does any positive harm. It mig worth while to ascertain how often a strict homoeopathic of gonorrhoea has resulted in orchitis, strictures, cyst cases will be few indeed. Another advantage of the homoe treatment of gonorrhoea, which is readily perceived and by the patients, is the circumstance that they need not themselves distressing inconveniences. It is well, howev the attention of the patient should be directed at the v mencement of the treatment to the difference between the pathic and the homoeopathic methods.

The patient's mode of living constitutes an important pa treatment of gonorrhoea. The views of physicians differ this respect. Some doctors torment their patients half t their pedantic dogmatism in regulating the diet and gene of living. Abundant experience has satisfied us that so pedantic care is uncalled-for. The patient may take exer should avoid all severe exertions and remain as much as a recumbent posture. Every patient should wear from the good suspensory which we do not, however, regard as a pr against orchitis. The usual diet may be pursued with the exceptions: The patient must abstain from fat food, eat erately, avoid spices, spirits, wine and beer, and likew ing 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 frequen
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' atten
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

persuing 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 effect 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
goof 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
dated 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
cause. Severe exertion or the discontinuance of the
sensors 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
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

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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 gonorrhoeal 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.

Treatment. 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 continue it until the inflammation begins to abate. For orchitis chronic urethritis, Clematis erecta is preferable. This good service after Mercurios, even better than Pulsatill however, has more decided symptoms referring to such a c 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 nUUr.j especially if tient is tainted with syphilis and has taken a good deal The subsequent enlargement of the testicle, if of recent quires in the first place ClenuUiSy likewise locUum; Har proposes Staphysagria^ and, if the enlargement had laste Aurvm met and Sulphur. Udocynthis has helped us out very in two cases of violent rheumatic pains in the thighs whated from the testicle and had remained behind after an

If the orchitis does not originate in gonorrhoea, a few icines deserve attention. If caused by a contusion of th Arnica has to be given, afterwards Conium or Pulsatilla^ Hartmann adds Calendula officinalia. If it is caused by a metastasis of parotitis, Bhus tox.j Belladonna j 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 18 uation of Aconite; the first tablespoonful of a solution ules in half a tumbler of water, produced an almost inst 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 rhoeal discharge, with swelling and inflammation of the cord of the affected side, high fever, flushed cheeks, g intolerable restlessness. Belladonna given internally an temally, in the proportion of fifteen to twenty drops of extract to half a cupful of water, controlled the inflam swelling, after other remedies had been tried in vain. H

These remedies are likewise to be used in chronic primar ings of the testes. Some of these swellings are, indeed, cure, especially those having a tubercular origin; in so however, even of long standing, the result of our treatm deed very etriking.

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

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

8. Spenaatorrbccea.

By this heading we, strictly speaking, comprehend a flow without any sexual excitement. However, in order to avoi necessity of resorting to a number of sub-divisions, we together in this chapter abnormal nocturnal emissions as
various other morbid derangements of the male sexual organs; 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 are of a morbid nature or belong to the normal standard. This can only be determined by the manner in which the male sexual sphere is influenced by the local phenomena; whether the organ is abnormally disturbed, or whether the procreative powers are paired 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, cause a so-called irritablid weakness in the sexual sphere. In the former case is permanent and in the latter case temporary. This fact is most strikingly witnessed in diabetes and tuberculosus. In the last-named condition the excessive irritability of the sexual organs contributes to hasten the general decay. A second cause 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 violation of the sexual organs; which is too much overlooked by physicians. Yet certain that thousands might, by a timely warning, be saved from 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 do not occur oft leave for days a sensation of languor and debility, and depression. They are likewise abnormal if they occur seven in one night or week. Moreover every emission that takes place during the waking state, with or without any special cause, is to be regarded as abnormal. The consequence of such abnormal losses very soon show themselves: Paleness of the face with dark margins around the eyes; insufficient sleep; dulness of the head; aching in the head; vertigo; irritable, sensitive temper; aversion to society, work, and, after a while, a deranged appetite and deficient assimilation.

Spermatorrhoea, properly speaking, consists in a loss of urine, at stool, without any cause or 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 were carried on in a normal manner.

Irritable weakness of the sexual organs is sometimes the but more frequently the consequence of both the previous
tioned anomalies. The sexual excitement occurs too easily and vehemence, without possessing sufficient energy and consequently 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 usually disposed to irritable weakness which, under abnormal influences, sometimes attains to such a degree of intensity that it 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 and frequently only temporary disorder, except when depending upon debilitating incurable constitutional diseases, such as diabetes or tuberculosis, or when depending upon the loss of one testicle.

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

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

In treating most of these forms of sexual weakness, the life and psychical 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 afflicted with weakness of the sexual organs, more especially with excessive pollutions, because they live too well; it is a mistake that this waste is repaired by a nourishing diet, since it is well known that some persons are living in circumstances which prevent them from 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 going to sleep with a full bladder or a full stomach, either in the daytime or at night. Certain beverages, such as spirits and hop-beer, must be avoided. Beer-drinkers are very apt to deny the debilitating influence of hop-beer on the genital organs; that this influence 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 even tobacco, have 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 bodily fatigue diminishes sexual excitement and brings it back 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. Severe mental labor is sometimes preferable to bodily exercise, especially in the case of hypochondriacs and onanists. This leads us to a consideration of psychical influences as a means of cure. Every physician knows that the evil consequences of nocturnal emissions, to some extent, of self-abuse, are more imaginary than real. Persons are made hypochondriacs by reading books that fill them with fear and trembling at the excesses they may have been guilty of.

Spermatorrhoea. 19

former days. Encouraging advice does them more good than medicine. Self-abuse is prevented much more certainly by comforting encouragement than by picturing the consequences of such in the most frightful colors. In dealing with sexual weakness, we are in the first place necessary to depress the fancy, anplace 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, referring to this subject, inappropriate; the multiplicity of the phe would leave too many gaps. The symptoms being all confined to 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 remedies practical value has been verified by experience, and we in accordance with the different divisions adopted for the disease.

For excessive emissions, with increased irritability: Cantharides, Nux vomica, Camphora, Phosphorus; with diminished irritability: Conium maculatum, Phosphorus acidurij, Clematis erecta, Digitalis purpurea, China.

For spermatorrhoea: Phosphorus acidurij, Calcarea carbonum, Cantharides. Among all these remedies Digitalis, in particular Digitalin has the best effect. A few doses of this medicine are generally sufficient to plete cure or at least a marked improvement. The medicine should be given in the morning; in the evening it is very apt to disturb the night's sleep. [Gelsemin given for a period of time has cured spermatorrhoea. Stillington is likewise an excellent remedy for nocturnal emissions and spermatorrhoea. H. 7.]

Irritable weakness requires besides the remedies mentioned for spermatorrhoea and nocturnal emissions, the followin Caladium seguinum, Selenium, Nitri axndum, Agaricus runus if the weakness borders on impotence, Aegus castus, Capsicum annuum, 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

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

Among the external agents that may prove useful in the t ment of these affections, cold water occupies the first some forms of irritable weakness cold ablutions of the s or sitz-baths are sufficient; but where the whole nervo involved, a rigorous and systematic water-cure treatment able; it not only helps to invigorate the constitution, to give exercise and tone to the mental energy, which is 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^ Leucorrhxa^ Whites.

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

The virulent catarrh or gonorrhoea of the female is caus gonocr.'hoea of the male, by contact with gonorrhoeal mat never develops itself from an intensified simple catarrh catarrh is one of the most common derangements of the fe It originates in a variety of causes. In the first place mention as exciting causes such as act directly upon the gans: excessive coition, self-abuse, miscarriage, and t confinements which, if occurring in too rapid succession always cause leucorrhoea. Ascarides likewise cause catar charges from the vagina, by crawling from the anus into named organ; pessaries should likewise be mentioned. Th causes, however, are not local, but have a constitutiona menstrual disturbances, a sedentary mode of life, abuse chlorosis, scrofulosis, tuberculosis, and the various de in our modern systems of education, which have already b alluded to in the chapter on hysteria. A vaginal catarrh ever owing to a mere cold, except perhaps at the time of ses, at which period the tendency to this derangement is marked. With reference to age, the trouble occurs most f
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 hyperemia 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, sud 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 volved in the inflammation, 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.

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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 of nine years. It was caused by sitting on a cold stone. The vagina and vulva were much inflamed, and the purulent and yellow-greenish discharge exceedingly profuse. The disease was radically cured in about a week with the German tincture of Aconite and a of Iodine. H.

A simple acute catarrh is, upon the whole, a very rare disorder. Inasmuch as, with the exception of slight differences, it 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 sensitiveness to contact. Soon after, the mucous membrane is seen injected, the external pudendum becomes swollen and inflamed, in consequence of which walking is impeded, and a mucous-purulent discharge makes its appearance the same as in gonorrhoea of only more copious and generally of a bad odor. Some individuals, according as the disease is more or less intense, experience febrile motions, lassitude, depression of strength, drawing pains in the lumbar and sacral regions, dull pains in the pelvis, sen contact, difficulty of urinating. Upon the mucous membrane well as in the neighborhood of the vagina, we often noti and small flat ulcers. This inflammatory stage lasts, as of the male, from eight days to a fortnight. As the pain the discharge becomes thinner, more milky, and, in favor abates little by little until it ceases entirely in a fe commonly, however, the discharge continues for months, case the uterus is considerably involved, the gonorrhoea chronic and exceedingly obstinate. The infectiousness of charge does not become extinct until it has lasted a lon

Chronic catarrh very generally arises from the acute for in most cases takes place without any preliminary acut scanty slimy secretion from the vagina occurs in most fe

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either as a constant discharge, or before or after menst even a profuse discharge after several confinements stil a normal secretion; at any rate the women themselves do upon it as anything unnatural. It is only when the disch excessive, or when it occurs in children, that we are ju regarding it as a morbid phenomenon. Under the operation of the above-named exciting causes the discharge continu crease in quantity and to gradually disturb the constitu librium. The discharge is at times of a glassy transpare times milky, and less frequently purulent; it may becom fuse that the patients may not be able to leave their ro stains on the linen are generally stiff and grayish, les yellowish; it often excoriates the external parts and t this is not owing to the quantity of the secretion, but and perhaps to the sensitiveness of the skin. The discha scarcely ever uniformly the same; sometimes it has rem even intermissions, is generally most copious before or menses, and frequently even takes their place entirely.
ine secretion is very tenacious, mucous plugs are easily deposited in the cervical canal, and an increased accumulation of mucus takes place in the uterus which causes labor-like pains that cease all at once as soon as the mucus has been expelled. The anatomical changes accompanying this condition of things consist in interstitial pufing and swelling of the mucous lining which even in polypous formations; the follicles, known as the bothi, are likewise altered, their orifices becoming closed by continued secretion; they are particularly seen at the shape of small, prominent, transparent vesicles. The ulcers are either flat, catarrhal erosions, or else the suppurating transformed into more deep-seated rounded ulcers. More recently a degree of importance has been attached to the ulcerative process of which it is not possessed in real chronic catarrh, similar ulcerations take place without being derived from the ulcers, or the symptoms from the ulcerative process generally. Why should be done in a case of uterine catarrh? It cannot be denied that the last-named ulcers give rise to pain, especially during coition, and that they may even cause slight hemorrhages; but it is able whether such accidents impair the general health as is supposed. It is much more natural to regard the generality and the nervous phenomena as simple consequences of the catarrhal disease, and to derive the ulcers from the irritation produced by the act of coition in individuals with a peculiar predisposition for such derangements. On hearing of so many physicians who make female diseases a specialty and trot around with their specula, promising the afflicted a speedy cure, we cannot but suspect such vagabonds of impure designs. These ulcers of the cervix fare no better than many other modern discoveries in medicine; at first everything is explained by means of them, until repeated disappointments satisfy us, that the discovery was no great thing after all.

The consequences of catarrh to the general organism vary both in extent and in intensity. Many women who have been afflicted with profuse leucorrhoea for years preserve an appearance of perfect health; others, on the contrary, are very much affected by an inconsiderable discharge. One of the most common consequences is the strudal irregularities, generally scanty menses. Moreover, the patient is nervous irritable, backache, aching pains in the small of the back, hemicrania, hysteric spasms set in. The patient looks sick, with a grayish, dingy complexion and dark margins around the eyes. If the discharge is very profuse, symptoms of anemia make their appearance. The faculty of conception is not very much influenced by uterine catarrh, otherwise women afflicted with it, would not conceive so readily. If the mucous lining is considerably puffed up, and the uterine canal closed by plugs of mucus, it is of course that conception must be very much interfered with. The worst thing that can happen to the patient is the shock to the nervous system caused by the co-existing titillation of the genital 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 much intensity, but usually makes an inroad upon the constitutional well-being, and leaves the urethra unirritated; at least no pus can be 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, simvolves a loss of time. Mercurius has all the symptoms of

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flammatory stage: Itching, smarting and burning in the sexual organs; increased sexual desire; inflammatory swelling of the vagina and external pudendum, with sensiveness 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 of 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 first find a suitable remedy among those that have been recommended for gonorrhoea of the male. Hepar sulphuris may be required, Nitric acidum or Thuya. Nitri acidum is particularly suitable if the discharge looks bad, is mixed with blood and has a bad odor; Thuya is more suitable if condylomata are present. For marked urinary difficulties Cannabis and Cantharides may be resorted to.

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

Regarding -4r7U*ea, 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 wrong to attribute these symptoms to infection; they are caused by the contusion of the external labia, attended with an intense burning at urinating, and even retention of urine, owing to the inflammation of the external labia and of the internal organs. Arnica meets this condition. [Belladonna and even Aconite are often required to control the swelling and inflammation of the labia.]

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 than any other remedy.

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Other remedies which are likewise adapted to the acute form of catarrh, 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 gleet; the use of local remedies is much more practicable in the former than in the latter. We merely mention the names of the remedies in order to effect a cure, will have to be compared with care with the pathological phenomena; the large number bearing upon this affection, renders the use of a good Repertory indispensable. The most important and most frequently required remedies are: Calcarea carbonica, Ferrum, Graphites, Lychnis viscosa, China, Sepia, Kali carbonicum, Mezereum, Phosphorus, Platina, Sabina, Lodiun, Gonium, Aluminn. We will endeavor to classify these drugs in accordance with some of the most important indications, referring the reader for more minute symptomatic 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 remedies suitable are: Calcarea carbonica, Sepia, Phosphorus, Graphites, Alumina, Natrum muriaticum; for leucorrhoea setting in in the place of the menses: Pulsatilla, Sabina, Zincum, China, Natrum muriaticum; and subsequently to the menses: Bovista, Lodiun, Sulphur, Sepia, Graphites, Lycopodium.

In the case of chlorotic individuals, if fluor albus is the consequence, not the cause of the anaemia, we resort to: Ferrum, Calcaria, and Arsenicum; if the anaemia is caused by the loss of fluids involved in the leucorrhoeal discharge, China, Ferrum, Lycopodium, Natrum muriaticum, Stannum are required.

The nervous phenomena attendant on the discharge, are more generally found under Ignatia and Platina; and if self of the causes, Zincum, Nux vomica and Ignatia may be exalted. In the case of patients of a somewhat advanced age, the remedies may be preferable: Kali carb., Natrum muriaticum, Mezereum, Lycopodium, Sepia.

In dietetic respects all that is needful to do is to avoid everything that has a tendency to excite or keep up the discharge; this is easily neglected if the patient's whole mode of living is chargeable with the disorder. In such a case marvellous cures are recorded. 

Metritis, Inflammation of the Womb. 27

http://www.archive.org/stream/sciencetherapeu00kafkgoog/sciencetherapeu00kafkgoog_djvu.txt
a visit to these or those springs, whereas a little common sense might teach that the same results can be obtained with much less trouble and expense by pursuing a regular course of proper diet and 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 bathing is sometimes a sovereign remedy for the most obstinate uterine catarrh to the indications furnished by the physiological experiments experimented with common salt.

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

ft. Metritis.

Inflammation of the Womb.

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

The common causes of metritis are, like those of acute catarrh, deleterious influences acting directly upon the uterus, ally excessive coition, obstetrical operations or foreign bodies in the cavity of the uterus; or the causes may be more general, such as a cold, or violent emotions; these influences affect the more readily at a period when the organ is in a state of congestion at the time of the menses. If the menses suddenly cease at the commencement of inflammation, we have no right to conclude that this suppression is the cause instead of the consequence of the inflammation. Chronic metritis generally a worse form, or is occasioned by causes similar to those in which acute catarrh is occasioned.

Symptoms and Course. The disease usually commences with a chill which is at once followed by pains in the region of the pelvis. If the parenchyma is alone affected, the pains are violent, aching, boring, throbbing, stitching or lancing, seated deep in the pelvis, are accompanied by a most painful pressing downwards resembling feeble labor-pains; they are in pressing upon the abdomen, by very active respiratory motion, and erect posture, and they radiate to the back and thighs. If the serous covering is likewise involved, the pains become more acute, the sensitiveness to contact and extends over a larger surface. The volume of the uterus not being sufficiently increased, it cannot be felt through the abdominal integuments; on exploration the uterus is found to be more acute, and the cervical portion is softer, more swollen and tender than in the normal condition. The constitutional symptoms are of different degrees of intensity. Fever is never entirely absent.
is not generally very violent; the pulse is generally small and hard. The stomach sympathizes most readily in this disease of appetite, coated tongue, nausea, retching and vomiting common. The bowels are constipated, the passage of the feces attended with tenesmus, urination is impeded and sometimes quite impossible. If the disease breaks out during the menses, immediately and in their place a discharge sets in as in ulceration of the uterus. If the menstrual period happens within the disease, the menses either remain suspended, or else blood is more copious, sometimes even amounting to an hemorrhage. In the further course of the disease the discharge from the uterus is apt to become purulent, and if, which occurrence, abscesses form within the substance of the uterus is discharged. The disease runs an acute course of about a fortnight, when, if no particular complications exist, a discharge sets in as in acute catarrh of the uterus. If the menstrual period happens within the disease, the menses either remain suspended, or else the flow of blood is more copious, sometimes even amounting to an hemorrhage. In the further course of the disease the discharge from the uterus is apt to become purulent, and if, which occurrence, abscesses form within the substance of the uterus is discharged. The disease runs an acute course of about a fortnight, when, if no particular complications exist, convalescence takes place; which, however, is frequently incomplete, inasmuch as the discharge from the uterus is apt to remain bloody. Among the most important complications we number an inflammation of the peritonaeum which is apt to occur and by which the course of the disease is very much protracted and the metabolism is very much aggravated. In such a case the inflammation sums the form of diffuse peritonitis, with a very dubious prospect. In a case of this kind, the patient being a robust young pregnant and the attack having occurred between the menstrual periods, a copious discharge of thin pus from the vagina about the tenth day, so that it was scarcely possible to keep a sufficient supply of clean cloths under her. This was of course followed by extreme weakness owing to which her recovery was very delayed. Previous to this discharge nothing of any sort passed her.

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Metritis of pregnant females can scarcely ever be recognized with perfect certainty unless the enveloping membrane of the uterus becomes more or less involved. It may be supposed to exist if febrile motions, vomiting or retching, meteorism, the gravid uterus whether touched or not, set in the first months the inflammation extends over the whole body in a most aggravating manner, and if the latter is very intense during the period of parturition, labor is usually painful; and, if abscesses form, rupture of the uterus may easily take place. After confinement metritis generally takes the form of puerperal metritis, of which we shall treat in the next chapter.

Chronic metritis is upon the whole a somewhat obscure condition. It generally remains as a consequence of acute metritis, and may develop itself spontaneously under the operation of various causes that may give rise to chronic catarrh of the uterus; enlargement, interstitial distention, ulceration of the vaginal portion, obstinate leucorrhoea.
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 conce
much impaired by both the acute and chronic form of metr
although the possibility of conception cannot altogether

Tretiment* 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

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happened to be located, for the additional reason that t
in my district were in the habit of indulging in the exc
of coffee. 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
cline 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 inflammatio
ladonna^ more particularly, if the sensation of heavines
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, th
heres, or is discharged in the shape of an ichorous, fet
violent burning and a sensation of fulness in the vagina
ployment of Belladonna is called for so much more pressi
We refrain from commenting upon the last passage, for we

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

"A similar affection occasioned by a violent fit of chag
cially after confinement, yields most speedily and sure
dose of Chamomula. In such a case the lochial secretion
more profuse, and, if it was already white, it again cha
discharge of quantities of blackish, coagulated blood. N
quently we see metritis set in after the inordinate use
mile-tea, which unreasonable midwives will allow their p
confinement in spite of all the warnings of physicians.
cases Nuzj Ignatia^ Pulsatilla^ each according to the sy
the disease, will be found to be the best antidotes. We
to what we have said above concerning the one dose of Nu
over we doubt the value of Chamomilla as a remedy in met

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

Sabina may be given if the menses set in in the form of
rhage during the course of the inflammation, attended wi
like pains that spread to the thighs. This remedy will l
found applicable in other forms of metritis; we are led
clusion because Sabina which is so often employed as a m
producing abortion, is apt to cause inflammatory conditi
uterus.

Other suitable remedies will be found in the next chapte
puerperal fever ; or for the remaining traces of metriti
reader to the remedies recommended for catarrh of the ge
mucous lining ; or finally, in case the peritoneum shoul
AflFected, the remedies for peritonitis may be consulted
well to watch convalescent patients for a time lest chro
should remain behind.

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For this disease we do not possess any Similia in the rigorous sense of the term; our provings have not as yet disclose pathogenetic virtues in our drugs as can be considered to the pathological symptoms. Hence we shall have to select remedies in accordance with accessory symptoms. A most important symptom is the discharge from the vagina, and next to this character of the menstrual functions. The most noteworthy drugs in this direction have already been mentioned in the previous chapter. They are: Sepia, Platina, Lycopodium, Graphite maculatum, Arsenicum album, Natrum muriaticum, and finally Sulfur. Sulphur is especially appropriate if the chronic disease remained after an acute attack, in which case it is superior to any other remedy.

In bad cases of endometritis Kafka proposes Kreosotum and Secale cornutum. He writes: "If the lochia have a dirty-color and a fetid odor, and ulcers have broken out on the external pudendum, the question is to check the further spread of the diphtheritic process as soon as possible. At the commencement of this disease we resort to Kreosotum in solution every two hours and for this purpose lukewarm water to which from 10 to 15 drops of Kreosote are added. The injections have to be repeated every three or four hours. The diphtheritic exudation soon becomes detached and the lochia and ulcers of the vagina assume a healthier appearance.

In very bad cases of this kind, if the diphtheritic process has spread over a large surface, the lochia have a dirty-color and a fetid odor, and ulcers have broken out on the external pudendum assume a gangrened appearance, we prescribe Secale cornutum in order to induce more powerful contractions and to detach and expel the necrosed cellular tissue. We will relate a striking case of this kind from our former practice. In a case of septic metritis setting in consequence of a very tedious labor that lasted over 72 hours, the phenomena were all present; the patient grew weaker from hour to hour, she ceased to answer questions and was pale as death; yet she had her senses; the extremities were cool, and the hydrsemia which had already set in, had given rise to oedema round the ankle. A gangrenous ulcer in the vagina had already destroyed a considerable portion of the nymphae. Without being acquainted with the physiological effects of Secale, we proposed the external and internal use of this drug. We gave five grains of the powder every two hours, and ordered injections into the uterus every two hours of the same strength of one drachm of the powder to one pound of water. After the sixth injection violent labor-like pains set in which removed a black, excessively fetid coagulum that had filled the cavity of the uterus and consisted of decaying detritus. The patient who in the mean while had fainted as if dead, was washed with wine and, after her consciousness had been restored by the inhalation of some diffusible stimulant, she partook of small quantities of Malaga.
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 every 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 slow 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 chapter) we give Camphora 1, one or two drops on sugar of milk every two hours, at the same time ordering injections of Camphor into the uterus in the proportion of one drachm of the spirits of 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-corpuscles and increasing the chances of a favorable reaction. This result is a very rare one. However, if we succeed, we then discontinue the Camphor, and resort to Kreosote in order to keep up improvement.

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

Parenchymatous metritis and metrophlebitis set in with frequently-recurring chills. These chills are more especially ominous if symptoms of puerperal fever are at the same time present. In such cases, which are generally of the worst kind, we at once give Ckinin 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 we 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 Conf
discuss in this chapter not only the simple puerperal inflammation of the tissues of the uterus, but likewise puerperal fever, speaking, and shall, as far as possible, explain the differences between 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, and very frequently to the peritonseum, although no specific cause can be assigned for each of these different localizations. The disease originates more especially in the circumstances under 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 involution, even in perfectly normal conditions, is attended with inflammatory action and a general febrile excitement. Hence, even if the process of parturition takes place ever so normally, we have to carefully weigh every circumstance which the most trifling cause 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.

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

True puerperal fever, under circumstances of which mention will be made by and by, develops itself from the uterine inflammation and originates without any such special cause. Various hypotheses have been resorted to in order to explain this pernicious malady, but all these hypotheses are still unproven. What is certain is that the composition of the blood is altered, that exudations take place with a most decided tendency to suppuration, and that a general dissolution of the blood, as in typhus, is apt to occur. It seems as though this decomposition of the blood were not depending upon the puerperal condition, but may have existed already previous to confinement, which is inferred from the circumstance that fever and various local symptoms are already perceived during 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 and anxiety. If, as Scanzoni asserts, pulmonary tuberculosis is a protection against 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 causes that have been indicated for simple metritis; two weighty circumstances, however, have yet to be added. One is the epidemic appearance of the disease, which shows that general atmospheric or 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 circumstance is the communication of the disease by infection. In this respect although not by any means agreed, incline to the theory that the disease is not communicated by a contagium, but, like chills, miasmatic agencies. We do not deem it expedient to discuss this matter more fully in this place. A number of cases in ly

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hospitals undoubtedly originate in this source, although exceptions.

Symptoms and Course. In order to intelligently appreciate the phenomena characterizing the morbid process of which we are speaking, it is well to familiarize one's mind with the changes that this morbid process develops. The disease commences in the first days after confinement, at a period when the uterus has not yet completed the process of involution. This return to a normal condition is checked by the inflammation, on account the uterus remains larger than in its normal condition, its walls are soft and flabby. The interstices of the internal lining sometimes puffed up only in part, and covered with a purulent secretion; and at other times they are covered with a croupous, membranous exudation, more especially round the portion where the placenta was attached. All such exudations incline very strongly to gangrenous disorganization, in which case the mucous is transformed into a fetid, dark-colored pulp. The uterine parenchyma scarcely ever remains uninvaded; sometimes, however, its inner layer only is interstitially distended and infiltrated. If the inflammatory process spreads, exudation takes place here in the muscular layer, with abscesses or ichorous deposits become involved in the inflammation, and likewise the lymphatic vessels, after which a more or less considerable perforation is scarcely ever absent. In consequence of a further spread of the inflammation of the veins and lymphatic vessels, the femoral vessels not unfrequently become inflamed and closed up, giving rise to the so-called phlegmasia alba dolens; or else metastatic abscesses originate in consequence of the inflammation communicating to remote parts.

Simple puerperal metritis rarely commences before the second, and equally rarely after the eighth day of confinement, almost always with a severe chill followed by burning heat. At the same time or very soon after, the uterus becomes painful, with or without pressure, and very soon shows a decrease of resisting power. Generally the lochial discharge ceases as soon as the inflammation sets in. One of the most common symptoms at the very outset is a violent, painful vomiting and retching, and more or less frequent diarrhoeic discharges with tenesmus. The fever is very intense; the pulse, if vomiting is present, is at first empty, but soon one hundred, and afterwards full and hard. The patients
mented by a desire for cold water, their features are co

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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 u ally seen on the external pudendum, which are covered wi or a croupous exudation. If the disease runs a favorable and if no complications develop themselves, it may gradu nate in recovery in one or two weeks, with a return of t a decrease of the local pains, and a resumption, on the skin, of its normal functions. The last-mentioned change quently attended with the breaking out of a rash and pro spiration.

But if decomposition of the inflammatory products in the takes place, we are led to suspect the occurrence of suc by the supervision of severe rigors followed by heat, t comes more frequent and smaller, and collapse sometimes place with extraordinary rapidity. The vagina now discha fetid, dark, ichorous fluid, mixed with exudation-shreds ulcers on the pudendum assume a suspicious look and beco gnored. At the same time the local pain may disappear en at least it scarcely ever increases in intensity; a pro tive diarrhoea now breaks out; nor are complications in wanting, such as a copious exudation in the peritoneal c With this series of phenomena simple metritis, under the of the causes described in the paragraph on etiology, pa true puerperal fever, that is, a general decomposition o takes place very speedily. The pulse now becomes very sm frequent, all pain disappears, the features collapse, as verous appearance, the skin is burning hot and very dry, looks as in the most violent form of typhus. The diarrhoe foul, bloody or dysenteric, and the vomiting sometimes r Very bad symptoms are a vomiting of the color of verdigr intense meteorism. The secretion from the vagina is eith arrested, or else exceedingly ichorous and decomposed. G erysii)elas of the integuments is a very common attendan dreadful disease.

In cases where this putrescence of the uterus sets in as aflection, not as the result of a process of decomposit course of simple metritis, the signs of an intense const ease are generally manifest already previous to the peri ment, although the indications may be so vague that it i ways easy to interpret them correctly. The patients have

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cachectic appearance, complain of a feeling of languor, shiverings, without much heat. Labor is tedious, the pai tressing and feeble, the child is often still-born, the labor out of all proportion, the uterus is sensitive to afte such preliminary symptoms a violent chill and othe tonis of metritis set in suddenly two or three days afte
ment, a malignant puerperal fever may be confidently expected, which most commonly terminates in death after a very short period of time.

Phlegmasia alba dolens is one of the most striking and frequent metastatic inflammations occurring during the course of metritis. It is occasioned by the inflammation of one or more of the larger femoral veins. Amid severe pain, sometimes high up in the limb, sometimes in the knee or leg, the limb swells very from above downwards, frequently to an enormous size. The swelling is white, shining, painful, elastic in the lower grades of the disease, and at a later stage retaining, like oedema, the imprint of the finger. The motion of the limb is either rendered difficult or impossible. If the superficial veins are inflamed, they appear down 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, cause a fatal termination by an invasion of the peritoneum, and true puerperal fever is undoubtedly one of the most fatal diseases with which we are acquainted.

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: appearance of the milk from the breasts, or suspension of secretion with cord-like indurations; redness radiating towards one focus, with stitching and tearing pains in the breasts. Short, pressed breathing; anxiety with oppression; distressing, lancing, labor-like pains deep in the abdomen, with painful pressing towards the sexual organs and the anus, and constant urging to bowel which cannot be gratified on account of a contract in the rectum (for which Belladonna is almost a specific); discharge of a coagulated, fetid, black blood, or suppression of the lochial discharge; meteorism of the abdomen, without eructations or emission of flatulence, attended with stinging-digging pains in the abdomen, violent, sometimes only moderate thirst, and occasional difficulty in swallowing; violent pressing headache, especially in the forehead; turgescence of the veins of the head and conjunctiva, with contraction or dilatation of the pupils, which imparts to the eyes a glassy appearance; not unfrequently optical illusions are present, such as sparks, luminous vibrations; photopsia, amaurosis; headache rendered intolerable by motion and also by moving the eyes, the patient sometimes loses his

http://www.archive.org/stream/sciencetherapeu00kafkgoog/sciencetherapeu00kafkgoog_djvu.txt
becomes furiously delirious; sleep is generally restless. If constipation is present it will disappear, after Belladonna, together with the pains in the abdomen. Generally speaking. Belladonna deserves particular attention if a fever assumes the character of typhus, if symptoms of meningitis or encephalitis become apparent, and the affection origi

violent paroxysm of emotional excitement." This complex
toms does not clearly inform us in what particular case IB really indicated. We make this remark in order to sho

impracticable such a vast enumeration of all the symptom is in the treatment of a disease whose symptomatic manif are so exceedingly varied. Hartmaim has omitted the impo

symptom of spasmodic vomiting with which an attack of me is so apt to set in. In our opinion Belladonna should be
puerperal metritis sets in with great violence and an in

for symptomatic particulars we refer the reader to our M Medica. An important indication for Belladonna is the me

which may set in even if no marked symptoms of peritonit

served. If peritonitis is present, our chief attention s
directed towards it. As soon as symptoms of suppuration
uterus, or of decomposition of the exudation become mani
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; i
these remedies is supposed to have cured metritis, all w Bay is that no metritis was present.

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" Nux vomica will frequently be found curative, for the
reason that coffee which is made use of by women in conf
in such large quantities and so strong, often occasions
(Nux is likewise suitable, if the disease is caused by a
momile-tea, provided, however, that the symptoms indicat
remedy.) The prejudice which is even entertained by peop
tivation, that coffee facilitates the secretion of milk,
milk, cannot be removed by anything physicians may say t
contrary. If some of the following symptoms are present,
tion is no longer doubtful : Acute pains in the small of
loins ; 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, s
dirty-yellow coating on the tongue ; sensation of weight
ing heat in the sexual organs ; suppression of the lochi
tion or hard stool, with burning-stinging pains in the r
ful urination or retention of urine; dry, parchment-like
hot skin, with thirst, desire for cold drinks, full and
anxiety and oppression reflected in the countenance, con
lessness ; the secretion of milk is very seldom suspen
ded, causing a turgescence of the breasts, with pres
sion in the same." We will add that Nux has afforded ai
less violent and uncomplicated forms of endometritis, bu
the more intense forms of this disease. A characteristic
for Nux is the violent inflammatory pain of the swollen
the rectum, with exquisite sensitiveness to contact.

" Colocynthis is an important remedy in these fevers whe
by a fit of indignation or mortification on account of the treatment, beginning and progressing with fainting-fits, with a febrile heat, hot and dry skin, hard, full and quiescent; disposition to escape, heat about the head, stinginess of the eyes and forehead, dark-red face, yellowish coating on the tongue, bitter taste in the mouth and of everything the patient eats, colic and diarrhoea after partaking of the least nourishment, the pit of the stomach when touching this part." These symptoms are not the most characteristic indications for Colocynthis. If the peritoneum is more especially attacked; if the coat of the uterus is invaded by the inflammation, or if, during the paroxysms of violent pain, the complexion shows the pallor of death, the features become distorted, the skin is in part cool, and in part burning. The pulse is quick and there is distressing vomiting with diarrhoea: Colocynth would be much more appropriate. We request the reader to compare what we have said when treating of peritonitis, Veratrum album deserves a preference at the outset of the attack, if the disease sets in suddenly and with great violence; fierce vomiting and frequent diarrhoeic stools, the trunk is hot, 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 unspeakable anguish. In this respect Veratrum is very similar to Colocynth and is particularly adapted to attacks that set in with intense vehemence.

These remedies, to which we will add Coffea cruda, Arnica and Hyoscyamus for the sake of completeness, are particularly suited in the lighter grades of metritis, and at the commencement of the severer forms of the disease. "We now proceed to point out the remedies that have to be resorted to in the further course of this inflammation and for ensuing complications.

Mercurius vivus and solubilis. Simple endometritis is altogether the 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 employment is the appearance of ulcers on the pudendum, hence on the second day of the disease. Without describing the general symptoms which manifest themselves as accompaniments of this stage, we will direct the reader's attention to one general indication. As long as the exudation in the uterus or peritoneal cavity does not show any disposition to putrid decomposition, and as long as a simple suppurative process prevails, Mercurius is the appropriate remedy. The condition of the ulcers is the best criterium by which the propriety of using Mercurius can be determined: as long as these ulcers preserve their healthy color, and do not become ichorous or gangrenous, Mercurius may be given, no matter whether the fever is high or only slight.

Bryonia alba, according to Hartmann, is indicated by a feeling of 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, sensivenes

rus, violent fever, with great restlessness and depressi

painfulness of the thigh when moving it. In our opinion

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dications are exceekiingly uncertain and insufficient. W

Bryonia indicated, if the fever is not very violent, the

is involved in the inflammation, if no decomposition thr

no ulcei*a have formed; disposition to sweat, breaking o

there, but lasting only for a few moments; general langu

cination to lie quiet; the digestive organs are very mu

in the attack, but there is no vomiting or diarrhcea; me

Compare peritonitis.

Rhus toxicodendron is, in some respects, similar to Bryo

particularly appropriate if simple metritis assumes a ty

without any symptoms of decomposition being present. The

phoid character may be manifest from the very commenceme

as a rule it does not set in until the disease has fairl

its course. The fever is continuous, with a burning heat

ness of the skin, quick and excited pulse; the sentient

much irritated ; the patients complain of violent headac

and as if overwhelmed with sleep, or they are more or le

the face is intensely red, but the color seems unnatural

is dry and the thirst excessive. These symptoms may caus

suspect the approach of puerperal fever. Rhus is likewis

if this fever sets in at the outset, or supervenes gradu

course of puerperal metritis. In such a case Rhus is mor

ally indicated by two circumstances: first by the appear

tastatic inflammations of the veins, lymphatic vessels o

a malignant erysipelas or petechise are apt to break out

ondly, diarrhoea is very apt to suggest Rhus. If the dec

is very far advanced, the ulcers are gangrenous, the dis

.the vagina has a fetid odor, the following remedies wil

more suitable. When giving Rhus, we have to see that the

tion is not prostrated and the fever is not completely a

Secale cornutum. No remedy in our whole Materia Medica s

uch a powerful tendency to decomposition of the blood a

drug ; nor is any drug possessed of a more intimate and

teristic relation to the uterus. Hence it is the true

fever, the putrescence of the uterus which invites the e

this drug ; it is indicated by the following symptoms: T

is distended and not very painful ; the discharge from t

brownish and fetid, the ulcers on the pudendum have a^ba

and spread rapidly ; the fever consists in a violent bur

mingled with almost convulsive shiverings, and with a sm

intermittent pulse ; at the same time we notice great an

Metritis Puerperalis. 48

In the pit of the stomach, vomiting of a bad-looking Bub

fetid and decomposed diarrhoeic stools, almost complete

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 disorganizat
integuments. At times the patients lie in a state of qui
bland delirium, and then again the delirium may be of th
kind, attended with miarked anxiety and a desire to leav

Arsenicum album. Hartmann has the following remarks on t
drug: " The disease may break out in any form whatever,
may exhibit symptoms that may require Arsenic. Such symp
are: Burning or burning-corrosive pains in the interior
affected part, with inability to lie on the affected par
decrease of the pains during motion. Again: excessive an
attended with a general, rapid prostration of strength,
sive debility, sunken eyes, extinct look, sallow, livid
ion, sleeplessness at night, restless tossing about, and
ition as if a burning-hot water were flowing through the
or the sleep is disturbed by frightful and anxious dream
Arsenic-fever is always of a violent kind; dry and burn
intense thirst which is quenched by frequently drinking
tities of water; dry and cracked lips, phlyctena arou
nausea, loathing of food, and sometimes bilious vomiting
violent pressing-burning pains in the abdominal viscera,
oppressive pains in the chest, dizziness and l'adache, r
delirium, a small, feeble, intermittent pulse, etc." Th
not reflect every characteristic feature of the Arsenic-
puerperal fever. The position of Arsenic in this disease
learned by comparing this remedy with Secale. Both show
doubted symptoms of decomposition of the blood; but in
of Arsenic the reaction is violent, painful, still activ
the case of Secale it is almost extinct. Hence, if both
indicated by the symptoms, we may say that the prevalen
tive pain would point to Arsenic. This diagnostic dist
particularly applicable to existing ulcers and erysipela
mations to which Arsenic is homoeopathic if they are pai
Secale if they are painless and atonic. For further poin
parison we refer to the Materia Medica.

Phosphorus deserves honorable mention in this place. Eve
cursory perusal of its pathogenesis shows its intimate r
the female sexual organs. Its curative influence in puer

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tritis cannot be determined a priori without further i
fluence dots not depend upon the local symptoms, but i
by the general phenomena according to which Phosphorus h
intermediate rank between Rhus and Arsenicum, to either
it bears a good deal of resemblance, and from either of
wise differs a great deal. This can only be decided
case by a careful comparison of the symptoms. In one for
puerperal fever Phosphorus is preferable to any other re
mean the pysemic form, more particularly if metastatic i
ions take place in the pleural cavity, the lungs, the p
the femoral veins. The violent fever is mingled with fre
the conjunctiva and skin have a jaundiced appearance, an
after we observe the signs of pysemic inflammation in th
ically-invaded organ. For this reason Phosphorus is lik
best remedy in metritis if the disease has assumed the c
Metro-plebitis, which it is not always possible to deci-
tive certainty. The symptoms indicating such a change or signs of endometritis, or disappearance of the symptoms
disease without any corresponding abatement of the lever
painfulness of the uterus with inflammation of the femor
and particularly the above-described febrile symptoms, b
alternating with frequent feverish shiverings or rigors.

The following remedies may likewise be useful, although
dications for their use are not very frequent: Carbo ve-
ciim Platina, Stramfiiium. [See Kafka's remarks on puer-
tritis, page 32 of this work. H.]

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

Oophoritis, Ovaritis, 45

4. Ooplioritis, OTaritiB.

Inflammation of the Ovaries.

This inflamTnation only occurs during the period when t1
it active, between the age of pubescence and the critici
te; or likewise previous to the 24th year, very seldom
time. The exciting causes are, upon the whole, obscure:
tain, however, that an inflammation of the uterus during
week after confinement is very apt to communicate itself
ovaries. As an idiopathic disease oophoritis is met with
women on the other side of thirty, and among prostitutes
course with men during the menstrual flow, or it ma
by a cold; it is likewise said to occur after medicines
for the purpose of producing abortion. Only one ovary is
at a time.

Symptoms and Cottrrse. We have to distinguish the acute
and chronic form. Acute oophoritis sets in with sudden p
the region of the ovaries; most commonly they are dull
nite, stinging and burning, and aggravated by hard press
swelling at this place cannot be felt, and we only succe
then in discovering a swelling by an exploration per rec
sometimes spreads to the adjoining parts, radiates even
which feels numb, and is more especially increased by su-
tions, not however so as to enable the patients to aggra
pain ad libitum. Very generally the uterine mucous linin
involved in the inflammation which manifests itself with
toms of uterine catarrh. Thene is no fever, or it is tri
other hand various nervous derangements set in similar t
hysteria; even nymphomania and vomiting may occur.

Only in very rare cases oophoritis terminates in suppuration; if no dispersion takes place, the inflammation becomes chronic. The swelling is larger and can even be felt externally; the pains remain, but are inconsiderable and only exacerbate during the menses, during pregnancy and confinement. The menses most generally become irregular, scanty; leukorrhea is very commonly present; in the chronic more than in the symptoms of hysteria become manifest, more especially an irritable, 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.

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Treatment The scarcity of this disease explains why so few cases are reported in our publications that can be reliably regarded as cases of oophoritis. The affection being almost 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 in this disease. As a rule, this medicine is specially adapted to diseases of glandular organs, more particularly when located in the body. Moreover our provings as well as practice have shown that this medicine bears intimate relations to the female sexual organs. Oophoritis is pointed at by the symptoms, as may easily be seen by reference to the abdominal group. Hence, Belladonna is particularly adapted to acute oophoritis attended with severe pain.

Experience has likewise satisfied us that Belladonna is useful in the chronic form, provided we do not expect any immediate result.

Colocynthis is recommended for inflammatory ovarian affections; the symptoms, however, do not justify this choice; nor 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 physiological provings may suffice to recommend this drug.

If in addition to these remedies, we mention Bryonia^ Sa Cantharis we have named all the remedies that are of use and, to some extent, in chronic oophoritis. "We must not forget Apis inellijica which contains in its pathogenesis of symptoms pointing to affections of the ovaries. It is likely that too much has been expected of this remedy, b prepared to assert its efficacy in acute oophoritis from experience in our own practice. [In acute oophoritis we forget to associate Aconite 8 with Apis; the former remedy may be exhibited first, and after the inflammatory symptoms what subdued, Apis may be resorted to, or both may be continued more or less at alternate intervals. H.]

For chronic oophoritis we recommend: Mercurius, China^
Sepia, likewise Ignatia, Sulphur and Staphysagria. The selection 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 disappointments in love and consequent dwelling of the fancy upon sexual things, 'K

Menstrual Anomalies. 'K' 47

Staphysagria and Acidum phosphoricum ni be. K the exciting causes. Platina for a continual trillatio nal sexual organs, compelling the patient to rub the parts tended with complete nymphomania; by pressing the inflammatory pain changes to a pain as if the parts tused or bruised, with anxiety and oppression, palpitation of the heart, stitches in the front part of the head, sadness a with excessive mirth. According to Hartmann, Platina in tion with Belladonna is particularly suitable in the cas tutes. With Aurum metallicum and muriaticum Clematis an dium we close the list of ovarian remedies; other morb tions of these organs, in so far as they are curable, wi above-mentioned remedies.

[In the AUgem. horn. Zeit., May 17th, 1862, we have the of a cure of ovarian cyst by Dr. Hirsch of Prague, of which publication will be found in the 20th number of the Brit of Homoeopathy. The cyst was the result of an inflammation the left ovary, which had been treated allopathically. order was completely cured chiefly by the use of the Iod Hall, of which the patient took three tablespoonfuls eve fasting, containing the 48th part of a grain of Iodine. situated near Linz in Austria; the leading constituents mineral water are Chlorides of Sodium, Potassium, Ammoni Calcium, Magnesium; Iodides of Sodium and Magnesium; B ide of Magnesium; Phosphate of Lime; Carbonate of Lime nesia, and Iron; Silicic Acid.]

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 situation in which the female organism has attained the faculty of conceiving, upon the following processes: The gradual maturing of an ovum in the ovaries determines an increased afflux of blood to such
that the blood-vessels become ruptured and a more or less

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

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

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

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

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

The influence of the menses upon the general health is s considerable and at other times none at all. We notice h of the vagina and of the external pudendum, sometimes wi creased secretion of mucus; tumefaction of the breasts

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knotty swelling of single galactiferous ducts. During th flow the nervous system is much more sensitive and excit w- hence the following phenomena: chilliness alternating
of heat; headache, hemicrania, vertigo, languor, drowsiness without any ability to sleep; irritated, whining mood; loss of a palpitation of the heart. In addition to these derangements we often see a sickly, gray complexion, efllorescences in tinges around the eyes; vomiting or nausea; altered voice; these phenomena usually occur only during the first twenty-four hours of the flow, after which they cease either suddenly or gradually.

The total cessation of the menses takes place indefinitely women menstruating regularly until the age of 55, whereat cease to menstruate when they are 40 years old. These do not depend upon the time of the first appearance of or upon the vigor of the individual, upon the number of woman has conceived, nor even upon other morbid conditions. The 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 number of ten or twelve, being skipped, after which the may occur again regularly for months, or a sort of hemorrhage may set in which is again followed by a stoppage of the flow. As a rule the quantity of the menstrual flow is larger of a final cessation draws near, than in the preceding.

In the previous paragraphs we have only briefly alluded to the most important points. But they show satisfactorily 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 sense, menstruation may be said to be abnormal. The menses are abnormal in the first place if they do not harmonize with one of the previously-indicated periods; they are likewise abnormal if, for some cause or other, the usual duration of the menstrual flow in a given case is either shortened or lengthened. A woman who menstruates every 21st day, is not considered sick; but we consider a return of the menses every 21st day abnormal, if heretofore they had occurred every 28th day. Finally, whether the menstrual flow is to be considered abnormal, may depend upon the influence it exerts upon the general organism. A suspension of the in the case of a young girl who, after being relieved from the judicial influences of school and city-home, goes into the country and there regains her blooming health, cannot be regard morbid condition.

We now transcribe, with a few additions and variations, lowing 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 feelin
young woman; her excited fancy should be controlled, and nervous sensitiveness and excitable temperament which ai to cause disease, should be quieted. For this reason a w be treated with kindness and attention, especially durin and the menstrual period. Every depressing emotion, chag fright, anger, acts prejudicially upon persons in health upon those who are diseased." We refer the reader to our on hysteria and to our subsequent chapter on chlorosis, shall show that a premature development of the mental fa and more particularly of the fancy, exerts a pernicious upon the constitution of the growing woman generally, an the normal functions of the sexual system in particular.

"Woman's material mode of living deserves a closer atten A wrong system has, in this respect, become a second nat euch an extent that a physician is expected to allow his indulge in their accustomed violations of a proper diet, 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 more exercise than usual, and to rouse themselves from t matic torpor. This is one of the first requisites of hea exercise in the open air, cleanliness, frequent bathing and frequent changes of linen. During the menses, every exercise and every exposure to a cold should be avoided heavy farinaceous food, freshly-baked bread; violent emo ual intercourse, emetics, purgatives, baths. This cautio be carried so far as to compel healthy and robust women the first two days and even to give up their accustomed the drinking of mineral water should be discontinued by who are on a visit to springs for their health, unless t ance of the water should entail greater damage than the

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might occasion by its interference with the menses, in w is pi*oper to put up with the lesser evil of the two.

2) " The physician should see to it that his patient dri liquid than heretofore. Many ladies drink nothing the wh except three cups of coffee at breakfast and dinner; if is diminished, as it necessarily has to be under homecep ment, some other beverage will have to be substituted, s coa, milk, unspiced chocolate, weak black tea, or roaste barley. We know, however, from experience that these war erges relax the stomach and bowels, hence the patient to drink every day a few glasses of fresh water or very Any other spirituous or spiced, heating beverages, such punch, and the various liquors, have to be strictly pro We cannot forbear offering a few objections to Hartmann' regarding the use of coffee. As generally prepared and d by most women, coffee is undoubtedly hurtful ; but this apply to properly-prepared coffee that is not too weak a aroma is properly preserved. In this shape coffee is a b whose partisans are so numerous because it is the best m against many of the morbid tendencies engendered by civi and which has a particularly beneficial influence on fem
let them use good coffee of which they cannot drink large quantities, and the use of which should always be associated with water. The so-called substitutes for coffee prove in the end more hurtful than even weak and badly-prepared coffee, except beer which, however, cannot well be drank early in the morning.

3) "A bad habit that is indulged in by many ladies, is eating at any hour of the day. This practice is decidedly injurious to the success of homoeopathic treatment, and should be abolished. Order is useful in all things and likewise in our meals, and it must be understood that they must partake every day at a fixed hour; breakfast and supper may consist of articles of food.

4) "Too much sleep, and sleeping too often within twenty 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 inconvenience from the press of ordinary clothing; otherwise sleep will not exert the influence that is expected from it. Females especially have the habit of lying down with a mass of clothes on. This practice only prevents the body from getting warm, but interferes with free circulation of the blood and thus gives rise to other complaints of menstrual troubles. In such cases we do not advise to abandon the use of corsets entirely, but simply not to lace them too tightly. If the patient is able to sit up and were to dispense with her corsets altogether, soon complaint of weakness of the back and weakness all over would be more inconvenient by the use of the many strong corsets."

In this respect we cannot agree with Hartmann. Corsets, even if laced very loosely, have the disadvantage of supporting the back and occasioning muscular weakness of the back, unless they are worn without interruption. By going without corsets for a time the woman will soon learn to keep her back straight without any such artificial support. If corsets are worn they compel the wearer to breathe with the upper portion of the thorax, the lower ribs being not allowed freely to expand of the compression exerted upon them. This gives rise to complete respiration, an imperfect introduction of oxygen diminution of the elasticity of the pulmonary vesicles. This corsets become a co-operating cause of many of the ills of females. When speaking of chlorosis and tuberculosis shall revert to this subject.

5) "The physician will have to inquire whether his patient so often the case in the higher walks of life, uses cosmetic purpose of giving more color to her face, or making it look paler by such substances as vinegar, tea, decoctions, lime, chalk shells, etc. The same objection can be raised against most kinds of pomatum and perfumes for the hair which, if it require fat, had better be greased with beef-marrow. This is of great importance, if we consider that Lead and Arsenic a
6) "Regarding the functions of the bowels, it is of importance that our female patients should never suppress an urging to stool and that they should at least have one evacuation from the bowels every day. Women are much more afflicted with constipation than men; in most cases they are the authors of this exceedingly prejudicial state of the bowels, sometimes on account of neglect, at other times from sheer laziness, again on account of sedentary habits, and finally because they are ashamed of satisfying the calls of Nature.

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7) "Women should make it a rule to wash their parts, especially if affected with leucorrhoea or other diseases, several times a day with cold water, and during the menstrual flow with tepid water. More recently the Sitz-baths and the vaginal syringe are in almost general use. These are not only excellent means of many morbid conditions, but likewise excellent means of prevention, and should be found in every lady's bed-chamber. Cold water is indeed the most reliable nervine at our disposal."

a. Derangements Attendant on the Appearance of the Menses.

"It must be self-evident that the awakening of the sexual life, which is the greatest revolution which the female organism can undergo, is accompanied by phenomena that very often partake of the nature of a morbid process. The normal conditions under which the menses should first appear, have been explained in a paragraph. A premature appearance of the menses always implies a feeble constitution and powerful sexual instinct. Hence the utmost importance not to accelerate this period because all the ailments which sometimes befall young girls at this age, posed to originate in the tardy appearance of the catamenial discharge. Of course, where the delay is evidently of a morbid character, Nature should be assisted by such remedial means to promote the menstrual flow.

Such morbid phenomena are the more striking, the more sensitive and delicate the young woman who had been reared in the bosom of luxury and ease. Although these ailments may not be very considerable yet their removal often requires the interference of a physician, are characterized by the following symptoms: Congestion of blood to the head, as indicated by heaviness of the head; rush of blood to the chest, with palpitation of the heart, and sometimes attended with oppression of breathing; sensation 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 in the small of the back and pelvic region; drawing in the thighs, frequent urging to urinate. These symptoms may be regarded as menstrual disturbances which are very speedily succeeded by an actual appearance of the menses and disappear with them. If these symptoms continue for a longer time without any menstrual show taking place..."
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The patient will have to take a good deal of exercise in the open air, use 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 alpitation of the heart, constant heat, a restless sleep and interrupted by sudden starts; if the face looks bri 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 complaining of chilliness, stretching of the extremities, yawning and other symptoms. Chamomilla and Veratum 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 prominent members. Whereas Chamomilla is very seldom indicated, Veratum and Belladonna will often be required, the form functional activity of the heart is very much impaired, by paleness of the countenance, great chilliness or sensation of chilliness and heat, anxious feelings; the la of cerebral congestion prevail, with bright redness of together in individuals of full habit.

"The so-called anti-psorics here come undoubtedly into play since this physiological act is transformed into a pathologic disturbance only if a constitutional disease prevails whose are still very obscure and undeveloped. If such a disease exists, it will have to be met by its appropriate remedies; we may resort to Sepia^ Conium My 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 commit a great wrong if he were to drench the organism with medicaments, his duty will be to leave Nature alone in determining the appearance of the menses, more particularly if the organism is sufficiently developed and the young woman's age justifies the expectation that the menses ought to appear.

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proper to hasten this process by the employment of suita dies, more particularly of the anti-psorics. Nevertheless commence the treatment with this class of remedies, but first place Pulsatilla and, if the indications are sati the dose rather frequently, more particularly in cases with non-appearance of the menses causes, without any other bments, an excessive nervous irritability, whining, peevish disposition, paleness of the face and great flabbiness o
cular tissue. Nux vomica on the contrary, will be found appropriate in persons of an opposite temperament, an irascible, c
tention, a full habit, without any decided congestions, r
cheeks and turgescence of the body. If these remedies, t
we shall add a few more by and by, prove fruitless, we r
mend as the best remedies: Causticum and Graphites more
ularly if the appearance of the menses only seems delay
quence of the insufficient efforts of Nature, and the
finally takes place in small quantity and then again ce
muriatieum and Kali carbonicum if the menses do not app
and CaCarea carbovica if there is no show, but the who
ance of the menses indicates a plethoric habit of body.
under such circumstances one of the chief remedies, a fe
which ought to be given before any other medicine is res
more especially if a chlorotic state of the blood is ind
patient's complexion.

"Among the remedies corresponding to the morbid phenomena
which sometimes trouble young girls before the menses if
we recommend Sepia and Calcarea for the violent hemi-
sometimes attack such persons even at regular periods; C
and Phosphorus for the violent pains in the back which s
semble spinal irritation; for the convulsive symptoms
Coccilus and Ignatia; Cuprum is less frequently indicat
symptoms of anemia we recommend Ferrum and sometimes Ar
icum will be found appropriate."

b. Suppression or Delay of the Menses, Amenorrhoea.

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

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course, dietetic transgressions may have led to the supp
Most of these causes, if operating shortly before the ti
menses were to come on, may cause their retention. A gra
suppression of the catamenia may take place in conseque
ficient nutrition as well as of the abuse of warm bevera
continued influence of depressing emotions. We have alre
that a change in the mode of living may superinduce a su
of the menses in the case of young women, without leadin
rangements of the general health.

" The more sudden the suppression of the menses, the mor
the changes arising from such an occurrence. Some of the
prominent symptoms are: violent hemi-
oppression of breathing, nose-bleed, spitting of blood,
of the head, heart and lungs, and the like. In some case
pression of this kind gives rise to acute uterine catarr
peritonitis. If a physician is called in time, he will o
quire what gave rise to the trouble, and will seek to re
sequences of fright, mortification, anger, etc., by a
pecific remedies. If the physician is not called until
after the morbid symptoms have existed, the aforesaid remedies will 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 often 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 suitable remedy, especially if the spasms are accompanied by anxiety and 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 powder or are convulsively agitated, and the pulse is scarcely perceptible. Cuprum aceticum acts very similarly to Cocculus. It is particularly applicable in typical paroxysms of the most violent kind of unbearable abdominal spasms affecting even the chest loathenil: gagging, and even vomiting, affecting at the extremities with epileptiform spasms during which the patient utters a piercing cry.

"The following remedies likewise deserve commendation: Vranian, Platina, Ignatia, Belladonna, Magnes arcticus, 31 Digitalis.

"If those remedies do not restore the menses, the physician will then have to resort to the so-called antipsoric remedies, particularly Magnesia carbonica and muriatica, Sulphur, Sepia Silicea, Lycopodium, Graphites, Adders nitricum, which may even be employed if the menstrual suppression causes no further trouble."

"We do not share Hartmann's opinion in this respect. Medicines should never be given except where actual morbid manifestations seem to indicate their use; the non-appearance of the menses sometimes is a means, on the part of Nature, to increase, or at least to 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 is an excellent remedy. We likewise recommend Cicuta, Terebinthina, Zincum (especially when menstrual suppression is attended with a painful swelling of the breasts); Calcarea carbonica (in menstrual suppression, attended with marked symptoms of the thorax); 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); Strontiana (if the menses delay too long, and afterwards, when appearing, look like flesh-water and pass off in the shape of coagula); Sarsaparilla (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 remedy. As regards external applications, we do not approve of them; their usefulness is questionable, and in many respects they are dangerous.
prejudicial. Hot foot-baths are more particularly hurtful; they often exert a very injurious effect upon the brain and heart, and 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 means to accomplish this result, is continued and fatigu
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 oc

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

All circumstances that cause either permanently or tempo an increased flow of blood towards the sexual organs, ma garded as causes of menorrhagia. A temporary excess of the strual flow may be caused by the influences that have be out as the causes of metritis; a permanent excess is onanism, novel-reading, a constant dwelling of the fancy sexual things, and the habitual use of heating beverages other important points have to be added. Under certain c stances a profuse flow of the menstrual blood becomes a ological necessity to the body; for instance, if a large nourishment than the body requires for its normal suppor a real plethora. This can scarcely be regarded as a morb tion. A profuse flow is sometimes occasioned by changes uterus, such as acute or chronic metritis, and adventit in the uterine cavity. Nursing exerts a very particular As a rule, nursing women do not menstruate; yet it may h even in the case of quite healthy mothers, that the mens again prematurely, in which case the flow is often very This is not a normal condition, although it does not in all women. Of a threatening character and exceedingly pr are menorrhagias that set in when the process of nursing tained too long. Accidents of this kind occur quite ofte country, where the women nurse their children for severa for the purpose of preventing conception, not thinking t doing so they inflict permanent injury upon their health not forget to record the fact that diseases of other org general constitution, exert an influence upon the menses considering the influence of diseases which alter the qu blood, such as typhus or scurvy, etc., the influence of

http://www.archive.org/stream/sciencetherapeu00kafkgoog/sciencetherapeu00kafkgoog_djvu.txt
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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 al in by profuse losses of blood. Particulars on this subje found under the heading: metrorrhagia.

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

In treating this anomaly we have in the first place to d attention to the causal indications as far as such a thi These indications are so numerous that we cannot well sp more particularly in this place. They constitute the cas Ilanmann recommends the antipsorics. Where menorrhagia o without being dependent upon some more deep-seated disor vomica will be found an efficient remedy, more particula nervous system had become very much excited by disturbin influences, the patient gets angry at the least remark, irascible and obstinate temper, starts at the least nois balance on the most trifling occurrence, wants to lie do time, and shows an aversion to open air. Chamomilla is p indicated, if the blood looks dark, almost black and coa with drawing, gripping pains from the small of the back t bones, sometimes accompanied by fainting fits, coldness tremities and great thirst. It cannot be denied that the Chamomile-tea often has an influence over the quantity o strual discharge. Unfortunately this beverage is general resorted to for such ailments as precede menorrhagia wh doubtedly made w^orse by the use of this tea. Besides Nu Igvatia and China are indicated by such symptoms. The indica for Calcarea carbonica have been furnished by Hahn himself in the following brief but exhaustive remarks: menses appear several days previous to the regular month and to excess, Calcarea is often indispensable, more esp the menstrual flow is excessive. But if the menses occur regular period, or later, Calcarea will do no good even not scanty." We add that Calcarea will aflbrd much relie where anaemic phenomena prevail, with disposition to con of the head or chest. Belladonna apparently acts similar former drug, except that the congestive phenomena for wh

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ladonna is indicated, arise from real plethora; the men profuse, not excessively dark-colored and their appearan panied by a pressing downwards, a painful drawing and te from the uterus to the thighs. Phosphorus is indicated i ses delay a tolerably long time beyond the natural term, fusely and occasion great debility, weariness and languo
of the countenance, a sickly appearance, back-ache. It is particularly applicable to the menorrhagia of nursing women. Pta Una for a painful and too frequent return of the menses, and dark discharge with labor-like pains, more particular case of sanguine, lively individuals. Sepia has similar istic symptoms. Digitalis is indicated if the menorrhagia upon a stasis of the blood caused by heart-disease, if t of passive venous congestion prevail, the face is pale o skin is cold.

For further particulars we refer to the chapter on metro 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 under profuse menstruation. As a change in the mode of living duce a suppression of the menses, so it may likewise, by modifying influence upon the internal development of the occasion a diminished flow of the catamenia. This may oc among women of a more advanced age as well as among youn persons, and it would be highly improper to disturb such by medicinal interference.

In by far the least frequent cases scanty menstruation i a morbid symptom; generally it is dependent upon som l tion, profuse leucorrhoea, chronic metritis, uterine dis or it may be owing to constitutional disturbances such a hydrtemia, marasmus, excessive formation of fat, tubercu

These differerent 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 dence to the fact that the organism has no blood to spar a function. For this reason we deem it unnecessary to in remedies for such a condition of things, and refer the r chapter on chlorosis and, for various particular points, chapter on difficult menstruation.

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e. Ailments accompanying the Menses^ Difficult Menstruat

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

These ailments may very naturally be classified in three Either they arise from material changes in the sexual or in the uterus, retroversion, anteversion, chronic metrit else they are occasioned by an excess of menstrual conge finall)^" 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 established. 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 symptoms. The nervous ailments are not restricted to the sexual sphere generally involve the whole nervous system. Whereas the congestive ailments abate with the appearance of the menses, 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, yet they are not unfrequently attendant on profuse menstruation; although they more commonly affect sensitive, feeble, irritable, delicate and effeminate individuals, yet they are likewise met with among women of a robust constitution and who menstruate.

These remarks may show that it would be a futile undertaking to indicate the whole series of symptoms which characterize such 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 particulars contained in the subsequent paragraphs are intended to further reference to the Materia Medica superfluous.

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

For ailments previous to the menses, if the patients menstruate too profusely, we recommend: Belladonna, Chamomila, Calcarea. If the menses are too scanty: Pulsatilla, Cocculus, Sepia, Alumina, Baryta.

Ailments during the menses, if too copious: Nux vomica, Arsenicum, Phosphorus (the last-named deserving particular consideration), Calcarea carbonica; if too scanty: Alumina, Pulsatilla, Conium maculatum, Graphites, Sepia, Carbo vegetabilis.

Ailments after the menses, which, however, are not often noticed unless we mean the prejudicial effect of a considerable loss of blood: Platina, Ferrum, Graphites, Borax.

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

For the congestive symptoms in the pelvic organs, if preceding the appearance of the menses: Belladonna, Bryonia alba, Sabina; 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, Ipecacuanha, and if the menses are too scanty: Pulsatilla, Cocculus, Sepia, Alumina, Baryta.

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

Ailments during the menses, if too copious: Nux vomica, Arsenicum, Phosphorus (the last-named deserving particular consideration), Calcarea carbonica; if too scanty: Alumina, Pulsatilla, Conium maculatum, Graphites, Sepia, Carbo vegetabilis.

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For distress at the stomach, if very marked, such as eructations, nausea, vomiting, perverted taste, loss of appetite: Pulsatilla, Ipecacuanha, and if the menses are too scanty: Pulsatilla, Cocculus, Sepia, Alumina, Baryta.
For the toothache which so often accompanies and precedes the menses, and constitutes one of the most troublesome symptoms to women, if setting in previous to the menses: Aconitum, Belladonna, Pulsatilla, and more particularly Arsenicum; if during the menses: Cole. Carb., Sepia, Phosphorus.

For hemicrania which generally is present during a scanty, 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 dangerous epilepsy. The most important remedies are: Ignatia amara, Cuprum, Platina, Secale comutum and Causticum.

The mental disturbances belonging in this category, most of which may be purely local, at times general, then again tonic and at other times clonic; they may even appear like epileptiform spasms so that they seem much more threatening than they really are. We may consider them as an established fact that the epileptiform spasms which occur at the time of the menses, never partake of the dangerous epilepsy. The most important remedies are: Ignatia amara, Cuprum, Platina, Secale comutum and Causticum.

Menstrual Anomalies

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 too scant or too profuse, or whether it occurs normally. These points are essentially characteristic; if the remedy does not correspond with the other phenomena, it may be ever so perfect, 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 menstruation.

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

Caulophyllum thalictroides, or the blue cohosh, has been extensively 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 Coccvius is generally recommended. We give the Cohosh as soon as the pains commence, and resume the medicine a few days before the next period. This course of treatment has a tendency to effect a radical cure.

Cimicifuga racemosa, or the black cohosh, is eminently useful in the various forms of menstrual disorder, menostasia, amenorrhea, also tendency to miscarriage, menorrhagia. T
noid Cimicifugin, first or second trituration, is very commonly used. In the menostasia of young girls it is generally indicated by headache, hysterical nervousness, pale complexion, debility, colicky bearing-down pains in the lower abdomen. In amenorrhea or suppression of the menses from some accidental cause, the characteristic indications are: congestive or neuralgic headache, chilly creepings, rheumatic pains in the back, uterine spasms. In dysmenorrhoea it seems principally indicated by the prevalence of neuralgic pains, spasmodic pains in the region, disposition to faint, nausea, headache. In menorrhagia it is useful when the flow is of a passive character, the blood colored, coagulated, the patient complains of neuralgic small of the back, dizziness, headache, obscured vision, weakness. It will be found admirably adapted to the hemorrhages occurring at the critical age. The doses should not be given too small. If given in sufficiently large doses, this medicine will prevent miscarriage. It is chiefly indicated by the sudden appearance of violent bearing-down pains, together with such accessory symptoms as headache, nausea, fainting feeling, etc. Cimicifuga is recommended by eclectic physicians for leucorrhoea with much success. It facilitates labor, not only by accelerating the process wise by preventing the harassing and exhausting pains which often accompany a tedious labor. Dr. E. M. Hale suggests the use of Cimicifuga as a preventive of difficult labor. In the edition of his "New Remedies" he relates the following case: A lady, the mother of three children, was in the eighth month of pregnancy. Her previous labors had been unusually severe, very tedious, painful and accompanied by fainting fits, cramps, agonizing pain the birth, and flooding, syncope, and many unpleasant symptoms after the expulsion of the placenta. She took, for nearl weeks, about ten drops of Cimicifuga first decimal dilution, times a day. Labor came on at the proper period, but lasted 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 remedy for the various ailments incident to the critical age of women. The annoying flashes of heat to which such women are so often subject have been in the habit of prescribing guanaria, 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 affords rapid relief. In n pains often met with in such patients, in other localities beneficial. Females at the period of life we are speaking of frequently suffer from a distressing pain in the upper part recurring with greater severity at night. These cases are factored by this remedy. Pains in the mammary also, referable to uterine disturbance or to pregnancy, are relieved by 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 organs of generation, such as pruritus and prolapsus uteri. It is not supposed to exert a direct specific action upon these organs, but to cure the disorders alluded to by removing the affections upon

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tlie disturbances of the sexual organs are depending. Th are principally piles and constipation. The curative results have been mostly obtained by means of comparatively large doses, Gelseminum sempervifeus, yellow jessamine* Dr. Hughes writes, in the British Journal of Homoeopathy: "I continue to derive most brilliant results from this drug in dysmenorrhoea, pains, when these are spasmodic and not inflammatory. It over after-pains is so great that the lying-in chamber is freed from one of its greatest bugbears. But it is antipathic to these conditions, and requires to be given in full doses, from three to ten drops of the first decimal Dr. Hughes would imply that large doses of Gelseminum are antipathic, and small doses are homoeopathic to spasmodic pain. This is the Doctor's meaning, his doctrine is incorrect. The testimony of Dr. Douglas of Milwaukie, one of the provers of Gelseminum, that he experienced severe spasmodic pains "essiofn of acute, sudden, darting pains, evidently running single nerve-branches in almost every part of the body at sometimes so sudden and acute as to make me start. At on a quick succession of these acute sudden pains coursed d outside and front of the tibia for over half an hour, le of considerable tenderness marking its track. These pains seemed clearly neuralgic, gave me the palpable indication for its employment in this disease. And it has certainly been successful. But while it has fully cured some distressing cases of which Aconite had been fully tried without benefit, there 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 real inflammatory state of the nerve, and in others a mere excess of sensitiveness, the explanation is easy; Aconite cures the last." But then Dr. Douglas writes further: "Majority of all cases of neuralgia will be promptly relieved by Gelseminum, but it sometimes requires to be given in pretty large doses, repeated every half hour till the pain is relieved."

Hamamelis virginina has been used with excellent effect in dysmenorrhea and vicarious menstruation* In Hale's New Remedies a few cases are reported where cures were effected with the middle potencies of the remedy.

Hekmias dioica, false Unicom, of which we prepare the resinoid Hektin^ which is very frequently used in practice, has be

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by homoeopathie physicians for prolapsus uteri, a very fine case of which is reported by Dr. Geo. S. Foster of Meadville, Pa., in Hale's New Remedies. It was a case of prolapsus with ulceration years* standing, and was cured perfectly by means of Helonin, after a number of other remedies had been used either without, or 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 powers in painful menstruation when the menses occur prematurely; the patient suffers greatly with violent uterine spasms at the time of the menses. "We recommend comparatively large doses during the attack. EL"

6. Metrorrhagia

Uterine Semorrhage.

We deem it unnecessary to justify the distinction we have drawn between menorrhagia and metrorrhagia; both differ in their essential 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 power to determine an excessive flow of blood to the uterus becomes the cause of metrorrhagia. It may likewise occur in a number of pathological alterations of the stature and of adventitious growths in the uterine cavity. Hemorrhages of this kind are so common that every loss of blood ought to excite a suspicion that 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 of longer or shorter duration, indicating for the most part termination of blood to the pelvic organs, such as: a painful drawing and pressing in the small of the back towards the sexual organs and thighs, sensation of heaviness and fulness, of increased throbbing in the pelvis, also colicky pains; frequent desire to void the urine; titillation and burning in the sexual organs, chilliness, heat; an accelerated, soft pulse, sometimes beat (pulsus dicrotus), palpitation of the heart, swelliness 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; it is a mere dribbling of blood, at other times a large quantity of an usually dark, black blood are poured out periodically readily coagulates on account of the fibrin it contains,
coagula of considerable size even while yet in the uterus to this loss of blood we notice the most varied symptoms of constitutional disturbance, such as: excited temperaments, labor-like pains, colic, urinary difficulties, 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 of this kind is not always owing to atony of the uterus as may result from tedious labor or violent labor-pains even from general debility; it may likewise depend upon stances that render the necessary contractions even after labor-pains impossible. Among such circumstances we number too rapid labor, partial adhesions of the placenta, and of copious coagula in the uterus. "We have only to do with hemorrhages depending upon atony and deficient contractions of the uterus; these hemorrhages alone are accessible to medical influences. Hemorrhages of this kind occur immediately after confinement; they must be expected if the uterus remains large and soft. Sleep, immediately after confinement, may become the promoter of hemorrhage; it should not be indulged in. The symptoms of hemorrhage can only escape detection if the accident occurs within the womb. The os tintse and the vagina are so filled with coagula that the blood remains confined within the uterine cavity, which again becomes distended by the accumulated fluid. As in every other copious loss of blood, the symptoms of anemia become rapidly manifest, such as pallor of the countenance, chilliness, cold sweat, obscuration of sight, decrease of the pulse, convulsions; the uterus, moreover, and increases perceptibly in size. This accident is generally unaccompanied by pain.

Hemorrhage occurring at a later period of confinement, is generally less copious; it likewise originates in deficient contractions, or in inflammatory processes, but the prognosis is unfavorable. Hemorrhages of this kind occur more particularly in the case of women who do not nurse their children; the intense stimulation 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 did not to the fetus. It has seemed to us as though c of such mothers at full term, and having otherwise their development, were less vigorous and disposed to a variety of ailments. Hemorrhages during the second half of pregnancy, if not due to placenta praevia, originate in the same causes as t
first half, of which we shall treat presently; but they of a subordinate significance, because they seldom threaten the life, 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

Miscarrnige or atiortus. Such hemorrhages happen in ones of the vessels uniting the ovum to the uterus, being torn, because the natural resistance of the uterus against its too great, or because the resistance of the contents age of the uterus is too feeble. In this way the uterus is e premature contractions which may easily superinduce a la of the vessels for the reason that in the first three mo is on its whole surface connected with the uterus by m^e delicate blood-vessels. Hence miscarriages take place mo during the first three months of pregnancy. If the after already formed, premature contractions likewise lead to tion and detachment of the placental vessel*. This, how less frequent occurrence, because the contractions affec smaller portion of the utetitia, and it iff moreover well the normal seat of the placenta is not the locality usu by the contractions, but that they are much more common

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fined to the lower portion of the uterus. It is all-impo the circumstances which cause premature contractions of should be carefully investigated; a miscarriage can only vented by keeping all such exciting causes out of the wa causes of miscarriage either proceed from the footus in of its premature death, or from the mother. The death of foetus is superinduced by intensely-debilitating disease mother, especially a far advanced anaemia; next by cons syphilis, and finally by violent commotions such as frig judge by the changes which are sometimes noticed in the would seem as though certain poisonous substances which named by and by, might exert a destructive influence ove proceeding from the mother, we have the various circumst that tend to cause a determination of blood to the uterus have already been named in the chapter on acute uterine Plethoric individuals are much more liable to miscarriag ansemic women, especially if the former are afflicted wi menstruation. In their case the hemorrhage is apt to app time of the catamenia. Acute febrile afleions and dise heart likewise predispose to miscarriage. Mechanical cau upon the sexual organs directly, or transmitting their e the uterus by a general concussion of the system, exert injurious influence; so do depressing mental causes whe the uterus unceasingly. It is well known that women who, again pregnant, continue to nurse their children, become miscarriage on account of the excited condition of the u mitted to this organ from the excited nipple. Lastly we mention various poisons which are sometimes resorted to criminal purpose of producing miscarriage. These are Sah CrofmSy Seoale comutum. Sabina is so frequently used as of producing abortion, that the Juniperus Sabina which g the neighborhood of large cities, is usually found pulle
and deprived of its branches. As regards Secale cornutum
know from the history of epidemic ergotism that the wome
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 sec
riage is apt to take place at the same period as the for
it may happen that women miscarry nine or ten times in s
notwithstanding they had given birth to healthy children
fore. It almost seems as though the uterus, after the no

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tion of impregnation has once been interfered with, loee
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 app
deps the possibility of preserving the lives of both
child.

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

In the subsequent stages of pregnancy, metrorrhagia only
place exceptionally, without a preliminary stage which i
ined by the entrance of blood into the uterus whose mou
remains closed; or by the premature contractions of thi
by the death of the foetus.

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

The premature contractions of the uterus may be allied t
 congestive phenomena just described, but they likewise o
primary symptoms. In such a case the patient experiences
lair drawing pain from the uterus across the abdomen, an
ing with peculiar violence to the small of the back, at
mitting for hours, and finally only for a few minutes. T
organism does not seem to be affected by this pain. Some
pains intermit even for days; nevertheless, they return
more continuous and more violent the pains, the more cer
the sooner the hemorrhage will occur.
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If miscarriage is caused by the death of the foetus, striking precursory symptoms are scarcely ever absent. They sometimes last even for weeks. The patients feel faint and weary, complaining of feverishness and experience a coldness in the abdomen and lower extremities. The signs that may have been perceived in the foetus, cease. The patient is very much depressed in spirits, complains of pains in the stomach, increased nausea and distressing vomiting. While these symptoms continue, the pains and contractions foreboding the approaching expulsion of the foetus set in, and the hemorrhage takes place.

After the blood has begun to flow the course of the trouble is pretty much the same in every case. If the foetus is separated from the organism of the mother, it has to be expelled. If the hemorrhage is at all copious, the expulsion can no longer be prevented. The course of the difficulty now varies according to the states of the uterus. During the first months of pregnancy the lower segment is still very rigid, the os tincse firmly closed; more force or a longer time is required to open the womb, whereas in the subsequent months the vaginal portion becomes more yielding and dilatable. Hence a miscarriage extends over a longer space of time in the commencement than in the subsequent months of pregnancy; moreover, the hemorrhage in the former case is more profuse. The constitutional symptoms are preeminently those of acute anemia; even the convulsive phenomena which are not unfrequently present, are occasioned by the anemic condition of the patient, very seldom by the amount of pain involved in the hemorrhage. Primiparous women suffer most. As soon as the foetus is expelled, the flow generally ceases very soon. But if the placenta has already formed, the whole of the foetus is not always expelled, remnants of the ovum remain in the uterus and, by preventing the full contraction of this organ, cause the hemorrhage to continue. Hence it is much more dangerous as it is commonly more copious at the commencement of miscarriage, the danger being still if we are not able to remove the remnants of the foetus. The hemorrhage may likewise be internal, if the foetal remnants close up the os tincse. Hemorrhages of this kind are always more or less threatening, and sometimes endanger life. What we have said, shows that miscarriage is least apt to occur in the first three months; and that the danger involved in the hemorrhage is not est, if a placenta has already formed, because remnants are easily retained in the uterus.

The whole course of such an accident assumes a peculiar form if the uterus firmly contracts round the remnants of the ovum.
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 removal of the remnants of ovum whose spontaneous expulsion is some delayed to a remote period. A similar course takes place rare cases of miscarriage of twins. After the expulsion the uterus firmly contracts round the other one, and, trouble seems at an end, until a second hemorrhage bring other foetus.

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

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the same time as the former, aher women, having once miscarried, never again go the full term of pregnancy; at a hemorrhage again sets in. This is a very common occurrence after a miscarriage previous to the fourth month, and is rule in the case of a primipara. The general faculty of 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. Mriage, both as regards the prophylactic and curative treatment of such accidents, is a morbid process which sometimes de most consistent treatment of the so-called Rational School. On the contrary, the homoeopathic treatment of miscarriage is ga crowned with the most brilliant success. For this reason deemed it our privilege to lay particular stress upon a cess whose importance must be self-evident. In our own p we can show the records of a number of cases of threaten carriage that were successfully prevented by internal tr where the full term of pregnancy was secured even after rhage and severe uterine contractions had already set in
them. Quite recently the wife of a most excellent allopathic physician of this city, who had miscarried nine times in succession in spite of her husband's best efforts to prevent such an accident, was successfully carried through her tenth pregnancy by homoeopathic treatment. In the presence of so much brilliant success it is right to say that we possess the means of preventing miscarriage with an almost unerring certainty.

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

Sabina. We have shown on several previous occasions that the action of this drug upon the uterus is specifically characterized by congestion often amounting even to inflammation. This fact should 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 the sexual passion, a more copious secretion of mucus from the vagina; if the hemorrhage is profuse, painful, and the blood is bright or is discharged in the shape of firm coagula, Sabina is simile that will certainly help in most cases, for a confirmation of which fact we can point to our own experience as well as printed records. This remedy suggests itself more partic

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the case of robust persons of a plethoric habit, who hav at an early age and always were inclined to menstruate p

"We have already stated in a previous paragraph that the action of Sabina upon the uterus is known even to lay-pe that this knowledge is made available for purposes of cr tion even by married women; the evidence of such a crim on more than one occasion furnished us in our own practi

The relation of Secale cornutum to the uterus is equally and characteristic. This relation is not, as Griesselich pendent upon the action of this drug upon the spinal cor mediate, but differs greatly from that of Sabina. Secale rapidly destroy the organic activity, without occasionin striking signs of reaction which may even be entirely ab Secale is particularly appropriate in metrorrhagias unatt symptoms of reaction on the part of the uterus, or the g ism, without any marked pains in the uterus, in the case viduals of an anaemic or leucophelegmatic habit of body. therefore indicated in metrorrhagias occurring at the cr or in chlorotic individuals whose constitutions are brok debilitating diseases; or in post-partum metrorrhagias d upon atony of the uterus, or which cause or accompany th riages of anemic subjects, or which are occasioned by t the foetus. The general character of the hemorrhage will better guide in the selection of Secale than mere sympto cations, of which we, nevertheless, proceed to point out essential: The blood has a dark color and shows very lit disposition to coagulate; its discharge is either painl pain is very vague and undefinable; it flows in a rathe rupted stream; the hemorrhage is accompanied by great p tion, fainting fits, palpitation of the heart with inter
beats, convulsive movements, cold skin. Secale is likewise indicated in the latter stage of hemorrhages that commence with signs of congestion, 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. K Crocus is so often recommended for active congestive uterine hemorrhages, we attribute this recommendation to the circumstance that the symptoms of the sexual organs have alone been considered. They are: Pressure and a feeling of weight, stitches, pressing towards and in parts, discharge of a dark, tenacious, even black blood, any labor-like pains. K, in addition to these symptoms, Metrorrhagia. 75

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

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

We rank in the Sabina-category the following drugs: Bell Chamomilla| Plaiina| Nuz vomica, Calcarea carbonica| Hyo Ignaiia arnara, Ferrum| to which we add these short rema ladonna and Chamomilla are especially applicable in the rhages of lying-in women, with a general excitement of t lation. Calcarea, Ferrum, and perhaps Pulsatilla, are ad the hemorrhages of feeble and anemic subjects, with exc ulation. Hyoscyamus, if symptoms of convulsion accompan hemorrhage from the start, more especially shortly after ment. Ignatia and Platina for hemorrhages with excessive bility of the nervous system and the general sensorium, if the accident was preceded, and probably caused by som commotion of feeling or by sexual excitement, Ignatia be appropriate in the former, and Platina in the latter cas

The Secale-category does not comprehend many remedies; rate not one of them shows a complete resemblance to the Ipecacuanha| China| and under certain circumstances Ferr bum and Arsenicum are the few remedies belonging to this Ipecacuanha is generally appropriate only for post-partu
rhages, or after miscarriage, with cutting, colicky pain around the umbilicus, pressing towards the uterus and anus, great chilliness on the outside and extreme heat within. China is mostly required after the hemorrhage had lasted already for some time, especially after confinement if the uterine contractions seem to be utterly exhausted, the patient is cold and blue, and a convulsive shock now and then agitates the frame. The choice of Arsenicum can only be determined by the general symptoms, not by the local phenomena. Regarding Plumbum, we transcribe Griesselich's remarks from Ruckert's "Klinischen Erfahrungen": "Among the worst kinds of metrorrhagias we number those that befall females at the critical age and who are afflicted with hypertrop uterus. If the patients have been long weighed down by mental distress, the hemorrhage will prove still more unyielding. Other remedies have often proved futile in such cases. Where Plumbum afforded help, happened among women of the higher classes who had attained the age of forty; children in the first years of their marriage; the metrorrhagia had become inveterate, and had assumed a passive character. The patients had lived well, had partaken of quantities of beverages, had led a sedentary life and their constitutions had assumed a preeminently venous tendency; hemorrhoidal tumors made their appearance, constipation, bloating of the bowels, eating, etc. The metrorrhagia had existed for years, with intervals of four to six weeks and even longer. During the attacks the patients recovered their strength, but another attack came down again. The attack was preceded by a sensation of weight and fulness in the abdomen; slight labor-like pains from the small of the back to the front were experienced, amid which dark coagula were expelled mingled with fluid blood and without any unpleasant odor; the discharge was increased; a profuse discharge was attended with syncope, yawning and stretching, twitchings and by such other signs of anaemia as palpitation of the heart, a small, intermittent pulse, etc. The hemorrhage was succeeded by a more or less profuse, inodorous and milder leucorrhoea. On exploration the uterus was found to be uniformly distended. Between the attacks the patients looked sickly, almost chlorotic; the assimilating functions were disturbed, the skin was dry, pale and yellowish, with hepatic spots; the patient of languor, shortness of breath on going upstairs, had a desponding mood. The Acetate of Lead, in doses of one quarter of a grain per day, arrested the hemorrhage in several cases and removed the danger of total destruction which threatened the cachectic body, without, however, correcting the constitution."

To these statements we add an important observation: Paul (Archives générales, Mai, 1800) has had an opportunity of watching the effects of Lead upon the female sexual organs in upwards of eighty cases; his observations lead him to infer that this metal favors miscarriages and premature births in a most extraordinary degree, and that it very commonly occasions the death of the female sexual C

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the foetus.

The category of Crocus contains a number of remedies some of which are closely related to Secale. The most important are: Arnica, China, Digitalis purpurea, Lycopodium, Kali carbonica, Kreosotum, Phosphorus, Carbo vegetabilis. Arnica may be required in active metrorrhagia; it is particular to post-partum hemorrhages, and is known as an efficient for excessive and painful after-pains. For particulars of Digitalis or rather Digitalin, we refer the reader to our Essay on this drug. There is no question that in metrorrhagias 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 in that Essay, has not yet been interrupted by a similar now eight years. Sepia deserves special consideration in miscarriage; it is but seldom indicated in simple metrorrhagia. All events it is one of our most important remedies as a miscarriage. Whereas Sabina is especially adapted to plethoric and robust constitutions. Sepia responds to nectivity associated with a quick circulation; it is such the system that so often give the first impulse to miscarriage are associated with obstruction in the abdominal circula recommends Sepia in miscarriage? between the fifth and months, if symptoms of abdominal plethora are present; relates several cases where Sepia had a good effect, the symptoms being present: rush of blood to the head and sation of weight in the abdomen, swelling of the hemorrhages, irritable temper, disposition to syncope. While these symptoms prevail the movements of the fetus grow weaker until they finally cease altogether and miscarriage threatens, most provoked by apoplexy of the fetus consequent upon uterine contraction. 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 cure than they have done, with carefully and distinctly lines. Lycopodium is likewise recommended as a preventiv miscarriage, but has not the same practical effect as Sepia. Lycopodium is more particularly suitable for feeble, worn-out afflicted with bad digestion, chronic gastro-intestinal nate fluor albus, symptoms of venous congestion in the e and abdomen, varices on the legs and private parts, hemo liver-complaint, splenetic engorgements. Such symptoms are often met with in young persons, on which account Lycopodium is preeminently suitable for middle-aged women. It is of es value in the metrorrhagias of the critical period, if the prescribed symptoms indicate this drug. According to Hartman Kreosotum is suitable if a quantity of dark blood is dis succeeded for a few days by an acrid-swelling, bloody ic a gnawing-itching and smarting of the parts, after which blood recommences mingled with coagula. At the same time the head feels very much distressed. Such symptoms suggest presence of malignant disorganizations of the uterus; they may likewise occur at the critical age or during co without any perceptible organic alterations.
It would lead us too far if we were to particularize the symptomatic indications for more remedies; it may be well, classifying the remedies we have named, in accordance with the various kinds of metrorrhagia.

Hemorrhages of the unimpregnated uterus previous to the critical age, require: Belladonna^ Platina^ Nux vomica^ Carbonica^ Hyoscyamus^ Ignatia, Ferrum; very rarely Sabina^ Phosphorus; hemorrhages at the critical age require: China^ Plumbum^ Arsenicum^ Digitalis^ Lycopodium^ Kreosotum^ Carbo veg.^ Crocus. For post-partum hemorrhages we recommend: Sahina, Belladonna Chamomilla^ Bryonia^ Hyoscyamus, Secede^ Tpecac Chinaj Arnica.

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

In treating miscarriages we have to keep two things in view, namely the prevention of the hemorrhage by general means, the arrest of the hemorrhage, and the management of the consequences in accordance with general principles.

It is undoubtedly possible to prevent miscarriage; the

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Doctor's wife to which allusion was made in a previous paragraph, will be accepted as evidence of such a fact. The nature of the prophylactic treatment is more especially determined by constitutional symptoms of the patient. If the patient is an anaemic, pale woman, Pulsatilla^ Ferrumy China have to be prescribed in not too frequently repeated doses; if the anaemia is with disposition to congestion, Calcarea carbonica is preferable. If the woman had miscarried several times, it is best to give the previously-mentioned remedies about four weeks before the miscarriage is expected to take place, but neither too infrequently; perhaps a few drops every three days, a tinge this treatment until at least four weeks after the avoid strong attenuations lest the medicine should produce 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 patient's personality may indicate. Regarding the necessity of absolute rest in order to prevent a miscarriage, views differ a great deal. It is certainly well for the patient to avoid all physical and mental excitement, but careful and slow exercise in the open air cannot do any hurt, less, at any rate than to constantly be lying down. If this practice is excusable in the case of weakly, nervous individuals, it is certainly inexcusable in the case of plethoric, robust and quick persons. Nov can a scanty, not very nourishing diet be adopted as a rule, for in anaemia we are called upon to improve the composition of the blood by a suitable mode of living; whereas truly robust women are benefitted by a sort of starvation-cure, because tormented by a voracious appetite during the first month.
pregnancy. Of greater importance than all these details is the clothing of pregnant females. As a matter of course every tight fitting garment should be avoided; if it does not directly interfere with the portal circulation, it certainly interferes with the oxygenation of the blood in the lungs. This point, generally spoken of, is not sufficiently heeded. Moreover, the strictest abstinence is indispensable from the moment that conception has become established fact. The use of coffee should likewise be forbidden in the strictest manner. It is much more difficult to prevent vomiting which, on account of the extraordinary strain of the abdominal muscles which the vomiting occasions may easily give rise to obstructions of the circulation. As yet we have no remedy that can be regarded as specific against the vomiting of pregnant females.

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

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

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

If the above-mentioned remedies do not prevent the misca and if the os-tinct dilate more and more, it is advisabl to powerful doses, and to calmly await the period when will be expelled; for this event can probably only be h manual interference; it is moreover very questionable w this period the hemorrhage can be modified by internal t

After the expulsion of the foetus most of the above-ment
remedies that have been recommended for simple metrorrhagia come into play, especially: Sabina^ Belladonna^ Crocud^ caciuinhaj ChamomiUay Chinay Hyoscyamus.

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Although we do not believe that a miscarriage can be prevented by keeping the patient all the time in a horizontal posture, yet this posture becomes indispensable as soon as the hemorrhage has commenced. Even after the hemorrhage has been arrested, the patient should be kept quietly on her back for a couple of days. If a miscarriage has taken place, the patients will have to be treated like women in confinement, even with more care, for a return of hemorrhage, metritis, prolapsus of the uterus are apt to occur all we have to make sure that no fragments of the fetus have remained in the uterus; the worst consequences of a 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 experiences a sensation of fulness and heaviness in the uterine region, and drops of blood have already begun to trickle down. We give the lower potencies. In active uterine hemorrhages caused by a sudden concussion, a violent strain, or subsequent to the expulsion of the fetus, Aconite may likewise help to arrest the hemorrhage. The pulse is bounding or else the opposite, the patient complains of headache, the cheeks are flushed, the skin is warm and cold and covered with a clammy perspiration; the action of the heart is often disturbed, there is a tremulous fluttering, less frequently tumultuous beating.

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

Trillium pendulum is likewise much used both in the form of a tincture and watery infusion. Small doses will not answer.

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

Hemorrhages brought on by mechanical concussions of the region, blows, a fall, etc., require the use of Aconitum lower potencies, sometimes in alternation with Aconite. H.]

7. Caretnoma 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
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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 rare cases that it breaks out in addition to cancerous degeneration of other organs.

The most ordinary form is medullary cancer, whereas scir and alveolar cancer are very rare; epithelial cancer is frequent. The medullary cancer usually commences at the portion of the uterus as a very firm, rugged infiltration, spreads to the fundus and to adjoining organs, especially bladder and rectum. The less firmness it possesses, the soon converted into pus or ichor in consequence of which end stage of tissue may take place. Epithelial cancer commences with cauliflower-excrescences at the os tincfies' excrescences seem to have taken the place of the os, or coalesce with it. The excrescences seem to grow out of the os; at first they resemble condylomata and after like a fungus, with marked vascular development. As the growth increases, the elements of epithelial cancer unite with the former and the mass decays and changes to ichor. It is not certain whether these excrescences are really carcinomatous at any rate the fact, that they have been successfully excised throws doubt on the correctness of the canceivhypothesis.

Hartmann relates a form of disease the carcinomatous nature of which is doubtful, we mean the phagedenic ulcer of the uterus which likewise emanates from the vaginal portion, but the ulcerative process is not preceded by the deposition of a firm, pseudo layer or infiltration; the uterine tissue surrounding the ulceration is sound, or else softened, yellow or reddish-brown. The ulcer 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 metritis. The first symptoms usually are menstrual derangements, cessation or a more frequent return of the menses, or in the place of irregular hemorrhages and leucorrhoea. The mistake is made the more easily if the patient has not yet reached the critical period, so that these changes may be set down as results of physiological cessation of the catamenial secretion. If the patient has passed through the critical period, a sudden flow of blood takes place, at first resembling the menstrual flow, but soon becomes a true hemorrhage. In the beginning the patient often complains only of a feeling of weight, drawing in the pelvis, a pressing towards the sexual organs, or the pains are excited by bodily motion, 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 tinee look notched, the os is patulous. In the course of the disease, which are at first vague and occur only now and then, become more severe and finally, especially at night, violent, 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 of the back, along the hips and thighs, interfering with walking and sitting; very often a burning pain is continually felt in the vagina, accompanied by fugitive stitches darting through the small of the back. The neighboring lymphatic glands are generally infiltrated and painful. At the beginning of the trouble a serous or slimy secretion flows from the vagina, having but little smell; more usually the discharge is copious, of a brownish-red, suspicious-having a horrid smell and excoriating the skin. The bleeding becomes more and more frequent and copious, the blood being mixed with detached portions of tissue. These hemorrhages consist of 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 and the 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 for many years, calculating from the first manifestation of distinct symptoms, and without allowing for the influence of special circumstances, such 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 perishing.

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, because they are not so speedily converted into ichor, and the destruction 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 certainty 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 ichor. In such a case the diagnosis is still uncertain, for sensitiveness and an uneven swelling of the os tinee do not constitute carcinoma; even a fetid discharge from the vagina does not settle the diagnosis. In the stage of dissolution every attempt at a radical cure is unsuccessful, 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 accesso
accompanying the cancerous destroyer. An enumeration of remedies would only lead to confusion; hence we only mention those 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 frequently recurring metrorrhagias, with aching or pressing pains and an appearing fetid discharge of a serous fluid or a bloody ichor. This is attended with burning or lancinating pains in the back and loins. When standing she experiences a sensation of weight in the pelvis; coition is painful; all the worse at the time of the menses. On examination the vagina is found hot, the interstices of the mucous lining enlarged are hypertrophied, the vaginal portion of the uterus is the OS tincfiB is garnished with small, wart-shaped or cauliflower-excrescences. Hartmann describes the following group of symptoms: Electrical stitches in the vagina, as if procuring metrorrhagias, with aching or pressing pains in the abdomen, causing the patient to start; voluptuous itching in the vagina, with burning and swelling of the external and labia; hard nodosities at the cervix uteri; ulcerative coition; the menses appear from four to ten days too soon, with discharge of a dark, coagulated bloody ichor; gnawing, itching and smarting in the parts; the menses stop for hours and days, but afterwards return again in a more fluid form and attended with violent colicky pains.

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Areenicum 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 a devoid of any marked significance, as on account of the correspondence of Arsenic with the general phenomena of cancerous 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.

Nitri 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
won, feels nervous and is depressed in spirits. Obstruc
portal circulation, such as hemorrhoids, indicate this d
itreum 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
ina is hot and painful; swelling of the lymphatic glan
which are as large as small hazel-nuts; the neck of the
ard 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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converted into cauliflower-excrencences; when rising, s
a heavy weight deep in the abdomen, with an increase of
and great weakness 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
quent 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
oma 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, Thuya occidentalis, which is recommended simply on account of the wart excrescences, or lodium Carbo aniinali3y Aurum^ SiliceU Sepia may perhaps do some good in this disease.

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

The conduct of the patients, outside of the use of medicines, is of the utmost importance. Their anaemic appearance renders a highly nutritious diet indispensable, perfect cleanliness is likewise needful to their comfort; nor should injections of water be omitted. [The use of disinfectants in this disease is indispensable; one of the best disinfecting agents is the nate of Potassa to which attention has already been call 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 condition of the uterus or the cessation of the faculty of conception is attended in almost every woman with more or less marked derangements which, however, cannot be regarded as morbid conditions more than the ailments announcing or accompanying the appearance of the menses. If the derangements alluded to are disproportionately severe and troublesome, we have of course to regard them as morbid affections requiring medicinal aid. A common complaint at the critical age is the flooding. Therefore interfering it is always best to first inquire whether it is a disease determined by the general health of the patient is not impaired by the flooding, medical treatment is no use. We often see robust women lose a quantity of blood at intervals of six to sixteen weeks and longer, but instead of being made sick 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 extreme debility and anaemia, which shows that the loss of blood is not a normal physiological phenomenon. The loss of blood may be said to be abnormal if it occurs more frequently than the menses. The proper remedies are pointed out in the chapters of Menstrual Irregularities and Metrorrhagia.

Other abnormal conditions may arise from the disturbance of stasis of the blood. As a matter of course, the organ the natural cessation of the menstrual flow, has gradually 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 afflicted by
gestions, for which Hartmann recommends Crocua. As a rul remedies for these congestions are the same as those rec for hypereemia of the Iffiaín, [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.,

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

Prolapssus 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 the 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 JSamamellis 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 intercourse 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 menstruali lities 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
Vanous Morbid Conditions in the Sexual System. 89

more or les8 acute diseases of the sexual organs, likewi
commencement of pregnancy, both among young women as wel
among those who are of a more advanced age ; very common
precedes the appearance of the menses for a few days. Un
circumstances the trouble is not so very distressing, an
require any special treatment. The real pruritus is gene
with among older females shortly before and after the cr
sation of the menses, more especially if they are unmarr
their case the itching is horrid, deprives them of sleep
variety of nervous ailments ; yet an inspection does not
abnormal symptoms, except perhaps a greater dryness of t
mucous membrane. The trouble often continues unceasingly
mouths. Most commonly, however, such individuals are aft
with hemorrhoidal swellings, and the idea suggests itsel
itching may perhaps be caused by an engorged condition o
in the vagina. Among the remedies for this inconvenience
eguinum is the most certain and efficacious, as we are
from personal experience. Moreover, we may derive benefi
Conium maculatunij Lycopodium^ Platina and Sepia, [If th
are very much swollen and engorged with blood, and the i
and burning are very great, we have have given with perf
Acomte and Belladonna in alternation ; sometimes we have
benefit from the external use of Uamarnelis, If an inspe
a glass reveals the presence of a fine fungoid herpes on
we use a weak solution of the Sulphite of Soda as an ex
plication. One of Dr. Dewce's favorite local application
solution of Biborate of Soda, Injections of dilute cider
also resorted to. H.]

iNeura/gia of the Uterus. Although this affection has been vari
ously alluded to in the different chapters on menstrual
ties, yet we deem it useful and expedient to transfer th
more compact picture of this disease from Kafka to our p

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

As long as these pains are not excessive, we designate t
tion as painful or difficult menstruation. If the pains
degree of intensity, they become colicky, and we describ
menstrual colic.

K these pains appear between the menstrual periods, they
stitute a peculiar form of uterine neuralgia which we sh
presently.

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Pains in the uterus before or during the menses attack m
especially individuals of sensitive or very irritable di
as well as women whose uterus had become very irritable
through psychical and partly through external causes. Am
fancies, the reading of love-stories, slippery conversation, dreams, etc., are just as frequently the causes of pain as a libidinous rubbing of the parts, amorous dallying, etc. All these causes keep up a constant irritation in the uterus, the consequences of which are congestion or nervous erethism of this organ.

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

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

If the pains set in with a great deal of vehemence, they act like colic; they are most generally contracting, tearing, grining, spread from the umbilical region to the uterus, the urethra, the anterior surface of the thigh, the small of the back or over the entire hypogastrum, not unfrequently causing of burning in the parts where the pain is felt. "When the pain reaches the acme of intensity, females with sensitive tempers are not unfrequently attacked with nausea or even bilious vomiting when the pains reach the acme of intensity, females with sensitive tempers are not unfrequently attacked with nausea or even bilious vomiting; their features look collapsed and the extremities are cold. In other cases, especially if the patients are of a plethoric habit, the cheeks become flushed, the temperature of the body is increased, the pulse is accelerated, the thirst intense, with a longing for acidulated drinks." If vaginal blennorrhoea is present, these phenomena frequently denote a condition like catarrhal metritis which 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 itself in the form of disagreeable sensations such as weakness, languor and pressing towards the small of the back or thighs, patulous condition of the vulva with sensation as if the pelvic viscera would press 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, 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 it is a pain in the temporal region, on one side of the head, or a pressive sensation of the vulva with sensation as if the pelvic viscera would press out. These uncomfortable sensations are sometimes accompanied by frequent but ineffectual urging to stool, frequent desire to urinate with scanty emission of urine.
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
scious 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
ge 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
fections 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

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Magnesia muriatica, lower and middle attenuations;

Hypericum perfoiiatum, lower attenuations.

Aconite is generally indicated by a throbbing or peeking
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 purgation with great benefit to the patient.

Hypericum perforatum. Violent tearing in the genital or uterine region; desire to urinate; tension in the region of the uterus; a tight bandage; the menses delay in such a case.

If neuralgia of the uterus is a secondary affection, depending upon other primary pathological conditions of the uterus, uterine engorgements, in connection with neuralgia, may develop. Belladonna, Veratum viride, Aconite, Mercurius solubilis, etc., have relieved obstinate cases of uterine neuralgia. H.

O. Taginodynamia.

Neuralgia of the Vagina,

"We extract from Kafka the following notice of this subject: The mucous membrane of the vagina is neither swollen nor hyperemic, its secretion is not increased, its appearance unaltered. This disease may be caused by lascivious fantasies, masochism, abuse of sexual intercourse which is only partially gratified; discharge of an acrid, corrosive secretion from the vagina, irritating pessaries, ascarides in the vagina, dust in the uterine organs, etc.

Vaginodynia. 98

The symptoms are in part local, and in part general. Among the local symptoms we notice a peculiar itching or tickling sensation of various degrees of intensity. If not excessive, the sensation of the vagina can be borne; it does not excite the sexual passion, or at least very triflingly; it causes a slight warmth in the vagina and an irresistible urging to scratch or rub the itching parts of the vulva or vagina, which generally causes the mucous membrane and an increase of the temperature proportion as the warmth of the itching parts increases, wise become affected with a striking dryness, which is very troublesome to the patients.

In sensitive and excitable women the sexual passion is excited by the frequent rubbing of the vulva or vagina; at such a time the eyes glisten, the cheeks look flushed, the head is hot. If the rubbing is continued, a pleasurable sensation is excited, until a seminal vesicle is detached after which the person feels exhausted, the face looks pale and a certain moroseness or sulky leanness of temper prevails.

An observing physician is not slow to observe these changes in the looks and mood of his patient. They constitute important phenomena 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 constitutions 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 vagina creased secretion of mucus and a high degree of nervous and hysterical 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 hypeereesthes is exceedingly painful; even a digital exploration caus vagina contracting spasmodically around the finger. Such generally remain sterile.

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These spasmodic contractions may even spread to the ure 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 Sulpvhr and Graphites the forme itching is more of a burning nature, the latter if the it tended with a smarting sensation in the vagina.

The troublesome feeling of dryness in the vagina is rel frictions with the best kind of olive-oil. If this is no the vagina is cool and pale, we give Ndrum muricUlicum 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
titillation in the vagina arises from dust in the
we may resort to tepid Sitz-baths, also to iiyections 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 sphincter
far as we know, is beyond the reach of internal treatm^i
Mastitis. 95
Thomas, in his recent work entitled: "A Practical Treat
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 Ilemuth, 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
stead of ranging this disease among the diseases of th
organs.
Mastitis proper only occurs during or immediately after
The painful, sometimes rather extensive, indurated swell
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 âr as to assert with Hartmann that mastitis is one of

http://www.archive.org/stream/sciencetherapeu00kafkgoog/sciencetherapeu00kafkgoog_djvu.txt
liarious manifestations of psora, is more than can be pr
body. What happens with other abscesses, is likewise tru
to abscesses of the mamme: in some cases they heal rap
cases they catase vast destrucions of tissue. Mastitis

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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 mammæ. Sooner or later, sometimes
days, and at other times in some weeks, the painful spot red and more sensitive, and the inflammasion 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 mamme 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
plees 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 particularly by putting the child to the breast every two hours in the early period after confinement, mastitis will generally be prevented. By picturing this disease in its most horrid form, women can generally be induced to comply with the course recommended by their physicians warning counsels in trying to prevent this disease a gastric catarrh of children, are generally more potent than medicines of the drug-shops.

If the breasts have become hard and painful, the best remedy in the case of lying-in women is Bryonia less frequently Belladonna whereas the latter medicine is better adapted to women weaning their infants. We sometimes succeed in dispersing stagnation of milk by gently rubbing the indurated parts while the child is nursing. The same good effect is sometimes attained by causing the milk to be drawn by an older, more vigorous child. In no event should the infant be all at once kept away, even if nursing causes pain. It is only if the pain is acute, and the hardness considerable that the infant should be put to the diseased breast. Belladonna will now have ministered. As soon as redness has set in, the chances of the inflammation are very slim; in some exceptional cases sometimes succeed in effecting this result by a few doses of Bryonia. Warm poultices should never be omitted; they some favor the dispersion of the abscess as much as in other cases hasten the process of suppuration. It is best not to apply them until pus has begun to form. Hepar sulfuris will sometimes promote the discharge of the pus. A great many authorities have opened the abscess at an early period in order to prevent the spread of the inflammation. We doubt whether such a procedure is justified by corresponding results; after opening the abscess have often seen the inflammation spread much more rapidly in the most tedious cases of mastitis, the abscess had been open in accordance with this suggestion. On the contrary, if was not opened and the above-mentioned remedies were used we have never seen mastitis run a tedious course. This cannot be supposed probable. Most homoeopathic physicians cannot be supposed probable. Most homoeopathic physicians.

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the lancing of such abscesses, and yet can boast of exceThis shows that their medicines must have an effect which cases, our opponents are doubly disposed to doubt and to do not mean to say that the abscess should not be opened if distinctly seen through the skin; what we oppose is of an abscess where the tissues situated below the epidermis to be divided. In this respect a mammary abscess is to be 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 with the knife. A case of this kind occurs very rarely under homoeopathic treatment.
After the abscess has commenced to discharge, the course of the difficulty is quite different under homoeopathic from what it is under allopathic treatment. In a fortnight at latest the discharge of pus ceases under the use of a few doses of Mercurius^ and the sore heals. K this is not the case, if the hardness and tend and the pus is secreted in small quantity; or if the infection keeps spreading, and we are called upon at this juncture to treat the disease, Hepar sulphuris is to be given first. This remedy, the suppuration generally increases and the inflammation assumes the acute form after an apparent arrest of the inflammatory process; likewise in the very rare cases of phthisis mammse. If the breast has become callous, and fistulous cavities have formed, the healing of the sore will prove a very slow process. In such cases Silicea Sulphur, Conium and Graphites prove the best remedies.

[Regarding the use of Aconite in mastitis, Kafka has the following: K the breast swells in consequence of a cold or of mechanical injury, and a deep-seated pain is experienced in the breast, we at once give Aconite 3 in solution every hour; the local hyperemia will most speedily be scattered under the influence of this remedy, and, if the pain was owing to a cold, a general transpiration will speedily take place, after which the inflammation nius 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 11. Mastodynamic.

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 weaning, and being most frequently noticed in girls as symptoms of development at the age of pubescence or as symptoms of neuralgia, do not unfrequently become the subject of medical treatment.

At the period of pubescence, either some time before or after the first appearance of the menses, some girls experience stitching, drawing or throbbing pains, or a tingling or prickling sensation in the swelling breasts which appear turgid and very often sensitive to contact. If the girls have already commenced to menstruate, the painful sensations most commonly make appearance before or during the menses. If menstruation yet commenced, the pains generally continue until the age of pubescence has been reached. Sometimes the breasts are so s
that the least touch, the least friction from the underclothes, or the 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 according as the development of the organism is more or less rapid. We are acquainted with cases of hyperesthesia 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 pains that are not connected with the period of pubescence, but depend upon 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 lancing, tearing, drawing or boring; they are generally worse about the time of the menses, are aggravated by pressure, and, if lasting a certain time, result in the formation of small tubercles in the mamma of a rounded shape, smooth and of the size of hazelnuts.

Such paroxysms of pain scarcely ever occur spontaneously, and are generally caused by the continued pressure of tight garments, corsets, whalebones, or they are caused by pinching, pulsions, 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 before anything can be expected from internal treatment.

For simple hyperesthesia of the breasts Belladonna and Nux vomica may be given. If the affection can be traced to the appearance of the menses, Pulsatilla, Caudophi/bium may be useful. If the pains are stinging and the patient the same time very nervous, we give Calc. carb. or Nux v caused by a blow, contusion, etc. Arnica, Conium or Sepia required. For tearing pains we give Conium 8 or Baryta c and if seated in the nipples, we give Bismuth 6, or Calc Drawing pains in the mammae require Kreosote 3 to 6, and in the nipples Zinc. met. 6. For boring pains in the mammae we give Indigo 8 to 6, and if affecting the nipples Spigelia 8 to 6. The sensation of prickling in the nipples is relieved by Sab.
Cancer of the Breasts.

Next to the uterus the mammae are most frequently attack

cancer. Cancer of the mammae is most commonly of a prima

nature, hence the beginning of the cancerous disease.

The causes of this disease can scarcely ever be determin

certainty. If a blow or a contusion is generally regarde

cause of this disease, it is probably because no better

found, not because the disease has ever been known to re

mediately from such an injury. The influence of depressi

tions which are so easily und so commonly succeeded by c

degenerations, is a much more evident source of the canc

Carcinoma Mammae. 101

disease. Cancer of the mammae most commonly occurs betw

the ages of 40 and 50, about the period which is general

signated as a change of life. Unmarried women or women w

have not had children seem to be more liable to it than

women with children. Before and after this period, it is

portionally a rare occurrence.

The most frequently observed form of carcinoma of the ma

is scirrhus, next to w'which we range the encephaloid or

fungus, the alveolar or colloid cancer and the epitheliat

epithelioma.

[Mr. Maurice H. CoUis of Dublin, in his work "The Diagn

on and Treatment of Cancer, and the Tumors analogous to it" has

thrown out epithelioma and colloid growths from the cance

group. He regards Colloid as a mere variety of fi

recurrent tumors. Virchow says that " its stroma differs

taining mucus and in its gelatinous nature from the ordi

stroma of cancer," page 526, On Tumors. Mr. Collis says, ex

jecting epithelioma from the group of cancerous tumors: pe

rficial origin, its slow progress, its indisposition to s

deeper structures, or to contaminate the glands, the cer

cure which follows its timely removal, and the different

when occupying similar localities, are of sufficient imp

outweigh the points of resemblance which it undoubtedly

cancer in its advanced and secondary stages. In its earl

is strictly an hypertrophy, and in this condition it may

an indefinite period. Its second stage is one of hypertr

ulceration combined. This stage also, as far as external

neous epithelioma is concerned, is slow to advance into

ductive stage, that of infiltration and secondary page 226. Speaking of Colloid, Virchow writes: "It remai

very long time local, so that the nearest lymphatic glan

ot become affected until after the lapse of years, and

the process is for a long time confined to the disease o

ymphatic glands, so that a general outbreak of the dise

parts of the body does not take place until late, and on

stances." (See his work on Tumors, page 581.) H.]

The commencement of the disease is scarcely ever marked

peculiar morbid phenomena; the patients generally do no
anything out of the way until a tolerably large tumor is in the breast. It is at first round, smooth, movable, or more or less rapidity, and loses its mobility in proportion

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

The duration of the whole disease varies considerably, r from two to twelve and even more years. The younger the the sooner she will succorab to the disease, and the mor the cancerous growth, the sooner it will destroy life. T is very bad 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. cipient cancer cannot always be recognized as such, thou grow rapidly and be painful; these two conditions never the case of benign tumors. At a later period the diagnos
terminated by the retraction of the nipple, the fluid which it discharges, the rugged unevenness and immobility of the swelling, the 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 mammary 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 disease to more vital organs, without affecting its tion. Homoeopathic physicians have, for a long time past every extirpation of cancer as injurious or at least ungood 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 "We are entitled, however, to claim palliative results of this method; it never increases the trouble, and delays a fatal termination were it from no other cause than because it does not rob of her strength.

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

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this remedy likewise diminishes or even suspends for a time the suppuration and ichorous decomposition. Conium and Clematis can only be used if the tumor has no begun to discharge; the other above-mentioned remedies are principally of use in cases of open cancer.

For further symptomatic particulars we refer to Hahnemann Materia Medica Pura.

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

Most observers agree that the higher attenuations, if given in not too frequently repeated doses, deserve the preferenc
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 ou 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 cl has to be observed.

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

Bleichr's views regarding the propriety of an operation do widely from those of Kafka and leading homoeopaths in ou midst that we deem it proper to transcribe them: If the ical use of appropriate remedies for tumours in the brea without any result; if in the meanwhile the tumor gains (^ and becomes less movable, and the axillary glands ha become involved in the carcinomatous degeneration, we at advise to proceed to the extirpation of the tumor. Do no until the schirrous swelling has become interwoven with

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of the fikin, or begins to show signs of a more marked c toos degeneration. As yet the process may be regarded as and the extirpation succeeds perfectly in a majority of these changes, however, have already taken place and if lary glands already begin to show signs of cancerous deg the operation is very doubtful and fails in almost all s

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

Even at this stage the extirpation of the tumor is still but a successful result is already very doubtful. The ax mesenteric glands may not yet be involved; but the oper succeeded by new disorganizations which very speedil te fatally in ichorous dissolution. A successful extirpato stage has to be attributed to a fortunate coincidence of circumstances which cannot be arranged according to a de plan. Hence even under these circumstances we are in fav extirpation for the reason that it does result in a cure whereas without it the cancerous disorganization progres course towards an unavoidable fatal destruction of the t
If the above-described phenomena of cancer of the mammae set in and ulceration has perhaps taken place, our treatment must 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 diarrhoea, etc.

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

The horrid odor may be neutralized to some extent by covering the bottom of the sore with a thick layer of pulverized charcoal which absorbs the ichor; we cause the ulcers to be cleaned several times a day with tepid water, and we have the sick chamber 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 promote the spread of the ulcer.

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

Professor Franklin of the St. Louis College of Homoeopathy emphatically recommends a speedy extirpation of the cancer for the operation an almost uniform success, and claims for every vestige of 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. Liaryngotraeheitts Catarrhals Acuta,
AciUe Laryngotracheal Catarrh.

Next to the catarrh of the Schneiderian membrane, a cata the larynx and trachea is one of th^ most frequent disease
the liability of these organs to catarrhal affections cannot be accounted for either by their structure or functions.

One of the most common causes of disease is a cold, whether it 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 by their effeminate mode of living. We often notice that, by keeping the neck too warm, the larynx becomes easily affected with catarrh. Since we cannot avoid frequent exposures of the air, the susceptibility of the larynx to catarrh increases in proportion as the skin of the neck is stimulated to action of warm covering. Why some persons should be affected with laryngeal catarrh from the least cold, whereas others seem to enjoy a perfect immunity in this respect, cannot be accounted for. An excessive use of the organs of voice is one of the causes that begets a particular disposition to laryngeal catarrh. Individuals who, not accustomed to talking, have had to make long and fatiguing speeches, or amateur-singers are very apt to contract laryngeal disease. The disposition to such diseases is very much enhanced by the excessive use of spirits, and more particularly of beer. We shall afterwards speak of the influence which tubercular infiltrations of the lungs exert over catarrhal affections.

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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 laryngotraheal 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 constitutional diseases.

Symptom and Course. The phenomena of laryngotraheal catarrh vary a great deal according to the intensity of the disease or the sensitiveness of the individual attacked by it. I attacks the disease always commences without fever although there is a peculiar sensation of languor and heaviness. The patients complain of a peculiar tickling, or a soreness and burning in the larynx down to the sternum, which gravitates by coughing and talking. At the same time the voice is altered, it is hoarse and has a peculiarly deeper and more unnatural sound: this alteration of the voice increases, according to circumstances, to complete hoarseness or loss of voice. In a few hours a cough supervenes the particular modifications of which will be described in subsequent paragraphs. At first no phlegm is brought up by the cough, afterwards a clear, tenacious, glassy mucus is raised, which, in a few days, assumes a greenish color, becomes lumpy and has an unpleasant taste until, in a few days more, the expectoration assumes a globular shape, becomes more copious and has a
white color. At the commencement of the catarrh streaks of blood 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 sometime violent and continues several days. The pains in the larynx are very acute, stinging and burning, as from a sore; aphonia at once, and every attempt at talking increases the pain to an eminent degree. The cough becomes exceedingly distressing, sometimes convulsive, with a constrictive sensation of the rima glottidis and a real difficulty of performing the act of breathing. The larynx generally feels sore when pressed upon. In two days the fever abates, and an expectoration of mucus with relief of the cough sets in. In this form of catarrh the general constitution is more or less disturbed; the patients may even be compelled to keep their beds for so many days.

Laryngotracheitis Catarrhalis Acuta. 109

The laryngotracheitis of children is of particular importance. The children may have seemed quite well during the day, and yet, about midnight, wake with a hoarse, barking cough which is sometimes associated with constricted inspirations and anxiety at first sight, the little patients seem to have a violence of cough; yet this is evidently contradicted by the fact that following day their health seems fully restored. The cough seems to arise from the fact that during their sound sleep in the first half of the night, when the children breathe with their mouths 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 croupy sound, nor does it wake several times in the night. This affection has been designated as catarrhal croup. If, which is less frequently the case, this affection is associated with a marked inflammatory swelling of the mucous membrane, or if, generally, the affection acquires a grade of intensity, the croupous sound may be heard for several nights in succession, and may be attended with threatening symptoms of dyspnoea. Some children are remarkably liable to this affection; this liability is still increased by the excessive quantity of clothing in which the little patients are wrapped by their relatives for fear of croup. It is of such children that they heard the report they had had several attacks of croup, and that they have an attack every spring and fall. There are physicians who encourage this kind of belief which is hurtful to both 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 catarrhal attacks, have no cough in spite of a most severe attack of catarrh only once or twice a day. Other, on the contrary, experience even at the onset such a violent and continual desire to cough that they cough uninterruptedly, or paroxysms of cough which often last four hours and end with an attack of vomiting, or even become associated with a spasm of the 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 very violent, it rarely ever disappears entirely at the termination of this period. As a rule, while decreasing gradually, it continues for some time after, or, if the patients are again enabled to go outside, it often disappears of itself as soon as steady and mild weather sets in. More frequently the hoarseness continues for a longer time, only just enough to interfere with singing, if not with talking. The transition into chronic catarrh is very frequent, and is favored by the circumstance that patients, not minding the trifling disorder, expose themselves to renewed attacks of acute catarrh which finally assumes the chronic form. Laryngotraheal catarrh does not endanger life unless other diseases should supervene as graver conditions.

Treatment. This morbid process is not sufficiently important to require a number of remedies. It may be that a rigid individualization of every case may facilitate the cure, but we cannot indulge in the luxury of furnishing so many details. Whatever Hartmann may say to the contrary, we consider a few practical generalizations more adapted to our purpose and shall therefore confine ourselves to mentioning the remedies which experience has pointed out as the most valuable and reliable in this disease.

Nux vomica is suitable in the milder cases that scarcely come the subject of a physician's care; the patients complain of little hoarseness, a burning tickling in the larynx, free with tickling, scanty expectoration, and especially troublesome early in the morning, a weary and languid feeling, chilliness, frontal headache. In the more violent cases of catarrh, Nux is only useful if, after the fever has begun to abate, the expectoration continues to remain tenacious and hard to raise, and the patient is tormented by a constant titillating hacking cough.

Aconitum is useful in catarrhs caused by exposure to a sharp and keen dry wind. Upon the whole, this remedy does not seem indicated in simple catarrhal affections, except perhaps in the case of children in whom the febrile symptoms assume a different shape 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 second or third day of the disease.

Belladonna may prove most serviceable in the first few days of fever. The following symptoms are characteristic: fever with disposition to perspire and sleep; violent stinging pains in the larynx; a dry, barking spasmodic cough coming on in paroxysms, exacerbating more particularly in the evening and before midnight; sensation as if dust had been swallowed; feeling of constriction in the larynx; the catarrh is complicated with tonsillitis; aphonia.

Laryngotraheitis 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, ing cough occurring more particularly at night and rack 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 expectoration ing 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 symptoms of ulceration of the larynx begin to make their and a constant rattling of mucus is heard in the larynx. cellent 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, y stretching, a prostrate feeling in the whole body, tear pains in the head and limbs, oppression of breathing; i the pains abate with the appearance of perspiration, and again early in the morning; constant desire to cough, t being dry, accompanied by dryness and burning in the lar JhdsatiUsa : titillation wit^j cough, excited by a sensations and roughness in the throat, spasmodic and setting in mo ally in the evening and when lying down, better on sitting mencing again on lying down, and sometimes increasing to tion; chilliness. Hyoscyamus^ if the cough only occurs Euphrasia^ if the cough continues all day, and fluent co present at the same time. He likewise mentions Rhus^ Ign Drosera^ IpecacuanJuicy Bryonia and others, which will be dwelt upon in the chapter on chronic catarrh of the lary

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

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of the disease, the treatment will have to be conducted ance with other considerationB that will be expounded in ter on tuberculosis.

8. laryngotraeheitte Crouposa.

Croupj Membranous Croup.

Croup is an inflammation of the larynx and trachea resul
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 differ. 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 fiily 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

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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 measle-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. If croup is a very rare disease in warm climates, nor is very frequent in mountainous districts, provided the locality is at a altitude or otherwise well protected: we still are unable by these facts why so many cases of croup occur in one a in another year. A northwest or a north wind, or even a and southwest wind with rain, are very apt to bring a go 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 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 Han to the North-Sea is similarly circumstanced. The winds b in this region of country, must be possessed of a peculi order to cause extensive epidemics which sometimes snatch twenty and more children in one village. According to th vestigations of latter years, which indeed are still inc appears as though the amount of ozone in the air acted a portant part as one of the causative influences of croup 60 much more probable since the amount of ozone contain the air is liable to the greatest variations during the of abnormal proportions of electricity such as are apt t

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by a northwest wind. That croup ia caused by a simple co much more easily asserted than proven. The same child ha attacks of violent laryngeal catarrh in the course of th is attacked with croup only during the prevalence of a k from the north. The epidemic character of croup likewise that there must be other causes at work in its developme side cold or warm weather. That croup is contagious is o lieved by those who regard croup and diphtheria as iden

SymptomH and Course. For a clearer comprehension of the morbid symptoms we here premise a short description of t mortem appearances. The mucous membrane shows every poss degree of hyperemia, from the brightest to the darkest only if death takes place after the disease had run a sh if it lasts a more considerable length of time, the colo membrane is sometimes strikingly pale. The sub-mucous ti usually infiltrated, the mucous membrane itself less fre though the infiltration is not co/isiderable ; the muscu of the larynx is likewise found swollen and softened. Up free surface of the mucous membrane an exudation of fibr plasma takes place, at times only in detached spots, at covering a large portion and even the whole surface of t and trachea, and dipping down to the bronchial tubes. In cases only the exudation has the consistence of cream ; becomes tough and firm, in which case these characterist more marked on the free surface of the membrane than on surface adhering to the mucous lining. At times it adher lining loosely, at other times very firmly. The thickness membranous exudation sometimes exceeds one line, sometim only forms a very thin, transparent layer. The formation
firm, compact cylinder is of rare occurrence; more commonly, the 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 in 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 ways only to a limited extent. Less frequently, but not means very rarely, the exudative process spreads to the and the lungs.

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

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tilian usual, they cough with a somewhat unusual sound, a what hoarse, with a little roughness in the throat, have motions, etc. These symptoms are so trifling that they a commonly overlooked, if the children are otherwise strong orous. In very rare, or rather in exceptional cases, cro ceded by a nasal catarrh which, when present, is a toler guarantee against the possible occurrence of croup; in g transition from an ordinary catarrh of the respiratory o croup is not often noticed. The precursory symptoms very precede the outbreak of the real disease longer than a d

This outbreak generally takes place about midnight. Afte ing quietly for a few hours, the children have a few sho cough, or sometimes are roused from their sleep by a sev ysm. The cough has a sound that is very difficult to des resembles most nearly the bark of a watch-dog; it is a having a metallic ring and is forced out with great vehe These peculiar features are so striking, that the very f cough rouses the family from their sleep by its unusuall shrill ring. At the same time the voice becomes husky, r resonance, and seems labored; the inspirations are some peded, although not yet to a very high degree, audible, and prolonged. This makes the patient restless and anio fever is scarcely ever very high, but the larynx is very sensitive to contact. Sometimes the child falls asleep a short turn of cough, and it is only the wheezing inspira betray the presence of the terribly threatening danger. morning, the little patient may feel quite well, except little weak and languid.

Up to this period, croup resembles an ordinary attack of gin so perfectly that it is often impossible to distin the other. This uncertainty and vagueness of the symptom continue during the second and even third night, althoug croupy character of the attack becomes more and more mar the disease progresses on its course. As a rule, the aff all its frightful features on the second day, or even at set of the attack. The cough may not become more frequen violent, but it is less sonorous, more distressing and w fills the children with inexpressible agony. As soon as come aware of the approach of a paroxysm of cough, they themselves in their beds, hold on with spasmodic energy
son near them, or throw themselves about as if convulsed.

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agony is still heightened by the gradually increasing difficulty of drawing breath, which is seldom very marked at the commencement of the attack and is particularly striking during paroxysms of cough. As the dyspnoea increases, the complexion pallid and finally livid, and the face bloats. The pulse frequency and becomes smaller. The little ones seem to suffer more than they really do; the children grasp at their throats and 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 and in apparent health, occur very rarely. Intermissions or remissions generally take place in the morning; they seldom last a still less frequently a day and a night, but are interrupted by renewed attacks of cough and dyspnoea.

If at this stage of the disease the pathological disease 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 are coughed up. This last-mentioned change occurs rarely, and even if it does occur, it is not safe to regard the danger as entirely over until at least two days have elapsed without any trace of a renewed exudation having been perceived. In other cases recovery takes place by the gradual absorption and liquefaction of the membrane, the cough becomes moister, a mucous rattle is heard in the larynx and trachea, small pieces of membrane and yellowish tenacious mucus are coughed up, the signs of congestion in 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 anything and swallow the detached mucus or membranous patches.

If the disease runs an unfavorable course, every symptom steadily increases in intensity, or the increase takes place by 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 cough now loses all resonance, the very power to force out a single word seems to be lost. At times the membranes in the trachea are heard to flutter, and their expulsion is momentarily expected. The dyspnoea now reaches its climax, the child is almost driven to frenzy during the paroxysms of cough or expiration becomes so restricted and superficial that the apparently does not seem to be as violent as it is in reality.
times the paroxysms become so violent that the child suddenly perishes by asphyxiation. Between the attacks, the coma becomes more and more profound, and the brain seems to participate in the struggle. This phenomenon, however, like the majority of croup, 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 taking place, this suffocative stage sometimes lasts for forty hours 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 overlooked, because the dyspnoea increases more uniformly and slowly. 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 other form, it usually lasts much longer.

The duration of croup depends upon a variety of circumstances. If the intensity of all the symptoms increases steadily, death may 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 preliminary stage, but dates from the first outset 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 often complicated by another circumstance. Membranous croup, especially if a cure only takes place after the dyspnoea has continued for some time, is very apt to be succeeded by after-diseases among which lobular pneumonia, bronchitis, and acute oedema of the lungs are the most important. These affect the most common complications of croup, owing to which recovery is often delayed for a long time, or is never complete for the reason 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 croup. 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 shows 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 some respects. The patients begin to show laryngeal symptoms after the affection of the fauces has existed for some time, and the strength has begun to fail. The dyspnoea is less intense as in membranous croup; the inflammatory swelling is less, and the patient does not die so much on account of the dyspnoea as on account of the violence of the disease. The characteristic sopor of the of 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
theretic 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
different works 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 th
es 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 jo
ment of bodily vigor and health, and shows symptoms o
incipient or fully developed nasal catarrh: it is almost
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

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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 dyspnoea 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 w
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
roup-patients, have failed to lead to the desired resil
according to which the experiments were conducted, must
erroneous. We place this fact in bold relief in order to 80 much more force the superiority of the homoeopathic treatment of croup over any other method. To this effect we first of the more renowned remedial agents that are used in cr the same time we cannot help expressing our surprise that should drive the scepticism of the Physiological or Rational School to such straits; for it is astonishing what remedies ev of this School propose in order to avert the fatal blow. highly praised expectant method is utterly abandoned; contrary, the most diametrically opposed agents are brought sition one after the other in the most rapid succession, out entertaining the least prejudice, we are naturally 1 what has become of the "rationality" of the method.

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The most important and most extensively used remedies are emetics, topical and general sanguineous depletions, Calnally and the mercurial ointment externally, Antimony, Temetic, Ilepar sulphuris. Alum and finally a number of l plied substances. At the same time cold and warm compress watery vapors, wrappings, etc., are not wanting. Emetics are the most important agents in this list, are indebted reputation to the apparent success which they have in si laryngitis; we call this success apparent because no tr 'can be cut short by a simple emetic. No amount of sophisti argumentation is able to show that an emetic can exert t influence over an incipient croup. Moreover we cannot ov the fact that the effect of an emetic does not end with vomiting, especially if the Sulphate of Copper is used f pose, and that our patients are little children. Childre an attack of simple laryngitis, often suffer for weeks f effects of the Sulphate of Copper or of Tartar emetic. T an emetic is much more excusable if, after the membrane gun to be formed, the process of expectoration is to be there is no difficulty in comprehending that the act of stimulates the disposition to expectorate. An homoeopath undoubtedly know how to account for the action of Ipecac or Tartar emetic or even of the Sulphate of Copper upon principles from those in vogue. In the second stage of c Sulphate of Copper is now the fashionable emetic; yet thence is not accounted for upon scientific principles. We Copper has a good effect in the spasmodic closing of the hence is of advantage in croup. While mentioning this ef Copper a knowledge of which has been acquired by the mos hardy empiricism, we at the same time have to remind our that not one of our allopathic opponents has been able t count for the good effects of Copper in croup except by vomiting.

As regards the sanguineous depletions, be they local or we can dispense with the trouble of dwelling upon them a further. It is inconceivable that they are expected to p arrest or diminish the exudation; what is certain is tha robs the child of the power to develop the necessary rea the disease. Even the croup-fever is not sufficiently in tify bleeding. As far as Mercury is concerned, the only we dare not call it indication, for its use is that a qu
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goalable lymph is efixised in croup and that Mercury is a power ful antiplastic agent. But this agent alone has never ye a case of croup, but has occasioned such violent attacks titis that the jaws have united by ulceration. The other will be further dwelt upon by and by, especially the Sul Lime; this agent which is a true specific in many cases is only mentioned very cursorily in allopathic works, mo curiosit than as an useful remedy.

The want of internal remedies naturally led physicians to hunt up external applications. The croup-membrane was to be destroyed, the subjacent mucous lining to be cauterized and the disease was thus to be conquered. Strange fancy, as if we did not know th is a special form of inflammation resulting from, or det constitutional susceptibilities. A glance at the results of diphtheria ought to have discouraged the cauterizers of the croupy membrane. The mucous lining of the larynx has been washed with the Nitrate of Silver, Muriatic ac etc., causing the patient the most agonizing distress. The adva ogous derived from such a proceeding may be that the a tion of those agents may cause a violent coughing fit 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 treatment the unavoidable blisters and sinapisms, we hav part of the medicinal apparatus of the Old School before spite of all these appliances, from 70 to 90 per cent, o cases of membranous croup perish. This result is certain triumph, nor has tracheotomy increased the chances of re

In opposition to these failures Homoeopathy can show a successful treatment of croup to her opponents without upon the poor little patients the horrible tortures of O practice. We are not sanguine enough to add credence to profess to have treated hundreds of cases of croup during of thirty or forty years without losing a single patient know that by far the larger number of cases are saved u homoeopathic treatment; this is an amount of success to of. We do not fall back upon statistical data which may 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 the beginning of this year epidemic croup broke out on a

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about sixteen miles from this city. Several dozens of ch already fallen victims to the above-described treatment. gentleman who happened to visit a merchant of the place, him to try homoeopathic treatment. The results of this t were so striking that the house of this merchant was fro day besieged by persons seeking aid. With the aid of a s domestic manual, this merchant succeeded in saving a num
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 to see whether those who are attacked, perish or get well, method of treatment is crowned with the latter result.

The remedies which homoeopaths use in treating croup, are following: Aconitum, Hepar sulphuris, Spongia maritima, Broinum^ Phosphorus^ Cupj'um and several more. We shall sider these drugs in their respective bearing upon each fherent 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 not always possible to at once obtain the conviction that we are de case of croup; for even the presence of considerable does not always imply that the disease before us is croup to meet this uncertainty the custom has prevailed for a already to at once give Aconite in alternation with some remedy. We do not approve of this custom of giving reme alternation, but make an exception in favor of croup on the uncertainty in our diagnosis. Aconite is excellent but utterly inefficient in membranous croup. If we suspe of membranous croup, we give Aconite 2, and lodimn 2, in tion every hour. The Iodine had better be prepared fresh that we may be sure of operating with a reliable attenua remedy is not given by all practitioners at the outset o but Hepar sulphuris or Spongia. We have the following re for our proceeding. lodium exerts a special action on th so constantly, and causes a violent inflammation of the so much certainty that this effect may be set down as a gnemonic and highly characteristic symptom of the action ine. That it is capable of healing far advanced cases of true beyond all doubt. Hence there is no reason why a me that embraces in its pathogenetic series all the symptom and must therefore be adapted to every stage of this dis

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not be given at tlie very commencement of the attack. We sider this medicine much more appropriate than some othe cine that is only suitable in the incipient stages of th Many other physicians prefer Hepar sulphuris at the outs following symptoms prevail : Marked febrile motions, the tion is almost entirely unembarrassed, but has a pecul dry, metallic cough with disposition to choke, mingled w rattling in the trachea, as if mucus would be raised ; o seems to continue moist, and the croupy sound is present ynx is painful ; thei-e is hoarseness, but no loss of vo is even recommended more strongly than Hepar at the firs sion of the disease. Hahnemann himself regards Spongia a main remedy in croup and directs to resort now and then intermediate dose of Aconite or Hepar ; he does not cons gia indicated until the respiration has become embarrass exudation has commenced. Almost all observers are of the opinion.

In the first night, it may not matter much which of thes
medies is given in alternation with Aconite. It is certain that catarrhal croup will be modified by a few doses of Aconite within twelve hours so fully that whenever this favorable change takes place within this period of time, we may rest assured are dealing with a case of membranous croup and that the remedy can no longer remain doubtful. This 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 suitable remedy on the second day, if mucus begins to accumulate in the windpipe, there is no increase of hoarseness, no dyspnoea, little of it, and the cough has a uniformly croupy sound. Hepar is indicated in the milder cases of croup. Spongia is required if the croup shows its malignant features after the lapse of hours, the cough has a hollow sound, less resonance, the hoarseness approximates to aphonia, the dyspnoea is more marked. lodium is to be given if the symptoms steadily increase in intensity, the loss of voice is complete, the dyspnoea has reached the highest degree of intensity, and the cough has lost a good deal of and 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 drug, even if violent fever should be present. The question now is whether at this stage of the disease two remedies like Spongia and lodium had not better be continued in alternation. A good deal may be excused in the presence of such a dangerous malady, and we have not the heart to any one who deems it proper to continue the alternate use of drugs, more particularly in cases where the life of the be jeopardized if the action of a single drug were allowed to continue for twelve hours and even longer. Alternating drug courses do not improve our knowledge of their true action; hence this custom should be abandoned whenever such a thing is possible.

In the vast majority of cases the further progress of croup will be stayed under the operation of one of the above-mentioned three remedies; if this fact is perceived, we have every reason to be satisfied with the treatment, and we must not be anxious to change the 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 lodium which we continue at least forty-eight hours unless symptoms of asphyxia manifest themselves before this period is passed. In most cases lodium will undoubtedly have a favorable effect. Only we must not indulge in the expectation of cutting the disease short. A result of this kind only occurs in a very small number of cases. Most commonly the pathological process continues to go on under the influence of Iodine after which it retrogrades, as is the case in inflammation. What is essential is that it should be kept within proper boundaries. Even if the dyspnoea increases this is no reason why the use of Iodine should be discontinued.

Instead of Iodine, many physicians recommend Bromine; some successful cures with Bromine are reported, whereas others...
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 tessed, painful and gasping. This combination of symp toms 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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that, if croup were to be treated according t^^ere\8yra^ would have to change the medicine as often as the sympto 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 hyperemic. Tartar enetic 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 deprecation 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 disarrangement or an inflammatory infiltration of the rima glottidis. A condition of this kind is pretty certain to exist if the dyspnoea is single, pretty sharply detached paroxysms, the remissions of the paroxysms are quite considerable and no rales are heard in the larynx. If we designate this closing of the glottis as spasmodic, 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 well be accounted for. If we consider that in the case of children the glottis forms an uniformly narrow chink whose sides incline towards each other from without inwards, and from below upwards, it is easily conceivable that, in case the sides are somewhat relaxed, they may be forced against each other during the act of inspiration, in consequence of which the glottis will either be much contracted or even closed. These facts explain how some persons may die of croup without a membrane being seen after death, why full-grown persons whose glottis is wider and differently shaped, scarcely ever succumb to an attack of croup. We can meet this paralytic condition by some remedies that are of our consideration: Cuprum, Moschitum, Nux moschata, and Arsenicum. Of all these remedies, Cuprum is undoubtedly the most important; its effect is confirmed by the effect of the Sulphate of Copper when administered as an emetic. Arsenicum has shown its favorable effect upon dyspnoea in cases which terminated in recovery. The other three remedies have been strongly recommended by other physicians; we have no personal experience to offer in their behalf. If these remedies are to be used, they will have to be given in alternation with the true specifics for croup; the best mode of using them is to 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 will have to be the further object of the treatment. The glottis is or its space encroached upon, together with that of the membranes; the existing sopor shows that the poisoning has already made considerable headway; the iciness of the skin is evidence that an independent reaction 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 cerebral congestion 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 trachelotomy alone...
afford help, and it would be just as criminal to leave 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 optx)8 operation being performed before the stage of asphyxia h this may be excusable in cases that are not treated hora ally, for other Schools have no really specific remedies

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If but few patients are saved by this operation, it is n of the operation, but of the period when it is performed the operation all patients die in the stage of asphyxia operation is performed, only some die, though it be the ber. These results show that the operation is not only j but eminently necessary and important. However, in order all possible advantages may be derived from the operatio not be delayed too long; otherwise the sopor might progr far, or recovery might be prevented by an acute emphysem cedema of the lungs; conditions that may lead to a fatal termina tion even after the cure of croup is successfully accomp

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

If an improvement sets in, we first notice an abatement dyspnoea; it is by changes of this kind that we can mea probable chances of our final success. Nevertheless, the which induces the favorable turn, had better be continue time longer, but at more extended intervals. To continue the medicine is of importance, for the reason that, afte remission of the symptoms, the disease sometimes breaks with renewed violence. The cough sometimes retains for a time its hoarse, barking sound; the aphonia likewise oft inues for a long time. For the cough we administer Hepa especially if it is attended with mucous râle; if the c Phosphorus is preferable. This agent is likewise most su the subsequent hoarseness.

The so-called torpid croup does not destroy life as rapi preceding varieties, but is withal a very insidious dise treated with the same remedies as those above mentioned, that Hepar sulphuris very frequently deserves the prefer

If croup results from a gradual working down of the diph itic process from the pharynx to the larynx, it is alway dangerous than the primary form of croup, and, according reasons we have advanced when speaking of diphtheritis, to be treated with entirely dif't'erent remedies. In diph Bromine may possibly deserve particular attention. We re reader to the chapter on diphtheritis. It is this form o has ^ven rise to the belief in the contagiousness of cro indeed, seem to be a contagious disease. [Some cures hav
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made of diphtheritic croup with Lachesis highly potentized also with Kali bichromicum. H.

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

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

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

There is no real prophylactic treatment against croup, except 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 body is attacked with a croupy cough whenever it takes cold, and is generally inclined to have an attack of severe laryngitis, in doors during a keen North wind, or let it at least by a sufficient amount of warm clothing. Whether Calcaria carbonica, Hepar or Phosphorus are capable of exerting a protective influence against croup, is not yet decided. After a first attack of Laryngotracheitis Chronica, a disposition to be again attacked generally remains. It is 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 other diseases collectively.

This disease befalls children only as an exceptional disturbance; if it does occur in childhood, it is almost always a consequence of a more malignant acute disease, especially of croup and diphtheria. Nor are older people frequently attacked by this disease; hence we say that middle-aged persons between the ages of twenty years are principally liable to such attacks. Sex has an influence over the disease; for although women are much 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 a special disposition, we refer the reader to what we have said in the first chapter of this section.

Chronic laryngotracheal catarrh is seldom a primary, generally a secondary or consecutive affection. Primarily this form is caused by the same influences as the acute form, a cold, continued talking, singing, the constant use of spirits, beer, marked differences of temperature. Secondarily it may represent a slow form of acute catarrh, which is the most frequent 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 ad growths; or finally it may be a manifestation of some other disease. In this respect it sometimes accompanies syphilis or mercurial dyscrasia; most commonly, however, it is a symptom of pulmonary tuberculosis, so that every catarrh whose persistence cannot be accounted for by any known cause, must necessitate the suspicion that the lungs are infiltrated with tubercular matter.

In this affection the anatomical changes are so important for a proper understanding of the symptoms, that we premise a description of these changes. Usually the mucous membrane is darker than normally, sometimes the dark tinge is quite noticeable; the membrane is more or less thickened and puffed up by a multitude of engorged vessels and studded swollen follicles imparting to it a granular appearance. 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 simple erosion in the shape of a superficial exfoliation surrounded by a more intensely red border, but without any definite form. These erosions may change to more deeply-penetrating ulcers with blown or puffed edges which eat only in exceptional cases 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 penetrate the mucous membrane and propagate the affection to external organs. We observe moreover fungoid growths of single follicles; cicatrizings and contracting cicatrices, and callosities of the mucous membrane. Of special importance are the subsequent changes, especially cicatrices which dangerous accidents.

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

The pain is scarcely ever very considerable, and if it is acute, we may be sure that ulcers have formed. It is never continuous, but is excited by talking, singing, running, sudden 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 annoying sensation is the feeling as if there were dust or a foreign body in 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 laryngeal catarrh. The hoarseness runs throughout its whole series of gradations, from simple roughness of voice to complete aphonia scarcely ever continues all the same degree it may even disappear entirely for a while, and then be new by some unusual exertion in using the organs of voice times the hoarseness is only perceived during singing. It is not by any means a characteristic symptom of chronic gotracheal catarrh. A sudden cracking of the voice or an inability to raise the voice beyond a certain pitch, is often met with.

Cough is a very common symptom in this affection. Sometimes it amounts to no more than a hawking occasioned by a titillation in the larynx or oppressed breathing; at other times it the patient for days, after which it often intermits for sometimes it breaks out in regular paroxysms which most monly set in in the morning after rising and abate again quantities of mucus have been expectorated. There is not characteristic in the sound of the cough, except that a mucus is most generally heard in the trachea or glottis,
dry titillating cough sometimes prevails by way of exception. The expectoration is never very copious except when it is mixed with 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 ex 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 the physician for the additional reason that they excite ful 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 A simple affection of the mucous membrane is easily cured renders the final result doubtful is, when the patients selves to influences that rekindle the disorder as soon to mend. A simple ulcer is likewise within the reach of influences, whereas the more deeply-penetrating ulcer an

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goid exerescncnes of the mucous membrane resist all treat much more obstinately as their diagnosis is more uncerta only in very rare cases that laryngotracheal catarrh is to life, not immediately, but in consequence of some pul affection that may have been superinduced by the diffic the air encounters in passing through the larynx. Laryng phthisis without tubercles is a very rare occurrence, in it most generally depends upon other dyscrasias condition tubercular laryngeal catarrh will be described when we c speak of tuberculosis; here we will only state that almerous and obstinate laryngeal catarrhs, especially if a emaciation or fever, are caused by tubercular infiltrati

Treatment* We deal with an affection that may occur in t most diversified forms, complications and degrees of int which on this account alone renders the selection of a l of remedies expedient. We could not possibly mention eve that may be required for the treatment of this disease, confined ourselves to an enumeration of the more importa edies, referring the reader to a good Repertory as an in auxiliary, if a remedy is to be chosen for a single sympacteristic value.

Tartarus stibiatus and Antimonium crudum. The former is indicated when the acute form passes into the chronic, m particularly in the case of children and old people. There desire to cough, attended with an audible rattling of mu air-passages, a thick and white phlegm being brought up severe paroxysm of racking cough. Or the cough may set i detached violent paroxysms accompanied with dyspnoea and in gagging and forcing up mucus. Both kinds are principa with among children and old people. For hoarseness as an symptom, Tartarus stibiatus may not be appropriate; Ant crudum will be found preferable. The following symptoms
this remedy: the hoarseness is made worse by excitement and 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 neglected acute catarrh, and is an indispensable remedy for singers and have to talk a good deal, but is likewise suitable in many cases of chronic catarrh. The following symptoms are the most essential:
the larynx feels painful as if sore and burning, especia
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patients cough or talk loud; hoarseness sometimes increasing 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 particular attention in cases of chronic catarrh remaining after croup or measles, or in the case of individuals who had taken Mercury.

Spongia bears great resemblance to the former drug both symptomatically 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 cough 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

iodium 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; embarrasseda 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 aphon in the larynx, frequently causing paroxysms of cough wit pectoration, or else with scanty expectoration of a tenacious 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 aing 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
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mucus in the glottis, and more particularly marked in the morning, accompanied by oppressed breathing, relieved by expectoration when the voice is perfectly clear; the cough while the mucus continues to adhere in the glottis; worse in the open air, feels relieved by smoking. This kind of catarrh is very common among persons who use their organs of speech a great 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 these symptoms the livid color of the pharynx and the ulcerated follicles 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 hoarseness of preachers or singers. The more important symptoms are weakness and sensitiveness of the organs of speech, with dryness, burning, roughness, soreness in the larynx and trachea especially after using the voice more than usual; hoarseness, particularly under the operation of exciting emotions; cough excited by the violent burning in the larynx, painful, with rattling of mucus,* scanty expectoration; hoarse, dry-sounding cough; sensations of a lump of flesh would detach itself from firm, yellowish expectoration, mingled with pus or sputum. In addition to these symptoms, we have the general phenomena of a consumptive condition of the system, such as: fever, diarrhoea, and emaciation; Phosphorus is indicated so much more decided experience having confirmed its practical value in chronic laryngotracheitis, this remedy occupies a deservedly high rank among the 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 rule, Sulphur is indicated by the following symptoms: Chronic catarrhs of other portions of the mucous expanse, more especially of the intestinal canal, with signs of sanguineous obstructions in the abdomen; enlargement of the liver, hypochondria; catarrh arising from abuse of Mercury; sensitiveness to the open air and dampness in particular. Among the single symptoms a prominent characteristic

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dication is the cough which sets in in the evening short and after retiring to bed, and is a dry, titillating, distressing cough; 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 preceding remedy. We shall revert to Arsenic when treating of pulmonary catarrh, to which we refer for the present. Arsenic, too, is highly sensitive to cold and more particularly to damp air, great nervousness. The hoarseness is not often considerable at any one time, but it is accompanied by a violent burning soreness of the throat. The cough breaks out in paroxysms without any intervals, most generally about midday or midnight, a paroxysm of whooping-cough and is accompanied by distressing dyspnoea. There is scarcely any expectoration, except that a morning paroxysm of cough results in the hawking up of lumps of grey mucus. The constitution feels the influence of the disease. Arsenicum is more especially indicated by the circumstance that the paroxysms of cough are apt to break out when the weather changes.

Next to Phosphorus, Carbo vegetabilis is the most important remedy in inveterate catarrh, but acts less favorably than the tubercular form of this disease. Here too, we have extreme sensitivity to the open air, especially damp air. In consequence of loud talking, the hoarseness may increase to loss of voice; the patient complains of a feeling of great dryness in the throat, with soreness and a stinging pain, together with a copious, se tenacious mucus occasioning constant and sometimes very hawking. The cough is wearing, rough, with mucous rales only a scanty, greenish or yellowish, lumpy, tenacious e xpectoration, it sets in more particularly in the morning and is with dyspnoea.

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

For the simple protracted chronic catarrh representing an acute attack: Tartarus stibiatus, Hepar sulphuris calc., Spongia, Pulsatilla; and for the more acute intercurrent exacerbations principally Mercurius and Belladonna. The latter is sometimes eminentl to a spasmodic nocturnal cough, without expectoration.

For catarrh complicated with ulceration, if not too old

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Hepar sulph., Manganum, Silicea, Calcarea carbonica; for acute catarrh: Phosphorus, Sulphur, Carbo veg., Arsenicum album.

For inveterate simple catarrh: Sulphur, Carbo veg., Silicea album.

For polypous growths: Phosphorus, Calcarea carb., Silicea.

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

For catarrh caused by Mercury: Hepar sulph., Lodium, and syphilitic complication exists: Mezereum,
For complete loss of voice, attended with catarrh: AnHy-rom crudum^ Phosphorus ^ Carbo veg. j lodium; if depending upon disturbed innervation: Cuprum^ Opium^ Caustkum^ Phosphorus. 
tiaj Sepia.

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

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4. CEdema Olotlidis, litarjmgltbi Sab-miicosa.
CSdema, of the Glottis.

By this name we understand a sadden infiltration of the mucous tissue of the epiglottis, and of the mucous linin larynx extending from the epiglottis to the rima glottid

(Edema glottidis is more especially a disease of adults, most cases a secondary afiection. Primarily it may resul severe burns, by hot food or corrosive substances, but sc like common laryngitis, in consequence of a cold. Second do not oitcu notice it in company with dropsical affecti most commonly in company with affections that occasion t matiou of ulcers or suppurating sores on the inner or ou of the larynx, like tuberculosis, typhus, variola, ulcer perichondritis, croup, diphtheria, etc.; or it may occu cases as a continuation of an ulcerous angina to the lar scarlatina. Sometimes the disease seems to assume an epi character; this may be nothing more than we observe, for in epidemic scarlatina, which causes characteristically usually purulent anginas. Considering the manner in whic disease originates, the most correct explanation seems t suppurative process in the neighborhood of the glottis co in the same manner in which a chancre causes within a fe an excessive oedema of the prepuce. Our statistical tabl that the disease attacks men much more frequently than w
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 parts protrude behind the root of the tongue like a stuffed sausage. Usually the color is not bright-red but pale, and, on cutting into it, the swelling discharges a serous or sero-fluid.

The phenomena of oedema glottidis sometimes develop themselves with an extraordinary suddenness, and at other times very slowly; moreover they are modified by the locality where they occur. In the course of one of the above-mentioned affections, hoarseness, pain and burning in the larynx set in. The hoarseness very speedily increases to complete aphonia accompanied by a cough which has all the characteristic signs of croupy cough. These symptoms are accompanied from the outset by a continually increasing dyspnoea which, in severe cases, may rise to a fearful height. The inspiration, in consequence of which the puffed-up and infiltrated lips of the glottis are forced towards each other and towards the rima glottidis, becomes more and more prolonged, hissing and labored, 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 immediate jeopardy; a condition of this kind may continue for many days, although an exacerbation may take at any time. However if the respiration is seriously impeded, all the symptoms, which we have described when speaking of croup as characterising a poisoning by carbonic acid, set in and die 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 inspirations suddenly be 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 the disease from croup with which it is most easily confounded. Many cases of so-called relapses in croup are probably nothing but oedema glottidis resulting from croup and becoming manifest after the croupy process had run its course. The distinguishing characteristics are: In the first place, the swelling itself, 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 disease among adults, whereas croup attacks children almost exclusively; the peculiar sensation as if a foreign body were moving the larynx.

The prospect of a successful treatment is very slim, esp
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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 toxicco 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:

"March 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 neces 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 Botalli, 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

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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 the children are asleep, very rarely during a vehement crying spell. After sleeping quietly for a few hours, they are suddenly roused from sleep with a peculiar cry, as the parents describe, with a difficult, hissing inspiration of an unusually ringing sound; at the same time the faculty of breathing is either entirely suspended, or else the inspirations become rapidly more laboured 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. The 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 cease entirely. An attack of this kind which naturally enough fills the relatives with indescribable anguish, lasts a few minutes, ending with an inspiration entirely like the one with which the attack commenced, which is followed by no respiration, and, if the attack did not last too long, recovery; in the opposite case the patients feel anxious but only for a "short time, after which they do not show of discomfort, if an older child is attacked, the symptoms vary somewhat; the child makes great efforts to overcome the impediment to inspiration, and the loss of consciousness sets in more slowly. If the attacks return frequently and are very in chronic convulsions often supervene.

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

The recurrence of the attacks is not governed by a fixed rule, not even in the case of the same individual. It is very rare that the disease is confined to a single attack, but a second attack sometimes does not take place until months have elapsed. The attack almost always occurs during sleep; subsequent attacks take place in the waking state. The more frequently they occur the more dangerous they become. Recovery mostly takes place gradually, with a gradual decrease of the intensity and of the attacks; it may drag along for months and may on apparent, since another attack may break out again after interval of repose.

The prognosis is always more or less uncertain; neither the vigor of the little patients, nor the weakness of the first attack guarantee against sudden death.

The diagnosis is not always easily made, more particular 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 can only be thought of, if all the other symptoms of a disease of are wanting. A spasm of this kind can never be converted croup or catarrh. The sudden dyspnoea without a sign of the complete suspension of the respiratory movements, subsequent complete intermissions constitute safe diagnostic 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 treatment will have to confine itself to a few not altogether sential arrangements. In the first place the child has taken a proper manner; the best posture is to one side, with slightly bent forward. A sponge dipped in hot water and to the region of the larynx sometimes renders as effectu this disease as a warm cataplasm in a case of vesical spo ling the parts very forcibly with cold water, is likewise cient remedy in some cases.

For the totality of the pathological process we possess ing remedies which of course have to be given at long in ignatia amara has an eminently characteristic symptom, i dyspnoea, the difficulty of drawing in breath, whereas tions are easy; such a difficulty is suddenly experienc night. This remedy is very much praised, if the children lose their breath, which may be the lowest degree of spa glottis; we have already stated under hysteria that Ign wise useful for many nervous complaints of females; but it will prove a proper remedy for spasm of the glottis, Spasmus Glottidis. 143

been verified. It may perhaps prove most appropriate if occurs as a symptomatic manifestation in croup, catarrh ing-cough-

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

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

Veratrum album and Arsenicum album deserve our attention often the case, the disease attacks feeble children with symptoms of cerebral anemia.

Moschus is variously recommended in this disease, but we see its homojopathicity to it. We are not acquainted wit cided 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 which, however, does not, in our opinion, represent a high degree of spasmus glottidis. According to Hartmann, the following are the portentous 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, mingled 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 intermittent pulse; the patient cries at the approach of a paroxysm. All this occurs without cough about midnight. Hartmann commends Menyanthes trifoliata without having seen any curative results from this drug. We consider these indications very vague and of little practical value.

The remedies above named are either appropriate only in attack of symptomatic spasm of the glottis; or else they are commended on account of their marked resemblance to a single paroxysm; Yeratrum and Arsenicum form exceptions. In our opinion, a successful treatment implies a special consideration of all the most trifling accessory circumstances without laying stress on the particular paroxysm; and likewise a careful consideration of the etiological causes. Among these causes rhachitis, deficient involution or hypertrophy of the thymus gland, and the bronchial glands are undoubtedly the most frequent and probable, and it is with particular reference to these etiological causes that we recommend the following remedies:

Iodium is undoubtedly a very excellent Simile, and is adapted to all three above-named causal morbid conditions. This remedy alone, given every other day at the fourth or sixth attenuation for four to eight weeks, we have cured five undoubted cases of spasm of the glottis, which evidenced their malignant nature by the fact that every subsequent attack was more violent than the preceding one. The patients were children not old, but only one of them showed an enlargement of the thymus gland. Supported by such striking curative results, we cannot be accused of hazardous speculation if we prefer this remedy to all 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. Among the significant symptoms indicating this remedy, one is particularly 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 recom-
mended for this disease which, however, can only be cure-
edies that exert a deeply-penetrating, long-lasting infl-
whole organism. In this respect, Sulphur may deserve att-
although, we shall take the liberty of doubting the homo-
of its asthmatic symptoms to spasm of the glottis until-
has been corroborated by experience. [We have cured more-
one spasm of the glottis radically with nothing but the-
uation of Aconite-rool H.]

Several oth'er affections of the larynx have been left o-
reason that they are either not accessible to treatment

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to clarify and mostly only as complications, like perichondritis. T-
special chapter to hoarseness or aphonia, seemed to us i-
for cases of this kind, if they present a peculiar chara-
tory is the best guide. Nor have we devoted a special ch-
 ulceration of the larynx. The therapeutic chapter of thi-
is essentially the same as that of laryngeal catarrh, in-
of the larynx occur as a complication with but few excep-

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

6. Ulceni of the lArynx,

HelcosiSy sen Ulcera Laryngia.

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

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

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

The local symptoms occasioned by the ulcers, do not es-
differ from those of chronic catarrh; only they are mor-
persistent. They consist in hoarseness even to the degre-
onia; in continual dyspnoea, with labored, hissing, whee-
ing respiration, especially after an exertion, such as a
walking, talking, etc.; in cough which generally sets in in paroxysms, is always short and dry, and does not become loose towards the close of the paroxysm; the sputa are scanty, in lambs, not frothy, streaked with blood, purulent; in constant hoarseness occasioned by the accompanying catarrh and the quantity of 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 laryngeal catarrh, commence by the epithelium being detached, irregular, and often run together.

2) Aphthous ulcers. They emanate from the diphtheritic process; the raucous lining becomes infiltrated, is rapidly destroyed, and a small, generally round ulcer arises, which is surrounded by an 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 inflammation and 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 the pharynx are accompanied by constant hoarseness, the existence of such ulcers must likewise be suspected in the larynx.

4) Tubercular ulcers. They always accompany tuberculosis as it progresses in the lungs or other organs. They appear in two forms, as tubercular infiltration and as miliary tuberculosis. They are most commonly seated on the posterior wall of the larynx, less frequently on the epi-larynx. During infiltration the infiltrated portion of the mucous membrane dies, leaving an ulcerated surface behind. During granulation, we first notice small, gray, little tubercles, which give rise to ulcerated ulcers that not unfrequently run together and give rise to ulcerated surfaces of larger extent. Both these kinds of tuberculosis 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 of a general disease. Most frequently it is tuberculosis of the larynx or bronchi. This form of causative relation can be adopted as long as the phenomena of the laryngeal affection are perceived, while the tubercular process in the lungs is still contained or not yet broken out. As a rule, tuberculosis of the larynx is connected with tuberculosis of the lungs or other organs.

In a case of continual hoarseness, we diagnose tubercular ulcers, provided we have become satisfied of the simultaneous existence of pulmonary tuberculosis. If the destructive process in the lungs is not already far advanced, there is a chance of recovery.
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Vocal chords, complete aphonia sets in. The painful sensations in the larynx and the painfulness to contact are seldom very noticeable; the violent cough comes mostly in paroxysms and is accompanied by vomiting and gagging; the spouts are often streaked with blood. The presence of emaciation, fever which sets in almost at fixed hours, night-sweats, muscular debility, degree of anemia entitle us, if the objective signs are to conclude with a high degree of probability that a tuberculous process is developing itself in the lungs; perfect certain if the presence of tubercles in the lungs can be established.

5) Typhous ulcers. The typhous ulcer arises from a typhous filtration of the mucous follicles and of the surrounding membrane by necrosis; the ulcer is shaggy, irregular and surrounded by badly-colored borders. It is the same process as takes place in the intestinal mucous membrane. These ulcers are seated on the sides of the epiglottis, on the mucous lining in front of the arytenoid cartilages. They are mostly flat and by necrosis lead to perforation into the oesophagus.

The typhous ulcer usually breaks out in the second or third week. Hoarseness or a hoarse cough announce a localization of the 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 lasting, but continues until the typhous process is terminated. The hoarse cough is mostly dry, the pains are slight.

The typhous ulcers are dangerous on account of the frequently supervening edema of the glottis, and on account of the perforation which may even take place during the period of convalescence (perichondritis).

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

6) Syphilitic ulcers. They almost always break out on the pharyngeal mucous membrane, whence they extend to the epiglottis and thence to the larynx. They are small, shaggy, with raised and a lardy base. If they penetrate to the subjacent tissues they may cause necrosis of the cartilages. On healing they form cord-shaped cicatrices whose contraction causes stenosis of the larynx and aphonia. The syphilitic character of the ulcers is diagnosed by the simultaneously-existing or a previous attack of syphilis.

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7) Lupous ulcers sometimes spread from the pharyngeal mucous membrane to the larynx, contracting the larynx and causing stenosis and aphonia.
8) Variolous ulcers arise by the spreading of variola pustules from the pharynx to the larynx where they change to small ulcers. This process disappears as soon as the smallpox has run its course; in severe cases, however, the respiration is interfered with as in croup, and the symptoms of oedema glottidis may set in. Terminations and Prognosis. Catarrhal, aphthous, follicular, typhous and variolous ulcers depend upon the disease which occasions them; as soon as this disease is cured, the ulcers heal likewise. They may easily terminate fatally by the sudden development of oedema of the glottis, or the destruction which they occasion, may lead to premature marasmus, or result in death in consequence of pysemia.

Syphilitic ulcers can only be healed, if the cartilages have not already been destroyed, or stenosis has taken place.

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

Lupous ulcers are generally incurable.

Treatment. The ulcers are treated with the same remedies as the diseases from which they result. Catarrhal ulcers require: Pulsatilla, Spongia, Iodine, Mercurius, Sulphur, Borax, Nitr. Aphthous ulcers require: Sulphur, Borax, Mercurius, Nitr. Follicular ulcers: Alumina, Plumbum acet, Argentum nitricum, Cuprum sulphuratum. Tubercular ulcers: Oleum jecorellii, Calcarea, China, Iodine, Sulphur, Stannum, Silicea; the treatment is generally unsuccessful. Syphilitic ulcers require: Kali bichrom., Mezereum, Phosphoric acid, and the mercurial preparations: Mercurius jod., Mercurius corrosivus, and Mercurius succinatus, also Mercurius sulphuratum. Stenosis has to be treated surgically by tracheotomy. Typhous ulcers require the remedies given for typhus. For variolous ulcers we recommend principally Tartar emetic, also, in form of a gargle, on three ounces of distilled water.

For the excessive cough caused by the ulcers, we recommend: Sulphate of Atropine, second attenuation, ten drops in half a tumbler of water, a dessertspoonful every hour or two hours. Cannabis indica 2, given in the same manner, has likewise a soothing effect. For the diet and general management, we refer the reader to the corresponding diseases. ILJ

B. DISEASES OF THE LUNGS.

The diseases of the lungs are some of the most important of the whole body, both on account of their frequency as we account of the disturbance of the most important function of the blood. The importance of these diseases has been recognized by the last forty years to devote special attention to them, on which account this chapter may be regarded as the most complete and thoroughly cultivated in the whole
Pulmonary diseases are of essential importance to a homoeopath, 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. These diseases constitute most generally the battle-field upon which the struggle for supremacy between Homoeopathy and her opponents has to be fought; a number of publications bearing upon these diseases 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 rulers in medical Israel, should acquire a thorough knowledge of medicine; the thing is too arduous an undertaking; but no young homoeopath should shun the trouble of investigating himself both in his practice and in his reports of cases of the most refined minutiae of an objective diagnosis. Unfortunately, we cannot say that this is the universal rule. It is only by this means that we can convince our opponents with irrefutable arguments of 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 a subject of no importance to Therapeutics, but as an addition to the science of Therapeutics, to effect a cure of a given case of disease with more positivity. More than one homoeopath has tried to cast a slur on physical diagnosis as a subject of no importance to Therapeutics, because, as it is alleged, we have no physiological pathogenesis to contrast with the results obtained by means of a physical exploration of the chest. This, however, is entirely incorrect, for in respect to a number of drugs we are acquainted with the material changes with which the physical symptoms correspond; but even if were not so, the objective diagnosis would still remain with the highest importance, for the reason that it often interprets the frequently obscure symptoms and traces them to their origin, and likewise because it enables us to determine with reliable certainty the effect of the medicine we have administered.

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It is, therefore, our belief that there are not many homoeopathic practitioners who do not attach great importance to physiological diagnosis and declare it a thing of indispensable necessity. Not having been able to refrain at the outset of this Section, as we have done at the commencement of our chapters on renal and hepatic diseases, the most important points of diagnosis of diseases of the thoracic viscera, if we had spared the necessary space for such an extensive undertaking should not only have had to deal with percussion and auscultation.
but likewise with the measurement of the thorax, with spirometry, the rhythm, frequency and fulness of the respiratory movements, the relation between inspirations and expirations, vocalization, etc. Any one who is acquainted with percussion and auscultation, must know that even the most 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 necessary treating of the various affections; by pursuing this course we shall best fulfill the object of this work.

1. Hypenema of the Lungs.

Congestion^ Flethora of the Lungs.

Considering the extraordinary quantity of blood which, in comparison with other organs, goes to the lungs; considering the dilatability of the pulmonary parenchyma and of its enveloping membrane, we at once not only comprehend the possibility of engorgements, but that this possibility is even very great; if we devote some space to a consideration of this subject, it

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

Pulmonary hyperemia is of two kinds; it is an active hyperemia or active congestion when caused by an afflux of blood to the lungs; and a passive congestion when resulting from an obstruction of the blood from the lungs. Active hyperemia presuppose most cases an increased activity of the heart, hence a functional symptom of all cardiac anomalies attended with 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 spirits, wine, beer, coffee; it may likewise occur as a symptom of a general plethoric condition of the system occasioned by the suppression of hemorrhages. Pulmonary hyperemia is less frequently caused by irritants striking the lungs directly; very cold or very hot air, irritating gases, rarefied air, etc. Hence lively, sanguine, individuals between the ages of twenty to thirty-five and during the prevalence of great heat or severe cold, or when residing on high mountains, are much more liable to pulmonary hyperemia than persons of different temperaments and living under influences. Various morbid conditions of the lungs, especially tuberculosis, engender a strikingly great disposition to pulmonary congestion.

Passive congestion is never a primary affection, but always a consequence of other morbid processes obstructing the return of the blood from the lungs. This result is more especially brought about by various anomalous conditions of the heart. In the proper place, 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 hyper-
fieria 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 hu
breathing, at times passing away rapidly, at other times
slowly, or having remissions but being otherwise painles
higher grades the breathing suddenly becomes oppressed t
traordinary degree, so that the patient seems on the poi

cation. The respiration is hurried, superficial, noisy;
increases in frequency and fulness, the face looks flush
monly these symptoms are associated with a desire to cou
the frothy sputa are tinged with blood. There is no pain
lungs are otherwise sound, whereas tuberculous individua
perience a great deal of pain. In the highest grades of
the dyspnœa increases so rapidly and the sanguineous en
becomes so great that the patients die of asphyxia, some
suddenly that an accident of this kind has been termed p
apoplexy.

The lesser grades of the affection generally terminate s
later in complete recovery, whereas in the higher and mo
tracted grades of the disease, oedema of the lungs may d
itself, which may continue for a long time, even after t
semia is entirely removed. It is questionable whether a
hypersemia can ever pass into pneumonia, notwithstanding
pneumonia is very commonly initiated by symptoms of hype

Passive hypersemia has almost the same symptoms as the a
form, great oppression of breathing, turgescence of the
accelerated action of the heart. The resemblance is some
great that passive hypersemia is treated in the same man
active form, to the great detriment of the patient. In s
correct diagnosis can only be determined by the anamn
stances of the disease and a careful exploration of the
he heart ; for passive hypersemia never sets in without
ceded by considerable morbid derangements. Hypostasis of
lungs or, in other words, an accumulation of blood in ac
with the law of gravitation, is scarcely ever any thing
partial manifestation of other diseases; it occurs almos
among old people, and is generally destitute of any symp
appearances.

The prognosis in acute congestion is almost always favor
congestions caused by violent emotions are the least pro
frequent repetition of the attacks is always a very bad
show that either the heart is intensely diseased, or els
monary tuberculosis is their exciting cause.

Treatment. The main remedy for all active congestions of
lungs is undoubtedly Aconite. We are amazed that Hartman
should have omitted any mention of this remedy. Aconite
ticularly appropriate in hypersemia depending upon cardi
tions, or indicating and accompanying tuberculosis; such

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individuals have a delicate skin, bright complexion and sang

peraments. Even a cursory review of its symptoms will sa-
one that Aconite is homoeopathic to acute hyperemia of t

If the disease was caused by a fit of anger, or vehement

or mortification, Aconite is indicated so much more full

donna has likewise many symptoms pointing to pulmonary con-
tion, but it is not so easy to determine the conditions.

Belladonna is indicated; they likewise occur less fre-
donna is preferable if not only the lungs, but likewise

organs are involved in the congestion, and it is less de

cardiac disease than upon some other affection. Leading

distinguished from those of Aconite are: turgescence of

vessels, with dark redness of the face, bluish redness o

glistening eyes; anguish and restlessness; a constant
cough, or else a spasmodic and dry cough. Nux vomica is

d remedy for certain kinds of pulmonary congestion, i

owing conditions prevail: The attack is occasioned by

habits, excessive mental efforts, the use of coffee, and

the case of sanguine, robust individuals who are free

diac disease; after a copious meal, in the night. The sy

resemble those of Belladonna more than they do those of

Digitalis purpurea is, in our opinion, inappropriate in

attack, but is, on the other hand, indicated if the cong

ev very frequently or evidently point to tuberculosis. In s

tions, however, there is every reason why the medicine s

given very cautiously. It is not absolutely necessary fo

to be the starting-point of the disease or to be conside

in the pathological process, for uncomplicated, tubercul

emias of the lungs are likewise most easily relieved by

Bryonia is the next best remedy to this latter drug. In

cases which may become dangerous to life by the prematur

vention of an acute oedema of the lungs, no time should

necessarily by awaiting the effect of the first-named th

if they act at all, they will show their curative influe

very first dose. If they do not afford speedy relief. Ph

should at once be used, or, in case of cardiac affection

These remedies may sufifSice; after all, in most cases t

of the proper remedial agent depends upon the nature of

before us. "We cannot refrain, however, from calling att

Ferrum and Pulsatilla in the case of anemic and tubercu

viduals, and likewise to Veratrum album and Sepia. [Veratrum

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viride" if given in comparatively larger doses, has ofte

out the use of any other remedies, hypersemia of the lun

as pneumonia. H.]

We sometimes have great trouble to persuade such patient

desist from the frequent use of sanguineous depletions.

they afford a momentary relief, but in exchange they hel

ease on its course, and are particularly dangerous to d
to persons affticted with incipient tuberculosis. There is scarcely any affection where it is as necessary to abstain from the use of coffee as pulmonary hypersemia, which is caused by the action of coffee not only directly, but likewise through an increased excitability of the functional activity of the heart. Frequent protracted inspirations are exceedingly useful in regulating the action 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 that this statement is founded upon facts.

8. Pneumorrhagia, Pulmonary Hemorrhage.

If we consider the delicacy of the pulmonary tissue and the quantity of blood which is collected in it, we have no difficulty in comprehending that one of the pulmonary vessels may readily cause a more or less considerable hemorrhage. For pulmonary hemorrhage is one of the most frequently occurring morbid phenomena which of itself is not so very important, because 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 hyperemia may easily result in effusion of blood into the air-passages. The effusion differs in quantity according as the affected lungs are naturally sound or otherwise morbidly affected. The causes of pulmonary hyperemia are therefore in a certain sense 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 rank. It is difficult to explain why the same influences should cause pulmonary hemorrhage in one individual and not in another.

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know that sanguine, florid, irritable individuals are more liable to hemorrhages than phlegmatic and torpid persons; but we decide whether this liability is owing to an accelerated blood, or to an excessive delicacy of the walls of the vessels themselves, atheromatous degenerations, aneurysms, 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 menses is difficult to account for. As regards age, it is self-evident that the pulmonary activity is heightened and the development of the pulmonary tissue is most active, is the age between the years of fourteen and twenty-five. Whether one 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 copious or scanty, in accordance with which we have in 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 sanguineous deposits, by which the tissue of the lungs is not destroyed externally; pulmonary apoplexy in which the blood is likewise effused into the pulmonary parenchyma with destruction of the tissue. These distinctions are, however, of very little practical use, and for practical purposes it is sufficient to distinguish hemoptysis and hemorrhage, according as a larger or smaller quantity of blood is expelled from the lungs. The formation of circumscribed coagula as well as apoplexy otter too many difficulties for a correct diagnosis in order to merit a therapeutic management based upon the latter.

Of itself hemoptysis is not a very important disease. It often occurs without any disturbance of the constitutional equilibrium, in consequence of unimportant catarrhs, very often in the case of pregnant females, and sometimes con mere streaks of blood mixed with the mucus, at times in detached portions of pure blood. As was said before, tuberculous individuals are most commonly affected, on which account should be carefully examined at every instance so trifling that slight pulmonary hemorrhages are not unfrequent accompaniments of a chronic catarrh of the bronchial mucous membrane, a commmonly met with in emphysema of the lungs. If the quantity of the expelled blood is somewhat more considerable, the hemorrhage is usually preceded by various indefinite phenomena palpitation of the heart, oppression, sensation of heat stitches in the chest, congestions of the head; these symptoms generally 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 uncomfortable, oppressed on the chest, hot in the head, fainting fits; the pulse is somewhat accelerated, the heart are stronger. Real pains in the chest are seldom felt, are not attributable to the hemorrhage, but to the editions 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 irritation and urging to cough are felt; with the first a frothy, bright-red, pure blood is thrown up in various which is soon succeeded by a larger quantity attended with 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 ruffles even without the ear being applied to the chest.

As soon as the hemorrhage sets in, the hyperemic symptoms abate at once, after which the patient feels very weak and experiences a disposition to faint. The fainting is not so much of the quantity of blood lost, but is more commonly own moral impression which every hemoptoe makes even upon the most robust individual.
The disease is scarely ever limited to a single attack. Trouble seems fully ended, generally in twenty-four hours after several days, another attack sets in as sure the former; a number of attacks may take place in this indefinitely succeeding periods. In such a case anaemic may make their appearance; in severe cases the patient may die of exhaustion.

At first sight it may seem as though the diagnosis of pulmonary hemorrhage could not well be a difficult task. Nevertheless, the symptoms 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

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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 pharynx is seen streaked with blood. If these signs are wanting, perhaps the circumstance that after the first bloody expectoration no 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 alone insufficient to justify the supposition that the hemorrhage is not pulmonary, but nasal. It is sometimes equally difficult to discriminate 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 is coughed up, is sometimes swallowed and vomited up; the following points may serve as diagnostic signs; temesis 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 been swallowed and then vomited up, likewise be black. A discriminative diagnosis is the most important to investigate the circumstance whether 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 as in bronchial hemorrhage when the hemorrhage proceeds from the cavern; but a sure diagnosis will always be very difficult, and it is that this is of very little consequence in a practical point of view.

The prognosis is of particular importance to a physician, for the reason that pulmonary hemorrhage is supposed to be such
ful thing in the eyes of lay-people. We have already stated that the hemorrhage scarcely ever threatens life with immolat

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Even copious and rapidly recurring hemorrhages destroy life exceptionally. The result is different 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 catarrh respiratory organs, is of very trifling significance, although proper that a careful exploration of the chest should be with a view of determining the presence or absence of tubercular deposits. No more attention need be paid to the slight hemorrhages 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 pulmonary hemorrhage which, however, does not imply any particular In general, however, we have to admit that in far the majority of cases pulmonary hemorrhage points to the presence of tubercles in the lungs and to the progress of the tuberculosis and that hence it is justly regarded as a dangerous symptom if a physical exploration of the chest does not yet reveal the presence of any alarming disease. If the hemorrhage profuse, a return may indeed be apprehended, for a disposition to the disease remains, and cannot even be denied in cases where tubercles exist. The meaning and importance of pulmonary hemorrhage in cardiac affections will be examined more fully to 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 apoplexy 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 walnut. They occur much less frequently near the periphery 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 fluid squeezed out of them. The surrounding parts are either (or inflamed. In real apoplexy the infarcted spot is always of considerable size, and the pulmonary parenchyma is partly destroyed.

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

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

Symptoms. (Smaller and detached infarctions may form wit
out any marked disturbances; blood will not often be coughed up in consequence. Infarctions of larger size or greater scarcely ever exist without a group of tolerably characteristic symptoms. The precursory symptoms resemble those of pneumorrhagia, 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 definitively localized pains. The pulse is always hurried and is always weak. A copious spitting of blood may take place, but is likewise be entirely wanting, nor is it generally very c Neverthless important general symptoms soon make their appearance, such as fainting, pallor of the countenance, cold appearance of such symptoms that justifies the supposition of internal hemorrhage, although very little blood is lost. Only in acute and severe cases death may result very soon otherwise the final result is determined by other circumstances whether the extravasation is simply re-absorbed, which in weeks to accomplish; whether a reactive pneumonia or pleuritis sets in; whether the pleura is broken through and hsemathorax is developed; whether the infarction terminates in inflammation, abscess or gangrene; or whether an oedema of the lungs of sufficient importance will result.

It is very seldom possible that pulmonary infarctions can be diagnosed with certainty. Their occurrence, most commonly near the base of the lungs, renders them very seldom accessible for sial 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

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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 infar 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 the hemorrhage, 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 t
few general considerations of more than ordinary importa

Aconitum: If it were practically possible to draw a lin
cation between active and passive pulmonary hemorrhage,
not mark ofi^ the therapeutic sphere of Aconite more acc
than by saying that it is specifically adapted to the ac
pulmonary hemorrhage. This would, however, give rise to
errors, since many hemorrhages arising from an obstruct
section, symptomatically resemble almost entirely an active
rhage. Hence the selection of the drug should be conduct
cautiously. In all active hemorrhages we meet with marke
liminary congestive symptoms; even while the hemorrhage
on, symptoms of pulmonary hypersemia still continue to e
as we stated in the preceding chapter, no remedy is more
priate for such states of hyperemia than Aconite. Hyper
only causing but likewise maintaining the hemorrhage, Ac
this case effects a radical cure, and after its exhibiti
times see the hemorrhage arrested with wonderful rapidit
following range of symptoms constitutes more particular
for Aconite: The accident happens to animated individua
plethoric habit of body, bright complexion, disposition
ion of the heart, incipient tuberculosis; after a viol
sion, or severe exertion of the lungs. The blood is rais
quantity, associated with a dry cough which is not viole
ments the patient all the time; or else the blood is ex
after a slight paroxysm of hacking cough, both in larger
and of a bright-red color. The patients are very restles

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tenanceB are at first flushed and hot, the pulse and bea
heart very much excited; they complain of a burning or
pain in the chest. After commencing with the Aconite, th
oms of febrile excitement very soon abate, after which
rhage likewise ceases in almost every case. As a rule, i
continue the use of this drug for some time longer at mo
intervals.

Belladonia has already been mentioned in the previous c
it is one of the principal remedies for pulmonary hemor
cept that its indications are less positively defined. I
applicable in the case of robust and plethoric individua
congestions towards the head, without any cardiac irreg
being complained of; also more particularly if the hemor
the result of an incipient catarrh. A constant and torme
 sire to cough points to this remedy, the choice of which
much more than that of Aconite, upon the general symptom
tubercular hemorrhage, this remedy has never had the lea
in our hands; on the contrary, it has been found very e
in vicarious menstrual hemorrhages and in those of preg
females, or in the hemorrhages occurring: at the critica

Arnio; enjoya a high reputation in pulmonary hemorrha^,
it deserves much less, however, than Aconite. Hartmann g
following characteristic indications: The hemorrhage is
some mechanical injury, or by severe bodily exertions;
torated blood is dark-red and lumpy, and is raised witho
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 up not counter-indicate Arnica. In addition we have to observe 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 an attack is caused by every slight bodily exertion. Arn particularly suitable for young people.

Digitalis purpurea which used to be a favorite remedy fo tasis 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

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Bturation 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 hem 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 homoeopathicity 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 i
by the newly accumulating blood; at the same time there
bling up in the chest, with a sensation as if warm blood
ing in the throat, gradually increasing in intensity unt
raised. More recently I have found that a condition of t
yields to Aconite more promptly than to Millefolium of w
do not yet possess a sufficient number of reliable provi

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are of a different opinion; thej recommend Millef. espec
incipient phthisis.

Arsenicum album competes with Digitalis in some respects
would give this remedy only if a high degree of weakness
tability is associated with an extraordinary degree of c
ability, together with all its accessory ailments. It is ceptional cases that we shall be able to use it in phthi

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

In addition to these remedies we might complete the list
oning a number of others; but let it suffice if we si
the following: Nux vomica and Opium (for the pulmonary h
rhage of drunkards), DroserUj Hyoscyamus^ CocculuSj Stap
Corresponding with our pathological data, the medicines
anged as follows:

For hemorrhage from active pulmonary congestion: Aconite
Bellad.^ Millef. J Nnxvom.; from passive congestion: Dig
senicum; if caused by mental excitement: Aconite^ Kux
Opium; by exertions: Aconite^ Arnica; by mechanical inju
Arnica^ Bryonia alba; if depending upon tuberculosis: Ac
PtUsiLj Millef, J Ledum^ Phosphorus; if depending upon h
ease: Aeon., Digit, J Ar sen. ; upon menostasia : Pulsat
Bellad.^ Hyoscyam., Mercurius; upon emphysema: Arsen., D
Carboveg,; portal obstructions : Ledum palustr.

Regarding the effect of pulmonary hemorrhage upon the or
ifina, it is the same as that of all other kinds of hemo
has to be treated in the same manner; this effect will
extensive. The consequences of hemorrhage to the lungs t
selves, which are the most to be dreaded, often require
remedies from those that might perhaps be chosen without
to the local process. If extensive infarctions have beco
in the pulmonary tissue, and the restoration of health i
by them, our first choice may have to be Arnica, afterwa
aniaj IXgitalis and finally Phosphorus. Pneumonia depend

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Infections, frequently requires, beside the above-mentioned remedies, Mercury and the supravention of oedema of the lungs: Arsenicum Tartarum stib., and Phosphorus.

Beside attending to the present attack and its consequences, we have likewise to try to neutralize the evident tendency to pulmonary hemorrhage. Although the general conduct and mode of living of the patient are subjects of the utmost importance particular, yet we are in possession of a few remedies capable, independently of meeting other functional derangements of preventing the frequent return of the hemorrhage; these remedies are: Calc. carb., Ferrum, Sepia and Silicea, whose special indications we cannot well enumerate in this place. Carbo vegetabilis and Chnium 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 advise 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 oanadense, 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, 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 for pulmonary as well as uterine hemorrhage.

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

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

8« Bronchitis Acuta.

Acute Bronchitis.

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

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

Mttology. Acute bronchitis is one of the most frequent diseases of the human kind generally, and it is next to impossible to decide that a special age or sex is more particularly liable to it. Whereas it is not generally a dangerous disease when attacking middle-aged persons, it is on the contrary very dangerous to children and old people, and therefore constitutes one of the important diseases of these two periods of human existence. It is undeniable that the first years of childhood are peculiarly predisposed to this disease. A predisposition of this kind likely exists among persons of a more advanced age, and may almost always be attributed to the following circumstances: An effeminate living, without adequate exercise in the open air, and not admitting of a free and easy respiration; constitutional diseases, even such as do not emaciate and debilitate the system, more especially scrofula and tuberculosis; irritability of the mucous membrane consequence of frequent attacks of bronchitis; acute and diseases of the lungs.

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

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

Symptoms. We may dispense with a description of the anatomical changes occurring in bronchitis; all we need do remind the reader that hyperemia of the mucous membrane ways accompanied by a more or less marked swelling of th
this statement is of essential necessity for a comprehension of various phenomena. In order to afford a general view of the disease, 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 creeping 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 dry and spasmodic cough attended with a raw or sore feeling on the chest, at the same time the breathing is somewhat oppressed and 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 violent headache. Very often the cough remains dry for a long time, but more frequently a tenacious, greenish-yellow expectoration commences already on the second day, which is very difficult to hawk up. Auscultation yields no particular percussion, 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 is restored and while the cough is gradually decreasing, the disease 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 inflammatory form of bronchitis or else originate consequences that will be more fully described in a subsequent paragraph.

b) Bronchitis acuta inflamaatoria inflammatory or acute h^onc form of bronchitis which is marked by much more violent phenomena, is not by any means a purely simple form of bronchitis of 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; but most generally it occurs as a primary disease. It generally 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 that there is a frequent recurrence of the chill, especially on motion. The patient feels very weary and languid, complains most generally of a violent headache, exhibits frequent changes of complexion, experiences a rheumatic drawing in the limbs and great restlessness and is scarcely ever capable of remaining out of bed. Very soon these general symptoms which do not point out more particularly the locality of the disease, are followed by a burning, sore 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 viole spasmodic, at first dry but not hoarse, but very soon ac by the above-described expectoration. There is no dyspno
erly speaking, but the breathing is more labored, less full and 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 do reveal any abnormal changes, but auscultation reveals a less prolonged expiration over the whole chest, less frequently a more prolonged inspiration, accompanied by wheezing. The auscultatory results are very much modified, if bronchitis associated with a pulmonary emphysema, etc. as a secondary affection. Even in simple bronchitis, when not complicated with tubercles, the expectoration is easily tinged with blood, ling a quantity of pure blood is a rare occurrence and al to a 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

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by a variety of circumstances. The importance of bronchi any degree in the case of tuberculous patients will be 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 bronchial c likewise assume the form of bronchitis. In favorable cas complicated forms of bronchitis terminate in four or five exceptionally at an earlier period, in simple bronchial general symptoms moderate in intensity, the fever abates entirely, the expectoration becomes more profuse, more f whitish-gray color and is more easily raised by the cough now much less painful. Instead of the dry wheezing, ausc now reveals coarse râles. The patients do not often feel before the tenth day. If the course of the disease is le able, its different phases are either more protracted, omorbid conditions become associated with it. In the form the dry, spasmodic, distressing cough may last beyond th or even to the fourteenth day, after which the period of profuse secretion of mucus lasts equally long. Although duration of the disease shows as a rule that it is of a nature, yet a purely primary form of bronchitis may run long course, an occurrence peculiar to old age. The our disease is still more unfavorable and threatening, if th tion of the bronchia spreads to the more delicate ramifi if pneumonia and an acute oedema of the lungs supervene. latter may set in with so much rapidity that the patient had left comparatively comfortable, is found dead on our Generally this change develops itself more slowly and is recognized by a striking and rapid increase of the dyspn

The patient's age exerts a greatly modifying influence o course of the disease as well as over its danger to life bronchitis of children we shall speak hereafter. Among o or only somewhat advanced in age, the danger is quite co able, and seems to depend more particularly upon the inc liability of the bronchial mucous lining to swell, upon quantity of the secretion at the same time as the respir cess 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.

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Hence the bronchitis of old people differs greatly from what we have described in the preceding paragraphs. The disease originates in the same manner, only the febrile symptoms seem less 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 becomes moist and cool, the tongue dry and brown, and the sensorium powerfully affected by the disease: sopor, delirium and flocks setting in. In this manner the patient may succumb to the disease in a few days, the increase of the mucous rales being 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.

Bronchitis capillaris. We apply this name to an inflammation of the finest bronchial ramifications in the lungs. An inflammation of this kind frequently sets in as a continuation and frequently 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 a simple bronchial catarrh. This affection scarcely ever affects middle aged persons; it is most apt to occur among children, and very seldom befalls old people.

Capillary bronchitis commences like the acute form with the symptoms of a so-called catarrhal fever; but it is an insidious disease which, when occurring idiopathically, scarcely ever localizes by itself. At an early stage the patient is oppressed for breath, this oppression being determined by the extent of the portion of the lungs that is invaded; with a distressing cough without expectoration at first, which, even if it should become very copious at a subsequent period, can only be raised with great difficulty. The breathing is accelerated, the inspirations being very much embarrassed and prolonged. Percussion yields no results; auscultation in this affection alone at first reveals a shrill wheezing which is afterwards mingled with fine crepitations and rales. Complicated with inflammation of the larger bronchi, the coarse rales of the latter are apt to disguise the more delicate rales in the finer bronchial ramifications, at any rate heard much more indistinctly.

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The constitutional symptoms soon assume a serious and threatening aspect. The fever ordinarily increases, yet the skin is dry, but inclines to perspire very profusely; the feet are apt to feel cold, and the face looks pale. The pulse is small and feeble, and the anxiety and restlessness of the patients generally increase in a corresponding ratio; the tongue is 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 carbonic acid. This is most characteristically revealed in the persons of the supervision of cerebral symptoms, such as, sopor, coma; 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 is greater.

This form of bronchitis at times runs a very rapid course and then generally terminates fatally, at other times the course is protracted. Robust individuals may recover already in the second week, very seldom before this time, whereas a duration of one month is a very common thing. Sometimes the affection 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 sputa is 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 notha, death sometimes takes place on the third day, very rarely after the second week. Independently of the circumstance that the disease is of itself a dangerous malady, the simultaneously existing pathological disturbances and the possible and ready occurrence of threatening complications are of great importance. Among the latter the pneumonia which develops itself in the neighborhood of the bronchial inf may result so much more disastrously, as the existing bronchitis...
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 complication of a croupous inflammation of the larynx and else it may originate as a primary disease. As such form occurs very rarely, but it does occur sometimes. In case it presents the picture of an acute bronchitis, but vated 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 deter fact whether the larger bronchia are alone affected the smaller are involved in the disease. The cough is to the expectoration difficult, lumpy, tenacious, and, in w ing the form of fine tubes or arborescent ramifications. portion of the bronchia is involved in this process, cya of the lungs and death by poisoning with carbonic acid a speedy terminations of the disease. The chronic form occurs exclusively in tuberculous individuals, and will be disc fully in the chapter on tuberculosis. Cases that seem id primary diseases, are likewise caused by a less extensive deposition of tubercular matter. The chronic form is dis by the violent cough that accompanies it. In this form o chitis the exudation is not secreted in the larger, but bronchi, 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 devote a few lines to a description of infantile bronchi

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regards its course and importance, differs most essentia corresponding bronchitis of adults.

An inflammation of the larger bronchia, be it slight or has almost the same phenomena in the case of children as of adults, except that the fever is much more violent an ing is in almost every case interfered with very con side early period. The importance of this process in the case is much greater than in that of adults, for the reason t former it is apt to spread to the smaller bronchia, afte children who at first gave no cause for alarm, suddenly attacked by a dangerous disease. Capillary bronchitis do often occur as a primary affection; it is almost always tion of an inflammation of the larger tubes. The symptom velopment generally takes place as follows: After the c had for some days a simple catarrh, attended with severe breathing becomes more hurried and progressively more op and the children become more and more restless and anxio "Whereas a physical exploration of the chest had so far nothing abnormal, the respiration, during inspirations a expiration, now becomes wheezing, more especially durin spiration, accompanied or not by distinct vesicular murm cough continues to increase in vehemence, without anythi expectorated; or, if anything is raised, it is only wit ficulty a small quantity of mucus which is swallowed aga as raised. The general organism, in such a severe diseas
course correspondingly affected. The dyspnoea now increases hour to hour and soon reaches a degree of intensity that respect inferior to the worst attack of croup, and become 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 with perspiration, the face is pallid or livid, becomes an attack of cough, the anxiety and restlessness reach a degree of intensity. If at this stage of the disease the improvement by an increase of the expectoration and relief of the dyspnoea, the disease presents the same picture as in the worst attack of croup, only the hissing sound caused by the stricture of the glottis is wanting. The children become calmer, pallid and cold, lying in a state of unconsciousness or sopor, the respiration becomes very superficial, the paroxysms of cough abate more, and the children die comatose. This fatal termination sometimes takes place already in the first week of the disease, frequently after the fourteenth day, provided no adventitious cause has produced an exacerbation of the disease. Recovery always takes place slowly, the liability to relapses is very great; the steady return, and the cough sometimes continues for man 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 slight or non-existent. 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 period 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 crowd too much material into one chapter, although influenza and chronic catarrh really belong in this category of disease. These two forms, however, cannot well be treated from the same point of view as a simple acute bronchitis. Let us first consider the leading remedies 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 seems to have 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 common catarrhal fever is not the province of Aconite, and if we should be told that Aconite has moderated this fever in so many 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 anxiety, a frequent pulse and an extraordinary rise of temperature, run their course afterwards without any fever. This should not be attributed to the action of Aconite. A remittent fever is least suitable to this medicine. Where the fever, as is often the case in bronchitis, is continuous, the skin is dry and the heat
bled with chilly creepings, Aconite is in its place. The symptomatic indications are most fully met with in the incipient bronchitis of children. K the objection is raised that the diagnosis may be doubtful at first and that hence Aconite ought to be opp

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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 characterize 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.

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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 common 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 cough 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 ion 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 is 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 stiblata 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

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doses nor large enough to produce eraesis. Symptoms of i ent 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 diarrhoea, 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 rashes in the chest with wheezing respiration, 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 rashes, spasm of the glottis, convulsive twitching of the body, severe gastric ailments and intestinal catarrh, pallid or bluish and bloated countenance. Ipecac is suitable for a dry, spasmodic cough, but certainly not according to 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 curative virtues of Ipecac do not reside in its emetic properties, but in its 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 cannot be denied, however, that the act of vomiting in suffocative cough may exert an expectorant and alleviating influence, and we could not find fault with a homoeopath who, from this standpoint, were to prescribe massive doses of this drug. At any rate we from experience that a smaller dose than a grain of the second 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 this drug in the acute form of bronchitis, however much we may value it in the less severe degree of laryngotracheitis. We shall scarcely ever discover a real symptomatic similarity between Nux and bronchitis; if existing, it will only be found to apply to the more trifling forms of the disease.

Chamomilla may be found suitable for the bronchitis of children, not so much of adults; if the larger bronchia are inflamed, with an urging to cough, the cough being excited by the least attempt to use one's voice. It is particularly violent at night, and accompanied by wheezing, and by coarse rales. 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 forms of this disease. On this account we refer the reader to the treatment of influenza. "We have to recommend this remedy, however first stage of the malignant forms of the bronchitis of old people. At an early stage already the symptoms resemble those of 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 e
suitable, since it corresponds very strikingly with the threatening constitutional symptoms.

Hepar sulphuria 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 steady cough only at intervals increasing to frightful paroxysms with suffocation; it is excited by every attempt to draw a long breath and only results in the expectoration of a yellowish, tenacious mucus. Hence Hepar is an important remedy in croupous bronchitis likewise in the less acute or even chronic form of the disease. Its applicability is questionable. [We do not agree with Bsehr in this statement; we have used Hepar in this form of bronchitis with striking benefit, giving the third to the sixth attenuation.]

Iodium may be ranged side by side with Spongia and Hepar. However it is not by any means ahead of these agents, since it affects the larynx and trachea much more energetically than bronchia. It has no particular symptoms that distinguish it from other remedies.

Bromine has not been sufficiently proved to secure it a place among the remedies for bronchitis. The recommendation of this drug by homoeopathic physicians are too vague and indefinite to deserve any further notice at our hands. Its practical results are exceedingly meagre and indecisive.

Baryta carbonica is not much used in bronchitis, although serves some consideration in at least one form of this disease. We allude to the bronchitis of old people during its transition from the acute to the chronic form; there is a constant desire to cough, yet the expectoration is very scanty. In such cases we have seen this remedy act with decided benefit. In bronchitis with threatening symptoms we should never depend upon Baryta carbonica.

Arsenicum album is scarcely ever indicated in simple bronchitis; for particulars we refer the reader to the chapters on influenza and chronic bronchial catarrh.

Phosphorus is not, in our estimation, a remedy for bronchitis less the disease is complicated with other affections. Hahneinann himself pronounces Phosphorus not only not suitable, but hurtful in this disease; this statement certainly rests upon practical observations, although it does not seem confirmed by the logical data of the Materia Medica. In his treatise on Phosphorus, Sorge does not allude to this agent as a remedy for bronchitis. In our further considerations of pulmonary affections we shall frequently have occasion to revert to Phosphorus. On this occasion we will merely state that if oedema of the lungs or pneumonia should supervene during the 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 present an absolutely complete list. To those who object to such a review of remedies as favoring a tendency to dogmatic systemization, we reply that by this means a knowledge of the remedies more easily obtained and an opportunity is afforded for a number of others that had been omitted in the preceding list.

In the milder form, the so-called simple bronchial catarrh is required, since it most commonly passes off with 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. Belladonna should first be given, if not, Nux vomica or Aconite or Mercurius may be required. In the case of children, Belladonna is principally suitable, to which Chamomilla may be preferred under certain circumstances, especially if the child is very young. As soon as the cough is loose, Tartarus 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 have always to be given first; Mercurius if the above-described symptoms prevail, more particularly if gastric symptoms or diarrhoea are present. If under the operation of these drugs the fever has abated and the cough has become loose, Bryonia and Bromine or Hepar sulphuris may be required. Bryonia deserves a preference if the trouble seems disposed to run a very protracted course, in which case Conium or Hepar sulphuris may be required. Bryonia deserves a preference if the trouble seems disposed to run a very protracted course, in which case Conium or Hepar sulphuris may be required. Bryonia deserves a preference if the trouble seems disposed to run a very protracted course, in which case Conium or Hepar sulphuris may be required.

In the bronchitis of old people we have in the first place to moderate the fever, for which Aconite or even Belladonna will be found suitable; Bryonia and Rhus tox. may do much better. If there is but little or no fever, Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required; Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required; Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required; Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required; Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required; Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required; Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required; Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required; Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required; Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required; Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required; Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required; Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required; Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required; Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required; Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required; Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required; Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required; Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required; Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required; Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required; Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required; Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required; Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required; Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required; Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required; Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required; Tart, stibium will seldom be found indicated; Phosphorus and Arsenicum are mostly required.
Tart, stib, and Veratrum will be much better. We have re-

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The bronchitis of children tends greatly to assume the form of capillary bronchitis; for this reason it behooves us to watch an attack of bronchitis in children with the utmost care. At the beginning of the attack, the symptoms generally point to Aconite, however, with such perfect regularity as to admit of Aconite being regarded as an invariable specific. Belladonna often competes with Aconite in this disease, in the further course of which, slight cases, the same remedies may have to be used that of adults. In the more dangerous forms Mercurius may generally deserve a preference at the outset; it is indicated else than the thick, yellowish coating of the tongue, an quent alternation of chills, extreme heat and exhausting fatigue. If the symptoms increase in intensity, Spongia is indic a violent, dry, suffocative cough, Hepar; if the cough loose, and there are mucous r^les but no expectoration. for excessive secretion of mucus, with severe dyspnoea a sive phenomena, Tartarus stibiatus may be required, but dom act with as much benefit as Ipecacuanha.

Croupous bronchitis as a partial development of laryngea does not require any other treatment than the latter. Ev bronchial croup should break out as a primary disease, w seldom the case, Iodium^ Spongia^ Hepar and perhaps Brom have to be used. In subacute and even chronic cases Arsenic one of the most efficient remedies to prevent and mitigate paroxysms of cough, which, considering their violence, m considered a very satisfactory result.

In conclusion we call attention to a remedy which, so far 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 palliat action. We were led to its use by the description in an Journal of a chronic case of poisoning with Opium, accord which a spasmodic and dry cough is one of the most common phenomena of this agent. We have to revert to this remedy m when we come to treat of influenza and pneumonia. To jud physiological symptoms of Opium as we find them in the M Edica, and considering the energetic action of this drui childlike organism. Opium must be an excellent remedy in capillary bronchitis of children.

The general management of the patient occupies a conspic place in this disease. It is unfortunately a widespread

Bronchitis Acuta. 181

endeavor to obtain an increase of cutaneous perspiration ease of incipient bronchial catarrh, without discriminat means this object is attained. We cannot encourage a pro of this kind. In lighter cases, where this proceeding se
had little effect, the question may be asked whether the
not have turned out equally favorably without sweat; if
recovery of patients who do not resort to such means, sh
that exciting a perspiration is not absolutely necessary
In bad cases an artificial perspiration is decidedly inj
object is obtained more promptly and more safely, if the
are kept in their beds with but little covering, and the
of the room increased to about fifty degrees F. At the s
water should be allowed to evaporate in the room, by whi
the irritating urging to cough is very much diminished.
mere act of sweating were beneficial to the patients, th
feel better in summer. It is well known, however, that t
chial catarrhs of the hot season are more obstinate and th
than those of the cold. However, if we are anxious to av
conflict with the inveterate habits of the people, persp
be excited by drinking in bed a glass of hot water and s
a few drops of lemon-juice in order to make it more pala
children may drink a glass of very much diluted warm mil
ened with a little sugar. If these simple means do not e
piration, other means will not excite any either, or, i
will be to the patient's prejudice. There is another pow
against copious perspiration. It considerably increas
sion to take cold, which is anyhow very gi'cat, and cau
bations and relapses; rising to void the urine or evacua
may be sufficient to superinduce a fresh cold, nor will af
fter recovery be able to go out again as soon as they o
might, without apprehending a new attack. An effeminate
of life which is one of the main causes of catarrh in he
sons, is likewise the cause of frequent relapses. This r
to little children in whose case every thing is often do
tem unfit for the least exposure to open air. The gener
of the patients is the best indication whether they can
permitted to go out of doors; if they feel strong again l
little remaining loose cough need not deter them from go
provided the temperature of the atmosphere and the weath
erally are sufficiently inviting. In a case of tubercula
other considerations will have to govern the general man

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In matters of diet, the instinct of the patient may safe
as a guide. In bad cases the functional activity of the or
gans is completely prostrated, and there is no necessi
ding the use of any kind of food; whereas in the more u
cases the choice of food is of very little particular co
All we have to do is to see to it that the nourishment w
duced into the stomach, does not cause any catarrhal
of this organ. As soon as the appetite returns, a sim ple
ishing diet is the best. As regards drinks, it may be we
implicitly gratify the desire of the patients who have a
ing for cold water. Drinking cold water is apt to excite t
cough, whereas it is diminished and moderated by war
ages. As a matter of course, whatever might irritate the
has to be avoided, such as continued or loud talking, me
ments, dust, smoke, dry heat, the use of coffee, spirits f
further details we refer to the article on diet in the c
monary tuberculosis.
4. Influenza.

Grippe.

Influenza is not by any means a simple catarrh of the respiratory organs, though the anatomical changes indicate such a condition; but a peculiar, complicated and combined catarrh which of importance and treatment differs essentially from simple bronchitis. This instance shows most conclusively that it is wrong 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 body, although individuals who are affected with pulmonary diseases, more particularly tuberculous individuals, are most its visitations. The most extensive influenza-epidemics spread 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 no more proper than it is proper to refuse this name to larger or smaller epidemics for no better reason than because they do not either in extent or fatality to the epidemic of 1838. We apply the name grippe or influenza to every bronchitis invading a large surface of country and involving with marked symptoms of illness the whole organism, more especially the nervous system, a number of individuals in the same epidemic with very similar symptoms, although these may differ ever so much in different epidemics.

The phenomena referring to the respiratory organs are altogether those of an acute bronchitis, such as we have described in previous paragraphs, and which easily changes to the capillary form; they are accompanied by catarrh of the nose, larynx and trachea, and are distinguished by the obstinacy and slowness of their course, at times being very intense and at other times so completely disguised by the constitutional disturbance that they are easily overlooked.

Influenza is generally preceded by a preliminary stage where the local symptoms of catarrh of the respiratory organs are wanting, or are but imperfectly developed, whereas the patient already very much of an extreme languor, with nervous excitement, sleeplessness and loss of appetite, without or with only slight fever. As the fever increases, the local symptoms become more marked and more intense. At times a coryza is the only 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 commonly located in the forehead and is marked by all the peculiarities that commonly characterize the headache in an incipient typhoid fever. This headache is accompanied by rheumatoid pains in many parts of the body.
muscular system, accompanied by a degree of debility that almost amounts to paralysis. After a gradual, very seldom sudden increase the disease reaches its iuU height. The catarrh is at ti at other times very slight. The fever is intense, but so mittent that the remissions sometimes appear like intern debility is excessive. The headache is agonizing, and is plicated with sopor or with violent delirium. The digest tirely prostrated; the tongue is thickly coated white o times it exhibits a sickly redness with disposition to d and even diarrhoea are often present; the bowels are con rhoea is less frequent. The symptoms exacerbate in the e at night, the patient being very much distressed by the aggravates the headache a great deal. Thus the more viol of influenza simulate an acute typhus, milder cases a so vous gastric fever. Death may take place in the second w

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symptoms of general exhaustion; sometimes it takes plac period in consequence of the peculiar secondary diseases quently break out as sequelee of influenza.

In the case of sound, robust individuals the disease mos minates its course in a fortnight, but always leaving an weakness which may last for weeks. In the case of old pe danger is always great and recovery takes place very slo abatement of the fever is always the surest sign of an i

The disease very often leaves very threatening results. patient had tubercles, their suppuration is an almost su quence of the bronchial affection, although we do not ch hol to the opinion of many that influenza is itself cap ing tubercular deposits. In opposition to this doctrine say that scattered tubercular deposits very often escape Influenza is very apt to leave in its track various affe the respiratory organs, such as an obstinate hoarseness loss of voice and a long-lasting bronchial catarrh. The likewise frequently remains disturbed, nor is a disturba hepatic functions an uncommon event.

Thus we see that the prognosis in influenza is uncertain the disease sets in favorably at first, and the patient the habitual enjoyment of good health. If the individual monary disease, or in the case of decrepit subjects, a f tion is not uncommon. The peculiar nature of the actual epidemic may likewise exert a great influence; whereas o demic scarcely destroys a single life, another epidemic, trary, claims a great many victims.

The reason why a description of the treatment of influen dificult task, is the diversity of forms under which th appears. In influenza, as in other epidemics, remedies w tical value had been tested by abundant experience, ofte be abandoned as unreliable, and other remedies have to b tuted in their stead. In influenza one or two remedies s prove specifics in all cases, so that the epidemic might macher's example, be conveniently named after the medici acts as its universal curative. To find out these remedi
ing investigations are often indispensable, and we shall confine ourselves to indicating the remedies whose practical value has been tested in a variety of cases.

One of the most dangerous cliffs, on which our treatment so often straunds, is the frequent change of remedies for the purpose of meeting 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 of 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. It is only by weighing every circumstance of the disease that 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 complication. In cases of cerebral hyperfieraia, we will, of course, search for 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 which we add to each of the following remedies. Guided by existing observations we only point out general landmarks, we do not give details.

Aconitum is particularly suitable to children in whose case this drug often suffices to effect a cure, whereas, in the case of adults, other remedies may be required in connection with Aconite. It is suitable if the fever has the inflammatory type, or the affection tends to develop pneumonia, and the patient is tormented by a distressing, violent, dry cough. Aconite will probably never acquire the rank of a specific adapted to a number of cases.

Regarding Belladonna we refer to the preceding chapter. It acts well in cases with violent congestions about the head and at least active delirium, as long as these symptoms have not assumed the characteristic appearance of adynamia.

For particulars concerning Mercurius we likewise refer to the preceding chapter. In addition we offer the following remark. Mercurius is one of those remedies which, according to experience, are all-sufficient as antidotes to some epidemics. Some reporters of cases even profess to have cut some cases of influenza short with this remedy. Special consideration is due to the existing coryza, which often is a valuable diagnostic sign in contrast to the Arsenic-coryza. Mercurius is, moreover, indicated by violent pains in the joints, angina, a sudden failing of the muscular strength, profuse sweat having a sour or foul odor and n

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ing any relief, thick coating of the tongue, severe gast
diarhoea. We add to these indications the following fro
Miiller's treatise on pneumonia: "During epidemic influe
of pneumonia occurs which is easily overlooked, because
symptoms differ but little from the symptoms of th
influenza. This form of pneumonia ordinarily sets in wit
fever, its symptoms are not very violent and apparently
much importance. Common symptoms are: a tearing and ach
pain in the head, especially in the forehead, coryza, a
tongue, and dry lips; among other symptoms we disti
the following: Loss of appetite, bad taste in the mouth
urine mixed with a white mucus, a racking and dry cough,
ness of the whole thorax, afterwards expectoration of fr
tearing pains in the joints, disproportionate weakness,
nervousness, aggravation of the symptoms at night, with
sleeplessness at night, constant exhalations from the sk
copious and fetid sweat. On exploring the chest, we gene
cover a not very considerable exudation. If overlooked o
the disease runs a very protracted course, sometimes occ
hausting pulmonary blennorrhoeas, or, if the exudation r
undissolved, phthisicky symptoms may be developed. These
morbid conditions are very much abbreviated by MercuriuS
a complete restoration of health takes place and, if the
otherwise keep comfortably warm, no other remedy is requ

Bryonia alba is very closely related to Mercurius and it
found difficult to discriminate very precisely between t
symptomatic indications. Some facts regarding this
already been stated in the preceding chapter; in this pl
add a few other details. The affection in the respirator
confined to the larynx, trachea, and bronchial tubes; th
remains unaffected, whereas coryza is a significant indi
Mercurius. The fever is less violent, but more continued
is sweat, it is copious and constant; the tongue is whit
no thick coating on it, the bowels are constipated. The
exacerbate in the day-time, not at night. The disease ha
namic character, with deficient reaction, whereas Mercur
very decided reaction. Thus Bryonia may be frequently su
after Mercurius, but Mercurius is never suitable after B
supervention of pneumonic symptoms does not contra-indic
Bryonia, a supervening aff’ection of the pleura indicate
very positively. If influenza attacks tubercular lungs,

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always appropriate, and is always preferable to Mercuriu
is one of those remedies that is calculated to become a
epidemic influenza.

Rhus toxicodendron is another important remedy in epidem
fluenza which often corresponds to the whole character o
ease. Rhus is in its place if the local affection is so
constitutional disease that we rather seem to deal with
licated with a bronchial catarrh. The use of this remed
gested by great debility, a prostrate condition of the w
ism, symptoms of violent reaction, such as a rapid pulse
heat, dry skin and tongue, delirium, sopor. Among the lo
toms, the most prominent indication is a short, distressing
cough, mostly at night, and excited by motion and by every
cold current of air.

Of Nux vomifica, Hahnemann relates in his preface to Camphor
that a very small dose often removes an attack of influenza
in a few hours. We refer to the preceding chapter where we
expressed our doubts regarding the appropriateness of Nux
vomifica; we have to repeat these doubts here in much more
emphatic language. There are, of course, many who profess to
have seen good effects even in influenza; but it is not so easy to
speak of curative results in this disease with positive certainty;
as far as we ourselves are concerned, we never have been able to
obtain curative results with this agent.

Phosphorus is of all other remedies most positively indicated
in influenza by distinct and fixed symptomatic manifestations.
It is suitable if, in addition to severe constitutional distur-
bances, the disease is chiefly localized in the larynx; it is likely
in influenza with tendency to develop pneumonia, or if it
attacks tuberculous individuals in whose case the medici
are given with great caution; and finally in cases complex of
severe intestinal catarrh. Among the secondary diseases,
aphonia or hoarseness, it is particularly Phosphorus that
characteristically indicates.

Arsenicum album is suited to an affection of the upper portion
of the respiratory tract, the nose and larynx; it is less
suitable if, except when it attacks individuals afflicted with
emphysema. A violent coryza with copious watery, excoriating
secretion, a burning pain in the frontal cavities; dryness and bur-
liness in the larynx and trachea, with hoarseness and a few violent paroxysms
of cough are paramount indications for Arsenic. The cons

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Symptoms are still more characteristic: excessive debility,
rapid pulse, continual restlessness and sleeplessness, 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;
was successfully given for paroxysms of a distressing an
cough, the paroxysms being always followed by yawning. Accor-
ding to our own experience, Opium controls paroxysms of a
cough with congestions to the head and chest, it drives to despair and breaks out particularly in the night. Opium
seldom affords help at the outset of an attack of influenza
speedy and substantial aid if such a cough remains
departure of the fever.

Sabadilla is said to have helped in two epidemics, the symptomatics of which we transfer from Ruckert's "Klinischen Erfahrungen." Excessive drowsiness in the day-time; chilliness, especially evening; shudderings with goose-flesh, the chills up from the feet towards the head; lachrymation, with redness of the eyelids; pressure on the eyes, especially when movi
when looking up. Headache, especially frontal; sore tongue; yellow coating on the tongue; bitter taste in the mouth; complete loss of appetite, with nausea; dryness of the mouth without thirst; constipation with flatulence; in some, brown frothy diarrhoea which floated on the water; yellowish and turbid urine; with vomiting, headache, sharp stitches in the vertex, region of the stomach; cough of a peculiar, muffled kind; cough up blood; pain in the chest, especially the joint. All the symptoms get worse in the cold; they exacerbate about noon, but worse towards evening; flashes of heat in the face, with chilliness and coldness of the extremities; the fever in the face are mingled with chilly creepings over the body below upwards at intervals of ten minutes; the skin is parched; restless sleep, full of anxious dreams; the pears as soon as one lies down."

For the indications for Ipecacuanha and Veratrum album we refer 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.

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In order not to indulge in too many subjective indications in a 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 us 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 suppressing the disease, but a few days later it broke out nevertheless, which was not the case in a subsequent epidemic where Camphor was given internally in the first attenuation and proved a sovereign remedy for the disease." Ilahnemauu says in his preface to Camphor: In influenza, if the heat has already set in, Camphor only serves as a palliative, but as a valuable one, if given in frequent but more and more attenuated doses; it does not shorten the course of the disease, which is not very much protracted anyway, but moderates the vehemence of the attack a great deal and conducts it, shorn of its danger, to the end.

"If the thoracic organs were the chief seat of the inflammation, Nux vomica always did good service if given after Aconite, Mercurius subtilis or vivus, of which several doses were given every day, was particularly calculated to cure the disease or even cut it short in its very germ, if the following symptoms prevailed: the head, throat and chest were principally affected; there was a dry and racking cough which afterwards became loose and was attended with pleuritic pains; the patient was troubled with profuse sweats which did not afford him any relief; there were symptoms of inflammatory fever, dull pain, not very hard pulse. If the trachea was much irritated, and the irritation almost bordered on inflammation, so that the intense pain made it impossible to speak, and the voice was very much altered, Phosphorus was an excellent remedy."

http://www.archive.org/stream/sciencetherapeu00kafkgoog/sciencetherapeu00kafkgoog_djvu.txt
remedy."

"Very often the disease broke out in the form of sporadic cholera; in such a case the catarrhal symptoms were unimportant, the prostration was very prominent. Here Veratrum helped in every case. If an attack of this kind was followed by nervous symptoms, if the patient became delirious, had a wild and staring look, complained of great sensitiveness of the abdomen, and the pulse was full and hard, a few doses of Aconite were given with benefit and the rest of the symptoms were removed by Pulsatilla, which likewise proved a remedy for the pappy and insipid taste that sometimes remained for a time, together with a mucous coating on the tongue and loss of appetite." We cannot yield assent to this passage. The delirium occurring in influenza and all the other so-called nervous symptoms, are always of a typhoid type and do not yield to Aconite, but require much rather Bryonia, Rhus, Bryonia, and Hyoscyamus; after the exhibition of such remedies symptoms indicating Pulsatilla will not often remain.

"An exceedingly distressing symptom in this disease was the violent, pressing frontal headache which, together with the accompanying cough and the loose and slimy expectoration was relieved by Bryonia, which likewise proved an excellent remedy, if the cough easily ended in vomiting a pain in the epigastric region, in which case Bryonia competed with Nux, or if the pain was felt under the short ribs a part had been bruised so that the patient, when coughing press his hands against them; Bryonia likewise proved effective in the influenza attacked old people with great distress in and coldness of the limbs, in which case the disease oft life by paralysis of the lungs, the Bryonia was given in with Carbo vegetabilis" In such cases Tartar emetic may be paid attention. "If the cough was dry and spasmodic, if the headache became unbearable and was aggravated by walking, talking light and by every least motion; if the look became strange, the patients were troubled with fancies whenever they closed their eyes. Belladonna always afforded relief, so that in a few hours 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 inflammatory affection of the thoracic organs, with severe chills and coldness." This indication corresponds but little with what was said concerning Sabadilla in a previous paragraph.

"China relieved the cough that was excited by a rattling under the sternum as if mucus had accumulated there." This ind
tion is of very little importance and of no particular value in influenza. Independently of the cough which cannot be regarded as characteristic symptom, China will be found suitable if the disease assumes the character of a nervous fever or the appearance of pulmonary phthisis.

"The alcoholic tincture of Sidpkur was prescribed with good effect at the termination of the disease, after the fever had abated, the stitches in the chest were only felt indistinctly during deep 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 remaining after an attack of influenza and not traceable to tuberculous 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 Hyoscyamus; but if the coughing fit did not cease until a mass of frothy mucus with a yellowish purulent nucleus had been raised, Conium proved the main remedy; if the cough out after a meal and the food was vomited up in consequence the cough, JPerrum aceticum was found to be the specific remedy.

"If the influenza left the patient with a troublesome cough, a gray, sweetish-salt expectoration, wheezing and rattling in the chest. Kali hydriodic. proved an admirable remedy." This medicine is likewise excellent for the remaining hoarseness or even aphonia, but should not be given in too small doses. lodium itself is of no use for these symptoms, but may be resorted to in the fever.

"In cases of a previously-existing disposition to phthisis the influenza threatened to develop more actively, a few doses of Stannum in alternation with Carbo veget were often sufficient to prevent the further spread of the tubercular disease." In sequelse of influenza Carbo veget. is very closely related to Phosphorus and Kali hydriodicum.

"In some cases the influenza was succeeded by obstinate ophthalmia 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 effect a permanent cure."

With reference to this long quotation we confess that Hartmann's indications seem to us rather vague and unprofitable; others may, however, not share our opinion.

A number of other remedies that might be mentioned in this place, would be directed against the various complications such as...
pleuritis, pneumonia, hsemoptoe, diarrhoea, and more particularly against the sequelae; concerning the former, we refer the reader to the respective chapters on pleuritis, etc.; the sequelae 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, there is 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 used in allowing patients the enjoyment of open air; the sensitiveness of the lungs often becomes excessive during an attack of influenza, and it behooves us to exercise caution under these conditions. There is no reason for considering influenza contagious, and every measure tending to counteract this contagion is useless torture. The only preventive measure which we advise consists in avoiding all those exposures which are generally apt to cause catarrhs of the respiratory organs. In epidemic influenza our physicians depend a great deal upon Tartar emetic which is regarded by many as a sort of specific for this epidemic. We cannot do better than by transcribing Doctor John F. 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 think it by very 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 against which I give it, is: lassitude with great sensitiveness to cold, headache, pasty tongue, inflammation of the throat (tonsils, arches of the palate or pharynx), short turns of nausea, achings in the bones, especially of the lower extremities, yellow e skin, 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 of themselves close this stage by profuse watery diarrhoea with some vomit in cramps.*

* This stage, of which the angina faucium, the chills and the prominent sufferings, subsides of itself in twenty-four hours and the physician is very apt to be deceived as to the e

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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 Antimony; that is to say, when the air-passage are loaded with mucus, the cough being frequent and the exjectorations copious

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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 sots in distinctly detached paroxysms. Whooping-cough is an epidemic disease which sometimes occurs in the form of very extensive, and sometime circumscribed epidemics, in which latter case the few cases of cough might even be designated as sporadic. So far the real cause of the epidemic has not yet been determined. It cannot be due to the peculiar nature of the wind, for the reason that the disease breaks out without the least regularity in disconnected portions of the country; all we know is that the outbreak of an epidemic occurs most frequently in the spring than in the fall, very rarely in the fall. A connection with other epidemic affections, especially with variola and scarlatina cannot well be denied. 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 differ. A number of observers favor the doctrine of contagion; on the other hand we should not overlook the fact that all the individuals of one place and of one house are exposed to the same influences. As for us, we have not yet been able to satisfy our minds that whooping-cough is contagious; yet we are willing to admit that in its highest stage of development, this cough may give rise to a product which, when grafted upon susceptible organisms, may in its turn reproduce the disease. This is no idle question, as 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 purgatives, and the homopathic his Mercurius, Belladonna or Nux, and the patient thinks a wonder has been done for him; but the disease, if it be removed, has only advanced a step beyond the process of incubation, towards the stadium of bronchitis, with its concomitant cough, prostration.

The immediate causes which determine the outbreak of an epidemic are the same as those that occasion ordinary catarrh of the respiratory mucous membrane. A special predisposition to the disease has not yet been traced; established fact that girls are more liable to whooping-cough than boys, the same relation holds true in all other spasmodic affections which attack girls more frequently than boys. Every trifling catarrh may, under the influence of the epidemic assume the form of whooping-cough. As regards age, children between the second and eighth year are more commonly liable. Children under one year are seldom attacked by whooping-cough, although we have seen a severe case in a child of four weeks. Children upwards of eight years old are likewise seldom attacked; whereas, d...
epidemic, adults are frequently attacked by a spasmodic
the place of the light catarrhal cough.

Syndrome and Course. In the management of whooping-
cough the fact must not be overlooked that the anatomica
it occasions are simply those of an ordinary catarrh, to
changes which are determined by the not unfrequently-occ
complications, have of course to be added. The supposed
in the vagus are altogether hypothetical, although certa
have indeed been discovered in a few isolated cases, but
ciently numerous to enable us to build a reliable theory
post-mortem phenomena.

In the majority of cases whooping-cough commences as an
inary catarrh of the nose or of the larynx, trachea and b
tubes. This introductory catarrh which does not, properl
ing, form a component part of whooping-cough, may break
all degrees of severity and extent without this circumst
fying a conclusion regarding the approaching attack. Hen
most proper course would be to regard this preliminary c
connected with the epidemic only in so far as it furnish
a susceptible si)Ot VL\ycm which the whooping-cough mias
grafted, and in which it can germinate. This is shown by
where the whooping-cough breaks out without being ushere
a simply catarrhal stage, or where a simple catarrh exis
before it is converted into whooping-cough. At any one p
this first stage, in a few days or even after the lapse
a harmlessly-sounding cough sets in, or else an actually
cough becomes more severe, and sooner or later assumes a

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character which constitutes it whooping-cough. After thi
cough has reached its full development, the simple cough
entirely ; only in a few instances violent paroxysms and
of cough occur mingled together. A single paroxysm has t
lowing characteristic symptoms: The children who had hith
been bright and cheerful, shortly before the setting in
become restless and anxious, or, if old enough, they com
tillation in the larynx or under the sternum, or of op
breathing; it is very seldom the case that a violent cou
without any preliminary symptoms, which, after a short l
time, is succeeded by a wheezing and labored inspiration
turns with the single paroxysms without admitting of a f
tion for the reason that all the respiratory muscles and
cularly the glottis are affected by the spasm. While the
to cough is constantly increasing and the spasm of the g
gradually abating, the children finally succeed in raisi
ing up a more or less considerable quantity of a tenacio
mucus, which terminates the attack. During the attack th
express great anguish and restlessness; in consequence o
peeded respiration the face and tongue become blue-red, t
weep, a watery mucus is discharged from the nose, even b
spit up sometimes and flows from the nose to the terror
parents. The vomiting either brings up mere mucus or the
of the stomach. Involuntary discharge of stool and urine
occurrence if the children are otherwise robust. After t
tion 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 attioned 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 stationary for some time, after which it gradually decreases in intensity. In the space of twenty-four hours the children may have upwards of thirty paroxysms of cough; they occur more frequently at night, and at this time likewise last longer and are more intense. A paroxysm lasts seldom longer than three minutes; if the parents assert that the paroxysms last longer, they are deceived by the anxiety which the mother particularly experiences, to whom a minute may possibly seem a quarter of an hour. The paroxysm is excited by talking, eating, screaming, or by violent exercise, 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 variously affected by the cough, even if there are no complications. Strong children bear this cough for months, without losing flesh, or without their general well-being being interfered with. It may, however, be accepted as a rule that, if whooping-cough lasts longer than four weeks, children begin to lose their strength and flesh, and this loss goes on increasingly in proportion as the cough lasts. Sickly and very small children are speedily and threateningly affected by the cough, even if none of the foregoing complications are present. The children grow pale and languid, they lose appetite, but are not often attacked with diarrhoea.

The course of the disease is generally for several months; but when we come to speak of the treatment, we shall show that this period is considerably abbreviated in homoeopathic hands.

Of particular importance are the complications and sequel which alone constitute the dangerous features of this disease.

The most frequent of these complications are inflammatory affections of the lungs. The catarrh of the respiratory passages, which was inconsiderable at first, invades the more delicate ramifications of the air-passages more and more until a more or less intense 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 such 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 dyspnoea. Even if bronchitis sets in violently at the outset, it never changes all at once to capillary bronchitis and pneumonia, — which may, 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

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this antoward change do not set in until the cough has lasted for 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 the bed, the respiration becomes more and more incomplete, more hurried; he feels drowsy and tosses about. Symptoms manifest themselves in the later course of the disease, and 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 greater.

Cerebral diseases are scarcely ever caused by the direct action of 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 correctly 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 perfectly healthy child, but they prognosticate trouble, if the brain was 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 cases occur where the cough occasions the deposition of tubercular 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; if 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...
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Chronic bronchial catarrh, bronchiectasia, emphysema, de
of single parts of the lungs, with consequent malformati
thorax, pulmonary tuberculosis, heart-disease, although
amed rarely and then involving mostly the right heart;
occa.sionally 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-cough
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 whoo
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
iciency 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 corrobora
numerous post-mortem examinations. On such occasions the
nerves were scarcely ever found altered, but most common

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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 cano
be denied that the quality of the mucus secreted at such
fers from an ordinary catarrhal mucus; the former is very tenacious 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 organism sufficient to account for the convulsive nature of the cough, demonstrable fact that the urging to cough caused by the secretion of mucus, is much less in children than in adults, and the younger the children are. Whereas an adult expiratory little quantity of mucus by a voluntary attempt to cough does not expel the mucus until the urging to cough has reached an 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 heard at a distance. The child only coughs if compelled to do so by noea and the urging is very great. This condition will give rise to a corresponding reaction, the cough will be more violent. Moreover the child has not sufficient strength 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 resistance have given rise to a moderate turn of cough. The evidenc statement is derived from the circumstance that the older child 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 disposition 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 whom cough can be explained by the child's evidently feeble resistance against the urging to cough, by the insufficient energy the irritation and urging, and by the disposition to spasms 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

http://www.archive.org/stream/sciencetherapeu00kafkgoog/sciencetherapeu00kafkgoog_djvu.txt
advice of this kind would seem foolish, if it could not harmonize with the explanation we have furnished. Our theory 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-passage, anot is caused by crying or laughing.

In making these statements, our aim has been to show that spasmodic character of whooping-cough is not owing to the nature of the miasm, but to that of the organism upon which it miasm acts. We may as well observe in this place that, in our opinion, whooping-cough does not commence until the convulsive stage has set in, and that the previous simple catarrh is not a sign that the miasm has now begun to affect the

A glance at the Therapeutics of the Old School is in so important as a comparison of results is best calculated to place the advantages of our own treatment in a more conspicuous light. Physicians as well as lay-persons are apt to express the opinion that there is no remedy for whooping-cough, and that it has to run its course for months. Wunderlich, who generally tries to enumerate the medicines that may cure a disease and who is not apt to be in favor of a purely negative treatment, declares that any treatment is absolutely powerless in the spasmodic stage and

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that can be done is to moderate the violence of the paroxysms. In the case of children, however, the use of narcotics is attended with a good deal of danger for the reason that narcotics are apt to develop dangerous cerebral congestions. No class of physicians knows how to appreciate such facts better than homoeopaths who derive the most brilliant results from small doses of medicines that may cure a disease and who is not in favor of a purely negative treatment, declares that any treatment is absolutely powerless in the spasmodic stage and

We care not to inquire why, we simply state the fact that the ordinary treatment of whooping-cough is quite ineffectual both physicians and lay-persons have lost all faith in it and give nothing for the cough, and the latter allow it to run its course without giving any medicine at all, an parties declare themselves satisfied if the cough gradually pears in three to five months; that finally under this routine management a number of children succumb to the disease and its consequences. Whether Oppolzer's treatment which essentially consists in keeping the children in the same temperature, is as successful 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 favor us speedy results without having to resort to such a rigorous living as Oppolzer recommends. By means of the treatment we have now been in the habit of pursuing for a number of years 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 slight catarrh 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 whom statement applies nevertheless with equal force. The greatest merit, however. Homoeopathy can boast of is, the freedom from secondary diseases which do not occur under homoeopathic treatment and generally result from whooping-cough when it lasts too long. The malignant complications likewise, though not entirely excluded under homoeopathic treatment, yet are comparatively rare.

Before passing to the medicinal treatment of whooping-cough we have to offer some remarks about the preventive measures recommended for adoption during the prevalence of this disease, which impose such a heavy burden upon families. The

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munication of the cough by contagion is at most questionable; we know from experience that in families where an infected child after another was gradually attacked by the disease kept strictly isolated from the rest of the family, the child was occasionally attacked by the disease. We are emphatically opposed to all such methods of solitary confinement which we would not recommend under any circumstances. The sure preventive is the early removal of children from the place where the epidemic prevails. Few, however, will consent to this step previous to the general spread of the disease; and of locality is of doubtful value, or is of use only in some cases. Children exchange city-air and artificial city-customs for the more natural mode of living in the country. The preventive is to guard children against every possible exposure to catarrhal influences. It is certainly true that a child has whooping-cough without first taking cold; but, on the other hand, this perfect freedom from exposure cannot possibly be secured unless we choose to deprive children of their most necessary nutritious and open air.

We have already stated in a previous paragraph that we do not consider the catarrhal stage an essential ingredient of whooping-cough, although the treatment of this stage is of importance to the whole course of the disease. It may be considered a rule that the sooner and more completely the premonitory catarrh is cured, the shorter and less intense will be the course of the convulsions. Hence we have every reason, during the prevalence of epidemic whooping-cough, to treat the most trifling catarrh with care and attention. The remedies to be employed for this purpose are the same as those that have been recommended in former sections for catarrh of the nose, larynx, trachea and bronchus, which may come into play, though Belladonna will probably be found the most efficient at the commencement. The much vaunted Drosera is of very doubtful value in the early stages. At this stage it is of course indispensable to guard children against further exposure and consequent increase of the catarrh, for which purpose they had better be kept in the room, in an uniform temperature. In the case of lively and quick children this proceeding is undoubtedly difficult execution. For a good portion of our success in the treatment of whooping-cough undoubtedly indebted to the comparative certainty with which we succeed in controlling this first stage without impairing the strength of the little patient. Even a violent bronchitis...
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 drugs have to be selected. We feel some embarrassment in giving a description of 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 groups of symptoms that render a differential diagnosis between and another impossible and nugatory. His symptomatic arrangements are supposed to be in accord with the law of similarity, but the practical efficiency of the treatment is sadly impaired by such a course. However in order to avoid even the appearance of partiality, we shall afterwards mention single remedies most essential indications.

What are, in a case of whooping-cough, the characteristic indications 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 exhausted by the coarse symptom-coverers among us to the dregs. The same child has on the same day an attack of cough from laughing, crying, eating and drinking; this alone would require four different remedies. Shall we select a remedy in accordance with the specific 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 nature 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 apyrexia is generally free from symptoms; one child may at most feel the immediate 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 always be exceedingly difficult to select the right remedy from among a large number. "We are supported by experience in believing the number of remedies which are adapted to whooping-cough, small, for the reason that the characteristic effects of cough miasm manifest themselves in almost every case in uniform manner: Excessive irritability of the respiratory
membrane with an extreme increase of reflex-action. By removing this increase, we cure whooping-cough, so that only a simple catarrh remains which would at most be distinguished by a somewhat violent cough. That this is no hypothesis, but a fact, the decided effect obtained by exciting the energy of children; from the favorable influence of powerful external applied to various parts of the body as soon as the paroxysm threatens to set in, for instance the application of a sponge dipped in cold water to the pit of the stomach; from the circumstance that 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 moderating reflex-action, is Cuprum metallicum. By continuing the use for two or three weeks in the sixth attenuation, a few drops morning and night, commencing as soon as the spasmodic character of the cough becomes apparent, we have succeeded so well in treatment of whooping-cough that we have scarcely ever been obliged to resort to any other treatment. Many of our colleagues, on reading this statement, will of course accuse us of a crime of Homoeopathy, of an attempt to perpetrate an extreme generalization. In spite of their censure we should have to continue our course, because it leads to success, and success cannot only be 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, Hartmann recommends the Acetate which, however, has not yielded us as satisfactory results. After what we have said, we deem a detailed description of the whooping-cough to which Cuprum is adapted, unnecessary. Be the attacks violent or comparatively slight, whether they occur at night or in the daytime, or whatever other differences prevail. Cuprum will not fail us so long as no complications exist or the general condition of the organism does not greatly deviate from the normal state. Cuprum is really an antidote to the whooping-cough miasm. If the antidotal effect is to be obtained, the use of this remedy not at no, but disc over a few days; in general, a frequent change does it cough can only result in injury to the patient.

We now pass to the other remedies for whooping-cough. We expect to satisfy our readers that Cuprum is not ranked as the only remedy for this disease. Belladonna has probably been better tested as a remedy for whooping-cough than any other medicine. Experience, however, has shown that Belladonna does not so much act favorably on the spasm as that it limits the catarrh and brings it to a termination. Belladonna occupies the first rank when the disease first breaks out, and at this stage its good effect is decisive; but to continue its use in the convulsive stage is a mere loss of time. It again becomes an important remedy when fever sets in in the course of this stage, the patients after that too quiet, the apyrexia is not free from short if the catarrhal symptoms again increase and spread.
the bronchia. In most cases, however, all that Belladonna accomplishes is to remove the threatening symptoms, after which the cough again sets in in all its vehemence. The congestive symptoms which may occur during a paroxysm, should never mislead one to employ Belladonna on this account.

Drosera has been recommended as a specific for whooping-cough and the most diversified indications for its use have been ated by our earlier writers. Hahnemann says that a globule of the thirtieth potency cures a species of whooping-cough, which probably never occurs in practice. Many physicians are of Hahnema opinion, although they may not have seen any great resul this drug; others, on the contrary, deny its vaunted ef dispute cannot be decided as long as the discussion revo unmeaning symptoms. It is certain that Drosera is not ma use of at the present time, and scarcely ever against th developed convulsive stage.

Ipecacuanha is one of our best remedies in this disease tions are tolerably precise and unmistakable. If, instea usual tenacious and scanty mucus, a large quantity of si rhal mucus accumulates, so that the cough is preceded an panied by loud ruffles; if every paroxysm of cough is at vomiting, not at the end, but at the commencement; if a is excited by the ingestion of every trifling quantity of drink: Ipecacuanha deserves a preference over every othe
great value if the organism has become very much enfeebled by the long duration of the disease and the violence of the proaching paroxysm, become exceedingly restless, seem to by anguish; owing to their great prostration, stool and passed involuntarily. Arsenicum deserves particular cons if the pulmonary tissue has become atrophied, or acute e has set in.

Cina. It seems to us absurd that this remedy should be re mend for whooping-cough, if helminthic symptoms either or accompany the attack; they will hardly influence the the paroxysm. A bettev indication is, if the children be vulsed during a paroxysm, as if they had au attack of ec another indication is, if a gurgling noise is heard afte paroxysm from the throat into the abdomen. In some epide

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other physicians have employed this remedy with a good d success.

Conium maculatum is said to he an excellent remedy, if t ysms set in principally at night, especially in the case and anemic children. Ledum palustre is said to be the r edy, if every paroxysm is preceded by a convulsive condi is again succeeded by an exceedingly violent paroxysm. N records of cures by this drug are not to be found in any publications.

We might enumerate a pretty long list of remedies that h been used for whooping-cough; but we not only doubt the adaptation to the disease, but cannot refer to any pract strations of their efficacy. These remedies are: Arnica^ mus^ Ignatia^ Nux vomica^ Lactuca virosa^ Laurocerasus^ Sepia, Pulsatilla, Carbo vegetabilis, lodium, Spongia, C others. Carbo vegetabilis deserves special consideration where Arsenic might seem indicated, except that Carbo has a more copious secretion and expectoration of mucus. China is v commended, but no available indications are given.

This list of remedies would have to be increased a good we would include those that may be required to meet exis plications. In this respect we prefer referring the read respective chapters, for it amounts pretty much to the s whether capillary bronchitis or catarrhal pneumonia sets complication of whooping-cough or as a primary idiopathi. Unless the whooping-cough claims special attention on ac inherent features of a threatening character, it is our in all complicated cases the cough itself had better be the complication attended to above everything else. This will facilitate the choice of a remedy and will prove ad to the patient. The whooping-cough will certainly disapp soon as the catarrh is removed.

Of particular importance and involving a good deal of da a combination of whooping-cough with tuberculosis, wheth latter was caused by the cough or existed previous to it
Naturally enough the paroxysm of cough irritates the diseased lungs in a most dangerous manner and invests the cure with immense difficulties. In such cases lodium and Sulicea prove excellent remedies.

The catarrh remaining after the convulsive stage is not distinguished in anything from an ordinary catarrh, provided it is not complicated with emphysema. If this is the case, a cure expected from scarcely anything except the persistent use of vegetable charcoal; in the case of young people a cure is possible, but probable.

The sequelae are too numerous to admit of an extensive notice in this place. If whooping-cough is treated homoeopathically all the outset, they will scarcely ever happen, except perhaps when, however, are never engendered by whooping-cough, at most converted into centres of suppuration. As regards characteristic whooping-cough marasmus, we have never yet across it in our own practice.

The homoeopathic treatment only commences at a later stage of the disease, the prognosis of course differs greatly under full homoeopathic treatment; for at that stage we meet with structural changes which it may be difficult or even impossible to remove.

Another important point is the patient's mode of living. In this respect physicians differ in their opinions more perhaps than in any other disease. As regards nourishment, it has to be of a nature not to cause any irritation of the stomach or intestinal tract that might exert a pernicious influence over the course of the disease. It is likewise an indispensable precaution that children be stuffed with food, lest a paroxysm should so much more readily occasion vomiting; it is a good plan to keep the children quiet after eating, in order to keep off an attack until the digestion is completed. If food is vomited up too easily and too often, a small quantity of Tokay will prove an excellent means of steadying the stomach. If opinions concerning the food and the beverages of patients cannot reasonably differ, they are so much more antagonistic as respects the balance of the management. We have already stated that Oppolzer, and with him a number of other physicians, prescribe a uniform temperature for the little patients, and even keep them in bed. By this means the catarrh is to be removed in the shortest possible manner. In one respect the usefulness of this proceeding may not admit of any doubt, but in other respects the general well-being of the patients is injuriously affected by it. Under homoeopathicment, however, it becomes a useless deprivation. Of course the children should be kept in their rooms until the fever is passed; but if the whooping-cough sets in with a simple coryza, the children may safely be allowed the use of the open air, of course.

Tussis Convulsivia, 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 efect; Doctor Keidh^
Philadelphia has reported a number of successful cases treated with Mephitis in our various Journals. H.]


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, it 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 the blood from the lungs, such as heart-disease and affections of the liver. As a primary disease, chronic bronchitis is more met with among persons who are upwards of forty-five years old; every chronic pulmonary catarrh of young people excites a well-founded suspicion that it emanates from some other pulmonary disease as its source. Men are much more frequently afflicted with chronic bronchitis than women; children are seldom attacked. In 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, millers, and sculptors, are likewise exposed to frequent attacks of 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 acute attack having preceded the chronic form.

The symptoms and course of the disease are easily understood if we keep the anatomical changes which the bronchial mucous membrane undergoes, steadily in view. For this reason we will describe these changes before going any further. The bronchial mucous membrane is hypertrophied over a more or less considerable extent of surface; it is unequaly raised up, is of a deep dark color, and traversed by distinctly engorged vessels. It is covered by a massive layer of gray or even purulent mucus, of various thicknesses, or else the secretion is more scanty, but in that case very tenacious, transparent, ropy. The puffiness and thickening of the mucous membrane, as well as the infiltration of the submucous and muscular tissues diminish the elasticity and occasion a consequent dilatation of the bronchia which is mostly diffuse, but may likewise be partial. Emphysema may likewise result from these anatomical changes. If a bronchial tube becomes closed anywhere, atelectasia of 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 bronchial catarrh do not present any marked symptoms. The patients have a little, most generally in the morning, and after that, tolerate some, but assimilation is not affected by the disease, the respiratory process interfered with, and the condition remains unchanged for years. The more violent cases contrary, cause constant and most commonly increasing trouble.

After the termination of an acute bronchial catarrh, — for chronic catarrh seldom sets in gradually without any preliminary stage, — cough and expectoration remain and continue with variations until made worse again by another acute attack. If the bronchial secretion is scanty, tenacious and firmly adhering, the paroxysms of cough occur less frequently, but in such a case is mostly severely spasmodic and not unfrequently leads 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 secretions are copious, the cough sets in chiefly in the morning-hours or after the use of warm food; it may continue for a long time, but not spasmodic, 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 along, being perceived and corresponds with the increasing trophy of the bronchial mucous membrane, a diminution of elasticity and the copious quantity of the secretion. At oppression is only perceived by the patients when making during a rapid walk, going up hill; soon, however, it is during an ordinary walk, even during rest, and causes a great deal of annoyance. In the higher grades of the disease, the patients 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 consequent 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, even if the patients have not knowingly been exposed or have not left their room.

The structural changes, superinduced by chronic catarrh, the disease, if it lasts any length of time, almost causes unbearable distress. Emphysema which often is produced by, but seldom engenders catarrh, usually accompanies the latter and occasioned dyspnoea corresponding with the extent of the emphysema.
Dyspnoea is likewise occasioned by bronchiectasia and by the anomalous 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 any abnormal changes. The percussion remains normal as long as the catarrh has not given rise to any material changes such as atelectasia, 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; prolonged and loud expiration with wheezing; rales are heard, or, if they are heard, the bullae are fine; in paroxysms, the respiratory murmur may be normal over the portion of the thorax; crepitation or a fine wheezing is heard all through in detached spots. If the secretion is copious, coarse rales, with sibilant and buzzing sounds, are heard all through.

In the beginning the general organism is not affected by the complaint; even tolerably severe forms of this disease a long time without any perceptible detriment. Very seldom, and only if the secretion is very profuse, emaciation gradually supervenes, in spite of which the patients may live, however, years. The greatest danger is occasioned by the influence of the impeded respiration over the circulation. The functions of the heart become abnormal; the deficiency of blood in the lungs and its imperfect aeration either cause passive hypersemia of the liver and a corresponding chronic intestinal catarrh, or in the functions of the spleen or kidneys, or passive hypersemia of the brain with its inherent dangers, so that it is not without reason that a raised thorax and short neck are designated as an apoplectic habit.

If the catarrh has become an inveterate disease, it is apt to last to the end of life; but that such a noble organ as the lungs should be capable of bearing for so long a time even a severe apparently dangerous disease, is indeed remarkable. It is marasmus the patient need dread, but the constant succe acute attacks which indeed are rarely immediately fatal, easily superinduce oedema of the lungs; most patients disease amid symptoms of general dropsy. If an acute attack assumes the form of capillary bronchitis or pneumonia, the such patients are indeed in extreme peril.

In recent cases the prognosis is not altogether unfavorable so far as a cure is concerned; life is very seldom endangered disease. The chances of course depend upon what structural changes have taken place, and to what extent. The worst heart-disease, which almost always terminates in dropsy 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 bronchieectasia. But even though the homoeopathic materia Medica has only palliatives to offer against the disease, yet we are possessed of many more excellent means 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 extraordinary if compared with what is accomplished by other methods of cure. Hence we earnestly advise every physici treats chronic bronchitis, to keep these two last-mentioned steadily in view, and never to lose sight of them in the effect a radical cure.

With a view of affording a general view of the treatment will first describe the chief remedies in a few short paragraphs.

Tartarus stibiatus has already been mentioned when we treated of acute affections of the mucous membranes, but is perhaps of greater importance in chronic bronchial catarrh to which it is characteristically 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 and thus affords much relief to the sufferer. Very seldom, however, a favorable effect will be witnessed in cases where emphysema has already set in; for this reason the remedy is better chronic catarrhs of recent origin, that had taken the place of the acute disease, than to inveterate cases.

Pulsatilla is much more useful in chronic than in acute if the following symptoms prevail: Cough, principally at night, excited by tickling in the trachea, with copious expectoration of mucus; the mucus is mostly white, but frequently mingle yellowish or greenish lumps that impart to it a oily, offensive taste. There must not be any emphysema, whereas the presence of tubercles as cause of the disease points to Pulsatilla. Pulsatilla is next to indispensable in the bronchial catarrh of chlorotic patients which almost always, although not in every case, depends upon tuberculosis. If, in the case of children, an acute catarrh gradually changes to the chronic form, Pulsatilla is a remedy of the first 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. Brilliant results may, however, be obtained, in cases of chronic catarrh of large quantities, or is 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 perature causes an exacerbation and that, even if the patient remains in his room, he is still powerfully affected by changes in the weather. Only this hyperesthesia must not be caused by monary tuberculosis, the tubercles at least must not be...
of STippuration. What we have said shows that the symptoms may be distinguished in two series. The cough is either loose easily detached, but only at times, so that at night, for there is a good deal of dry cough, whereas in the mornin during the day the cough is moist, the expectoration is

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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.

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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 expectoration generally with a marked feeling of dryness in the respiratory organs, exacerbating during the last hours before midnight. This chronic bronchitis is not very frequent.

Calcarea carbonica is used in this disease much less frequently than 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 night highly violent irritation in the respiratory organs, and if, after some time, a tenacious and frothy mucus of a saltish or offensively sweetish taste is expectorated. We shall revert to this drug 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 croupous bronchitis. The patients feel quite well for days; it is occasionally 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 cough, by which the distinctly-perceived murmurs in the lungs gradually increased, accompanied by a high degree of dyspnoea which lasts for several hours and mostly occurs in the night; quite dry, or else there may be a scanty, frothy expectoration sometimes has to be vomited up, and not till several hours glassy, hard, clear mucus of a globular or vermiform shape hawked up in small pieces. Very commonly these symptoms point to tuberculosis, but not as a rule.

Sepia may claim our attention in a similar cough as Spongia; the numerous symptoms in the pathogenesis which point to bronchial catarrh, give evidence that Sepia is a remedy for this disease. Only it is difficult, owing to the multitude of symptoms, to present a characteristic group. The leading symptoms of the group are: Dry, spasmodic cough, or cough with a copious, saltish expectoration, which is apt to set in during the late morning-hours. Sepia is not adapted to bronchial catarrh accompanied with bronchiectasis, emphysema, etc.

Liodium is related to Spongia; perhaps it acts more readily than the latter; the paroxysms of chronic catarrh to which Iodine is adapted, occur irregularly during the day; the expectoration glassy and hard or tenacious, but shapeless; the paroxysm accompanied by a violent asthma which does not entirely cease during the intervals. Iodine is probably never suitable in people.

Lycopodium is suitable for old people, if emphysema and changes in the bronchial mucous membrane have taken place is constant tickling in the throat, loud rales with scanty expectoration of a gray color and saltish taste, exacerbations.
Manganum is suited to a spasmodic cough with difficulty of raising the phlegm; the cough is only in the day-time; only hard lumps are brought up after hard coughing, of a yellow or green color.

Baryta carbonica has acted very favorably in several cases of old people, with excessive secretion of mucus and difficulty of expectorating it, and with paroxysms of a spasmodic cough, the period immediately following midnight. Two days after using the drug the mucus generally decreased in quantity and the patients felt relieved.

Silicea, although symptomatically indicated in many forms of catarrh, yet has only proved efficient in our hands in a form. We are often called upon to prescribe for the common bronchitis which is such a common cause of death this class of workmen. It is characterized by profuse secretion of mucus, great shortness of breath without any perceptible emphysema; this shortness of breath not only sets in after a without any cause. These people generally die of phthisis that is to say in consequence of an excessive secretion of bronchial mucus that is to say in consequence of an excessive secretion of bronchial mucus. We have tried a number of remedies against this affection almost without effect, whereas Silicea has always acted with prompt benefit. We must add that we have never derived any advantage from alcoholic attenuations, but always from the higher triturations.

Stannum has been tried by us in many apparently suitable without any result; we cannot recommend it, whatever others may say to the contrary.

Senega is adapted to chronic bronchitis when accompanied by laryngotracheitis, but likewise to chronic bronchitis without this accompaniment; the cough has no expectoration, or else the above described tenacious, glassy expectoration, especially troublesome at night, and excited by every exertion of the respiratory organs produced 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 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 prominent indications, which are indeed not with in chronic catarrh. The Hyoscyamus-cough is a nocturnal, spasmodic cough, excited by a recumbent posture and abates immediately after the vertical posture is resumed. This combination of symptoms occurs very rarely, but if it does, Ilyoscyana is the right remedy.

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Opium must not be overlooked. It is erroneous to suppose
the narcotic effect of Opium suspends the desire to cough
for a short time, for there are many forms of cough where Op
exacerbates, but does not afford any relief, or affords
when administered in very large doses to be follo\;\v;ed a
an increase of the cough. In our opinion Opium is admirably
homoeopathic to a spasmodic, dry, paroxysmal, titillatin
which is especially tormenting at night, and has but a s
storation. The fact that we have often cured a cough of t
permanently by means of a few doses of Opium, entitles u
belief that Opium is something better than a mere pallia
fection. But we warn our readers against giving Opium,
cough is attended with a profuse expec\toration of mucus,
decrease of the cough must necessarily lead to great dys

Digitalis purpurea is mentioned here as a remedy for pul
tuberculosis to which chapter the reader is referred. A
dication for this remedy are cyanotic symptoms in the fa
sensation of an excessive determination of blood to the which the breathing is at times oppressed and suspended.

Arsenicum album is one of the most important remedies fo
bronchial catarrh. However, it will rarely be indicated
uncomplicated, chronic, bronchial catarrh, but so much m
quently if emphysema has taken place, and if the symptom

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we have indicated as peculiar to Digitalis, prevail. The
always attended with more or less considerable asthmatic
which does not entirely cease even during the intervals
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 mid
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 t
ey acts favorably, it does so speedily ; if Arsenic doe
the case in the first eight days, no favorable change ne
from the further use of this drug. Arsenic acts with par
benefit, if the catarrh has become associated with heart
though, in such a case, a radical cure can no longer be

Carbo vegetabilis ranks with Arsenic in curative power.
symptoms of both drugs are very much alike. Carbo likewi
best in old and neglected cases, with emphysema and hj)j)
of the mucous lining ; the circulation of the lungs and
well OS of the head and abdominal viscera is very much i
the patient is very sensitive to cold and to the direct
ants upon the lungs \ the symptoms exacerbate at night,
expectoration differs from that of Arsenic : Carbo affor
only if the expectoration is profuse, not when scanty. A
the expectoration consists of mere lumps of mucus ; at o
it is purulent, or yellow and green, sometimes having a
and a pungent odor, suggesting the possibility of an app
pulmonary phthisis. If the larynx is very much involved,
is indicated so much more. The drug must not be expected
immediately, because patients for whom Carbo is suitable are generally very much reduced and the lungs are so deeply implicated 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 portance, and we confine ourselves to giving their names: Anhaj Antimnium crudum, Conium maculatum, Hepar sulphur Natrum muriaticum, Cuprum, Kali carbomcum, 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 given case.

Starting from the mucous secretion which accompanies the cough, we have two principal kinds, one with copious, an other with scanty or no expectoration. The remedies for the first kind, are: Bryonia, Tartarus stibiatus, Pulsatilla, Cal Lycopodium, Manganum, Silicea, Sulphur, Stannum, Baryta, Carbo veget, Digitalus, China, Ferrum, Antimonium crudum. For the second kind, the remedies are: Nux vomica, Belladonna, Spongia, Iodium, Senega, Hyoscyamus, Opium, Hepar, arsenicum, and, in so far as this second kind appears in a spasmodic titillating cough: Belladonna, Senega, HyoscOpium.

For chronic bronchitis of recent origin, when arising from the acute form, the following remedies are particularly appropriate: Bryonia, Tartarus stibiatus, Pulsatilla, Sulphur, Nux vom, Hepar sulphur. If remaining after catarrh: Pulsatilla; if after whooping-cough: Cuprum, Ch Ferrum, Arsenicum, Hepar.

Among old people, chronic bronchitis requires: Tartarus stibiatus, Lycopodium, Baryta, Carbo vegetabilis. In their case only a palliative 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 organs be no longer compelled to inhale the dust and delicate fibres of the wool. The best protection against this exposure is a moist sponge tied in front of and nose, or a thick woolen mask around the nose and mouth, which is continually kept moist. By adopting this course often succeeded in restoring stone-cutters who seemed irretrievably lost so as to enable them to resume their work and attend permanently. The difficulty is that such patients dread the derision of their fellow-laborers and that it is next to impossible to overcome this obstacle.

If the catarrh has either originated or is accompanied b
heart-disease, a cure cannot well be thought of. Arsenic vegetabilis, Lycopodium Tartarus stibiatis may be tried efficacious remedy is undoubtedly Digitalin, about \( \frac{1}{4} \) or \( \frac{1}{8} \) grain per day, and administered at intervals. Persons who smoke, will derive much relief for their asthmatic distr

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moderate smoking. Old women know this well; they are very apt 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 the lungs originating in a similar cause, Digitalin is the best palliative; Arsenic or Garbo vegetabilis are much less frequently productive of any good results. If the disorganizations gressed too far, it is no longer possible to save the patient we can do is to palliate his sufferings.

In the intercurrent acute exacerbations, mostly of a threatening character and which, if the mucous membrane is considerably hypertrophied, cause extreme anguish and dyspneea, and a 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 apedema and paralysis of the lungs. But even in lesser grades of chronic bronchial catarrh the exacerbations cannot be treated with sufficient care, because they so commonly increase the trouble and originate bronchial changes of structure. Old people are more particularly exposed to danger from this source the transition-periods of the seasons they have to use great caution 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 suspect presence of tubercles, which will almost always be disclosed on exploring the chest. For the remedies to be employed under 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 thstances of the patient. The uncomplicated chronic bronch catarrh of young and vigorous individuals does not requi particular caution; above all, the patients must not use sive care lest the acute exacerbations should occur so m easily. "With ordinary caution the patients may safely go 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 which case attention has, of course, to be paid to wiperature. A measure of precaution, which is too much negis the use of water-tight, warm shoes or boots; for noth

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apt to give a cold which reacts upon the respiratory organs. We do not mean to advocate the use of India-rubber shoes which afford poor protection, for the reason that the proper action of the skin. On the other hand, double soles with woollen stockings afford the most certain protection without any incidental disadvantages; this foot-gear is essential 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 physical exploration does not reveal any abnormal changes, yet, in the conditions which give the first impulse to tubercula are much more easily developed.

For persons of an advanced age, it becomes imperatively necessary to guard against exacerbations and to submit to measures which would spoil young people and make them morbibly sensitive; we must not forget that the human body, after reaching the age 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 suitable clothing corresponding with the deficiency of animal heat attending to these things, many have succeeded in prolonging their lives for years.

These general rules for different ages are not suitable for all individuals, and we must not insist, from preconceived notions, upon adhering to a regimen that may be prejudicial to the patient. Many young people cannot undergo the process of hardening; many older persons, on the contrary, do not feel well unless they go out in every kind of weather; one child is kept in for weeks and yet the catarrh of this little patient does not abate in the least, whereas it gets well very speedily if the child is 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 organs of course an essential requisite for the cure of all pulmonary diseases. This circumstance is very much overlooked in the management of bronchial catarrh, for the reason that the influenced air is not so readily perceived and does not cause any immediate discomfort. We know that the continued inhalation of dust will give rise to pulmonary catarrh; will not the same cause operate in feeding the catarrh that already exists? Let the patient, therefore, avoid dust and smoke, and let people especially have their attention directed to the injurious effects of living in a room filled with tobacco-smoke. Woolen carpets in the rooms of such patients are objectionable, the inhalation of the fine dust which detaches itself from the wool, may cause violent paroxysms of cough. Even lighting the rooms with gas is prejudicial to many persons, and does some harm. The patients are not always aware of the that it is to the gas that they are indebted for some of

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same cause operate in feeding the catarrh that already exists? Let the patient, therefore, avoid dust and smoke, and let people especially have their attention directed to the injurious effects of living in a room filled with tobacco-smoke. Woolen carpets in the rooms of such patients are objectionable, the inhalation of the fine dust which detaches itself from the wool, may cause violent paroxysms of cough. Even lighting the rooms with gas is prejudicial to many persons, and does some harm. The patients are not always aware of the
worst paroxysms of cough. [We think that these precautions are exaggerated; carpets, if kept clean and free from dust, advantages over bare floors, and oil or kerosene irritate 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 if the disease causes emaciation, that a nourishing diet is indispensable and the tious and moderate use of fat is quite proper, whereas articles of diet should be restricted as much as possible to children especially the proper diet has to be pr
with great definiteness; despite the prejudice that milk the system with mucus, milk ought to constitute their chishment; for chronic catarrh is really met with only amo with diseased constitutions, and it is in their case esp the deleterious influence of catarrh upon the constituti perceived.

In conclusion we will add a few words regarding the use ticular places, the climate of which is supposed to exer influence over the health of invalids. "We do not deem i to remove patients from their habitual home and climate as they may be able to recover their health at home; mo warm climate is not very favorable to uncomplicated bron catarrh. We may be able to do much better in our immedia neighborhood. The sojourn in mid-mountain woodlands is n only a palliative, but very often a genuine curative rem very serious pulmonary diseases. This statement has been to us during the last years of our practice by so many i proofs that we do not intei^d to send away a single pati has not first tried the influence of mountain-air in his

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borhood. This air stimulates the lungs so powerfully tha result leads us to infer that even an existing emphysema decrease 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 claimed the attention of the profession. Our own investi and the results we have been able to achieve in our own have satisfied us that this method of treatment has a di future before it; we cannot with sufficient force urge u professional brethren the importance of acquiring a thor edge of these new methods.

We cannot undertake to recommend particular spas for the reason that the curative virtues w*hich are claimed for not expressed with a sufficiently definite scientific pr predilection of lay-people for the spas of Ems and other edly very great, but the benefit derived from them is ve tionable and is very frequently owing to the fact that t water which is drank early in the morning, promotes the of the mucus, but probably no more so than plain warm wa would have done.

http://www.archive.org/stream/sciencetherapeu00kafkgoog/sciencetherapeu00kafkgoog_djvu.txt
Btlehr has included in the article on chronic bronchial a peculiar form of cough which is often described in path 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 tile 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

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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 chus in 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 suede 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, hysterical women, children during t of dentition, girls during the menstrual flow.

http://www.archive.org/stream/sciencetherapeu00kafkgoog/sciencetherapeu00kafkgoog_djvu.txt
Secondarily this cough often supervenes during coryza, measles, acute or chronic bronchial catarrh, emphysema, tuberculosis.

Symptoms. The primary titillating cough generally sets in suddenly and without any preliminary symptoms; it occurs most frequently at night after one has laid down or during the first part of the night. The patients may spend the whole day or evening without being seriously troubled by the cough. Suddenly, 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. The irritation is either experienced in the fauces, or in the throat-pit (in the region where the trachea bifurcates), middle of the sternum or in the epigastrium; the irritation seems like a tickling and usually causes in the fauces a sensation as if little worms or insects were crawling about there; in the trachea a sensation of roughness is experienced, or 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 oppression on the chest and a more or less violent degree which may even increase to asthma. The irritation in the epigastrium is sometimes very violent, causing considerable contractions of the diaphragm and an upward pressure of the abdominal 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 located in the larynx, it is a dry cough; if spasm of the glottis supervenes, the inspirations are labored or accompanied by a peculiar panting 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 turns, sometimes two or three short paroxysms in succession; the inspirations are rendered difficult only if the glottis participates in the attack or if asthmatic symptoms supervene. Lighter grades of this cough are soon appeased; more violent attacks may 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 over the whole body; sensitive women and delicate girls violently shaken by the cough that the urine spirts voluntarily during an attack.

After the dry cough has lasted for some time, a mucous-albunoid 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 auscultation is unable to discover by the presence of rhonchi in the bronchi part of the trachea, where this little lump adheres, and the respiratory murmur at this place is entirely absent as soon as the little lump is expelled, the normal respiration is again heard in this place, whereas the obstruction may occur at some other spot. Percussion, at every point of resonance, the expulsion of this little lump sometimes a sign that the cough is going to terminate when 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 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 supervene the course of acute catarrhal diseases, such as coryza, measles, acute bronchitis, and, in company with these diseases, an acute course, or else it accompanies, as a chronic co 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 the early morning-hours, and finally ceases and is replaced by a common catarrhal or tubercular cough which always has a expectoration; whereas the titillating cough is general attended with only a trifling expectoration. The titillation is only experienced at the places indicated by the patient to whom it is a 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 if it was caused by a cold, by excessive exertions of the respiratory organs or by epidemic influences. The fever which accompanies is sometimes so violent that a speedy localization in one or the other part of the respiratory apparatus may be apprehended is particularly the case with children who are unable to explain themselves regarding the seat of the trouble. However the subsequent course of the symptoms, particularly the free intervals which often last for hours, and the return of the contin
tion after the cessation of these free intervals, soon disclose the true nature of the cough. Very frequently it sets in with but even without any febrile motions, and the attacks continue until the causes or their immediate effects are removed. Sometimes one or several attacks occur, sometimes they continue for days, even from eight days to a fortnight, and they break out on the least provocation.

Most generally this titillating cough occurs in an uncomplicated 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 runs a similar course.

This disease always terminates in recovery; only when complicated with other diseases, these complications may produce threatening symptoms.

If the primary titillating cough lasts a long time and is very intense, emphysema or hernia may set in and may continue to 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 causes, the seat of the titillation, the phenomena developed by the cough 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 drinks, and 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 40° or 45° 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 fever, do not require any medicinal treatment*; a free perspiration means of warm tea, warm lemonade, etc., and confinement...
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until the perspiration has ceased, is generally sufficient to
the normal condition in the shortest possible space of t

If the fever is severe, attended with dryness of the fau
larynx and with a continual dry cough provoked by an unc
titillation in the fauces or larynx; if the disease is
cold, surprise or an excessive effort of the respiratory
is aggravated by excessive warmth of the room, by talkin
ing 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 Aco
solution, after which the patient transpires profusely i
hours and all the symptoms improve.

Even in cases without fever or complications. Aconite ac
promptitude and efficacy, if the previously described sy
present.

If a troublesome feeling of dryness is experienced in th
pharynx and trachea, attended with a continual titillati
fauces and on the posterior wall of the larynx; it' ther
tion in the throat as if dust had been inhaled; if the vi
violent that spasm of the glottis or asthmatic symptoms
flushed face, and heat of the head set in; if the nerve
irritable and sensitive to light and noise; if the disea
occasioned by exposure to a draught of air, or by sudden
cooling off suddenly while the skin was covered with per
if the paroxysm breaks out at the time when the patient
retire at night, and is made worse by talking, drinking
Belladonna 3 is to be given, whether a fever is present
whether the cough is complicated with coryza, influenz,
acute bronchial catarrh, hysteria or hypochondria, or no
these symptoms Belladonna is always preferable to Morphi
water of Laurocerasus; but it should be given in the for
ture, the extract being less reliable.

If the titillating cough attacks teething children; if t
are hot and their gums red and swollen, with much saliva
ness of one cheek; if they start during sleep and are ve
when awake; if the cough continues uninterruptedly after
have been put to bed, and if it is dry and short, we giv
inilla 3. The same remedy is given if the cough is compl
with coryza, bronchial catarrh, when coarse rales and an
rattling of mucus are present; or for cough accompanying
and acute intestinal catarrh, if the children cry violen

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to an evacuation, draw their legs up, and the passages 1
or like stirred eggs. This remedy is likewise applicable
of sensitive women, if the titillating cough is caused b
ction of cold or damp air, by fits of anger, and is atten
high degree of nervous erethism, and if the tickling in
is associated with a constrictive sensation in the chest
is experienced at bed-time and torments the patient with
ing. 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 sol. Hahn, especially in the case of teething children wise be used if the cough has a hollow sound, the titillation experienced 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 after the attack, there remains an unconquerable disposition stretch the limbs.

Conium 3 is used by us, if the titillation is felt in the sternum; if the cough is caused by exposure to rough and the paroxysms occur at night; if the cough is dry an lent that it causes vomiting; if the use of acids and of drawing a long breath make the cough worse; if during the chest is spasmodically constricted and if, after the of the paroxysm, the patient complains of stinging pains head and a painful sensitiveness of the abdominal muscle deserves particular consideration in influenza, measles, chial catarrh and in the case of hysterical patients.

Rhus toxicodendron 3, for tickling and a feeling of dryn throat, down the trachea; the symptoms abate for a while swallow of warm tea or water and sugar, but soon reappear in the same degree; accompanied by tearing pains in the ties, especially if they set in at the same time as the sequence of the patient being exposed to the influence of cold air, or getting soaking wet; the paroxysms occur night, attended with complete sleeplessness; the cough implicated with coryza and frequent, spasmodic sneezing, of 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

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down to the bronchia; if the cough is dry and bo violent 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 extr the patients have more and more a cyanotic look; if the of the cough causes vomiting, and the paroxysms recur ty we give Ipecacuanha 3 with decided benefit.

If the titillation is felt in the throat or pit of the s cough is caused by rapid walking, running, mortified fee sulting treatment; if it is attended with dyspnoea and the ingesta; if the attack sets in in the morning-hours vated by talking or eating, we give Katrum muriaticum 6, if coryza is present, with entire loss of smell alid tas cough is complicated with emphysema and tuberculosis. In of emphysematous women the titillating cough is usually with spurring out of the urine. This remedy is likewise if the titillating cough breaks out typically, or in the
chondriacs or hysteric females.

We prescribe Ignatia 3 for a dry, constant, titillating cough which sets in more particularly at bed-time; the irritation is throat-pit, as from the inhalation of fine feather-dust, is felt in the larynx or even in the epigastrium; of a preeminently nervous character and is caused by depressed 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 commended for hysteric women and for children inclined to spasms.

Ammonium carbonicum 8 is indicated by titillation in the larynx and a sensation in the trachea as of inhaled feather-dust, with dyspnoea; the paroxysms occur at night and are followed by a high degree of exhaustion; the cough is made worse by talking and open air; complicated with coryza, influenza and acute bronchial catarrh.

Acidum benzoicum 8 for a titillating cough caused by a cold, attended with a stinging sensation in the middle of the sternum which is worse during a deep inspiration; the cough is by asthmatic complaints and rheumatic pains in the joints.

Rumex crispus 3 is recommended by Kafka, if the titillation proceeds from the throat-pit or the middle of the sternum, with a sensation of soreness in the trachea; if the cough.

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bed-time or after the patient has laid down, and is caused by dry, cold air, especially in the winter-season. special attention in bronchial and laryngeal catarrh. Dr. Dunham of New York has published a long and interesting article on the subject of Rumex crispus in the second volume of the American Review. page 530, to which we refer the reader for 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 feeling of burning in the throat; for nocturnal paroxysms of cough due to 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 of women 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 exhausting stitches in the chest and oppression of breathing; if the respiration is labored and talking is quite an exertion, the attack takes place at night and deprives the patient of sleep; deserves particular attention for the cough of hysteric women and during the menses.

Kali carbonicum 6 is indicated by a dry titillating cough stinging in the larynx, pains in the chest, choking, with exhaustion after the attack which commonly sets in at night useful for titillating cough during the menses and in a bed-time.
incipient tuberculosis.

We have seen a very violent, acute titillating cough cured very speedily by means of a decoction of Senega; the patient and had contracted the cough during an ascension of the Rigi. This remedy is appropriate for cough, if the titillation is seated in the larynx, and the cough is attended with roughness in the throat and oppression on the chest; if the cough is made worse by the breathing of fresh air, and if the patient has to sneeze and continually until the head feels heavy and giddy, with coryza being present. It may be used during an attack of acute 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 from Kafka.)

Even in the secondary form of this disease these remedies have always been found sufficient in our hands. In the titillating cough 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, Atropin. sulph. 2, or Morphium. (The Spirits of Turpentine on sugar and the Balsam of Copaiva likewise on sugar, or the alcoholic solution of the balsam have been found useful in chronic titillating cough.)

The selection of the proper remedy is often a very difficult matter, especially in the case of children who are unable to indicate the locality of the titillation or to furnish a proper account of their subjective sensations. The difficulty is likewise great in the case of hysterical females, because the consecutive, consensual phenomena succeed each other with remarkable rapidity, and are exceedingly diversified. In such cases experience has taught us to pay exclusive attention to the objective phenomena which have to be investigated with great correctness and interpreted with an enlightened knowledge of their character and meaning.

Having hit upon the remedy adapted to the present case by an arithmetical process as it were, we may rest assured that every subsequent paroxysm will yield to it. We exhibit the remedy during the paroxysm most commonly in solution, mixing four, six or eight drops in half a pint of water and giving one or two dessert spoonfuls every quarter or half an hour, or every hour. Tions like those of Mercuriu^ sol. or Hepar sulph. are 1 every half hour or hour in about grain-doses. After the termination of the paroxysm we continue the same remedy every two or three hours until the cough has entirely ceased. In order to prevent the return of the cough, we give two doses of the same drug some time longer. The patient's attention should be d
The necessity of observing the dietetic and general hygienic rules we have fully explained in previous paragraphs.

In the case of secondary titillating cough, we first stay the paroxysms and afterwards continue the treatment of the primary affection as coryza, acute or chronic bronchial catarrh, emphysema, tuberculosis, for which we refer the reader to the respective chapters.

The titillating cough occurs typically, we give, according to Byrlipp & Qij's® Arsenicum Ipecac., Nux vom.® Natrum muriat.

If these remedies prove insufficient, we give Chinin. sulph and in obstinate cases Chinin. arsen. 1, of which remedies we prescribe a dose every two or three hours during the apyrexia.

While the titillating cough lasts, the food should be salted or spiced as little as possible; mild nourishment containing a good deal of saccharine matter, is best. Even such articles of diet as 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 cough observe the same precautions as those who are suffering from bronchitis, or are liable to attacks of this disease. H.


Dilatation of the Bronchia.

We should not have mentioned this affection if it were not of particular importance to the correct appreciation of chronic catarrh.

A dilatation of the bronchia is of two kinds, a uniform or diffuse dilatation and a sacculated form. The former is always a consequence of an inflammatory acute or chronic disease of the bronchial mucous lining in which the elastic and muscular tissues have become involved, in consequence of which these tissues have lost their elasticity to a greater or less extent. This alteration of the bronchia is rarely confined to a small portion, but commonly reaches over a large extent of the bronchial tubes. The sacculated form is caused by the closing of delicate bronchial ramifications above which it is located; this closing leads to the pulmonary parenchyma and thus assists in restoring the space for a dilatation of the bronchia; or the dilatation may be a consequence of the closing of bronchial tubes occasioned by atrophy of the corresponding portion of the lungs.

Diffuse bronchiectasia, if not too prominently developed, has particular consequence; if occasioned by an acute attack, it is curable; 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 emphysem is scarcely ever absent.

Sacculat ed bronchiectasia is much more important, because it easily leads to suppuration and gangrene of the mucous m

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and very frequently presents the picture of pulmonary ph generally modifies quite extensively the results of percussion 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 of the lungs does not reveal any vesicular murmur, but bronchiolar respiration or else consonant murmurs, pectoriloquy, wheezing, coarse rales. The diagnosis is somewhat complicated, depending rather upon the absence of general symptoms of tuberculosis upon the presence of any directly observed phenomena. In severe chronic bronchial catarrh, bronchiectasia may with a tolerable degree of certainty if the expectoratio fetid odor. Otherwise the symptoms here are likewise the 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. Dilatation caused by an acute catarrh, if it should have rectly diagnosed, does not require any special treatment once have become satisfied of the presence of bronchiectasis. We feel convinced that the existing bronchial catarrh canno cured, and we refrain from instituting fruitless experiments. At the same time as we may obtain light concerning the proper remedies to be prescribed which, of course, can only aim at a palliation of the symptoms. For all that, though bronchiectasia is an able complication, yet it does not necessarily render th in a case of bronchitis more doubtful. Such patients may in old age, even if afflicted with sacculated bronchiectasis expectoration is decidedly purulent, and has a foul odor.


Emphysema very commonly arises in consequence of process

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the lungs by which a portion of this organ is rendered inaccessible to the respiratory process; it may accompany atrophy or atrophy of portions of the lungs; it most commonly accompanies atrophy of structure which at the same time superinduce 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 importance; in a practical point it is essential that it be known. We do not deem it necessary to recite the different theories regarding the origin of emphysema; we simply consider the most correct explanation. Emphysema may be caused by morbid conditions of the air-cells which impair elasticity more or less. This defect may arise in cases of bronchitis, pneumonia, etc., in which case the air-cells are similarly to the bronchia in diffuse bronchiectasia. This 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 sequence of the respiration being obstructed by organs situated outside of the thorax, the air-cells may become dilated to extreme degree that little by little they lose the power their former size, precisely in the same manner as an India bag that is often and excessively dilated, loses its elasticity.

In the former manner emphysema occurs principally in catarrh of the bronchial mucous membrane, more especially in chronic catarrh 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 and more.

In the second manner, emphysema is caused by excessive exertions in running, dancing, lifting, playing on wind-instruments, obstructed expiration by affections of the larynx, the bronchial tubes, paralysis of the diaphragm, owing to whom the expiratory act is performed in an incomplete manner; by tions which leave one part of the lungs in a continual state of contraction. Very frequently both modes of origin combine, which always the case if chronic catarrh is sustained by degrees of emphysema; at the same time chronic catarrh is always the obstacle to respiration, and diminishing the elasticity of the air-cells, always increases the existing emphysema.

Hence the more special etiological causes determining the existence of emphysema are: catarrh of the mucous lining, especially chronic catarrh; various other affections of the lungs, whooping playing on wind-instruments, excessive bodily exertions, stenosis of the larynx, paralysis of the diaphragm, tumors 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 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 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 dyspnea. These are increased by the circumstance that the distended cells compress other neighboring cells and withdraw them from the process of respiration. The impeded respiration occasioned hyperemia of the lungs, which again causes chronic catarrh, deficiency of the heart's action, sanguineous engorgement of abdominal viscera, the vessels of the head, and finally, 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 all occur in the same sick individual; hence emphysema various groups of symptoms which we deem it unnecessary delineate in this place. We prefer giving a more detailed description of the more prominent characteristic features of the disease.

Pulmonary emphysema runs an exceedingly chronic course, the changes it occasions occur almost imperceptibly under the guise of a light chronic catarrh, but after some time progress with double rapidity since the existing emphysema necessarily originates emphysematous disorganizations. Patients may feel well for years, when suddenly the dyspnea 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 emphysema is present; this circumstance, however, occurs only in the disease. Auscultation usually reveals only the symptoms of chronic catarrh which is in reality never absent, and moreover a very feeble, scarcely audible vesicular respiration which the patient's respiratory efforts, is indeed characteristic. If the emphysema has reached a high degree of development, the thorax assumes the shape of a tub. The ribs, which the thorax assumes during the act of inspiration, and that the upper portion of the thorax is dilated whereas portion retains its normal width. Owing to the excessive efforts, the cervical muscles become very prominent, and up of the thorax gives to the patients characteris 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 hig of emphysema that the heart is pushed out of its place upon the left heart is not constant. The change in the explains various other phenomena of the circulation, the
in the pit of the stomach, the venous hyperemia of the
viscera, the engorgement of the veins of the neck and he
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. Usu
pulse is uncommonly small and feeble, frequently irregu

What torments the patients most, is the dyspnoea. If the
is moderate, the dyspnoea is bearable, but it increases
cumstance that interferes with the breathing, even by mo
filling the stomach, flatulence, but most permanently an
threateningly by an acute bronchial catarrh. It seems al
impossible that the patients should be able to bear this
longer than a few days, and yet but few die of an attack
kind. The most common cause of death is dropsy resulting
the above-described anomalies of the circulation. It mos
develops itself gradually, very seldom to a high degree,
ascites and oedema of the extremities are most commonly
with oedema of the lungs.

The whole duration of the disease may be thirty, forty a
years. Emphysematous individuals, if pursuing a regular

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of life, may live to a high age in spite of all apparent
stantly occurring variations in their state of health ar
by an increase or decrease of the emphysema, but by an i
decrease of the accompanying chronic catarrh. On this ac
mer and a dry and cold winter-air are most favorable to
whereas the transition-periods from one season to anothe
frequently or almost regularly a violent distress ; they
half a day in advance every approaching atmospheric chan

K we expect to effect a complete restoration of the pati
prognosis is very bad ; as far as longevity is concerned
said to be very favorable. If emphysema has developed it
far as to enable us to diagnose it, a retrograde metamor
scarcely ever be thought of; all we can expect is to dim
extent of the disease. The chances of a long life are mo
mined by the condition of the heart ; as long as the hea
its normal state, we have nothing to fear. The renal fun
likewise deserve our attention, since their condition ge
enables us to prognosticate the termination in dropsy.

If we mean to indicate a treatment of emphysema, we shal
have to inquire how far this disease can at all be treat
elasticity of the air-cells is gone, they have become di
such an extent that they cannot possibly recover their n
in many instances the walls of adjoining cells have disa
cavities have formed in their places. Is it, under s
stances, possible to restore the elasticity of the air-c
our stand-point this question, which a fanatical homoeop
stand-point of his dogmatic faith, not from that of prac
vation, may rashly answer in the affirmative, has to mee
decidedly negative answer. Even if we admit that slight
of emphysema can be compelled to retrograde, by what met
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

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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 efficien 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 suffering 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 sufficient quantity of oxygen, sugg 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 secon 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
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\r\rho uses them in suitable caecB, must be amazed at the improvements they achieve with so much promptitude. For particulars the reader to the previous chapter, giving the following hints for these three remedies: Tartarus stibiatus if there is a secretion of mucus which can only be raised with difficulty and then 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 Digitalis; the former, if the action of the diaphragm is feeble, and the 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 condemned as an improper proceeding; such a proceeding simply tends to a favorable change still more. Sulphur has never effected any perceptible improvement.

Acute attacks of catarrh during the course of emphysema among the most severe affections, although more in appearance than 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 constitutional phenomena are most marked; the other three remedies are most prominent.

"While attending to the thoracic organs, the condition of the 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 in for this condition of things; Cocculus is much less frequentable, but from Nuz vomica which seems to be so frequent cated, we have never derived the least benefit. As a matter course, such a morbid condition of the digestive organs the most minute dietetic precautions which are unfortunate 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 co 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.

A&S regards the most important affection which accompany 16

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emphysema, we mean a change in the functions as well as shape of the heart, our remedies are either powerless, o influence is, indeed, trifling. The exciting cause being
the abnormal results, of course, cannot be removed. Digitalis is best calculated to palliate the distress, whereas Arsenic and other remedies almost always leave us in the lurch. In one case Natrum muriat. relieved the truly frightful cardiac distress.

In conclusion we will make mention of an agent that exerts a decided influence over emphysema, we mean the pressure of the atmosphere. More recently we have become enabled to increase or diminish this pressure ad libitum to suit the condition of our patients; both the decrease as well as the increase of this pressure exert a wonderful effect upon emphysematous individuals. Diminished pressure of the atmosphere is procured by causing our patients to reside on high mountains. By this change the condition of the patients is improved in an uncommon degree, almost without an exception, 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 the act of respiration is performed, and what a pleasantly stimulating effect mountain-forests have upon the organism. Not only must the atmosphere feel very pleasant to the patient, but the quality of the inhaled air must likewise afford a pleasant stimulation to his weary frame. Be this as it may, the best emphysematous individuals can do for themselves in the summer live on high mountains.

How it happens that an increase of atmospheric pressure exerts a beneficent effect upon emphysematous individuals, we are 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 by 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 is some day to 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 remedial 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 Vienna, who has published several of them. The essential effect of inhaling compressed air for several hours is a decreased frequency of the number 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 supplied to the lungs. We trust that all who have an opportunity of testing this method, or otherwise observing its effects, will take the trouble of directing their attention to it.

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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 interstitial and catarrhal forms.
rhal form, the first-named of which, however, is the onl
is, strictly speaking, entitled to be classed among infl
the lungs.

On account of its frequency and the importance of the af
organ, pneumonia is one of the most important diseases. homoeopath it becomes so much more important on account cumstances which we shall endeavor to explain at the com
ment of the paragraphs devoted to the therapeutics of pn although this proceeding may render us liable to the cha inconsistency in not avoiding, according to promise, eve of polemics. But in the present instance the dispute abo rank must be settled and is, therefore, unavoidable.

Ktiology* An affection like pneumonia, which has at all
and more especially during the last decades, since the i
of a physical exploration of the chest and the developme
ological anatomy, commanded the fullest attention and th careful investigation on the part of all physicians, mus have led to the most diversified views concerning its or avoid prolixity we shall only mention the most important
ical causes. The two principal kinds of pneumonia are -t
and the secondary form.

Primary pneumonia may occur at any age, but attacks more especially individuals between the ages of twenty and fo very rarely children in the first years of infancy. No c 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 exciting causes of pneumonia. This circumstance is most

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reason why men are bo much more frequently attacked than the occupations pursued by men expose them more fully an frequently than women to the deleterious influences prod pneumonia. Infants at the breast, and children who have passed through the first period of dentition, are seldom with croupous pneumonia. The nature of the country does seem to exert anr palpable influence; for pneumonias occ level country as well as on mountains, in sunny district in exposed places. The seasons, on the contrary, exert a influence. Our statistical tables show to a demonstratio transition from cold to warm seasons is the most fruitful pneumonia; the transition from warm to cold seasons is l ductive of this disease, winter still less and summer le That there must be other causes at work than the mere te ture, is self-evident. The great changes of temperature and May being at the same time attended with the most ma changes in the electric conditions of the atmosphere, it not without reason that these conclusions are correct, a electricity exerts a powerful influence as one of the ex of pneumonia. The influence of electricity likewise acco most natural manner for the frequent occurrence of epidemina which, though not always very extensive, yet is of intense, and which, owing to the peculiar course it take very characteristic features. We doubt very much whether
cold is such a frequent cause of pneumonia; it unfortunately is very
costitutional 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
ease. 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 treatement of pneumonia with debilitating drugs, more es
sanguineous depletions, always leaves an increased dispo
similar attacks. In the case of tuberculous patients a
cannot well be shown, they are more easily attacked with
chitis. It likewise seems an established fact that indivi
dually a preeminently arterial habit are more liable than other

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for instance, emphysematous individuals with venous cons
are not often attacked with pneumonia.

Secondary pneumonia is frequently an exclusively consecu
affection, originating in the spread of inflammatory aff
lungs. It is particularly met with among children, much
quently among adults, and occurs as a complication of al
acute diseases, particularly exanths. Pyaemia is one of
frequent causes of secondary pneumonia. In chdnic affec
always a very dubious undertaking to show their connecti
intercurrent pneumonia.

Pathologico-anatomical Changes* We give a description
of these changes, because they facilitate a comprehensio
apparent symptoms.

For the sake of facilitating a methodical arrangement of
pathological changes, the pathological process has been
three different stages which, however, are not so rigidl
guished from each other in reality, and often run a para

The first stage is that of bloody infiltration. On openi
thorax the affected part of the lungs does not collapse
covering this part is usually opaque, the elasticity ^-t
more or less completely lost, and the color is sometimes
darker. Ot cutting into the lungs, only a feeble or no
is heard. The cut surface is of a strikingly dark rednes
sharp contrast with the sound portion; on pressing up
dark-red or brownish, viscid, tenacious fluid is squeeze
issue is dense. The weight of the affected portion is m
considerable than its normal weight, and in water this p
immediately sinks to the bottom of the vessel.

The second stage comprehends the period when the process
exudation is completed, and is generally designated as t
red hepatization. The affected portion feels dense and h
pleura over it has almost always lost its lustre and is
with exudation. It exhibits all the signs of the first s
to a deficiency of air. The cut surface has the same color as in the first stage, or more usually it has the color of rust. When the light impinges upon it, the cut surface shows distinct granulations which are still more apparent on the surface adjoining the thorax and are caused by the firm exudation-plugs in the pulmonary cells. In spite of its density, the pulmonary tissue is much more easily torn.

The transition into the third stage does not, properly speaking, constitute part of the normal course, for by the normal resorption and exudation of the infiltration proceeds from the second stage. This third stage is designated as the stage of gray 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. The tissue is quite friable. On pressure a turbid liquid is discharged consisting in most part of pus corpuscles. Gray hepatization course arises from the red; the hsematin is more and more reabsorbed, on which account all transitions of commonly noticed, from a dark brown-red to a yellowish, gray color, and if the purulent transformatic>n is perfect, to a straw 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 the less frequently occurring deviations from the general anatomical

As regards the extent of the pathological process, in croupous pneumonia a whole lobe or at least a large portion of a lobe is commonly attacked; less frequently a lobe is attacked on both sides; still less frequently all the lobes together. If only one side is affected, it is most commonly the right lungs, less frequently the left. If only isolated, detached lobules are infiltrated in consequence of the pneumonic process, the inflammation is not usually a simple croupous 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 complications, runs its course in such fixed and stable forms as pneumonia and adheres as fixedly as this disease to definite critical days. In the chapter on the therapeutics of pneumonia we shall show how far the formerly 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 a fever, is in no other disease of such peculiar nature, so that it may almost be considered pathognomonic, more especially if we consider that as soon as the chill muscular strength vanishes so that the patient finds it
impossible to stand erect. We will now first describe the course 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 and scarcely ever only a few minutes, is over, a violent, dry fever 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 flushed, 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 vomit. 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 local symptoms, may last longer than twenty-four hours, but in case the local symptoms appear at an earlier period; in they precede the chill. The patient complains of unceasing stitches which he generally points out with tolerably accurate location at the affected spot, very seldom far removed from it; they are aggravated by every unusual exertion of the respiratory organs, especially by coughing, and they sometimes increase to a high degree of intensity. The pain usually sets in associated with a short and at first dry cough, the respiratory movements are much less full and more frequent in number. The breathing is painful and accelerated on this account, but the violent wise occasions an increased desire for breath which cannot be gratified and causes great restlessness and anxiety and a marked activity of all the other respiratory muscles which are not usually seriously taxed in performing the respiratory movements. Vocalization is of course altered, feebler 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 symptoms have so far advanced that they render the diagnosis certain. During the first days the fever gradually increases, showing but slight morning-remissions. Considering the high degree of temperature, the pulse is not so very frequent, scarcely ever exceeding 120 beats; however, in proportion as the patient becomes more infiltrated, the fulness of the pulse decreases considerably.

The end of the inflammatory infiltration generally designates the end of the case.
the period when a change takes place in the symptoms. The infiltration 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 apparent 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 bying 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 reappearance 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 disembarrassing 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 tre exerts a great influence in this respect.

In order to establish the diagnosis of pneumonia with pecertainty in all dubious cases, it is absolutely necessa

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a physical exploration of the respiratory organs. We dis subject separately from the other symptoms of the diseas to afford 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 rea-
teristic in pneumonia, and is only less marked, if the t-
Are very thick, or if the diseased portion of the lungs
f^m the thoracic wall by a normal layer of pulmonary par-
to croupous pneumonia, this is very seldom the case. Th
^Diple the infiltration, the more completely the air e
f^he lungs, and the more empty the sound becomes unless
^ra ^which the air has not yet escaped, lies over the di-
jort of lungs On the sides of this normal layer, the dul-
rst olanges to the tympanitic and further on to, the nor-
@ "^^rapanitic sound is sometimes heard even in the non-
P*^t:xoi of the lungs, most likely owing to the accomp-
^^^• A change in the infiltration is revealed by percu-
^*^tion takes place, in which case the tympanitic sound
jT^^^only returns for a short time and soon after gives
- irony. The results of auscultation are equally valuab-
^ostic signs. At the commencement of pneumonia, the nor-
. ^^^sitory murmur is very often quite feeble, much le
..^^6ed. As soon as infiltration begins to set in, and
. ^l)le to circulate in the inflamed portion of the lung
^> especially during an expiration, the crepitation that
^J^ absent that it can almost be regarded as characteris

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pneumonia. It is- less audible, if a co-existing bronchi-
hides it by rfiles. With the completion of the exudation
percussion-sound becomes empty, every murmur caused by t-
culation of the air in the air-cells, necessarily ceases
respiration takes place, associated in the non-affected
the lungs with a more or less increased vesicular respir-
spending perhaps with the necessary increase of the resp
effects in these portions. In the same manner as the air
bronchia, when reaching the ear through the pulmonary pa-
chyma, sounds more loudly, so does the sound of the voic
rise to intense bronchophony and pectoriloquy, while the
greatly increases the vibrations of the thorax. The reso-
pneumonia is indicated by rfiles. In the cells they are
very fine, and on this account are sometimes described a-
tion, and sometimes are veiled by co-existing coarse ral
bronchia. They often continue for a long time.

This most simple course of pneumonia is often modified b-
trifling deviations which are of importance to a homoeop-
sian and the more frequent of which we will now proce-
point out.

In the case of children, the invasion of the disease is
by convulsions, such as may occur in other acute affect-
case of adults, spasmodic symptoms are seldom witnessed.
severe intestinal catarrh sometimes constitutes the stag-
In such a case the vomiting only lasts until the infil-
leted, whereas the diarrhoea often continues throughout
course of the disease. In the case of children, as well
people, very seldom in the case of adults, pneumonia thr
whole course is sometimes accompanied by such prominent
symptoms that a physical exploration alone is capable of
ing the diagnosis upon a perfectly reliable basis, for
in such cases is often wanting. These cerebral derangements are said to accompany the inflammation of an upper lobe much more frequently than those of a lower lobe. The patients sometimes 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 clean, sometimes very much coated, at times humid, at other times dry. The last-mentioned appearance is not very promising, it is especially ominous if the balance of the symptoms impart a dubious character. The appearance of a slight icterus 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 whole 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 occurs in 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 quiet. Particularly old people who sometimes do not cough at all. The frequency of the respirations is sometimes but inconsiderably increased, and it is the insufficient depth of the inspirations that reveals the character of the disease. The pain varies more than any symptom; in the case of old people it is generally very slight; in their case the admixture of blood in the sputa is generally missing. In the case of young and vigorous individuals the resolution of the infiltration generally takes place very rapidly, sometimes in a single day, but it may likewise be more protracted, with 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, no immediate, but a scarcely perceptible, dragging commencement of convalescence. We seldom notice this condition of things in the case of robust men; it occurs quite easily among weakly persons after an exhausting method of treatment. Sometimes, after convalescence has begun, an exacerbation with progressing infiltration 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 the result of epidemic influences, but most generally exhausting treatment. Among the complications we notice particularly pleuritis, bronchitis, peri- and endocarditis without an exception, exert a disturbing influence over...
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Experience has shown that the seat of pneumonia is of great importance as regards the probability of a normal termination. As a rule, pneumonia of the right side is much more favorable than that of the left, pneumonia of a lower lobe lighter than the upper one, which is apt not to terminate in resolution and to assume a tubercular form. Inflammations of the left upper lobe are especially obstinate and deviating from the normal course, but not the least frequently.

The deviations of the infiltration are very essential, whereas deviations in the course of the disease are mostly founded upon the former. One of the most common deviations is the tardy resolution of the infiltration. It occurs rarely in uncomplicated forms of pneumonia, but is a very common event if carditis supervenes during pneumonia. In such cases the deficient energy of the circulation seems to constitute the sole obstacle, for a purulent metamorphosis is not necessary to lead to such a result. We shall refer to this afterwards in treating of chronic pneumonia. No resolution of the infiltration need take place even for years; in one case we discovered, after a number of years over one or two pulmonary lobes, especially at their posterior border, marked bronchial respiration and a perfectly empty percussion-sound. Or else the infiltration may remain in portions of the lungs, disappearing entirely everywhere else, and the patient may enjoy perfect health. If the infiltration remains but changes to a tubercular deposition, the phenomena of the change entirely. We not only meet with this change in individuals who had been previously affected with tubercles, but also in individuals of whom we positively know that up to the time when they were attacked with pneumonia, they had enjoyed perfect health. On the critical days the fever indeed decreases, but some of it remains, and the patients are not able to recover or only slowly and imperfectly. There remain a dry and hacking cough and an imperfect fulness of the respiration, and later the symptoms of tubercular phthisis supervene, which in such 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 change, for a metamorphosis can be diagnosed with perfect certainty.

The most important, most frequent and at the same time most dangerous change of the infiltration is the transition into the stage of gray hepatization or purulent metamorphosis. It must
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be apprehended if pneumonia continued beyond the ninth day, considerable febrile motions, and, unless we examine the very accurately, a progression of the pneumonia alone makes us for a short time. Upon the accession of this purulent phase the fever always assumes a marked adynamic character, the process henceforward bears a striking resemblance to 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 small and feeble. Not unfrequently the burning heat is mingled with short chills. The tongue which, even in a violent case of pneumonia, seldom becomes dry previous to the stage of psuedo metamorphosis, resembles the tongue in typhus, and the station of delirium makes the resemblance to typhus still more evident, so that on first seeing the patient an error in diagnosis is easy, 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 sensation reveals beside bronchial respiration, more or less, consonant rales. The air passes through a fluid, but condition of the patient shows that no process of reabsorption is going on; this is likewise evidenced by the expectoration at times pure pus, at other times mixed with blood an a very offensive odor. If the pathological process takes place already in great danger. Recovery always takes place slowly, with frequent variations between worse and better and is frequently protracted for months. Death sometimes occurs in the second week and at other times at a later period. It sometimes sets in quite suddenly, while the lungs is supervening, and sometimes slowly in consequence general exhaustion associated with the formation of abscess gangrene, neither of which, however, can be diagnosed with positive certainty during the lifetime of the patient; for foul sputa are no sure indication of gangrene, and an abscess cannot be recognized with positive certainty until it begins to discharge and the patient raises a quantity of purulent matter.

Another, not less important, but much less frequent form of exudation-metamorphosis 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 diagnosis cannot often be established in such cases. Hence, in this place, we simply speak of chronic pneumonia resulting from an acute attack. It exhibits essentially all the so-called pneumonic infiltration, except in a less acute form, account, with less immediate danger to the respiration organism. Either we notice a simple infiltration at some particular spot, which had remained after an acute attack and which does not affect the organism or else keeps it in a long-

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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 only part of the infiltration remains consolidated several portions of the lungs we hear bronchial respirat same time another portion of the infiltration undergoes of resolution, and cough with purulent expectoration set consequence of which the general organism necessarily 8u Although fever is not always present, yet it is rarely ever in which case it has more or less the character of hecti hence the patient has a sick, yellow-gray appearance, an speedily shows signs of considerable emaciation. If the dissolves, and the pulmonary parenchyma is involved in t of disorganization, an abscess forms distinguished from mentioned abscess by nothing but the slowness of its cou years sometimes pass away before the abscess finds an ou the bronchia. Several abscesses may form, but such a thi often the case. Where several abscesses form, the tenden grene and ichorous dissolution is very commonly present. organism need not necessarily show severe signs of sympa 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 r but without fever, and emaciate very slowly. At various which sometimes last for months, some fever generally se patients are attacked by great prostration, they have to and after this condition which is most easily brought ab slight catarrh, has lasted for a short time, they sudden after coughing and gagging an enormous quantity of foul, colored pus succeeded for a few days by a moderate expec that has likewise a very foul odor. At the same time the tion continues to increase until the pus has been comple

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ated, after which the strength returns very rapidly, hnf same degree as before the breaking of the abscess A cu'r sible, if the suppurating portion of the lungs is h^to& the strength is not too much reduced. Death either t^kes consequence of hectic fever or of the supervention of s^ process. Finally we must mention a termination of pirefl which is of rare occurrence and exceedingly troublesome, the evacuation of the pus through the walls of the thora has occurred twice in our practice. The patients were yo and the right lower lobe was inflamed. Although the prof puration at first occasioned great exhaustion, yet both pletely restored.

Having said all we intended concerning croupous pneumonia will now add a few remarks concerning interstitial and c pneumonia.
Catarrhal pneumonia is scarcely ever a primary disease, generally arises in consequence of the inflammatory process from the bronchia to the pulmonary cells. It is almost aa exception confined to single lobules, and on this account name of lobular pneumonia has been given to it. There may be such scattered centres of inflammation, without the sound being altered in consequence; nor do they occasion bronchial respiration, so that it is scarcely possible with positive certainty. All we know is that capillary bronchitis, this form of pneumonia is preeminently a disease of infancy, and it has to be treated in the same manner as kinds of bronchitis. Interstitial pneumonia is of no particular importance to us, because it does not require any special on the other hand it is of importance with respect to the diagnosis of other affections to which it is always a secondary complication. The process is the process in cirrhosis of the liver, on which account it is termed cirrhosis of the lungs. An exudation takes place connective tissue of the lungs; this exudation first connective tissue and afterwards to cicatrizing, shrivelling in which the air-cells become compressed, and a condition which is designated as induration of the lungs. Since the may likewise set in as a consequence of croupous pneumonia is likewise a special form of the so-called chronic pneumonia. Its most important result is atrophy of the p

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tissue with caving in of the thorax and the development culated bronchiectasia in consequence of which chronic b catarrh assumes such a peculiar form.

Inasmuch as in pneumonia the prognosis depends more evident than in any other disease upon the treatment that happen pursued, we have assigned to it a place in the section of pneumonitis 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 behooves us to devote some attention to the modes of adopted by other Schools.

In the first place we have to consider the expectant method Homoeopathy has in truth created; for it is the success pathic treatment which could not well be denied, although pathic doses were supposed to be equivalent to nothing, ened 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, conscientious physician will stand by quietly in a case and allow the disease to run its course from beginning t doing something for his patient. This may do in cases of pneumonia, if the patients are otherwise endowed with so health, and the disease runs a perfectly normal course; to be done 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 ad statistical tables of this method become at once vitiate however, that this method of treatment leads to much more able results than that. usual treatment with sanguineous and a mass of powerful remedial agents.

The medicinal treatment of pneumonia is effected by means 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 use specific for pneumonia, is Tartar emetic. The use of this as a specific has, however, been abandoned, for the reason that it was found impossible to determine the kind of pneumonia it was specifically adapted instead of using it indiscriminately for all kinds. Every homeopath is able to explain how it ha

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that Tartar emetic tttected a cure in some cases of pneu proved a specific remedy even in whole e^ idemics, and y physician in the lurch in so many other cases. The use o drug in large doses has only yielded unfavorable results to the whole duration of the disease. The other medicine are almost exclusively given for single symptoms of the group. Such medicines are mostly used as are supposed to depressing influence over the fever, such as Digitalis, trine, etc.. We do not mean to say one word against these dies, for we are well aware that under certain circumsta one of them has its value as a remedy for pneumonia. But not help giving utterance in a few words to our doubts r the propriety of prescribing these remedies for pneumonia. Fever in any disease is the manifestation of a reac part of the general organism against a disturbance set u interior. Hence, fever is no disease of itself, although nary attribute of many diseases. At all events, pneumoni what it is, even if no fever should supervene. Hence, ev were possible to combat the fever, in combating this fever not combat the disease. We even go so far as to maintain the fever could be removed without the disease being act at the same time, the treatment is sometimes without eff usually hurtful and never of any use. For after the orga tion has been depressed or even suspended, the morbid di is either prolonged or does not disappear at all. In sup fever, the natural curative agent would likewise become tive. It is different if Digitalis is given in order to impulse of the heart and depress the heart's action, and means to lessen the pressure in the pulmonary vessels. B a case Digitalis should only be given at the beginning o hypenemia, or might at most still be continued at the co ment of hepatization, which, however, is not done. In or obtain a normal process of reabsorption, an undiminished of the heart is indispensable; its decrease may afford relief to the patient, but cannot act favorably. Such an of palliatives may not always be hurtful and may not int the course of the disease: it is certain, however, that treatment cannot be made the foundation for a true syste
A somewhat complete review of the common treatment of pneumonia would oblige us to exhibit the whole of the so-called anti-inflammatory apparatus, from Calomel to the harmless neutral salt. Inasmuch as the use of these drugs is based upon the same idea, they can be dispatched with the same arguments. A general antiphlogistic treatment is just as absurd as the exhibition of Quinine 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 complied with; the inflammatory fever is gone, but an adynamic fever has its place; and even if this is not the case, there is some doubt that the conquest of the local disease will not take place more rapidly.

At one time Chloroform-inhalations made a great noise, but seem to have been abandoned by modern practitioners. Todd's method of prescribing spirits, is nearly related to these inhalations. How happens it that Englishmen have not long ago stoned this destroyer 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 is that it helps. From a physiological standpoint we should reason in this wise: The wet bandage, frequently repeated, diminishes the amount of blood in the cutaneous vessels, hence superinduces in the interior of the organism a sort of engorgement, and at the same time acts as a stimulant, for it is followed by an increase of reaction; how 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 in pneumonia, they have been called murderers. How much has been said and printed on the subject of pneumonia, both pro and con more especially after a physician had dared to treat a monic 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

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as the arm and hand. This is very different at the present time, 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 Schools.

Niemeyer gives three indications for a course of general depletion. 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 portions of the lungs. — Third: Symptoms of pressure on the brain accompanying the pneumonia. Wunderlich gives the same indications, except that he adds to number one, that the patient should be bled on the first and second, or on the fourth and fifth day, not on the third, rarely after the fifth unless hyperemia exist. The effect of bleeding, according to Wunderlich, is as follows, Niemeyer not attributing to bleeding a positive influence in pneumonia, but only a general influence or an influence over 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 this is true. We admit that immediately after the bleeding the fever abates quite considerably; but in twenty-four hours almost 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 convalescence in a few days, but remain weak for several weeks. Even if we admit that Wunderlich's favorable prognosis is sometimes realized, yet, supported by our own experience, we cannot but admit that the favorable change more frequently disappoints than meets our expectations, and that it is very often illusory.

Secondly, venesection affords the patient a sensation of relief. This is not always the case, but it is so commonly; but we would ask whether a mere sensation of the patient is more important than the regard for the general course of the disease, and whether the physician is not perpetrating a piece of quackery if he resorts to bleeding as a means to impress the patient with his power, when he must be well aware that the effect of this remedy passes away in a few hours, and the patient feels necessarily more exhausted than before.

Thirdly, the pulse decreases in frequency after bleeding, this can be accounted for, but it is not true that the former frequency does not return. It does return, but the quality of the pulse is feeble than it was.

Fourthly, the temperature declines, but the same thing happens with the pulse. This mania of depressing the chief symptoms, has been commented upon by us in our review of the medicines that are used for such a purpose; we need not repeat our criticism in this place.
Fifthly, venesection moderates the dyspnœa and thus prevents acute emphysema. That this is not the case, can be affirmed by every homeopath; acute emphysema is a very rare occurrence in 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 solve. Nor does Wunderlich account any more explicitly for the possibility of such a process.

A few other points seem 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 up to the time when we are called. Every physician must have been deceived in this respect, and deceptions of this kind, if occurring in pneumonia, cannot lead to pleasant results. There are individuals who are thin and pale yet enjoy the most perfect health; on the other hand, we see weak persons who apparently look stout and florid. By what exact diagnostic signs are individuals suitable for the first indication, characterized?

Again we generally notice that robust men seldom have a pulse of over 120 beats, whereas such a pulse is very commonly met with in the case of weak persons. Why should not the latter be favorably affected by venesection? Have they a relatively small quantity of blood? The answer is that they do not bear venesection as well as robust persons who can bear a few venesections in pneumonia without any great disadvantage, whereas weakly persons cannot bear them. Where is the boundary, and how do these persons fare who occupy the line and in whose case we do not know whether they belong to one class or the other?

Blood is only to be taken from robust individuals. Since blood letting is reputed one of the most powerful remedial agents, this phrase must be intended to mean that the pneumonia of robust men is much more dangerous than that of weakly persons, robust individuals find it more difficult to conquer the amount of strength on hand. This mode of reasoning is certainly not logical. The reaction of a robust man must be more energetic and prompt than that of a person weakened by exposure, 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 entail more danger? We are at a loss to understand the anxiety caused by the presence of febrile symptoms; we admit, however, that the quality 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 hypersemia
don 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 stands whether 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 in after venesection, it is very questionable whether the venesection was a great measure the cause.

The phenomena of cerebral hyperemia are, at all events, 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 are so 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 full convalescence is always retarded by it. To many vigorous individuals the less vigorous the more so, venesection is decidedly

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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 waste, and a diminution of the supply; it is his opinion that most patients succumb to this acute marasmus. If this be so, can comprehend how a sanguineous depletion and consequent increase of the loss of animal fluids can act favorably, a must see that the necessity of first repairing the waste complete restoration of strength.

The apparently or momentarily favorable effects of blood scarcely ever last longer than twenty-four hours and are frequently succeeded by the transition of the fever to the 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 diminish quite considerably the plastic portions of the blood, and hence the blood contains much more serum and become more disposed to serous exudations.

The resolution of the exudation is delayed, or is incomp
else it takes place by purulent dissolution, or not at all. K. Wunderlich lays so much stress upon a diminution of the fever, to say of the pulse and temperature, we admit that a decrease of the fever on the critical days implies a disappearance of processes. Nevertheless it is not unfrequently the case that the disease remains in spite of the defervescence; we have a evidence of such a fact. In such a case the re-absorption of the exudation takes place slowly and uniformly, or else by fits and starts; but it 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 affection at the heart. The same remark applies to cases where remnants of 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 in of hepatisation, the purulent dissolution of the exudation times be owing to peculiar constitutional or external at

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circumstances; indeed pus may form as the result of any motion; in such cases it is not likely that blood will except perhaps in a case of pneumonia that runs its course atmosphere 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 en vigorous and sound constitution, we cannot expect pus will ever show in a strictly homoeopathic treatment, but not very unfregue 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 especially sanguineous depletions, causes a decrease of the reactive 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 tubercles, attributed to treatment. It is well known that tubercles anemia are closely related to each other, hence it is n suppose that an artificially excited anemia may favor t tion of tubercles. All the cases known to us, where the exhaustion 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 ocaesii)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 unphysical 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 scarcely 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 depletions; we account for this susceptibility most naturally by the circumstance that the exudation had not been completely absorbed.

After this excursion into the therapeutic domain of the Old School, the length of which we beg the reader to excuse on account of the importance of the subject, 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 calculated to mislead, and, on the side of Homoeopathy, not sufficiently numerous. On this account we confine ourselves to short statements; if any one should feel disposed to doubt their correctness, we advise him, before pronouncing judgment, to first treat a few dozen cases homoeopathically. An uncomplicated pneumonia, no matter whether the patient is robust or weakly, always terminates in recovery under homoeopathic treatment, at the same time as an abnormal dispersion or alteration of the infiltration occur seldom. We can substantiate the correctness of this statement by 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. 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 deaths to make such a statement. Among the complications, carditis intestinal catarrh, bronchitis and tuberculosis promise the least chances of a successful treatment. We have shown above why the first two complications present such ominous difficulties, although even in such cases we have never had to deplore a single loss. 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 morphosis of the exuded fibrin into tubercles, or of the hastening of the suppuration of existing tubercular depositions. Whether the seat of the inflammation exerts a peculiar influence during the presence of these complications, is not quite certain, but we may granted that an inflammation of the apices, which are the common locality of tubercular depositions, terminates in much sooner than an inflammation of any of the other lobes. It is frequently inconceivable why the pneumonic process should
tabercles 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
ormal 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
ture 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
n 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-eigh
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 eviden
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 imp
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

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 remedy in pneumonia; their views only differ as regards the bounds of its appropriate sphere of action in this disease. 'We cannot examine these views any further, since this would lead us too far. For particular information on this subject we refer to Miuller's essay on pneumonia in the first volume of the Vierteljahrsschrift. According to Miuller's arrangement, the following are the most prominent Aconite-symptoms in pneumonia: Intense fever preceded by with burning heat and dryness of the skin, quick and hard, sometimes bluish redness of the face; accele labored, incomplete respiration with restlessness, anxiety, stitches in the chest during a deep and during motion, or dull pressure and weight on the chest, dry 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; scanty and red 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 indicated first stage. By comparing toxicological post-mortem phenomena with these symptoms, we shall be able to determine the period to which Aconite is suitable in pneumonia, with much more precision. Both in Miuller's cases of poisoning by Aconite in the cases, whether acute or chronic, which we ourselves collected in the last ten years, the lungs were in every instance 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 specific remedy, will reproduce all the objective signs of the corresponding pathological series, yet the constancy with which a simple engorgement occurs as a post-mortem symptom of Aconite-poisoning, is remarkable. Experience has moreover satisfied us that this condition is the true therapeutic sphere of action for this agent. Wh Pneumonia. 267

ing of pulmonary hyperemia, we stated that in active pneumonia Aconite is the leading remedy. In pneumonia of red hepatization implies a most perfect hyperaemia; consider Aconite best adapted to this stage where its specific virtues have been exquisitely confirmed by a multitudinous of the most favorable practical observations. On this account we consider Aconite indicated in every case of pneumonia unless all the other symptoms correspond. Among these symptoms we distinguish more particularly the following: The disease affects individuals with an active circulation; it is caused by exposure to a dry, cold wind; it affects robust individuals up to the age of sixty to seventy years; it occurs in the period where the characteristics of pneumonia begin to be felt; there are no directly antagonizing complications, among which we number especially an intense catarrh. Aconite alone will scarcely ever cure pneumonia less cut it short. On this account its importance in pneumonia should not be underrated. No one who has watched the str effects of Aconite, will ever doubt its great virtues in pneumonia diminishes the vascular excitement and reduces the pulmonary hyperemia more brilliantly than the most copious b

http://www.archive.org/stream/sciencetherapeu00kafkgoog/sciencetherapeu00kafkgoog_djvu.txt
Moreover it diminishes the exhalation to some extent and in a corresponding ratio the favorable course of the disease. This favorable change which affords such great relief to the patient, sets in within twenty-four hours in almost every case. But as the percussion-sound over the inflamed portion of the lungs becomes empty, as soon as the breathing becomes bronchial, Aconite is indicated. This opinion, which is shared by many, ceases to be indicated when the exudation is completed; if the dyspnoea 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 indicated, even if it leaves the infiltration unaltered, 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 oftentimes be indicated in the subsequent course of the disease, if it was 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 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 croupous pneumonia, we should find it very difficult to connect Belladonna in accordance with its physiological symptoms. On the other hand certain anomalies in the symptomatic appearances of disease 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 manner in which other organs have become involved in the pathological process; it is more especially the cerebral hyperemia that points to Belladonna. Inasmuch as Aconite may likewise be required in the same series of symptoms, we establish the following distinctions in favor of Belladonna: A dark-red, bloated and hot face, with evident turgescence of the veins; stupefying headache; drowsiness with delirium; sopor; convulsions. In such cases Belladonna is prescribed on account of the danger that threatens the brain, the pneumonia being left unnoticed for a time. Another series of cases that are frequently adapted to Belladonna, are the 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 attended to with more particular care. If not infrequently whole epidemics run 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. [268 Diseases of the Lungs.
this first stage of hypersemia, both of the lungs and bratrum viride is given with great success. It has been efficient in hundreds of cases to effect a radical cure of

Bryonia alba is, like Aconite, indispensable in Pneumonia. The toxicological appearances described in the Viennese repr show that Bryonia is capable of occasioning exudations in lungs. The pathogenetic symptoms do not furnish one cons

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recrrning 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 common 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 consti phenomena that the employment of Bryonia in pneumonia is founded. We find it inexj)edient to enumerate the symp
to 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

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we regard as a positive counter-indication. In addition
statements we have to direct attention to another indication, we mean pneumonia complicated with bronchitis, for which we recommended Belladonna in a previous paragraph. As we said be pneumonias of this kind are generally epidemic, with the 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. Hanover we are just now in the midst of such an epidemic we become every day more and more convinced by experience a splendid remedy Bryonia is, which has proved such an able resource to the homoeopathic physician in so many epidemic diseases. If, guided by more recent observations, to deny in opposition to Hartmann, that dry and cold weather causes the kind of pneumonia to which Bryonia correspond feel on the other hand bound to give prominence to another of his indications, namely the rheumatic and bruising pains muscles of the chest and back. In conclusion we wish to evidence of the healing powers of this drug, that we scarce notice under its administration a copious secretion of sputa cocta, and that the re-absorption of the infiltrat place with very little, or perhaps without any expectoria judging from the stand point of pathology, taking place perfect form.

Mercurius is one of those remedies that is much more recommended than employed in pneumonia; we opine that this is oversight. It is true an uncomplicated pneumonia has scarce indications pointing to Mercurius; but they occur so much more frequently in complicated cases. We will not endeavor to to that Mercurius causes inflammation of the lungs in the h 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 wh desire to call attention, thinking that a similar case must be some time as a natural disease where this agent may prove. If, in addition to the existing physiological symp consider the whole manner in which Mercury affects the o its recommendation as a remedy for pneumonia seems perfe justified. We cannot, however, agree with Muller, if he Mercurius to the more chronic forms of pneumonia after t

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ease lies run beyond the properly inflammatory stages. T stage is undoubtedly adapted to Mercurius, but it is not one. Miiller has the following more special indication f stage: The hepatisation of a portion of lung continues critical sputa are entirely wanting; the cough is dry, n and very rough and fatiguing, with violent irritation an cough, the dyspnoea remains unaltered, the fever is tinuous and lentpscent, with profuse and exhausting swea urine is scanty and dim, the color of the skin sallow, s patient is troubled with gastro-intestinal catarrh. Unde circumstances Mercurius is indicated so much more, if the d seated in a scrofulous, or generally dyscrasic organism. we agree with Miiller when he asserts, in contrasting Me Sulphur, that the latter is indicated under similar circ
Mercurius, if the symptoms are more violent and tumultuous will afterwards account for our dissenting opinion. There are two forms of pneumonia where we consider Mercurius as a leading remedy. One is pneumonia complicated with bronchitis. Müller mentions this form; we have quoted his statements in our chapter 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 a widespread influenza, that is to say of catarrh accompanied by a deep irritation of the nervous system, the nose, larynx and trachea become affected with a slight catarrh which seems quite for a few days; suddenly the fever becomes more violent, rhinal secretion ceases, dyspnosis 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 ease of a lady of upwards of fifty years, the pulse had it is small, has very little resistance, the skin is burned times covered with copious perspiration, the tongue is very soon becomes dry, the sensorium is blunted, there is headache, the patient lies in a soporous condition, with ariam; he has a great desire for cold drinks, after which easily breaks out again. At the same time the patients do not complain of pain, and scarcely ever of pain in the affected side, on which account a careful exploration is very apt to be neglected. Such an exploration shows extensive hepatization.

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is to say, complete dulness of sound with rales, and acute bronchial respiration. This condition resembles typhus to such 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, although the number of 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 the treatment with Mercurius as the best and principal remedy. These favorable results have been obtained in an affection which, in opposition to Müller's statements, is attended with an exceedingly severe fever. The selection of Mercurius in broncho-pneumonia may be justified by its admirable action in bronchitis; for it cannot be denied that the greatest danger proceeds from this quarter 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 the formation of small foci of exudation, Mercurius will first commend itself to our judgement as a remedial agent, and we shall have before our eyes an image of epidemic influenza, such as has been described in 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 Hahnemann's preparation is so excellent in this disease that one hes periment with any other drug. As regards dose, we have f 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 homoeopathically. He has been bitterly assailed for making this 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

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croupous pneumonia in very many cases nins to a favorabl nation without any medicine, and, even if not indicated. phorus, when given in a very small dose, will not interf normal course of the disease; but 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 upon 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'hosphorus 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 so as to indicate Phosphorus, but even if the indications for ri should not be perfectly precise, let no precious time be lost with other medicines.

If pneumonia sets in as a partial manifestation of typhus, or if it has to be regarded as the exclusive localization of the typhoid process in the lungs. Pneumonias of this character leave doubt whether they are inflammations modified by the ruling typhoid type, or whether they are genuine typhus. We are disposed 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 condition is mostly met with in pneumonia setting in during epidemic influenza, and in general in all cases of epidemic pneumonia, but we observe at the same time that, according to our most recent observations, Phosphorus is so much less appropriate, the more prominently bronchitis co-exists as a complication of the inflammation.

If, after red hepatization is completed, on the third or fourth day of the disease, the fever increases instead of abating, the prostration becomes very great, the tongue dry, the sensorium blunted; in short, if phenomena set in, which lead us to suspect an abnormal course of the disease.

If a purulent dissolution of the infiltration is evident; in such a case Phosphorus is, in our opinion, indicated if the suppuration is under full headway. Altogether, under such circumstances, Phosphorus is much less reliable than in the previously-mentioned conditions; but we have to observe that, whenever Phosphorus is employed in proper season, suppuration will scarcely ever take place.

If pneumonic infiltration supervenes during the presence of bronchitis, assuming the form of lobular pneumonia. In such a case Phosphorus is not the principal remedy, at any rate, it should not be given at the outset.

If pneumonia is accompanied by marked and threatening hemoptysis, together with signs of adynamia, or if, after one lobe has become hepatized, the pneumonic process continues to spread, the lung to the other.

If pulmonary oedema becomes apparent, as manifested by the above described symptoms. It is a very dangerous condition...
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things and the least significant manifestations of cedema carefully watched. Phosphorus is possessed of extraordinary 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 man great disposition to hemorrhage, and their strength must Lave become too much reduced.

Among the complications, the presence of intestinal catarrh points very forcibly to Phosphorus. We stated above that this complica
tion leads most easily and speedily to collapse, for whi phorus is such an excellent remedy. On the other, i opinion that a prominent gastric catarrh almost counter-
Phosphorus. The very common and sometimes threatening comp lication 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 pne 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 the 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 tew dropp of the third attenuation in two ounces of wa in dessertspoonful-doses; but that the second attenuatio easily succeed by the production of primary symptoms,

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an increase of hypereemia, even hemorrhage, more particu the case of tuberculous individuals. 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 scanty expectoration. It being very late, we made a rather hurried examination, and being satisfied that we had a case of pleurisy before us, we prescribed Aconite 2, and left him with the promise of an early morning-visit. Next morning we found our patient worse, if anything. Fever very high, skin dry, like parched leather, skin dry, like parchment, complexion very sallow, dull headache, considerable thirst and extreme exhaustion. The cough was no longer dry, but mucoguinalent sputa were raised in some quantity. The patient complained of exquisite soreness at one spot in the left lower lobe of the lungs. The balance of the organ seemed to be in a state of hyperaemia; percussion still yielded some resonance, very little dulness anywhere, except in the left lobe. Prescribed Bryonia. Saw the patient again in the middle of the day; he was still worse. Saw him again in the evening and found him in a state of grasping at flocks, picking at the bed-clothes, and raising profuse quantities of a yellow-green pus having an exceedingly unpleasant odor. The pus was discharged from the first-named sore spot; the 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 look parched leather, his complexion had a dark-brown icteric hue; the 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, 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 itself. The medicine was continued through the night every hour or whenever 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.

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urine being thickly charged with decayed mucus; no headache. Bputa muco-purulent, without any bad odor; the region of abscess no longer sensitive, only a little sore but over face. Continued the Phosphorus every two hours. In a few days after our first visit, the patient was able to resume his labor; every forbid 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 them from the whole list; the remedy has to be studied in totality, more especially with regard to the respiratory which it is of such extraordinary importance. If Muller the writers on sulphur agree in their views concerning the action of this agent, we cannot altogether agree with him, since his opinion is somewhat striking and of essential importance. The importance of this remedy must excuse, if we examine some of the details with more minuteness. In the first place and very generally Sulphur is recomme pneumonias in dyscrasic individuals. Some authors mention psora by name, others undoubtedly had it in their minds. Is the existence of psora founded in reality? According to our own experience, we cannot admit this, especially in tubercular pneumonia w
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 opportuni calling attention to the unprofitable part that psora ha Homoeopathy. Nor can we give our assent to the propositi Sulphur should be given in the third stage when a purule lution of the infiltration is already far advanced. Prac rience is against this proposition which is likewise con the results obtained in inflammations of other organs, w completion of a purulent transformation constitutes a po counter-indication to Sulphur. Hartmann likewise talks o dyscrasia where the apparently best indicated remedies r without effect; but we would ask how it happens that the pneumonias almost all of which sometimes act in this man the same year among all those that are attacked by this Of what use is it to at once jump at the doctrine of a l crasia? The same position is occupied by Watzke when he mends—Sulphur in pneumonia consequent upon the suppress retroeesion of an exanthem. With the access of almost a acute inflammation exanthems disappear almost without au

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tion either for a time or for ever, which is of no more than the cessation of a coryza after the supervision of tory process. The more serious affections does not tolera simultaneous presence of a less serious one. Metastasis circumstances cannot be appealed to, nor can a definite over the course of the whole disease be determined befor We transcribe Miiller's chief indications: In the second stages of pneumonia, especially when the inflammation is and extensive. Sulphur deserves particular consideration pendent remedy. If after the removal of the first vascul ment which generally results from the supervision of th an exacerbation of the febrile and other symptoms sets i after the lapse of one to three days, as is frequently n where no dispersion takes place, and the disease runs it through the second and third stages. Sulphur is best cal meet this exacerbation, if characterized by vascular ex dyspnoea and intensity of the thoracic symptoms, and not so-called nervous symptoms, for which Phosphorus Bellad Bryojiia Rhus toxicodendron and other remedies are indi Jlence Sulphur must be indicated by extensive hepatizati suppuration (second and third stage) where not the nervo the synochal symptoms prevail, resembling those that ind Aconite in the first stage of the disease. What we have to Miiller's views is that we do not believe Sulphur eve synochal febrile symptoms. If we advance our own views c ing the indications for Sulphur, it is not so much in th of uttering anything new, but of uniting existing opinio general series. In our opinion Sulphur is indicated, if passes through its first two stages without any great de the normal course, or without any striking changes, and remains stationary without the supervision of any typho toms, such as occur in pneumonias to which Phosphorus is adapted. It is a period of anxious expectation to a phys because he cannot decide whether re-absorption or a puru 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 differen

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the individual is otherwise diseased or not, whether dys
psora, tubercles are present or not. A deficiency of re
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
doision, 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
ceivable 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 ne
ecessary 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
metic 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

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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 over surface, Tartar emetic will have a fine effect. This terminal pneumonia is generally characterized by a sinking of the temperature with an increased frequency of the pulse, great anxious restlessness with copious, cool perspiration, cerebral with a livid or at least a strikingly pallid complexion. Distinction to Phosphorus, the indications for Tartar emetic to a deficient reaction; hence it is more suitable for vigorous and young 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 affords great relief to Tartar emetic. Here we meet most commonly with the described condition, an excessive crowding of the bronchial tubes, insufficient ability to remove the secretion. It is this species of pneumonia, which is so apt to set in in an epidemic form, 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 more dangerous forms of bronchitis in the case of child 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 indicated in pneumonia, and in this respect it may perly given after Bryonia. We should never lose sight of that when a large quantity of mucus accumulates in the lungs, expiration is difficult, but that, when it does take relief is afforded. Regarding the dose, physicians agree markedly in the case of this remedy; so far as we know, trituration than the third is not advised by any physician. The second trituration in grain-doses is probably the most appropriate, since it never gives rise to nausea.

Hepar sulphuris calcareum. We are amazed that this remedy is so little or rather not at all mentioned in the therapeutics of pneumonia; we would urge physicians to try Hepar in this disease. In making this request we are supported by several really brilliant cures, one of which we will relate very briefly. A boy of six years, who had enjoyed good health up to that time and was of a robust constitution, had been treated for pneumonia by an allopathic physician for upwards of eight weeks, without relief; he was allowed to languish in a diseased condition rapidly increasing curvature of the thorax set it. Twenty weeks 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 considerably, the left was abnormally bulging; on the right side the percussion-sound was perfectly empty, with intense bronchi. We diagnosed pleuro-pneumonia of the right side, with absorption of the pleuritic exudation, but continued presence of the pneumonic infiltration in a state of purulent dissolution.
After various ineffectual remedies, the child was finally put on Hepar, 3d trituration, with such excellent success that already the caving in of the chest was considerably less than before. The right lung had almost been restored to its normal condition, and the curvature of the thorax had entirely disappeared so that the child now looks perfectly straight and thoroughly sound and healthy. A second pneumonia, with which the boy was attacked four years after the former, was radically cured in seven days. Since then we have often used Hepar and have arrived at the following results: Hepar is preferable to other remedies after the third stage has set in, provided the general symptoms are comparatively mild, a lenticular fever is present and the process does not extend over a large portion of the lung. It will act 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 described case shows that chronic pneumonia is the best sphere for the therapeutic action of Hepar. In a case of pulmonary abscess, Hepar was used as a cure as far as the restoration of this patient is concerned. Miller's statements regarding this in his Essay on Pneumonia seem to us so appropriate that we feel called upon to transcribe his remarks: "Hahnemann's recommendation of Rhus tox. as a remedy for the typhus that devastated the hospitals during the war of 1813, and the consequent employment of this remedy in nervous and gastric fevers, and in typhus, seems to have secured for it a predetermined part in the treatment of pneumonia. It seems certain that nothing in the present pathogenesis of Rhus entitles this agent to a place among the in the ordinary pneumonias of a lighter grade, and that chest-symptoms of Rhus have scarcely any relationship to ease. What stamps it a remedy for pneumonia, are its general symptoms arising from a depression of the cerebrations. These symptoms are undoubtedly very marked, a placid drug ahead of Belladonna and Bryonia, assigning it even by the side of Phosphorus and Arsenicum. Since these nervous symptoms occur in all three stages of pneumonia, Rhus is more rigorously assigned to a definite stage, although the typhoid symptoms of the sensorium, as manifested by the symptoms of Rhus, are 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 Bryonia correspond rather to the cerebral symptoms occasioned by stagnations in the circulation and by cerebral congestions. Among the symptoms indicating Rhus, the following would, there the most characteristic: Loss of strength, sopor, hardening, 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 comprehended; at any rate, this condition of the lungs does not indicate any more than any other condition; he seems to regard this stage as more unfavorable and dangerous than is, nor does he seem to consider that in every case of p
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

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described nervous symptoms are most apt to prevail. Rhus
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
could be 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
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
ferred with perfect certainty from the existing symp
doing 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
ment with 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 disea
by this remedy. In pneumotyphus Rhus ranks next to Phos
which it may even be regarded as superior. Whereas Ph
less adapted to pneumonia complicated with bronchitis
the contrary, is in its place in such circumstances, as
lerly learned to know from abundant experience. Bronchit
attended with a scanty secretion of mucus, it precedes p
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
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be paid to Khus in epidemic pneumonia where it often ren
cellent service.

Arnica. The value of this medicine has in some respects
impaired for having been so universally accepted as a re
the consequences of contusions and other mechanical inju
use has almost been confined to this range, as the use o
has been limited to inflammatory fever. But if our provi
such a decided, and we might almost say such a specific
definite organs, and more especially to the lungs, we mu
that Arnica will prove an excellent remedy in pneumonia.
first place, then, in pneumonia this remedy deserves a p
over any other in all cases where the disease is occasio
mechanical injuries. We likewise recommend Arnica in cas
where the pneumonic infiltration is associated with a ma
dency to hemorrhage. This coincidence generally occurs o
the case of plethoric individuals with sensitive and irr
for which Arnica is said to be preeminently suitable, an
the blood has undergone a peculiar alteration resembling
ition in typhus, for which Arnica, if the results obtaine
provings can be accepted as reliable, is likewise a prop
long as the strength of the patient is not in a sinking.
Under these circumstances it competes with Belladonna, f
has likewise symptoms of marked cerebral congestion. For
reason we commend Arnica in cases of pneumonia complicat
with symptoms of meningitis. The first stage furnishes t
characteristic indications for Arnica ; the second stage
the third will scarcely ever afford a suitable sphere fo
the curative virtues of this drug.

China will never be found suitable in pneumonia without
decided deviations ; it may often be indicated for some
deviations, but more on account of its general effect up
organism, as on account of its specific action upon the
recommendation for bilious pneumonia is suggested by the
rather than founded upon practical results; a slight deg
icterus is such an ordinary accompaniment of severe pneu
that it cannot be regarded as an important complication
the stagnation in the liver is more considerable when th
is inflamed, the reason is simply because the circulatio
is obstructed by the impeded circulation in the lungs ;
the pneumonic infiltration is removed, the hepatic circu
resume its normal course. To judge from the results obta

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means of our physiological provings, China is best suite
course of pneumonia has been interfered with by sanguine
tion, especially if hectic symptoms have set in with mar
tration of all reaction, or if, during the subsequent co
disease, the threatening pulmonary symptoms become assoc
with hypersemia of the liver, icterus, intestinal catarr
ress in the stomach. For this reason China may be ranke
the principal remedies for chronic pneumonia, but its ac
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
active energies of the organism and to develop, at the sam
tendency to decom)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 anything. 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

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course, an immediate improvement must not be expected;
ter 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
lent remedy 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, a fortbrds no relief.

Lycopodium is recommended by Hartmann, if the patient feels 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, urging to cough with a little grayish expectoration raised with difficulty, after which the rfiles in the chest diminished the least, and the dyspnoea is very striking. These symptoms seem to us very vague, and we doubt whether such a 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. He 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 a general decomposition, the absence of colliquative symptoms in other organs, especially in the intestinal canal, and the lesser degrees of passive congestion, and finally the expectoration 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, literary material, has the following: "Despite the poverty of the homoeopathic literature, Opium can be assigned a place in pneumonia with tolerable 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 that are occasioned by various disturbances of the pulmonary functions (hence also in the course of a pneumonia where respiration has taken place,) as well as when general cerebral conditions are complained of. The following symptoms are especially characteristic: These symptoms originate during, or are by sleep; absence of pain, except a constrictive sensation on the chest; labored, rattling respiration, or very slow, Almighty, even suspended breathing; sudden blueness of the face; immovable, half-closed eyes; somnolence before or after an attack; trembling, twitching and jerking about the whole else rigidity of the body, general coolness of the skin; intermittent pulse, constipation. Many give moreover the symptoms as indications for Opium: Bad effects of fright and fear, likewise of wine-bibings and ailments incidental to old age; general insensibility of the nervous system and deficient reaction after 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 observa because we regard Opium as a really important remedy in monia. That Opium causes pneumonic infiltration, is evident from a case of poisoning of a child of three months which is reported by Boyd-Mushet in the Med. Times and Gazette, March 20, 1858. It is remarkable that it is precisely in the case of children that the 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
Binilarity 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

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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. Although
not expect to see the therapeutic sphere of every remed
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 against the employment of Nux in pneume
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
uas that Pulsatilla is principally recommended; 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 reme
d the subsequent course of the pneumonia, if the disease a
ipally the lower portion of the thorax, or is localized
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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 hyperemia, 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 lirium 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

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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 never resort to Arsenic. On the other hand, cases occur where the accessory 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; tendency to colliquation and dissolution; marked periodicity of the symptoms; aggravation during rest and in a recumbent posture, with excessive restlessness and anxiety, and the burning pain. It is at all events strange that Arsenicum should be so seldom mentioned in our literature as a remedy for pneumonia, whence we infer with tolerable certainty that it has only 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 marked signs of reaction; in the pneumonia of emphysematous patients complicated with cardiac affections; if oedema of the lungs sets in all at once, with passive hyperemia 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 symptoms are important remedies in excessively slow, purulent, as well as in 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 call attention to Cuprum which certainly deserves more particular notice in lentescent pneumonic conditions than has hitherto been given to it. We have the records of a case of poisoning by Copper where 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 disorganization.

For the sake of completeness other remedies which, so far as present experience goes, ordinate value: Squilla, Zincum metallicum, Acidum phosphoricum, and nitricum, Kali nitricum and Kali carbonicum, Calluna, and others. We have often given it as our opinion that too large a number of medicines for one class of diseases 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 consider 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 close 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 cerebral congestions are present, Belladonna is indicated together with Aconite.
(also Veratrum viride). If pneumonia is occasioned by mechanical causes, Arnica is given, which likewise corresponds to a cerebral hypcrsemia. 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 othe 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 excep changes set in; it likewise corresponds to the very com slight co-existing hypersemia of the liver. If, side by infiltration, the congestion continues as collateral hyp nite is in its place; in such cases the alternate use o drags may seem indispensable. If the reabsorption delays the general symptoms changing alarmingly for the worse. becomes the most important remedy. If the symptoms assum typhoid character, Phosphorus should be given at once; cases Bhus may be indicated. Tartarustibiatius requires if the resolution of the infiltration takes place very s the reabsorption is very slow, and hence it becomes nece promote expectoration. If we are called upon at this sta a pneumonia that had been managed with sanguineous deple JPhosphorus^ Sulphur and China may be suitable remedies.

In the third stage Phosphorus is commonly useful only at commencement, and here competes with Mercurius; Phosphor and perhaps also Mercurius, are counter-indicated by exc prostration. The last-named drug may come into play, if ease exists in dyscrasic, especially in scrofulous indiv suppressive process goes on without any marked febrile s assuming rather the form of a slowly-progressing hectic entirely confined to the lungs, Sulphur is often calcula about a favorable termination; however we place more co in Hepar sulphuris. In such circumstances lodium may lik be prescribed with great propriety. If purulent dissolut place, and the whole organism seems to be affected by th in a threatening manner, China deserves our first consid next to which we may compare Lycopodium^ Sepia and Silic monary abscess, whether acute or chronic, requires the a remedies; in a case of chronic abscess, we would likewi in some measure upon Carbo vegetabilis and Cuprum. Gangr the lungs is always a very threatening change, and a cur scarcely ever be expected. Carbo veg» and Arsenicum^ and also Lycopodium^ are probably the only remedies by means a favorable change can be wrought. To what circumstances binthina owes its recommendation for gangrene of the lun well be explained from the homoeopathic stand-point, thi will most probably exert a more specific curative effect ministered by inhalation than when conveyed to the disea by the stomach. On account of their general action more account of their special relation to the lungs, the mine more especially Acidum phosphoricum and nitricum^ deserv ular attention during the whole course of the third stag as intercurrent remedies.
The following constitute particular forms of pneumonia with reference to the circumstances which either occasion or accompany the attack, although they cannot be considered as complications.

Pneumonia of children assumes most commonly the form of lobular pneumonia, the more so the younger the individuals. In simple croupous pneumonia no other remedies are required than in the case of adults, although we would call attention to two remedies in such cases, namely Mercurius and Opium. The former is rarely suitable for adults in the second stage, on the contrary, it is often serviceable to children and is usually preferable to Bry. is a very excellent remedy for the severe cerebral hyperemia with which children are so often attacked. This condition of the brain very often makes Belladonna superior to Aconite even at the beginning of the pneumonia. Very seldom the symptoms in the case of children will point to Phosphorus which is aptly replaced by Mercurius or even by Bepar sulphuris. As a general rule, a simple uncomplicated pneumonia is neither a very important nor dangerous disease to the infantile organism; but it can easily be made so, especially by sanguineous depletions and catharsis. 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 by the symptoms from the very beginning. Here too the co-existing cerebral symptoms often call for Opium and Hyoscyamus. The re-absorption is usually trifling; a crisis generally takes place by 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 Tar or Carho vegetabilis or Lycopodium^ also Baryta. We would not advise Phosphorus for the reason that all signs of an excessive reaction are wanting. The greatest danger to old people is the acute cedema and the paralysis of the lungs by which the oedema is often speedily followed. In order to obviate this event, the patient should be put on a nourishing diet and have a little stimulating wine given him, whatever the antiphlogistic theory may say against it. As far as medicines are concerned, help may be expected from Tartar emetic, Arsenicum, Digitalis, perhaps also from Caryacus and Squills; even Veratrum album may have to be used in some cases. As a measure of precaution, which is of great importance to the patient, he should not be allowed to remain back 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 set in.
might otherwise easily occur.

Hyposstatic pneumonia cannot, properly speaking, be regarded as inflammation; it represents a peculiar hyperemia of the deifying upon a paralytic weakness of the circulatory atory organs. It only occurs as a part of other patholog conditions, on which account no special treatment can be to it.

Lobular pneumonia is likewise a co-existing and very se

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complication of bronchitis, not an idiopathic affection, still more difficult to point out for it a treatment bas rience, for the reason that we are not in the possession for obtaining an exact diagnosis. Knowing, however, that ing-cough easily leads to lobular pneumonia, and the res treatment being uncommonly satisfactory, we may assert w reason that we possess real remedies for this dangerous which will prove efficient in cases that did not origina ing-cough. If lobular pneumonia sets in with a decisive of the fever, or with a more violent fever generally. Be very often be found suitable, but still more frequently If the signs of cerebral hyperemia prevail, we have in remedy that indeed does not cause the whole process to r but exerts an exceedingly curative influence by preparin for other more direct remedial agents. Ipecacuanha should mentioned here side by side with Opium, because it likewise marked hyperemia of the brain, but not sufficiently via cause sopor; convulsions, an exceedingly spasmodic cough suffocative paroxysms and asthmatic complaints which eve after the cough; loud mucous ruffles in the chest, coln extremities and heat of the head are the chief indicatio more important for this kind of pneumonia is Veratrum album remedy which, in the form of an alkaloid Verainney has f grace even in the Old School. Its most essential indicat dyspnoea with slight rattling of mucus, dry and spasmodi accompanied by marked cerebral congestions, a hurried an pulse, cold skin and cold sweat, together with excessive This group of symptoms may sometimes require the use of trum album in croupous pneumonia. Moreover Phosphorus T emetic Hyoscyamus and Cuprum deserve to be mentioned in place; in general, all the medicines that have been nam bronchitis, deserve attention in lobular pneumonia. The diseases have to be regarded with special care. A rapid in recovery is comparatively rare in lobular pneumonia; remain feeble for a long time, hack a good deal or have through frequent and severe paroxysms of cough; the ass functions are suffering, although diarrhoea need not nec present; physical exploration reveals more or less disti catarrhal condition of the most delicate bronchial ramif In such a case it would be a decided mistake to leave th course of the disease to Nature, as it is perfectly prop

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the remains of most other acute affections. In such case phvr shows an extraordinary persistence of penetrating action. We advise, however, the use of high attenuations at protracted intervals. This action of Sulphur is most easily accounted for by the supposition, that the pneumonic exudation which, as was said above, takes place progressively from one portion of lung to the next adjoining, still exists either entirely or in part, patient's illness, and that it is this exudation which by the aid of this drug. Calcarea carbonica likewise has very excellent effect in this protracted course of the disease. If slight febrile motionless or even hectic fever with intestinal catarrh supervene, or if infantile organisms are attacked. As for Hepar sulphuris we have not yet had an opportunity of trying it 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 partial manifestation of typhus, scarcely ever an idiopathic disease. The inflammatory processes in the lungs depending upon tuberculosis will likewise be discussed in the chapter on tuberculosis.

The pneumonia of drunkards is almost always characterized by peculiar phenomena depending upon sympathetic cerebral a cardiac irritation and a deficiency of reactive power. The symptoms mostly point to Opium whereas much less frequently to Nux vomica. In the second stage Tartar emetic occupies part. Phosphorus is less frequently useful, although it reasoning from analogy in other forms of pneumonia. If Tartar emetic is ineffectual, Carbo vegetable may still be of eminence and Hyoscyamus are on a par with Opium whereas Nux vomica and Hhus deserve our commendation in the second stage. Regarding Ammonium carbonicum we have no experience of its potion to otter, but we consider this medicine worthy of a trial in this form of pneumonia. Various remedies may render good service in the same circumstances that we have pointed out for Sulphur in simple pneumonia. If Tartar emetic is ineffectual, Carbo vegetable and the Bromide of Potassium may be important remedies in this form of pneumonia.

Epidemic pneumonia either presents a characteristic group of symptoms, or else it has the peculiarity of not yielding that are apparently the most suitable, and of seeming disposed to run a perverse course. In naming the different remedies had in many respects regard to these exceptional character. To hit the right remedy for epidemic pneumonia, the most enduring investigations in the domain of Materia Medica were 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 that render the treatment difficult and the result doubtful.
determine in a great measure the selection of the remedy, on the other hand, present great difficulties in finding 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 it interferes with the process of reabsorption in the lungs. We shall this complication when treating of pleuritis.

Bronchitis as a complication is equally important as pleuritis, and requires a more careful selection of the remedy; for a normal course of this disease can only be expected after the bronchitis has been moderated. In selecting a remedy, those have to be considered first that are suitable to both affections at once, but more particularly to the catarrh. From the reasons stated, and from our remarks concerning Aconite in the chapter on bronchitis, we shall commonly find that this medicine, which is such an excellent remedy for pneumonia, is generally ineffectual 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 unfounded, 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 Belladonna, less frequently Mercurius. It is impossible to indicate characteristic distinctions of both remedies, for the reason that 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; remitting fever with profuse, strong-smelling perspiration, mingled with creeping chills, for Mercurius. The latter has a thickly-tongue, the former a thickly-coated tongue, with free borders. 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 a sequent course of the disease. This is likewise true with Carbo veget. Of other remedies that may come into play, we mention Nux vomica, Hyoscyamus, and Senega, perhaps also Pulsatilla and Veratrum.
monia are no less dangerous than acute Bronchitis. Previous to the acute attack setting in, the respiratory movements had become very much embarrassed, and these embarrassments are enhanced by the access of pneumonia, since the habitual expectoration of mucus is most commonly suspended as soon as the pneumonia commences. At the outset of such inflammations, if the fever is very acute, Bryonia and Mercurius are indispensable; Rhus will rarely ever appear suitable. Sometimes the symptoms indicate Tincture from the start, or at any rate in one or two days of this kind, Tartar emetic often renders eminent the practitioner is not afraid of giving a sufficient dose. We have always found the second trituration necessary but suflicient. Verainum album deserves attention in such a case if marked cerebral symptoms are present, together rapid sinking of strength and marked febrile motions, the 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 disease it shows a very slow and gradually progressing improvement else an aggravation of the symptoms, Carbo veget. is of great importance which sometimes affords help even in de cases. But not too much must be expected in a short time. The course of the disease is always very much protracted; podium may come into play, although we cannot recommend from personal experience. Nor have we derived much benefit from the use of Arsenicum which apparently seems indicative such cases; at any rate it is much inferior to Carbo. The absorption of the infiltration is not specially accelerated probably because the conditions are wanting which favor of this drug, namely a sufliciency of reactive power and of the remaining respiratory channels; Silicea on the other hand the course of the disease in a striking manner. If the symptoms of passive pyhemia of the brain are very marked, the prominent remedy is Digitalis which may have to be given commencement as well as at any other period in the course 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 disease. Among them we mention more particularly Tartarus stibiatus Cuprum Mercurius Veratrum album 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 supervening whooping-cough. In such circumstances the course of ease will scarcely ever be normal. Nervous phenomena set early period, the infiltration remains undisolved for 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 effect, and next to it Veratrum and Ipecacot whereas Hepar sulphuris, Phosphorus, Sulphur, and other medicines apparently had not the least influence over the di
we ever should have another similar case to treat, we sh
two ren^edies in alternation, one for the whooping-cough
other for the pneumonia. It is true, after the inflamat
in, the paroxysms of cough become less frequent and less
but they cause a horrid distress to the patient and they
exert a good influence over the disease. It might be wel
circumstances, to try to subdue the paroxysms by means o
"We do not mean to be understood as though we regarded t

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remedies as the only ones suitable to this complication
the only remedies that have done us any good in such cas
these remedies all those that have been recommended in p
paragraphs for whooping-cough complicated with acute bro
may have to be employed, and for the sequelae or seconda
another class of remedies may come into play, which it i
sible to enumerate in this place.

Pneumonia complicated with influenza, has to be treated ing to the same rules that have been laid down for epide
pneumonia.

Cerebral hypersemia is a serious complication, although quently in appearance than in reality. Most commonly it be regarded as a disturbing symptom. But if, owing to it sity, it should develop paralytic phenomena, sopor and c
the patient is far advanced in age, this hypersemia will ticular attention and treatment. Among children it is of importance. It has to be treated with Belladonva^ Opium^ cyavi^Verairum^ Digitalis^ Tartarus stibiatis. The f
these remedies are more suitable for children, the last people. In the case of these cerebral phenomena we have carefull in determining whether they originate in pure hy or depend upon the process going on in the lungs, and a quent alteration of the blood, and, therefore, belong to of typhoid symptoms. In the latter case, quite different have to be used, such as : Phosphorus^ Mercurius^ Rhus t others. Sometimes a mistake is not easily avoided, espec cases where the disease had a typhoid character from the ning. The importance of cerebral hypersemia is likewise measured by the locality of the pneumonic process; it is less consequence if it arises from an inflammation of th lobes, far in such a case it can be readily and directly by a disordered circulation, whereas, when the lower lob flamed, the hypersemia appears more in the light of an i disease whose connection with the fundamental inflammmati easily explained.

Attections of the heart, whether they existed as chronic tions previous to the occurrence of pneumonia, or whethe occur as acute affections during the course of pneumonia tute most threatening complications. If chronic affectio heart are present, the dyspnoea is extremely aggravated presence, an active as well as passive hypersemia of the
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in much more readily, and the resolution of the exudation is rendered much more doubtful by such a complication. The selection of a remedy likewise becomes so much more difficult, since we cannot determine the degree of attention that the heart-symptoms may legitimately claim. Tartarus stibiatus, Veratrura alburn, Cannabis saliva, Sulphur, correspond most fully with both orders of symptoms; Lycopodium and Car tabilis may likewise be included in the list. At all events, such complications render a most thorough investigation of our Materia Medica indispensable. Acute diseases of the heart, if so far advanced, constitute very dangerous complications, and 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 before the cure of pneumonia can be thought of. We therefore refer the reader to the therapeutics of diseases of the heart.

Hepatic hyperemia is a very ordinary accompaniment of pneumonia, and is generally the most severe, if the lower portion of the right lung is affected. On account of the presence of icteric symptoms, a form of pneumonia, termed bilious pneumonia, has adopted by pathologists; but it is our opinion that hepatic hyperemia is too natural a consequence of an obstructed pulmonary circulation to deserve a very large share of attention. Quite recently we attended a man who had all the symptoms of a violent hepatitis, and yet was in reality attacked with nothing but of the right side. This combination is in the first place Belladonna, afterwards Bryonia and Mercurius and final phorus and China are the most suitable remedies. The hepatic symptoms only require special attention, if the flow of bile is completely suspended and the gastro-intestinal catarrh is 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 contributes towards impressing a typhoid character upon this disease catarrh alone is not very important, although the modified symptoms superinduced by the catarrh, may render the use of Bryonia or Mercurius Veratrura or Tartarus emeticus indispensable at the very commencement of the attack.

Chronic pneumonia, which we will class in the same category as lentescent pneumonia, has very different symptoms and requires different remedies. If it consists mainly of the pneumon
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 sufficient 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,
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

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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 ablation 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 confi
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
ious 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. Cold, fresh water is the best drink and should be avoided only where it excites the cough. Water sweetened with sugar, advisable; it causes acidity of the stomach, but water mixed with a little currant jelly, may occasionally be allowed. A quantity of malt-beer, sweetened with a little sugar, and no often, is exceedingly refreshing. The common prejudice against this beverage is entirely unfounded. Water-soups and dilute milk soups and dilute milk with a little wheaten bread, will be sufficient nourishment. But as soon as the fever begins to abate and the appetite returns, a more substantial animal diet will have to be allowed, for the considerable waste has to be repaired. A change in the diet is indispensable. If the patient feels very weak at an of the disease, good broth may be given him without fear the presence of adynamic fever may even require small qu of some SHOTM' wine, especially in the case of old people; stimulating effect need not be apprehended. In the small children it is a very common mistake to quench the with wine. But if the stomach is again and again called

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recommence the process of digestion, the catarrhal affection organ must, of course, be made much worse than it was in quence of the pneumonic process; this conduct is reprehensible by all means be avoided. The avidity with which cold water during their fever, is abundant evidence in harmony with the wants of the infantile organism. Spriations in regard to diet are only required by the presence plicating intestinal catarrh.

When the patient may again go out in the open air, will upon the weather, and likewise upon the fact, which has ascertained by a careful exploration of the chest, that pneumonic infiltration is completely reabsorbed. In this resul 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 hedended.

10. Ckftngersna Pulmonmiu

Gangrene of the Lungs.

(According to Kafka.)

[This morbid process is distinguished from other similar cesses in the organism by the circumstance that putrefaction ciates itself with the death of the mortifying parts.

Anatomical Characteristics. Pathologists distinguish two kinds of gangrene of the lungs, circumscribed and diffus grene.

Circumscribed gangrene occurs most frequently. Detached tions of pulmonary parenchyma of the size of a hazel or
are transformed into a tough, brown-green, humid, horribing 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

Gangrened scurfs may likewise form on the pleura. After, the gromaBgreoovLB 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

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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 1 parenchyma forms a decaying, blackish, fetid tissue, who 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, ow 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 elastic fibres, dark-brown masses resembling tinder, with a blackish tint, and soft plugs containing fat-aciculre.

Diffuse gangrene in consequence of pneumonia manifests i

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by sudden collapse, a high degree of debility, a small a pulse, and by cerebral symptoms, with which phenomena t acteristic 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, sin

Circumscribed gangrene sometimes cannot be recognized un the gangrenous ichor has passed into the bronchia and is by the mouth.

Some patients bear this severe disease without much distress their constitutional condition is not very much disturbed have no fever, walk about, attend to some light, domesti ment, and the disease often drags along for months.

If the gangrened portion of lung does not communicate wi bronchus, and has become isolated as within a capsule in quence of secondary inflammation, the cadaverous odor ma 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 bronchiectasia and when tubercular caverns are present.

The physical signs during this morbid process are not very important.

In diffuse pulmonary gangrene consequent upon pneumonia, cussion 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 auscultat bronchial respiration and cavernous sounds.

Circumscribed gangrene is very difficult to recognize by exploration.

Course, Terminafian, Pi^ognoHts. As haa already been stated, even when affected with circumscribed gangrene, may seem apparently well for a long time, even for months hemorrrhages set in sooner or later, which exhaust the st or else the patients perish in consequence of subsequent
tabes. However, a radical cure is not impossible; in such a case the fetor of the sputa gradually disappears; they gradually assume a yellow color and a purulent consistence, and, as soon as the gangrenous focus has become encysted, it dries up and the sputa cease entirely. This favorable termination may set in in consequence of an acute inflammation, or if the gangrenous process takes place in a bronchieetatic cavity or in some cavern in the pulmonary parenchyma.

Pulmonary gangrene arising in consequence of cachectic conditions, by hunger, poverty, misery, long-lasting diseases mostly diffuse and almost always terminates fatally. Diffuse gangrene arising from any source, is almost always fatal.

Treatmen1 K, during the course of pneumonia, the patient's breath begins to spread a bad odor, we should at once think of the termination of pneumonia in gangrenous destruction. If large portions of the pulmonary tissue are destroyed, the external signs of this gangrenous decay become apparent, great debility, collapse, delirium, sopor, decubitus, unquenchable thirst, fetid diarrhoea, etc., and death takes place in utter exhaustion of the vital power.

If pulmonary gangrene does not set in with rapidly developing and threatening phenomena; if the gangrene is limited to a definite locality; if the strength of the patient is sufficient to bear up against such a violent attack, and symptoms of adynamic fever set 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 Kreosote 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 means of pulverized charcoal scattered in the spittoon; the best is probably the Permanganate of Potash.

In obstinate cases Secale comutum 3 to 6 may prove useful if hemorrhage sets in accompanied by collapse, rational, coldness of the extremities, exhausting diarrhoea, vertigo, sopor. If this remedy does not produce an improvement, Ergotin 1 may be tried, which acts with more power and intensity. Skoda recommends inhalations of turpentine, one drachm to two drachms of hot water, two to four times a day. Niemeyer thinks that these inhalations are only of use if the gangrenous focus has become encysted 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 generous wines, Hock or Claret, good ale, provide for adequate ventilation (Edema Pulmonum, Hydrops Pulmonum).

Of the Bictroom, frequent fumigations with vinegar, purifying 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 Drop extending to the finer bronchial ramifications.

Anatomical Characteristics. We distinguish an acute rapidly-developing oedema of the lungs, and a chronic oedema, sometimes 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 engorged, the parenchyma is very tense, so that an impression with the finger is at once effaced again; on the cut surface a fine-frothy or even dark-red, dim and not quite thin serum flows out containing a good deal of albumen; the air seems to be entirely and the pulmonary tissue is easily torn.

In the chronic form of pulmonary oedema the lungs are not in a state of hyperaemia, but pale and tough, an impression with the finger remains; the serum is much less frothy, not at a higher grade of the disease; it is of a yellowish-pale, clear and contains but a small portion of albumen. Gradually the air leaves the pulmonary cells altogether; these cells and the fine bronchial ramifications are filled with a serous fluid.

On opening the thorax, the oedematous lungs do not collapse, they are puffed up and heavy. The larger the quantity of air in the cells, the more air is expelled from them.

Etiology. (Edema of the lungs is generally only a secondary disease, arising in the course of other morbid processes.

Acute oedema, which is also designated as serous pneumonia or hydro-pneumonia, most commonly results from catarrhal fluxions or congestion. It sets in most frequently in the course of acute bronchial catarrhs, bronchial croup, acute exanthemata, measles, scarlatina, smallpox, etc., in the course of typhus; pulmonary oedema may set in in consequence of collateral consequence of passive hyperaemia in the course of disease.

Chronic oedema of the lungs most commonly develops itself as consequence of passive hyperaemia in the course of disease.
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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 cedema of the lungs is almost always complicated 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 death may be the speedy result.

Acute oedema most frequently sets in during the death-struggle 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 under the sternum which does not abate by any change of position; at the same time the expression in the countenance is one of anxiety, and the mobility of the thorax is less in consequence of which the patients at times sit up erect, at other times rest on their arms and stretch their heads forward, in order to facilitate the breathing. The cough is spasmodic, the expectoration is exceedingly profuse, of a frothy-serous consistence, sometimes pale and at other times dark-red; moist ruffles are heard in the whole chest; cyanosis shows itself first in the face and afterwards on the extremities.

Gradually the sensation of suffocation increases in violence, the expectoration becomes less, the ruffling becomes louder and is heard even at a distance; little by little, in consequence of the blood by carbonic acid, the patient becomes soporific and no longer able to cough up the spuata, because the muscular apparatus is semi-paralysed; the cough is less frequent, the breathing becomes more and more superficial and shorter. Finally collapse sets in, the cheeks become livid, a rattling is heard in the trachea, and the patients die of asphyxia.

If the oedema is extensive, and the air has been driven out of a large portion of the lungs, the percussion-sound is muffled or tympanitic; as long as air remains in the oedematous portions, the percussion-sound remains unaltered. The local or circumscribed oedema on percussion frequently yields no alteration of the sound; if the cells are entirely filled with serum, the percussion-sound may be dull and empty; if situated at the apex of the lungs, this condition of the cells may be confounded with tuberculous infiltration. Auscultation generally reveals all sorts of ruffles, except consou: n rales.

The symptoms of acute cedema of the lungs sometimes set in with so much rapidity and violence that one symptom seems to chase the other.

If acute oedema sets in in consequence of collateral con-
accompanied by a more or less high grade of dyspnoea and
in the recently-invaded portions of the lungs which, un
counter-acted, are soon succeeded by the above-described
pulmonary oedema.

In chronic oedema the above-described symptoms develop t
selves much more slowly, and they are variously modified
primary disease.

Generally the oedema is complicated with oedema of the e
ties, sexual organs, serous transudations into the pleu
toneum; percussion yields a dull sound in the lower port
the lungs.

Course, Termination, Prognosis. Acute oedema generally
develops itself with more or less rapidity, and if the s
very violent, may soon terminate fatally. This is most f
the case, if phenomena of collateral congestion set in du
course of inflammatory processes in the lungs, pleura, h
This termination was designated by the ancients as apo
monura serosa. In such cases the highest degree of dysp
speedily develops itself; amid a constantly-increasing a
restlessness the patients soon become cyanotic, cough a
expectorate a quantity of frothy serum, more or less with blood; suddenly they become quiet; sopor and trache
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 termin
acute effusion. If the constitutional vigor is well pres
oedema can be removed more easily than an acute attack w
generally very dangerous; for this reason the prognosis
ter danger to life is concerned, is more favorable in a case
than acute oedema.

Treatmen. In all diseases in the course of which acute
monary oedema may set in, the supervision of a sudden d
with a characteristic cough and sputa, deserve our most
attention. If a more or less violent fever supervenes du

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dyspnoea, we at once give Aconite 3, every quarter of an
every half hour or hour; the result is generally favorab
rate the exhibition of this drug secures us the advantag
rating the violence of the oedema, and giving the physi
to arrange a suitable couree of treatment.

As soon as fine rales are heard, and the dyspnoea is inc
even without any sputa, we give at once Phosphorus 8, co
this remedy even if a copious frothy serum, tinged with
expectorated. This remedy sometimes has a brilliant effe
in a few hours the whole trouble is ended.

If the cough is strikingly spasmodic, we very soon perce
bluish color of the lips and tongue; in such a case the
danger on account of the capillary engorgement that thre
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 care are heard over the whole chest; if the characteristic spit are heard with equal force and distinctness; if cyanotic pha becoming manifest, and a high degree of dyspnoea and suf anguish torment the patient, we give Tatarus 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 Phosphorus 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 emetic produce a marvelously favorable effect. Let not the use emetic be 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.

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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 eft hezitate, 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^ Lucilies^ IXg serous eifusions in the pleura or peritoneum we give acc the prevailing symptoms Arsenicum^ Helleborus^ 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 pathologists.

If we omit the various conditions that develop asthmatic phenomena which have not generally the peculiar characteristics of nervous paroxysms, the etiology of asthma can be reduced to the following points: in the first place the affection is developing neither any special pathological alterations, to any particular exciting causes. The patients are attacked at indefinite, much less frequently at regular periods. Asthma likewise met with as a partial manifestation of other conditions, especially of hysteria and hypochondria, in which likewise to be regarded as a primary affection occurring circumstances. Finally asthma may be caused by topical impressions; we see asthma result with comparative frequency a exposure to Copper, Arsenic, Iodine, Lead, and to the dust of Ipecacuanha. The most heterogeneous circumstances are as as the exciting causes of this disease; whether rightly is difficult to decide in view of the utter absence of r

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the occurrence of the paroxysms. It is certainly a suppo that the attacks can be excited by the" direct action of upon the lungs, more especially by vapors and dust; but that this irritation does not seem controlled by any law emotions are undoubtedly one of the most frequent causes Of undeniable influence is the condition of the atmosph the thermometrical as well as barometrical point of view; t are most easily excited during a high state of the thermod a low state of the barometer. Electricity likewise plays important part in regard to asthma, for the attacks are be excited previous to severe thunder-storms. Regarding position to asthma, it is certain that the male sex is m it, and that most cases of asthma occur between the age cence and the age of fifty. Constitutional influences se null, thin as well as corpulent, feeble as well as robust being attacked. In many cases we have undeniable evidenc the hereditary character of the disease.

Syjntotna and Courne* Asthma consists of a series of pa oxysms separated from each other by intervals which at f absolutely free from all symptoms of the disease. Hence, to consider first the paroxysm itself, and subsequently on the general organism.

The attack either sets in with distinct precursory sympt among which great exhaustion and an increasing oppressio breathing are the most common; or else, the attack sets with great violence. It is remarkable, although it can accounted for upon physiological principles, that the at ally sets in at night, most frequently in the evening, s in the day-time. This feature is, however, peculiar to a nervous affections, the cause of which may be the circum that the activity of the nervous system is constantly in towards night. Very often the patients are roused from s the attack, sets in like an attack of night-mare. They e a constrictive sensation on the chest, with inability to breath; 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 muscles are put upon the stretch, whereas the thorax is into requisition. This is owing to the fact that the expirations are less complete than the inspirations, in consequence of which

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lungs gradually become filled with air to such an extent that the edge of the liver is felt considerably below its normal level. At the commencement of the attack percussion yields a normal sound, whereas auscultation reveals before the paroxysm, and always immediately after access, in the place of the vesicular respiratory murmur hissing, and occasionally rattling sounds, that sometime enough to be heard at a distance. That the patients look sometimes have a bluish or livid appearance; that a cold perspiration breaks out on them; that the temperature of the skin is lower than usual; that the beats of the heart are much feeble; that the wheezing and hissing 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, its 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 eructations, or vomiting, with emission of flatulence, may take place which the patients often feel well again, except a lassitude may continue for days. In other cases the paroxysm does not altogether, but abates for a longer or shorter period, and is again succeeded by a full attack of asthma, until 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 disease 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 very common results of asthma, which are easily mistaken for causes of the disease. A single paroxysm, no matter how violent, is not 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 lesions 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 by the age. In many cases the paroxysms decrease at a more advanced age and finally disappear altogether; or else, they are

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pulmonary emphysema and its consequences. It is difficult

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mise an early and complete recovery, for the paroxysms recur sometimes after the lapse of years. Death is a very unfrequent termination of this disease.

The prognosis, so far as the preservation of life is concerned, is very favorable; as far as a cure is concerned, the result of medical treatment must be considered uncertain. In contrast with Old 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 paroxysm and at curing the disease.

Respecting the possibility of shortening the paroxysm, it is doubtful whether, in view of the uncertainty how long an attack will last, any medicine can be relied upon for the accomplishment of such a result. If the paroxysms only last a few hours, regardless of whether we give any medicine; as regards paroxysms that have remissions and exacerbations before a complete intermission takes place, it would, of course, be desirable to recommend remedies that seemed to have a good effect in one attack, to be relied upon for the accomplishment of such a result. If the paroxysms only last a few hours, it is immaterial whether we give any medicine; as regards paroxysms that have remissions and exacerbations before a complete intermission takes place, it would, of course, be desirable to recommend remedies that seemed to have a good effect in one attack, to be relied upon for the accomplishment of such a result.

Our own experience compels us, however, to confess that, with respect to the possible shortening of the paroxysm, we have no very brilliant results to brag of. The same remedies that seemed to have a good effect in one attack, did nothing at all in the next, although the symptoms seemed practically the same. If we are called to a case, we give a little medicine to quiet the relatives, but for a cure we depend solely upon the treatment during the intervals. However, in order to avoid the appearance of a purely subjective exclusivism, we will mention some of the remedies that are most commonly used at the beginning of the attack, at the same time referring to the remedies that mentioned by and by, and which may likewise be used for the paroxysm.

Belladonna, when the attack is accompanied by congestion of the head and an affection of the larynx, in the case of plethoric individuals, children and females of an irritable disposition.

Aconite, in the case of plethoric, active individuals, with severe cerebral hyperaemia, after mental excitement, the face being much flushed.

Chamomilla, when the attack is caused by a severe fit of passion, with flatulence, particularly for paroxysms of hysteric asthma, or for children during the period of dehiscence.

Nux vomica, for attacks caused by nervous excitement, spirits, much eating, hysteria, hypochondria, inhalations of dust.

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gestions to the head, distention of the abdomen, especially of the 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, with copious vomiting of mucus, which affords relief, vertigo, sudden prostration of the heart.
IMoschus, for asthma without cough, with a violent feeling of constriction in the throat as if the glottis were involved in the 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 illusory, and 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 or other affection of the respiratory organs with asthmatic symptoms is real asthma. The remedies from which most may be expected during the attack itself, are Belladonna, Cannabis and Opium. Opium especially is sometimes rendered substance without it being necessary to employ large doses on this account. Morphia, 2d trituration, two or three grains at a dose, renders the most powerful effect, and if this dose is not sufficient, the remedy can only do harm. If a copious secretion of mucus is induced, the patient will have to be given a more 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, for it is often possible to relieve the patient by all sorts of external applications. It is important, for instance, to regulate the patient's posture. Some people will not allow him to leave his bed; yet it is of great importance and affords great relief to the patient, if every 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 vertically, and pressed against any object in order to facilitate the action of the dorsal as well as abdominal muscles. All tight clothing should be removed; if the patient is in his senses, he attends to this without 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 high, above everything else, the air should be kept sufficiently moist. If we are called to a patient who has had a number of attacks, we shall find that he keeps every thing on hand which, by its direct action upon the lungs, may relieve a paroxysm; nor can it be denied that relief is often 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; inhalation of the spirits of Turpentine or of Camphor evaporated on hot water; the inhalation of the fumes of burnt nitre-paper, feathers and sulphur. We have tried the last remedy in our own case. That in such cases it is not the specific action of the inhaled substance which affords relief, is evident from the circumstance that the effect is only palliative and transitory, and that inhalations of Chloroform, which have a direct narcotic
scarcely ever borne by asthmatic individuals. Substances used for smoking, constitute another series of remedies. In this case, however, we deal with thoroughly homoeopathic remedies such as Tobacco, Iodine, Stramonium, Ilyoscyamus. Tobacco of course, be useful only to persons who do not smoke, 1 instance, to whom we recommend for such purposes the small paper-cigarettes used by Russian and Spanish ladies. Smokers, 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 justifiable they afford relief to the patient, nor should they be discarded. We have better remedies to recommend in their stead. Ver we accomplish our purpose with the inhalation of simple water. The method of introducing appropriate remedies into the respiratory organs by means of an inhaler, has satisfactorily verified as a superior proceeding.

The main-point in the treatment of asthma is to meet the in its totality. As a matter of course, the selection of is not only governed by the symptoms between the paroxysms likewise by the paroxysm itself and by the constitution patient, and it is this indispensable consideration of such varied conditions that renders the selection of the remedy exceedingly difficult. In the subsequent paragraph

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only furnish short indications for the selection of the tant remedies, since it is impossible to present these i with anything like a satisfactory completeness.

Araenicum album is undoubtedly the safest remedy for ast not only corresponds to the simple spasmodic, uncomplica ma, but likewise to the secondary forms of asthma which existence to the most diversified affections of a more p character. Arsenic is even used a great deal in domestic and is highly commended by Old School practitioners. Thi likewise shows very strikingly how the constant physiological effects of a drug can be employed with mathematical cert remedial agents when employed according to the law of si In slow arsenical poisonings, asthma always occurs withoception. "We dispense with the enumeration of individual toms, since every somewhat violent attack of asthma corre to Arsenic. Nor can we particularize the cases where ast occurs as a mere symptom, since in such cases the select remedy is chiefly determined by the character of the pri tion. "We will state, however, that, in the asthmatic pa tuberculous patients. Arsenic has always left us in the principally indicated by the following symptoms: The par always sets in towards midnight or shortly after; it see governed by a tolerably fixed type, although asthmatic occurring without any typical regularity do not exclude it reaches its acme with unusual rapidity. The more th^ seem on the point of suffocating; the more painful and their restlessness; the more wheezing and louder their the more Araenicum will be found appropriate. Accessory stances are: sudden access of a high grade of collapse w of the countenance, cold perspiration and a very frequen
pulse; palpitation of the heart; distension of the abdomen consequent upon the attack; involuntary emission of the urine; unconquerable dread of death; the paroxysm is excited by changes 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 mostinent. When given during the paroxysm, Arsenic sometimes exerts a magical effect, so that the patients fancy they Opiam; although Arsenic does not by any means help in every case, yet it had better be tried in every case that we are called upon to treat. During the apyrexia, the remedy had better be administered at long intervals and in the higher attenuations, although the success which Old School practitioners have with Fowler's solution justifies the conclusion that massive doses are likewise conducive to a cure. The danger is that masses may affect the stomach injuriously. Whether Arsenic possess specific antidotal powers against asthma caused by other has not yet been determined.

Cuprum is likewise one of the substances which, in cases of poisoning, develops asthmatic symptoms. However, it has proved of such decisive practical value as Arsenic, for that it has not the significant indications of this agent. Cuprum is indicated by the following symptoms: the 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 or in consequence of exerting the respiratory organs, as after a coughing fit; the paroxysm very speedily reaches of its intensity; other muscular bundles are involved in the convulsive attack; the attack is accompanied by a constant hacking, which aggravates the asthma; the attack terminates by vomiting. The appearance of the countenance, with cold perspiration. 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 either physiologically or practically to present clear indications for its use in asthma. Nevertheless, the affections of workers in lead show that they are very commonly affected with a violent asthm. It bears great similarity to the copper-asthm which it is not so much distinguished by its local as by symptoms. We recommend the remedy more especially in the severe paroxysms of tuberculous individuals, and likewise for the form of asthma, which is accompanied at the outset by a profuse accumulation of gas in the bowels.

Lodizodium is likewise one of those agents which, among its symptoms of slow poisoning, numbers asthma as one of its con
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In our Materia Medica these effects of Iodine are pointed out very imperfectly, and the reader is very much disposed to combine the symptoms pointing to asthma with the symptoms denoting inflammation. In the "Deutschen Ehinik" of 1856, three cases of Iodine-asthma are recorded, which are of considerable interest: The asthma set in after a protracted use of Iodine; whereas an acute intoxication with Iodine never causes a paroxysm; the paroxysm sets in towards evening or more commonly 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 desire to sleep. Notwithstanding the violent difficulties of breathing, there is emaciation without any increase of the secretions; there is nervousness and restlessness during the intervals. Hence, Iodine corresponds well with the purely nervous asthma, for which it has been prescribed more recently by several Old School practitioners, in enormous doses. Except a few not very striking cures, homoeopathic literature does not offer any cases of asthma fully treated with Iodine.

Stannum may be tried if the attack supervenes during the existence of chronic catarrh, and the decrease of the attack is attended 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 a copious accumulation of gas in the bowels during the paroxysm.

Spongia has so far been found useful only in asthma depending upon tuberculosis, but it has never effected a complete but only a marked diminution of the frequency and intensity of the attacks. The paroxysm is characterized by a marked constriction of the glottis, a wheezing respiration, with complete loss of voice. In a few hours the patient hacks up a substance resembling soaked 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 adapted to the complicated forms of asthma. We confine ourselves to mentioning their names: Ipecacuanha, Belladonna, Lycopodium, Bovista, Lactuca virosa, Bryonia, Pulsatilla, Lobelia inflata is more adapted to emphysema than to asthma. Opium sometimes aff

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striking benefit in paroxysms that occur during sleep. In a variety of cases we have witnessed remarkably favorable results from the use of Digitaline. "With this remedy alone we have radically cured frequently-recurring paroxysms of asthma protracted duration; in invereter cases all that we ha 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 gather 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, preeminent 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. influence 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

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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 r 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* Asafoetiduy 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, living in mountainous regions or generally in the open air, are means that have more particular even exclusively a local effect. Among these remedial means, movement-cure holds a prominent rank; it sometimes proves powerful 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 has likewise the advantage of acting favorably upon the constitution. The action of compressed air has likewise a surprising effect; however, it is yet impossible to state what particular form of asthma is adapted to this curative influence. According to all pro this remedy is particularly adapted to shorten the protraction of the paroxysms. Living on high mountain-tops has a favorable effect 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; ataxia, paralysis and tonic spasm of the diaphragm being general manifestations of other pathological processes.

822 Diseases of the Diaphragm.

1. Diphragmritis Inflammation of the Diaphragm*

[It consists in an inflammation of the serous covering of the diaphragm, either on its thoracic or abdominal side.

This inflammation is never an idiopathic disease, but always occurs in the course of pleuritis (pleuritis diaphragmatica), or in the course of peritonitis (peritonitis diaphragmatica).

According to the statement of older authors the following phenomena are characteristic of diaphragmitis: continued, burning, stinging, tearing and contractive pains all over the diaphragm, the pain encircling the body like a hoop; during inspiration the pain is felt lower down, during an expiration it is aggravate by coughing, talking, and by every motion of the patient, rendering a deep inspiration impossible; the breathing is hurried, anxious, superficial; it is performed with the thoracic muscles remain passive; distressing vomiting of a green substance, great difficulty of swallowing, sometimes hydrophobia, delirium, spasmodic laughter, finally collapse.

From the presence of these symptoms in the course of a pleuritis or peritonitis, we may conclude that the diaphragm is involved in the inflammation. Idiopathic diaphragmitis has not yet been met with.

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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 if only if out-of-the-way symptoms exist that they have by special remedies.

The most troublesome symptom is the distressing singultus. For this symptom we recommend Belladonna 8, especially if co with difficulty of swallowing, risus sardonieus, delirium. If, in a few hours, this remedy does not afford the desired help, we give the Sulphate of Atropine 3, or Hyoscyamus.

Biliona 3 is an excellent remedy, if the inflammation of the pleura and is attended with considerable dyspnoea, during respiration, difficulties of swallowing, cerebral

If the vomiting is a prominent symptom, as is generally when peritonitis is present, we resort to Belladonna, Veratrum. In obstinate cases we have recourse to Opium.

A very disagreeable symptom is the spasmodic laughter, for which we recommend: Belladonna, Hyoscyamus, Ignatia and Cuprum metallicum 6.

Singultus, Hiccup. 823

which we recommend: Belladonna, Hyoscyamus, Ignatia and Cuprum metallicum 6.

2m Siniraltiis, Hleenp.

This is owing to a spasmodic contraction of the diaphragm during which the air is drawn in through the contracted with a shrill and short sound.

The hiccups either originates in the nervous centres, as general erethism, neuroses, especially in the case of hypochondriac patients; or when accompanying cerebral diseases or upon considerable losses of blood and other fluids, as well as upon violent psychical impressions, anger, etc.

Or else, it is simply a reflex-phenomenon, as during dis the pleura and pericardium.

Consensual singultus may occur during diseases of the stomach, pharynx, intestinal canal, etc.

In the case of children it often occurs in consequence of or acid stomach.

Singultus occurring during cerebral anemia consequent upon chronic diseases, such as carcinoma, Bright's disease, typhus, cholera, etc.
pleuritis with profuse exudation, likewise upon pericarditis and upon exhausting diarrhoea, is always a very dangerous symptom that may continue for days and finally increase to convulsions.

Treatment. A passing hiccup is scarcely ever noticed; only if it lasts too long and becomes too severe, medical treatment may 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 water, fixing one's attention upon a certain object, such as: holding a key in one's hand, by a systematic crossing of the fingers, or by a sudden surprise, or such domestic remedies as eating sugar, magnesia, ice, etc.

Infants who have taken cold, have to be warmed, after which they should be put to the breast; if their stomachs are acid, we give them Chamomilla 8, or Rheum 8. A domestic remedy that is frequently made use of, is calcined Magnesia, as much as will cover the point of a knife morning and evening.

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In one case, where not one of these remedies would help, a tea spoonful of recently prepared lime-water removed the spasm.

If the singultus is intense and lasts a long time, we have to select remedies that correspond to the co-existing pathological or to the exciting cause. For the nervous singultus of hypochondriac individuals, we give according to the symptoms: Nux vomica^ Ignatia^ Belladonna and Hyoscyamus^ Nux moschata and Natrum muriaticum.

For singultus consequent upon a fit of chagrin, we give: Ignatia^ Pulsatilla.

For singultus occasioned by diseases of the stomach and liver: Bryonia^ Nux vomica^ Pulsatia Natrum muriaticum and Sulphur.

For painful singultus caused by inflammation of adjoining organs: Belladonna^ Hyoscyamus^ Atropine^ Opium 1 or 2.

In a case of consensual singultus consequent upon spasm of the oesophagus, accompanied by nausea, Veratrum 8 has rendered us good service.

We are much less successful in the selection and use of remedies for singultus occasioned by exhaustion of the vital forces and cerebral anaemia. In such cases we have succeeded in relieving the patient by Ammonium carbon. 3, Phosphorus 8, and in desperate cases by Moschus 1.

As external remedies practitioners recommend: laying grated horse-radish upon the epigastrium, dropping ether upon the pit of the stomach, painting this region with the oil of chloroform, one drachm to two drachms of almond-oil, and in desperate cases the inhalation of ether or chloroform.

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, colicky 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, the symptoms settle in with equal violence, and life may be in the greatest danger.

The worst symptoms are those of ileus, which we meet with Nux vomica 3 and Opium 1. Tepid baths, and in severe cases frictions or inhalations of Chloroform are excellent adjuvants.

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Pluritis, Pleurisy. 825

Sudden, the symptoms set in with equal violence, and life in the greatest danger.

The worst symptoms are those of ileus, which we meet with Nux vomica 3 and Opium 1. Tepid baths, and in severe cases for inhalations of Chloroform are excellent adjuvants. U.

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D. DISEASES OF THE PLEURA.

1. Plenritis, Pleurisy.

Inflammation of the Pleura.

Inflammatory affections of the pleura are not by any means rare occurrences; yea, the frequent adhesions of the lungs to the thorax revealed by post-mortem examinations, show that pleuritis are not only very frequent, but that they run their course unobserved. The more trifling inflammatory phenomena are without any practical value, nor do they ever constitute an object of treatment; 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, a disease is caused by some direct and mechanically acting cause; 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 this 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 pleurisy 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 hyperemia of more than ordinary extending near the surface of the lungs, develop pleuritis which generally confined to a very limited space, but may like extensive and violent. Inflammatory affections of the heart particularly of the pericardium, may lead to pleuritis.

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rheumatism and peritonitis, and likewise acute exanthema result in the development of pleuritis. Among chronic affections may occasion the disease: Pulmonary tuber pulmonary abscess, suppuration of the vertebrae and ribs disease. The occurrence of pleuritis during the stage of cence in severe acute affections, in pyaemia and general characterized by marked signs of a septic condition of is a remarkable fact which does not admit of any further explanation. Like peritonitis, so pleuritis is superinduced in and most extensive form by the intrusion of foreign subjects the pleural cavity, most commonly by the effusion of pus superficial cavern or from a suppuring 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 other inflammation so we find here, at the outset, an hyperaemia of the cellular tissue situated under the pleura. Tumour occurs most generally in striae or clusters, scarce a large extent, and very frequently exhibits small ecchymotic spots. It is from these hyperaemic centres that the exudation passes over the free surface. According to its constituen the exudation is generally distinguished in four different which, however, cannot be rigorously separated from each but commingle in various ways. The first form is the so plastic form, where a small quantity of a highly fibrinous is deposited upon the free surface of the pleura as a pseudo-brane which, by coalescing with the membrane on the opposite side of the pleura, causes both sides of the pleural cavity to adhere without any further complications. This process occurs very commonly in pneumonia, but likewise on other occasions with symptoms that it is placed beyond the reach of therapeutic attempts. The second form is the sero-plastic form. The exudation consists of fibrin with which a more considerable quantity of coagulated. This form has the exuded membranes of the form, but they are generally more extensive and thicker, pleural cavity contains an exudation of a yellow-green sometimes weighs several pounds and in which more or less flocks of coagulated fibrin are seen floating. The copio
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, empyma 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 consti this form being converted into pus. The further changes in this form are absorption 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 efused, 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

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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
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
emia of the non-affected part, which hyperjemia is a ne
sequence 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

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of the blood, the exudation may originate and iiin 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
pressed 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 can be pointed out as characteristic of the disease. It is true that in most cases of acute pleuritis we have the peculiar pain, but exceedingly in character and intensity. At times the pain is simply a sensation of tenseness and constriction; at other times a seated, localized, stitching pain; at other times again spread over the whole side of the thorax, and is of a tearing or burning kind. Not unfrequently there is no pain at all; more particularly in the most insidious cases. Because there is no pain, this is no reason why an exploration of the chest should be omitted. In genuine pleurisy there is very seldom any cough especially at the commencement of the disease; if cough sets in at a later period, it may be occasioned by simplehypersemic pneumonic infiltration. At all events it causes the patient a deal of distress, increases his pain to an extraordinary degree, complicates the course of the disease, since every additional symptom must necessarily, in view of the existing dyspnoea, imply an additional amount of danger. The symptoms presented by other organs cannot be determined beforehand. Most generally it is 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 more the heart is pushed out of its place by the effused displacement of the liver is attended with pressure in the hypochondrium, and slight symptoms of jaundice. Neither intestinal canal nor the kidneys are involved in all cases 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 that in pneumonia. Pleuritic patients almost always lie on the unaffected side, whereas, if the effusion is not at pain, they prefer lying on the diseased side. Very seldom 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 described, are not sufficient to establish a reliable diagnosis. If a reliable diagnosis is at all possible, it will have to be based upon the results of a physical exploration, which is even more important in this disease than in pneumonia, for the reason that pleurisy 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 it compresses the lungs, and a tympanitic sound is heard. If the whole or only a portion of the lungs is completely compressed, the sound is entire and the boundary of the effusion is indicated by the tympanitic sound. A dull sound is almost without an exception retum the lower portion of the thorax, provided the effusion is copious. A mistake may occur if the effusion is scanty and the lung adheres to the costal pleura and the lung cannot be pushed backwards nor upwards by the effused fluid. In a change of position occasions very seldom a change in the dulness of sound. Generally the upper boundary of the exudation formed by solidified exudation which resists all displacement a change of position induces a change in the level of the effusion. It is perfectly safe to infer the presence of an excess effusion.

In pleuritis with plastic exudation auscultation reveals abnormal at the commencement of the disease, sometimes not even during its whole course. The friction-sounds of the rough surfaces of the pleura, which, owing to the proximity at which these sounds are heard, cannot well be confounded with pulmonary murmurs, are not generally heard until the exudation has existed for some days, because the exudation requires this period of time to become sufficiently solidified for the production of those sounds. The friction-sounds are wanting, if the effusion is very copious, but are heard towards the termination of the disease, when absorption of the fluid takes place. If present, they constitute an infallible sign of pleuritis. Even if the exudation is scanty, the respiratory murmur is weakened, because the patients are afraid of drawing the lower portions of the thorax, whereas high bronchial respiration is heard more or less distinctly near the vertebral column. Bronchophony and rieophony are often heard together. In the free portion of the lung, and generally likewise in the non-affected portion, 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 sound and the inflamed side is often noticed as far as the fulness...
atory movements is concerned, but the friction of the rough surfaces of both pleural laminae against each other is perceived less 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 effusion.

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 then mostly bends over to the affected side. If the exudation enlarges in size, the intercostal spaces expand, and even become entirely effaced or bulge beyond the ribs, and the respiratory movements are either very slight or entirely suppressed.

In measuring the thorax, the increase in its dimensions us to determine with great correctness the presence of an 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 locality is evidence of the fact that the effusion is decreasing.

As regards the course of pleuritis, we have already stated in previous paragraphs, all that is needful to observe on this subject. As a general rule, this disease comes less than any other within the possibilities of a reliable prognosis. It may have a scarcely perceptible beginning and, in its progress, assume a most malignant or else, from an exceedingly malignant and acute disease, it may run its course rapidly and completely to recovery. These results cannot be determined beforehand; on this account, pleuritis has to be treated with great care, and everything calculated to favor the progress of the disease, or to induce relapses, has to be carefully avoided.

The terminations of this disease are likewise various. The plastic 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 patients, during unusual bodily exertions, or during every catarrh, complain of pain in the locality where the adhesions exist; this pain 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 liability to relapses may be established. Or else pus may form; even complete reabsorption may doubtless take place, but the pus otherwise escapes externally, or into the lungs and abdominal cavity. In the former case, a thoracic fistula most commonly sets in, which generally terminates fatally in consequence of slow consumption, and very seldom heals in a very short time. The escape of pus into the lungs and abdominal cavity is likewise dangerous, and holds little hope of a complete recovery. An excess of serous exudation generally shows very little disposition to become reabsorbed, and very usually terminates fatally after a
period of suffering. Death scarcely ever takes place sud-
consequence of asphyxia; most commonly it takes place in
sequence of one of the above-mentioned changes. As im-
consequences of pleuritis, we have in the first place to
the displacement of important organs which, during a lon-
tinuance of the exudation, is very apt to become station-
location of the heart may become particularly pregnant w
astrous consequences. Next we have malformations of the
and consequent malformations of the vertebral column. Su-
formations result if the lungs, which the effused fluid
pressed, are unable to expand again to their former size
malformation had not lasted too long, the prospect of a

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cure is not entirely unfavorable. An important conse-
very common appearance of tubercles after the reabsorpti
pleuritic effusion.

To establish a prognosis in the higher grades of pleurit
always a very hazardous thing, since unfavorable complic
readily annihilate the best founded hopes. As long as no
formed, we need not let our spirits flag; even empyema,
patient has kept up a tolerable supply of strength, very
mits of a cure under homeopathic treatment. All compic
however, which diminish still more the breathing capaci-
lungs, are decidedly unfavorable to a successful treatme
disease. In the front rank of such complications, we hav
monia, whether it sets in simultaneously with pleuritis
venes during the course of the latter disease. Here the
interferes with the normal course of pneumonia, and the
prevents the rapid absorption of the pleuritic effusion.
ordinary catarrh, acute as well as chronic, is a serious
the reason that it very much adds to the possibility of
vention of acute cedema of the lungs. Inflammatory affec
the heart as well as chronic heart-disease constitute da-
plications in pleuritis as well as in pneumonia. We need
state that pleuritis arising from morbid alterations of
from pysemia, etc., is exceedingly unpromising.

It is sometimes impossible to arrive at a reliable diag-
pleuritis, more e8j)ecially if the effusion only consist
lymph. The more the serous exudation, preponderates, the
reliable becomes our diagnosis. What is of particular im-
is to distinguish pleuritis from pneumonia with which, h
only the acute form of pleuritis with sero-plastic exuda
which is of much less frequent occurrence, can be confou
ritis is diagnosed from the absence of the characteristi
pneumonia, the different form of respiration, from the a
all vocal vibrations which are considerably increased in
from the dulness at the lower parts of the thorax with s
fined boundaries. Bronchial respiration is an unreliable
sign; however it is to be observed that in pleuritis bro
ration is the weakest in the region where the dulness is
marked and complete, whereas the reverse is the case in
The dislocation of the heart and liver, the projection o
coBtal spaces and the expansion of the afiected side tak
only after the exudation has become very copious, cannot
ferred to at the outset of the attack as distinctive signs of pleuritis in distinction to pneumonia. Nor is pain a safe indication 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 pleuritic pneumonia, an affection it is often very difficult to correctly determine the measure of the pleuritic effusion. Cases of this kind have such somatic manifestations, according as pleuritis is a primary affection or a simple complication, that we do not deem it 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 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 any thing better than Wurmb's statement in the twelfth volume of Hygeia, which we transcribe from Rückert's Annals: "If 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 febrile no remedy deserves to be more frequently used at the outset of the disease than Aconite. We have never known Aconite to act on the effusion itself; however, inasmuch as the curative processes after the fever has ceased, and inasmuch as it is quently of importance that the fever should be removed as possible, and Aconite surpasses in this respect all other remedies, it is quite natural that the treatment should be commenced this agent. Having observed that Aconite helps speedily, help, I do not wait long for the result, and at once resort to another remedy, if I do not soon perceive a favorable change showing a decrease or a cessation of the fever. It is difficult to say how long, after giving Aconite, an improvement ought to be waited for; as a rule, however, we need not wait too long, since an improvement is often perceived already in a few hours; the fever abates.

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ing pains and the dyspnoea abate or disappear entirely, exudation still remains the same, but the circumstances patient now are such that nature alone will be sufficient to complete the cure or will only require very little assistance. The other hand, if the fever still continues in a slight degree, nothing further can be expected from a prevention of the disease from assuming a chro
other remedies will have to be chosen, especially such a
the exudation itself, among which I place Sulphur at the
the list. If the effusion is more of a serous character,
rhetic or purulent, Aconite will not do much for the fev
still remains. If, in a case of pleuritis with plastic e
patient's carelessness or indiscretion brings on a rela
febrile power of Aconite will prove much less efficient
time; and, if repeated attacks take place, Aconite will
less for the fever, and finally, will prove entirely pow
have to dissent from the preceding remarks in one parti
namely, regarding the effect of Aconite upon the fever;
opinion that the remedy exerts its effect by diminishing
emia, by which means the pains are abated and the effus
limited. Aconite is, moreover, a distinguished remedy at
set of pleuritis supervening during the presence of tube
for pleuritis complicated with pneumonia. It is without
if pleuritis is occasioned by marked decomposition of th
by the onward spread of peritoneal inflammation, or by t
of pus from the lungs or from carious ribs. Here Aconite
be depended upon even at the outset, if the fever is eve
As regards waiting for a change after the exhibition of
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 e
equally favorable opinion. Although we cannot help belie
many reported cures were due to the spontaneous efforts
and that the removal of a violent pleuritic pain has ver
mistaken for a recovery from a severe attack of pleurisy
the pain alone is no adequate criterium of the extent an
of the pathological process. Bryonia could not possibly
so often supposed to cure, if real cures had not been ef
agent. Almost all practitioners agree that the period fo
hibition of Bryonia is the time when the fever has abate
ing this period, the comparatively rare form of pleuriti

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of, that sets in as an acute disease and runs a similar
Aconite is undoubtedly indicated first, and afterwards B
In a very large number of cases, however, Bryonia may be
ited at the outset; they are the cases where the fever
high and the pain is severe but not intensely acute. We
undertake to explain the action of Bryonia in such cases
certain that it has a very beneficial effect and general
lishes a speedy cure. Whether it acts directly upon the
and hastens' its absorption, may be questioned; it is p
established, however, that under its influence the exuda
ever progresses, and that the pains rapidly subside. A s
febrile, although very painful pleuritis, is rapidly con
Bryonia. Bryonia is likewise appropriate in the severer
a purely plastic pleuritis; in the first stage of the s
it is the main remedy. If the exudation becomes purulent
of Bryonia is more questionable. If pleuritis complicate
culosis, the symptoms which very seldom point to Ac
monly indicate Bryonia. On the contrary we deem Bryonia
cated so much less, the more copious is the exudation;
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 aggravat
ure, motion and cough, shortness of breath, a continuall
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 hyperemia 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

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hyperemia of the brain comes within the curative range o
drug as much as pneumonia within that of Belladonna. Old
inations 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 occasioned
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
two diseases, until more recently pathological ana
irected our attention to the differences in the patholo
ces 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
icized 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 attentuations have never shown any curative powers
affection." If Wurmb recommends Digitalis only for chro
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 direction. Most physicians are as yet deterred from pursuing this course by the idea that this remedy is not adapted to acute affections. This opinion is certainly erroneous and unfounded. It is particularly in pleuritis, for which we certainly do not possess too many remedies, that Digitalis deserves special attention on account of its relation to the rheumatic process. If this process spreads to the pleura, or if pleuritis is from the start a rheumatic disease.

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Hepar sulphuris calcarium. "No more than we were guided by our first trials with Hepar in pneumonia by the few corresponding symptoms of this drug, has Wurmb been guided by the symptoms 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, and if a lenticent 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 dation. A complication with pericarditis or bronchitis demands its exhibition so much more urgently; if the effusion is serous, Hepar is of little use." We share this opinion, the same time that empyema, provided it is not too old, all calculated to substantiate the favorable action of that the evident passage from the sero-plastic to the purulent form 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 itself by a profuse diuresis. In former times Squills enjoyed a great reputation in this disease, and have fallen into disuse in the old system of medicine probably for no other reason than the medicine did not help in every case, because its more special indications were either not sought or physicians did not 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, because of 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 pneumonia. We know from our Materia Medica Pura that quicksilver causes a number of symptoms pointing to pleuritis; hence homeopathicity to this disease cannot be gainsayed. More analogy justifies the conclusion that Mercurius has just as good an effect in pleuritis as in peritonitis, because we know that quicksilver acts upon definite systems rather than upon single organ pneumonia so in pleuritis, Mercurius is indicated, if the inclines from the start to change to pus, or if this tendency is imparted to it at a later period without, however, a tendency to decomposition manifesting itself along with it. The symptoms constitute essential indications: violent fever with chills followed by a burning heat and exhausting, perspiration; considerable thirst; marked gastric and slight icteric symptoms; intestinal catarrh. In pleuro-like, if the exudation is somewhat copious, Mercurius is one of the best remedies. In subacute empyema we do not consider Mercurius an appropriate remedy. Several reports in our show that Mercurius has often rendered distinguished services in epidemic pleurisy, both if the character of the disease was complicated with bronchitis, according to which mercurial ointment is employed in exudative pleuritis with an advantage that cannot be denied. Old School experience, according to which mercurial ointment is employed in exudative pleuritis with an advantage that cannot be denied, can likewise be appealed to as an additional recommendat the use of Mercurius.

Helleborus niger has not as yet been exhaustively proved symptoms point, however, unmistakably to a pleuritic affection. Practical trials have led several physicians to recommend this remedy for the serous exudation in pleuritis, to which it is undoubtedly more adapted than to hydrothorax.

Arsenicum album is not, in our opinion, a remedy belonging to the category of anti-pleuritic medicines. Its exhibition in pneumonia is determined by the general rather than the local symptoms. Wurmb expresses himself much more favorably concerning this drug in the following words: "In serous effusions Arsenic is probably the most important remedy; my confidence in this agent is so great that I doubt the possibility of completing a cure where Arsenic does not afford even slight improvement, as the cases where Arsenic does not effect the least improvement, are not very frequent, whereas this medicine alone effectcures of hemorrhagic effusions which defy the form of the disease so that the cure can easily be completed by other remedies. The beneficent effect of Arsenic generally first shows itself by a change in the

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http://www.archive.org/stream/sciencetherapeu00kafkgoog/sciencetherapeu00kafkgoog_djvu.txt
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. We 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 pneumonia. Its employment depends more upon inferences drawn from its general effects than upon a rigid application of the law of similarity; its use is moreover substantiated by a vast number of practical successes. Here, too, we first transcribe Wurmb's views which seem to us strikingly correct in the main points: "In a case of serous effusion Sulphur is powerless; if a plastic effusion has existed for sometime, Sulphur is less efficacious than Hepar; on the other hand, in pleuritis plastica, after first giving Aconite at the very outset of the attack, Sulphur is a specific remedy. If the fever is not sufficiently violent to require 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 not very soon effect an abatement of the febrile symptoms, I at once resort to the administration of Sulphur and so far I have not yet had the least cause to regret this course of proceeding. If complicated with pneumonia, if the disease has already lasted a few days and the stage of hepatization has already set in, I 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 several objections. In the first place it is evidently too general. Taking the physiological effects of drugs and their applications in practice as our guide we are indeed authorized to draw conclusions first beyond the rigid boundaries of similarity; but Wurmb's mode of thinking would lead us to general, not individual specifics, and our therapeutic opponents show us every day where the former would lead us. In the next place we are of opinion that all more violent 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 excessive and incline to adynamia. Again, the symptoms of an incipient 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 all more copious, 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 ing the fluid as it were within a capsule. This newly-formed capsule 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 fluid has disappeared and the pleuritic effusion is going a normal process of absorption. In such cases we h
right to expect a great deal from Sulphur because it materially hastens the disappearance of the plastic exudation.

lodium 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 been accomplished with undeniable success. From it effect as well as from its influence upon single organs in concluding that Todil can be used for the abso plastic pleuritic exudation, and that, indirectly, it ma like Sulphur, 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 or finally the remedies are recommended upon purely spec grounds, and we, therefore, content ourselves with simpl ing their names; they are: Bkm toxicodendron y Nux vomic tarus stibvaias^ Carbo vegetabllis^ Sabadilla^ Spigeluj^ For reasons mentioned at the beginning of this article, we deem it expedient to give a cursory view of the various

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in apposition with the various forms and stages of pleur general management of an acute case of pleuritis is the pneumonia. Here, too, the fear of relapses, the frequent ccssive returns of the effusion, and our anxiety for a c sorption of the exudation, should admonish us that suit cautionary measures must not be abandoned too soon.

The consequences of pleuritis are of importance in two r In the first place, remaining adhesions of the two pleur cause great anxiety on account of the violent pain which adhesions may occasion in subsequent diseases of the res organs, and may likewise lead to the use of incorrect re Another consequence emanating from the supplicative pone much more important, and requires the application of dir peutic measures. In a case of thoracic fistula, the abov remedies have to be applied to in the first place; besid have moreover Silicea^ Lycopodium^ Ferrum^ China^ and mo ticularly Calcarea carbonica and phosphorica. Under the these drugs, each in accordance with the corresponding p logic<il indications, we need not all at once despair of Old School practitioners indeed have to do with their me treatment.

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SI. Hydrothorax.

Dropsy of the Chest

Hydrothorax in the pleural cavity represents the same pr ascites in the cavity of the peritoneum. On this account pass this process over in silence if a few points did no
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 affection but is occasioned by heart-disease, defects of the lungs, particularly a 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 affections of the spleen, kidneys, liver, etc., in which case it most constitutes the final development of general dropsy.

If hydrothorax arises from a sanguineous stasis in the lungs symptoms, independently of the results of a physical exploration, are scarcely ever of a nature that will enable the physician to infer the presence of this process with reliable certainty; for this sanguineous stasis is of itself accompanied by great oppression of breathing which is only more or less increased by the dropsical effusion. In a case of general dropsy, a gradually occurring dyspnoea indeed justifies the conclusion that water has accumulated in the pleural cavities. The following objective phenomena render the diagnosis perfectly certain: Complete dulness of the percussion sound, from below upwards, as far as a line which, when the patient is in an erect posture, is exactly horizontal; when in posture, is only felt posteriorly, or much lower down an 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 vibrations from the voice are missing; the thorax is expanded, but 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 a pathological disease, the treatment is chiefly determined by the existing cause. As a rule, it is beyond our power to cure or even improve, although we succeed in a few cases to arrest, and even to diminish, the extent of the disorder to accomplish this result by means of Arsenicum Ly Aururriy Carbo vegetabilis [also by Digitalis and Apocynum]. For a description of the operation of Paracentesis thoracis for the removal of pus or water from the cavity of the thoracic organs, the reader is referred to Surgical Works or to special treatises on 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 pleural cavity is most commonly the result of a perforation of the pulmonary 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 walls of the pleural cavity. Tuberculosis is the most common cause of this accident; the next most common cause is purulent pleuritis, and the least common is gangrene of the pulmonary tissue.

Pneumothorax is always a terminal disease which very speedily ends in death unless the opening through which air penetrates into the thorax, closes in good season. This, however, is very seldom the case. 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 of the affected side; the very full percussion-sound which changes its location with the posture of the patient and is generally associated with the metallic tinkling, without any respiratory murmur audible; the amphoric resonant and the metallic tinkling during 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. 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 viscera. Otherwise palliative treatment by means of stimulants to compose 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 of 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 pursued that has been indicated for pleurisy. H.]

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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 of the affected side; the very full percussion-sound which changes its location with the posture of the patient and is generally associated with the metallic tinkling, without any respiratory murmur audible; the amphoric resonant and the metallic tinkling during auscultation render the diagnosis certain beyond all reasonable doubt.

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NINTH section:

Diseases of the Organs of Circulation

A. DISEASES OF THE HEART.

The diagnosis of diseases of the heart as well as an intelligent appreciation of the phenomena characterizing and occasioned by these diseases, presupposes a correct knowledge of the physiological functions of the body as well as the physiological functions of the heart. No body will expect us to dispatch such a vast subject in a few brief paragraphs; on the contrary, we shall take it for granted that a physician is possessed of this knowledge, and confine our way of introduction, to a few practical statements of particular importance.

Starting exactly from the mesian line of the thorax, the heart is situated about one-third to the right and two-thirds to this line, behind the sternum and the cartilages of the left ribs, namely between the third and fifth on the right and 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 left
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.

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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-ventricular
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 courses 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 altogether an inch wide, close below and to the side of the left nipple in the fifth intercostal space.

Of particular importance to an exploration of the chest are the following points: Never percuss with the plessimeter, al the finger; if exact results are to be obtained, the chest should be percussed with firm as well as light taps. Auscultation should be instituted with the stethoscope for the reason that it can exactly applied to a smaller portion of the chest-wall. Of two different explorations are to be compared, the explorations have to be instituted in the same position of the individual percussing the chest, it should not be struck at one time during inspiration, and at another time during expiration, b

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during one or the other. If murmurs exist in the lungs make it difficult or impossible to hear the cardiac murmurs by requesting the patient to stop his breath. The heart should never be explored immediately after bodily exertions or excitements, but, if possible, while the patient is in as quiet a 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 exploring the number of heart-beats, it is to be observed smallest while the patient is in a recumbent posture, an while he is standing up, and that the difference between numbers increases correspondingly with the patient's loss of strength. A single exploration of the heart is not sufficient to base our diagnosis upon. This precaution is too often overlooked.

1. Carditis.

Pericarditis, Endocarditis, Myocarditis.

Inflammation of the Heart Pericardium, Endocardium

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 particulars.

Inflammations of the heart occur more particularly between the age of puberty and that of full manhood, or between the ages of fifteen and forty years. Men are more frequently attacked than women. Although it may be sufficient to say that this 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 rheumatic and that the peculiar occupations of the male sex expose its members 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 wrap obscurity. They are said to be occasioned by colds, excessive exertions, abuse of alcoholic stimulants, mechanic of the heart, etc. We likewise know that carditis may be signed by various poisons which will be mentioned hereafter.

Generally inflammations of the heart are consecutive or secondary 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 affections of more remote parts, especially of the kidneys, and likewise of the stomach and spleen; 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 that is not, at the same time, accompanied by an inflammatory affection of the heart. We mention, moreover, scarlatina, variola, typhus, and two other affections which are so apt to occasion an inflammation in every serous membrane, we mean pyaemia and puerperal fever. As regards chronic constitutional affections, it cannot be shown that they act as exciting causes in inflammation of the heart. Like all other inflammatory affections, inflammations of the heart sometimes occur in such numbers that we feel disposed to trace their origin to telluric or atmospheric influences.

Etiologically, the various forms of cardiac inflammation are 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 respects.

An exact knowledge of the anatomical changes occasioned by cardiac inflammation is not only essential to an intelligent appreciation of the single symptoms, but likewise to a knowledge of the possible consequences of such inflammations. We can here only 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 injected, opaque, sometimes spotted, in consequence of slight 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 have 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 either consists 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 portion may be absorbed, and the plastic portion may be transformed into connective tissue giving rise to a membrane of more or less thickness. Or else, the exsudated fluid may be transformed into pus, which 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 firm base of the heart, but frequently consist only in threads and again cause large portions of the pericardium to adhere to the heart. The exudation is the more copious, fibrin it contains; the hemorrhagic exudation occurs more copiously 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 single spots and has its chief locality near the valvular apparatus of the heart. The inflamed portions of the endocardium lose the luster, have a dim-white, grayish or reddish-gray appearance puffed up and easily torn and detached. This exudation of the endocardium may be associated with exudation of 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 able thickening of the exudation not materially interfering with functions of the heart. Or else, indurated deposits may involve the valves, containing calcareous matter. The most important consequences are those resulting from the breaking down of the exudation. The softened endocardium tears, thus giving rise to the formation of abscesses in the heart. Or else, tearing of the endocardium on the sides of the ventricle may give rise to acute aneurysms of the heart, in which case the muscular substance not being able to resist the pressure of the blood. The purulent decomposition on the face, during which the broken-down exudation is carried along by the current of the circulation, easily results in the formation of abscesses, especially in the spleen and kidneys. The purulence of the muscular tissue of the heart occasions the formation of abscesses in the heart. This inflammation of the heart occasions the formation of abscesses.

Myocarditis generally occurs in conjunction with one of the other two forms. It is never diffuse, but always limited to isolated regions, sometimes in the interior of the muscular tissue more on the internal and external surface of the heart. It is most commonly located in the wall of the left ventricle and the ventricular septum. The inflamed parts first show a dark ecchymoses, afterwards the affected fibres decay, being transformed into a reddish-gray detritus; or suppuration sets in to the formation of abscesses in the heart. This inflammation of the heart occasions the formation of abscesses.
admits of a perfect cure, which is not very uncommon, if inflammation is not too extensive. In the other case a partial cure may take place by the insulation and inspissation of the consequence of which callous indurations and calcareous concretions may result. If the pus escapes into the cavity of the heart, or, according as escapes in certain localities, valvular defects may arise purulent endocarditis, metastatic abscesses and plugging blood-vessels may take place. If the abscess is located in the ventricular partition, it may lead to a communication between the ventricles. Perforation outwardly results in pericarditis.

Symptoms. The fact that inflammations of the heart occur almost only as complicating and consecutive affections, characteristic peculiarity of the symptoms occasioned by inflammations, render it not only difficult but almost impossible to draw even a moderately-correct and striking picture of them. In the following paragraphs we shall, therefore, confine to furnishing detached details, first, the symptoms that served without any physical exploration, and afterwards the physical signs. If, by pursuing this course, we are not afforded an opportunity of furnishing a perfectly coherent description of inflammations of the heart, on the other hand, we avoid the more serious mistake of either describing these pathological conditions incorrectly or delineating fanciful pictures of disease.

All these forms of cardiac inflammation not unfrequently run their course with such inconsiderable signs of disease, entirely without any symptoms, that the patients either consult a physician at all or that, in case carditis supervenes during the existence of other affections, the physician does no heart-disease unless he institutes a very rigorous examination. We ought even to take it for granted that many cases of carditis escape the most minute physical exploration, since we so frequently meet with remains of which not a trace had been discovered during the life-time of the patient.

Carditis setting in most commonly during the course of some other disease, its commencement is very seldom marked by generally it is even impossible to determine from the patient's statements where the disease has precisely begun. Only pericarditis commences very commonly with shooting, more or less violent pains in the region of the heart. Most generally the patients complain of an intense feeling of illness and great anxiety, which they describe as proceeding from the pit of the stomach. If the inflammation has fully set in, the following symptoms are perceived in different combinations and degrees of intensity: Extreme feeling of illness not corresponding with the affection that the patient was already suffering with, and not suspending muscular power. Lassitude with constant restlessness, weariness, yet the patient is unable to sleep. Alteration of the expression of the countenance; this symptom is often sufficient for the attentive observer to suspect the presence of carditis: the face generally becomes more pallid, severe, the features assume an appearance of tension, the eye has a shy, wandering expression, and, what is characteristic of
ease, the lips tremble a little while the patient is talking, at the same time the speech is somewhat hurried and jerked out, which is not owing to the dyspnoea. The posture of patients has no particular significance; they do not by lie steadily on the left side. Headache, which is sometimes violent kind, is a usual companion of carditis, whereas bral 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 restless become extreme, the patients manifesting an sensitiveness to all psychical impressions. K fever was is very seldom increased by the supervision of carditis perature is less than when most other vital organs are i Chills occur very frequently, but they do not last long succeeded by a burning heat. There is very commonly an e disposition to profuse perspiration which has generally nmstny odor. At the beginning of the attack the pulse becomes more rapid, fuller, harder, and has a peculiar afterwards it remains more rapid, but becomes small, fee inclines to be irr^ular. In some cases, on the contrary,

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IB remarkably slow; in a case of pneumonia with pericar endocarditis, that came under our observation, the pulse to forty-two beats in the minute. We likewise notice the same case the pulse is sometimes very rapid and at other slow. Upon the whole, the character of the pulse is of n value as a diagnostic sign. Sometimes the patients compl severe tearing pains in the left shoulder-joint, or in t loft arm; rheumatic pains may even be experienced in ot the body. The digestive organs are not influenced by car anything like a constant manner. The respiration is very disturbed, dyspnoea of the most varied degrees setting i outset of the attack the respiration is quick and short, requested to do so, the patients are able to draw a long Cough is not a usual symptom; at times it is dry and te others attended with expectoration of mucus and blood. T tion of urine is almost always considerably less, the ur rated, depositing urates; sometimes albuminuria is pres further to be observed that, if carditis supervenes duri existing disease, recovery from the latter is much more Other characteristic symptoms are: Marked interference circulation; oedema of the face, ankles; cyanotic phenom face; passive hypersemia of the brain. Increased dyspnoe paining disturbances of the spleen and kidneys. The prof tion of mucus is apt to result in the development of mil has given rise to the most erroneous views concerning me K miliaria breaks out about the time when cardiac inflam about to terminate fatally, and the miliaria disappears the fatal termination, death has been laid to the retroc examthem which thus became invested with a peculiar sign The truth, however, is that what takes place with other likewise takes place in the case of miliaria: all these appear at death in consequence of the sudden decrease of turgeseence.
All the above-mentioned phenomena may be present during form of cardiac inflammation. We will now proceed to des the most common symptoms characterizing each form of the ease.

Pericarditis: The disease sets in with a chill; rapid increase of the frequency of the pulse; pains in the region of the heart, which may likewise spread towards the back and shoulder, and are a creased by a change of position, a deep inspiration and

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the pit of the stomach; palpitation of the heart which ingly distressing to the patient. Dyspnoea sets in in a after the exudation has become more profuse. Continued s is a not unfrequent symptom.

The symptoms of endocarditis are much more vague. It alw 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 all tumultuous, more rapid and generally irregular, assuming of palpitations. The pulse, however, does not diminish i quency. The respiration is accelerated, but dyspnoea is ever complained of during the first days of the disease. headache, delirium, typhoid phenomena, swelling of the snephritic pains only set in in the subsequent course of

Myocarditis is not distinguished by regularly-occurring toms. Its supervention during one of the other forms of ease may be suspected if the pulse becomes suddenly weak the action of the heart generally exhibits signs of exces ness. Even rupture of the myocarditic spaces does not fu clear picture of the pathological process. There is no p commonly an intense feeling of anxiety which may be acco for by the rapidly diminishing power of the heart to pro

In contrast with these changeable, exceedingly inconstan bid phenomena, we have the physical signs which are so m more important since they are much less apt to deceive a very commonly sufficient for the establishment of a cor nosis.

At the commencement of pericarditis, the shock of the he stronger and is felt over a somewhat larger surface. Fri murs are heard at an early period of the disease, very s till a few days have passed. They vary a great deal in i they are heard first and loudest at the base, do not fol rhythm of the sounds of the heart, very often differ acc position of the patient, and are heard more distinctly i oscope is pressed against the chest, but not too hard. I ation remains scanty and chiefly plastic, the friction-m wise continues to be heard, whereas, with the accumulati larger quantities of serum or other fluid, the murmur gr and finally, especially at the base, disappears altogeth tension of the pericardial sac by the exuded fluid occas
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lowing phenomena: The intercostal spaces on the left side become effaced or even bulge, the shock of the heart cannot be its stead we sometimes notice an undulating motion. Perc returns a larger extent of dulness within a triangular s its base downwards. On auscultation, the sounds of the h a recumbent posture are only feebly audible, whereas if stoops forv'ard, they are frequently heard very distinc rate much more distinctly than in the former position. A commencement of the disease, a feeble systolic blowing m often noticed in the region of the mitral valve, likewis region of the aorta, or a double aortic murmur. Occasion bing of the veins of the neck. If the left lung is compr profuse exudation, a tympanitic resonnance or even dulne The first consequence of a decrease of inflammation is t ness becomes less in extent; after which the friction-m become audible, and may yet continue for some time. An i taut diagnostic sign of pericarditis is that while the a dulness increases in size, the sounds of the heart becom ble, and the impulse of the heart diminishes in force.

The physical diagnosis of endocarditis is much more diff than that of pericarditis. Since the sounds of the heart the most important criterium by which the presence of en can be determined, it is of the utmost importance that t and functions of the normal heart should be correctly kn otherwise valvular defects that had already been existin time, might be mistaken for consequences of the recent e On this account we should guard against a hasty diagnosi explore the chest once a day or at least as often as may venient.

As long as the valvular apparatus has not been invaded b endocardiac inflammation, the disease may remain complet scured. Although a bad case of endocarditis, with format abscess, metastatic phenomena, etc., may exist without a ular disease, yet a physical exploration does not reveal of such inflammation by any positive sign. At the outset pulse of the heart is generally stronger and felt over a it is likewise more tumultuous, yet the pulse is not un strikingly small. Endocarditis attacking almost exclusiv left ventricle, the first changes are noticed in the reg fices, one of the first changes being an increased ringi of the first sound. With the increase of the pathologica

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with the softening or partial disorganization of the val consequence of their incapacity from any other cause to orifices, a murmur is heard, most distinctly at the apex heart, side by side with, or in the place of, the systol Friedreich calls attention to the fact that the diagnosi be more securely established by the circumstance that th
changes its intensity, duration, etc., more or less rapidly or slowly. 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 cardiac dulness which almost sets in simultaneously. It is possible to indicate the variations in the cardiac murmurs thing like absolute correctness, since they must necessarily correspondingly with the various changes resulting from the disease.

Myocarditis is not recognized by any fixed physical sign such are present they belong to the accompanying endocarditis and pericarditis. The participation of the muscular structure in the inflammation is more particularly inferred from the great weakness of the pulse co-existing with a tumultuous of the heart. This pathological change can only be tonjectured; it can never be verified with positive certainty.

The course and termination of cardiac inflammations sh greatest differences in degrees of intensity as well as in other respects. In describing these particulars we shall follow a very summary course, since particular terminations will have to be dwelt on afterwards. Our object will be best accomplished by considering the three forms of cardiac inflammation each by itself.

Pericarditis of a middle degree, if attacking individual otherwise sound constitution, is not a very dangerous disease, generally terminates in complete or almost complete recovery. After exudation is completed, the patients are confined for a few days or weeks without being very sick, unless they are prostrate previously-existing disease, strength gradually returns friction-murmurs that had disappeared, again become audible, the existing murmurs become less distinct. Termination i 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 and feeble appearance. In acute affections where rapid changes take

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carditis sometimes disappears very rapidly. Most commonl ever, we shall find that the supervention of cardiac inflammation imparts a lentescent character to the latter. If the exudation is very copious, it may only be absorbed, the patients incline to shortness of breath, the heart, and relapses easily take place, chiefly for the heart. The patients do not take proper care of themselves. These either have an acute or chronic character, in which latter 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 generally determined by paralysis of the cardiac functions which 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 edema of the lungs and general dropsy, this end is to be apprehended if the cardiac dul
which persistently remains the same, extends over a large area and the pulse becomes very small and increases in frequency. A copious emission of urine only seldom occurs as a critical change. Adhesions of the pericardium are of subordinate importance, although of frequent occurrence. Very commonly pericarditis results more or less considerable hypertrophy of the heart. The quality of the exudation cannot be determined with certainty from the course of the disease, although this very desirable knowledge would exert a great influence upon the prognosis. As a rule it take it for granted that a purulent or septic exudation as the result of a general dyscrasia or in consequence of puerperal conditions.

Endocarditis always runs a tedious, sub-acute and even chronic course. Of itself the disease very seldom leads rapidly to a fatal termination, and, if it does, it is always in company with intensely 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. A complete cure is possible, if the valves have not been invaded; we likewise deem a cure possible provided the valvular affection does not consist of loss of substance or solutions of continuity. A partial cure is still possible if the valvular changes do not materially interfere with the functions of the heart. The most common 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 up important arteries.

Myocarditis generally runs a latent course; but if it is extensive, if an abscess forms within the parietes of the heart, it may result very speedily in a fatal end; if it coexists with the other two forms of cardiac inflammation, the former becomes the chief cause of death.

A combination of the three forms of cardiac inflammation impresses 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 is always retarded by such a combination and a complete cure is rarely ever effected. The hypertrophy which usually results even if no complicating disorders are present, is greatly facilitated by the valvular deficiencies; paralysis of the heart conserous infiltration of the muscular tissue of the heart, considerably facilitated by a complication of cardiac disease especially by valvular disease, and the reabsorption of from the pericardial sac must necessarily be interfered with by deficient action of the circulatory organs. Less prejudicial 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 cardia inflammations must be exceedingly uncertain. In a case complicating pericarditis, the prognosis is most favorable, ing disease is not characterized by septic phenomena. In cases and forms the sequelte which are almost sure to oc the assurance of a favorable prognosis, and although Hom achieves much more satisfactory results than the Old Sch cannot boast of infallible success. Cardiac inflammation ring in connection with chronic dyscrasias, more especia culosis, is almost certain to terminate fatally, yea, ma

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as the terminal and necessarily fatal result of a consti disease.

Treatment* Although we can boldly assert that the homoeopathic treatment of cardiac inflammations has so far res more favorably than the treatment of these diseases in a with the principles of the Old School, yet we do not mea that we possess a large number of reliable indications f of our drugs, or even a number of such drugs as we might cardiac remedies. We ought to accomplish a great deal mo we do; yea, in the treatment of heart-affections we are successful than in the treatment of diseases of the resp digestive organs; nevertheless our successes are decided than those of the Old School, were it for no other reaso because we have abandoned so many therapeutic follies th the modern physiological School is guilty of. We should too far, if we would indulge in special statements bear point, subsequently we shall find opportunities for offe remarks on this subject. We must, however, even here, pr most emphatically against heart-affections being treated letting either by physicians of the Old or New School. W enter this protest even if we had no other reason than b bleeding diminishes the functional power of the heart an regularity of its action.

Let us at the outset dwell a little more fully upon the why the therapeutic chapter of heart-diseases in the dom Homoeopathy is as yet so incomplete and so ill-condition numerous homoeopathic publications bearing upon this sub reason is given that jOur provings are deficient in symp sponding with the signs elicited by a physical explorati condition of the heart. This is undoubtedly a great defe cannot be remedied by re-provings were they conducted wi so much energy and devotion. Nobody will probably want t poison himself so thoroughly as to produce distinct card murs. The only light we can obtain in this direction is study of accidental cases of poisoning and by means of e experiments on animals. It is strange that in cases of p careful exploration of the heart before and after death 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 remedy without such Symptoms. It is our opinion that the method is the practical experiment, by which we mean that medicines ought to be applied in accordance with our existing, vague, unreliable and insufficient indications, and should afterwards be registered in accordance with the physical diagnosis. This has not yet been done, and this is the reason why the homoeopathic treatment of cardiac affections is much more defective than that of any other class of disease. A pneumonia and even a pleuritis can be recognized with certainty without percussion or auscultation, but the special form of an affection of the heart cannot be determined without resorting to a physical exploration of the chest. Now we ask, in how few reports of heart-diseases contained in our literature have the requisites of a physical diagnosis been complied with? And how far, in the presence of such glaring defects, do these reports deserve to be credited? In passing these remarks we do not mean to cast a slur upon the labors of our homoeopathic veterans who could not possibly be acquainted with our present means of diagnosis; we deem it so much more necessary to point out these defects in order 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 he may discover 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 in cardiac inflammations:

Aconitum. We have already shown in several paragraphs of this work that great abuse is made of Aconite by being given contrary 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 truly homoeopathic, and where its curative virtues have been so often and so brilliantly verified. There is no doubt that the lungs and the heart are the main organs upon which Aconite exerts its influence; whatever objections may otherwise be raised, their method of proving, Schroff and Van Praag have earned our thanks for having shed more light on the relations which holds to both the lungs and the heart. We here only rel

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symptoms pointing to cardiac inflammation, as developed deeply-penetrating and protracted poisoning. At first 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 is extremely accelerated, the temperature is increased, a feeling of sickness is experienced, and all the symptoms of a more or less considerable cerebral hypoaemia 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 beating of the heart becomes slower, sometimes to a great extent; or else remain quick and grow feeble, irregular, they seldom remert. On the contrary, the pulse changes to a feeble and pulse, not synchronous with the beats of the heart, is unequal; the temperature is lower while the number of respirations increases rather than decreases. This last circumstance alone would be 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 gene we do not mention them in this place; they embrace all those that always accompany cardiac inflammation. These physiological results have been confirmed by practice in a most striking manner. In every pericarditis and endocarditis, whether primary 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 absent. 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. It would rather treat a case of cardiac inflammation with another Aconite, than a case of pneumonia. Of course, we must not, as is the custom with homoeopathic routine-practitioners, limit ourselves to synochal fever as a paramount indication, but keep the whole series elicited by a thoroughly-penetrating proving in view. It is in this manner only that the full therapeutic range of this great remedy can be determined.

Digitalis purpurea has been and still is regarded by many as inappropriate in acute diseases and more especially in acute cardiac inflammations. We cannot sufficiently protest against this view. Carditis, 861

which has a tendency to restrict the usefulness of a drug. It is not so much adapted to inflations 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 view of the action of this drug, if we were to regard the chief criterion of its effect as the slowness 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 func
tivity of the heart, as generally occurs at the common
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
murs 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, turgescent face with blue lips; headache, vertigo

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Bopor. Yomiting at the commencement or during the course
disease; hy perseemia 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 homoeopathi
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 choi
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

the head. Vomiting and diarrhoea. Considerable diminu
the urinary secretion. Convulsive motions, more particu
clonic character. Cool, dissolving perspiration, with ic
of the extremities. So far we have no clinical records c
the homopathicity of Veratrum to heart-disease.

Arsenicum album is frequently mentioned as a chief reme
diac inflammations; we confess, however, that we have n
any good effects from it in acute aflections. 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 specific inflammatory action upon the heart. This shows that the heart symptoms, which Arsenic occasions so constantly and exquisitely, have to be accounted for in a different manner than by an inflammatory process. Clinical experience leads us to attribute symptoms to dissonances of the cardiac nerves, or else to regard them as secondary symptoms. Myocarditis presents many points of resemblance to the symptoms of Arsenic, and it is in this disease that we should try Arsenic, were it only for the reason that Arsenic exerts an intensely-paralyzing effect upon the muscular tissue of the heart. This effect of Arsenic determines its relation to the other two forms of cardiac inflammation.

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we consider Arsenic indicated in the cases where Veratrum indicated, if the pulse very speedily loses its fulness and an excessive state of debility sets in at an early period. Most generally the case with cachectic individuals, and one of the most essential remedies in most cachexias. Among secondary heart-diseases, chronic pericarditis is the one Arsenic would be appropriate, if a copious exudation is present. In valvular disease, we have never obtained any decided improvement by Arsenic; it only acts as an uncertain palliative.

Spigelia is an important remedy in heart-affectioens, but its symptoms have to be greatly improved. In accordance with what is published of this drug, Hartmann gives the following symptomatic indications: Undulating motion of the heart; indistinct heart running into one another; when laying the hand on the heart, tumultuous beating of the heart in a recumbent posture, not synchronous with the radial pulse; increased by motion; tearing sensation when raising the arms over the head, and when pressing the pit of the stomach; purring murmur during the beats of the heart; stitches in the region of the heart; pulsations of the carotids with a tremulous motion; great dyspnoea at every change of position; bright redness of the lips and cheeks, changing to pallor during every motion; the impulse of the heart raises the first ribs, the sternum and xiphoid cartilage, and displaces the vertebrae; audible beating of the heart, causing a pain through to the back; cutting pains from the heart to the shoulders as far as the head and arms; excessive dyspnoea, with a cutting pain in the abdomen, at the insertion of the ribs and stiffness of the joints; dull stitches where heart are felt, and recurring with the measured regular pulse; the beats of the heart can be felt through the clavicles; scraping in the throat, affection of the tracheal and bronchial mucous membrane; the beats of the heart are not synchronous with the pulse; purring murmur. As respects this enumeration, it is to be observed that these symptoms for the most part are not the result of physiological experiment, but clinical symptoms observed upon the sick, and hence are of less value to us. At any rate these symptoms do not contain the symptoms of sero-plastic, nor of serous pericarditis. On the other hand we distinctly recognize in this complex of symptoms...
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purely plastic pericarditis as well as incipient endocarditis whether disease is painless and has scarcely any symptoms? This that it 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 statements to the use of Spigelia in heart-aффections is the has been so often and so variously employed in practice advantage. According to practical experience, Spigelia is particularly adapted to rheumatic pericarditis, likewise to serous pericarditis during its whole course, especially if the pains of an intense local pain, and the affection is ev"a"cerized by all the signs of cardiac inflammation; and endocarditis in its incipient stage, or to endocarditis marked valvular changes have taken place.

Nitrum has so far commanded too little the attention of tioners, nor are we in possession of any decided clinica Nevertheless we have every reason to recommend Nitre in inflammation, more particularly if it sets in in company pulmonary congestions, or as a symptom of Bright's disease associated with acute rheumatism. A striking participati kidneys in the pathological process going on in the hear urgently to 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 n"a" means constant. But if the post-mortem examinations of individuals who had been poisoned by Phosphorus, so often lesions about the heart, especially where death did not not immediately after the ingestion of the poison, it seems we could not deny the fact that Phosphorus exerts a dire upon the heart, and that the cardiac phenomena which Pho occasions, are not merely of a sympathetic or secondary The main post-mortem appearances as far as the heart is are: the muscular tissue is flabby and easily torn; op"a"ance and interstitial distention of the endocardium; blo"tation which in certain circumscribed spots penetrates thickness of the muscular tissue. If, in addition to this the very feeble, small and exceedingly frequent pulse frequent observation that the sounds of the heart either disappear or are replaced by murmurs, it seems to us that phorus has more claims to be regarded as a remedy for ca

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inflammation than most other medicines, more especially of secondary origin. We cannot deny, however, that the tions upon which its homeopathic application has so far appear to us totally erroneous. In our opinion the follo the true indications suggested by physiological experime Phosphorus is exclusively suitable for inflammation of the cardium and the muscular tissue, never for pericarditis. stitutional symptoms would lead us to recommend Phosphor
endocarditis associated with Pneumonia, where it has rendered us the most signal service on two occasions, we mean against the cardiac inflammation, not against the pneumonia, for we already stated when treating of pneumonia, that, when pneumonia is complicated with cardiac inflammation, the presence of the latter constitutes an absolute obstacle to the absorption of the exudation. In the next place Phosphorus takes the precedence 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 exanthemases, typhus, etc. Finally we possess few remedies that pathogeneses as plain a picture of nephritics and cardiac inflammation, as Phosphorus. And lastly Phosphorus is almost the remedy of which we are sure that it occasions an infiltrate muscular tissue, and that on this account it becomes a important remedy in myocarditis. We are not in possession of clinical material to prove the correctness of these statements with a view of substantiating them more fully, we will call attention 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 inflammation assumes a nervous or rather a typhoid type. In a vast majority of such cases a strict examination would undoubtedly show the presence of cardiac inflammation, for it is that most frequent all at once a typhoid character to pathological processes that generally run an ordinary course. It is our belief that Phosphorus has often cured cardiac inflammations without the physician being aware of it. Finally we have to point out a symptom which decidedly indicates Phosphorus, we mean the dilatation which develops itself during endocardial inflammation with such surprising rapidity. After all these remarks we do not deem it necessary to criticise the indications offered by other physicians, for they are almost all of them vague and indefinite.

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Colchicum autumnale seem to us to be improperly ranked cardiac remedies. We are in possession of a large number of 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 cavae; only in one case the dium was found ecchymosed, and there was a complete absence pericardial fluid. All the heart-symptoms are of a secondary nature and are founded in the excessive losses of fluids occa occasion. Although Colchicum is highly praised for rheumatism of the heart; this may be owing to the general curative manifests in acute rheumatism, though not by any means striking or constant manner. According to Miiller, Colchicum is more suitable as a remedy for pericarditis than for endocarditis. Hartmann’s indications are utterly meaningless. One important point has to be well kept in view in selecting Colchicum, that Colchicum causes an extraordinary increase in the uric acid. It is precisely this circumstance which invests this remedy with importance in heart-affections during an attack of gout.

Bryonia alba is, next to Aconite, regarded by many homoeopat 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 indistinct or at least very vague. The analogy of pleuritis and pericarditis has doubtless led to the use of the drug; nor do we dispute the propriety of such a conclusion, since Bryonia has an excellent effect in all inflammatory affections of serous membranes, and is altogether indispensable in acute rheumatism. We likewise admit that the pathological picture developed in pericarditis during pneumonia or pleurisy corresponds very fully with the pathogenesis of Bryonia. We would limit the use of Bryonia to such cases; for uncomplicated pericarditis we undoubtedly possess more suitable remedies.

Cannabis is undoubtedly one of the remedies that has a direct action upon the heart, but we do not yet know what is the precise nature of this action. More recently a number of investigations have been instituted concerning the nature of Indian hemp (haschisch), from which we have extracted the following cardiac symptoms: Violent palpitations of the heart, sometimes without any anguish, and sometimes attended with perfect or the most frightful restlessness; pulse small and somitifying for a minute, from 100 to 120 beats; constriction of the pit of the stomach; paroxysms of anguish; the beats of the heart are scarcely perceptible and extremely weak; fear of death, which is felt every time the pulse intermits. To judge by these symptoms, which always set in after large doses of Cannabis, this drug would seem to be a powerful cardiac remedy; yet all secondary circumstances being considered, we shall find that the case. The incipient exaltation of the heart's action with great exaltation of cerebral action which is attendant phenomena of congestion. The cerebral exaltation very soon 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 heart, latter lasting precisely as long as the cerebral depression. This connection we can infer almost with certainty that the 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 that Cannabis cannot be relied upon as a remedy in cardiac inflammations, is confirmed by the circumstance that the clinical trials that have been instituted with this remedy, have not in any respect substantiated the recommendations with which this medicine has honored.

Opium might claim the privilege of being considered a cardiac remedy with as much propriety as Cannabis; but in its cardiac symptoms are likewise secondary results of a pritonal 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 ever 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 this agent; others have always used it without any benefit. The reason of this is undoubtedly that one preparation was reliable and another was 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 specific action upon the heart. We have an unusual increase of the frequency of the pulse which becomes feeble and small, or intermittent.

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Pain in the region of the heart, the pain being sometime palpitations of the heart, fearful anguish, bloody expec- turine; paralytic sensation in the whole left side of the body, violent pain in the left shoulder and left arm, etc. Post examinations have always shown the heart more or less affected. The endocardium in the region of the valves is infiltrately torn; ecchymoses cover its internal and external surfaces in the muscular tissue of the heart. According to these symptoms, Lachesis must prove a good remedy in very acute cases of endocarditis, not in pericarditis. As a matter of course, our clinical trials must be instituted with a good preparation, which ought to be readily obtainable, since the poisons of the different kinds of Viper act equally upon the heart. The fact that the blood is speedily decomposed after the Lachesis trigonocephalus inflicted its bite, deserves special consideration. This circumstance indicates Lachesis very pointedly in typhus and acute exanthems.

[Séehr has omitted the mention of Naja tripudians as a remedy for heart-disease. We are indebted to Dr. Russell, of England, for a proving of this snake-poison. Dr. Hughes, in his late Manual of Pharmacodynamics, confirms the therapeutic value of this agent in diseases of the heart. "To quiet," says he, "chronic palpitation, to aid in the restoration of a heart recent by inflammation, and to assuage the sufferings of chronic hypertrophy and valvular disease, it was ranked by Dr. Russell chief remedy: and I think I can confirm his estimate."]

Sulphur is not classed by us among the cardiac remedies, its pathogenesis contains a number of symptoms referring heart; nevertheless, we consider it valuable for reason have already stated when treating of inflammatory processes in former chapters. No remedy is better able than Sulphur to effect the reabsorption of an exudation that had already existed for a time, and in our opinion this proposition applies to all inflammatory processes. In a case of pericarditis, where uncom- friction-murmurs and a rubbing of the pericardial surfaces each other, that could even be felt by the hand, had all for upwards of three months, these symptoms disappeared after Sulphur had been given for a fortnight. We only re Sulphur for pericarditis, especially the plastic form of after the inflammatory stage proper has run its course.
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carditis there is generally no exudation to be removed; consequences are limited to losses of substance which it to replace.

lodium likewise deserves attention where all that remain done, is to remove the exudation. Indeed, we cannot afford to overlook a single remedy of this kind, considering the small number of those that can be of use in this direction. Besides, the pathogenesis of lodium contains a number of useful symptoms referring to cardiac affections.

If we would here furnish an exhaustive list of our cardicides, we should have to add a considerable number to the described, more particularly if we were to include all referring to the remote consequences of cardiac inflammation which we have devoted a separate chapter under the heading "Valvular Diseases." Many remedies among them we do not regard as cardiac remedies and consider their employment governed by peculiar complications. Such remedies are: Belladonna, Pulsatilla, Tartarus emeticus, Mercurius, Rhus, Arnica. Other remedies have not yet been sufficiently investigated in their relation to the heart, such as: Bismuthum, Laurocerasus, Acidum Oxalicum. The effects of the last-named remedy upon the heart are certainly worthy of a careful study.

In order to facilitate the study of these drugs we here furnish a synoptical view of each drug, with reference to the special cardiac conditions, with which it is in therapeutic accord.

In pericarditis, if setting in as a primary affection, Aconite will always be the best remedy to commence the treatment with. How long this remedy is to be continued, will depend upon the course the disease takes, more especially upon the course of the exudation. As soon as a copious exudation has set in, both pains and the fever generally abate, after which some other remedy may be chosen with great propriety. Bryonia, Spigelia, Digitalis, and likewise Nitrum may now claim our attention. Bryonia and Spigelia may be given when loud friction-murmurs are heard, and the patient complains of continual pain, the area of cardiac dulness is somewhat enlarged, and the pulse is accelerated and not weakened; Nitrum may be resorted to, if the lungs are intensely congested, and there is a good deal of cough with bloody expectation. Digitalis, if the cardiac dulness is rapidly extending over a larger area, the friction-murmurs disappear very rapidly, dropsy sets in, the pulse being either very quick and feeble,

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very slow or intermittent. Veratrum album acts similarly to Digitalis. These two remedies, in connection with Arsenicum, generally adapted to the violent dyspnoea with cyanotic complexion of the plastic exudation is promoted by Sulphur and Iodine, and of the serous exudation by Arsenicum and Digitalis.
perhaps also by Tartarus siibiatus and Colchicum.

In the secondary or complicating pericarditis, the following remedies are of importance: For acute rheumatism, with increase of fever: Aconite; if rheumatism sets in without any symptoms: Digitalis; if pains are present: Spigelia^ moreove Tartarus stibiatus^ Bhusj Mercurius, — If complicated with pneumonia: Aconite^ Iodine^ Phosphorus^ Bryonia; — if with p Bryonia^ Spigelia, Digitalis^ also Nitrum. In the malign of pericarditis supervening during the presence of pyaemic and above all. Phosphorus prove the most important remedies. Pericarditis, complicating acute exanthemata, requires principally: Aconite in the measles; Rhv^ toxicodendron in scarletina and measles; and Tartarus stibiatus in small-pox; Amthojium carbonicum; it is questionable, however, whether the cardiac inflammation had not rather be treated first without reference to the exanthem.

It is only in rare cases that primary endocarditis will nature to require Aconite exclusively. The chief-indication of the quality of the pulse; as long as the pulse is hard nite is undoubtedly suitable. We have shown above that A 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 very cases Lachesis, Veratrum album, or Arsenicum, may often from the first. If the brain is greatly disturbed: Vera Cannabis, Opium,

In rheumatic endocarditis with complications: Aconitum, chicum, Spigelia, less frequently Digitalis; if co-exist pneumonia or pleuritis: Phosphorus, Veratrum album, Nit Bryonia; with typhus: Phosphorus, also Rhus toxicod, and icum, Opium and Cannabis; with nephritis: Phosphorus, Ni Arsenicum, Cdcchicum, also Cantharides; when acute exanthem are present, the same treatment as for pericarditis:

"In myocarditis we would depend upon Phosphorus, Arseni Carditis. 871 and Digitalis; we likewise call attention to the importa Plumbum in this disease.

[Of Kalmia latifolia which has likewise been recommended cardiac remedy, we have no reliable clinical reports wor tioning.

Cactus grandiflor' us is the last important cardiac remedy has been introduced to the profession by Doctor Rubini o It seems to be particularly adapted to the organic defec sequent upon acute cardiac inflammations, especially rhe endocarditis. Hypertrophies and valvular deficiencies se more particularly within its curative range. In the case have tried it, we have seen better effects from it in th in the attenuations. The case of hypertrophy of the righ reported in the May number 1866 of the British Homoeopat view, presents a very fair illustration of the curative
tus in heart-disease. It is likewise recommended for chronic palpitation. According to Dr. Hughes, the feeling as if the heart were grasped and compressed as with an iron hand, is characteristic of Cactus in these cases of nervous palpitation. It rivals Digitalis which causes this feeling in a manner. See my Materia Medica. H.

If the three forms of cardiac inflammation occur together, our chief attention should, in our opinion, be first devoted to pericarditis, the presence of which always favors the progress of the other two forms of inflammation and retards their retrograde metamorphosis.

Dietetic and hygienic measures are of the utmost importance in cardiac inflammations, especially if the disease runs a course, which might throw the patients off their guard and make them believe that a little exercise will hasten the chief attention should be directed to avoid every thing that might 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 inflammatory peculiar, especially in a case of endocarditis. The stomach generally involved in the cardiac disturbance, the patient reject all kinds of nourishing food; but even if this is the case, the most rigid diet should be advised as a matter of precaution, at least at the beginning of the disease. This more advisable since cardiac inflammations do not of selves exhaust the system. Coexisting affections, of cou

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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 applies malt-beer, which contains a sufficient 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. Hypertrophy 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 distension of its cavities. The formerly current forms of hypertrophy of the heart are no longer accredited before the tribunal of modern pathologists. An increase of the size of the heart by adventitious formations within the tissue of the heart, is no longer regarded as a genuine form of hypertrophy.

This disease is caused by conditions which sooner or later determine 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 at once, but the hypertrophy generally begins with one part of the heart, we find that hypertrophy arises from the following pathological changes:

Hypertrophy of the left ventricle: stenosis and insufficiency of the aortic orifice, stenosis of the aorta itself, aneurysm of the aorta.

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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 stenosis of the left auriculo-ventricular orifice consequent upon the obstruction offered by this insufficiency to the complete emptying of the pulmonary veins; diseases which restrict the capacity of the lungs and considerably diminish the lesser circulation, such as emphysema, 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 a peculiar 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 arise if the heart is kept in a constant state of tumultuous action by psychical impressions, hence in the case of individuals with intensely sanguine temperaments.

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; this, however, is probably owing to the circumstance that men are more frequently exposed to the causes giving rise to such structural changes.

The anatomical changes consist in a thickening of the walls of the heart and of the interventricular partition, in a considerable dilatation of the cavities, very commonly in a darker color of the muscular tissue, in displacements of the heart.
changes in its external shape. If the hypertrophy is general, the heart assumes the shape of a triangle with obtuse angles left ventricle alone is hypertrophied, the heart becomes and somewhat conical, and the apex is turned more toward left side; if the right ventricle is hypertrophied, the heart becomes more rounded, its diameter in breadth is longer, the heart approximates more to the right side. The base

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hypertrophied heart generally reaches a little below the line.

Symptoms and Course. Only two forms of cardiac hypertrophy can be described symptomatically, because they alone occur as primary diseases, we mean hypertrophy of the whole heart or 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 indicating the general consequences of this disorganization.

Whereas primary hypertrophy of a certain grade always represents a really morbid condition of the heart, secondary can at the commencement only be regarded as an endeavor of the organism to restore the disturbed equilibrium. This is the reason why the lesser degrees of this structural change exist without any 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 various 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 power into the arteries of the systemic circulation and likewise through 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 fifth and sixth intercostal spaces, and even beyond the nipple. A larger extent of dulness is not always traceable on account of the overlapping portions of 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, every mental excitement not only causes a troublesome and even distressing palpitation of the heart, but along with it and feeling of anxiety in the chest, a sensation as if the clothes were too tight, dyspnoea. The increased excitement in the arterial circulation gives rise to congestions of the head, the face looks flushed, the eyes glisten and are injected, the margin of the lids often looks as if inflamed, there is buzzing in the ears, vertigo, etc., the congestion is less frequently met with in the tract.
descendens, because the situation of the arteries it supplies makes 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 aortic orifice; it very soon becomes associated with dilatation of the left ventricle. As long as the mitral valve remains intact, the hypertrophy is characterized by the same phenomena as described above, only in a more intense degree, and without any intermissions. But if, owing to the excessive dilatation of the mitral valve, it is no longer sufficient to close the ventricular orifice, the consequence is that the more forcible expulsion 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 hypertrophied in the most dangerous acceptation of this term is perceived over a large extent by ear and touch; it is even heard without the ear being applied to the chest; the concussive sounds of the thorax are extreme; the heart descends below its normal line, the ribs even bulge. The sounds of the heart are either muffled, or else ringing, and, if 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 which had given rise to the hypertrophy. Anxiety, oppression, palpitation of the heart, may be caused by simple affections alone. Simple hypertrophy merely results in an accumulation of blood in the lungs, and a consequent catarrhal affection of the lungs, with hemorrhage, hyperemia of the lung. The physical signs are: Increased extent of dulness on the right side, even beyond the right border of the sternum; pulsation in the pit of the stomach, perceptible raising of the lower border 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 sort of compensation of functional power, and the patients receive a disturbance of equilibrium if they undertake to severe bodily exertions. In hypertrophy with dilatation, the heart often thumps very violently, without causing the patient trouble; the impulse of the heart often raises the head of the auscultating physician, and is felt over a much larger extent of the heart than is usual. Diastolic 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 by the circumstances of the case; the effects and symptoms are more or less intense, and the extent of the derangement is more or less serious. In some cases, the patient may be entirely free from symptoms; in others, he may be subject to fainting fits, dyspnoea, oppression, cough, and hemoptysis.

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consequences resulting from it to the general organism. Favorable circumstances such patients may live to an old age, provided they live within the bounds of moderation, prudence, and frugality. If other morbid dispositions exist, the cardiac disease may give them a fatal start. Cerebral as well as pulmonary apoplexy of young people is preeminently a consequence of cardiac hypertrophy. If hypertrophy coexists with, or is dependent on aneurism or an atheromatous condition of the vessels, it acts as a compensation to the obstructed circulation and as a cause of 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 arise. Therefore, refer the reader to the chapter on valvular disease where all these complications will be explained and accounted for.

Professor Niemeyer furnishes the following excellent diagnostic details: For eccentric hypertrophy of the left ventricle: Visible pulsation of the carotids; loud systolic murmur in the large arteries, 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; reach lower down than normally; extent of dulness from the apex upwards; increase 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 sometimes even to the left lobe of the liver; displacement of the apex outwards, scarcely ever at the same time downwards; greater extent of cardiac dulness in breadth, increase of the sound of the heart in the right ventricle and in the pulmonary artery; the second sound of which is most important.

For hypertrophy with dilatation: The arteries and the pulse as in hypertrophy of the left ventricle: the impulse of the heart is considerably stronger and extending more in length and breadth; the apex of the heart points lower down and outwardly; cardiac dulness is felt over a larger area in every direction; all the sounds of the heart are louder.

The prognosis becomes in the long run unfavorable, for the reason that the disorder bears within itself the condition of growth.

Treatment: That cardiac hypertrophy is a curable disease as long as the disorder is not too far developed, is admitted on all sides, although the chances of a cure are not very great. Most pathologists, however, doubt whether a cure can be effected by the direct action of medicine. Before indicating the drugs that require to be used in the treatment of this disease, it may be well to offer 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 hypertrophy, to disturb the equilibrium which the hypertrophy had restored. Fortunately, this is not well possible; attempts are too readily made to depress the apparently excessive energy of the left heart more particularly, and it is th
which we consider injurious. In such circumstances all we should aim at, would be to remove the primary pathologic cause, and, if this is not possible, to leave the condition intact and treat a few incidental troublesome symptoms. The physician will have enough left to do in supervising and regulating the patient's mode of living, and in controlling intercurrent conditions that might result in an increase of the disorder. If the hypertrophy is a primary disease, either congenital or imperceptibly acquired, there is still a prospect of the disease being overcome, provided the physician is made aware of it in time. As long as the bones continue to grow, we deem it possible to remove the hypertrophy to reduce it to scarcely perceptible dimensions. Moreover, it is of the utmost importance that, if there is a suspicion 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 afflicted with hypertrophy 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 by some material obstacle, such as an aneurism, an atrophied kidney, or contraction of the aorta, valvular defects. A possibility of this kind, however, exists, in the case of young people, if the hypertrophy is caused by onanism, premature mental exertions with their attendant consequences of nervousness, excitability, anemia. 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 causal indication 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 everything 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 ameliorate his condition. As regards the first point, spirits, coffee, strong spices, the excessive use of salt, very substantial and particularly fat 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 and small meals are preferable. A person afflicted with cardiac disease 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 this organ; all mental excitement is likewise strictly to be avoided. As regards the second point, we would call attention to the fact that by changing the patient's mode of living, or diminislicinc the violent convulsions of the head.

A business that compels the patient to lead a sedentary mode of life, or exposes him to much excitement, should be abandoned. If icy 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 on the 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 size. 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 that all morbid conditions as well as isolated symptoms, which occasion an increased action of the heart, should be remedied as speedily as possible by appropriate remedies. Here, too, all we can simply mention the leading remedies that we may have to in meeting complicating disorders of this kind, the most of which we will now proceed to point out.

Palpitations of the heart, that is to say: a very violent increase 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, nervous individuals. We have obtained the best success in such cases from the use of Digitalis or Digitalin, which we recommend as remedies to begin the treatment with. The paroxysms being short, we cannot expect to do much for a single paroxysm, on which account the remedy has to be continued for a time at rather long intervals. Ferrum may likewise be tried, of course very cautiously, especially if the affection is complicated with tuberculosis and 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 and Platina. Sepia may prove useful to women, but will not do much 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 time so intimately connected with this disorganization of the heart that it is impossible to apply to it remedies that will have an infallibly curative effect. If the palpitation takes place at altogether irregular intervals, or if it only lasts a short while, or even if the time, we advise the remedies that will be found indicated in the following chapter, and which may be given with a view of treating the whole disease, not merely a single symptom. If the paroxysms set in frequently, or at definite periods, or last some time, we have remedies that have a decidedly soothing effect. If the attack is excited by severe mental labor, by the abuse of coffee or spirits, or by some unpleasant emotional excitement, Nux vomica may be resorted to; with this precaution that it as well as the remedies to be named hereafter, must not be given in strong doses. If the palpitation attacks robust, full-blooded, excitable individuals with bright complexion, disposition to changes of color, glistening eyes, injected conjunctiva, headache, stinging or shooting pains in the prpercordial region, Aconitum is the most appropriate remedy. It is likewise suitable for palpitation caused by a sudden or intense emotion, and more especially if the individual.
with tuberculosis. Arnica is indicated very nearly by similar conditions. If the palpitation is excited by a fit of anger in the case of very nervous persons and children, we give Chamomilla. If excited by a violent fright, or if attended with restlessness, the face being livid or pallid, we give Opium in a very 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; tients 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 palliat If any one should be disposed to doubt the homoeopathic drug, let him read one of the many published essays on tobacco.

Pulmonary hypersemia or rather pulmonary congestion does occur very frequently, but is very distressing. If emanating from the left heart, Aconitum will most generally relieve it. Jseladonna 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, Carbo vegetabilis are essentially inferior.

Cerebral congestions which are sometimes excessive, are frequent accompaniments of cardiac hypertrophy, especially of the left ventricle. Here, too, Aconite is one efficient remedies. We prefer Opium if the head feels ex constricted, the complexion is dark-red, and the anxiety lessness extreme. We should never resort to Belladonna in cases. If the congestion originates in hypertrophy of the tricle, Belladonna is sometimes useful; Digitalis how reliey more efficiently and promptly.

The characteristic headache accompanying hypertrophy of heart, and resembling hemicrania, can scarcely ever be If such a headache is attended with, and perhaps caused semia, the remedies which we have indicated previously, to be depended upon. If the headache is unaccompanied by gestive symptoms, we advise Digitalis, Arsenic or Spigel.

In the fourth place we must try to meet the hypertrophy proper remedies. We are aware that to many the abatement Btill more the cure of an hypertrophy of the heart seems
possibility; indeed we ourselves should not feel anxious and unhesitatingly promise a favorable result from our t
Nevertheless we have often found that, after using prope
the dangerous phenomena consequent upon hypertrophy of t
heart became less, and that in young individuals the hyp
yielded so far as to become inaccessible to the usual me
nosis. Hence we would, by all means, advise to treat suc
were it only to make the patient believe that he is taki
thing, and thus to keep him from using strong and genera
erious drugs, or to continually remind him, by the use
harmless medicine, of the necessity of avoiding every ki
cess and even the least violation of the rules laid down
by his medical adviser. The medicines which we deem the
adapted to such puri)0ses, are almost all of them metals
substances, no vegetable drugs. At any rate, we have nev
ained any such permanently good results from a vegetable dru
recommend Arsenicum^ Aururn^ Argentum^ Cuprum^ Plumbum^
Una and Ferrum. It would be useless to undertake to assi
each of these remedies definite limits in the treatment
trophy ; we only recommend in general terms Arsenicum^ P
and Ferrum for hypertrophy of the right ventricle, and t
remedies, including likewise Arsenicum, for hypertrophy
ventricle. In a given case, the selection of the remedia
have to be governed by the nature of the existing genera
toms. Sulphur^ Nairum muriaticum and Petroleum may be ad
to our list of metals. If we desire to obtain good elife
drugs, we must guard against too strong and too frequent
peated doses, and against changing the remedy too often.

Considering the mischief which is so often done by the a
large doses of Digitalis, we repeat with decided emphasi
effect of this drug in hypertrophy of the heart is never
curative, but only palliative, and that, if it is given
it will act so much more like Opium, the more it is homc
indicated by slowness of the beats of the heart.

8. Dilatatio Cordis.

DilataHon of the Heart

We mention this condition here so as to avoid incurring
reproach of incompleteness and rendering the pathologica
ments in other numbers unintelligible. As regards treatm

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treatment of dilatation of the heart coincides with both
trophy and fatty degeneration.

Dilatation of the heart may arise, if the heart or the r
ventricle or auricle is exposed during diastole to an in
of the inflowing blood which overcomes to a certain degr
resisting power of the walls of the heart. Inasmuch, how
the blood flowing in during the diastole of the heart is
a proportionally feeble vis a tergo^ it is easily unders
thick walls of the left ventricle and auricle are so rar
and why this dilatation is so much more commonly met wit
the side of the right ventricle and auricle. Since, in such circumstances, the ventricle makes greater efforts to free its contents which have become excessive, a dilatation is almost always succeeded by hypertrophy, giving rise to eccentric hypertrophy.

In another series of cases the cause of dilatation is no pressure of the blood, but a diminished energy of the muscular structure of the heart, and here we meet with a genuine without any compensating, consecutive hypertrophy. This diminished energy of the muscular structure of the heart either originates in exceedingly debilitating constitutional diseases, such as typhus and a high degree of anemia; in which case the heart is merely a symptom of these pathological processes whose disappearance generally implies a complete disappearance of dilatation; or else this defect originates in a disease of the muscular tissue itself, most generally fatty degeneration, quently serous infiltration, such as may take place during diminution of the muscular tissue of the heart, in which case of dilatation and fatty degeneration become more or less identical.

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 of the normal quantity of fat about the heart, or in the advent of fat within the muscular tissue of the heart.

In the former case, the fatty heart proper, the disease can be traced to all those causes that determine a general increase of fat; hence fatty heart is generally met with among persons inclined to grow fat; fatty heart is likewise the result of an excessive use of ardent spirits. On the contrary and in defiance of all physiological explanations, a fatty heart is sometimes, although rarely, met with in cachectic individuals or in persons tainted with a constitutional dyscrasia.

The second kind, fatty degeneration of the muscular tissue, not infrequently results from the former. Other more or less causes of this disorganization are: All pathological processes that impair the assimilative power of the muscular structure of the heart, myocarditis, adhesions of the pericardium, largely developed hypertrophy of the heart, valvular defects, more particularly obliteration or degeneration of the coronary arteries — causes that result in morbid fatty metamorphoses in other organs.

In fatty heart, the normal quantity of fat covering the side and apex of the heart, etc., is sometimes increased so 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 atrophy or fatty degeneration of the muscular tissue.

In fatty degeneration which affects more particularly the left heart, as the other form, fatty heart, affects more particularly the right heart, the affected parts of the heart have a pale, yellowish color, are flabby and easily torn. Commonly the degeneration is to striated portions of the muscular tissue, is apt to a columnar carcinoma, and, if very extensive, is always accompanied by dilatation of the heart. The single muscle when seen under the microscope, are seen filled with fat and have lost their transverse strie.

Symptoms and Course. The lesser grades of fatty heart and fatty degeneration of the heart may run their course without any morbid phenomena; there may even exist a considerable degree of fat, and yet the general health of the patient may be sound. Morbid symptoms may not take place until the pressure of the fat causes atrophy or fatty degeneration of the tissue. The first symptoms of this disease consist in a deficiency of the heart: peculiar feelings of weakness, from the least exertion. In addition to this we have dizziness, 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 grades this disease the skin becomes cool, disposed to perspire profusely, assumes a pale and sickly appearance, oedema sets in, an excessive weakness of the circulation may result in drop physical signs are the following: Increasing weakness of the heart; feebleness of the sounds of the heart, especially of the first ventricular sound; increased extent of cardiac dulness, only in far advanced cases; blowing murmurs in the region of the orifices, owing to the circumstance that the diseased columnae carneae no longer permit the valves to completely close; easily compressible, soft, unresisting pulse which may show every possible irregularity and is often extremely slow.

This affection only runs an acute course if the fatty degeneration sets in rapidly and very extensively in consequence of inflammatory processes; otherwise the disease runs a very chronic course pending upon the following conditions. If the fatty degeneration affects an hypertrophied heart with valvular disease, dilatation and finally paralysis of the heart result, or else rupture of the heart takes place. This may likewise result from a less extensive fatty 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 the lungs or paralysis of the brain, or, which is most common of all, very suddenly by acute anemia 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 disorganization.

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 to fatness, and most probably to influence by similar proceedings the excessive deposition of fat about the heart. In this extraordinary efficacy of the Karlsbad springs is so well known that we could not help censuring a physician who would refuse to send his patients to Karlsbad from no higher motive than fanatical adherence to a therapeutic system. Unfortunate fat which had disappeared under the influence of Karlsbad often and rapidly returns even in an increased quantity.

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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 in particulars regarding the diet; all we shall do is to plow down general propositions to the reader's attentive regard. The production of fat is owing to an excessive supply of food, the supply considerably exceeding the waste. The quantity of fat produced will be so much greater the more the supply consists of substances that are known to make fat, principally animal and vegetable fats and starch-containing food. Beer generally promotes the of fat either directly or indirectly. Meat, if constitut article of diet, scarcely ever makes fat. These few poin 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 principal lean meat, not starch-containing vegetables or fruit, an bread and wine; and they should be directed never to ov their stomachs as so many people do from mere habit, not necessity. By pursuing such a system of diet and hygiene patient will be able to do without a resort to Karlsbad. cures are the more condemnable in the case of such patie more the heart has already become diseased. At the same must be admitted that there are many persons who, most g in consequence of abnormal changes in the functions of t deposit such quantities of fat, even under the simplest cautious diet, that it seems, impossible to suggest any changes in this respect.

Fatty degeneration may sometimes, but assuredly only in instances, have its primary origin in a constitutional fatness; otherwise we are unacquainted with any other c this disease that might suggest special dietetic prevent

If the presence of the cardiac disease is substantiated doubt, the patient's mode of living has to be regulated of preserving his strength as much as possible. Substant do not from being forbidden, should be recommended moderate use of wine is generally attended with the happ In the case of drunkards, spirits should be withdrawn gr
not all at once. A sudden and complete abstemiousness might lead to dropsy; indeed the frequent occurrence of such an event should be a warning to us. The prostration which follows every

able exertion, admonishes the patient never to use his strength to the point of exhaustion. This precaution likewise applies to mental efforts. The frequent paroxysms resembling syncope or apoplexy are very apt to lead to the adoption of measures which, by depressing the strength, are at the same time to aggravate the patient's condition for the reason that cerebral phenomena do not depend upon anemia, but hypersemia is of course out of the question; patients with not yet sufficiently acquainted, should have their attention directed to the pernicious consequences of blood-letting, lest they feel disposed to resort to it without the advice of a physician.

Of the intercurrent morbid phenomena these pseudo-apoplectic paroxysms and those resembling angina pectoris deserve most attention and should by all means be met by some appropriate remedy. In the former, Camphora will be found most efficient, more particularly on account of the rapidity with which it acts. Besides Camphora we may try Veratrum album and Pulsatilla. As soon as a fainting sensation comes over the patient, he must be laid in a horizontal position, with the head on a level with the rest of the body. If the syncope lasts too long and life seems to be in danger, Ammonium carbonicum and even Mercurius may be resorted to without fear.

In paroxysms attended with an increase of the heart's action, Digitalis is the most homoeopathic and therefore the most efficient agent, provided it is given in a small dose. Opium, Cannabis, Laurocerasus may likewise be administered with some chances of success.

The disease in its totality will have to be acted upon by means of medicines that exert an influence over the excretion of fat, such as Ferrum China, Calcarea, Arsenicum album, and such medicines as are in special rapport with the heart. First in rank we have undoubtedly Digitalis whose pathogenic action on the western part of the heart is the most striking image of excited and yet powerless, extremely 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 other medicine. Of course, the dose has to be proportioned to the quantity of reactive power with the utmost care. lodium is likewise of considerable importance. It has an extreme tendency to palpitation of the heart during the least motion, improved by a horizontal posture; it has the peculiarity inherent in inflammatory exudations to undergo an abnormal metamorphosis; it has a disposition to an abnormal metamorphosis.

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deposition of fat. Hence lodium is one of the few remedies that corresponds to the morbid process in question in every direction. On a former occasion we have already once denied the power of Arsenic to influence structural changes of the heart; we here repeat this statement, although it is undoubtedly true that the pathogenesis 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 emphasis in heart-disease generally and more especially in complicated 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 un complicated fatty degeneration. Since their provings do not single heart-symptom, we will indicate those that may be 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 of anxiety, disposition to faint. Plumbum has: The of the heart is very feeble, or even imperceptible, irritation of the heart indistinct; palpitations attended with excessive dyspnoea; pulse very soft, easily compressible, irregular, fifty to sixty in the minute, less frequently over a hundred, after which it is scarcely perceptible; heart flab paralysed of the heart; fainting fits during every exertion attended with slight convulsions; extreme muscular debility oppression from the least motion; despondency and dread of death; nightmare; oedema of the skin. As for Sulphur we should not expect any favorable effects from it in these disorganizations; its pathogenesis does not indicate it in this disease, nor can it be referred to it by a process of analogy; for even if fat tation were to be regarded as the expression of a perverse phasis of some inflammatory exudation, we cannot show for Sulphur is capable of antagonizing a metamorphosis of this kind. Aurum on the contrary, is a remedy well worthy our attention, more particularly if the heart causes great depression of spirits; usually the local symptoms are insufficient to legitimate the choice of this agent; and testimony is entirely wanting.

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Abnormal Conditions of the Orifices of the Heart;

Valvular Diseases,

Although every alteration of the orifices might be regarded as an abnormal condition, yet, in pathology, this terra is therapeutical aspect to such alterations only as really the functions of the heart. In view of our powerlessness presence of such disorganizations, nobody will find fault for only mentioning the most essential characteristics of orders.

The etiology of these abnormal conditions of the orifice 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. Among of a more advanced age it is the still obscure process of endocarditis, the atheromatous deposition and degeneration 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, ruptures not seem to have any influence in this direction, except repeated observations have shown that women are more frequently affected with anomalies of the venous, and men more frequently with anomalies of the arterial orifices. Beyond the age of five a liability to every kind of anomaly sets in, which 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 coulmee are abnormally altered. Hence, during the systole blood tates into the auricle. This causes a gradual dilatation of the auricle. The flow of blood from the pulmonary veins is impeded, the vessels constituting the lesser circulation, become with blood, finally, the right heart is overcrowded with ing rise to eccentric hypertrophy and, as an ultimate re stasis in the peripheral veins. If the insufficiency the left ventricle remains unchanged; the higher degree of the left ventricle remains unchanged; the higher degree efficiency lead to dilatation and hypertrophy of this vent ical signs: Greater extent of cardiac dulness in breadth of the heart stronger and over a larger area; undulator menents 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 hyperemia of the lungs; sanguineous clots in the lungs; of the bronchial mucous lining; hsemoptoe; dyspnoea; em hypereus of the brain, liver, spleen, kidneys, stomach gastric catarrh; subsequently cedema and serous eflusion diflerent regions attacked by hyperemia.

The prognosis of this affection, 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 peripheral circulation, or oedema show that the compensation is incomplete, an approaching termination of the patient's sufferings may be safely prognosticated. The prognosis is still worse if insufficiency becomes associated with stenosis of the left auriculo-ventricular orifice, as is most frequently the case. Before speaking 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.

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 or base, or their segments or lappets are more or less completely soldered together or variously distorted in shape, or the chordae tendineae lie contracted, shrunk and deprived of their elasticity, so that the valves are drawn down into the ventricle, and their segments assume a funnel-shaped appearance. In this way, an ostium naturally large may be reduced to the condition of a mere slit or to 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 blood in the pulmonary vessels, overcrowding of the right ventricle followed by eccentric hypertrophy as a mode of compensation, which may increase to such an extent that the tricuspid valve becomes insufficient to close the right auriculo-ventricular orifice. The left ventricle receives a smaller supply of blood; hence, the flow of blood through the arteries becomes less active, 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 increased exertion on the left ventricle. Even in more remote organs the stenosis results in the same phenomena of stasis as are 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 impulse 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 shakes the thoracic wall; the precordial region is somewhat flapping of the tricuspid valves is sometimes sensible to the hand; diastolic purring is very commonly perceived at the apex of the heart. Auscultation returns a diastolic murmur at the apex of the heart, and the first sound is considerably feebler; a murmur is heard instead of the sound. The aortic sounds are weaker, the
the pulmonary artery, especially the second sound, are c stronger.

From what we have said, the subjective symptoms may be r inferred. The pat\nts always suffer more from stenosis valvular insufficiency; the untoward consequences set in and more intensely, and hemorrhages of the most varied k accompany stenosis much more commonly. Accordingly the p nosis is of course much more unfavorable, since in the l ooTDT'nsatinfif: equilibrium cannot possibly be maintaine

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The treatment of these two anomalies can neVfer ah;n a^a plete cure. Even if we were to concede the possibility o orificial defects that had but recently arisen from an a endocarditis: yet these defects do not become an object until they have existed for a long time without being nb Hence we shall have to confine ourselves in any event to symptomatic treatment, and even then shall have to aband hope of achieving any permanent improvement.

In selecting a remedial agent for these abnormal conditi have to limit our choice to remedies characterized by in and weakness of cardiac action, not allowing ourselves b sional appearance of functional excitement of the heart to the adoption of remedies that are only adapted to an tation of cardiac activity. However, the mischief which properly selected remedy might do, would only be of a se nature in case disproportionately large doses of the rem given; for the loss of time which a mistake of this kind involve, would be of very little importance considering course which such disorganizations generally run. In oth the selection can never depend exclusively upon the card toms which are almost always the same, but will have to mined by the locality and quality of the consecutive aft the following series of remedies we mention after each r main consecutive or secondary symptoms requiring its use

Digitalis purpurea claims undoubtedly the first rank. No corresponds by its physiological symptoms more fuUj' tha with the group of pathological phenomena evolved by dise the mitral valves. In the heart we have the deficient ac arterial half, with increased action of the venous half; tuous movements of the heart in spite of its diminished the irregularity of the rhythm, etc. All the other organ exhibit the most significant phenomena. The urinary secr considerably less. We have passive hypersemia of the bra its consequences. We have likewise pulmonary hypersemia, times as a passing congestion, and at times in the form bronchial catarrh with hemorrhage, dyspnoea. There is hy of the liver, even to the extent of giving rise to icter
We have symptoms of intestinal and gastric catarrh; moreover a tendency to serous effusion. In short, the whole complex pathological phenomena points to Digitalis as our first treatment of these disorganizations. Digitalis is even indicated by Diseases of the Heart.

the peculiar pneumonia which is not unfrequently favored excited by the stenosis of the left auriculo-ventricular orifice. Only the remedy be administered in a small dose; this is of paramount importance. Even if large doses seem to agree at the beg yet in the long run they exert a decidedly pernicious influence.

We advise the use of Belladonna in all cases where Aconitum seems indicated by the symptoms. In this kind of disorder never exerts a favorable influence. Belladonna is especially by the paroxysmally increasing pulmonary hypersemia and headache which sometimes reaches a terrible degree of intensity. It is less frequently efficacious in the resulting hepatic derangements.

Pulsatilla cannot be numbered among the prominent remedies; we would at most employ it in the higher grades of bronchial catarrh.

Veratrum album competes with Belladonna as far as the affected organs are concerned; yet there are symptomatic differences. It is suitable for cerebral and pulmonary congestions setting in with pallor and coldness of the outer skin, or with a decided tinge.

Opium, in small doses, in the case of drunkards is a main remedy for cerebral hyperemia, less for the respiratory difficulties. In such cases it often acts with wonderful rapidity and complete although the effect does not last.

Tartarus stibiatus is indicated by bronchial catarrh with profuse 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 than really is, has only shown a decisive effect in our hands sleeplessness which is a not uncommon symptom in these diseases it has never seemed to be of any use in affections of the organs for which it seems such an excellent remedy if the symptoms are not occasioned by valvular defects. Nor does it seem to have any effect in drojmal difficulties.

The remedies we have named so far, are in general adapted to overcoming single ailments either acute or subacute; we will add the following: Phosphorus^ Squilla^ Secale cornutum^ Ammonium carbonicum. Another series of drugs has been opposed to chronic secondary affections which, although consequences of the cardiac disorganizations, very often
diminution, or at least of an arrest of the symptoms.

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China and Ferrum here occupy the first rank; the former especially, if the anemic phenomena which are an inevitable consequence of the deficient activity of the left ventricle with frequent paroxysms of passing congestions of the brain 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 gastric catarrh, and, like China, by enlargements of the spleen. is not very suitable to old people; Cldna^ on the contrary so.

In chronic ailments Arsenicum deserves more attention than 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 bronchial 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 pathogenes consequences of the anomalies here treated of: a disposi hemorrhage; the anaemic symptoms in cyanosis; oedematos 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 fatty degeneration may likewise be ranked here, especially Plutnbumj Cuprum and Aurum. For single symptoms : Lycopodium and N trum muriaticum are particularly efficacious. The last-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
lies. Hence, fat food and starch-containing substances avoided, whereas good meat and beef broth should be recommended as chief articles of diet. The use of wine which seems indicated by the tumultuous action of the heart, is not useful, but even necessary, especially in the case of coldlikewise call attention to the inhalation of compressed air deserves particular recommendation in this disease, as it depends upon rendering the act of respiration easier to by furnishing him a larger supply of oxygen, which is ac 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. T owing to a shrinking, laceration, rigidity, adhesions an of the valves. Disorganizations of this kind very seldom mechanical force or from acute endocarditis, but commonl chronic endocarditis and from atheromatous degeneration. account aortic insufficiency is generally met with in ol

Insufficiency results in a regurgitation of the blooft the aortic diastole, the ventricle from the aorta into the ventri sequence of this overcrowding, the ventricle becomes ab distended; hence, if the valves are insufficient, the l becomes more distended in consequence of this anomaly th any other. The increase of the ventricular contents invi increased contraction of the muscular fibres, thus giving eccentrc hypertrophy which becomes the more excessive t the valvular insufficiency. If at the same time the left ventricular orifice is normal, the insufficiency shows n sequences in the lungs, nor does it react upon th^ right On the other hand, the consequences are visible in the a tem; the arteries, being exposed to a considerable incre ure or a force acting a tergo^ dilate and, in the furthe the disease, very commonly undergo an atheromatous degen

The objective symptoms of aortic insufficiency are gene plain as soon as the affection has acquired a certain de portance. Corresponding with the extensive hypertrophy o left ventricle, the cardiac dulnsses extends over a much

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more to the left side and even as far as the seventh int space. Palpation discovers a much more forcible and more tensive impulse of the heart, which sometimes shakes ver the whole of the anterior wall of the chest; a purring not unfrequently heard at the upper end of the sternum, peculiar whirl or buzz during the systole of the heart. A returns over the ostium of the aorta, at the place of in third ooetal cartilage, a diastolic murmur which is most heard as far as beyond the sternum and vanishes the more pletely the more the ear approximates to the apex of the The second aortic sound is at times entirely absent, or audible at the commencement of the murmur. The first aor sound is either normal or associated with a murmur. The of the right ventricle are normal, the second sound of t
nary artery is at most somewhat louder. The changes in the arteries yield the following exceedingly characteristic phenomena: The pulsation of the arch of the aorta is sometimes felt in the jugular. The carotids pulsate so strongly that their vibrations are distinctly seen and that the whole neck and head are sometimes 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 large, hard, and bounds against the finger in a peculiarly short and rapid manner; sometimes it vibrates, especially under soft pressure.

The subjective symptoms differ greatly according as the insufficiency is more or less considerable or the hypertrophic compensation more or less complete. As long as the hypertrophy equilibrates the insufficiency, the patients feel quite well and do not even complain of palpitation, no matter how much more forcible the impulse of 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 walls, easily result in rupture of the vessels and apoplexy, luminous vibrations before the eyes, highly flushed face, etc., if occurring during insufficiency of the aortic valves, are always unwelcome phenomena which show that the compensating equilibrium which Nature had set up, is disturbed. In other organs, likewise, we notice a tendency to bloody extravasations from the genital organs of young women. If the opposite takes place in the course of the disease; if the hypertrophied ventricle is unable to compensate for valvular insufficiency, which is the case if a process of fatty degeneration is at the same time set up in the muscular tissue of the ventricle, the morbid picture 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 able to completely propel this smaller quantity; symptoms of cerebral anaemia supervene, and even in the veins the blood courses more slowly. At this stage, the discharge of blood from the left auricle is likewise interfered with, and all the consequences of stenosis of the mitral orifice develop themselves in this case, 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 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 considerable atheromatous degeneration of the arteries, 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 at hand. If valvular anomalies at other orifices are simultaneously 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 invests valvular deficiencies with threatening danger. The general of such patients has to be regulated with much more care than in simple hypertrophy, for the reason that every unusual excitement of the action of the heart may result in what is so much dreaded, a rupture of the vessels. Every sort of bloodletting is exceedingly pernicious; even now this is sometimes recommended 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 thickening of the semilunar valves consequent upon endocarditis, which incapacitates the valves from adjusting themselves to the aorta. This constitutes an insufficiency the force of which is in inverse ratio to stenosis.

The necessary consequence of an impeded emptying of the left ventricle is an increased activity of its walls to propel the blood, hence hypertrophy. It is to be observed that, if the only difficulty, the hypertrophy does not become eccentric at least only very little so, whereas, if insufficiency is present at the same time, hypertrophy becomes associated with dilatation. Stenosis does not exert a marked influence over the other parts of the heart until the hypertrophy is no longer sufficient to compensate equilibrium. In such circumstances the pulmonary circulation is disturbed, the right ventricle becomes hypertrophied, but never in such a high degree as from stenosis left auriculo-ventricular orifice. The influence of stenosis upon the motion of the blood through the arteries is manifested by the incompleteness and feebleness of the arterial current.

The objective symptoms of this disorder are: All the symptoms which have been previously indicated as characterizing a considerable hypertrophy of the left ventricle. Auscultation over the aortic orifice usually returns a loud systolic murmur which quently reaches a -good ways laterally and downwards, distinct, or likewise replaced by a diastolic murmur if the stenosis is complicated with insufficiency. The sounds of the right side of the heart are normal. As long as the stenosis is properly compensated by hypertrophy, the pulse is indeed somewhat small but hard, and only becomes small and even soft after the compensating equilibrium is disturbed. The pulse generally constitutes an excellent means of obtaining a correct judgment of the condition of the heart.

In cases where the stenosis is completely equilibrated b...
tricular hypertrophy, the subjective symptoms are generally of no importance; the patient may feel quite well, only his countenance 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 stasis in the lesser circulation and in the veins slowly show themselves.

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It is impossible to indicate a definite mode of treating stenosis, for the simple reason that the character of this anomaly varies too much and that it is always complicated with other abnormal alterations. As long as the patients feel well, it is useless or even hurtful; the stenosis cannot be cured, the medicine might possibly accomplish, would be to disturb the functional cardiac equilibrium. If the compensation becomes sufficient, we have to resort to the remedies that were for fatty degeneration: Veratrum^ lodium^ Arsenicum and Digitalis^ and with reference to the deficiency in the process of sanguification: Ferrum^ Calcarea carbonica and China. If symptoms of venous stasis make their appearance, we have to choose 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 supply of arterial blood the process of assimilation is more difficult. Hence our chief aim should be to give the body a chance to make good blood, by furnishing it a supply of easily digested and nourishing food and an abundance of fresh air. Even of wine need not be forbidden; on the contrary, it is often to be recommended, both in order to promote the process of digestion and as a direct stimulant for the heart. If the stenosis is the same time associated with insufficiency of the semilunar valves, the treatment becomes much more difficult, because it is often difficult to decide, the consequences of which of these two ought to be met first. Generally one anomaly will 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 presenting difficulties for which it is, however, impossible to arrange definite therapeutic rules and practical applications of drugs. Since conditions of this kind fortunately never require the immediate use of remedial agents, there will always be time enough in a given case to consider what treatment had better be pursued and what remedies are most adapted to the case. Any special presentation of the symptoms characterizing such combinations called for, since anybody may construct such a series in mind.

Palpitatio Cordis 899

«· Defects of the Orifices and Valves of the Right Heart

They occur so seldom, especially as isolated affections, will condense all we may have to say on the subject, in
Insufficiency of the tricuspid valve is the most frequent ring defect on the right side of the heart, and originate morbid processes as insufficiencies in the left heart. If the a considerable, it gives rise to venous pulsation. Defects valve and of the consequent excessive eccentric hypertrophy right ventricle may lead to a so-called relative insufficiency of the 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 venous circulation reaches an extraordinary degree, and dropsy is eminent. Diagnosis is determined by a systolic murmur which is distinctly audible in the region of the tricuspid valve. The treatment has to be conducted in accordance with our remarks on mitral insufficiency, since the consequences are entirely the same as those of the latter anomaly.*

The rest of valvular diseases as well as stenoses are exceedingly rare; no special remarks can be offered regarding their remarks.

Palpitatio Cordis.

Palpitation of the heart, by which we mean a momentary, or less continuous increase of the frequency and strength beats of the heart, is not only met with in a large number of cardiac affections in which we have in the preceding numbers, but likewise in persons of sound health, after violent mental and bodily exertions. This is not the kind of palpitation that we wish to consider in this article, but those detached paroxysms of increased cardiac activity which set in without any demonstrable alterations in the substance of and without any definite exciting cause.

The etiology of this affection, as far as regards a knowledge the physiological connection between cause and effect, is obscure. All that we know is, that this palpitation freq

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not by any means constantly, sets in after strong emotion 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 likewise from certain nervous affections, such as hypochondria, spinal irritation, softening; that it may likewise result from certain morbid condition of the abdominal cavity, such as helminthiasis, cholelith

The symptoms of this affection vary in the main in two directions according as the increased action of the heart is only felt by the patient, or is likewise perceptible as an objective pheno
neither case is the paroxysm preceded by distinct symptoms; it arises all at once after a trivial exciting cause, or even without any evident reason. Paroxysms where the patient alone is conscious of the palpitation, are by far the worst and attended with distress. The heart feels as if it were hanging loose, falling down, without any external change being observable: the single beats are feebler rather than stronger. At the same time the patient experiences a fearful anguish and restlessness, and with every new paroxysm imagines that his death is at hand. The face is pallid, covered with a cold perspiration, the eyes staring, the extremities are cool, the consciousness sometimes seems for a time. The pulse is always small, compressible, sometimes intermitting. Paroxysms of this kind seldom last for a long time, perhaps only a few minutes, seldom longer than an hour.

Paroxysms of the second kind are characterized by an externally perceptible increase of the cardiac activity; the impulse of the heart is stronger, the beats succeed each other more rapidly, and the patient experiences a painful throbbing in all the arteries, the body is at times cool, at other times hot. The pulse is full and hard, and even in this case not unfrequently unrhythmical. The face is turgescent, highly flushed, the eyes glistening and staring, the body is at times cool, at other times hot. The patients complain 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 violent. Nothing abnormal is perceived at the heart, only the sounds of the heart are considerably stronger. These paroxysms at times are only of short duration, at other times they continue for hours.

The course of this affection varies; often it is very obstinate, but 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 disappears 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 complaints should assume a dangerous character in consequence of the mal increase of the heart's action. The disorder being a torment to the patient, the physician must necessarily demand from him 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 palpitation 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. Therefore the remedies contained in each of the two following series 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 remedies. Another point deserving special consideration in selecting remedies, are the influences which excite the attack and the effects, of which the palpitation constitutes a particular and most distressing symptom. We can neither afford time nor to dwell upon this point more fully, since this would lead to repetitions, and the appropriate remedies are, moreover, specified when the different pathological processes are being treated. The palpitation of a chlorotic female, for instance, our first endeavor will certainly be to find a remedy that shall correspond with the totality of the chlorotic symptoms.

We do not wish to incur any censure if we mention the following remedies very briefly; it is our opinion that in a difficulty, 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 all the remedies bearing upon such a case. For the sake of completeness, 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, wise in the case of persons with excitable temperaments and who are subject to rushes of blood from every trifling emotion; likewise in the case of tuberculous individuals, where pulmonary conditions and palpitation of the heart exist together. Aconite is indicated unless the column of blood is in a general state of excitement and increased movement. The action of Aconite is not governed by any particular time of day, but it is particularly suitable 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 both in rhythm and impulse, which is more like an undulatory motion; the paroxysms occur at indefinite periods, but specially in the morning; the patient's temperature is unequal, the extremities are cold to the touch; Spigelia is indicated for palpitations arising from worms.

Arsenicum: The heart beats much more forcibly and rapidly, 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 typic or more particularly at the time of the menses; it is likely for chlorotic and asthmatic individuals, and for dr

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Ferrum is adapted to chlorotic and anaemic individuals, palpitation is attended with frequent changes of color and if the face looks flushed at the beginning of the paroxysm it is likewise adapted to tuberculous individuals, likewise with excitable nerves, or with nerves rendered irritable by excessive excitement; it is adapted to females more particularly if the menses are scanty and the patients are suffering with uterine catarrh.

Nitrum as well as Acidum nitricum are characteristically distinguished by violent, but short-lasting pulmonary congestions without any real pain, they either precede the palpitation, or set in simultaneously with it.

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Nux vomica deserves particular consideration, if the palpitation is occasioned by irregularities in the digestive process, is attended with cerebral congestions or nausea; palpitation is caused by abuse of spirits, in the case of or if caused by abuse of coffee, or depending upon spinal irritation.

Platina, if the palpitation is attended with menstrual irregularities or retention of the menses; likewise if it is attended with a good deal of sexual excitement.

Belladonna is indicated under similar circumstances; it likewise prove suitable for palpitation generally.

Phosphorus, Veratrum album, Aurum, Argentum likewise belong in this category.

In the second series we class the remedies that have a debilitative influence over the action of the heart, which the patient imagines only excited momentarily or transitorily by drugs.

Pulsatilla, if the palpitation is excited by the least irritation, is attended with great anxiety which seems to be out of all proportion to the slight objective symptoms; there is a rapid change of color in the face, the patient feels chilly; if the palpitation is relieved by motion, especially by exercise in the open air, or by a little pleasant social entertainment; if the palpitation rouses one from sleep at night. Pulsatilla is excellent in chlorosis if the nervous symptoms prevail, and is likewise suitable for palpitation during the menses.

China: Palpitation of the heart, with external coldness, small pulse; after losses of animal fluids; in the case of individuals with great nervous prostration, hypochondriacs, persons to self-abuse.

Camphora, for irregular palpitation, with unusual oppression of the chest evidently not arising from determination of blood, very feeble pulse, general coldness of the body.

Ignatia, Sepia, Asafoetida, Nux moschata have very similar symptoms; they all have a small and weak pulse during t
tation and a variable irregularity of the heart's action chiefly adapted to hysterical palpitation of the heart.

In hypochondria where the heart's action is as frequently disturbed as in hysteria, the main remedies are: Ifatrurri muriaiicum and Lycopodium^ moreover, CocculuSj Aurum^ and Nux vomica.

Cannabis is next to Digitalis the surest remedy for palpitations occasioned by self-abuse and by an erethic weakness of the organs.

Chamomilla 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 indiscriminately in one or the other of these two series.

Digitalis is here the most important remedy. We have given its characteristic symptoms on former occasions, and here again point out a marked excitement of cardiac action associated with evident 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 some cause in the male sexual sphere.

Coffea. The palpitation is at times strong and visible, at other times is only felt by the patient; a characteristic symptom is great restlessness with weariness, yet the patient has no sleep, particularly after a copious meal and late in the evening. Every one who drinks coffee, has experienced the good effects of coffee in this direction after a copious meal. For evening-palpitations, coffee generally affords relief to such only as do not use coffee as an habitual beverage. As a rule, the excitement of cardiac action occasioned by coffee is not associated with an increase of temperature or flushed face, even if the patient experience a sensation of increased warmth.

Calcarea oarbonica is an excellent remedy, not for a single paroxysm, but for the affection generally. It is particularly adapted to 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 without 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 male persons of a somewhat advanced age, that Calcarea does to women and 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 excruciatingly severe every day, or at least very frequently, course to be pursued is, not to prescribe for the single paroxysm, but to continue the suitable remedy at somewhat extended intervals.

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vals and for some time, as we do in other chronic cases.

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course has, of course, to be pursued if the palpitation some other pre-existing affection. If the paroxysms occur in definite periods and continue for a long time, the patient or his medicine always handy, for it is of the utmost impor with a view to shortening the existing paroxysm, that th should be taken as soon as possible after the commencement attack. Or else a suitable remedy may be prescribed for special paroxysm, and afterwards another medicine for th generally.

The diet and mode of living that have to be recommended, according to the origin of the trouble, but can easily be from the nature of the case. We should, however, strenuously guard against the mistaken notion that invigorating nourish vigorous bodily exercise, even gymnastics or the use of be avoided by those who are liable to palpitation of the This disorder is but too frequently symptomatic of great hence requires invigorating nourishment and a strengthen of living.

If the palpitation arises from sexual disturbances, cold of a moderately low temperature and not persisted in too time, will prove excellent auxiliaries. General cold bat dom agree with a patient thus afflicted, nor do cold sho

7. Angina Pectorbi, Stenocardia.

This upon the whole very rare affection has not yet been counted for in such a manner that any explanation that h given of it, might not be objected to for a variety of reless all attending circumstances justify the classing ease among the neuroses. Whether the cardiac plexus is t of this disease, or not, cannot be determined with any d certainty.

The etiology is obscure and vague; we only know from sta data that males are infinitely more subject to this dise females, and that fat individuals, or such as incline to are principally attacked. Persons beyond the age of fort mostly liable to the disease, and they generally belong classes. Its frequent combination with cardiac anomalies with atheroma or ossification of the coronary arteries, justify the opinion that the disease originates in such tions, for it is known to occur without any material alt the heart. All exciting causes are very often entirely a

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the attacks are usually provoked by a bodily effort givi 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 dyspnœa, 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 Very seldom. The action of the heart is a
normal, at other times slower than usual, and again hur
irregular, especially if the patient is afflicted with h
Very seldom the pain remains confitied to the præcordia
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
ition; a paroxysm seldom occurs more than once on the sam

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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 violently interfere with the position the patient may have selected instinctively for his relief. Even the use of local application severe cutaneous irritants, to which we might feel tempted, may prove dangerous; in no case is the people's rule, not to touch an individual seized with a nervous spasm, more appropriate angina pectoris. Such precepts as may be found in every therapeutic treatise, are unpractical, for the reason that they last long enough to test their clinical value. This wise applies to the use of remedial agents which we might be afforded sufficient time to procure before the attack. If the attacks last long enough, we may try Arsenicum and perhaps Ignatia.

We have a number of remedies that seem homoeopathic to the disease, but we confess that our clinical records are scanty and unreliable; in view of the great rarity of the scantiness of our clinical cases cannot well surprise us.

The only case which we have ever been called upon to treat in our own practice, and which had already been going on during a number of not very violent paroxysms, we have cured with very often repeated doses of Digitalin 2d and 3d trituration. The patient has now been free from the disease for the last six years. It was a purely nervous angina pectoris. It would not be safe to recommend a remedy upon the strength of a single experiment, if the symptoms and the whole therapeutic range of the drug correspond with the disease. Whether Digitalin and the T

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of Digitalis would have an equally favorable effect in a toris accompanied with heart-disease, we are unable to do. Hartmann recommends Digitalis and bases his recommendation upon the ground of practical experience in the use of th

Next to Digitalin Arsenicum undoubtedly promises the most successful results in the treatment of this disease. Har the following remarks: "Not only the actual paroxysms, disease generally finds in Arsenicum its appropriate remedy, the disease is not complicated with structural changes of the heart and the large arteries, or other extensive disorganizations is indicated if the patient can only breathe very gently with his chest stooping forward, and if the least motion causes a loss of breath; if oppression and stitches in the praecordial region are associated with anxiety and a fainting sort of weakness is indicated if the patient is getting into bed, and it takes him a long time to recover his breath; if the paroxysm is excited 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 can only exert a palliative influence. In this respect can be more certainly relied upon than Arsenicum." We will add a few suggestions bearing upon the dose. There is not the
doubt that in purely nervous affections Arsenic, if given in a low trituration, either does not show any curative effect at all, causes severe aggravations. Our urgent advice therefore angina pectoris only the higher attenuations should be used for the actual paroxysm as well as during the intervals.

Although the frequent occurrence of angina pectoris in conjunction with atheromatous degenerations of the larger vessels and the heart itself, suggest all the different remedies of whic has been made in the paragraph on fatty degeneration, ye particular attention to Plumbum; for particulars we refer we have stated at the end of the fourth chapter.

We have not a word of commendation to offer in favor of Samhucus, Augustwa, Lactuca virosa, Veratrum album, Asa and Sepia, which are likewise recommended by Hartmann. Our dissent is of course based upon theoretical reasons, but has no clinical proofs to offer any more than we have. A

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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 other decided influence, cannot well be maintained. Nor can we much good from a course tending to a general invigoration 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.

Inflamations of bones occur in every age, less frequent 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 great 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 anythin tainty, 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 ny bone; nevertheless inflammations of the mastoid proc inferior maxilla, of the vertebrae, 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

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outset the disease is entirely without any symptoms unti disease is finally revealed by the process of suppuration 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 ime 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 tuberous 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
Ostitis of this central character always runs a chronic course. Its terminations are suppuration or ossification of the exudation. The pus is seldom reabsorbed, nor does it often become transformed into a tubercular mass; most generally it escapes outwardly and, unless the disease is cured, caries and necrosis result. The ichorous dissolution of the exudation generally determines a more rapid course of the disease. If one of the large bones is invaded by the suppurative process, death almost always results, in some cases not till the patient has lived through years of suffering. An important diagnostic symptom is the presence of albumen in the urine; it almost always occurs if the suppuration and afgurs very badly for the final result.

The importance of inflammations of bones varies a good deal. Age exerts a characteristic influence; whereas children and young people generally recover from such inflammations, even if these should last a long while, unless they originate in inveterate maladies; older persons, especially when on the other side of forty, generally fall victims to such inflammations. Most generally recover when the second period of dentition sets in, or when they enter upon the period of pubescence. The seat of ostitis is of no small importance; inflammation of the bones in the upper part of the body is less dangerous than inflammation of the pelvic bones, or the bones of the lower extremities. It is likewise important to determine whether the inflammation is so located that vital organs may become involved; on this account inflammations of the skull-bones and ribs are more threatening on account of meningitis or pleuritis resulting from them. What renders the prognosis in every case of non-traumatic inflammation doubtful, is 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 no cause or other, or without any cause; or else, in one portion 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 substance; hence it always implies a loss of substance and makes the bone soft and spongy. It monly involves the spongy portion of the bone.

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 other 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 an under the microscope, if the carious process takes in the interior of the bone, the pus may gravitate downw may form fistulous canals and finally break forth in som locality.
The disease always runs a chronic course, sometimes exte

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through a series of years, unless, owing to the presenc other disease, a radical transformation into ichor bring rapid termination.

Terminations: Recovery by means of granulations, resulti firm, tense, retracted cicatrix, or else death amid symp hectic consumption, or in consequence of the inflammatio to other vital organs; in less frequent cases bones suppurate for years without the organism being much affe the loss. After the bones are healed, the destructive na caries, in case the loss of substance is great, very oft deformities and other derangements depending upon the na the bone affected. Among these deformities the most impo are: Cyphosis in caries of the vertebrae, and impaired m the lower extremities from caries of the head of the fem

The prognosis is very doubtful. If the patients are othe sound, and the pathological process is limited in extent be depended upon with tolerable certainty; otherwise it all, questionable whether the disease will not sooner or fatally. If the carious process takes place very near th covering of important viscera, we have at all times to e extent of the inflammation to these parts.

Necrosis is the gangrenous destruction of a bone or part bone. It is a frequent consequence of ostitis attended w and a frequent accompaniment of caries. It is a well kno that Phosphorus may cause necrosis of the inferior maxil medicinal treatment of necrosis is of course out of the except in so far as secondary ostitis may be present; al done, is to remove the necrosed portion of bone.

Treatment. The frequent occurrence of ostitis in individ whose constitutions are tainted with some constitutional invites a careful inquiry into the presence of such a co taint, even though not manifested by any outward signs; the second place, to employ such remedies as not only co with the constitutional affection, but likewise aim at r local disease. A mere comparison of symptoms will scarce answer the purpose, for the reason that the localities m much; it is only for a few definite localizations of os possess real similia. In general we advise therefore tha not the local symptoms be taken as our guide; on this a mention the following remedies with a few short comments

Merourius is a medicine of whose specific and almost con
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definite relation to the osseous tissue we may always re
It is indeed suitable in most cases of ostitis and peri
ty 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 of
disease. However, we do not mean to deny its usefulness
cases of ostitis, and even in caries. The infantile organs
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 location for according to Hartmann, it is particularly the superficial
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 our
case of such cases by means of Aconite, Belladonna, th
of Mercury, J. likewise Iodine and Iodide of Potassium.

Aloidum 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! aloidum is generally preferred to Acidum nitric
non-mercurial ostitis; it is indicated in the inflammato
afTections of children, especially in inflammations of
if there is an evident disposition to caries and ichorous
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 reason
the latter acts more specifically and more penetratingly
affections. In other respects the therapeutic sphere of

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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 periosteam 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 bones.

Baryta carbonica is eminently adapted to a slow and almost painless scrofulous inflammation of the bones of the extremities, after suppuration has begun to set in.*

Aurum is, like Nitric acid, an exquisitely anti-mercurial medicine, and hence deserves special attention in cases of mercurial osteitis. It has likewise an excellent effect in non-mercurial osteitis, and violent pains, especially at night. Aurum is a remedy for inflammatory ulceration of the nasal bones and facial 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 cause and at any age, as soon as the inflammatory stage has run its course; it is adapted to every constitution, but may not have a very favorable effect in acute ichorous suppuration. We forget that Silicea acts very slowly; we recommend small doses at long intervals.

Sulphur, in our hands, has never had a permanent effect of any kind; we have never been able to effect with it a return to recovery. It can at most be of use only in the latter stages of the disease, not at the beginning.

Calcarea. This agent is not so much indicated in uncomplicated osteitis, as in osteitis depending upon scrofulosis; it does not act directly as a curative, but by virtue of the change it effects in the scrofulous disease. On this account it should be deferred until the suppurative process is full. We will not decide whether Calcarea carbonica or phosphoric is preferable; we consider it a wrong theory, however, to employ the Phosphate of lime because it is a constituent of bone. In caries of the vertebrae Calcarea is superior to any other drug, at least, it arrests the destructive process.

For further comparison we recommend: Hepar sulphuris, Jod Kali bichromicum, Graphite, also Bhus toxicodendron and Lyco podium. Ehufl is particularly recommended for periostitis.

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use of Aconite, Bryonia and Pulsatilla as recommended by man, 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 florid complexions.

S. Riaclitlitlft.

Bickets.

We treat of this affection here, instead of deferring it 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 obscurity. It is certainly not correct to describe rickets as a consequence of scrofulosis, for not all children who are afflicted with scrofulous. With respect to rickets the following are established facts: Rhachitis can only be diagnosed with reliable certainty 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 hereditary. The almost constant coincidence with more or less intense digestive disturbances justifies the inference that the main cause of disease is an abnormal condition of the assimilative functions. 

Symptoms and Course. Manifest symptoms of rickets are with few exceptions preceded by precursory symptoms. The children are afflicted with diarrhoea which is more slimy and afterwards watery; they lose their appetite which is still more common, they have perverse tastes, craving black rye-bread and potatoes; the abdomen is distended, complexion sickly, the desire to move about is less, and intellectually, the children are more matured than their age to indicate. This lack of disposition to move about, which particularly prominent in the case of children that had commenced to walk about, is the first suspicious symptom that is very soon, and sometimes immediately followed in the bones and articulations. That these pains exist i from the cries which the children utter, whenever an attempt is made to have them move about. This circumstance is often pretexted as naughtiness, more especially since the child commence to cry at the mere approach of their parents who suspect of an intention to make them move about. Soon the characteristic changes in the articular extremities of the bones become manifest, more particularly, on account of the ticular 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, unequally bunchy, separated from the shaft by a more or fold of integument. The disease is almost always accompanied by emaciation, especially of the lower extremities, which swelling of the articular extremities and the distention abdomen to become still more prominent. The painfulness articulations is generally very great, scarcely ever hertible; 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 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 p 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 yearea.

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 rachitis, 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, sometimes 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

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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 man 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 classes. Concerning the diet, we have already stated our views with regard to the intestinal catarrh of children, and shall refer 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. After attending to the main requisite for a cure, namely the regulation of a suitable mode of living, the next business in order is to remove the intestinal catarrh as soon as possible, for which purpose a rigid diet is often insufficient. All the medicines that are recommended for the intestinal catarrh of children, may into use, but Calcarea carbonica undoubtedly heads the list.

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well known that the partisans of the National School account for the use of this agent in rickets upon chemical grounds, a compensation for the excessive loss of the salts of lime in the urine. This excretion of the salts of lime is not the cause of the disturbed nutrition of the bones, nor is it mind by "rational" physicians that substances like lime, given in their crude shape and in a massive dose, have even act injuriously. On this account the use of such agents is soon discontinued, again. Nevertheless Calcarea is the surest remedy for rhachitis, and we can present it to our opponents as an illustration of the efficacy of small doses. When given in higher attenuations, it shows curative effects very promptly if there is no change in the mode of living; we have not on many occasions. We have never witnessed such rapid results from the lower triturations; hence we advise everybody the sixth and higher attenuations before resorting to the lower attenuations and triturations. The diarrhoea often ceases after the first dose, and this change implies a positive victory over the disease. Having almost constantly succeeded with the Carbonate of Lime, we scarcely ever venture to change to the Phosphate or Acetate. A copious, watery, sour-smelling diarrhoea is the surest indication for Calcarea.

A second remedy which is likewise extremely beneficial in suitable cases, is Arsenicum. As regards the dose, we apply the same remarks that we have to Calcarea. The Arsenic-d is less copious, less watery, of a foul smell as of decomposed matter, attended with a good deal of flatulence, hectic fever, gyness, sleeplessness, also vomiting, loss of appetite, which is characterized by a great craving for certain inadmissible kinds of food.

Sulphur is seldom indicated in rickets. Its chief indication is seldom present, namely a slimy or mucous discharge of bile. It is by many that a few doses of Sulphur administered previously to Calcarea, renders the effect of the latter more reliable and prompt; we have no experience of our own to offer on this point.

These three remedies are sufficient to a cure in by far the number of cases. For other remedies we refer the reader to the chapter on intestinal catarrh. [In this disease the cont
of small quantities of Cod-liver oil is decidedly approp

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8. Eneliondroiiia.

Pcedarthrocace ; Spina ventosa*

Enchondroma represents a disease of the bones where cartilaginous substance is formed within the bone, in consequence the substance of the bone is more or less destroyed.

The causes of this affection are quite obscure; assigning scrofulosis as the origin of the disease, does not shed much subject. It occurs most commonly among children and during puberty.

The enchondroma is most commonly located in the metacarpal bones and in the phalangeal bones of the fingers, much less frequently in the bones of the feet, but may likewise occur in bones and organs. It either commences without any pain, with indefinite sensations in the affected bone, very seldom with marked pains like ostitis. The swelling of the bone is the first symptom. It seldom spreads uniformly over the bone, but has mostly a spherical or conical shape. The swelling is generally the first symptom. It seldom spreads uniformly over the bone, but has mostly a spherical or conical shape. The swelling is of slow growth; the soft parts by which it is covered, long time their normal appearance, until finally, after it has reached a considerable size, the skin reddens and breaks in one or more places. The sound now penetrates into the opening without diffculty, and is easily passed around in the swelling, which is commonly found to consist of a very soft, spongy mass. There is very little discharge from the opening, very seldom any pus, but rather a serous liquid resulting in the formation of a crust that closes the opening. At this stage pains are generally absent.

The disorganization runs a very chronic course. If adults are attacked, the general organism is much affected by the disease; in the case of children a cure may be promised with perfect safety.

For this disease we do not possess any specific, proper, but have to select our remedies in accordance with the rules of analogy. Practically Silicea has so far yielded the best results; next to which we rank Graphites. Besides these two, the following remedies are recommended: Calcarea, Staphysagria, Mezereum, Cuprum, Sulphur, Ledum palustre. There is no clinical experience recorded with these agents. We should always bear in mind, in treating a case of this kind, that enchondroma can never be cured with external means, and that the knife never need be resorted to.

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4. Psoitis.

Inflammation of the Psoas-muscle.
Of inflammation of muscles this is the only one that is proportionally of frequent occurrence, and is of very great importance.

If psoriasis 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 causes are known. Mechanical injuries seldom result in psoriasis. Secondarily psoriasis may supervene during inflammation and caries of lumbar vertebrae.

At first, the disease is often quite painless and develops very slowly; sometimes, however, it sets in in an acute 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 indication is by creeping chills. The fully-formed abscess is absorbed, which is, however, seldom the case; or else, it lumbar region, the pus escaping inwardly and immediately endangering life; or the pus burrows downwards following the psoas-muscle until it finds an exit, generally on the anterior surface of the thigh, rarely posteriorly by the side of the 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 always slow; it is only in rare cases that the inflammation does not suppurate; 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 into the vertebral column. For these reasons the prognosis is always doubtful.

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 if this 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 and every motion aggravates the pain extremely. Rhus should be given if the fever consists of a burning, dry heat, with intense trouble seems to have originated in a cold and the pains at night, and when the patient is lying down. If these remedies do not effect an improvement, and the fever is mingled with chilly creepings, the pulse becomes very much accelerated, and the skin is at times burning-hot and at other times drenched in perspiration, we should at once give Mercurius, which is the only...
remedy that can arrest the suppurative process, if such at all be accomplished. If an abscess forms, we give Hepar in order to promote the suppuration; for the main point evacuate the pus as rapidly as possible and by this mean the sore as soon as the pus is discharged. Hartmann name number of drugs, such as Bryonia^ Nux vom. ^ Pulsatilla^ idesj etc., without any practical testimony, and, in our without practical value. Staphysagria may be tried if th runs a slow course, without much fever. After the absces and the patients are free from caries, we advise the con of Hepar sulph. ^ by which means a rapid termination of tion of pus is most speedily effected. If the opening be ulous, we must be prepared for an exceedingly tardy reco the pus is of good quality and the patient preserves his Silicea^ and next to it " Sulphur ^ are most calculated cure, although we confess that we have never seen any de 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 b China, Ferruw, or by Calcarea carbonica. If the smell an general quality of the pus show that the continuance of lent discharge is due to caries of the vertebrae, we can expect any change from any medicine and the patient must pared to die of slow consumption.

5. liUnbago.

This affection being commonly regarded as rheumatism of dorsal muscles, it ought to have had its place assigned

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chapter on rheumatism; however, inasmuch as we have sev reasons for questioning the rheumatic nature of this aff will describe its character and point out its treatment place.

The affection is supposed to originate more particularly attended with a severe exertion. That this explanation i able, is evident from the circumstance that lumbago is c an isolated affection, not attended with catarrh and ext matic symptoms; yet, if a cold were the real cause, thi a very strange localization, so much more as scarcely a fever is present with the attack.

The difficulty arises suddenly almost without an excepti rarely preceded by vague pains in the lumbar region. The while stooping, or making an attempt to raise anything o rapidly turn about, suddenly experiences a fearful, rack the back, which makes it almost impossible for him to ra self again, and which may even be so intense that he tum ward as from a blow. The pain continues, is fearfully in every movement of the trunk and even the extremities, ev coughing and sneezing; it is suspended for a short time patient is lying quiet, but then returns again and compe make a painful attempt to change his position. Sometimes is utterly impossible, or else the person has to walk wi rigidly erect, or stooping forward, with an unsteady gai
the least misstep causes a horrid pain. No constitutional
ances are experienced unless they are occasioned by the
pain. If the affection is left to itself, it lasts at least
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 triturations, a dose every
hours, helps more rapidly than any other remedy. In ten
hours the pains generally disappear, except a little sti
is preferable if the lumbago originates in a sudden cold
pain, so far from being mitigated by rest, is, on the co
aggravated. Arnica is indicated if the attack is caused
exertion. Beside these three remedies we have never been
to employ any other; it is only in order to be complete

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the medicines mentioned by Hartmann: Bryonia, Nux vomica
phury Ledum, Pulsatilla, Rhododendron, Colchicum, China.

Kneading and pounding the affected locality is of undoub
use, so is the application of humid warmth. This applica
made by dipping a towel in cold water, wringing it well,
four to six times and then applying it to the painful lo
which a dry cloth folded together several times, has to
the wet compress, and a hot flat-iron pressed upon the w
that the heat penetrates through the whole and imparts t
an intense sensation of warmth. These applications only
but never remove the pain entirely. [We have cured nume
cases of lumbago by rubbing a moderately strong liniment
incture of Aconite-root upon the back, and at the same
ing the first or second decimal attenuation of Aconite-r
nally. H.]

O. Progressyie Muscular Paralyis

The origin of this very peculiar affection is involved i
obscenity. We are not acquainted with any really constan
of this disorder, and such causes as have been assigned
excessive exertions, hereditary descent, are at all even
What is certain is, that men are more particularly liabl
disease.

An essential characteristic of this disease consists in
atrophy of one or more muscles attended with fatty degen
of the affected part. It first invades the muscles of on
especially the right, less frequently those of the arm,
face, and never those of the lower extremities; and even
invading the muscles of the hand, it almost always first
limited portion of them, after which it gradually spread
Generally it sets in without pain, seldom with an intens
pain, and almost imperceptibly, the affected muscles los
and more their functional power and at the same time bec
atrophied. Not till the atrophy is complete, does the pa
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

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from one muscle to the other, successive portions of the come involved in the paralysis, and, after having suier the patient finally perishes if the muscles of deglutition become paralyzed.

This disease can be distinguished from ordinary nervous sis by the circumstance that in progressive muscular atrophy susceptibility to the electric current remains intact fo
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 unac with reliable specific remedies. It is characteristic of never to invade the muscular fibres of the heart, so tha degeneration of the heart and muscular atrophy seem to b distinct diseases. In the therapeutic range we can only Plumbum and Cuprum both of which have paralysis with emation ; but it is not certain whether the emaciation is n the consequence of the palsy. At all events Plumbum is m appropriate than Cuprum. Arsenicum may likewise give ris expectations of success. Bepide these three remedies we mend Sulphur J Causticum and LacJiesis. Gymnastic exerci a careful avoidance, however, of all active exertions an limitation of the exercise to passive motions, and liken to electricity by induction, or faradisation, are said t sionally yielded favorable results, and to have effected the palsy and even an increase of muscular volume. [This is also described by English pathologists as wasting pal William Roberts, of Manchester, published the first syst treatise on this subject, in 1858. In France, the disease described by the name of ""atrophic musculaire progre ^'paralysie graduelle du rmuvement par atrophic musculair are several other forms of progressive paralysis, one of described as progressive locomotor ataxia or the ataxic progressive of Duehenne. We transcribe the following des of the disease from Aitken.'s Science and Practice of Me " Pains like rheumatism first attract attention, rather power. Paralysis of the sixth or third pair of nerve^ gi to temporary diplopia, with unequal contraction of the p early symptoms ; and another distressing harbinger of th is incontinence of urine, associated with spermatorrhcea night, with a great proclivity to sexual conress, whic impotent desire but results in effective sexual intercoul

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erect posture, the muscles may sustain a heavy weight; paralysis does not supervene after these extremely anomalous symptoms until a period of months or even years. There is a gradual and progressive loss of the power of co-ordination of volition. An awkward, unsteady gait is the earliest of such progressive paralysis. At first the feet are so slatternly manner, the heels lounging on the ground before the toes; and then, as the disease advances, they are thrown to the right or left without purpose, and without of restraining 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, so much the more insecure. The bladder and rectum are also frequently implicated, but electro-muscular contractions are retained throughout the whole disease. The duration of progressive ataxia is from six months to ten or even twenty years. If the patient is put on his legs with his eyes shut, and his feet close together, it is seen that, although he has the muscular power, he has not the muscular sensibility to preserve his body from falling, or to guide him in taking even a few steps forward with closed. He will reel and tumble about like a drunken man. It is a disease of middle age and affects males rather than females; and is apt to be hereditary."

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 their nature, for the reason that several of these tissues may be attacked 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 impress upon them a favorable change. It has no specific remedies for articular inflammations generally, but for each special form thereof. We call attention to this point, because we cannot dwell upon every special form of articular inflammation and request the reader to select the proper remedy for himself in a given case.

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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 'voluntary limping,' cannot be traced to any definite cause. It affects principally children and youth during the first years of puberty. Its extremely frequent occurrence during the years fourteen to seventeen, and in persons of rapid growth, leads us to infer that a rapid growth of tissues...
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
stitutional 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
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
tinges 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
wards 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
aterally or in front. After the pus is discharged, the
much better, and then worse again, provided the suppurat
becomes very profuse and continuous. Upon the whole, the

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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
ation was originally located in the bone, this is parti
together with the acetabulum, and caries is the result;
ation 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
struction of the articulation; long-lasting suppuration
which may end in hectic fever and death. The prognosis i
very uncertain.

Chronic or subacute coxarthrocace presents a very diffe
of symptoms. The disease commences with vague symptoms i
the hip-joint resembling rheumatic pains and alternately
, remitting, or even intermitting for some time. Thes
may be absent and in their stead the patient my only co
of a stiff 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 manif
pains increase in intensity and cause the patient to limp, the thigh is slightly flexed and turned inwards, being at the same ever, 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 limb becomes elongated, its muscles become relaxed and the glutei muscles of the affected side become depressed, the trochanter is somewhat turned outwards. In the further course of the disease suppuration supervenes, the pus escaping on the outside and destroying life by caries and hectic fever. A cure at this stage is a rare occurrence; or else no suppuration sets in and the head of the femur and the acetabulum adhere together; 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 outwardly.

It may take several years before the disease exhausts the different phases of this course. The prognosis is always doubtful, far as a final cure is concerned, generally very unfavorable. The younger the individuals the more hope we may entertain of a final cure; the older the patient the greater the danger of hectic fever succeeding the suppuration.

Although the number of homoeopathic 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 almost positive certainty of a correct diagnosis in most cases of disease, the clinical results that have been obtained in 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 stage.

At the outset of acute coxitis with violent fever and accelerated pulse, Belladonna or Rhus tox. may be required, but only as long as no pus has yet formed. For the distinctive symptoms of both drugs the Materia Medica may be consulted. If the symptoms are not very violent, Bryonia may deserve a preference. If symptoms of suppuration have plainly set in, no remedy can compete with Mercurius which of itself is capable of moderating and even arresting the suppurative process. Only if the abscess threatens to break, 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, Caicaeae render 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 achieve this result. 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, Calcaria carbon. and phosphorica, Arsenicum, Lycopodium.

We have a few remedies which, when given at the outset o
chronic coxitis, have often succeeded in decidedly arresting the further progress of the disease. Rhus toz. if the pains felt during rest, affect the whole thigh, and the lameness great. Belladonna in the case of young, robust, plethoric individuals, if the pains are severe, limited to circumscribed set in more particularly towards evening and after exercise if the disease is traceable to some mechanical injury, and frequently shifting pain which causes a great deal ofness. Colocynthis for very severe and constant pains res

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ischias and increasing or decreasing independently of circumstances.

Even in the second stage of the disease, Colocynthis is scated, 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 in Calcarea carbonica and He-par sulphuris are likewise var mended 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 Med Coniliim Lycopodium Pulsatilla Petroleum Digitalis purpurea Aurum.

The rest of the treatment may be condensed in the follow points which it would lead us too far to account for by train of reasoning. The patients should not remain in a absolute rest, on the contrary, they had better move abo of crutches. If pus forms, warm poultices may be applied not only promote the formation of pus, but very often fa reabsorption. Only if carious destruction of the joint h place, the patients will have to remain quiet lest spont tion should result; in such circumstances a suitable ext apparatus may be resorted to, which will have to be appl ever, with a great deal of caution. The diet should be a plain and strengthening; the use of fat is to be rigidly

b. Gonarthrocace Tumor Alhus Genu Gonitis Inflammatio Knee-joint*

This is one of the most frequently occurring inflammatio joints; owing to the exposed situation of the knees, thi indeed be expected. Its etiology is no less obscure than inflamation of any other joint; it is certain that a me injury is the least frequent cause of this inflammation. gonarthrocace seems to be the expression of a constituti on. As regards age, young people are indeed more dispo this disease, which is likewise, however, met with after fifth year of age, and occurs, it appears, more frequent females than males.
A simple inflammation of the knee, to which the name of

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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 integuments. 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 may not result in the more dangerous tumor albus, it ought to be managed with all due precaution.

Tumor albus never runs an acute course, at most subacute and usually very chronic. While using the joint, the patient complains of 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. Sometines the knee swells rapidly, at other times more slowly, and most slowly if the bones receive the first shock of the disease. In the latter case the knee preserves its form for a long time, whereas in cases the swelling soon modifies any former shape of the joint. The swelling increases, which generally has a very white, soft, and elastic appearance, and finally shows symptoms of 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, after the lapse 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 discharge of pus, the swelling remains almost unchanged.

The suppuration in a case of tumor albus is generally very tardy. The openings may close for a short time, after which they open again, so that, in a fortunate case, suppuration may cease after many months, and the swelling may grow smaller, but the joint remains stiff and thick, and the leg somewhat bent. A cure of this disease is witnessed only in the case of young people. If the case 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 young and robust individuals is that death need not be apprehended in their case, which is generally sure to occur in individuals of upwards thirty years of age.

**Treatment.** We cannot boast of possessing many similia for gonarthrocace whose clinical value has at the same time been tested 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 tendency to 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; if much pain, and Bryonia if both pain and swelling are considerable; Conium or Pulsatilla or luffUS toxicodendron will be frequently. [We think Pulsatilla is not sufficiently appreciated by Bsehr; we know of no remedy that has a more specific relation 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 doses of Pulsatilla.]

If tumor albus begins as a subacute disease, with severe pain and febrile excitement, rapid increase of the swelling, the main remedy as long as the inflammation is confined to soft parts; if the trouble is primarily located in the pain is excessive, although the swelling is only slight, will have to be employed. In the case of young and robust individuals Belladonna is preferred by many physicians, even bones are affected primarily. If the swelling progresses much pain, Conium is indicated. Beside these remedies the following deserve attention at the outset: Ledum for severely-nocturnal pains; Mzcereum 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 as a rule, it will progress to the stage where we have to dread the advent of suppuration. At this stage a favorable change may yet be effected by one of the following Mercurius, Iodine, Hepar sulphuris, Sulphur. Their special indications cannot well be stated a priori because they generally result from the constitutional symptoms which the disease has evolved; all we can here say is that Mercurius and Sulphur are more adapted to very hard and not very extensive swellings, Iodine and Hepar sulphuris to large and soft swellings.

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toms of fluctuation. If pus forms notwithstanding, and bursts, a remedy has to be selected, with reference to the situation, namely: whether the suppuration threatens to spread, or whether the patient's strength be up under it. In the former case Calcarea carbónica and P will have to be given; in the latter, Siliceay Graphite Arsenicum may likewise be of eminent use in the case of individuals.

External applications are not always appropriate in this disease. Poultices are injurious if they increase the pains; in they not only relieve the pain, but likewise exert a favorable effect upon the reabsorption of the pus in the diseased and uninterrupted recumbent posture is to be avoided as long as patients remain capable of moving about; only the disease must not be used for a walk. A moderate and constant pre
by a starched bandage is only borne if the bones are not diseased; it has the double advantage of antagonizing the limb during motion. It has the best effect when the abscess has already broke, for, in such a case, the bandage promotes the course of the suppurative process. Amputation is only advisable if the joint is utterly disorganized and the constitution begins to show signs of failing under the 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 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 met with among children and during the age of pubescence; an inflammation of the tibio-tarsal articulation occurs more frequently among adults.

The symptoms are most commonly the following: At first a pain is felt in walking, particularly during certain positions of the foot; in a state of rest the pain subsides almost entirely. Gradually the joint begins to swell, the swelling increasing more and more and gradually extending over the whole foot; at the same time the pains increase, become continuous, and walking is entirely out of the question. At last the pus finds an outlet in one or more places. In favorable cases the suppuration now decreases, the strength of the limbs keeps up, the fistulous openings close, although sometimes not till years have elapsed. Or else, the swelling continues to increase after the bursting of the abscess, the foot becomes completely distorted, and hectic fever is the unavoidable consequence.

The course of the disease always exceeds one and even more years, until the pus escapes outwardly. At all times life is in danger even in the case of children; adults succumb almost always with scarcely an exception.

A peculiar form of tarsal inflammation is a flat foot. Sometimes it affects already small children, although it is only slightly developed at that age; it mostly shows itself after pubescence generally among males if they suddenly grow up in height after the foot is perseveringly used, violent pains ence the joint, which becomes stiff after walking, w to stand upon the affected limb. On the inside a little perceives 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 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 we are entrusted with it at too late a period, and likewise because we can never expect to accomplish a rapid success. At the outset of the inflammation we may still hope to accomplish something by means of Staphysagria, Ledurrij Sabina, Ruta, Mezereum; but in few cases that we succeed in preventing suppuration. If the bones are the starting-point of the inflammation, Belladonna and Mercurius 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: CcUcarea carbonica and especially He-par besides which we have Graphites if the metatarsus is involved. If the abscess bursts on the outside, the same 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 growth.

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abscess should never be lanced; a tight bandage scarcel 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 often cured this disorder radically by means of such a bandage. Shoes firmly laced beyond the ankles, and with only moderately high heels, are indispensable.

Articular inflammations of the upper extremities are less important, because they are less dangerous to the organism. So is borne for years without any great inroad upon the general health. The remedies to be employed are mostly the same as those used for inflammations of the lower extremities; other remedies can be found in the Materia Medica, which is so much more practicable as the disease does not require any immediate medicinal interference.

B. DISEASES OF THE ARTERIES, VEINS, LYMPHATICS, LYMPHATIC GLANDS.

The various diseases of the arteries are, indeed, of a very high pathological value, but of very little importance in a therapeutic point of view, for the simple reason that they cannot be medicinally.

Arterial inflammation, mostly only a symptom of other diseases, 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.

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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 uniformly developed 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 interference, and we regard it as downright absurdity to recommend medicines for the cure of aneurisms, as has indeed been done. [There is no reason why Aconite and Digitalis should not be tried for aneurism. We know of a case of aneurism of the subclavian artery that was to be operated on by a celebrated Professor of one of the Philadelphia Colleges. Previous to the operation the patient was placed on the alternate use of tolerably large doses of Aconite and 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 became of the case afterwards, I am unable to say. H.]


Phlebitis, the correct diagnosis of which is a recent triumph, is, 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 obstruction of the vessel; introduction of foreign substances causing decomposition of the blood. This last-named explanation is applicable to phlebitis which sets in in an epidemic form in limited localities; or else the disease may arise secondarily from inflammatory affections of neighboring parts, or of remote parts, but not of the vein; or from puerperal conditions, pyaemia, suppurations 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 epidemic phlebitis, where the local process is rapidly extended through the whole organism. The less intense cases very...
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set in with a chill recurring either irregularly with more or less frequency or otherwise, or else setting in typically, like an intermittent 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 symptoms. The pulse is accelerated and very much reduced in volume, the digestion is interfered with, a tendency to perspire, and the tract of the vein becomes cedematous. If the circulation 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 and more marked. If the vein remains closed, oedema develops beyond the closure and, if a collateral circulation can be established, may last only a short while, or else remain permanent. In such a case lassitude, chills at irregular intervals, ir of heat sometimes continue for weeks.

The terminations of phlebitis depend upon the changes going on in the inflammatory exudation. If no purulent decomposition place, life is not exactly in danger; if pus forms, it along with the current of blood, and a most malignant ph may suddenly arise notwithstanding the trifling character of 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 petechia, are decidedly ominous signs.

Treatment. Phlebitis is one of those diseases that can scarcely ever be treated in accordance with the rules of a rigorous similarity, and where, if we do not mean to commit grave mistakes, we have to keep constantly and clearly in view internal process not manifested to the senses by a singl Thus a purely symptomatic similarity can only have a secondary value, and the drugs whose special action upon the veins become acquainted with from cases of poisoning, necessar the first rank in the treatment of this disease. Their number is not great, and a portion of those we shall name, is stil correctly known, and, what is worse, the clinical application of these drugs are still exceedingly unsatisfactory and ins Among these remedies we distinguish: the ser pert poisoning of the honey-bee. Curare^ Secale cornutum, Phosphorus, Mercurius and Arsenicum. Of all these. Phosphorus is undoub 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 home phlebitis of the lower extremities. Ldchesis and Secale, Arsenicum^ are particularly indicated by the heart-symptoms, 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 rea 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 inflamm 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

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do-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 existence iar predisposition in the walls of the veins, or else th supeervention 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 obliterate 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 exerted upon the abdominal viscera in the stooping posture; in the standing posture, on the contrary, the dilatation is entirely owing to the vertical position of the body embarking the course of the blood onwards through the veins. In very many other influences exists of whose mode of action we have no definite idea, namely bad nutrition and living in damp, unwholesome 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 of the lower extremities. They occur more frequently among women in whom the cause of the dilatation is traceable to the impregnated uterus, whereas primary dilatations are decidedly of more occurrence among men. What we have said just now concern the originating causes of dilatation is particularly applicable to this form. At first one of the larger cutaneous veins of the commonly affected, whence it does not usually extend to but involves very regularly the larger as well as the more minute veins of the foot, especially the veins situated around

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where they give rise to a considerable swelling covered bluish net of both delicate and coarser vessels. In most varicose veins are painless. In other cases the leg pain time, after which the pain again disappears. Very often is felt while a portion of the skin assumes a bluish red and becomes quite hard; the pain increases continually, skin suddenly breaks at the place of infiltration, with the being caused by mechanical injury as most of these patience and an ulcer of the size of a pea forms, which is at first provided with thin, somewhat undermined edges. Without proper management and hygienic precautions the pains arise a time; the ulcer spreads, its edges gradually swell, the skin becomes hypertrophied, the ulcer secretes a watery times exceedingly fetid fluid, and its base has a sickly the same mode of living is continued, during which walki only a little, but standing hurts a great deal, the ulcer over the whole surface of the leg from the ankle to the may even penetrate to the periosteum. Ulcers below the a on the anterior portion of the foot are of rare occurrence fetor of the ulcer increases in proportion as the ulcer a larger surface. In one of our cases, during the summer a crowd of worms of half to three quarters of an inch in were seen in the ulcer whenever the dressing was removed go about with such ulcers for years, and it is inconceiv constant drain of their vital fluids does not result in cicatization. If a fever or some other constitutional disease during the existence of the ulcer, it seems to heal spon which case the disease is very conmanonly, but improperly 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 that the existence of such ulcers at any previous period constant liability to their returning again at a subsequ

In the higher walks of life, where every measure \a take the start to prevent the formation of ulcers, a peculiar affection is witnessed in their stead. The skin assumes and bluish color, and scattered and violently itching pu very frequently, or else the skin peels off in scales, l face moist. This form of the varicose affection is by fa malignant and distressing.

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"With an entire change in the mode of living the varicos may heal of themselves, but this is undoubtedly a very r occurrence. 

Treatment. Painless varices, without ulceration, cannot regarded as an object of treatment, nor do we believe th body can imagine the feasibility of removing them by me medicines. If pains are felt, and the subcutaneous cellu becomes infiltrated, it would seem as though medicines m useful; at any rate we have seen a rapid improvement tak after the use of Staphysagriay Lycopodium and Graphites. are the only remedies which we can recommend as long as ulcers are painful. Of other remedies, of which we have ant opportunities of trying a large number, such as Sulph Silicea^ Mercurius, Aurum, Rhus toz., etc., we have neve the least effect. 

If the ulcer has become atonic, even the first-named remedies are no longer of any use, and a mec treatment is the only treatment that can prove of any us three remedies are likewise the only ones that we can re for the peculiar cutaneous affection, but we must confes too will often leave us in the lurch. Our main resource these varicose disorders are external or mechanical mean dilatation of the veins being chiefly a passively mechani it is evident that moderate compression by means of a go age will moderate and finally remove the varicose dilata altogether. If individuals with marked varicose dilatati constantly wear a bandage, they will never be troubled w nor with any other cutaneous affliction. Existing ulcers rapidly under a carefully-applied bandage, so much more if we first cover them with strips of adhesive plaster a of cotton wadding over these, so as to protect them from with atmospheric air. By pursuing this course we have ne known ulcere of any size or of upwards of twenty years' to remain uncured ; but we have never shunned the troubl applying the bandage ourselves. The longest time it has to heal these ulcers, is six months. In this case the ul a quarter of a square foot in size, the subjacent perios considerably infiltrated, the skin was hypertrophied fro to the knee as in a case of exquisite elephantiasis, and appearance of an enormous wart. All these deep-seated ai yielded to the exclusive use of the bandage. If the exce
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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 vessels and glands.

a. Lymphangitis and Lymphadenitis Acuta.

Acute inflammations of lymphatic vessels occur so seldom alone; lymphangitis especially occurs so seldom without inflammation of the lymphatic glands, that we will treat of both these 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 seco occurrence. Secondly the affection most commonly supervenes during the course of pathological processes that depend upon some special infection, such as syphilis and variola, or during the course of diseases depending upon or occasioning septic processes, such as puerperal fever and typhus. Any even ever so trifling suppuration on the skin may inflame the adjoining lymphatic vessels and glands; sometimes this may not take place until the primary suppuration has healed, so that the inflammation in such a case seems to have originated as a primary disease. We may further 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, if the inflamed vessel is situated near the periphery, sets in suddenly, sometimes after an injury of the primarily inflamed part like a fine, sharply circumscribed, rose-colored cord which is very 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 not till hours have elapsed after its disappearance, one or more of the lymphatic glands in relation with the inflamed vessel begins to swell, becomes painful, and very speedily shows an inflammatory redness. It is more particularly the inguinal, axillary and posterior cervical glands that are liable to becoming thus inflamed. Sometimes no pain is felt at the commencement, which may not set in until the swelling of the gland has reached a very high

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Suppuration has begun to make its appearance in the gland, and it is a result we feel very much disposed to regard as the primary. After the gland has reac'd its size, usually that of a hen's egg, the pain may disappear again; the gland having softened, and the swelling very gradually going down again, and the gland returning to its former size, or the portion of the gland may resume its normal condition.
balance remain indurated. Most commonly, however, suppuration terminates in suppuration, the pus escaping outwardly leaving the skin round the opening undermined, a closure generally takes place very slowly.

We have occasionally noticed a very peculiar form of lymphangitis, more particularly in the case of women, and about the head. With this inflammation a violent fever breaks out very slowly 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, however remain seldom longer than forty-eight hours. After a short interval of ease another attack takes place, and this may be going 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 shall treat in the further course of this work. If the inflammation is caused by the introduction of poisonous substances into a wound, the best remedies are Ammonium carbonicum, Acidum nitricum, and Muria, and likewise Apis; the last-mentioned agent more particularly in cases running a rapid course. If an important constitutional derangement supervenes during the local affection, Arsenicum and Rhus toxic. are likewise indicated. In such cases remnants of inflammation usually remain, that have to be treated precisely other case of chronic lymphangitis, of which we shall hereafter.

If the inflammation of the lymphatic vessel is not caused by a specific virus, the first requisite of the treatment, if suppuration or inflammation is still present, is to direct our chief attention to this condition of the gland as the starting point of the whole disease, in order, by this means, to deprive the pathological process in the lymphatic system of its nutriment. If the inflamed vessel and its gland are very painful, and no suppuration has yet taken place, a few doses of Bellaonna are frequently of much use; this treatment, especially in the case of children, will sometimes retrogression of the inflammatory process. If the gland much swollen, Mercurius is the only remedy capable of stopping suppuration. In many cases, where fluctuation is distinctly perceptible, and a raised and very red spot show 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 wound is disposed to suppurate. If the suppuration progresses unceasingly in spite of all treatment, Hepar sulphuris undoubtedly hastens the suppuration process, but is only suitable until the abscess discharge. Considering the circumstance that Mercurius 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 cellular 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 Hep
postponed as late as possible. The subsequent suppuratio
not be assisted by treatment as long as the pus has a he-
ppearance and shows a normal consistence. If the pus beco-
assuming the consistence of serum. Sulphur at protracted
is appropriate to this condition. On the other hand, if
puration proceeds sparingly, and the bottom of the ulcer
with whitish flocks of cellular tissue, which, when touc-
the sound, show the consistence of lard, we advise decid-
employment of Iodine. As regards the other consequences
of an inflammation, they coincide entirely with chronic lym-
glioitis.

In the above-mentioned form of lymphangioitis of the he-
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 n
although they need not be rejected, for they very often
the pain and enable the patient to enjoy longer interval
But we only recommend warm poultices which not only favo-
sorption on the one hand, but promote suppuration on the
We are not in favor of any premature lancing of the abscc
abscess should only be lanced, if, owing to the depth at
gland is situated, the spontaneous escape of the pus mee

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difficulties, or if the pus can be distinctly seen shini
integuments. *

b. Lymphadenitis Chronica^ Chronic Inflammation of Lymph
Glands.

This affection either develops itself out of the acute f
else it is a primary disease depending upon constitu-
ties, such as ch^acterize scrofulosis; or else, in inf
it takes the place of an acute inflammation. Chronic lym
sometimes occurs as a phenomenon of marasmus with typhoi
characteristics. Childhood and the period immediately af
escence furnish most cases of this disease.

If chronic lymphadenitis develops itself out of the acut
the swollen gland either remains unopened, or else, if t
found an outlet on the surface, the opening closes again
period, and the gland which had been reduced in s'ize by
complete suppuration, remains as a firm and hard swel-
gradually becomes quite painless but may continue to gro
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 s
is generally without pain and takes place very gradually
commonly such swellings reach a much larger size than in
lymphadenitis. The swollen gland may remain unchanged f
years, after which it may gradually disappear spontaneous
swellings that had originated in childhood, commonly dis
immediately after pubescence; or else further degenerat

http://www.archive.org/stream/sciencetherapeu00kafkgoog/sciencetherapeu00kafkgoog_djvu.txt
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 swella
very slowly in size, the bottom of the abscess is filled
ish, elastic, lardaceous substance. Very commonly severa
exist at the same time. The suppurative process is alway
slow, and, if the patient is unfavorably situated in lif
actic state of the system; or else the sore may hea
badly-colored, radiating, retracted cicatrix, under whic
of the indurated gland are very commonly still felt. It
happens that after one gland is healed, another adjoinin
swells and passes through the same process; this may be

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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 exten
the tract of a lymphatic vessel, but the glands are soft
ing, generally painful even if not red. There is not alw
escape of pus, in consequence of which the swelling rapi
charges and heals to return again in some other locality
sometimes takes place in spite of the evideijtly conside
accumulation of fluid. "We have noticed a phenomenon of
kind in the case of a child one year old which was affec
an intense ansemia and — we state this incidentally — ex
peculiarity that blowing murmurs were heard over the who
of the skull-cap; in this case the whole body was covere
these swellings; they fluctuated, became inflamed, disa
then showed themselves again in other places. The child
hydrocephalus at an age of eighteen months. Another chro
form was observed in the case of a man fifty years old. In this
case the swellings appeared in company with the symptoms
general marasmus, every swelling broke, but was perfectl
and the patient's strength was rapidly consumed by the s
ing process. The most ordinary localities for chronic ly
are the neck and the upper extremities including the axi
ess frequently the lower extremities, without mentionin
suppurating glandular swellings in the abdominal cavity.

The manner in which the swelling originates, is of consi
importance in a therapeutic point of view, exclusive eve
glandular swellings to which no reference is made here.
swelling remains as a rest of acute lymphadenitis, Sulph
sovereign remedy to disperse the swelling. This agent wi
leave us in the lurch, and compel us to look for other r
such as Aurum^ Iodine^ SUicea, Calcarea carbonica.

For a primary glandular, swelling Baryta is one of the m
eficient remedies; in many cases this agent alone has
to avoid the suppurative process and to effect a comple
especially of glandular swellings on the neck. Conium ha
shown any marked effect. If suppuration has set in, lodi
Calcarea carbonica render the most reliable aid. Beside
remedies we mention Graphites^ Sulphur^ Phosphorus, Sili
bichramicum and likewise Aurum not the metallic Gold but

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Muriate. We should never lose sight of the fact that a rapid disappearance of the swelling is among the impossibilities.

If the swellings constitute the expression of an intense constitutional affection, Cdcarea deserves a preference among children and Arsenicum among adults. In such cases a cure is of very doubtful possibility.

In other respects the treatment is very plain. If the patient's mode of living is improper and the constitution is likewise tainted, the first thing to be done towards a cure is to regulate and to prescribe an abundance of out-door exercise. This is more effectual than medicine. We are acquainted with a family the children, three in number, were all of them sufferers from extensive lymphadenitis in consequence of occupying an unhealthy dwelling in town and being restricted to an improper diet. The youngest child succumbed to a hectic fever and marasmus, two children who were sent into the country, have regained health and have grown stout and fresh, although both, at the time they moved out of town, were afflicted with at least glandular abscesses.

We ought not to omit mention of the Iodine springs of Hall which are an admirable remedy for these glandular abscesses. Unfortunately most of our patients are too poor to visit these springs, and the bottled water is not by any means what it should be and leaves a good deal to be desired.

0. DISEASES OF THE NERVES.

The nervous system as immediately connected with the brain and spinal cord, having been considered in a previous chapter where all its general morbid alterations were treated of, it remains for us here to devote a few paragraphs to two other abnormal conditions of the nervous system. We did not deem it expedient, from many reasons, to treat of all the different neuralgias generally in one chapter.

1. Ischias.

Neuralgia of the ischadic nerve constitutes one of the most frequent, and at the same time one of the most distressing

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neuralgia. Its causes are generally involved in uncertain excessive exertions, abdominal affections, stagnation of hemorrhages, etc., are mentioned as such causes, but it to trace a distinct connection between these two orders as cause and affection. It is of course true that ischias a and robust individuals much less frequently than persons
At times the affection commences very suddenly, at other times the pain arises gradually from sensations that resemble attack of rheumatism. The pain is generally located between ischium and knee, so that the course of the nerve can be very exactly by the pain. It is very seldom that the pain 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, somewhat 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 pain supervene, resembling electric shocks, setting in paroxysm 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 exacerbation sometimes so great that they dare not go to bed. Inasmuch pains are very much increased by an extension of the leg or by the nerve being put on the stretch, the patient keep the limb slightly flexed, using it as little as possible walk or for the performance of any other motion. This is the cause why the diseased limb, after the ischias has some time, grows thin, although the emaciation may likew caused by a gradually-developing paralysis. The diagnosis sometimes extremely difficult, 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 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 abatement pains, but not till months have elapsed. The general hea

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mnncli disturbed by the constancy of the severe pains and sleeplessness; the appetite becomes inoppaired and the b torpid.

The treatment of this affection constitutes one of the s features of Homoeopathy, 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 suffer for months; whereas we homoeopaths never fall 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 affliction 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 de 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 has been verified in many instances, are: Cdocynthis, Rhus tox., and Lycopodium. Colocynthis is more particularly adapted to recent cases, the pain sets in suddenly in all its fierce constancy, becoming intolerable only in paroxysms excited by cold and motion; at the same time a feeling of pain is experienced in the whole extremity. — Rhus tox is ve adapted to quite recent cases, but comes into play in the course of the disease, if the following symptoms are present: Stinging or burning-tearing pain, increasing during rest, and only for a short time by motion; heaviness, lameness 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 intermissions, break out with typical regularity, exacerbate every night even to an unbearable intensity; they are a burning-tearing distress, seem to be seated close to the bone, are increased by vigorous, and alleviated by gentle movements, excited at once by cold, and momentarily mode by warmth. At the same time the patient feels sick, the

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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 frequently-occurring forms. Other important remedies are Tmmilla in recent cases, for a drawing-tearing pain which is intolerable at night and is especially aggravated by the heat of the bed. Arnica for a burning-tearing, or stinging-tearing pain, with a numb and bruised feeling in the affected limb, with sensitiveness to any kind of touch; for the ischias of females. — Pulshilla for a drawing pain which is worse at night, compels the patient to move the diseased limb continually; the pain is much improved by movement, and is sometimes increased by warmth, not by cold; the cause of the attack is menstrual suppression. — Carbo vegetabilis in protracted cases; the symptoms are like those indicated for Arsenic. — Causticuin for ischias antica and for the paralysis caused by ischias. — Fenrum; the pain is increased by motion, but improved by the continuance of 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 rep
We do not advise the employment of external applications
generally weaken the patient still more. The vaunted appli-
cation of strips of fly-blister is very seldom of any use; if i
probably because its action is in homoeopathic rapJkJrj
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. Intercostal Neuralgia.

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
stitution 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
exameth. The intercostal nerves of the left side, and m

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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
at times tearing, at other times lancing or jerking,
ingled 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
stance 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
ion 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
istent indications. The favorable results which have so f
obtained by the use of Ptdsatilla, Rhus toxicodendron^ A 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

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edly given on former occasions, namely not to give too l which are apt to superinduce homoeopathic 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 approxiratively 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 c
eases with certainty if we take the Materia Medica for o

We will now consider another expedient which might be re
to in this case, as it is in other cases, for the purpos
or covering up the defects of our Materia Medica, we mea
practical result, the experience gathered ex usu in morb
else do we meet with in this direction but endless confu
our literature exhibited the richest treasure of really
tical observations, it would either have to be left unto
the use of it would involve a great deal of trouble or e
numerous mistakes. For the last fifty years, cutaneous d
have constituted an arena for those who were anxious to
the purposes of Science by manufacturing names or making
ostentatious display of their erudition. In this manner
obtained a brilliant nomenclature which, however, is uni
to those who have not devoted years to its study. This c
stance has reduced the value of clinical cases almost to

In the presence of so much uncertainty and want of clear
our Materia Medica and of confusion in the department of
aneous diseases in the literature of our School, a therap
gement of cutaneous diseases is certainly a hazardous
Many preliminary labors are required before. we can thin
fecting a tolerable system of therapeutics of the cutane
above all, we recommend uniformity in our nomenclature,
with a rigid precision in diagnosis.

The febrile exanthemata which have been excluded from th
lowing list, have been transferred among the constitutio
for the reason that their importance is determined by th
panying derangements of functions rather than by the for
exanthem. The series in which the special forms are succ
presented, has been arranged in accordance with the path
atomical changes; we have simply avoided the custom o
tinguishing special sub-divisions in each form.

! • Erythema.

Erythema occupies a middle rank between hypersemia and
flammation of the skin; it is easily confounded with
form of erysipelas.

It« causes are: Mechanical injuries of the skin; the i
a high temperature, of various medicinal agents; contin

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euing of one part of the skin by lirine, liquid stool, p
tears and even the constant use of moist compresses; co
tation of the skin by rough clothes. In the case of chil
thema seems to be likewise caused by hearty and fat food
seldom occurs as a wide-spread affection, to which the d
of "epidemic" might be applied. Chronic erythema breaks
chiefly in the face, and more especially on the nose; it
sometimes seem 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-drawn lines, assuming a yellowish, not a white tint under 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 axillse, face, and in the deep integumentous folds of fl or at the place where the irritating cause exerts its in the cause ceases to act, the erythema generally disappears in a few days. If the irritation continues, the epidermis become detached (intertrigo), and ulcers may form, or th even become gangrenous, as in decubitus. Erythema arising from internal causes, is almost exclusively located on the do of the hands and feet, where it is never absent, even if are likewise affected. At first the place exhibits a red in a few days darker-colored papules of various sizes sp which remain even for some time after the diffuse redness appeared; the affected spot likewise retains a yellowish some time after. In particular circumstances subsequent this eruption break out on its borders, by which means t ion runs a very protracted course. This form of erythem erally attended with a little fever, and at the diseased darting-burning pain is generally experienced. The forme on the contrary, has no fever as long as the erythema is simple kind, whereas the intertrigo of sensitive children attended with fever. The second variety, without any sub crops, lasts from one to two weeks.

In treating the first variety, all that it may be necess to do, is to remove the exciting cause. In some individu disposition to erythema is so great, and it leads so eas serious consequences that we are led to suspect behind t

Erysipelas. 455

irritation the existence of some constitutional dispositi cularly the case with the intertrigo or soreness of ch this soreness is often caused by improper diet, the firs done is to regulate it with care; if the soreness contin of this change, a few doses of Mercurius vivus or subil the trouble very speedily. K this remedy should fail us, dium will effect a cure. Among local applications, finer starch is the best and most harmless; frictions with gr avoided, they are very apt to give rise to the formation For erythema from internal causes, Mercurius is likewise specific remedy, if the redness is intense, the red spot sensitive, and the erythema is accompanied by fever. Hhv has always proved ineffectual in such cases. If the eryt confined to the leg, Mezereum is the more appropriate, t affected spot itches and burns. Ledum likewise deservi tion; so does Staphysagria; this remedy is especially in the erythema is seated on the upper extremities. We advi podium, if the eruption runs a protracted course in cons 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 t which only becomes extinct at an advanced age. The cause successive attacks of erysipelas is very often to be fou emotions, gross errors in diet, and in colds, more esjie action of severe cold upon a heated skin. We have known who was several times attacked with erysipelas simply be suddenly went from the kitchen-stove into the cellar.

The origin of wandering erysipelas is involved in comple

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mystery; it is to be observed that it inclines to set in the age of pubescence.

Trumatic erysipelas is regarded by many persons as a's form of dermatitis. It arises in consequence of injurie tion ensues, or even at the start, soon after the inflic injury ; or it accompanies suppuring inflammatory proc as gum-boils. It may be looked upon as an excess of reac against the inflammation from which it proceeds. Erysip natorum is altogether a form of traumatic erysipelas. Th duction of septic substances undoubtedly exerts a promin influence over the origin of this disease. This circumst wise accounts for those cases of erysipelas that superve typhus and other constitutional diseases as a malignant tion or as a terminal disease.'

8ymtoni8 and Course. True, or the so-called exanthemati erysipelas really only breaks out in the face, whereas e other parts of the body is, properly speaking, erythema. appearance of the exanthem upon the skin is generally pr for a few hours or even days by a preliminary stage cons severe fever with marked gastric symptoms, with which sy of cerebral hypersemia, and more especially a violent he sometimes become associated at an early period. During a attack these precursory symptoms are scarcely ever absen they do not usually occur with a return of the disease. fever is on the increase, the face feels hot and tense, rheumatic pains in the nape of the neck are complained o redness breaks out at a certain circumscribed spot in th spreads rapidly and causes a burning pain. In proportion redness becomes more intense, the swelling likewise incr the skin assumes a glistening appearance. Erysipelas gen breaks out on one cheek, whence it spreads to the nose, forehead, ears, less frequently to the lips, and scarcel chin. Within two or three days, and sometimes in thirty-
the erysipelas reaches its acme at the spot where it first appeared, amidst 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 exceedingly 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

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of various sizes sometimes spring up upon the inflamed surface which always indicate an intense degree of illness. The inflammation decreases very rapidly; the redness disappears after the existing 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 spreads over the whole head, we find erysipelas in full to the original spot in process of healing, and find the 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 the hairy scalp. In this the patients suffer severe local pains, even after the fever abates. The intensity of the fever, as it first breaks out at the commencement of the disease, does not keep pace with its gradual progression. Whereas at one spot the inflammation runs its full five to six days, yet, on account of its progressive appearance in different localities, the whole course of the disease lasts from ten days to a fortnight. The process of desquamation may last much longer, and the most severely affected parts often exhibit 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 broke out all over at once. These are cases of virulence, where one ear, however, commonly remains uninjured. 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 skin assumes a dingy and livid look; the skin becomes wrinkled, a most violent delirium sets in, and coma and death supervene. This course has been mistaken for a metastasis of erysipelas; whereas in such a case the same changes take place in other similar cases, namely that, with the appearance of a violent disorder, the previously-existing lesser disease disappears. Erysipelas seldom becomes associated with diseases of other important organs. Attacks of erysipelas succeeding the first attack 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.

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the fever as severe, the swelling is less, and the sprea
dease over the face takes place more slowly. It not unfre
happens that in subsequent attacks the patients are not
lie down and that their appetite remains the same as in
condition. Subsequent attacks are more like erythema tha
sipelas. The frequency of the attacks differs greatly in in
dividuals; sometimes there are several attacks in a fe
and, after a short time, cease entirely; or months and e
intervene between the attacks; in such cases a spontaneo
tion is much less frequent.

Among the consequences of true erysipelas the following
particular mention: Swelling of the skin, especially th
lids, nose and lips; the swelling is mostly oedematous,
having a pale look and being disposed to the formation o
dones; if the attacks are very frequent, the swelling m
considerable degree of thickness, and is very obstinate.
the hair, which almost always falls out if the scalp had
intensely affected by the disease; in most cases the hai
again, but there are exceptions to this rule. — Subcutan
scesses in the lids, lips, ears. — Severe catarrh of the
with obstinate hardness of hearing. — Catarrh of the con
which is generally very obstinate. — Disposition to neur
trigeminus.

Wandering erysipelas, or erysipelas ambulans or erraticu
attacks the face less frequently than the extremities. O
the extremities an erysipelatous spot appears which heal
like the above-described spots, only there is very littl
pain, and the general organism is not so much involved.
spot the erysipelas spreads towards the trunk; the spot
is attacked next, being either in close contact with the
or else all subsequent spots being more or less remote f
other.

Symptomatic erysipelas, as an accompaniment of inflammat
processes, is of no great importance, except when it cov
extent of surface and depends upon septic causes. Genera
it disappears of itself as soon as the cause that occasi
removed. If it is very intense, it may result in suppura
gangrenous destruction of the skin. If the erysipelas se
the course of serious, constitutional febrile diseases,
bad omen. In such cases the redness is never very vivid,
dingy, having a bluish tint; the swelling is not excessi

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the disposition to form blisters is very great; these bl
always dry up, but often become transformed into badly-l
ulcers which are apt to become gangrenous. The fever acc
panying this form of erysipelas, always increases to a h
but speedily assumes the character of an adynamic fever,
becomes very small and frequent, the temperature increa
siderably, the cerebral phenomena become very marked, an
and coma set in at an early period, and death sometimes
place so rapidly that life becomes extinct already on th
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 almost always proceeds from the umbilicus, on which account it traced with great probability to the consequences of an management of this organ, more especially to a purulent mation of this organ which can easily be accounted for b management. – As a rule the erysipelas spreads from the over the abdomen, the sexual organs, thighs, less frequ the thorax and back. The redness is not very vivid, the on the contrary, is very considerable. The children are restless, feverish, and incline greatly to spasmodic aft sopor. The dermatitis is very apt to become associated w tonitis. 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 inquir coure of the erysipelatous inflammation is shortened by icine. It is well known that erysipelas of the face, if face is covered with it, never disappears, spontaneously days, and that the course is limited to five or six days side of the face is invaded; this last-mentioned circums 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 o the face to be affected. At all events, we should be ver in claiming curative virtues for some of our remedies fo and should only believe after repeated and successful tr treatment of analogous cases that they were cured by mea drugs.

Simple, smooth erysipelas of the face, as long as fever is best combated by Belladonna, and, under this treatmen ally runs its course in six days. Nevertheless, although

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responds completely to the symptoms of violent cerebral semia, yet it is not suitable for the meningitis which m during the course of erysipelas. Here Rhus tox. is prefe remedy is generally more particularly adapted to the hig of the disease, more especially If copious vesicles spri the inflamed skin, if the fever, although intense, yet a dynamic type, if the tongue becomes dry and the nervous ment is superseded by a soporous stupefaction. Even the the affted part affords a decisive hint for the selec the other drug; Belladonna is indicated by a bright-red, tox, by a bluish or yellowish-red tint. – If we may cred reports concerning Apis mellifieay this remedy is prefer Belladonna or Rhus tox. Apis is said to be a specific re only for smooth, but likewise for vesicular erysipelas, suitable even if the brain is affected. "We have not yet opportunity of verifying the pretended virtues of this d own practice. A special indication for Apis is an inflam the mouth and fauces accompanying erysipelas. Although t remedies are sufficient in all ordinary cases, yet other be required to meet exceptional deviations from the norm For the excessive cerebral phenomena, while the exanther out and hence no meningitis had yet set in, Arftymnium c
and Camphora are important remedies; Opium likewise is an important intercurrent remedy, when the patient is lying in a state of sopor. True erysipelas, especially erysipelas of the face, seldom terminates in gangrenous destruction; if this should be the case, Arsenicum albums Carbo vegetabilis and Secale cornutum have to be administered. An incipient suppuration cannot short by Mercurius; it is much better to at once give Hepar sulphuris and thus to promote the supplicative process. For 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 homoeopathic to this condition. On the other hand we cannot recommend Lycopodium with sufficient emphasis, and if the local process is marked, Hepar sulphuris^ were it for no other reason than both these remedies prevent the frequent return of the disease. In such cases Borax may be a reliable remedy which Bcninghausen recommends for erysipelas on the left side of the face;

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in this non-febrile form of erysipelas that the inflammation is generally confined to one side.

The sequels generally deserve particular attention, for they are mostly very obstinate and because it is in the disposition to relapses is generally founded. Some redness and a doughy, not oedematous swelling generally are some of the common sequels of erysipelas; the swelling is apt to be by extreme cold or heat, in which case a stinging and tense pain is experienced in it. As long as this swelling lasts, the remedies must not be discontinued. The remedies which will cause 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 counteracting the extensive oedema of the face which sometimes baffles treatment for years, or yields only very slowly. — Swellings do not often remain; if they do, Baryta is most efficient in removing them. After erysipelas of the hairy scalp, the hair is apt to fall out; in the case of older individuals, this kind can scarcely ever be arrested, much less cured; in younger persons on the contrary, the hair grows again without anything being done for it. For chronic conjunctivitis after erysipelas, 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 remedies 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, Staphysagria and Graphites^ and if there is a great deal of pain, Mercurius. Arsenicum may likewise be very efficient. H.] If erysipela itself as a consequence of debility, or attacks old people gangrenous destruction of the skin has to be apprehended, Secale comutum may easily render efficient service.
Symptomatic erysipelas, if caused by external irritants or suppurating injury or sore, does not require any special treatment. The use of such remedies as are recommended for it, is problematical. If it arises from general causes as a terminal affection, we have of course every reason to hunt up efficient remedies. Bhus tox. and Apis will be found indicated in such cases; likewise Phosphorus Carbonicum and Arsenicum. The selection, of course, will be governed by the character of the disease in whose soil the erysipelas inflammation has taken root.

In a practical point of view, it is best to regard erysipelas neonatorum as a form of phlebitis and to treat it with the remedies that have been recommended for phlebitis. Hence we are in doubt whether Belladonna will ever be capable, as Hartmann thinks, of arresting the mischief; in the place of Belladonna we should at once give Mercurius or Hepar sulfuris and, if icterus has supervened, Phosphorus or Bryonia.

Wandering erysipelas is generally a very obstinate disease, for which it is very difficult to select remedies from the Materia Medica. Graphites has furnished practical evidence of its curative powers in this disease, whereas Fulsaiilla, Lycopodium and Cocculus are unreliable.

As regards other points in the treatment of erysipelas, we desire to deprecate the common practice of resorting to an excess of warm covering which can at most only increase the intensity of the inflammatory process going on on the skin, as well as the tendency to relapses by superinducing an extreme sensitiveness of the skin. There is neither use nor reason in covering the inflamed skin with cotton wadding, nor is there any reason why the patients should not remain in a uniform temperature, without any extra amount of clothing.

[W] It is well known to every physician and nurse that the itching and burning of the inflamed skin is very much relieved by sprinkling a thin layer of fine flour or pulverized starch upon it. In erysipelas of the extremities I have likewise resorted to a weak watery solution of the Sulphite of Soda as an external application. The effect has been to blanch the skin, alleviate the itching and burning, and, in conjunction with proper internal treatment, to shorten and moderate the course of the disease.

Traumatic erysipelas of the face, in the case of habitual drunkards, is very apt to involve serious consequences, especially under allopathic treatment. If the inflammation invades the meninges, which it is inclined to do, death under this treatment is all but certain.

Some years ago, a case of traumatic erysipelas occurred in our city, which speedily terminated fatally under Old School treatment. The patient, a very stout man, had been on a bender for a night, and was very much under the influence of liquor.
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on his face lacerated the skin near the left temple. Erysipelas set in, and he died in two days. *

Inasmuch as I may not have another opportunity in the course of this work, of offering the present remark, I desire to avail myself of the present chance. Delirium tremens is the ultimate result of alcoholic poisoning. Can such a condition be removed with such small doses as we are in the habit of using in practice? This is questionable. In my opinion there are cases where we cannot do our patient justice without treating large doses of the proper antidote. We remember a case of delirium tremens where the patient complained of vermin crawling over his bed and hands. Arsenicum 30 cured him entirely. In other cases this treatment utterly failed. A stout young man had drunk thirty-nine glasses of whisky on a wager in one night. When cold and the skin dry and husky like parchment. He felt numb all over. Pulse scarcely perceptible. He was in great agony of mind and expected to be utterly paralyzed. He was unable to sustain his own weight. I gave him six globules of Nux vomica 30 in half a cup of water, a dessertspoonful every five minutes. The patient sank visibly under this treatment. Being satisfied that Nux was his remedy, I now mixed five drops of the strong tincture in six tablespoonfuls of water, of which mixture I gave dessertspoonful every five minutes. After the second dose he began to perspire. The perspiration seemed to be pure alcohol; he was literally drenched with alcohol. He had to be changed seven times during the night; next morning he felt quite well, except a little weak. I have treated a number of cases of delirium tremens with variable doses. Upon the whole, small doses have not proved very effectual in my hands. Doctor Reed, Jr., of this city, has treated a number of cases; proceeding upon the principle of curing the patient as speedily and effectually as possible, he treated his patients irrespective of dose. A few of his cases will show that delirium-tremens patients sometimes bear unusually large quantities of medicines. To illustrate this fact I will take this opportunity of relating a few of the cases which he has related to me from his note-book.

G. L., forty years of age, a butcher and confirmed drunkard, precipitated an impending attack of delirium by falling and breaking three ribs; he suffered but little from pain or prostration. The tremor was severe, but the case was remarkable in the character of the delirium, and as showing the immense quantity of Opium necessary to overcome the obstinate wakefulness.

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For two days the delirium was evidenced by the most delightful visions, he saw angels hovering over his bed, and held delightful interviews with the saints. Not being properly watched, he escaped from the house, and after the lapse of some hours returned to relate how he had been upon another Mount of Beatitude, 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 th been given.

Within twenty-four hours there was given him in divided at least three ounces of Laudanum, he being carefully wa the result, and it was only after the last half-ounce do 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 a toms of his disease.

C. C, laboring under his fourth attack of delirium tremen under the care of a Doctor who had treated him in the ol way, with Opium and Digitalis, had passed seven nights w sleep.

On visiting the patient on the morning of the eighth day him quietly brushing the vermin from his clothing, and o ordering the nurses to clear the room from the strange a were in every corner, and under every chair. His pulse w tongue but lightly coated, skin moist and warm, appetite somewhat flushed. The attack, and all former attacks had menced with severe vertigo. His eyes were injected, bowe owing to purgatives. I ordered rest from all medicines, liquid, and oysters with an abundance of Cayenne pepper th the day; at 8 o'clock at night I administered one drach Bromide of Potassium to be followed, if necessary, every one half the quantity. The dose had to be repeated but o quiet sleep being obtained for twelve hours.

Five months subsequently C. C. again suffered for the fi and for three days I used every endeavor to obtain sleep Bromide which had before acted so effectually, failing e the fourth night, however, sleep was obtained after the doses of Opium and Tartar emetic; recovery followed imm

An habitual drunkard of great capacity, having already s from many attacks of delirium tremens, after, according

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own and his friends* accounts, abstaining from food for subsisting entirely upon liquors of which he took a grea and an incredible quantity, was attacked with a very sev delirium tremens. The prostration was extreme, the tremo sive, but the delirium bland, the chief hallucination be ceiling was about' to fall and crush him, rendering it n him to jump from the bed and hop around the room with as activity as his weak condition would allow. His tongue w coated, pulse small and irregular, skin moist, the foreh constantly bedewed with a cold, clammy sweat. His voice feeble, husky and tremulous, he had had no sleep for thr The treatment was directed principally to sustaining his 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 first time being warm. After fourteen hours of quiet sleep, he awoke with a desire for something to eat, and from this mode a fair recovery.

During the treatment Digitalis acted very satisfactorily in ten doses of the tincture in strengthening the heart’s action.

A tailor of intemperate habits, aged about forty, after a protracted debauch became delirious, imagining that he was by demons. I was first called owing to his having jumped from a third story window. His fall having been broken by a shed, he sustained no severe injuries.

He complained of seeing horrible phantasms, struggling with his attendants that he might escape from them. However, he answered intelligibly to inquiries, complaining of pain in the head; his tongue was heavily coated, face pale, pulse quick, skin dry but cool, had eaten nothing for some days, had no sleep for two nights. I prescribed the tincture of Nux 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 him Under the use of supporting measures his recovery was uninterrupted. H.)

8. Roseola, Rubeolse.

This exanthem is characterized by spots of the size of lentils and of a bright-red color, more or less scattered and rarely 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 the exanthem lasts at most twenty-four hours; if it is preceded by a slight catarrhal stage, the exanthem disappears at the third day. In this last shape roseola sometimes appears only 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 house we have seen two children laid up with the mildest form of roseola; another child, on the contrary, was attacked so violently that it seemed perfectly justifiable to diagnose scarlatina, so much more as distinct desquamation took place, and a slight degree of oedema 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 causes as favor epidemic diseases. A species of roseola which supervene during the course of dangerous constitutional disease, more particularly of typhus, does not belong in this category.

Owing to the trifling character of this disease, the emp
of medicines is generally unnecessary; if catarrhal angina is complained of, a few doses of Belladonna may be administered. The fever is scarcely ever sufficiently severe or generally of a character to require Aconite, [A few doses of Aconite are very serviceable in 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 being in the room for an unnecessary length of time; we shall dwell more fully when treating of scarlatina.

4. \textit{Urticaria*}

Nettle-rash / Hives.

Blotches or wheals may be caused by the direct action of upon the skin, such as extreme heat alternating with cold 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,

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result of peculiar idiosyncrasies, as from strawberries, crabs, oysters, etc. Urticaria proper is for the most part upon individual predispositions which it is impossible to with any certainty; a very common exciting caae is catarrh from indigestion, and likewise catarrh of the female 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 of a considerable degree of intensity, and which m during the whole course of the eruption. It is a question whether the urticaria does not result from the fever in fever from the urticaria. Generally the digestion is ver fected, symptoms of cerebral hypereemia are less common! The appearance of the exanthem is generally immediately by great restlessness and an oppressive anxiety. In the eruption comes out suddenly after a short feeling of ind without any fever. Amid a burning and violent itching of a difl 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 witops. 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, quntly 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 often attended with fever.

A first attack generally superinduces an increased disposition to the disease; this disposition increases in proportion to the attacks, and may continue for years under the designation of chronic nettle-rash. In such circumstances the fever is often slightly increased with every new attack, whereas, on the other hand, the most trifling error in diet, the least cold may excite a new crop of wheals. In the case of women the eruption often seems to have some connection with the menses. In chronic urticaria the wheals are altered, and the surrounding redness is trifling or entirely wanting; the wheals generally look red. This chronic urticaria is a 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 any treatment; medicines may have to be resorted to on account of constitutional symptoms, not for the exanthem. For decided symptoms of indigestion, Pulsatilla may be given; for a severe gastric catarrh, Antimonium crudum. If the fever is intense, Hhus tozicoderuiron is a chief remedy; the severe rheumatic pains, which sometimes accompany the eruption, require Bryonia; the accompanying diarhoea, Dvlcamara. If the affection becomes obstinate, an Affraction of the skin is suitable for urticaria without any constitutional symptoms. Of the Balsamum copalvice, which is recommended by physicians, we have no special indications, and should not use it until Urtica urens had been tried in vain. If the urtica breaks out with the menses, Pulsatilla may be given if the menses are scanty, Belladonna if they are profuse. If a chronic uterine catarrh is the cause of the eruption, Apis is an remedy, which may be associated with Lycopodium. It is unnecessary to mention more remedies for such a trifling affection; different combinations of which it is, after all, inexpedient to point out. [We have almost always succeeded in controlling our cases of urticaria with Aconite and Ipecacuv/ha.]

In habitual urticaria the diet plays an important part. First, if the skin is excessively irritable, we have to hardening it; this object is more easily reached by vapor by cold bathing and cold ablutions. In the next place the diet itself has to consist of simple articles; fat, spirits, acrid and stimulating spices have to be avoided.
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5. Hlllarla.

Has/u

Miliaria is mostly a secondary, symptomatic affection; a primary and more particularly as an epidemic disease it occurrence among us. Symptomatic miliaria may break out the course of all kinds of severe acute diseases.

Primary, epidemic miliaria runs its course after the fas all other acute exanthemata. The eruption is preceded fo three days by febrile symptoms characterized by the pres rheumatoid pains in the limbs, frequently shifting from to another; excessive perspiration, great anxiety and op and finally by peculiar prickling, burning pains in the wainis small vesicles break out, first on the neck and s on most other pans of the body; they are of the size of seeds or lentils, are seated upon a red base, and at tim with a clear, at other times with a dim fluid. — Miliaria alba. — These vesicles generally spread in clusters. — T symptoms of constitutional disturbance disappear with th ing out of the vesicles which separate in bran-shaped sc 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 reco ept in epidemic miliaria where the disease sometimes as 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 of certain external influences, and not deserving any sp tion. We are decidedly inclined to share this opinion. S atic miliaria generally attacks individuals who perspire from excessive covering, as in the case of lying-in wome utients, likewise in cases of measles and scarlatina if in the old fashion, and in other febrile or even non-feb Except in acute rheumatism, we shall always find that mi caused by excessive external heat. This circumstance wil account for the symptoms preceding the eruption, such as ness, anxiety, dyspnoea, even delirium; the bad managem rendered worse by the anxiety caused by the appearance o exanthem, ex>lains why miliaria may give the disease a That our explanation is founded, is evident from the fac miliaria is scarcely ever seen in hospitals, but is a ve occurrence in private practice, and that it never breaks

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patients who are constantly kept in a mean temperature u moderate amount of covering.

In view of the frequently dangerous character of primary aria, medical treatment in all such cases is indispensa
occurrence of the disease has not yet, however, afforded opportunities of positively determining the remedies that are in specific curative adaptation to it. The most suitable remedy which corresponds with the whole course of this pathological process, is Aconitum, more particularly if the eruption is not so much accompanied by anxiety as by great nervous excitement. If the much anxiety and restlessness and a burning feverish heat is the remedy; if the patient is lying in a listle with typhoid symptoms, Bryonia is best suitable. Mercurius likewise deserve attention in this disease, and if the p spires to excess, Sambucus.

Regarding the propriety of instituting a treatment for static 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 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^ ChainomilIay 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 either 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 re u scales, the attection 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 exanthe 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 afle
very obstinate, but at the same time one of the rarer fo
cutaneous diseases.

Pityriasis, confined to isolated spots, is muqh less fre
the character rubra than a general pityriasis; it is no
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 impro
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 servc
thee remedies we may compare the following: Sepia^ Thu
carea carb.<, Ledum pallustrej also Phosphorus. Sepia is

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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, losing its roundness — psoriasis gyrata — and finally disappearing. All these stages, or most of them, coexist side by side in every case of this disease. Psoriasis is not attended with itching, but in no case if it becomes an inveterate disease. It may remain stationary, breaking out in new places, or it may intermit in its manifestations for months and even years.

Treatment. In selecting our remedies, we must not overlook the fact that psoriasis is not an itching eruption. This has been ignored by many practitioners; Hartmann's delineation of the disease is especially untrue to Nature. The selection of remedies is rendered particularly difficult by the circumstance that the patient enjoys perfect health, and that on this account we are without any co-determining symptoms. It is wrong and unscientific to try to get symptoms out of a patient by persistent questioning and to hunt them up even among his ancestors in order to realize our dreams about reliable remedies. For this reason we content ourselves with giving merely the names of the remedies that have already been employed in this disease with some advantage, or that may seem adapted to further trials. We arrange the series in accordance with the practical value of each drug: Sulphur, Phosphorus, Sepia, Petroleum, Calcarea carbonica, Acidum nitricum, Acidum phosphoricum, Arsenicum and Tellurixinum.

Among external remedies the only application which is never hurtful and usually efficient, is the vapor-bath accompanied by friction with castile soap, or, if the affection has already existed for a long time, with brown soap. Cold bathing is of decided use, 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 ichthyosis is spoken of, the eruption has been mistaken for psoriasis or some other cutaneous disorder. It occurs most frequently among males, so that even in its hereditary descent the disease is confined to the male branch of the family, leaving the female branch intact.

Ichthyosis is characterized by an hypertrophied condition of the papillae of the skin, with excessive development of the function of the sebaceous follicles seems to be entitiled tobling. This disease does not show itself plainly until after the first year of infancy unless the children are frequently and carefully washed. Until then the patients only show a remarkably harsh and tough, dry skin which often has a deep-yellowish tinge. The scales form in the face, on the flexor-surface of the joint scrotum, on the extensor surface of the arms, thighs and legs, and on the knee. In this affection the skin is not infiltrated; where the scales are seated, the skin is normal color. In the lesser grades of the disease the scales are...
tered over the skin; in the higher grades they form a 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 endanger life.

Treatment. We are not acquainted with a single case of cure of this disease by means of homoeopathic remedies; nor have we ever had an opportunity, in our own practice, of trying

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of homoeopathic treatment. In our part of the country this is of very rare occurrence. If we had a case to treat, we would first place depend upon Silicea^ Sulphury Calcarea carbonica and Lycopodiurn; and in the next place upon Arsenicum^ and Petroleum. Knowing that cleanliness and attention to the skin generally can keep the disease at a very low stage of development, we urgently recommend the daily use of warm baths and frictions with castile soap, likewise vapor-baths. If we desire a speedy removal of the scales, we have to rub the affected portion of the skin with oil a few hours before bathing.


Tooth-rash.

This exanthem appears in three distinct forms, as strophulus simplex and agrius.

Strophulus is in reality nothing else than lichen simplex first period of dentition. It is caused by a continued irritation of the skin, or is a consequence of bad nutrition, catarrh of the intestinal canal, or else it seems to be exclusively by the process of dentition. Beside the derangements which causes necessarily occasion, the appearance of this eruption seems very seldom preceded by fever and restlessness. On one or more places, sometimes only in the face, and at times over the body, scattered papulse or pimplies break out which either have a reddish or else a natural color like the rest of the skin. If the children are sufficiently advanced in age, they show by their manner that the papules itch, especially in the bed. A single papule heals in three to four days, but successive crops of papules are apt to occur, prolonging the whole process for weeks.

Lichen simplex arises from similar causes as strophulus; likewise be occasioned by a high degree of temperature in every age. Its appearance is very seldom preceded by fever. The papules come out unperceived, mostly in the face or look a little redder; they form clusters and itch pretty severely; the destruction by scratching gives rise to very small scurf. Single papules appear within ten to twelve days; this form of lichen may likewise be protracted by successive crops for months, so that the 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 pimplies are surrounded by a red halo and cause a burning pain. The unavoidable scratching not only increases the hyperemia, but likewise changes the eruption to that of eczema. The pimplies sometimes, though seldom, scale off already days to a fortnight, and without leaving any alterations of the skin becomes infiltrated to such a hard and callous, and even chappy. Lichen agrius constitutes one of the more obstinate exanthems; if the whole skin is covered with it, the eruption may even involve danger to 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 to the clothing of the children. If it sets in as a consequence of other morbid conditions, the medicines administered for 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, Staphysagria or Mercurius may be given. If it increases to lichen agrius 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 to 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 Aconitum or Conium; the selection of a particular drug depends a great deal upon its homoeopathicity to the accompanying constitutional symptoms. External applications, even baths when indulged in freely, most generally prove injurious.

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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 year. Sex does not exert any modifying influence over the eruption. Bad nourishment and want of attention to cleanliness and dition 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 soon after 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 up 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 not unfrequently the effused fluid suppurates, causing pustules which rupture into one another, undermining portions of the skin, and give rise to lymphangitis and swellings of the lymphatic glands. In this manner prurigo assumes an exceedingly 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 hypertrophied, especially in the folds of the larger joints. The lesser grades which occur among young persons, are generally confined to the lower extremities, and are designated as prurigo mitis; the more fully developed form as prurigo fomiicans. The disease remits in the summer or fall; in the winter and spring it general becomes more severe.

The consequences to the general organism are less severe than the constant and distressing itching, which is worse in bed, one to suppose. Nutrition is not perceptibly impaired. On the other hand, it not unfrequently happens that the disease becomes so intolerable as to drive persons to suicide. The higher 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 menaced. According to Ilebra, these not unfrequent terminations of prurigo represent the itch-metastases of the ancients, and there is no denying the fact that this view has great probabilities in its favor. Patients afflicted with prurigo most commonly die of 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, with which it is most easily confounded, by the circumstance that in prurigo most of the efflorescences and scratched places are found in localities where they are either wanting, or else very sparse in scabies, namely on the extensor surfaces of the extremities, more 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 but a very violent itching.

In regard to prognosis, Ilebra considers the affection a
incurable; nevertheless by timely and uninterrupted mana
it is possible to maintain the disease in the form of pr
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; h
we do not mean to assert that such a cure is impossible,
has not already been achieved. Ilebra is the first who h
reliable and accurately defined diagnosis of prurigo. Ph
having formerly been entirely unacquainted with the genu
characteristics of this disease, it was very easily conf
scabies. Owing to the great rarity of the disease, it wi
time before we have a comparatively sufficient number of
recorded in our published writings. Among the remedies f
disease we have to rely solely upon such antipsorics as
dyscrasic and exceedingly chronic character of the disea
name: Sulphur^ Sepia^ Arsenicum^ Calcarea carbonica^ Flu
few other remedies may be required for acute exacerbatio
complications which arise in the course of prurigo more
that of any other exanthem. The vapor-bath and f
with brown soap should never be omitted; by such means
is properly cared for, and the relief to the patient is
lasts a pretty long time.

In conclusion we request every practitioner who has trea
prurigo with success, to publish his cases, not omitting

well as differential diagnosis of each case. We have alr
in previous chapters that a careful examination of pruri
culated to annihilate the whole theory of psora and the
tases, and it is time that this stain should be removed
escutcheon of Homoeopathy.

11. Acne.

Stone-pock.

Acne is situated in the sebaceous follicles of the skin
upon the quality of the sebaceous secretion, and is not,
very seldom, determined by the narrowness or closure of
tory duct. If the sebum secreted by the follicle is too
aturally reaches the surface with more difficulty, soli
the external opening, and closes the follicle by means o
which has generally a black color. These blackish points
comedones, or acne punctata. In certain circumstances th
may not progress any further; on some portions of the sk
instance on the nose, this condition becomes habitual. U
circumstances that will be stated below, the glands thus
da disposition to become inflamed. That this ip not alone
the pressure of the sebum upon the follicular walls, is
circumstance that in persons of a more advanced age the
scarcely ever inflame, or that they enlarge to the size
bursse without any symptom of inflammation whatsoever. T
flamed follicle either changes to a small pustule, disch
sometimes forms small scurfs, or else the inflammation d
terminate in suppuration, the follicle retains for a tim
of an indurated, somewhat painful and red papule, and gr
the exudation is reabsorbed. If the inflammation is sev
irritation is increased by the pressure and friction of
the subcutaneous cellular tissue becomes involved, givin
furuncle of a larger or smaller size. These different ch
processes come under the designation of acne simplex. Th
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 th
remain red for some time. Considering that a number of f
sometimes become diseased while others are at the same t
full bloom, the face must become considerably disfigured

Acne scarcely ever makes its appearance except between t

Acne. 479

of piibe|pence 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 fem
All the circumstances connected with this eruption show
has its essential origin in the sexual sphere. In corrob
this statement we will allude to the circumstance that o
ladies a few acne-pustules break out during the menses,almost every individual who is addicted to onanism, is a
an excessive breaking out of acne. We do not mean to say
acne only breaks out in the faces of onanists. Among the
people of the city acne seems to be general, whereas amo
youths it is comparatively a rare disease. If a predispo
acne may be developed under the operation of a variety o
such as overheating, washing a heated skin with cold wat
taking of boiled and roasted or fried fat, more particul
of geese; indigestion, the excessive use of wine or spi
us, for instance, acne prevails in the winter-season, be
pork or gooseflesh is eaten in winter; jews are likewise
with acne, for the reason that they replace the fat of s
sdose-fat, and for the additional reason that they are g
of very fat eating.

It follows from these remarks that the first thing to be
when treating a case of acne is to prescribe a careful a
riate diet. This task, however, is very difficult of ac
for the reason that acne-patients generally enjoy the se
perfect health, and that a rigid diet, if only persisted
time, effecta very little improvement in the disease. T
is to see to a proper management of the skin generally.
ing and washing is of no use; on the contrary, the trou
to get worse in consequence. For acne on the trunk, fric
soap and the use of the flesh-brush in a vapor-bath are
remedy; for acne in the face the following proceeding is
than all cosmetics: Every morning, or, if the patient h
his home early in the morning, then every evening, the f
be gently rubbed for a few minutes with a soft piece of
moistened with warm water and greased over with soap, af
which it is washed with warm water, and subsequently aga
water that is almost cold. The best soap for such a purp
so-called Venetian soap made of vegetable fats. By means
washings the disorder is reduced to its minimum proportions. The formation of pustules is, moreover, best prevented by the

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being squeezed on. The nails must not be used for such an operation, but a small watch-key, the opening of which must not be too narrow nor angular, is placed upon the spot so that point of the comedo is exactly encompassed by the opening of the key which is firmly and vertically pressed upon the skin. Better 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 bad cases we have derived very satisfactory results from Arsenic, but never been achieved. Hartmann and others likewise recommend: Cantharides, Sulphury Staphysagria, Antim. cruduni Dulc Mezereu, My Natrum muriaticum, Acidum nitricum, Capsicum, Sepia, etc. In our opinion, however, internal remedies need not be resorted to as long as a non-medicinal external management will accomplish all that can be desired.


Barber* Itch

Tills is exclusively a disease of the male sex, and occurs about the age of twenty-four or twenty-five years, when the hair of 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 may be caused by bad or irritating soap or by a dull razor, and generally so frightfully obstinate, yet may, under such circumstances, heal spontaneously even without much loss of time; all that need be done is to omit shaving the affected parts. Dirt and snuff likewise seem to occasion sycosis.

The disease generally sets in, like herpes labialis, with a sensation of burning, heat and tension; most commonly we first notice it 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, without the infiltration which forms the little tubercle, disappearing on that account. In spite of all care, and generally in consequence of continued irritation, the number of tubercles increases, the former ones growing larger; the skin upon which they are seated, becomes more and more infiltrated; after breaking, the pustules change to ulcers; deep, ulcerate and finally bullions infiltrations of a pale-red color.

Sycosis, Mentagra. 481

The patients do not complain of much pain, but their ugly appearance fills them with anxiety. The disease is extremely obstinate and may last for years. It is true that it not unirequen
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, sometimes 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 garing 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 infl make the same remark of Aurum muriaticum. 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

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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 external applications of corrosive substances, except Nitric acid condemned by Hebra.


Copper-nosey Bottle-nose.

Acne rosacea is an exanthem consisting of tubercles with disposition to suppurate, suppurating tubercles; and, more continually venous hyperemia.

It almost always commences at the tip of the nose, whence spreads over the dorsum of the nose and over both cheeks over the forehead and the rest of the face. First we notice an erythematous 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. tubercles 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 rhagades, and make their appearance, and the face looks very much dis consequence of this extreme development of the nasal ex 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 rare nce and most generally associated with menstrual anom 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 dis Carbo animalis Sj Kali carbonicum Sj Arsenicum Sj Veratrum alb nabis Sj Acidum nitricxvm and phosphoricum Sj Timya Sj Phospho phrasiaj Silicea Sj Ledum Sj Huta Sj Aurum Sj Kreosotum Sj Sepia Sj Plumbum Sj Sulphur Sj Acidum sidphuricuniij Capsicum Sj Clematicum. 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 abotion remedies, Carbo animalis Sj Arsenicum Sj Acidum nitrum Sj 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 unce 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 sulfur with two ounces of distilled water, and after vigorously shaking 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 simple procedure 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 specific will sometimes have, whereas the internal use of this specific would either have no effect whatever, or else d curative results in a very tardy manner.

Wd^ Jacob's Ulcer.

Lupus is reeminently a disease of the lower classes; it more frequently in some parts of the country than in others.

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attacks individuals indiscriminately anywhere, without of sex. Lupus has not yet been known to occur previous to the tenth and after the fortieth year; it is most frequently the tenth and twentieth years of age. It is said to resu Bcrofulosis 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 non-exedens.

Lupus exedens commences with the formation of a few, rare dark-red or brownish spots, or of dark, small papules resembling acne and seated upon a cuticle rendered smooth by infiltration. The spots slowly enlarge in size, the papules rapidly in number; some even, which are situated in the center of the affected spot, disappear, but are immediately replaced again by new ones starting up at the circumference. The on the affected spot continually exfoliates in small scale-shaped ulcers that gradually unite in one and des skin over a large extent of surface. The healing of the sore always commences in the center, while the ulcerative process is renewed at the periphery; this constitutes the lupus ser Lupus exedens is chiefly located in the face, but nc^ un spreads to the neck and ears^ and may likewise break out parts of the body. If the lupus is situated on the nose, xmfrequently happens that the ulceration destroys the in cartilages, and even bones. This seems to be a particula lupus that sometimes commences on the mucous membrane of nose. Lupus exedens is the most frequently occurring fo lupus.
Lupus hypertrophieus likewise breaks out more especially in the 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. New papules keep constantly forming, some of which suppurate but never to any considerable extent. After a time a retracted cicatrix may be seen, traversing the diseased surface. Gradually the affection may invade the larger portions of the face, the ears, and may even spread below the chin; it is commonly associated with considerable eversion of the lid.

Lupus exfolians, which Hebra is unwilling to regard as a form of lupus, begins, like the former species, with a dark-red superficially 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, nor does it increase in size, the only alteration it exhibits is a more marked paleness of the skin. It is more particularly seen among females, is easily confounded with nevus, from which it may be distinguished by the circumstance that this form of lupus does not break 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 dissolved and are reabsorbed, leaving a retracted cicatrix with atrophy of the skin at the affected spot, which looks like the scar from a burn.

The different forms of lupus are exceedingly chronic; it is a rare event for lupus exedens to pass through its stage of ulceration rapidly and as it were subcutaneously. The disease is not painful, nor does it impair the general health; but it may easily bring on a very severe attack of conjunctivitis and by this means endanger 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 patience, in order to give the remedies a fair chance to develop and their full effect. As far as particular remedies are concerned we are still without a sufficient number of clinical cases to point to certain remedies as specifically adapted to which account it is extremely desirable that every case should be made public in our Journals. Lycopodium is efficient in lupus exedens, if the disease has not yet existed too long, if the ulceration does not penetrate too far into the tissues, and if the disorder attacks feeble individuals of a sallow complexion. In lupus exedens as in acne rosacea, both of which conditions have a great deal in common. Graphites is one of the most important remedies; Graphites is particularly suitable for nasal lupus with deep ulceration. Next to Graphites we recommend Aurum more p
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ularly Aurum muriaticum. This remedy has sometimes a sui
effect; it is indicated if the lupus starts from the Schneiderian membrane, or if it spreads from the skin, gradually invading the Schneiderian membrane, the bones and cartilages. In such cases Acidum nitricum or Sepia are likewise suitable. Calcarea is adapted to lupus in the case of scrofulous individual

For lupus hypertrophicus at an advanced stage all remedies prove ineffectual. At the commencement of this disorder we may recommend 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 which Sulphur, Phosphorus, Kali bichrom, and perhaps Thuja.

Lupus non-exedens does not require any other remedies than lupus exedens.

Other remedies for lupus are: lodium, Carbo animalis, Silicea, Alumina.

The usefulness of external applications is sometimes evident, but not unfrequently questionable; cauterization sometimes does a great amount of injury. In a case of lupus hypertrophicus, cauterization is especially a proceeding of doubtful propriety; like carcinoma, it usually grows so much more rapidly afterwars and is insisted upon, it should be done with the pointed extremity of a stick of the Nitrate of silver; it is important to remember that only the little tubercles must be cauterized. All liquid caustics irritate the infiltrated skin still more, and make the disease worse than before.

Cod-liver oil in large doses has sometimes an excellent effect; it might perhaps be sufficient to improve the constitution substantial nourishment; for cod-liver oil is only useful whose assimilative system has been very much impaired.


All forms of herpes are characterized by the formation of vesicles, clusters of which are seated upon an inflamed, mis; the vesicles of one cluster breaking out simultaneously running an acute course. In obedience to the habitual nomenclature as well as on account of differences in the treatment, we will consider the main forms each by itself.

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a. Herpes Facialis, Facial, rpes. ,

This form of herpes accompanies a large number of Yebr chronic diseases without exerting any specially iaodVyn
over their course; except in pneumonia where this is said to constitute a decidedly favorable omen. At exanthem it seems to manifest itself when indicating the nient of a catarrhal ailment, provided the catarrhs are not very intense. A first appearance predisposes most de relapses.

Herpes facialis (also hydroa febrilis, herpes phlyctenous) generally breaks out on the lips, less frequently on the bead, ears, eyelids. A tension, burning, and a marked swelling are experienced at a certain infiltrated spot; vesicles start up amid slight febrile motions and an unusual feeling of lassitude. In the face they are always of a tolerably large size, but they are not many of them clustered together, they run into one another; the cuticle of the spot where they do not show a very vivid redness; sometimes they are pitted or cleft. They contain a clear liquid which soon becomes dim and changes to a rather dark scurf that soon falls off, leaving a red, somewhat infiltrated spot; burning pains last for some time.

One attack does not render any treatment necessary, because it does not alter the course of the vesicles that are already out. But if new crops break out in rapid succession, at definite intervals, it may be well to give Hepar sulphuris or Arsenicum in not too frequently repeated doses. Bryonia is an excellent remedy if each succeeding crop of vesicles is accompanied by fever and great lassitude. If the affection is very obstinate and inveterate, Graphites may be given for it. Aconite is better than any other medicine, if the eruption is acute, attended with fever; by using Aconite, the inflammation is speedily subdued, and the vesicles dry up, leaving small scurfs that fall off in a few days. H.

b. Herpes Preputialis.

This is principally located on the prepuce, although it frequently appears on the scrotum, penis, and on the female organs. It bears a very close resemblance to herpes facialis, single clusters are small, the vesicles not very numerous proportionally of some size. It breaks out without any symp
general disturbance; its appearance is accompanied by the peculiar to all forms of herpes. If the vesicles are on the outer skin, superficial, bright-yellow scurfs form on them if seated on the inside of the prepuce, instead of vesicles have superficial ulcers which occasionally become covered scurfs. The causes of this affection are unknown; what is positively 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 smegma.

Herpes preputialis acquires its importance from the fact that it is easily mistaken for chancre, especially by lay-persons who have been 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: herpes always
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 balanorrhea 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
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,

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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
ially severe in bed. After the falling off of the crust
gone, or the peculiar itching may perhaps continue for s
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 muc when zoster is treated with appropriate remedies, which a sufficient reason why zoster should never be allowed to course without proper medicinal treatment. The remedies by Hartmann, namely: Mercurius Hhusj Causticum Graphit Sulphur, Arsenicum Acidum nitricum and Euphorbium, wit exception of Bhus and Eaphorbium do not correspond with general features of the disease. So far as Rhus is conce know positively that the remedy is usually given without benefit, although its symptomatic similarity would seem mend it, and as regards Eaphorbium we have no clinical of its curative influence in this disease. Mercurius som to prevent the breaking out of new clusters of vesicles. is a remedy that renders excellent service in some respe

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we cannot recommend with sufficient warmth, since interc neuralgia very seldom occurs after its use. "We likewise Oleum croionia for experimental trials. The treatment of sequent neuralgia has been discussed in a former chapter

d. Herpes Iris and Circinnatus.

Both these forms being essentially identical, we describ together.

Herpes iris consists of a larger vesicle or bulla which frequently filled with a blood-tinged liquid, and is sur wreath of smaller vesicles round whose external border a larger wreath may form. The course is the same as that o herpetic vesicles. The efflorescences first appear on th the feet or hands, spreading on the extensor-surfaces fr upwards, and the new clusters of vesicles appearing eith same relative position as the vesicles of herpes general again assuming the form of herpes iris. This form of her frequently occurs among women and children.

Herpes circinnatus which comes out in the same manner as iris, is distinguished from the latter by the circumstanc central bulla is missing, and that only the wreath of ve present.

Essentially both forms represent a form of herpes zoster extremities, so much more as they are sometimes succeede peculiar pain which is not quite as severe as intercosta This affection which is altogether of rare occurrence, s requires any other remedies than those that have been in zoster*

40. Eczema.

Eczema is one of those exanthems that has given rise to mense amount of confusion. In the following sketch we re essentially the views and statements of Hebra who enjoys disputed merit of having first cleared up this pathologi

http://www.archive.org/stream/sciencetherapeu00kafkgoog/sciencetherapeu00kafkgoog_djvu.txt
The causes of eczema are either external irritants acting upon the skin, or else substances that affect this organ through the 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, mercurial frictions, Croton-oil, etc., a number of medicinal agents taken internally, fat food or food giving rise to an unusual deposition of fat

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Infections 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 in 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 is because its various modes of origination were not properly considered, and an eye was only had to the various modifications the appearance of an eczematous part undergoes in consequence of the formation of crusts or scurfs, scratching, dirt, hair of the body, etc. The typical form of eczema is obtained by rubbing Croton-oil upon the skin. Upon a red surface a number of vesicles or pimples shoot up which, if carefully guarded, heal in a few days leaving the affected portion of the skin injected. If the vesicles are not protected, if they are scratched or rubbed against by the 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; scratching even communicates it to remote parts; beside the vesicles, pustules form likewise, the so-called eczema impetiginoides, and the original form 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 any definite clusters; they gradually grow in size, break, discharge a moisture, heal by desquamation, then reappear again at the same place, and, favored by circumstances, pass into the following forms: Eczema rubrum; upon an injected and infiltrated spot, small vesicles spring up whose tops are filled with a watery moisture. After the bursting of the vesicles, desquamation ends the process. Finally eczema impetiginoides which is by far the most common form of eczema, consisting of vesicles and pimples or papulae, some of which change to pustules ending in the formation of crusts, hence this form is properly speaking a combination of eczema and impetigo.

According to their locality we have several strikingly characterized forms of eczema, among which we distinguish the following:
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 localized areas, especially the cheeks and chin. As a rule, the skin is seldom and only inconsiderably, infiltrated. This form chiefly attacks children.

Eczema of the hairy scalp is likewise generally of the impetiginoid form; it makes the hair look and feel like felt, to spread a foul odor and to give rise to the formation and is strikingly disposed to migrate beyond the hair, especially 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 an acute 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 maintained 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 hypertrophic scrotal integuments.

Eczema of the legs (salt-rheum) really depends almost exclusively upon varicose veins, more especially upon dilatation of cutaneous veins, whereas the larger vessels may continue to be in a perfectly normal condition. This eczema is extremely obstinate, generally exerts an irritating influence on the skin and forms various 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 morbific irritation originally only acted upon one side of the body.

Eczema seldom runs an acute course; the extremely acute form, known as "eczema universale," is very rare; on the other hand, it frequently commences as an acute exanthem, with slight but very soon assumes a chronic character. All the different forms 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

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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 important to the success of our treatment. How the causal indication can be determined is not difficult.
satisfied in every case, is difficult to determine owing to the diversity and number of the noxious influences giving rise to eczema, removed. In most cases eczema gets well of itself after is removed; however, this is not always the case. Not unquently, after the exanthem has lasted for some time, th neous disease acquires such a power of independent exist a germ of inherent development has become ingrafted upon Eczema arising from constitutional causes, is of less fr rence than any other.

In the next place we have to aim at removing the cause, is the chief promoter of the spread of eczema, namely sc In some cases it is impossible to prevent scratching, no case of children, but likewise in that of adults; the it intense and the scratching may be indulged in by the pat he is sleeping, when the scratching cannot always be pre the long run. Under such circumstances it is a good plan the hands by means of gloves or linen-bags and to remove sibility of the nails being used; for there is no doubt laceration of the exanthem with the nails may transfer t to other parts of the body by a regular process of graft other cases scratching may be prevented by appropriately the eczematous part; on the leg, for instance, by applyi bandages, and in the case of children by covering the he calf s-bladder from which the mucous lining has been rem beneath which the exanthem sometimes heals with wonderfu rapidity. Finally, we will name a few external applicati the use of which the itching abates with more or less ce We ought to state that the greatest amount of irritation superinduces the itching, proceeds from the fully-develo whereas a moist eczema itches much less. Hence, the grea is to limit the formation of crusts as much as possible, their excessive adhesion and desiccation. This object is frequent ablutions with cold or tepid water. We are awar these are dreaded by many physicians and lay people, but

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any adequate cause if proper care is used. A shower-bath preferable to washing; but the water must not have a fa than two feet, nor should the temperature be below fifty degrees. For eczema of the body tepid baths with frictio soap are eminently to be commended. Liquid fats are exce means of softening the crusts. By moistening them with a oil, they break up into little fragments and can be remo easily. Glycerine renders the same service. We must be c however, not to apply the oil too often, nor too much of wise it might result in the formation of pustules. Twelve hours after the application of the oil the parts ought t with soap. If very thick crusts are to be speedily remov surest means is the use of warm cataplasms which, howeve not be applied too long at a time, for the reason that c are likewise apt to lead to the development of pustules. no matter what they are made of, can never be of any use generally hurtful.

Regarding the medicinal treatment of eczema, we find a l
number of medicines indicated in the books, most of them
panied by all sorts of the most subtle and refined indic
are not only of no practical use, but are not even subst
the symptomatic record of our Materia Medica. This subje
affords us another opportunity of satisfying ourselves of
resulting from an inappropriate and vacillating nomencl
which positively defeats all the good that could be don
accumulated records of clinical experience. Moreover, it
sible to furnish reliable indications for every drug; th
well as the accompanying secondary phenomena are too var
yet claim our chief attention, for the reason that the s
remedy that meets the cause of the eruption, is often ex
determined by an investigation and knowledge of these ph
Tor this reason we have confined ourselves to merely nam
medicines, accompanying some of them by practical hints,
referring to the Materia Medica for special information,
which the chronic nature of the exanthem affords abundan
In order to facilitate the search of proper remedies we
icated them with the chief forms of eczema, each accordi
locality.

Eczema in the face, which chiefly attacks children, is o
to dry up in a few days by means of Oleum crotonis thir
This remedy shows its curative action so much more

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tainly, the more recent the cutaneous affection; mone
most appropriate in eczema rubrum, and is so much less a
to the case, the more nearly the eczema assumes an impet
form. If the disorder is of long standing, and hence mor
erate and more extensive, Lycopodium often acts with sur
benefit. Next to this remedy comes Sulphur. For crusta
proper Borax is recommended; Mercurius and Lycopodium a
likewise Bepar sulphuris are more reliable. [I have cure
horrid cases of crusta lactea with Aconite and Belladonn
From Vida tricolor we have never obtained the least sign
curative effect. For eczema impetiginoides the remedies j
amed, are likewise useful, but we have a much bett
among the following: Mercurius^ Hepar sulphuris^ A
crudurrij Cicuta virosa^ Baryta. The last-named remedy h
specific action in cases where the eczema is accompanied by
of the lymphatic glands, and generally in the case of im
scrofulous individuals.

[We once cured a baby that had been vaccinated with impu
vaccine, of a horrid attack of Crusta serpiginosa^ by me
single pellet of Arsenicum 200. On the third day after v
a black pustule broke out on the arm, which grew very ra
the size of a big potato and was filled with a foul-smel
chor. An ugly-looking sore formed wherever the ichor to
the skin. In the course of twenty-four hours the face, n
upper arms looked like one mass of bla9ki8h, dark-brown
tion. This disorganizing process spread almost visibly. c
could no longer be seen. The sides of the face and neck,
part of the scalp were covered with this horrid crust. T
likewise had become infected. One pellet of Arsenicum 20
placed upon the child's tongue at night. Next morning th
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 often. The best remedies are: Mercurius¹ lodium¹ Kali bichromicum¹ Sulphur.

Eczema of the hairy scalp, both when confined to the scalp 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

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eczema rubrum, most commonly in the case of adults, its such a case being very chronic. For the former acute for remedies are: Hepar sulphuris¹ Oleander¹ Lycopodium¹ Sulphur sagria¹ Mercurius (when a tendency to acute lymphadenitis Baryta carbonica (when attended with a painless or, at a acute inflammatory swelling of the lymphatic glands), J S matis¹ 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 triturations, but even the excessively hypertrophied ears resumed their normal shape. We do not mean to deny the p adaptation of Sulphur¹ Lycopodium¹ or even Phosphorus¹ 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 : Hhus toxicodº Calcarea carbonica j Oleum crotoni

Eczema on the scrotum occurs in very few cases as an acu pcticinoid 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 senicum¹ Lycopodium¹ Nitri acidum¹ also Graphites¹ Petro and Aninrakokall 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
Eczema on the leg is likewise very obstinate, no less so
eczema on the scrotum; in order to cure this disease, we
neutralize the effect of the varices by a carefully applied
bandage. If the eczema has the impetiginoid form, it is
to place the patients for a short time in a horizontal
position, then apply flax-seed poultices to the part; at the same
time or Carbo vegetalis may be given internally, and, if erysipelatous
redness sets in: Mercurius. — Afterwards the chief remedy is
physagria which is often sufficient to eradicate the disease.
Beside the above-mentioned remedies the following are likewise
homeopathic to eczema: Kreasoturri Aurum Muriaticum, Sarsaparilla,
Sepia, Silicea, Alumina, Conium, Ranunculus, also Tartarus stibiatus.

17. Impetigo.

By this term we designate the breaking out of small pustules on
the skin, either scattered or in clusters.

This affection is traceable to the same causes that have
pointed out as causes of eczema; indeed, both these exanthems
generally appear associated. Besides this, however, impetigo
is 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
be caused by an excessive supply as well as by an extreme
deficiency of good and nourishing food. Owing to peculiar causes, a
impetigo may break out after vaccination over the whole
body.

The appearance of the pustules is sometimes accompanied
symptoms of an inconsiderable febrile irritation, generally
without the general organism being involved. At a certain
place, seldom at several spots at once, an efflorescence appears,
attended with itching and burning which, never equals in intensity the itching 'and burning of
eczema; very soon the efflorescent cuticle appears cover
small vesicles of the size of lentils or peas, containing
liquid; after having been out a few days, the vesicles
their contents change to yellowish, greenish and brownish
which adhere with a tolerable degree of tenacity and, on

curius or Lycopodium; of course the cause has to be str
Daily ablutions of the part with good soap are indispens

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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

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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 generally 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 pat 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 cluster, 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 the 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

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exanthera by scratching has to be limited as much as possible by appropriate barriers. In resorting to external applications, we must not overlook the fact that the skin of many individuals is exceedingly vulnerable, and that the application of oil or of preservatives, etc., to such a skin may very speedily excite impetigo, or increase it where it already exists.

Medicines employed for this affection may deceive us regarding their curative powers, for the reason that such an exanthem heals spontaneously within a few weeks. A spontaneous cure of this kind can never be determined beforehand, for it but happens that an apparently acute or subacute course is changed to 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 commencement. 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, Arsenicum Calcarea carbonica, Acidum nitricum or Clematis have to do. 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 impetigo is undoubtedly one of the most distinguished remedies, p is not given in too scanty a dose; even a bright efflorescence of the base does not counter-indicate it. Among chronic cutaneous affections Graphites seems to be characteristically adapted to impetigo; Acidum muriaticum is useful for impetigo on the legs in old people, with burning pain." He likewise mentions Oarbo vegetabilis, Sepia and a number of other remedies scarcely ever in homoeopathic relation with the case. For rodens Hartmann recommends Staphysagria, Kali hydriodicum however, his delineation of impetigo does not seem to us an exact image of the disease.

18. Ecthyma, Rupia.

Both ecthyma and rupia (or rhypia), according to their characteristic properties, are nothing else than forms of pustules upon the skin, differing only in size. Both may have the same etiology as impetigo, and may likewise break out on individuals of apparently sound health; in however, both exanthema are signs of constitutional disease are more particularly met with among the poorer classes, and in damp and unwholesome dwellings, and not having a sufficient nourishment. The ecthyma-pustule is very often a symptom of neglected itch, rhypia a symptom of constitutional syphilis.

The ecthyma-pustules are seated upon an injected and infected 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 of the size of a large pea, semi-globular, and at the onset filled with a yellowish-turbid, or sanguineously-opaque fluid. Only a break out at once, generally only one at first, the others following in successive crops. The eruption is sometimes by pains in the joints and febrile symptoms. The halo of tule 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 case of cachectic ecthyma. In consequence of a successio this pathological process may become protracted for week 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 bullsB sometimes of the size of a modern penny; yet they ought to be ranged among the pustules f reason that their contents though serous at first, yet s to a puriform liquid, and are very generally mixed with They are seated upon a dingy-red base, are never very mu 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 the incrustations to grow to considerable thickne prominens). If the incrustation is removed, a deep, sick ulcer is revealed underneath which obstinately defies ev to heal it, but upon which new crusts are disposed to fo Rupia, too, is most generally seated on the leg, never i very seldom on the rest of the body. It ia an exanthem o character, but is generally curable; it is only when the becomes ichorous (rhypia gangrenosa) that it may lea/l fever and result in death.

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Treatment. Ecthyma associated with scabies and the syphilitic rupia 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 bes is Antim. tartar.^ which is suitable as long as the cutaneous has not assumed a chronic character. Mercuriusis decided 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 to cure it; but if the affected parts are invaded by malignant u 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 use main object is to treat the general condition; both exa disappear so much sooner and will be so much less dispo out again, the more carefully the skin is attended to, t the internal treatment.

This affection which is likewise described under the name of pompholix, is characterized by the formation of large blisters. Its origin, especially that of the acute form, is involved in obscurity, whereas the chronic form is evidently traceable to a constitutional taint, which is so much more probable as the chronic form of this exanthem is so apt to terminate fatally.

Pemphygus may represent an acute affection, but, as such very rare occurrence; we do not consider it necessary to more space to it.

Chronic pemphygus most generally commences without fever; nevertheless in cases where the disease consists of several crops of blisters, with intermediate free intervals, it that each special eruption sets in with some fever and p limbs. The disease commences with the breaking out of sized red spots, attended with itching and burning; soon appearance is perceived in the middle of the spot, which rapidly in size, and forms the blister; this sometimes r small, and at other times grows to one inch and a half i. The blisters are filled with a clear fluid, very tense, easily, after which no incrustation forms, but the detac epidermis separates, leaving for some time a moist excor

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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 become very much protracted and all the stages of the pe disease may be seen and observed on the same patient. Pe is most frequently seated on the leg, blisters may, howe out over the whole body. The course of the eruption vari Either the blisters come out in crops separated by inter weeks or even months; - this is a comparatively favorabl or else the affection commences with a few"or with only new blisters continuing to form, which involves a loss o plasma that may, after a lapse of time, lead to gradual hectic fever and death. At all events pemphygus is one o most obstinate and at the same time one of the most dang cutaneous affections. This statement, however, only appl above-described form, not to the pemphygus which, like t ecthyma-pustule, sometimes breaks out as a secondary sym other cutaneous affections and a variety of other acute and which has no particular significance.

TrecUment. Considering the importance of this exanthem, are not particularly blessed with reliable remedies for compare: CantharideSj Causticum^ Kreosotum^ Lachesis^ T JRhhus toxicodendroriy Banuncvlus bidbosus and scleratus natum. These remedies are theoretically indicated by our but, so far as we know, not one of them has yet cured a of this disease. We doubt very much whether Dulcamara is capable of doing anything for such a deep-seated consti disorder. Lachesis of all other remedies has the best an marked symptoms. Mercwias seems to be in curative rappor pemphygus. Some years ago we saw in Vienna a woman who f several years had been a nurse in one of the sections fo
patients, and who had rubbed up a good deal of quicksilver
her bare hand. Since then she was attacked with pemphygus
whether her handling of Mercury was the cause, is of cou
problematical. In the subsequent course of the disease o
edies have to be employed for the general consequences o
exanthem rather than for the exanthem itself. Arsenicum'
Sulphury Ferrum may possibly keep off the threatening de
they are not homceopathieally related to pemphygus.

Furunculus and Carbunculus. 503

SO. Farmealus aad Carbunculus.

Anthrax.

Although both furuncle and carbuncle are generally regar
surgical diseases, yet we are perfectly satisfied that e
pathological processes can be managed by internal treatm
such a manner as to make all surgical interference unnec

A furuncle generally proceeds from a single cutaneous gl
else from several in close proximity to one another, and
deposition of the exudation takes place into the glandul
The inflammation, however, is not limited to the gland,
to the surrounding cellular tissue, enveloping the folli
exudation-plug. Amid severe pains, and sometimes in comp
with intense fever, pus forms in the space of three to t
days, and breaks through the skin. Usually the exudation
core cannot be removed until some time after the opening
existed. Furuncles of some size generally break out sing
ially on the buttocks, but it very commonly happens for
furuncle to be followed by another; lay-people consider
established fact that seven boils must break out one aft
which shows how seldom a boil is without succesors. The
of boils is very often a local irritation; but there are
epidemics which have to be accounted for by atmospheric
Boils very often occur during convalescence from severe
diseases and after the excessive use of fat as an articl

Carbuncle or anthrax is regarded by many as a combinatio
several furuncles ; but in our opinion this theory is er
boil is never attended with gangrenous destruction; with
buncle this is the rule. Carbuncle, moreover, has its fa
ities, namely the integuments along the dorsal spine, es
the nape of the neck ; less frequently the sternum or th
region. . Carbuncle, moreover, is chiefly met with among
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
cachectic and deteriorated constitutions as well as amon
healthy and robust persons. Carbuncle begins and runs it
with great pain. At the painful spot a mere change is sc
perceived at first ; soon, however, it acquires a bluish
look, but without any perceptible swelling. The pus seld
before the sixth day, generally in several places at onc
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afterwards unite and from which a thick, easily decomposed discharge, mixed with a quantity of shreds of detached tissue. This whole process is attended with fever which assume an adynamic type and, after the sudden supervention of cerebral symptoms, may terminate fatally. In a favorable case takes place very slowly, because the loss of substance may be many square inches in extent. Further details about the disease will be given in the next paragraph.

Ootreatment. 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 if it tardily, a few doses of Mercurius vivus to be followed by doses of Hepar sulph. cole, hasten the course. We do not advise lancing, because the pains and the suppuration generally longer in such a case, whereas, if the boil breaks spont generally heals in a few days; however, we should see to removal of the core at as early a period as possible, for the presence of the core keeps up the suppuration. To eradicate a ten constant return of new boils Acidum phosphoricum- or n and still more Arsenicum have seemed to us useful remedies. As a matter of course it is very difficult to decide this point.

If we desire carbuncle to run a benign course, we have to treat it with medicines from the commencement. Acidum nitricum Silicea Carbo vegetabilis Secale comutum are recommended for carbuncle, 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, excellent service, and contributes greatly towards a favorable 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 circumstances. Silicea is suitable if the suppuration has full set in. Here, too, as in the case of boils, we urgently advise against the artificial opening of the carbuncle, more especially if it is premature. An early access of atmospheric air favors the development of gangrene, pus is too readily taken up by the cut inflammation is enabled to spread. We are fully aware that surgeons are of a decidedly contrary opinion; but we can only ask them whether they have ever attempted the cure of a carbuncle without a crucial incision. No opponent of our view will be able to answer this question affirmatively. After the carbuncle is broke, the shreds of cellular tissue have to be removed as soon as possible; the sore should likewise be cleansed very frequently. Warm poultices ought to be applied from the

Seborrhoea. 505
to answer this question affirmatively. After the carbuncle the shreds of cellular tissue have to be removed as soon as possible; the sore should likewise be cleansed very frequently. Warm poultices ought to be applied from the

l{l« Seborrlicea.

An excessive secretion of sebum on the hairy scalp is a occurrence during the first year of infancy. It may like place among perfectly healthy and robust men up to the a
thirty; women afflicted with uterine diseases, and likewise pregnant 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 sin­
organ. On the hairy scalp the secreted sebum forms fine white scales or, as in the case of children, incrusta­
tion times acquire considerable thickness. In the face the sebum 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 pricking, 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 injuri­ment. 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

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every iraaginable remedy, more particularly Aurum, Graph Lycopodiniuny 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.

Honey-ccnb 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 respects such individuals may either enjoy the most perfect health or else be of sickly and cachectic constitutions; favus may attack either class. This exanthem can be transferred to other persons by hats, caps and other head-gear, likewise by sleeping in the same bed; it has likewise been transmitted purposely from one individual to another.

A single favus-efflorescence has its origin in the orifice of a sebaceous follicle in the form of a small, imbedded, not painful papule, which is perforated by the hair and keeps constantly increasing in breadth and height, until the characteristic crust finally arises from it. This crust has the shape of a dish, with a rounded 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 unite to an uneven incrustation, at whose borders the distinct crusts are never missing, so that the diagnosis is quite easy. The consequences of favus are: Partial atrophy of the skin in consequence of the crusts being imbedded in it; eczema occasioned by the scratching; destruction of the hair on the affected parts; on the other hand, this disorder has no influence upon the general state of the constitution. The disease runs a very chronic course, yet spontaneous cures occur, although very tardily and not without corresponding modifications in the hygienic circumstances of the patients.

According to what we have stated concerning the etiology of the disease, we deem an internal treatment of it useless and ineffectual; Hartmann’s remarks in this respect have no reference to true favus. If constitutional disorders are present simultaneously with favus, they have, of course, to be treated with appropriate remedies; at the same time they must not be regarded as the originating cause of favus. This can only be cured by removing the crusts in which the fungi are imbedded, and by preventing their return. The surest means of accomplishing this result, is care and cleanliness. The removal of the crusts is secured by softening them with oil, and afterwards removing them together with the perforating hair. This is a very tedious, but sure undertaking. Every sickly-looking hair 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 few drops of the tincture, even as many as twenty, in half a tumblerful of water given internally, in teaspoonful doses, three or four times a day. See Hale’s JSfew Remedies. H.]

Scabies, Itch. 507

It is with a certain reluctance that we enter upon a discussion of this affection, since we are satisfied that our views differ from those of most of our Colleagues. We will, therefore, anticipate all objections by stating that the opinions we...
mulgate in this chapter, are simply our own, not those entertained 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 acquainted with 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 \(\frac{i}{j}\) of a line bringing an ovoid shape, with wavy lines; it is provided with limbs and a number of long hairs. To the bare eye it looks like a faintish-white or yellowish corpuscle. Each acams contains from 40 to 60 eggs which are laid seriatim and from which the acarus originates in about eight days. The male acarus is much smaller than the female, and is said to die soon after sexual converse. 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 body perforated the hard layer of the epidermis, it lowers th out the spot where they buried themselves, hence do not form cuniculi, but papul vesicles. From ten days to a fortnight elapse between 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 arms, the extremities, the entrance to the axillae, the inter-gluteal space, the region around the nipples, especially those of the mammae, the penis and scrotum, and the feet around the tarsus. The acarus, however, may locate itself anywhere on the 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 dark owing to dirt having adhered to the orifices of the cuni as on the trunk the cuniculi have a whitish appearance. The commencement of the cuniculus is marked by single scales of the epidermis which, being detached, afford an opening to which remains uninterrupted in its further course. The end of the cuniculus is recognized by a whitish-yellow, somewhat elevated point which hides the acarus. If the epidermis is careful at this spot by means of a needle and the needle is firm
against, and moved over the cuniculus, the acarus will readily adhere to the needle and can easily be recognized by means of a glass. With a little practice it will be found quite easy to catch an acarus. In the efflorescences occasioned by the young acari, one 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 discovered by passing a finger moistened with saliva over it several times, in consequence of which the dirt penetrates between and adheres to the scales of the epidermis. In persons with callous hands it has to be sought at the wrist.

A transmission of the acarus is most easily effected when it has the greatest desire to wander, hence in a warm bed; it much less frequently by touching objects that had been handled by persons affected with the itch; but it is easily accomplished through wearing apparel.

The phenomena caused by the acarus upon the skin, proceed either directly or indirectly. The presence of the acarus without symptoms except a slight itching is not always present, and does not always become very strong even when, as is often the case, especially on the cuniculus is closed by a little exudation deposited below its side. But immediately after leaving the canal, the young acari again bury themselves in its proximity, and small papules with fine vesicles break out close to the primary canal, violently, and being either speedily lacerated by scratching in the case of children, changing to pustules and forming crusts of various sizes. The indirect phenomena, accordi to Hebra, owe their origin entirely to the scratching caused by itching; as an evidence of this fact he refers to the circumstance that children and paralytic persons who do not scratch, from these symptoms, and that in healthy persons they are met with in localities that can be scratched. First papules perforated by a little hair, break out, less frequently vesicles or pustules. These papules are scratched, after which they are covered with fine, dark-looking scabs. After the cutaneous irritation has lasted for some time, pustules arise from parts of the body that are exposed to constant pressure or constant pressure with friction, the skin soon appears infiltrated and is thickly covered with the above-mentioned efflorescences, as for instance round the waist in the case of females on account of the clothes being fastened around too tightly, or in the

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Bhoemakers on the nates. In these instances, as in any persistent cutaneous irritation, eczema may break out.

After this explanation it behooves us to examine the question 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,
the skin and becomes the origin of a chronic itch-dyscre
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
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 adm
ially reject them. They are unfounded in so far as they
in the hypothesis of a specific itch-virus; on the oth
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 homoeopah 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
stitutional 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

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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 prur
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 by the exclusive use of internal remedies, are not compatible with correctly scientific observation.

The destruction of the acari is the causal indication which only can, but has to 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 about 92° F., in which he remains for half an hour. At the end of this period of time he rubs himself well with brown soap, more particularly at the places where the acarus is principally located. By this means the cuniculi are almost completely opened. After the bath the patient is thoroughly dried and enveloped in a woollen blanket for a quarter or half an hour, for the purpose of removing every particle of moisture from the skin and at the same time enabling the ointment to thoroughly penetrate the cuniculi. We now resort to frictions with the following ointment: Two ounces of lard, two drachms of the washed flowers of Sulphur, and half a drachm of the Sulphuret of Lime. These proportions are abundantly sufficient for every adult. The whole body, except the head and neck, has to be rubbed very carefully, especially the places that 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 which he remains for an hour and a half. At the end of this

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he is placed in a warm bath of a temperature of 92° F. in the bath, thoroughly rubbed with brown soap. After the bath the patient may take a shower-bath, and be kept in the some time longer in order to guard against taking cold. After 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 recommend may have to be somewhat modified. In a case of pustulous scabies which is so often met with among children, the pustules heal first, otherwise the soap would irritate the skin too much. 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 remain in the blankets as long as adults. If several members of the family are infected at the same time, they have to undergo the treatment simultaneously. Frictions with brown soap alone 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 to the skin, this organ is allowed about a fortnight for it
to a normal condition. If, after this, any efflorescences remain, they are treated according to the principles laid down above. 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 pursued 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 nothing about, we will here state that we have tried every remedy recommended for the itch by homoeopathic practitioners, in the form of triturations, tinctures, attenuations, high and low potencies, without the least benefit. The acari would not die and the pustules increased in number. In one case, that of a child of six months, we fancied that Sulphur 6 did arrest very speedily the formation of pustules.

"We are satisfied that in making the preceding statement shall give offence to many homoeopathic physicians, but happy to hear all condemnations and objections, and shall a pleasure and a duty to answer them.

ELEVENTH SECTION.

Constitutional Diseases.

A. ACUTE AND CHRONIC CONTAGIOUS

DISEASES.

fl. Horbilllll.

Meades.

Measles are not only a contagious, but a more or less universal epidemic form of disease. In most cases they arise by a transfer of the contagium. This is contained in the catarrhal secretions, and is transmitted by contact, and still more frequently by the air. It is not very susceptible of being indirectly transmitted by the clothing; this theory is probably adhered to with so much zeal for 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, as anybody 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 upwards of a year. An apparently mild catarrh is taken no notice of, 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 infectious nature is decidedly less, and becomes entire as desquamation sets in. Personally we hold that epidemic measles can spread without contagion, although this is not often the case. We likewise believe in this possibility in the case of scarlatina and small-pox. It would lead us too far, if we would corroborate this assertion by the evidence of facts; we believe so much more urgently the attention of our Colleagues to this fact in existing epidemics.

Measles attack individuals of every age and sex, but least frequently very old people and infants. Inasmuch as almost everybody has an attack of measles in his early youth, they are on seldom met with among old people. One attack of measles generally protects persons against a second one; exception are not very rare, although it behooves us to guard against roseola for measles. [In the late war measles raged fiercely in many of our regiments6 and, under allergogical treatment, destroyed a number of lives. H.] No later than two weeks ago we treated two little girls in the same family who were down with the measles, one severely, the younger without any marked 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 indeed, they again broke out with much intensity, attend 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 the temperature was concerned, was more like winter. This circumstance alone ought to suffice to show that the measles are exclusively propagated by a contagium.

Symptoms and Course. We have already stated that the incubation-period of the measles-contagium, until the efflorescence break out upon the skin, is eleven or at most twelve days, the general health does not seem in the least disturbed eight to nine days of this period, definite preliminary show themselves in the last two or three days. These preliminary signs are falsely said to have been noticed at an earlier inasmuch as catarrhal affections are very prevalent during epidemic measles, it is very likely that purely catarrhal symptom mistaken for the prodromia of measles. The prodromia proper begin with a slight catarrh of the nose, lassitude and some fever increases considerably on the second day, frontal headache supervenes, the eyes look red, are sensitive to the light conjunctiva is seldom puffed up. On the third day there
increase of fever, the patients feel unable to sit up, thickly coated, the appetite gone, and in the night from to the fourth day, immediately previous to the appearance exanthem, a hoarse, barking cough sets in resembling croup, however, is scarcely ever attended with the danger that characterizes croup, and never changes to true croup. Th etoms may increase to a considerable degree of intensity, associated with vomiting, delirium, sopor; at times, ho are entirely wanting or so slight' that it is not deemed confine children to the room. This is the reason why the spread so rapidly through the schools, for it is precise previous to the breaking out of the measles that the inf principle is most active, and that hence the measles are communicated. We account for this circumstance by the fa in the last twenty-four to twelve hours previous to the of the exanthem upon the skin, distinct, lentil-sized me are perceived in almost every case on the palate and on of the fauces. We have noticed them in all our cases of as well of last-year's epidemic. Without doubt, it is sion of these spots to the larynx and trachea that cause croupy cough, and we have always considered it an excell nostic sign to find this cough associated with red spots palate, in which case we were able to positively predic ance of the eruption within twenty-four hours. In other he prodromi have no distinctive peculiarity from which acter of the exanthem might be inferred; it can at most suspected after several cases had already occurred in th in its immediate vicinity. As a rule, adults suffer much prodromi than children, nor has, in the case of adults, very often the croupy sound.

The measles-exanthem breaks out gradually, in one case mo rapidly than in another. The first spots always show the in the face, most commonly on the cheeks and temples. Th of the size of lentils, of a bright redness and with rat outlines; after being out for a short time, they become raised above the skin and harder to the feel than this o more or less speed, generally within twenty-four to th the exanthem comes out over the whole body from above do wards, and is fully out in forty-eight to sixty hours, s spots appear, whereas, up to that time, new spots had co break 6ut in addition to the first spots that were more scattered and isolated. The spots keep growing in size t extent that some of them run together, and the normal sk the place of spots, exhibits here and there irregular re In proportion as the exanthem comes out more profusely, generally grows darker, sometimes with a bluish tint. Wi fuller development of the eruption the constitutional sy most commonly increase in intensity. The catarrh of the tiva and the cough especially grow much worse. The pulse
times increases to one hundred and forty beats. Sometimes the skin is dry, but at other times covered with perspiration. In very 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 which is especially marked on pressure with the finger, and within twenty-four hours the spots have completed their disappearance leaving a vestige of their existence. Very frequently the yellowish tint remains for several days. The fever declines speedily, the catarrh of the conjunctiva likewise abates the bronchial catarrh most generally continues for a few 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 for on profuse perspiration is not the rule, but is not by any anomalous occurrence.

Desquamation commonly commences on the seventh day, but may delay until the fourteenth. The epidermis comes off shaped scales, very seldom in larger patches; in the face the desquamation is most distinct. During this period the general health is generally good; except that the bronchial catarrh and still less frequently the diarrhoea may continue some time longer in very few cases the irritation of the conjunctiva likewise 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, classifying them as benign, that is such as do not complicate the prognosis, and as malignant. We ought to observe, however, that under certain circumstances every anomaly in the course of the measles may become a bad omen, and that we have to watch every case where deviations from the normal course occur, with redoubled attention.

Among the anomalies of a benign character we class the following:

The eruption does not break out in the face first, or come 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 fever declines very speedily, the catarrh of the conjunctiva likewise abates the bronchial catarrh most generally continues for a few 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 for on profuse perspiration is not the rule, but is not by any anomalous occurrence.

Desquamation commonly commences on the seventh day, but may delay until the fourteenth. The epidermis comes off shaped scales, very seldom in larger patches; in the face the desquamation is most distinct. During this period the general health is generally good; except that the bronchial catarrh and still less frequently the diarrhoea may continue some time longer in very few cases the irritation of the conjunctiva likewise 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, classifying them as benign, that is such as do not complicate the prognosis, and as malignant. We ought to observe, however, that under certain circumstances every anomaly in the course of the measles may become a bad omen, and that we have to watch every case where deviations from the normal course occur, with redoubled attention.

Among the anomalies of a benign character we class the following:

The eruption does not break out in the face first, or come 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.

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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, do not increase in intensity, nor does it acquire the tint. Within the spots hemorrhagic appearances are manifest and between the spots ecchymoses are noticed. The spots soon after their appearance, or else they fade very suddenly at the 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 buccal cavity. The respiration becomes hurried and super Sopor and delirium after the second day of the eruption.

Of great importance are certain complications of measles, are very apt to occur and which were formerly regarded a tases, because the exanthem disappears with the appearance of complications. Laryngitis with crou()ous exudation is of occurrence while the exanthem is still out; it is more met with after the exanthem has left the skin. A slight is an accompaniment of every case of measles; it only a dangerous character if it continues beyond the stage of reappears again during the stage of desquamation, or other assumes a very acute form. It is very apt to run into an ingly obstinate chronic catarrh. Pneumonia is not unfreq is mostly lobular, much less frequently lobar, and may be every stage of the disease. It is most threatening, after the eruption has run its course. It does not usual in complete resorption and, on this account, is very apt

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foundation for subsequent pulmonary phthisis. Pleuritis complication, so is pericarditis. Enteritis is a rather complication in some epidemics; it excites legitimate a for the reason that other consecutive diseases, more par scrofulosis, are apt to follow in its train. Affections are rare; their intensity is rarely such as to excite ap the supervision of sopor is a bad sign, because it may fatal general paralysis.

Of the highest importance are likewise the numerous and obstinate sequelae of the measles, which make this exant of the most malignant, whereas its ordinary normal cours character entitle it to be regarded as one of the most h Among these sequelee we distinguish:

Cutaneous affections, especially impetigo and eczema, mo less extensive, but always very obstinate.

Chronic conjunctivitis, with impaired vision; chronic ot deafness; chronic ozaena; chronic inflammation of the ly glands, mostly without suppuration; chronic inflammation parotid and submaxillary glands.
Chronic bronchial catarrh, with which bronchiectasia easily becomes associated and which gives rise to a peculiar spasm cough; or real whooping-cough which is much more severe 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 threatening character. Noma is likewise a sequela of rare occurrence; it is not without importance.

After the measles, children are very frequently attacked with scrofulous symptoms. It is very likely that, in the case of little children, the measles simply act as an exciting cause of scrofula; 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 in the habit of designating as scrofulous and which that a morbid change has been impressed upon the whole of the organism.

Tuberculosis likewise frequently breaks out after measles. We believe with Niemeyer that pulmonary phthisis after measles is most commonly a chronic lobular pneumonia, having nothing common with tubercles, or else, a lobular pneumonia with suppuration. That tubercles not unfrequently do occur after measles shown to us by the circumstance that we have recently lost three children with acute hydrocephalus, in the neighborhood of Hanover, where the measles prevailed much more fiercely than in the city. In every one of these three children the symptoms of acute hydrocephalus set in soon after the measles.

Treatment* Measles are universally regarded as a typical disease, on which account the so-called rational physicians every interference with medicines in a case of measles running its normal course, as useless. From the standpoint of Homoeopathy this negative treatment on the part of our opponents, is liable to several important objections. In the first place the measles do not constitute a fixed typical exanthem, for, as regards time, they vary greatly both with respect to the time it takes the eruption to come out, and to the duration of the stage of efflorescence. It is conceivable that this irregularity in the course of the exanthem may be modified by medicines, and every homoeopathic physician will agree with us in the statement that, under homoeopathic treatment, the measles very seldom run an irregular course. A second proposition the correctness of which has been demonstrated by an abundance of clinical experience, is that under homoeopathic treatment complications are rare occurrences and that sequelae are seen still less frequently. All our most excellent observers, of whom 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 abnormal in the existing symptoms, requires either Aconit...
donna. We prefer the latter if the fever is purely catarrhal, the skin is hot but moist, the tongue thickly coated, the pulse hurried but 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 scanty, the tongue is red and the pulse full and hard. We have never seen the vaunted Pulsatilla do the least good at this stage of the disease and we are at a loss to perceive upon what grounds the use of this drug could be justified. The croupy cough is a good indication for Belladonna; at any rate, we have never seen it last longer 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 renders excellent service for this croupy, catarrhal cough. If the exanthem had begun to come out, the best course then is to continue the remedy that had been given last, for beside the spots no other symptoms generally make their appearance: the increased, lasting intensity of the existing symptoms does not just of remedies, for the reason that such an increase of the in the normal course of the disease. As soon as the action begins to pale off, we advise the discontinuance of the medicine. If the spots have entirely disappeared, yet the continuance of the treatment will have to be resumed; if the cough had attended with rattling and wheezing, and the expectoration is very difficult, He-par sulphuris calc. is to be given; particularly troublesome at night, and is otherwise looser hard, Pulsatilla may be required; for a dry, nocturnal, cough we give Hyoscyamus and if the cough torments the the whole day: Nux vomica. The general management of the patient is of great importance, for it is a certain fact that the course of the eruption is sometimes attributable to neglect or to the enforcement of improper rules and measures 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 catarrhal kept at home, but do not confine them to their beds unless they themselves insist upon it. A measles-patient should 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. should never be obscured more than is desired by the patience. The best beverage is fresh water in small quantities; if this should increase the cough, the water may be drank chilled taken off*, sweetened with a little white sugar. There is no danger involved in daily ablutions of the patient's face with tepid water. Owing to the impaired appetite there is of the patients being treated to improper food. We never allow stewed fruit; and we allow meat and broth if the patient After the spots have disappeared and the cough has cease nearly so, we have the patient transferred every morning bed into a lukewarm bath, where he is thoroughly washed soap and afterwards well rubbed dry in a woollen blanket

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morbilli. 521

morning he is rapidly washed with cold water and again 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

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^ Zinc Opium; Ipecacuanha may likewise have to be used. This lnamed 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 some 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 thcially indicated by particular symptoms, Sulphur is the

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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 to a croupy cough. Cuprum has to be given the sooner the subsequent hoarseness or even aphonia constitute grem ments to a cure. With the exception of Carbo vegetabilis the only remedy that has shown any curative results in for this affection; all other remedies have proved frui has only been in the course of time that the natural vo Phthisis after measles can only be regarded as tubercula of pneumonia had been noticed either during the acute st exanthem, or during the period of convalescence; if symp pneumonia had existed, we may take it for granted that ting phthisis is the result of chronic pneumonia. This po important on account of the remedies that have to be use the last-mentioned case Sulphur, Hepar sulphuris, and Io the chief remedies, whereas in tubercular phthisis these are of no higher importance than others. Chronic diarrro wise completely cured by means of Sulphur, likewise by m Phosphori acidum. Catarrhal conjunctivitis, if setting i stage of desquamation, is exceedingly obstinate. The con i\'not very much thickened, but very red and unusually se to a glaring light as well as to intensely cold air. For Arsenicum does more than any other remedy; only it must discontinued too soon, because the result generally deve very tardily.

8« Scarlatina.

Scarlet-fever.

Scarlatina is unquestionably a contagious disease; at ti occurs in a sporadic, but more frequently in an epidemic What is the nature of this contagium, and what contains not be determined, but many circumstances argue in favor doctrine that it is transmitted through the air. It is o putable and certainly more probable than in the case of that scarlatina sometimes breaks out spontaneously and s ally without any infectious contagium, and likewise epid in which category belong the cases where scarlatina is s been transmitted indirectly through the agency of non-aff individuals. It is difficult to determine the duration o

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of incubation; it is generally supposed to last eight d contagium is most fiercely active soon after the appeara exanthem, during the period of desquamation the contagio of scarlatina has most probably become extinct. The susc to the influence of the scarlatina-contagium is much les than that to the measles contagium; many persons escape s altogether. The largest number and the most malignant ca between the second and seventh year, a much smaller numb between the eight and twenty-fifth year. At a later peri as during infancy, scarlatina occurs very seldom. One at scarlatina acts almost as an absolutely certain preventi an\^ subsequent attacks. Epidemic scarlatina most common vails during the transition-seasons, less frequently m t and least frequently in winter. Although certain atmosph
ditions may be supposed to exist during the prevalence of scarlatina, yet they are unknown to us; nor are we able to explain what circumstances render one epidemic so dangerous and leave comparatively mild. Epidemic scarlatina very often occur taneously with, or subsequently to epidemic measles; it not unfrequently occurs together with small-pox; its rel whooping-cough is less definite.

SymptoniH and Courne. No acute exanthem is so variable in its course as scarlatina, although certain fixed type recognizable. The various epidemics differ very part itual each other. We have not space to consider all these part erences and shall therefore content ourselves with desc normal course of ordinary benign scarlatina, and shall a mention the deviations from this course, as we have done treating of measles.

The disease is undoubtedly ushered in by a precursory stage has no characteristic symptoms any more than the prodrom of measles. The patients exhibit the symptoms of a severe fever which, in contra-distinction to measles, is not at an irritation of the respiratory tract, but with inflammation of the fauces and catarrh of the stomach. This stage differs in from a catarrhal angina, not even by the pulse which, in action of this kind, is generally very rapid. Only the skin patient is much less frequently moist.

After the prodromi have lasted for two days, the exanthem makes its appearance, generally with a marked increase and the other preliminary symptoms; children are attack

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convulsions. The exanthem always first breaks out on the whence it spreads downwards over the rest of the body. F notice closely-crowded red stigmata, generally of a much color than the measles-spots; these stigmata very speedi one another, causing an homogeneoud, faintly dotted redn latina IsBvigata), or else they grow in size and, runnin form single spots of a darker color, seated upon a more cuticle (scarlatina variegata), or, finally, small vesic upon the red surface, most generally in consequence of t character of the cutaneous affection, some of which are crowded together, others are more scattered (scarlatina The exanthem is generally fully out in twenty-four hours the stage of efflorescence commences. The redness is mos on the neck and on the extensor-surface of the extremiti on the hands. Throughout this stage the constitutional s preserve their intensity, but the fever begins to abate two days; it does not pass away suddenly, as in the cas The angina is very intense, the fauces are dark-red; th having got rid of its original coating, looks very dark, inent papillsB, imparting to it a strawberry appearance. ary secretion is much less. Sometimes a little bronchial makes its appearance at this time, but it scarcely ever violent form.

On the fifth or sixth day after the appearance of the ex
them, it commences to pale off, with considerable abatement of fever and more particularly of the angina. Soon after, the process of desquamation begins. It always commences on the neck scales, whereas on the body, and more particularly on the epidermis most generally peels off in large patches. The appetite now speedily returns and the patients feel quite well. In 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 no 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 st may almost expect with certainty that the disease will a comparatively malignant character. Occasionally the fev

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even at this stage a height that gives to it the appearance intense typhus, so that the patients soon fall victims to this stage the angina is never so violent as to cause an The convulsions occurring at the breaking out of the exa seldom of any particular significance, for an affection except in so far as the excessive fever may cause an irrit this organ, is a rare occurrence.

It is during the eruptive stage and the stage of efflorescence the course of the exanthem can be watched and learnt. It in color, is at times bright-red, at other times of a vi out these distinctions justifying any particular inferen drawn from them. An extremely bright color is an inauspicious prognostic only if the fever has at the same time a mar namic type. A union of the smaller spots to larger patch ness is of no great importance. The formation of petechial hemorrhagic effusions on the skin always points t type of fever. In some epidemics the exanthem remains qu menary, the redness is very slight, is confined to smal bright rose-color, remains only a few days upon the skin attended with any marked constitutional symptoms. Such c have been designated as roseola or rubeola, and an attem made to view this exanthem as a special form of disease. that roseola occurs in every mild scarlatina-epidemic, s is nothing else than a very slightly developed case of s

The angina is likewise liable to important deviations. erally of an erythematous character, but not unfrequentl the parenchyma and shows an extraordinary tendency to in the glands and cellular tissue of the throat and neck. S change does not occur until the exanthem has run its cou been supposed that it is the result of a metastasis, whi case. Whereas a parenchymatous angina seldom terminates suppuration, an inflammation of the cervical cellular ti contrary, has this termination so much more readily; it cumstance which constitutes one of the most malignant se
the disease. What is still more dangerous is the supervention of diphtheritic ulcers during the inflammation. Although the diphtheritic ulceration very seldom spreads to the larynx, it cateches 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 slowly to the suppurative process, or are attacked with

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deafness. Not too much attention can be paid to this malignant angina, especially in the case of children, an examination of whose throats we are very apt to neglect in consequence of the attending such an operation. A discharge from the nose what first thin and has no smell, is almost always a sure sign that diphtheritis has set in; it should never be regarded as symptom, for the reason that a simple nasal catarrh neve in scarlatina.

Inflammations of the joints, pleura, pericardium most commonly occur in cases of great intensity, and do not present particular 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 pass unperceived.

The most obstinate and most dangerous anomalies occur in stage of desquamation. They do not always date from this but are most generally developments of former disturbanc had remained unnoticed during the violence of the fever. applies to inflammations of the joints, pleura, pericard ear. Enteritis occurs very rarely; on the other hand, d may set in, which, within certain limits, is not a dange rence. The worst symptoms are the suppurating inflammati the cervical cellular tissue and lymphatic glands, to wh was made previously, and inflammation of the kidneys. Du the process of desquamation nephritis becomes a more pro complication, probably because a suspension of the cutan tions, as in extensive burns for example, excites the ac kidneys in an extraordinary degree, in consequence of wh renal catarrh, during the stage of efflorescence, change croupous inflammation during the stage of desquamation. vious reasons which have been adduced to account for t ening nephritis, do not stand the test of a rigorous ex in some epidemics there is no nephritis at all, in other occurs in every case, no matter how the patients were ma hygienic and dietetic respects. "What is certain is, tha is more easily excited by excessive warmth, especially b clothing, which precludes the access of air, than by the being kept in a cool room and accessible to the influenc pure air. The renal affection sets in almost imperceptib patients have felt quite well for several days; but, wi

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any symptoms of fever, they do not seem properly to recu
The appetite does not return as it should; the discharg
dark, and the quantity is scanty; suddenly it shows a s
sometimes black or blackish-gray color, and contains a q
albumen, blood-disks, fibrinous cylindrical casts. The a
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
more weeks of edema of the lungs, or of cardiac disease
In some rare cases edema sets in as a post-scarlatinal
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
of the epidemic, both as regards intensity and danger. I
impossible, when the epidemic first commences, to establ
nosis upon a reliable basis; apparently trivial cases s
all at once a bad turn, whereas apparently severe cases
normal course. For this reason every epidemic requires t
specially studied; not one epidemic resembles another in
respect.
TreatmefU* In regard to treatment we apply to scarlatina
same rule that we have proposed for measles, which is, t
specifically-appropriate remedy should be given at the v
of the disease, because this is the most efficient metho
the course of the disease within normal bounds. We infer
from the circumstance that the homoeopathic treatment of
is undoubtedly superior to any other; for this reason w
exhibition of Belladonna at the very commencement of the
this remedy not only corresponding to the cutaneous affi
likewise to the angina. This medicine should be continue
ved no particular anomalies set in, until the exanthem
pale, the angina disappears, and the pulse decreases in
Under the use of Belladonna the fever generally runs a r
course, during which the special symptoms of course d
any alteration; but this is not expected in the course
affection. Whether Belladonna can be regarded as a proph
against scarlatina, we will not decide, although we are
admit that we doubt the prophylactic virtues of this age
simple reason that we do not believe in any kind of prev
We have already stated that scarlatina does not infect e

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with the same facility, and we have known more than one
where one child was taken down with scarlatina, and the
children all remained well, without Belladonna having be
them. Before discussing the treatment of anomalies occur
during the course of scarlatina, we will first indicate
pursued during the normal course of the disease. Even at
time a great repugnance still seems to prevail against a
scarlet-fever patients still less than measles-patients t
pure air and cleanliness; the rule was to confine patie
rooms full six weeks. Even Hirschel lays this down as a
his "Treasure of Medicine." This is evidently the result of erroneous views concerning the sequelae. Since they apparently originate in the desquamative period, it was supposed that the sequelae had to be traced to a disturbance of the process of desquamation; most common disturbance was supposed to be a cold. We have endeavored to show that the commencement of all post-scarlatinal diseases is traceable to the stage of efflorescence, hence that they are continuations of previous beginnings, not new diseases. We add that the obstinacy of many a consecutive disorder 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 from forty to fifty degrees F., and should only be covered with a linen sheet and blankets. 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 fresh water, because the fever deprives the body of a large quantity of moisture. The juice of fruit is a refreshing beverage, a allowed in moderation; if used too freely, it is apt to and a bad taste in the mouth. Pure malt-beer we have never to do any harm. The patients not desiring any food, gruel and wheaten bread or bread made of unbolted flour, are nourishment. As soon as the pulse has become normal, the redness has disappeared, and the desquamation is fully established, the patients may be allowed to rise, but the temperature of the room must be a little higher than while they were confined to. A fortnight after the disease first broke out, a general 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 such a treatment should be injurious.

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We will now devote some space to the treatment of the anomalies that may turn up during the course of the disease, but we do not go into details concerning particular indications, for the reason that every epidemic has, after all, to be combated with specifically appropriate medicines whose symptomatic correspondence will have to be studied out in the Materia Medica.

The excessive fever in the preliminary stage, which is threatening character, has to be met by Rhus toxicod. or Arsenicum as long as the brain remains free; but if delirium, sopor, etc., sets in, Phosphorus or Opium may be tried; we would likewise recommend Digitalis. If convulsions set in previous to the appearance of the exanthem, Bryonia alba is entirely sufficient. If the fever sets in with 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 unfounded. Aconite is better adapted to purple-rash than Belladonna. If petechie 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 daring the stage of ef
cence, great danger is impending. Bryonia may be suffici
lower grades of this fever, but the higher grades require
toxicod. y Phosphorus, Digitalis, Veratrum album.; the t
remedies correspond more particularly to the frequent an
pulse with cerebral symptoms resembling typhus. Ammonium
carbon, may deserve a preference, if the pulse accompany
cerebral symptoms is not excessively rapid. Zincum is li
recommended in such cases. If a sudden disappearance of
ness is attended with ominous symptoms; if a general par
threatens, Camphora should be resorted to. The special s
tomatic indications of these various remedies can be lea
the Materia Medica Pura.

The angina, even if only of an erythematous character, i
times intense, and Belladonna does not seem to have the
upon it. In such a case Apis not uufrequently mitigates
pain. If we may judge by the provings, this agent must b
important remedy in scarlet-fever ; the clinical record

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is still very scanty. Whether Apis will prevent the infl
from penetrating to the deeper tissues, has not yet been
If the angina is accompanied by swelling of the tonsils,
should be given ; this remedy often arrests all further
this feature of the disease. If the angina is confined t
it will seldom be found necessary to give Hepar^iov the
no suppuration generally sets in. If suppuration takes p
svlphuris cede, should be resorted to without delay. If
mation invades the cervical cellular tissue and the cerv
which it may do while Mercurius is being exhibited, in w
this remedy is no longer indicated, Bryonia may be given
not advise a premature lancing of the abscess, because s
proceeding would undoubtedly favor an ichorous decomposi
For chronic suppuration we recommend Silicea^ior subsequ
durations Baryta and Sulphur*

A malignant form of angina requires the same treatment a
diphtheritis. Iodine has frequently rendered excellent s
this affliction ; Acidum muriaticum is likewise commende
we said before, such recommendations are not always to b
upon in all cases, for the reason that one remedy will d
one epidemic, and the very next epidemic may require a d

treatment; A scarlatina-coryza sometimes requires a pecu
ment; it often remains even after the diphtheritic angin
Aurum muriaticum is the most reliable remedy for it; Sep
Calcarea carbon, is less so.
Parotitis is very seldom an isolated affection in scarlatina; it is generally accompanied by a malignant or parenchymatous angina and requires to be treated with the same remedies that have been recommended for this disorder. If existing alone, we treat it with the remedies that have been recommended for it elsewhere.

Pleuritis and pericarditis as complications of scarlatina have no peculiar features requiring any special treatment; they are treated as idiopathically-existing, independent diseases; however, state that Tartarus stibialua has been variously recommended in pericarditis, and Mercurius and Rhus toxicod. in pleuritis.

Articular inflammations in scarlatina have the peculiar feature of rarely terminating in suppuration and resembling almost entirely articular rheumatism. Amicaj Phosphorus and Rhus toxicod. deserve special attention in these affections.

Cerebral affections occur very rarely in scarlatina; isolated cerebral symptoms, although sometimes very marked, must all at once be taken for inflammatory symptoms. If the symptoms denote congestion, with nervous excitement and restlessness or Ammonium carbon, may be resorted to; if they occur accompanied by a cold perspiration and coolness of the trunk, Ipecac. Veratrum album may be tried; marked sopor indicates Opium; convulsions point to Zincum. We should always endeavor to determine whether the cerebral symptoms are not altogether produced by the intense fever and whether our remedies ought not to be primarily directed against it.

For nephritis and dropsy Helleboms has acquired a well-earned reputation; it sometimes relieves these affections very well, however, it is not sufficient in every case. If the urine contains a good deal of blood, Cantharides and Terebinthina may have been given; Arnica and Nitrum likewise deserve our regard in this direction. If threatening heart-symptoms supervene, Arsenicum should at once be resorted to, and if the renal inflammation has already run its course, Digitalis or Lycopodium.

Finally we wish to make mention of cold water in connection with scarlatina. The not unfavorable results of cold-water treatment while the exanthem is out on the skin, may serve to anxious physicians regarding the danger which they imagine patients would incur if they were not kept very warm or forbidden the luxury of a refreshing, although ever so conducted ablution. We would not resort to the cold pack during the efflorescent stage, for we have remedies that surpass the treatment in efficacy. Whether cold water will still prove useful if the exanthem recedes from the skin, is not certain; it can only be resorted to as a last resort in such a contingency. During the period 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 su but if oedema has set in, these means are not sufficient has to be kept very active. In the case of little childr to being packed, we sometimes accomplish our purpose by them every day in a warm bath of at least 92° F., leavin each bath for 15 or 20 minutes, after which we have the patients carefully dried and wrapt in a woollen blanket hour. Most generally, however, the wet pack is indispens course it ought not to be used to excess and after each patient ought to be rubbed down very thoroughly. In a fe already* perspiration begins to set in, when the patient

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considered safe. Under this management we have not yet h deplore a single loss from post-scarlatinal dropsy.

8. Tariola.

SmcUl-Poz.

It is with a certain timidity that we enter upon a discu this subject, because we are aware that our views in thi difFer greatly from the views ordinarily entertained by nevertheless space is wanting to enable us to substantia by corresponding arguments. We shall have this privilege time, in a more appropriate place.

Small-pox is chiefly the result of infection. The contag doubtedly resides in the contents of the variolar-pustul also in the exhalations and in the secretions of the muc brane. Although it has been proven beyond a doubt that t contents of the pustules retain their infectious princip time, provided it is kept from great heat and is not exp action of atmospheric air, yet we cannot subscribe to th that the exhalations adhering to the patient's clothing long time the power of transmitting the disease; hence in a spontaneous origin of variola as well as of scarlat circumstance that small-pox at times only appears sporad and at other times breaks out epidemically, likewise spe of our views. The contagium is not very volatile. It is its nature, that is to say, the same in each of the thre the small-pox disease, so that varicella may cause vario and varioloid in another. Hence these distinctions do no from so many distinct contagia, but from the different s ities of the infected individuals, as is likewise the ca and scarlatina. For similar reasons we do not attribute nant character of one small-pox epidemic and the mild ty another to differences in the nature of the contagium, b ferent degrees of susceptibility in the individuals, a« other circumstances of a general or local character, upo malignant nature of the epidemic depends; precisely aa similar results to take place during epidemic scarlatina not an individual living of whom we can positively asser is inaccessible to the small-pox contagium; it is true, at times the susceptibility seems to be considerably gre that it is unquestionably most intense in childhood and
age of forty-five years, beyond which it begins to decli

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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 measle 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 out in successive crops, the whole exanthem may requi 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

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...
caused by the vesicles having broken out in the throat and palate. The constitutional symptoms are never very important. 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 experience a violent chill, or most frequently chilly creepings which succeeded by a violent febrile heat with increased temperature and a rapid pulse, and with such an intense feeling of illness that the approach of a severe disease is unmistakable. With the general symptoms, a violent headache and even active delirium is associated, and likewise a somewhat pathognomonic, severe pain in the back and small of the back. As a rule, the fever rem mission and exacerbates in the evening, increasing every intensity until it reaches its acme on the third evening. Shortly previous to the appearance of the exanthem, an hypersemia, consisting of large spots, is 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 break out. Each single spot passes through the following course of development. In ten to twelve hours it changes to a papula, which, in the next twenty-four hours, becomes transformed into a vesicle; the centre of which is perforated by a hair and correspondingly pressed. In the next twenty-four to forty-eight hours the contents of the vesicle grow dim, and a pustule forms surrounded by a narrow halo. About the sixth day after the breaking out of the exanthem, the contents dry up, giving rise to a brown scab, which falls off in three to four days, leaving the spot somewhat injected. This course of development of one pock is not pursued by other pocks simultaneously, but occurs in the order in which the exanthem broke out, so that the whole process requires a few days or a fortnight until the scabs have completely formed. The general health shows the following changes while these phenomena take place upon the skin. During the eruption the fever abates somewhat, upon the whole the patient feels a little better, but is tormented by the breaking out of pustules upon the mucous lining, which cause difficulties of deglutition, photophobia, croupy cough, urinary troubles. After the eruption is fully out the patient feels almost well, and only complains of the distress caused by the injected and tense skin. The suppurative process is generally attended with a mild fever which disappears entirely as soon as the pocks begin to form, and which gives place to a feeling of health. We will mention a few deviations from this course when we come to treat of true small-pox. The remaining red spots seldom disappear entirely under a month. Scars remain after varioloid, the same as after variola, only not in such large numbers, nor so deep; in varioloid the disorganizing process takes place most generally upon the external surface of the cutis, but does not penetrate be

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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 lasts three days.

Without an exception, the exanthem first breaks out in the face, thence spreading over the whole body, from above downwar within two, at most three days. The face always shows the largest number of efflorescences. Inasmuch as variola penetrates the cutaneous tissue more deeply, the course of each single varioloid pustule differs somewhat from that pursued by a varioloid pustule. Twenty-four hours the stigma changes to a papule, and in twenty-four hours the papule to a vesicle, the contents assume a puriform consistence until the sixth day after the appearance of the stigma. The pustule thus formed is surrounded by a broad halo. Hence in variola the eruptive stage and the efflorescence last at most ten, but never less than nine days.

The general health in these two stages is about the same during a similar period in varioloid. The fever abates to a certain degree; the affection of the mucous lining is generally intense.

On the ninth or tenth day commences the suppurative stage characteristic of variola. The fever, which had almost entirely disappeared, breaks out again with frequent chills and an intensity. Hebra accounts for this fever by the circumstance that pus has been absorbed, not by the intensity of the cutaneous affection; it is not unfrequently absent, even during a most violent attack of variola and never sets in until the pustules had become filled for some time, but, on the other hand, is always present if the j-yjemic nature of this fever accounts for the dangerous character of this stage upon which we now come to treat of the complications. While the fever is gradually abating, the suppurative stage continues until the fourteenth day, when the desiccation and scabbing process commence in the same order as the eruption had opened itself. The patients, during this time, are without fever. The scabs very seldom separate before the seventh, sometimes not till the fourteenth day, leaving reddish-brown, pigmented spots and scars which disappear very slowly.

It now remains for us to indicate several important anomalies in the course of the disease. In doing this, we shall confine ourselves to variola, varioloid having the same modifications except in a lesser degree.

In the first place the pustules, instead of remaining isolated, may run together (confluent small-pox). This confluence of pustules may take place to some extent in every severe case of smallpox but if it is extensive, the disease becomes much fiercer and abates very little during the stage of efflorescence, the 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 unfrequently become mixed with blood, giving rise to the so-called black pock which always constitutes the most dangerous form of the disease because it sets in with an exquisitely adynamic fever a
profuse nose-bleed, hrematemesis, hsemoptoe. The filling of the pocks with an ichorous pus is a very rare occurrence. The size of the pustules varies considerably in the same individual. Some only attain the size of a lentil and dry up very speedily; others resemble the bullae of pemphigus, and some again do not even leave papular form. A few single variola-pustules are met with case of varioloid; it is the universality of the suppuration and the longer duration of the disease that determine the characteristic nature of small-pox.

With regard to the whole course of the disease we distinguish small-pox where the fever preserves an adynamic type during the whole course of the disease, and small-pox with septic tendencies throughout its course. It not unfrequently happens that, disease bar. passed its first stage, the fever suddenly assumes an adynamic type. In adynamic small-pox the pustules may not reach their full development; in septic small-pox they are apt to become hemorrhagic and gangrenous. The phenomena accompanying a change of this kind, resemble altogether those of an intense typhus. Variola without an eruption is a speculative theory rather than a practically verified fact.

Complications and sequelae occur much less frequently at small-pox than after measles and scarlatina, but are numerous, for the reason that they have their origin in the suppuration process; hence, they occur almost exclusively during and course of variola, and very seldom after or during an attack of varioloid. As direct consequences of the variola-pustulation: diphtheritis, croup and oedema glottidis. These complications and sequelae do not essentially vary from those of other analogous diseases. The croupy sound is often heard during the efflorescent stage of small-pox, but at this no dangerous significance; it only becomes threatening during the stage of suppuration. Violent inflammations especially of the serous membranes, meningitis, pericarditis, pleuritis, inflammations of the large joints, deep-seated abscesses only occur after the fever has set in. They certainly do not arise from the inflammatory process upon the skin, but from the absorption of pus. The eyes in consequence of an inflammatory process in their interior, are not unfrequently threatened with hypopyon, whereas it is immaterial in a case of varioloid whether of pustules have become seated close to the eye or on the tiva. The danger is altogether determined by the suppurative process.

In both variola and varioloid the prognosis is very uncertain; the most favorable appearances at the beginning sometime way very suddenly to the most dangerous symptoms, and vice versa. Cases that set in with symptoms of great severity, turn mild at the end. Age is of great consequence in this disease: it is the inflammatory process upon the skin, but from the absorption of pus. The eyes in consequence of an inflammatory process in their interior, are not unfrequently threatened with hypopyon, whereas it is immaterial in a case of varioloid whether of pustules have become seated close to the eye or on the tiva. The danger is altogether determined by the suppurative process.
Treatment, Before speaking of the remedial agents that must have to be used for small-pox, we will express our views the great preventive of small-pox, vaccination. "Without the right of the State to require the individual citizen himself or his children sick; without meaning to inquire morbid matter can be transmitted by vaccination, for that be avoided with due caution; simply looking at the fact that vaccination is really useful or not, we feel bound, from point of view, to declare our opposition to this proceeding on the ground that we do not believe the vaccine-virus possesses least prophylactic virtue against variola, by which we mean the transformation of the pock into a suppurating pustule. Epidemic small-pox is so much less dangerous and extensive present time than it was a hundred years ago, this can be well accounted for by the undeniable fact that epidemics increase and decrease in intensity, as by the universal process of vaccination. If persons who are not vaccinated the present time more frequently of variola than those who may be that only those remain unvaccinated at the time, who, living in the worst conditions of society, are more likely to fall victims to epidemic diseases. The last epidemic in the city of Hanover, where we have not had any malignant epidemics since 1846, we have had numerous small-pox cases for the forces to these districts, where severe epidemics have prevailed during years, small-pox has likewise claimed a larger number of victims in the case of vaccination. We, therefore, have no hesitation in asserting that we belong to the number of those who repudiate vaccination, and we favor the more and more rapidly spreading movement that has been initiated against this measure. It may be difficult to entirely do away with this peculiar institution; but what can be accomplished is, that, if people insist upon being vaccinated, the operation should be performed under appropriate circumstances. We deem the following points essential to such a purpose: Frequent renewal of the lymph by cowpock-virus; extreme precautions in 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.

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of vaccination we cannot help raising the question whether the diminished mortality in small-pox epidemics may not be due to 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 employment of remedial agents, although the usefulness or efficacy of Aconite is more than other medicines recommended at this stage, but we do not agree with our Colleagues in the propriety of this course of medication. 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. Aconite will be found preferable, even after a most careful comparison of the symptoms, and ought to be continued until the eruption is fully out. Bryonia will be found much less frequently suitable at this stage of small-pox. Upon the whole we opine that an Aconite is useless either totally or nearly so, for the reason that the first stages of small-pox are without any malignant symptoms, even if delirium should set in. As soon as the exanthem is out, the patient feels tolerably well; but now is the time to administer remedies for the purpose of preventing the purulent morbid pus 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 might be a difficult task to show its usefulness as long as we have not a number of comparative observations at our command. If medicine is to be given, it is certain that Mercurius is the most appropriate. Just as well as Mercurius will prevent suppuration in cases of abscesses and small boils, — and we know from abundant experience that it will do this, — we may likewise expect a favorable effect from it upon the suppurative process in small-pox, so much so that it will do this, — we may likewise expect a favorable effect upon the suppurative process in small-pox, as much as the symptomatic similarity between the pathogenesis of Mercurius and small-pox in this special point extends to the minutest particulars. If suppuration does really set in, we may try Hepar sulphuris for the purpose of preventing the excessive development of this process. As long as no anomalies occur, these three remedies will be found sufficient in every case of small-pox or varioloid, if the severely severe conjunctivitis, nor the difficulty of swallowing, nor finally the croupy cough demand any other remedies than those above named; for these phenomena are simply occasioned by...
exanthem running its course upon the mucous lining, and therefore, without any special significance. Upon what g number of other remedies are recommended for small-pox, unable to conceive, and we, therefore, do not mention th their multitude should cause confusion in the reader's m monium crudum and tartaricum have made more noise than a other remedy, nor can it be denied that the principle of is in thett favor; so far, however, it has not been show remedies exert either a modifying or abbreviating influe the disease, or that the suppurative stage is prevented

Among the anomalies and complications we only mention a since it is impossible to furnish a complete list of suc Variola with an adynamic type of fever is always very th and is characterized by an extraordinary tendency to dec and to an approach to typhus. At the commencement Bryoni very generally be indicated, on the other hand, we think under these circumstances that Tartar oneiic is in its p especially if the brain is involved. After the pustules Arsenicum is most likely the most appropriate remedy, no account of the constitutional symptoms, as on account of decomposition which is so apt to set in at this period, hemorrhagic eff^usions into the pustules and ichorous di We likewise call attention, at this stage, to Secale cor the mineral acids, especially Acidum muriaL This last-me remedy is particularly appropriate if the pustules becom with symptoms of diphtheritis in the mouth and fauces, a life of the patient is in the greatest jeopardy. Croup w during the suppurative stage, is not controlled by the m usually recommended for croup; it is not the ordinary cr symptom of diphtheritis. We would recommend Hepar sulphu first, and afterwards Phosphorus. (Edema glottidis durin pox requires the same remedies that have been suggested 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 to vaccinate him, but every attempt had proved futile. T was attacked with confluent small-pox. The disease was r as favorable a course as could be expected, when I was s

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night in a great hurry because the disease had taken a b I found the boy in an undescrivable state of apathy and The pustules had suddenly receded and those that were st upon the skin, looked black. Involuntary diarrhoeic evac took place every fifteen minutes spreading a most horrid through the room. The skin was cold and clammy, the puls form and could no longer be counted. I gave him Arsenicu centesimal trituration, one half of a grain at a dose, r dose every fifteen minutes. After the third dose the dia stopped entirely, the skin warmed up, the pulse returned remaining pustules resumed a normal appearance, and the went on its course very favorably. After the boy had bee twelve days, and seemed all but well; after the fever h disappeared, and the child expected to be dressed and pl 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 absorpti- pus, are generally very severe and obstinate; they requi- treatment from what similar inflammations require when s- as primary diseases. Bryonia\textsuperscript{\textregistered} and above all Mercurius\textsuperscript{\textregistered} P Separ sulphuris and Arsenicicum are most generally the mo- priate remedies. Among these five remedies to which we c Sulphury the proper remedy for a given case will undoubt- 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 p- having been deposited in the lungs by the current of the yield\textsuperscript{\textregistered} promptly and radically in our hands to the ex- of Tartar emetic, third centesimal trituration. H.]

As soon as the formation of the scabs is completed, all over. Only in very exceptional cases deep-seated abscess but in such a latent manner that they are only discovere desiccation is terminated. Hence the patient may be safe as cured.

In view of the measures which it is common to enforce ev- thift time in the management of small-pox, a few rules f

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ternal treatment of such patients seem to us of some imp- Experience has abundantly shown that the spread of small- cannot be prevented by even the strictest and most caref- time; hence it is useless to exile such patients from a- although it is undoubtedly proper that all unnecessary i- should be avoided. Above all, let the patient enjoy an a- of pure air; the access of fresh air not only aftbrds t- guarantee of a successful result, but is likewise the mo- means of preventing the further spread of the disease. I- useless to cover the patients burning up with fever, mor- wish to be. Cautious ablutions never hurt, and are alway- ing. As soon as the patient is free from fever, and desi- his bed, let him be permitted to do so. The scabs are mo- removed by softening them with almond-oil, and by freque- washing and bathing the patient as soon as possible. Abl- and baths have the additional advantage of helping to re- normal action of the skin. As regards diet, the patient's- wishes may be consulted as far as possible; as long as- lasts, he will not want anything, but the lightest fever- other kind of food causes nausea and indisposition. As s- the fever has disappeared, a more substantial diet may b- As soon as the scabs have come off, the patient may be p- to go out. Nothing can be more unreasonable than to keep- confined in a room even after the exanthem has run its f- an extreme irritability to catarrhal affections are the- sequences of such an unnecessary confinement.
4. Syphilis.

Venereal Disease.

Syphilis is a disease concerning which it is very difficult to make comprehensive and satisfactory statements in a few paragraphs. The disease is too varied, and undergoes too many modifications by constitutional influences; moreover, the best mode of treating it is not yet positively settled. We request the reader to receive our subsequent remarks with a good deal of forbearance; let it be understood above all things that we do not intend to present a monograph on the subject of syphilis.

JStiology. Syphilis is either communicated by a contagium, or else it is inherited; this last statement, however, only applies to a few forms; whether syphilis can break out spontaneously, is uncertain, although there is no valid reason to deny it. The nature of the contagium cannot be denied; it is most certainly contained in the primary ulcer, whereas its presence in affections as well as in the blood is maintained by some others. The adoption of a different contagium for simple and 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 channel. It is not absolutely necessary that the chancrous matter should be inserted at a spot where the epidermis is injured; inoculation can take place, even if the epidermis is intact; for this purpose it has to be very delicate, as the epidermis of the sexual organs generally 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 constitutional syphilis is a protection against a second infection by the virus of an indurated chancre, as much as a first attack of variola is a protection against a second attack of this disease. The incubation is short and does not last beyond the second week, whereas secondary affections incubate for at least five weeks. A disposition to contract this disease, inheres in every individual; however, its ordinary mode of origination accounts for the circumstance that male adults are 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 generally manifests itself, cannot well be given in one connected paragraph; we therefore prefer describing the various phases of the disease, each by itself, in the order in which they gene each other.

a. Primary Chancre,

Syphilis always commences with the primary syphilitic ulcer. Except when the disease is hereditary, we have no eviden
Syphilis can have any other beginning.

The soft, simple chancre is chiefly seated on the inside of the prepuce, on the glans, and in the transition-fold from the prepuce to the glans, more particularly on the frenulum; among women it is chiefly seated at the posterior commissure, at the entrance of the 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 integuments of the penis, on the scrotum, at the anus, on the and in the posterior parts of the vagina. Its course is as follows: at the place of inoculation a small vesicle starts up, surrounded by a red halo; or, if the virus was inserted in an open wound on the skin, an ulcer may form immediately which, arising from the vesicle, develops in a very short time, vesicle is very seldom seen. The ulcer is generally roundly oval, never sharply angular, of the size of a lentil or pea; 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, indurating. At first, only one ulcer of this character generally breaks out, very seldom three, but if the disease new ulcers break out in the immediate neighborhood of the former, so that the glans is surrounded by them a wreath; they may likewise become confluent. It is a fact that the more recent ulcers generally heal faster, 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, becomes covered with usually readily-bleeding granulations, and that the edges lose their shaggy appearance. The cicatrix is generally rounded. If the soft chancre is seated in the urethra, it general the locality immediately behind the orifice, where it can be seen. If it is seated farther on in the urethra, its presence can be inferred from a seated pain when the part is touched, and which is also experienced during urination; and also from a scanty discharge of pus, whereas, if the chancre is complicated with gonorrhoea, the diagnosis is very generally impossible. The cure of this urethral 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 located in the transition-region from the prepuce to the glans, and frenulum, but it may likewise break out on any other part as soft chancre. Many look upon the virus of the Hunterian chancre as different from that of the soft chancre. This not, by any means, decided. This chancre often arises no vesicle, but from an induration in consequence of the irritative exudation. According to some, this is 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 occupies the bottom of the ulcer, the latter is raised, forming the elevated ulcer. The induration sometimes spreads to 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 some time, the appearance of the ulcer often changes very suddenly. 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, almost surely followed by secondary phenomena if a slowly appearing induration remains after the healing of the ulcer. The delicate scar of the indurated chancre is easily torn by friction, when 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 more generally from the simple than from the indurated ulcer. Such an ulcer becomes phagedenic, it assumes an irregular form 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 able loss of substance and even result fatally in a shor phagedenic chancre most commonly arises in cases where there had been very much abused; it is not difficult to under the abuse of Mercury should aggravate a phagedenic chancre materially. A cure takes place by a separation of the infiltrated 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 becoming considerably infiltrated; the ulcer acquires a sickly color 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 is the case of phagedenic chancre. Death may very readily ensue not always possible to trace the gangrenous change to it directly caused by the primary ulcer, or in company with it, without any definite connection being perceivable, a times outlasting the ulcer, we have:

The syphilitic bubo, that is, lymphadenitis occasioned by syphilitic affection. The bubo is seated on the side nearest to 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 tenth week after the appearance of the primary ulcer, seldom a period, and likewise seldom after the cicatrization of the chancre, and is most likely to make its appearance if the chancre is located close to the frenulum. 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 much aggravated during contact, although the inflamed gland can yet be felt. It generally grows rapidly in size, and very may reach the size of a goose-egg. It adheres to the integuments, hence is not moveable, and the integuments soon show a red color. Suppuration does not take place very rapidly; fluctuation is never perceived over a large surface, because resolution only fragmentarily. The spontaneous breaking of the abscess takes place with much difficulty; after its discharge the trul bubo forms an ulcer with all the characteristics of chancre 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 swelling may remain even a long time after the wound is closed. An extension of the inflammatory process to the surrounding cellular and peritoneal tissues; the formation of fistulous canals and a descent of the pus are not unfrequent occurrences. These bad results generally occur if the bubo is lanced prematurely. We shall revert to this subject when we come to speak of the treatment of syphilis.

There is no difficulty in diagnosing the true nature of a bubo, except after the chancre is healed without leaving a scar, or if the 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.

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The chronic, indolent bubo runs a slow course; it comes out painless and is very obstinate; it is distinguished from an acute bubo by the circumstance that it only occurs in connection with indurated chancre, and is not, like an acute bubo, confined to one gland, but involves a number of them. The swellings progress very slowly; a single gland does not attain any size, but from several glands swelling close together, a bunchy tumor is formed. Single glands very seldom terminate in suppuration; if this happens, pus forms very slowly, the abscess are very slack, and a whole gland is transposed 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 appearance, an indolent bubo is almost invariably succeeded by them.

A catarrh of the mucous lining of the urethra or vagina very frequently accompany the primary ulcer. Chancres in urethra may run their course without a sign of gonorrhoea, the gonorrhoea may be very violent and painful. To account for the latter case, the doctrine has been started that ther
infection with the chancre as well as the gonorrhoeal vi
is not necessary to account for the gonorrhoea, for a ch
urethra may very readily give rise to extensive urethritis
does not, the cause must be the different degrees of irr
the mucous lining of different individuals. The secretio
crous gonorrhoea is characterized by a strong, very offe

Condylomata are vegetations of the skin belonging to pri
as well as to secondary syphilis, but they may likewise
combination with gonorrhoea without chancre. We will dev
few general remarks to them in this place.

There are two pretty essentially distinct species of con
the soft, humid condyloma with a broad base, and the acu
condyloma.

Soft condylomata very frequently accompany primary syphi
secondary syphilis is almost always accompanied by them.
are seated on the integuments of the sexual organs, on t
thighs, scrotum, in the intergluteal fold, on the extern
and in the vagina, in general in localities where two fo
ument s’re exposed to frequent frictions against each oth
are flat risings, very little or not at all injected, co
thin epidermis, very soft to the feel, and moistened wit

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muco-purulent, and most generally disagreeably smelling
By growing the isolated condylomata may unite and rise t
siderable height. The exulcerations and the deep rhagade
surface impart to the skin that covers them a peculiar u
and split appearance, which is most strikingly noticed a
The period when these vegetations break out, differs a g
they come most speedily with an indurated chancre, more
ticularly, if the primary ulcer is accompanied by profus
norrhhea.

Acuminated condylomata occur less frequently as accompa
of chancre, more commonly as accompaniments of gonorrhCB
grow more especially on places that are continually bath
poisonous secretion, hence in the same localities where
dylomata are chiefly seated, principally on the glans an
in the female urethra, and at the entrance of the vagina
presence does not always imply the existence of a genera
As a rule, they have a cauliflower-shaped appearance, ar
with a hard epidermis, are seated on a narrow base, are
pedunculate or, in consequence of being flattened by a p
both sides, have a cock's-comb shaped appearance. They o
a great tendency to grow like fungi, in which case they
considerable vascularity; they may reach the size of a
If they are seated between the glans and prepuce, and of
size, they may cause a great deal of suffering in conseq
being pressed upon and pulled at. They never suppurate,
never fissured, except by the action of direct force
healing, they sometimes disappear quite suddenly, someti
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 that secondary syphilis breaks out while the primary phenomena are 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 that will be more fully examined by and by. Secondary syphilitic infections do not yield infectious matter. It almost always happens that an indurated chancre superinduces secondary phenomena, whereas a simple, soft chancre may run its course without any such result. Most observers maintain that secondary syphilis never gets well entirely, but that, on the other hand, it is a protection against constitutional symptoms. It is conceivable that these two conditions may coexist, but not one alone without the other. We have seen secondary phenomena break out more than once on the same person after repeated infectious intercourse; the phenomena following the last infection were undoubtedly milder, and lasted less than the phenomena succeeding the first attack.

Constitutional syphilis is not unfrequently ushered in by vague 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, pains in the throat, slight transitory febrile motions. Such symptoms are generally so vague and trivial that the patient does not consider 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 diagnostic, namely the peculiar copper-color of the hyperemia by which they are accompanied. The form of the exanthemata is a less reliable indication of their syphilitic origin. They generally represent circular or curvilinear figures always of the same style, especially the squamous exanthemata. Finally, secondary exanthems 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 lower extremities and the soles of the feet. The most frequent exanthem is syphilitic roseola, generally constituting the first stage of constitutional syphilis. It consists of small, rounded, bright 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 a while, 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 various stages of development, which is an important diagnostic clue. They never itch.
In syphilitic psoriasis the scales form upon a very dark base; they are thin, nor are they massed on top of each other in thick layers; different from non-syphilitic psoriasis, it spares the elbows and knees, and is most fully developed in the palms of the hands and soles of the feet. Under the scales the skin is considerably infiltrated, hard and callous, and superficially fissured.

The other forms, lichen, impetigo, ecthyma, ruipa, have no peculiar features except the copper-redness. Hzan tubercles constitute one of the more frequent and, at all events, more malignant cutaneous affections, since they evince a mark to purulent dissolution, and to ulceration. They are of an intensely red color, and break out chiefly on the forehead as the Corona veneris. They give rise to the syphilitic lupus. Usually form definite, most commonly circular clusters; arising from them retain the same arrangement. However, 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 generally exist throughout the whole course of secondary or tertiary syphilis, very often constituting the only symptom of the continued presence of the disease. This applies more particularly to acne and to the impetigo of the lower extremities, also to the psoriasis in the palms of the hands; the two last-named exanthems frequently associated with considerable callosities in the skin.

The hair very frequently becomes diseased, but not as a rule. It is certainly a mistake to suppose that the baldness of individuals is always a consequence of mercurial abuse; seen this baldness occur in two cases where no Mercury had been taken. What is certain, however, is that after mercurial abuse the hair either does not at all grow again, or only very imperfectly. What causes the falling out of the hair, cannot well be explained, since the scalp not unfrequently has a perfectly normal appearance.

The affections of the mucous membranes are mostly seated in the lining membrane of the mouth and nose, less frequently of 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-co hypersemia is generally noticed simultaneously with the of the roseo-al, attended with stinging pain and a difficulty of swallowing as after a cold, which, be it remarked incidental.

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quently excites the hypersemia. This hypersemia either rem or else, it disappears for a short period to return agai more intensely, until finally ulcers break out, having a
ance of primary chancres. These ulcers may remain unchanged for a long time; sometimes they are very flat, causing very little trouble. In other cases they show a great tendency to spread to the nose and to the posterior wall of the pharynx and larynx. From the losses of substance occasioned, and likewise from the contracting cicatrices caused by the healing of the ulcers, great inconveniences may arise. The ulcers of the Schneiderian membrane are most commonly revealed by a fetid, puriform, sanguinolent discharge.

Syphilitic iritis is a phenomenon that cannot be accounted for. It occurs very frequently, and sometimes runs such a mild course that it is entirely overlooked and is only recognized by its consequences. It only sets in after the appearance of the exanthems, never at the commencement of the secondary phenomena, and there is an evident connection between the iritis and the cutaneous affections; the more intense and extensive these affections, the more certain we may expect the supervention of iritis. It usually affects only one eye, very seldom both eyes together, sometimes one after the other. The iritis sets in with violent pains in the globe of the eye; these are scarcely ever absent and exacerbate at night, attended with more or less disturbance of the visual functions and severe illusions of light. The color of the iris changes, the organ looks specked, the pupil is all but immovable, angular or ovoid, the anterior chamber looks dim as if filled with pus, sometimes slightly and at other times more strikingly. Occasionally small excrescences are noticed at the border, or dark points on the surface of the pupils. This affection generally runs a chronic course, and is less painful in such a case; if the affection is acute, it is attended with frightful pains, in which case the eye is apt to be destroyed. A complete cure without any disturbing remnants of disease, can scarcely ever be expected.

c. Tertiary Syphilis.

Under this collective appellation various alterations are comprehended involving a number of organs and being principally located in the osseous system. Sometimes they set in very soon after the appearance of the secondary symptoms, ordinarily, however, after the lapse of years. During the development of these tertiary symptoms the secondary phenomena do not disappear, but generally accompany the former in a greater or less degree of intensity. We cannot here undertake to examine the question whether tertiary syphilis is caused by a gradual spread of the infection, or whether it is indebted for its existence exclusively to the use of Mercury. This question is certainly very difficult to decide in last resort. We are most assuredly of the opinion that tertiary symptoms only set in in consequence of the improper use of Mercury; otherwise that we are not acquainted with a single case of syphilitic tertiary symptoms showed themselves under homoeopathic management. If, in reply to this statement, the objection should be raised that under homoeopathic treatment syphilis is cured more quickly, we are perfectly willing to throw in tertiary syphilis, for the superior value of our treatment would not be invalidated by
admission. The various affections that will be enumerated in the 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 organs by 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 sets in with horrid pains which have the peculiarity of exacerbating with terrible fierceness (dolores osteocopi). The pains precede the objective symptoms for some time. At the painful spots tumors are seen, which seem to be super-imposed on the bone of two kinds. Some constitute elastic-doughy, soft swellings, called gummata; they contain a tenacious fluid, an disappear again gradually, or else, become transformed into abscesses. The other class, called tophi, are infiltration of periosteum, having all the hardness of exostoses. If they do not slowly disappear, they may become real exostoses; suppulate only in a few cases. The substance of the bone much less frequently the primary seat of inflammation, apt to be invaded by secondary inflammation occasioned by suppuration of the above-described swellings. It is more uly in the bones of the nose and face that the disease develops malignant consequences. These bones are destroyed to a g

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less extent, in consequence of which the face becomes horridly dis figured. 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 peculiar tertiary affections of special organs seem likewise to be traceable to the existence of gummata.

Syphilitic sarcocele occurs pretty frequently; it generally affects only one testicle, very rarely both at the same time, so after the other. It is seated in the substance of the testicle, without, attacking the epididymis. Its development takes slowly and without pain; the testicle may gradually enlarge in size of a goose-egg, becomes indurated and unequal on it. 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, interstitial infiltration leads to subsequent and sometimes extensive atrophy of the substance of the testicle. Among the viscera the liver is first attacked by an inflammatory process that is exceedingly chronic and sometimes remains latent in the liver, this process may result in a contracting cicatrix, and consequent atrophy and callous degeneration of the substance of the liver. For the spleen, heart, lungs and kidneys we have no forms of disease to which a syphilitic origin might be

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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 muscles are similarly affected, a syphilitic origin is more questionable.

Upon the general organism tertiary syphilis exerts without exception a most deleterious effect, either in consequence of the disturbances resulting from the above-mentioned processes, or in a more direct manner. A very common consequence is a deep melancholy and hypochondria occasioned by depressing reflections concerning the obstinacy of the disease, and afterwards leading to most intense derangements of the digestive functions. This result is most apt to take place in the course of sarcocele. Pi these various complications and disturbances may lead to cachexia which, however, is not distinguished by any particular features.

In reviewing the pathological process of syphilis in its totality we have to offer a few suggestions that are not unessential in a therapeutic point of view; we shall avoid, however, all hypothetical propositions, so much more as a good many points in still require further examination. In our previous statements we have chiefly adhered to the views of Old School practitioners, with a view of presenting an uniform picture of the disease. However, as the treatment of syphilis must necessarily exert a greatly modifying influence over the form of its manifestations, it behooves us now to review the changes taking place under homoeopathic management.

The total course of syphilis is the more rapid, the more vigorous and healthy the affected individual otherwise is; its course is the more tardy, or inclines to chronic and dangerous developments the more debilitated the constitution of the diseased person. In view of this general proposition it is undeniable that under the treatment with large doses of Mercury, the course of syphilis is not only much retarded, but is likewise more easily forced into abnormal deviations.

The treatment of syphilis with large doses of Mercury keeps the syphilis latent for a longer period, and by this means prolongs its course. A complete cure takes place so much more speedily the secondary symptoms manifest themselves, for they have to be regarded as curative efforts of the organism. The greater the number of single chancres that break out on an individual, the more intense the cutaneous exanthems, the more speedily will a complete cure be effected.

Whether there is a secondary syphilis, is a fact susceptible of demonstration; but it is not so easy to decide what symptoms or modifications of secondary syphilis have to be charged to the action of Mercury. In this respect the judgment of Homoeopathy is more reliable than that of any other method of treatment. From the standpoint of Homoeopathy we assert that the spots and

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the intense hyperemia of the mucous lining of the fauce superficial ulcers of the fauces, and the condylomata ar syphilitic; that, on the contrary, the impetigo, the sc particularly the tubercular exanthems, the ulcerations o and nose, and likewisd those of the larynx, are unquesti to the treatment. Iritis is likewise a syphilitic phenom

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whole aeries of phenomena that are designated as tertiar doubtedly the result of Mercury, not syphilis.

If syphilis is treated homoeopathically from the commenc and every objective symptom has disappeared under this t it is safe to assume that the disease is completely cure no new symptom breaks out in the space of five or six mo Under the old-fashioned mercurial treatment new symptoms break out even after the lapse of years. It is not fair these mercurial symptoms are purely and simply the resul curial poisoning, for Mercury does not produce such effe 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 intermi cured with massive doses of Quinine; the cure is simply and altogether temporary.

Hence the total course of syphilis under homoeopathic tr is altogether different from what it is, when the treatm ducted in accordance with the principles of the Old Scho have availed ourselves of the course of syphilis under O treatment for the purpose of presenting a full picture o it is because homoeopaths are but too often applied to f by syphilitic persons who had been poisoned ^yith Mercur homoeopathic treatment the course of syphilis is about a The soft chancre heals between six or ten weeks, most ge multiplying considerably; it is scarcely ever followed phenomena. The indurated chancre heals between nine to f weeks, during which period the infiltration disappears ; erally succeeded by secondary symptoms, but they break o the chancre is still existing, and heal completely betwe four months. An acute bubo breaks only exceptionally, ge it retrogrades without any subsequent secondary symptoms finally completely reabsorbed without leaving any partic tration. We have observed this course in the case of bub had already reached the size of a hen's egg, with intens the integuments and distinctly-perceptible fluctuation. have never treated a case of syphilis where, after a com appearance of all the symptoms, syphilitic phenomena aga themselves at a subsequent period.

In conclusion we must not omit to state that in Schneid treatise, entitled: "Syphilis and the methods of curing 1861, we possess a valuable work, where the pathological
therapeutical views concerning syphilis, are subjected to a lucid and exhaustive criticism. We here call attention to this work for the benefit of those who desire to become acquainted with the methods of treating syphilis, and which we have not space to dwell on more fully.

Treatmen. The only remedy for all the uncomplicated forms of syphilis is Mercury. Every homoeopath accepts this proposition the practical value of which has been verified in a large number of cases, as correct. Simple syphilis whose course we have indicated above, requires for its complete cure nothing but Mercury; but 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 of 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 dose, it is probably because no adequate allowance has been made for the course which syphilis takes; moreover, there is no doubt that one individual requires a larger, and another a smaller dose. In our practice we are in the habit of employing triturations, although 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, all of which heal within ten weeks at the latest, leaving a scarcely perceptible cicatrix. Hence the appearance of new chancres should never deceive us; on the contrary, it is a favorable sign, since secondary phenomena scarcely ever break out in such a case. For the last three years we have likewise applied the second trituration of Mercurius solubilis externally, dusting the ulcer with it every day by means of a little camel's-hair pencil. This proceeding seems to hasten the cure; the ulcer becomes a little raised, after which the cleansing takes place very rapidly. As soon as this change is beginning to set in, we discontinue the local application, and now give a higher attenuation less frequently, continuing it even for two or three weeks after the cicatrization of the chancre. The inflammation of the prepuce is less important than it might seem; an operation need only to be resorted to, if the glans is 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 between 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; this preparation is, however, insufficient in very many cases; under its use the disease runs too protracted a course. However, in such cases...
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; a dose need not be given more frequently than every other day. In these local applications of the remedy has seemed to us of decided benefit. Whether some other mercurial preparation is indicated, be determined by the nature of the consecutive phenomena. Indolent bubo forms, we advise the use of the red Precipitate, flat condylomata we prefer Corrosive Sublimate 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 ever had to deplore the supervention of medicinal symptoms after either medicine. We once prescribed half grain doses of the red precipitate, first decimal trituration for several Hunterian chancres on the labia majora; the disease was speedily cured, but a horrid salivation broke out, which it took a week to subdue. H.

Condyloma most generally last longer than chancre, but very seldom than the induration. Indolent buboes always disappear very slowly. In order not to be led by our impatience to the commission of mistakes, we should always remember that a rapid cure is only preferable to a tardy one, if it is at the same time safe; but in the opposite case the latter is decidedly preferable. Syphilis can never be cured rapidly. If we are called upon to treat an indurated chancre after it had already been for a long time treated with large doses of Mercury, it is decidedly proper not to give any cury even for three weeks, and to substitute Nitric acid. By pursuing this course we obtain so much more certainly uncontaminated picture of the syphilitic disease, nor need we dread its progress near as much as the insidious development of the syphilitico-mercurial monster. Several physicians recommend for indurated chancre the Iodide of Mercury and likewise Cinnabaris. It is very likely that these two remedies act well in this for 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 large doses of Mercury; if this is to be used, it has to be employed with caution. The best mercurial preparations for this chancre are Corrosive Sublimate and the red Precipitate. Upon the whole, 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 said to have 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 which is not usually the case. Arsenicum is the only remedy capable 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.

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An acute bubo does not require any other treatment than that of the simple chancre from which it had proceeded. Under of Mercury it generally runs its course without suppuration, even, if pus has already been deposited, it is very oft: Acidum nitricum, He par sulphuris calc., the red Precipit. animalis have likewise been recommended for buboes. Exce Hepary we cannot recommend a single one of these remedie superior to Mercurius sd.; Hepar can only prove useful a suppurative process has become fully established. Hepar wise indicated if, after the evacuation of the pus, or a retrograde metamorphosis, the gland still remains for so hard and swollen. Sulphur may likewise have to be employ such circumstances, provided of course that no secondary ena have broken out.

An indolent bubo which is almost always a sure sign of s constitutional syphilis, never disappears rapidly; hence ought not to be changed too rapidly. In such a case the Memry is decidedly appropriate and sufficien except

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tions of the skin and mucous membrane which may be begin to make their appearance, should require another remedy.

Gonorrhoea occasioned by chancre in the urethra, does no any special remedies; Merc. sdVMilis cures the gonorrhoea same time as it heals the chancre.

For condylomata, Thuya is not a sovereign remedy; this now established beyond a doubt by abundant experience. I excellent remedy for the acuminated, dry condylomata, bu to have very little, if any, effect upon the soft condyl when used internall or externally. In our opinion, thse dylomata do not always require any particular medication break out. in company with a simple chancre, thy genera appear soon after the chanere is healed, and it is good long as the condylomata last, to continue the Mercury in and less frequent doses. If they accompany an indurated they remain for a long time even after the latter is our reason that they constitute a sign of the more intense a universal infection. But even in such a case we do not a special treatment on their account, because the other co symptoms are much more important. What is certain, howev that as long as condylomata are present that had come ou a chancre, the syphilitic disease is not cured. If they only manifestation of the disease, we advise both the in external use of Corrosive Sublimate. "We have no persona to offer concerning Nitri acid, y Cinnabaris isSoMna Sta [Tartar emetic] internally as well as externally, is an remedy for soft or mucous tubercles. IL]

Among the secondary symptoms we first notice the exanthem. They are best managed with the more intensely acting mer preparations, Corrosive Sublimate red and white Precipi according to our own very satisfactory experience, with curius vivus which, it seems to us, is not sufficiently The violent action of the Napolitan 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 triturations have to be used. It is, moreover, certain that Mercurius vivus causes exanthematic phenomena more certainly and specifically than any other mercurial preparation. For this reason we cannot recommend Mercurius vivus with sufficient emphasis for experimental trials, much more since it likewise corresponds so perfectly 660 Acute and Chronic Contagious Diseases.

hypersen ia and ulceration of the mucous lining of the fauces. For the above-described uncomplicated affections of the skin lining, the remedies which we have pointed out will be efficient; however, a marked increase of the cutaneous efflorescences must not be regarded as a bad sign, for the more rapidly and numerously they break out, the more speedily and thoroughly they will be cured. The falling off of the hair is very often Hepar.

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 immediate danger. After the Sublimate, the remaining symptoms must be controlled by means of Clematis; we had two cases of iritis with this drug alone, although the pupils were already considerably distorted.

The next syphilitic forms which we shall describe, are a mixture of syphilis and mercurial poisoning, or, which is likewise possible, of syphilis and constitutional anomalies. The treatment of these forms is therefore very different, sometimes exceedingly and always very tedious. It is of great importance that, 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 ascain call to mind a chief rule applicable to all these cases, namely that a curative result must not be expected too impatiently, and that we had better commence the treatment with some indifferent substance, which will afford us time to decide upon the course of treatment that ought to be pursued. We would tender this advice to all those who fancy that a syphilitic patient cannot pass a day without suffering want of medicine. Drenching the patient with quantities of medicine is sufficiently destructive in the hands of Old School practitioners, it is likewise hurtful in homoeopathic hands, were it only because such a treatment obscures the curative results obtained 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 than prematurely suppressed.

The remedies which homoeopaths employ to combat the mixed forms of syphilis and mercurial poisoning, and whose value has been ascertained by clinical experience, are: Mercurius biogen
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hf/driodicum^Bepar sulpuris calc.^ Sulphur^ Aurum muriaceticum^ Kali bichromicum^ Acidum nitricum^ Sarsaparilla^ Lycopodium. To undertake to give special indications for every remedy would be a vain endeavor. In reality we have to be guided by clinical experience, without being able to act in full the law of similarity. We shall rarely be able to effect with any single one of these remedies; most commonly frequent changes will be found indispensable. For this reason we confine ourselves to giving the most necessary rules in the paragraphs.

Syphilitic exanthems, with the exception of roseola, scarcely ever require any Mercury; it is only if the improvement is tardy, or if we are certain that a 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 yields most promptly to Sulphur^ Nitric acidum^ and, according to some, to Sarsaparilla and Lycopodium. The pustulous forms require th of Mercury^ Nitric acid^ the Hydriodate and Bichromate of Potash. Syphilitic pemphigus requires: Hepar sulphuris calc.^ Sulphur^ likewise Graphites. Tuberculous exanthems: Aurum muriaticum^ Acidum nitricum^ and likewise Graphites; Lycopodium may be appropriate.

The ulcers on the mucous lining are of a mercurial character, if they are deeply-penetrating and affect the bones; we have to avoid Mercury in treating them, and only resort to it, if we are satisfied that no improvement can be achieved by any other means. The red and white Precipitates are preferable to all other mercurial preparations. For ulcers in the mouth Kali hydriod. may be 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 Bichromate of Potash and according to Hartmann, Lycopodium. The tertiary phenomena require throughout a cautious, but continued use of the Iodide of Potassium. It is only for single forms that other remedies are required, Aurum^ for instance, for syphilitic lupus, for caries of the facial bones, the suppurating t

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finally for sarcocoele. Sulphur scarcely ever produces ma in tertiary syphilis, nor does Hepar sulphuris. On the o the Iodine-springs of Hall deserve high praise; the water 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 the systole of syphilitic patients. In this respect opinions differ
homeopathic 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. Sy 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 compo 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 different 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 conducted cold-water treatment which should always be 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 i us, for instance, in the city of Hanover.

A special disposition to the disease is determined by ag 60 far that middle-aged, robust individuals are more exp exciting causes of the fever. In infancy intermittent fe comparatively rare disease. Tuberculosis is an almost ce guarantee against intermittent fever.

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As regards the seasons, the disease occurs most frequent the decay of vegetable matter is going on most extensive in the months of April, May and June, in hot summers wit showers of rain, likewise in very warm fall-months. Feve ague is least prevalent during the winter-months, in ver weather and likewise in very warm, dry weather.

Predisposing causes of fever and. ague are: errors in d of the digestive tract, colds, working all the time in w This last-mentioned circumstance is the reason why brick are so readily attacked with fever and ague, even if the where they work is situated on high ground.

One attack of fever and ague undoubtedly increases the d tion to have a second one; persons who move from perfect into malarious districts are likewise attacked much more whereas a protracted sojourn in a malarious district dim 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 i modified by the employment of remedial agents. Inasmuch deviations from the normal form will have to be mentione particularly when we come to speak of the remedies for t we here confine ourselves to a short description of the tial modifications.

Uncomplicated, genuine intermittent fever is characteriz paroxysms of chill, heat and sweat, returning at regular and separated from each other by a more or less complete

The first paroxysm is very generally preceded by a more distinct preliminary stage lasting at times a day, at ot week and even longer, and not presenting any phenomena t definitely point to intermittent fever. In sporadic case a gastro-intestinal catarrh with slight remittent fever to run into fever and ague.

The paroxysm is very frequently ushered in with a feelin
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 parts of the body most remote from the heart, the skin generally loses its turgescence, its temperature falls quite considerably, its color is bluish and as if dead. On the other hand, the temperature in the interturbulence of the body is considerably higher. The chill is accompanied by violent headache and a distressing thirst, 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 three hours. The pulse is small and contracted, the urine has color, the spleen is somewhat enlarged.

The second or hot stage never sets in all at once; the chill abates gradually and is interrupted by local flashes of heat, until the heat finally becomes permanent and general. With the heat, the turgescence of the skin likewise returns, the temperature increases to a considerable height, sometimes over 100°, the pulse becomes full and bounding. The headache, restlessness and thirst increase considerably, delirium is not unfrequent 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 breaks out on some parts and gradually covers the whole body, the same time the temperature sinks rapidly, according to Wunderlich, in regular stages, and a feeling of comfort is soon restored to the patient. As a rule, the urine at this stage is strongly saturated with urates. The sweat lasts from one to six and even ten hours; the apyrexia commences as soon as the sweat ceases. This period which is of the utmost importance to a homoeopathic practitioner, always shows some, although sometimes very trifling morbid symptoms which differ in different individuals.

Fever-and-agne, in its uncomplicated form, generally follows the tertian type; in other words, forty-eight hours elapse between two successive paroxysms. If the intensity of the fever remains the same, the paroxysms generally return at the same period. As the disease decreases in intensity, the next paroxysms 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 tertian type may be expected; a change of this kind almost always takes place, if the fever lasts a good while. At the same time the affection shows a higher degree of intensity and obstinacy. The quartan type, that is, the return of the paroxysms at intervals of seventy-two hours, only sets in after the disease has
lasted for a long time, at times developing itself directly from the tertian type, while the paroxysms postpone, and at other times 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 by treatment. The following may be regarded as tolerably fixed: favorable case the paroxysms scarcely ever cease suddenly; decrease gradually both in intensity and duration, and a discontinue entirely at the end of seven days, the apyrexia becomes more prolonged and gradually becoming permanent unfavorable cases, either under the influence of improvement or under the continued action of the malarial poison, or at least very seldom, under homoeopathic treatment, we have a gradual development of the so-called malarial cachexia which we shall dwell upon more fully after having previo 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 frequent, the more the disease approaches to a malaria. One of the three stages may be entirely wanting, or, if it may be scarcely perceptible. It is generally the chill a stage that remain suppressed, the hot stage is almost always present. Some of the stages, more particularly the heat and the s 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 violent and long- lasting. An intermittent fever of long duration the continued action of malaria, changes to the remitted type, this circumstance, however, points without an exception to malarial cachexia. In simple intermittent fever, the spleenlarges to any very great extent.

One of the characteristic effects of malaria is intermittent neuralgia; the paroxysms set in with all the typical regulari and-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 regarded as masked forms of the intermittent disease. So

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more common forms of masked fever and agiie are: Interm neuralgia, dysentery, pneumonia, articular rheumatism. A never been able to get along in the treatment of these m forms of fever and ague without Quinine; it is not neces give large doses, but Quinine is indispensable. H.]

The most important anomaly is the intermittens pemiciosa comitata. Most commonly intermittent fever adopts this f the subsequent course of the disease, very seldom at the
Intermittens perniciosa is a form of fever where a simple increase of the ordinary symptoms becomes dangerous to life. This malignant increase often takes place in the first stage, more particularly in the case of children, but more commonly during the hot stage; the danger arises either from the brain being paralyzed, or else from paralysis of the heart in consequence of the excessive excitement. If the brain is threatened with paralysis, the characterized by delirium, sopor, coma, likewise by paroxysms of excessive maniacal exaltation; if paralysis of the heart increases to icy-coldness, like the coldness of fever and ague assumes the pernicious type because the paroxysms are of an extraordinary duration. Many a case of intermittent fever is designated in our country as "Congestive chills"; it acts precisely as Hufeland's febris perniciosä. We have seen a great deal of it. During the chill we give Aconite or Gelsemium as the case may be, and we someti to the spirits of Camphor to hasten reaction; during the hot stage we continue the Aconite, or substitute Belladonna; and when the sweaty stage has fairly set in, we give Quinine in sufficient quantity to keep off the next attack, or at least to secure the paroxysm. We do not believe that congestive chills, such as we see them in our malarious countries, can be arrested 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 practising in the city of New York, he had a case of congestive chills to treat, for which he gave the patient, a Western gentleman, a dose of highly-potentized Nux vomica. A second chill, of course, took place much more violent than the first. The Doctor, with his large brain crammed brimful with the doctrine of homoeopathic aggravations, being perfectly satisfied that the Nux had aggravated the symptoms, gave him a drop of Alcohol to counteract the terrible mischief the harmless little globule of Nux had done; a paroxysm occurred, which destroyed the patient. II. The comitatae are characterized by the supervention of other symptoms during the paroxysm, more particularly a severe attack of intestinal catarrh like cholera, rupture of the seamless of the brain, inflammatory affections of vital organs, hemorrhages, apoplexy.

Malarial cachexia in its severest form is most usually met with if a quantity of Quinine is administered to the patient while he continues to be exposed to the action of the malarious miasm alone, without Quinine, never produces a malarial of the same degree of intensity. Individuals who had taken a great deal of Quinine, after moving out of the infectious district, 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 fever and 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 follow a suppression is not free from morbid symptoms; the pati...
plain more or less. A fortnight, or more commonly three
frequently four weeks after the suppression, another par
out very suddenly. This paroxysm likewise yields to Quin
after this second suppression the patient generally comp
than after the first; for a third paroxysm, which genera
after a short apyrexia. Quinine now proves ineffectu
oxysms either assume the quartan type, or else they brea
great irregularity, and combine with constitutional symp
gradually increase in intensity. The spleen is sometimes
it fills one-half of the abdominal cavity; the liver be
and after a while shows symptoms of fatty degeneration;
tion is entirely deranged, the appetite is gone, the bow
sively constipated, or else, the patient is troubled wit
as in hectic fever. The patients seem to be attacked wit
seated anemia and have a strikingly sallow complexion.
changes in the abdominal viscera may sooner or later lea
If, as we have often noticed, a catarrhal affection of t
in, we obtain a complete picture of florid phthisis. The
of the patients soon reaches a high degree, and, under i
treatment, death now is an almost inevitable result.

The prognosis in intermittent fever revolves around the

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points: If the attack is recent, the prognosis is quite
longer the disease had lasted; the more irregular the p
had become; the more strikingly the blood had become al
more protracted will be the recovery of the patient. Spo
in a healthy district are of very little importance. Dis
ing out while the patient continues to be exposed to the
of malaria, get well very slowly; but even if the patie
from the further action of the miasm, the cure takes pla
slowly. An advanced as well as a very young age; a dila
organism, and more particularly alcoholism, render the p
very uncertain.

To treat fever and ague according to the homoeopathic la
task which is undoubtedly invested with great difficul
the most experienced practitioner. The homoeopathic trea
treat of fever and ague has undoubtedly led to many errors, fo
reason that spontaneous cures were too often overlooked
iated as the results of the medicine that had been adm
for the fever. In consequence of this, the number of our
for fever and ague has been very much increased, to the
venience of the physician who is in need of a remedy for
ular case. For this reason we furnish in the subsequent
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
lost sight of, since attention to these points will save
ioner from many mistakes.

In the first place, it is an important point in the trea
fever and ague that the totality of the symptoms should
lost sight of; in other words, not only the symptoms cha
the paroxysm, but likewise those that are perceived duri
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 appropriate remedy will more especially be determined by the symptoms during the apyrexia.

Higher 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 attestation before this drug.

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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 good effects of this medicine last; by pursuing this course we obtain the most reliable information concerning the use of special remedies in fever and ague.

If an epidemic breaks out in a non-malarious district, it will be found that one or two remedies are generally sufficient to cure 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 need not dwell any further upon the manner in which this remedy is abused; this fact is too well known to the Profession. All we can say is that China is the most effectual and reliable of all antimonials, but that it only helps when it is homoeopathic to the case.

China is suitable in a majority of all cases of endemic and epidemic fever and ague, even during the whole course of the disease in sporadic cases it is generally of very little use. China is suitable in a majority of all cases of endemic fever and ague, even during the whole course of the disease, whereas in sporadic cases it is generally of very little use. China is suitable in a majority of all cases of endemic fever and ague, even during the whole course of the disease, whereas in sporadic cases it is generally of very little use. China is suitable in a majority of all cases of endemic fever and ague, even during the whole course of the disease, whereas in sporadic cases it is generally of very little use. China is suitable in a majority of all cases of endemic fever and ague, even during the whole course of the disease, whereas in sporadic cases it is generally of very little use. China is suitable in a majority of all cases of endemic fever and ague, even during the whole course of the disease, whereas in sporadic cases it is generally of very little use. China is suitable in a majority of all cases of endemic fever and ague, even during the whole course of the disease, whereas in sporadic cases it is generally of very little use. China is suitable in a majority of all cases of endemic fever and ague, even during the whole course of the disease, whereas in sporadic cases it is generally of very little use.
medicine to excess. If they have not, China is indicated by anemia, a yellowish-gray complexion; occasional attacks of Intermittent Fever. 671

dpalpitation of the heart, congestions of the head, back-irregularity of the paroxysms, the single stages not succed other immediately, and not being completely developed. [frequently met with such symptoms under the symptom-trait of high potentialists, where a few small doses of Quinine 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 paractions in all recent cases, but it will scarcely ever go below the second trituration of Quinine or the tincture of the tincture of Cinchona. Fevers that do not yield to doses, are not amenable to the curative action of Quinine only be suppressed, but not cured, by more massive doses of this drug. In the genuine malarial cachexia, China will very render much service.

Ipecacuanha is decidedly adapted to epidemic fever and if 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, 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 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 epidemic malarious districts.

According to Hartmann Nux vomica is indicated by the fol symptoms: Fever, with constipation, gastric-bilious sy breaks out after gross violations of diet, and is charact 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

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fevers, setting in in the afternoon, evening or night, w tion of heat and chills, enormous craving for beer, fro ache, vertigo, nausea, bitter taste and eructations, car weakness. – In congestive chills Nux is likewise indicat following symptoms: Paralysis of the extremities at the
prostration, weariness, trembling, fainting, vertigo, dyspnoea, palpitation of the heart, heat of the head with coldness of delirium. Nuz is undoubtedly one of our more important remedies; it will not be difficult to determine its homoeopathic nature in given cases. In inveterate cases Nuz would not often be our choice. It is likewise an important remedy if the fever is complicated with bronchitis.

Veratrum album is likewise one of our most important fever and ague 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 febricola 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 China; its range of action is still more extensive. In recent cases it is indicated by the following symptoms: Intensity and long duration of the paroxysms, especially burning heat; unquenchable during the whole attack, and extreme anxiety and restlessness except during the sweaty stage, attended with palpitatio heart, and a subdued, accelerated pulse; moreover functional derangements of single organs. Arsen, is indicated the more specifically 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 Arsen. is an important remedy in endemic fever and ague. In congestive chills the imminent paralysis of the heart points to Arsenicum beside Verat. 18 likewise indicated if the fever is complicated with severe cholerine. In fever and ague cachexia Arsen. is a sovereign remedy. With a single dose of Arsenicum 30 cured a cachexia of thirteen weeks' standing. The patient, a very robust man, presented the picture of a complete phthisis florid; he was cured even without leaving his home situated in a malarious region of country. Another case of nine months' standing was cured by means of a few doses of Arsen, 30, so that even the hypertrophied spleen was reduced back again to its natural size. The patient was a Hollander who brought the disease with him; after residing in our very healthy city for four months and swallowing large quantities of Quinine all the symptoms of phthisis florid had developed themselves. - Arsen. is a fever-remedy, but likewise an antidote to Quinine. "We need not point out special symptoms, for cachexia is amenable to Arsenicum in all its manifestations, which, it is true, generally resembles each other very closely; it is least reliable when the anaemia is extreme and the reactive powers of the organism are very much depressed. In the above-mentioned cases we have stated the dose, because we are satisfied that in cachexia small doses exert the most influence; on the other hand we are equally satisfied that in most 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, 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, 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 if the chill is preceded by violent thirst which abates almost entirely when the hot stage breaks out; if during the hot stage every little current of air causes the patient to feel chilly, and if, during this stage, he seems 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 followed by canine hunger; the attacks come on every day.

Pulsatilla; vomiting of mucus at the commencement of the chill, heat and sweat without thirst; mucous diarrhoea during the apyrexia, with loathing of food and nausea.

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Antimonium crudum; heat and sweat break out at the same time the sweat being only transitory; loss of appetite, eructations, nausea, vomiting, thickly-coated tongue, bitter taste, tension at the stomach, pain in the chest.

Bryonia; the fever sets in early in the morning; the attack is ushered in with vertigo, pressure and a gnawing sensation in the sinciput; at the same time a dry cough with stinging pains in the chest, dyspnoea, vomitition.

Sabadilla; the attacks set in with great regularity, neither postpone nor anticipate; short chill, followed by thirst and or only chill without heat or sweat; apyrexia with frequent chilly creeping, pressure and distention at the stomach, with loss of appetite, nocturnal, dry cough, pain in the chest, dyspnoea.

Ignatia; the chill is removed by external covering; some parts feel cold, others hot; heat only on the outside, without the head during the hot stage, bruising pain in the outside, pressure at the pit of the stomach, great lassitude the face, etc. Thirst only after the paroxysm.

Carbo vegetabilis; the attack is preceded by a beating in the teeth, tearing in the teeth and extremities, stretching, Thirst and great lassitude during the chill. During the without thirst: headache, vertigo, flushed face, obscur
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; sweats during the heat. During the chill: anxiety, restlessness, inability to collect one's self, sensitiveness to noise; headache, ptyalism, mucus, splenetalgia, 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 is to be given if real sopor is present.

We might increase this list, if we would name all the remedies that might possibly be indicated. But we do not regard most of the above-mentioned remedies as real fever and ague remedies; their choice depends upon the nature of the accompanying symptoms which, if a cure takes place, would have to be the cause, not the consequence of the fever. If we are certain of selecting the right remedy, we have to inquire with great care whether the intermittent character of the attack only constitutes an accidental, although very prominent symptom, or whether the other symptoms emanate from the intermittent paroxysm as their fountain-head. In the latter case the remedies that have been named first, deserve a preference over any other. In the 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 comitatose, the threatening accessory symptoms are the main indications. The most suitable remedies cannot be indicated a priori.

A fever and ague cachexia is always such a complicated affection 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: so that it is often very difficult to hit upon the right remedy. If China had not been abused, it will meet most of the symptoms, and will prove the best remedy in the case. If Quinine had been taken to excess, Arsen. will help in the large majority of cases; this remedy should not be given up all at once, if the improvement is not very speedy; in such a case it is much better to change the dose than the remedy. Ferrum is adapted to all cases where the ansemia and debility are highly developed, but no oedema has yet set in; the patients complain somewhat of congestion of the heart, nor is the stomach disposed to retain any nourishment. Natrum muriaticum and Lycopodium are indicated if the digestive organs are chiefly affected, and the derangement is characterized by symptoms peculiar to these two drugs. Other remedies may be required for extraordinary symptoms. We doubt, however, whether Belladonna and Staphysagria, recommended by Hartmann, are...
of any use in this cachexia.

There is no special diet that can be recommended for febrile diseases. It depends in every case upon the state of the digestive organs and the necessity of guarding the stomach against pernicious influence, for it is upon the normal function of the stomach that depends the possibility of the patient's sickness being restored to its natural tone. If possible, the patient had better leave the malarious district, and remove to the mountains where recovery takes place most rapidly.

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Typhus occurs in two forms that do not differ much from each other, namely: typhus abdominalis and typhus exanthematicus. More recently this last-named form has become much less frequent than the former. In spite of these differences the etiology of both forms is pretty much the same; up to this period we have not succeeded in discovering the reasons for the appearance of either one or the other form.

Typhus originates in some infectious agent; all that is known of this agent is that it is caused by the decomposition of animal substances. Hence typhus occurs most frequently where the position of animal matter is most favored by circumstances, namely in large cities and hospitals; likewise in localities where decomposition is most favored for carrying away the products of decay. This seems to be true for cities built in a flat country and with imperfect drainage. The infectious principle at times seems to act with great intensity, at other times very mildly, so that typhus in crowded localities sometimes breaks out with an extraordinary virulence, at other times with comparative mildness. According to all probability, a graduated difference of this kind is chiefly owing to the quantity of the infectious agent that acts upon the organism, not to its quality. The contagium is reproduced by the patient. We do not share the views which prevail concerning the formation of the contagium. We do not consider any form of typhus contagious. An apparently contagious transmission of typhus only takes place among those who have been for some time exposed to the exhalations from the infected individual, not among those who have been in contact with the patient for a short period of time. These remarks likewise apply to exanthematic typhus which is considered as decisively contagious, but which only appears so for the reason that it produces a larger quantity and a more infectious contagious matter. Physicians in private practice are seldom attacked, notwithstanding they are brought in closest contact with the patients when exploring their chests; hospital-physicians and nurses, on the contrary, are taken down very often. More recently the level of the surface-water has been more particularly examined with reference to typhus and cholera; a high level is supposed to favor the breaking out of these plagues. We are still without any reliable data in this respect. In large cities the construction of wells and water-closets deserves great attention; where
close together that the well-water can be contaminated by the contents of the closets. Typhus is very likely to occur. This subject 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; in crowded hospitals, more particularly if they are full of soldiers; or in densely populated streets, tenement-houses, etc. Typhus occasioned by an insufficient supply or by unwholesome and deteriorated food, is less easily accounted for.

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, tuberculosis, carcinoma, heart-disease of the higher grade. A establish any positive lines of demarcation; except if of any age may be attacked, but more particularly young 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 diet when persons settle in a locality where typhus is endemic of the intestines; mental depression, both by excessive 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 post-mortem phenomena scarcely ever correspond with groups of symptoms in the phenomenal totality of the disease. Hence, we confine ourselves to a few more important data about abdominal typhus, the ulcers in the intestines act the most important part; they have even given rise to the name of the disease. However, it behooves us to premise the statement that in their various phases these ulcers do not correspond with phases in the total course of the disease. The ulcers follow: At first the mucous lining of the ileum is strikingly hyperemic, more particularly in its lower half; gradually this hyperemia becomes centered in Peyer's and Brunner's glands, which swell up considerably together with the mesenteric glands. In the former the inflammatory infiltration may be reabsorbed, else, which happens much more frequently, the infiltration is decomposed, destroying the super-incumbent mucous lining giving rise to an ulcer, the enteric or typhous ulcer. This ulcer is most commonly located in the inferior extremity of the ileum. Accordingly it arises from a solitary or a conglomerate ulcer, the enteric or typhous ulcer. According to its size of half a dollar, with irregular, undermined borders. The healing takes place very slowly.
slowly; the destructive process may likewise penetrate tissues, perforating the intestine. The subsequent cicatrix never causes stricture of the intestine. The intestinal ulceration very seldom assumes a chronic 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 parenchymy 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 characte dark color, and the internal surface of the artery 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

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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 coat it
looks quite clean, but the coating changes as the dis
gresses. Sometimes the patients complain of a little hac
cough, and exhibit symptoms of a slight bronchial catarr
urine is less in quantity, saturated, notwithstanding th
patients often experience a very violent thirst. All the
remain in force only in very violent cases; most gen-
sible remission of these symptoms takes place towards th
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
speak of typhus of a moderately severe type. In this sta
patients lose their consciousness more and more; they ar
lying in a state of lethargic apathy, or else, it is onl
dificulty that they are able to reply to questions or t
ance to their own ideas. In the evening and during the n
soporuous prostration is generally interrupted by a state
exalation, during which the patients manifest their int
ousness by animated talking or by a constant endeavor to

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from their beds. Sensations of pain now cease entirely;
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
tongues slowly and tremulously, and forget to draw them
Another evidence that the influence of the brain is almo
suspended is, that the patients persevere for a long tim
comfortable position, and that they allow the urine and
escape into their beds. At the beginning of the second,
frequently already at the end of the first week, the pat
plain of a violent buzzing in the ears, afterwards they
hard of hearing. Corresponding with these changes the co
ances of the patients become altered. Although the comp
seems to shine, yet it has a livid hue; the eyes stare,
a vague and unsteady expression ; when raised in their b
patients at once turn pale and look as if they would fa
arious functions show the following deviations from the
condition : The fever is intense, the temperature rises
ing to 100° or 102° Fahr., with slight morning-remission
pulse is seldom below 100, nor is it often $tbove i20, i
than usual and sometimes dicrotic. The tongue, which alr
showed a good deal of dryness in the first week, now is
dry; the streaked coating, which had marked it hiterto,
vanishes ; it shows a peculiarly red color, and the papi
have become effaced ; towards the end of the second week
tongue appears covered with a brownish incrustation. The
tite is entirely wanting, yet the patients will taste of
offered to eat. They do not seem thirsty, yet they drink
the proffered beverage. At this stage the abdomen begins
quite considerably ; when the ilio-coecal region is pres
hard, the patients distort the corners of their mouths.
now usually sets in, from four to eight passages taking
untarily every day. They have a yellowish color, deposit 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 the first week is scarcely yet perceived; posteriorly return hypostatic dulness; catarrhal symptoms are discovered, although the patients scarcely ever cough an

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rarely bring up a tenacious, yellowish mucus. The spleen to enlarge, although, owing to the distention of the bow consequent displacement of the spleen upwards, the enlargement cannot well be discovered by a physical exploration. Upon abdomen, thorax and back roseola-spots break out in great number, some of which are usually present already at the first week.

About the middle of the second week all these symptoms gradually show an increase, less frequently a remission; but 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 prostration is so great that the patients are no longer erect; they are constantly lying on their backs, and yielding to the law of gravitation, settles from the pillow 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 nostrils. Deglutition is very difficult, and it is only that the patient is able to swallow very small quantities 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 is not an unfrequent occurrence. The abdomen is greatly and is no longer sensitive to pressure. The other symptoms remain unchanged, except that the roseola-spots pale off complicated with miliaria and sometimes with ecchymoses. Sores are now very apt to torment the patient. Emaciation ceeds very rapidly and his whole appearance is that of a collapse. Up to the middle of the third week, the fever its intensity. In cases where the disease continues during the seventeenth day is characterized by a sudden a of the fever and of most of the other derangements of the This improvement at times is only apparent, inasmuch as hours already the symptoms again exacerbate; but at other times it is a real improvement marking the beginning of recovery. The patients die, it is most generally at this period;
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just alluded to, when followed by an exacerbation of the symptoms of paralysis of the heart and lungs. In favorable cases the evening exacerbations decrease in violence, consciousness returns gradually and with it a desire for food At this stage the fever scarcely ever shows a sudden and able decrease, with a correspondingly sudden beginning of convalescence.

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 out 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, 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 certain 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 affbrd 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

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^r else is caused by the complications and sequelae 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 suddenly; it even generally happens that in typhus running a very short course, the outbreak of the disease is characterized by very violent symptoms. The complete cessation of the pathological process at the end of the first week, including a sudden decrease of the temperature, is a very rare event. It has been doubted whether such cases to be regarded as typhus, but these doubts are unfounded. Typhus can abort, is most indubitably witnessed in families in which this process of abortion takes place side by side with intense forms of the disease. More commonly the fever abates in the second week. In such cases all the symptoms still increase at the commencement of the second week, even to a high degree: the somnolence, however, is not very marked; we notice more frequently great nervous exaltation; the diarrhoea is never very profuse. On the eleventh day the fever distinctly remits, the remission being sometimes preceded by a 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 is observed, the patient enters on the twenty-first day upon a rapidly-progressing convalescence. But if the patient is exposed to severe emotional excitements, or commits serious dietetic transgressions by over-eating and the like, a relapse may result in precisely such cases, and the patient may expose himself to great danger.

A precipitated course of typhus is not a very frequent occurrence. The disease, which, at the onset, broke out in its fiercest intensity, increases within the first week or even within the first three days to such a degree that life becomes extinct even without the superinfection of any special complications; it seems as though the organism sank exhausted and paralyzed under its excessiv
in consequence of slow and intense exhaustion or else by the super-
vention of acute complications. In the other case the disease sets
in like typhus of a middle grade, continues this course
first three weeks, but in the fourth week it assumes the
form with the previously-described symptoms of the first
except that the prostration is still greater and the dia-
terse more common. This form is most easily succeeded by segue
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, with intense
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 jilace 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
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tlie presence of a severe headache by moving a hand or a
over their foreheads at short intervals, and uttering ev
even then the characteristic "m enciphalique," One side of
also 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
fer; 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-
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 affliction 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 additional 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 very superficial respiration, a frequent and painful cough, flushed cheeks, circumscribed redness of one or both cheeks ought to excite suspicion, and awaken our attention to the disease. The course of the disease is not retarded by this form of typhus, but the critical days are very commonly missed.

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danger is very great. Very often pneumo-typhus is followed by the development of florid phthisis, probably owing to the circumstance that the typhoid process in the lungs causes existing tubercles to suppurate.

The number of complications that may break out during the course of typhus is very great; for this reason we only mention the following which are most common and most important: Hemorrhages from the bowels and nose; the latter occur more at the beginning than during the subsequent course of the disease, and are of very little importance, provided the loss of blood is not excessive; as a rule, the patients feel relieved after the bleeding. Intestinal hemorrhage, on the contrary, occurs during the period of the disease, and becomes very dangerous either of its copiousness, or on account of its exceedingly debilifying influence. If the blood is not discharged from the anus, the hemorrhage may superinduce a sudden and complete collapse. Petechise and extensive ecchymoses are ominous symptoms which indicate a bad composition of the blood. The frequently-occurring extensive cerebral exaltation is of importance in so far as it necessitates constantly watching the patient; it manifests itself more frequently in the first and second week than in the course of the disease, and, since it may break out at any time, typhus-patients should never be left alone for one instant. A sudden collapse, with paralysis of the heart, is not generally met with until after the second week, very often while the fever seems to pursue an apparently mild course; one attack of this kind seldom 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 neither a good nor an absolutely bad symptom. Ulcers in the larynx may ulceration of the cartilages, and by this means endanger life; they may likewise endanger life by superceding inflammation. The worst changes are those occasioned in the intestines, namely consecutive peritonitis, and the intestines with peritoneal inflammation. Both these are exceedingly dangerous to life; peritonitis is more prevalent than the intestinal ulceration, the latter may take any time after the second week, even after convalescence very far advanced. If no adhesion had previously taken place between the intestines and the peritoneum, the inflammation membrane soon becomes diffuse and ends fatally in a few cases.

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Meteorism is a common symptom in typhus; when excessive when it threatens paralysis, the meteorism becomes a ver
Among the numerous sequelas of typhus we distinguish intestinal phthisis, occasioned by the number, and continued ulceration of the infiltrated glands of Peyer, and the solitary glands of Brunner; this ulceration is a very common cause of a protracted convalescence, and may finally terminate in fatal ascites. It is a curable condition. Inflammations of serous membranes are not unfrequent, 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, especially the lower, and paralysis of single organs of sense, are often 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 slumber germ to grow, or, by its own inherent agency, implants t- cular disease, has to remain an open question for the p- former is the more probable of the two,

Exanthematic typhus runs a much more decidedly typical course than typhus abdominalis; in this respect it bears the g- resemblance to acute exanthems.

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 vi- 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 seve-en first in small numbers on the trunk, but rapidly multipl- 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 of the second week, 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 of time; the pulse likewise falls to ninety, to hundred, and even number of beats. At the same time, a considerable change place in the whole condition of the patient. The sensorium 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 week, the exanthem continues to increase, the spots assume a darker color; but as soon as the fever abates, the spots disappear rapidly without even leaving a vestige of their existence. Not unfrequently the spots, some of them at least, change to real petechiae; altogether this form of typhus is distinguished by a tendency to hemorrhagic effusions, and to hemorrhage from every possible organ. Among the complications, inflammations of the respiratory organs are the most striking; 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, amid the same as those that characterize a fatal termination of abdominal typhus. If the disease lasts beyond this period, it is generally complications; but such a more protracted course is a reference. With the exception of a long continuance of the functions, no other sequelae are apt to occur.

Typhus.

The prognosis of abdominal typhus is very uncertain; a tumultuous outbreak of the disease does not justify the conclusion that the course of the disease will be one of great danger, nor does a mild beginning prognosticate an equally mild end. The cases are the most serious where the disease does not distinctly remit at the end of the first week. Ought to be regarded as a favorable rather than as an unfavorable symptom. The absence of diarrhoea, more especially if an obstinate constipation exists in its place, is a very favorable symptom. A girl of fourteen years who had a most violent attack of typhus, had no passage from her bowels for twenty-one days; on the twenty-second day recovery commenced and progressed very rapidly. No 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 decubitus, render the prognosis more dubious; so do extensive complications when affecting important organs. For the exanthematic form of typhus, when running an uncomplicated course, the prognosis is, on 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 during the course of abdominal typhus, for the reasons that the patient's strength is consumed more 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 that has been pursued hitherto has been of any, or of how much use. Our opponents cannot be blamed for doubting our successes; the expectant method often furnishes equally favorable results during the course of typhus can a positive prognosis be set up, and the diagnosis is likewise exposed to a good many taints. After all, the superiority of the two methods of treating typhus can only be decided by comparing the number of deaths in the same epidemic, and in a number of epidemics. In this 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 impeached by accusing us of errors in diagnosis, which our opponents as capable of committing as we are.

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We omit casting an inquiring glance at the manner in which typhus is treated by the Old School, and by the adherents of the New and Newest School of Homoeopathy; an inquiry of this kind would not be very profitable; we cannot help wondering, however, 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 der treatment. Sanguineous depletions which are so often resorted to even now, have a bad effect, not only immediately but also at a later period; the patients lapse more speedily into sopor, their prostration becomes more excessive, they perish in larger numbers, or, if convalescence sets in, it takes place more slowly and incompletely. Cathartics have likewise a permanently bad effect, and we feel prompted to regard venesection and the use of purgatives in typhus as acts of wickedness. In the second place, we generally notice that patients who have been fed on large doses of Chlorates or Quinine, have the functional power of their stomachs impaired for weeks, and that the integrity of their cerebral function restored very slowly.

Regarding the homoeopathic treatment of typhus, we do not share the views of all our Colleagues in this respect. They quote a large number of remedies for typhus with the most minute and delicate indications, whereas it is our belief that we as yet possess only a small number of real remedies for typhus, by which mean remedies that have it in their power to modify the disease, and that most of the other remedies that have been recommended for this disease, only correspond with a few prominent symptoms. Our opinion is based upon the proposition that typhus owes its existence to some definite toxical agent that penetrates the organism from without, as is the case with acute exanthems. It is for this reason that in no epidemic disease the curative virtue of one or more remedies as genuine epidemic-remedies, has been so thoroughly tested as in typhus; and in our opinion the most important task which a physician has to fulfil in e
that are not in harmony with the normal course of the disease. If the course of treatment had been pursued before, and if our knowledge of treating typhus had been watched and regarded with more care than it really is. How much, for instance, can be claimed for the efficacy of a remedy that was administered on the fifteenth or sixteenth day of the disease, if the fever suddenly moderates on the seventeenth day?

We wish to call attention to another mistake that very much impairs the physician's professional usefulness. In treating typhus or other typical diseases, we are very apt to proceed as we do in treating other diseases; we forget the typical character of the disease. We want to break the fever at any price, and the rage of bringing this about induces us to administer a new remedy every day. But typhus cannot be cut short, except within the above-stated, definite boundaries; typhus never disappears before the seventh day; no typhus terminates critically on the eighth, ninth, fifteenth or sixteenth day, any more than a measles or scarlatina-eruption can be altered by medicines.

The real typhus remedies corresponding with the whole course of this disease, are: Bryonia alba, Rhus toxicodendron, Phosphorus, Acidum phosphoricum and muriaticum.

Bryonia alba corresponds to those forms of typhus that run a mild or moderately-intense course. The initial symptoms are so indefinite that both the selection of a remedy and the diagnosis are uncertain, and our choice would properly not fall upon Bryonia. But as soon as the typhoid character of the disease has been established, Bryonia is indicated by the following symptoms: Violent, pressive headache, buzzing in the ears, dulness of the sensorium, yet the patient does not lose his consciousness; yellowish and thick white coating on the tongue whose edges are bright without great tendency to dryness; acute pains in the ileo and splenetic regions; nausea or even vomiting after every meal; constipation; torpor of the bowels or occasional diarrhoea; pulse full and not very rapid. Bryonia corresponds fully with these initial symptoms, and generally with the whole course of the disease which seldom outlasts the seventeenth day. We have often seen typhus cut short at the end of the second week by simply continuing the treatment to the use of Bryonia. In febris nervosa lenta Bryonia is likewise one of our best remedies; its use is more restricted, owing to the variable nature of the symptoms. In exanthematic typhus Bryonia is a distinguished remedy as long as the brain is not altogether deprived of function.
tional power. We do not point out single groups of symptoms for 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 very 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 Jhhus 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 and the tongue, and a copious diarrhea which sets in soon a fever has fairly shown its true character. Cases adapted never run a speedy course, nor will the crisis have to be expected previous to the seventeenth day; until then the medicine continued w\^ithout 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 An alleviating epistaxis, stools tinged with blood, a se affection with a dirty-looking, sanguinolent expectorati 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 the fever, but of the whole course of the disease. Rhus is 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 80 many cases, although we must never expect to cut the fever short with this remedy.

Arsenicum album is the most prominent remedy in typhus; even cure cases that seemed utterly hopeless. The cases Arsen. resemble those indicating Rhus, at least in the beginning. The fever is intense, the patients are very restless and show by their behavior that they are in great distress; the least pressure on the ileocecal region and the region of the spleen causes pain. Symptoms of decomposition of the blood set in at an early period, nose-bleed, bloody diarrhoea, badly-colored, bloody sputum on the skin; the stools have a foul odor, the exhalation from the patient generally, are very fetid. Instead of p we have a change between great nervous excitement and complete prostration. Bedsores break out at an early period of the disease; forming gangrenous scurf with dark-red borders. The pulse is very frequent, hard and tense. The patients are tormented by an unquenchable thirst. Generally Arsenicum is recommended for the second half of the second, and for the third week; but whether this is practically correct; in our opinion we plish a great deal more by means of Arsenicum, if the remedy were more frequently administered from the commencement or at in the iirst week of the disease, for in such a case it, its 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 typhus generally runs a favorable course under the influence of Arsenicum, and we should think that several hundred cures ought to thing in its favor. Fleischmann, however, generalizes to whereas Wurmb, on the other hand, errs in individualizing beyond necessity. After all, the balance inclines in Fleischmann's favor, for Arsen. produces the symptoms of lentescent as inflammatory and putrid typhus. Our advice therefore is should be given more frequently than has been customary, the very beginning of the attack, and that we should not until the disease has fully developed its pernicious character. Fleischmann's special indications for Arsen. are the following: A typical 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 and considerable hoarseness. Irregular action heart, absence of the second sound of the heart. Paroxysms sudden collapse towards midnight. Petid breath. Frequent retching and vomiting, immediately after drinking, in the 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 form, the so-called putrid typhus. In lentescent typhus an excellent remedy, if the symptoms exacerbate every other day; the patients are tormented by anxiety; if every li

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retching and vomiting, although the tongue is clean. Arsenicum much more extensively applicable the more typhus assumes epidemic form; likewise in endemic typhus. Most observers recommend repeated doses of the second to the fourth trituration remember a case of exanthematic typhus where the putrid stage had fully set in; the patient was emaciated and extremely trated; the teeth looked black; the tongue was swollen and bleeding; blood oozed from the gums; the skin was with petechiae, from many of which a black, foul, decomposed was constantly oozing; involuntary, bloody, horridly-smelling. A few globules of Arsen. 18th excited a reaction which e perfect recovery in one week. H.]

Phosphorus is one of the most important remedies in typhus curative action is, however, limited to certain sharply it cannot be regarded as a general remedy for typhus, in sense as Arsen. or Bryon. -- Above all, Phosphorus is indi pneumo-typhus with violent bronchitis, hepatization, topostasis and laryngitis. It is a sovereign remedy for stomach, unsurpassed by any other medicine. It is indicated following abdominal symptoms: Frequent diarrhoeic stools at an 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 prostration after every discharge. Numerous roseola-spots, with ecchymoses and sudamina. Burning heat of the trunk, with cold sweat
the head and on the extremities. Pulse frequent, small and feeble.
Sensitiveness of the region of the liver and stomach; considerable
meteorism. A characteristic indication for Phosphoricus 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 w of course, mentioning the source where this knowledge was tained. Phosphoric acid is a truly specific remedy in lept typhus, and is never indicated, if the fever is high and

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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 turgescent, the pulse ver feeble and small; the tongue is not very dry; it is smoo mirror, red. The thirst is inconsiderable; diarrhoea mo 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 wh cess has the appearance of a gradual extinction of the v without any decided reactive efforts being perceptible o of the organism. Beside the cases where Acidum phosphor, dicated from the beginning, sometimes after Bryonia, but properly speaking, after Rhus or Arsenicum, Phosphori ac likewise come into play, if, at the end of the fourth we cence seems to remain stationary, more particularly if a diarrhoea is frequent.

Of the other mineral acids, Acidum muriaticum is sometimes used; the forms of typhus requiring this acid are, upon the wh rare. Muriatic acid is more particularly adapted to lent putrid typhus where the decomposition of the fluids is s extensive, but does not set in suddenly. The general sym resemble those of Phosphoric acid, only the fever is mor the restlessness is more marked and the following local are present: Frequent diarrhoeic stools, but scanty; t istic faecal discharges are mingled with shreds of inte lining and with lumps of whitish mucus. The discharges a commonly involuntary; the meteorism is very great. The lining of the mouth is ulcerated here and there, the ulc 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 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 co the number of our typhus-remedies; it remains for us no dicate 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

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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 
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; bow 
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 
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 
times 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

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yellow color; prostration, utter loss of appetite, emaciation; bronchial irritation. The disease ran a course of twenty-one days. The patient took nothing but Belladonna, middle and lower potencies. H. Arnica in its whole pathogenesis shows so much resemblance to typhus that it must astonish everybody that this remedy has not been employed in this disease more frequently than it has. The characteristic indications result from a merely superficial view of the symptoms. The disease is more like an inflammatory fever, the cheeks are pale, with flushed of redness, the pulse much accelerated, the heat is unequally distributed. The show an extraordinary sensitiveness of the organs of sense, with a distressing headache; nose-bleed, bloody expectoration; active delirium without great bodily restlessness. It is questionable whether Arnica can do anything for bedsores. As regards the kind and intensity of the cases to which Arnica is homoeopathic, this medicine occupies a middle rank between Rhus and Bryonia.

Carbo vegetabilis is regarded by many as an exquisite remedy for typhus. We do not share this opinion, and simply believe that it is adapted to certain anomalous manifestations in the course of the disease. Carbo may be exhibited if the patients are sunk in a state of apathy without any marked symptoms of reaction; if the heart feels very speedily; if petechise br large numbers, with extensive hypostasis of the lungs, f decomposed diarrhoeic stools, frequent attacks of an omalapse, wide-spread decubitus, with burning pain of the sores. Carbo is suitable in cases that seem to be adapted to B Acidum Tphosphoricum. In the subsequent course of the disease, Carbo is more particularly indicated by the bronchial catarrh, if there is a good deal of tenacious mucus that can only be expectorated with great difficulty; during the convalescence, this remedy may sometimes be required by the characteristic diarrhoea.

Digitalis can only be exhibited in lentiscent typhus, if constipation is associated with great irritability of the stomach, fulness of the region of the liver; the pulse is at times slow and feeble, and is very much accelerated by every motion, especially by rising from a recumbent position; sensorium is clouded but consciousness is never entirely lost, and although there is no diarrhoea, yet the strength and the flesh waste away very rapidly. Digitalis is undoubtedly deserving of consideration in typhus, were it only for the reason that its sphere of action is limited and distinctly circumscribed.

Closely related to the former remedy is Cuprum, concerning whose faculty of producing a connected series of typhoid symptoms Frerichs' observation in Mengershausen (see Frank's Arch. vol. IV.) furnishes the most conclusive testimony. Without reproducing the facts related in that publication, we recommend them to the careful study of all homoeopathic practitioners. Typhus sets in and runs its course without any violent fever.
extraordinary prostration at once makes its appearance, increases so rapidly amid symptoms of sanguineous decomposition (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 hemorrhages 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 consti essential deviation from the normal course of typhus. [W agree with Beehr so far as Hyoscyann is concerned. We kn from experience that an acute outbreak of typhus may ye Hyoscyamus. A robust merchant of about forty years came with a terrible headache. He had had a heavy chill in ihing-room which was very soon followed by fever. The ceph distress was principally located in one side of the head was given. Next day delirium set in, with picking at the clothes; the patient was constantly talking about his bu wanted to leave his bed; the prostration was very great lost flesh visibly; the bowels were loose, the discharge offensive smell. The patient was constantly troubled wit paintings on the wall falling to one side. A drop of the of Hyoscyamus was mixed in half a tumbler of water, of wture a dessertspoonful was given him every two hours. Af second dose he dropped to sleep, and woke after a refres in full tide of recovery. H.]

The same remarks apply to Opium; this remedy is said to quently have removed the deep sopor of typhus-patients;

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never been able to accomplish such a result by means of [A man had an attack of exanthematic typhus; the fever six weeks, and the patient seemed irrefutably lost. To end of the sixth week the following symptoms had develop selves: The patient was constantly settling down in his eyes were half closed, with the eye-balls turned upwards sockets; depression of the lower jaw; strings of aropy hanging out at the corners of the mouth; tongue thick an ulous; involuntary stools; miliaria; excessive emaciation lethargy. A few drops of Muriatic Acid in half a tumbler water re-awakened the sinking reaction. The paralytic sy were followed by a deep sopor. This was on the evening forty-first day. A drop of Opium was mixed in half a tum water, of which mixture the patient took a dessertspoon two hours. Next morning, instead of the usual exacerbati sound sleep set in, which lasted with short interruption whole week. No further medicine was given. The patient d out in a fortnight, perfectly well. In my opinion the Op a curative effect in this case. H.]
Camphora acts well for a short time when given as an intermediate remedy for sudden paroxysms of severe collapse coming on at the heel of great exaltation of the cerebral functions.

A few other, most nnimportant remedies will be found under catarrh of the stomach which very often bears a deceptive similarity to the lighter grades of typhus.

The general management and the diet to be observed in typhus are of more importance than in any other disease. It is generally true that in this respect physicians are often guilty of unpardonable delinquencies. In managing typhus-patients observe the following rules, the usefulness of which has dstantly established, and which we have never known to result in mischief to the patient. The patients should lie on a mattress, never on feather-beds which promote the development of boils. A woollen blanket with a linen sheet is sufficient covering. The windows in the sick-room should never be shut entirely, no matter in what season of the year; if possible, the room should always be properly ventilated by securing a current of air along the walls. If possible, the patients should often be changed to another bed, and even to another room. Once every day, and, if the disease has reached its height, several times a day, the patient should be washed with cold water over the largest part of his body; an ablution of this kind affords an immense amount of comfort to the patient.

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The passages from the bowels and bladder have to be removed as soon as possible. If possible, the same person should not attend on the patient, lest he should become impregnated with the typhus-contagium. Only the most indispensable conversation should be held with the patient, mental excitement should be strictly avoided. As long as the violence of the fever continues, no great supply of nourishment is required; the patient does not desire anything, nor should he be persuaded to partake of anything substantial. Liquid nourishment is best adapted to his condition. If the patient desires, he may have beef-tea, broth (no veal-broth), chicken-broth, milk diluted with one-third water, malt-beer cooked with sago or gruel, which should be allowed to cool before it is used; mucilaginous soups, but not exclusively. The best beverage is fresh water; this should be given the patient quite often, even if he does not call for it, for it is the best means of repairing the waste of moisture caused by the fever. Sugar-water is hurtful; water with the juice of fruit dissolved in it, may be partaken of in very moderate quantities. Soda water very soon becomes offensive to the patient. Water with a little wine is perfectly appropriate in the later course of the disease. Malt-beer with a little sugar is perfectly admissible; it imparts more than any other beverage the sensation that the thirst is quenched, and the patients crave it even when they are lying in a sopor. We have never seen it do any harm. Many patients manifest a strong desire for fruit which they may partake of stewed, but moderately, not too often; stewed prunes without the skin are the best kind.

The diet during the period of convalescence is very difficult to

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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 abuse of drugs. 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, venison, but very little farinaceous food which, by the deposition of tseeal 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 the food has to be selected with so much more care, nor patient be too often persuaded to eat. Good wine after a

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sometimes has a marvelously good effect, whereas, if the patient is tormented by canine hunger, it is rather hurtful than be resumption of our habitual stimulants, such as coffee, should be postponed as long as possible. The patients may be allowed the use of fresh air as soon as expedient; no apprehension 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 profession 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 a last resort, Mr. C. prepared a decoction of the Baptisia; taking a piece of the root about three inches long and three-eighths of an inch thick, steeping it in half a pint of water. He commenced by giving her five or six drops of the decoction once in fifteen minutes, increasing till he gave nearly a teaspoonful at a dose. In about one hour the surface of the patient presented an appearance as though she had been literally scalded, so red was the skin, accompanied with a most intense superficial heat; at the same time noticing large drops of sweat standing on her forehead, the medicine was discontinued. In a few minutes a profuse perspiration appeared all over her body which continued for nearly twelve hours, or till she was bathed 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 worthy of 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, Rhus, etc., without much effect, and my patients growing rapidly worse, I 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 foreheads of my patients, and it gradually covered the entire body. 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 worthy of remark that immediately upon the administration of the remedy she became quiet and fell asleep; she had been restless for three weeks previous.

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In about six hours they were thoroughly bathed with tepid water; the next morning scarce a vestige of the fever remained, rapid recovery followed.

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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 and its effects watched. In this case drop-doses of an alcoholic tincture 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 typhus fever, and 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, confusion of ideas, delirium at night, heavy sleep with frightful dreams, or brown coated tongue, sticky mouth, fetid sweat, and great fetor of the discharges (urine an great debility and nervous prostration, with erethism; u 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 gastro-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 abdominal typhus has fully set in. In the first stages of exanthematic typhus, when no other medicines are indicated by characteristic symptoms may have a good effect in kindling a decided reaction. H

8. FebriB Icterodes.

Yellow Fever.

This is an epidemic fever of a specific nature and a continuous type, so called because the skin and conjunctiva look yellow, although cases have been known to occur where this yellowness is altogether absent. Such patients complain of severe supraorbital headache, and soon become delirious. In the subsidence of the disease urinary secretions become suspended, interstitial hemorrhages take place, the patient passes black stools and vomits 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, particularly on some of the West India Islands, Cuba, and i
our Southern cities, New Orleans, Mobile, Savannah, Charleston, and even higher North, Wilmington, Norfolk, Baltimore, and occasionally is brought even to Philadelphia and New York. It has likewise been imported into European ports, Lisbon, Southampton, and St. Nazaire, in the Department of the Lower Loire, in France; but the fever has never been known to propagate beyond the 48° North latitude, nor without a temperature of 72° Fahr. It has of incubation of from three to eight, ten and even more days.

It is generally supposed that yellow fever attacks a person 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 specific contagion is established beyond the shadow of a doubt by the Lisbon epidemic of 1857, and by the importation of the disease from Havana into the port of St. Nazaire by the "Anne Marie," in 1861, and by the Royal mail-steamer "La Plata" into the port of Southampton, 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 1853. "The first cases 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 comfortable circumstances. There were four distinct centres of emanation 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 sickened on the road, and stopped at the house of a friend, twelve miles from town, where he died of yellow fever. One of the family speedily exhibited the same disease and died. Another 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 where the disease was utterly unknown.

"In several cases which came under my observation, the families were carefully isolated, with the exception of one messenger, who was permitted to visit the town on necessary business, and uniformly that messenger was the first attacked. This epidemic was undoubtedly contagious."

The yellow fever epidemic which visited Lisbon in 1857, carefully investigated by Dr. Lyons, of Dublin, who described five distinct forms of the disease: 1st, the algid form; 2d, the sthenic form; 3d, the hemorrhagic form; 4th, the purpuric form; and 5th, the typhous form.
The algid type is the most suddenly fatal form of the disease. The patient, while in the enjoyment of his usual health, and 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 profound 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 hue, and the surface was dotted with points of venous congestion, hemorrhagic spots or patches like purpura broke out here and there, and 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 hard pulse, 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 being single, nor from any one source or organ only."

In the purpuric form the distinctive signs are purpuric of various tints and colors, caused by subcutaneous effusions of the coloring matter of the blood.

The typhous form is most generally a sequela of the other in some cases the disease presents the character of typhus, stupor, nervous prostration and other typhoid symptoms, outset of the attack.

In reference to the course and characteristics of yellow fever, Dr. Holcombe imparts the following interesting information in his interesting paper:

"Yellow fever, like scarlatina, presents a wide range of manifestation, from an ephemeral mildness to the most malignant severity. The impending attack is sometimes foreshadowed for a few hours by languor, restlessness, and malaise, monly a chill comes on, without premonition. Sometimes h
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 i
ical or hypochondriac regions. It is sometimes intolerable in cases of imminent danger the symptom may be entirely Diarrhoea, or dysentery, may accompany this stage, but c is more common. Burning in the pit of the stomach, acid eructations^ flatulence, thirst, nausea, all combine to remarkable sense of prostration, and a great degree of t sleeplessness. The skin and conjunctiva assume a light l which deepens into a deep orange or gamboge color, altho symptom ifi( by no means universal. The urine is of a su 
fron yellow, and stains linen. Sometimes there is slight and in bad cases the secretion of urine is totally supprr rhage from the gums and fauces or other mucous membranes now common. Vomiting becomes a distressing and an alarmi symptom. The matters ejected pass from a greenish-yellow a brownish or claret-colored hue; sometimes blood, red, brown, is thrown up. The appearance of coffee-ground vom leaves but a ray of hope. Still the patient may recover a tardy convalescence, very liable to relapse. If the di not arrested, the temperature of the skin falls, the hem becomes more profuse or ominous, the circulation fails, jactitation comes on, delirium or coma supervenes, and d

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tion is occasionally preceded by general convulsions. Th seemed generally to be worst on the first, third, and fi Death appeared to be more common on the sixth, but some died as early as the third day, and many lingered beyond Several cases terminated in dysentery and a good number mon intermittent fever.

"The above sketch is purely typical, the symptoms of «rh would not be presented by any one single case.

" I will now mention some local featur^ of importance wh have come under my own observation.

^^ Head. The headache was severe during the first pai )x but abated during the remission, seldom to return and L/ resume its prior intensity. It was throbbing, boring, wi tion of undulation in the cranium. There was commonl} so of the eye-balls in motion, sometimes photophobia, and i violent earache. There was sometimes a sensation as if t was very much enlarged. In a few cases the headache wj»8 but was mostly referred to the supra-orbital region. I b will usually be found that, when the organic function* b brunt of the disease, the headache will be referred t« rior part of the cranium, while the derangements of anim are rather displayed by vertical and occipital headache.

" Eyes. The redness, brilliancy, and watery suiFusion of is more marked in the first stage of yellow fever than i allied diseases. «

" Mouth. Spontaneous ptyalism sometimes occurred, one or
cases of which were ascribed by the unscrupulous malice of our 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, and other symptoms of gastro-enteritis. Acid and acrid eructations were very common. Every thing, even cold water, was said by the patient to "turn sour on the stomach." Conjoined with these symptoms, there was sometimes a morbid, canine hunger which made the patient forget every thing and think that, could he only eat something, he would feel perfectly well. The nausea was provoked by eating, by motion, and, cases, by lying on the left side. Hiccough, which Dr. St. siders 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, sometime quantities, and when the patient was much prostrated, th was merely gulped up, running out at the corners of the It is said to be distinctly acid, reddening litmus paper. It is not always a fatal symptom.

" Genitourinary Apparatus. The uterus and vagina were means exempted from the hemorrhagic tendencies of the mucous membranes. In a few cases the urine was at first yellow, and, occasionally, turbid and brownish like This last was sometimes largely excreted, without provin Suppression of urine is perha^is more frequent in this disease, excepting Asiatic cholera. It was always a formidable character, and, when conjoined with black delirium, presaged too certainly the approach of death.

" Chest. The thoracic organs were not principally derange soft, full, compressible pulse, averaging hundred, was v throughout the disease, whether mild or severe. In one case the wrist was pulseless for some hours, as in Asiatic cholera, returning during a partial, but transitory reaction.

" Nervous System. In all points of view, as the medium mind and of the senses, as an excito-motory apparatus, b tary axid involuntary, the nervous system was both prima secondarily implicated. The subjective phenomena were nu and distressing: pains, nausea, vertigo, numbness, bad t hunger, coldness, burning heat, frightful dreams, etc. T inal pains of the second stage, and even the thirst, hea naupea, etc., were sometimes distinctly, but irregularly like the pains of colic, which is explained by the fact functions of the ganglionic plexus are rhythmical in th According to Volkman, even a current of electricity is mitted continuously through them, but is broken up into of successive shocks. Delirium occurring in the first st
of little importance. Later in the disease, it was in so furious, the patient struggling desperately to get out 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.

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"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 is 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.

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Doctor DaviB, the pioneer of Homoeopathy in that region, treated four hundred and fifteen cases, with twenty-four deaths.

Unfavorable signs are: The more fiery crimson the tip of the tongue, the more irritable the stomach, the severer the headache, the worse the prognosis of the first stage, and vice versa; but a streak of blood in the early vomit indicates much danger. In the second stage the earlier or more complete suppression of urine, and the more copious the ejection of black vomit, the more imminent the danger. If the urine be scanty, and loaded with tube-casts, entangled in epithelial and coagulated matter, a light buff-colored curdy sediment indicates a complex lesion of the secreting structure of the kidneys. It is the urine symptom in its maximum of severity, and is as fatal as if the suppression had already occurred. A faltering of the articulation is a bad prognostic, and a difficulty of protruding the tongue, enhances it. The danger of the case is enhanced by inflammatory complications, and by hypertrophy of the heart. A recent residence in a temperate climate; the race or complexion of the individual; the previously having suffered from an attack, will enter in estimate of his chances of recovery.

Treatment. Doctor Holcombe reports: "If the chill was violent, or persisted long, I ordered the tincture of Camphor in drop doses every ten minutes, a procedure eminently successful in cholera, and in the cold stage of malignant intermittent not long since, in Cullen's Materia Medica, some interesting facts in proof of the last substantiated view, namely, that its primary effect is a great reduction of animal temperature. The operation of Camphor is so evanescent, that it in no wise interferes with the efficacy of subsequent remedies. Aconite and Belladonna in alternation in the first stage. To run a parallel between the symptoms of yellow fever and these drugs, would be to abstract whole pages from the Materia Medica. I need not speculate on the pathology of Aconite and Belladonna poisonings. They evidently show that profound lesion of innervation, subsequent nervous and vascular erethism, and local determination to the cutaneous nervous membranes so strongly characteristic of the yellow poisoning. They are complements of each other in making the whole morbid picture, and were therefore used in alternation in the first stage, the interval being afterwards lengthened to one, and in mild cases, to two hours. In a few cases I used a pure tincture in half a tumbler of water; but I generally administered five or six drops of the first centesimal dilution prepared in the same manner, of which one teaspoonful was given a similar preparation of Ipecacuanha was commonly left, administered after each act of vomiting. In very mild cases, alone sufficed."

"When the second stage came on, the cerebro-spinal symptoms disappearing, or being much ameliorated, while the patient complained of nausea, prostration, acid or burning sensations, thirst, restless, etc., a change of remedies alone sufficed."
demanded. "On studying the symptoms of this stage, ninety-nine homoeopathic remedies out of a hundred would suggest Arsenicum as one of them. 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 pathogenesis.

"Faintness, depression, nausea, with intense burning in of the stomach, increased by pressure. Violent vomiting of 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, frequent and irregular. Skin cold and clammy in the stage of collapse times 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 irritability. Intolerable pain in the bowels, with bloody stools. Irritation of the skin, accompanied by an eruption. Exfoliation of the cuticle. Great nervous irritability. Intolerable pain in the bowels, with bloody stools.

"Finally the anatomical lesions of Arsenic are also remarkably similar to those of yellow fever. They are the pure dynamic effects of the drug acting through the nervous system; for it is well known that its specific effects on the stomach will be produced by injecting the veins or inserting it into a wound. Mr. Taylor says: "Arsenic is not an irritant poison; it does not seem to possess any corrosive properties, that is, it has no chemical action on the alimentary canal of a person poisoned by it, are referrible to the effects of the irritation excited by the poison, and not to any chemical action."

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"In looking for a complementary medicine to alternate with Arsenic, in order to fill up the morbid picture, we keep in view that it must be capable, chemically or otherwise, of deteriorating and devitalizing the blood, so as to give rise to hemorrhage and render it unfit for the nutritive demands of the nervous system. No poisons, animal, vegetable or mineral, do this more uniformly and effectually than the virus of serpents. Crotalus and Lachesis are remarkably similar in their action, like the isomorphous substances in Dr. Blake's interesting experiments. We chose Lachesis in the fifth dilution, alternating it with the fourth trituration of Arsenicum at intervals of an hour. When Belladonna and Arsenicum produced no amelioration, a change to Arsen. and 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 other remedies. Veratrum was very useful in allaying the vomiting and abdominal pains. Tartar emetic succeeded promptly in some cases of prolonged and distressing nausea. Chamomilla di
for this gastric irritability than its rather mild pathogenesis would lead us to expect, particularly in the cases of women an
Mustard plasters to the epigastrium, and cold enemata we ased as palliatives for the nausea and vomiting. Very ho
tations 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. Nux 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

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their Protean forms and treacherous character, warranted active and decisive measures. Homoeopathic aggravation, such circumstances, is very little to he 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-tha a grain of Nitrate of Silver^ dissolved in half a tumbler 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, the slightest imprudence in eating was apt to induce relapse. I have 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, porates it with the animal juice, thereby facilitating its digestion. Alcoholic stimulants were seldom given during the disease. Confirmed topers, however permitted to use small quantities of their favorite beverage during the latter stages of the disease."

Asiatic Cholera

Asiatic cholera is an intensely epidemic disease; sporadic cases, even if they bear the greatest resemblance to cholera, must be set down as very violent cholera. We will not inquire where and how cholera first originated. The important point 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 contained in the excrements; its presence anywhere else is ful. Hence the infection is principally spread by contact of excrementitious matter of cholera-patients. This proposition which 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 accounted for in a natural manner. This involves a second point, that the development of the contagium does not take place within the body of the patient, but in the excrements after their removal 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 a depressing effect upon the mind, by a cold, by dietetic transgressions. Neither 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 not contagious properly speaking.

Symptoms and Course. It cannot be stated with perfect certainty how soon, after the infection has taken place, symptoms of the disease show themselves, but all circumstances tend to show that the period of incubation only lasts three days. 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 that infection has taken place, is a painless diarrhoea...
thin, bat 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 excreta. The diarrhoea is not always associated with a marked feeling of malaise; sometimes the only symptoms present are a dispersive feeling of lassitude, an increase of thirst and an impaired appetite. That this premonitory diarrhoea is real cholera, the circumstance that it is capable of spreading the infection, every diarrhoea which sets in at the time of epidemic cholera ought to be regarded as a premonitory symptom of ease. At times the diarrhoea only lasts a few hours, at a few days, scarcely ever beyond a week. It may terminate the 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 quite suddenly. A copious evacuation takes place resembling rice water, simultaneously with which the debility increases rapidly. These evacuations succeed each other with more or less rapidity, an agonizing thirst supervenes, and very soon is attacked with vomiting of substances resembling 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 located in the precordia; the urinary secretions are scanty or entirely suppressed, the patients have a cadaverous appearance, the skin is bathed in a cool perspiration; the pulse is small; at this stage cramps of the glutei muscles and of other muscular 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 tinge, becoming less copious and less frequent, and the skin warming up again. Convalescence from this milder form of the disease 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 or algida, very seldom breaks out all at once at the outset, but succeeds the premonitory diarrhoea with the suddenness of a lightness. The quantity of matter evacuated by the anus and mouth, is enormous; it is colorless and inodorous, consisting of epithelium and a few flocks of mucus. These evacuations often succeed each other without the least intermission. The vomiting is excited every time after the patient swallows a drink of water. His anxiety is excessive; he is likewise tormented by severe cramps in the calves. The urinary secretion is entirely suppressed. The consequences of the immense losses of fluids show themselves very speedily. Th
becomes cold, very soon it assumes a cyanotic color, los
ticity to such a degree that a fold of integument on the
pinched up, remains in this condition for a long time;
a cadaverous appearance, the eyes are deeply sunken in t
the nose is pointed, the lips blue. The temperature is l
ice. The radial pulse can no longer be felt, not even th
larger arteries; the sounds of the heart are very feebl
sound is often wanting; respiration is labored, the bre
the voice is extinct. After this condition has lasted fo
most, death takes place, previous to which the evacua
wards and downwards generally cease and the extreme pros
changes to a complete stupor, without any real death-str
without the rsie which usually precedes death. The dise
change for the better even after it has reached the acme
stage of asphyxia, although recovery from this stage is
rare occurrence.

The stage of reaction shows the most remarkable differen
The disease may uniformly but slowly progress towards co
cence. This change as well as the beginning of reaction
is indicated by the circumstance that the patients are a
liquids on their stomachs, and that the radial pulse ret
ually the temperature of the skin is restored, the alvin
diminish in number and are more and more colored; at fi
are generally mixed with shreds of intestinal mucous mem
and have a foul smell. The prostration continues for a f
the urine is at first turbid and shows traces of an infl
process going on in the kidneys. Such a simple convalesc
cholera algida is always an exception, not the rule. In
the icy coldness is suddenly succeeded by a febrile exci
rapid and full pulse, cerebral hyperaemia; this change i
speedily followed by convalescence, or else, typhoid sym
make their appearance. The more malignant forms of chole
very generally followed by typhoid symptoms. After the c

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of the vomiting and a return of the pulse, the pulse bec
full and frequent; the turgescence of the skin is very
brain seems blunted, the patients are lying in a state o
delirium, very much prostrated; the temperature rises co
ably; the thirst continues and the patient has even occa
attacks of vomiting, the diarrhoeic stools are decompose
a foul smell; the tongue is dry and has a fuliginous co
symptom points to the supervision of an intense typhus,
which the symptoms of an intense nephritis are generally
iated. The transition from this typhoid condition to he
takes place very slowly, although more rapidly than in c
typhus. A favorable turn generally takes place already i
ond week. Death is a very common termination of this con
Cholera has no positive sequelse, although the most dive
derangements remain after an attack of cholera, which ge
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
of the anatomical changes in cholera, because they are a
rally without any characteristic significance. Beside t
but perfectly explicable dryness of the tissues, we cons
with an extensive destruction of the epithelium of the m
membrane of the ileum; the gall-bladder is found disten
bile. At all events, the anatomical lesions are not suff
account for the frightful rapidity of the development of
the lesions of the intestinal epithelium certainly canno
cause of the profuse watery evacuations.

Treatment. We will in the first place call attention in
marks to the prophylactic treatment which can be arran
cholera more easily than in any other epidemic. We know
excrements of the patients are by far the most active ve
the contagium. Hence, it behooves us either to destroy t
the discharges should at once be mixed with Sulphate of
should not be thrown into water-closets, but into deep d
from inhabited dwellings. The soiled bed-linen is best c
boiling it. In order to protect uninfected persons, they
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 en
of further measures is the business of the health-author

sanitary measures must aim at this one object, to keep t
ments of cholera-patients remote from all contact with h
persons. On the other hand, it is unnecessary and useles
prevent the spread of cholera by placing all cholera-pat
quarantine. If cholera were contagious, every physician
have an attack of it. Among the precautionary measures w
it behooves each individual to observe, the following ar
important: ALS much as possible a regular mode of livin
of simple and substantial nourishment; the slightest po
ation from one's regular mode of living; avoidance of a
tating influences, such as excessive mental exertions, d
emotions, etc., more particularly avoidance of the exces
spirits. Whatever tends to excite diarrhoea, must be dis
Persons must take care not to get chilled or overheated.
 diarrhoea with which a person may be attacked, or with w
may already be affected during an epidemic, should be ca
attended to. The observance of these preventive rules is
events a much more efficient prophylactic than all the o
vaunted preservatives which are almost always made up of
spirits. Good claret is the only kind of wine that can b
allowed as unhurtful. No reasonable person will deny the
ness of suitable prophylactic means which everybody shou
ploy in his own, and likewise advise in other families u
direction of an enlightened physician.

The medicines which a good deal of clinical experience h
pointed out as our best remedies for cholera, are not nu
view of the great uniformity which the leading symptoms
in all epidemics, no great variety of remedial agents ca
pected; from the practical stand-point, this must be loo
great boon to the physician. Our remedies the efficaci
has been corroborated by trials, are: Ipecacuanha^ Camp
trum alburrty Cupnim, and Arsenicum; this list does not
remedies for the typhoid condition remaining after chole
Ipecacuanha is less indicated for real cholera than for tory diarrhoea; its efficacy in this diarrhoea is certa an attenuated tincture of Ipecacuanha can be safely reco as the best domestic remedy during epidemic cholera. Rea requires Ipecacuanha if the vomiting is much worse than rhoea. Ipecacuanha is, moreover, an important remedy in era of little children.

Camphora is recommended by Hahnemann himself for an inci

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lent attack. This recommendation has not been very exten verified by experience; nevertheless, if the attack is lent, the tincture of Camphor had better be tried; like attack is preceded by unequivocal, premonitory symptoms, so-called cholera sicca. Hahnemann announces the folowi toms for which Camphor has been used in many cases with success: Sudden and rapid failing of strength, so that attacked cannot stand on his les; alteration of the fe sunken eyes, bluish and icy-cold face, coolness of the r body; hopeless despondency and anxiety as if he would b iated; stupefaction, insensitivity; constant and unint ning; burning in the stomach and fauces; crampy pains in calves; painfulness of the pit of the stomach to contac nausea; vomiting and diarrhoea have not yet set in. Afte Camphor, sweat soon breaks out as a sure sign that an im ment has commenced. As soon as this takes place, the rem must be given less frequently and in smaller quantities, it might give rise to a troublesome cerebral hypersemia. typhoid symptoms remaining after cholera, Camphor has li been given; the exhibition of Camphor in this condition justified by the similarity of its pathogenesis to the s characterizing ursemia. The results, however, are not as numerous.

Veratrum album is, without doubt, our most important rem cholera. If we wish to derive good effects from its use, begin its administration in good season, and give it at premonitory diarrhoea, especially if it is colorless. Ve indicated still more, if the attack commences with vomit diarrhoea; this remedy often stays the further progress ease. Veratrum is less reliable if the symptoms of chole developed, although even then it surpasses all other rem efficacy. Of course, no remedy acts as favorably after ease has made considerable headway; it is for this reason Veratrum should be given at as early a period as possibl restlessness of the patient has given way to a dull apat insensitivity; if the skin is cold as marble and the pu perfectly extinct, Veratrum is no longer indicated. In g proper to say that Veratrum album ceases to exert a favo after the symptoms of reaction have become extinct.

Cuprum is highly commended by some, and entirely rejecte other physicians. An investigation will show that the la
Cholera Asiatica. 619

reject Cuprum because they have not given the proper dose. Cuprum 80 cannot be expected to have any effect in such a disease. Cuprum is not only indicated when the evacuation is still unaided, but likewise in the stage of asphyxia. This medicine is not endowed with much power to check the diarrhoea; it is a valuable remedy in preventing the general paralytic condition. For this reason, as long as vomiting and diarrhoea are still present, Cuprum had better be given in alternation with Veratruxum, more particularly if the spasms are very general rather than 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; nausea, in its place distressing, ineffectual efforts to vomit; 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. Likewise indicated is 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 Copper can ever act with great promptness; we prefer the Acetate and Sulphate of Copper.

Arsenicum album displays its curative action in those very rapid cases where cholera algida at once sets in without monitory symptoms. The most essential indications for Arsenicum are: Sudden and complete exhaustion, vanishing of the pulse together with violent palpitations of the heart, great inexpressible anguish, constant tossing about, horrible 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 very favorable change.

Beside these most important remedies we mention the following, accompanying some of them with brief indications or giving only their names. It is not an easy thing to introduce new cholera remedies to the favorable notice of the Profession, for the reason that the above-named remedies have proven themselves reliable in this fearful epidemic to such a degree that they must necessarily cast all other medicines that are recommended for cholera algida. 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 asphyctic stage, if the diarrhoea and vomiting have ceased, if every spasmodic movement has disappeared, and the patient lies as
Carbo is frequently indicated after Arsenicum and is placed in cases where every sign of reaction had seemed from the beginning.

Acidum hydrocyanum has similar indications as Carbo, but from this medicine in the succession of its symptoms. It is indicated if the attack at once assumes the highest degree so that a few hours intervene between the commencement of the attack and the moment when death seems to be lurking on the threshold; Carbo may be sufficient if the failing of the strength is less rapid.

Opium deserves attention in the cholera of little children; it is seldom suitable for adults.

Colchicum cannot be regarded as a remedy for cholera, for the reason that it has not the colorless stools.

We name moreover: Jatropha curcas, Iris versicolor, Conium, Secale cornutum; these remedies, however, are either unreliable as similia, or because they have not been sufficiently proved.

As regards dose, almost all observers agree in recommending the lower preparations, even the strong tinctures, frequently repeated.

We have to devote a few lines to the management and diet of cholera patients. Warm external applications are generally of little use; they are apt to increase the patients' restlessness, and have to be resorted to very guardedly. Continued but gentle frictions with cold wet clothes are much more beneficial. At the onset of the attack, food is utterly out of the question; beverage is fresh well-water; this will moderate the thirst for a moment at any rate. Small lumps of ice in the mouth like refresh the patient a good deal. If Champagne can be had, it may be administered in tablespoonful doses with great advantage.

The typhoid symptoms after cholera are so changeable that it is next to impossible to recommend a positive course of treatment. The most important remedies are: Belladonna, Opium, Acidum phosphoricum and Tharides and Terebinthina may be chiefly relied upon as remedies for the often prominently developed nephritis. As a rule, the treatment should be conducted upon the same principles as that of typhus. The returning appetite has to be gratified with great caution. In cholera, as in typhus, the intestinal canal is very slowly.
rated tincture of Aconite-root as a specific for cholera
treatment was laughed at by some, and very coolly receiv-
others. In the May number of the North American Journal
Homoeopathy, 1867, we find an article by Doctor Cramoity
lated from the Bulletin de la Socité Médicale homéopathique
France, by Doctor John Davies of Chicago. In this article
Cramoity claims for the tincture of Aconite the rank of
specific. He claims that from a therapeutic point of vie
characteristic feature in cholera is the acceleration or
tation of the pulsations. "This," says the Doctor, "is n
hypothesis; for we can well remember in the cholera-case
examined when under our superviso in the Charity-hospit
1854, and in our private Clinic in 1865, that the increa
pulse more or less coincided with the degree of the dise
with the anguish or suffering; because the pulse freque
peared at this moment.

"At the commencement of the epidemic of 1865 we did not
precise these symptoms, and had the misfortune to lose
two women and two children; to these we had given the r
prescribed in the books for similar cases, which remedy
to be the most efficacious in such circumstances.

"This is therefore the reason for our presenting this t
reatment of cholera: our experience and observation es
fact that the tincture of Aconite is the grand curative
flammatory diseases, and the regulator of the circulatio

"We have prescribed from fifteen to twenty drops of the
of Aconite in six to eight ounces of distilled water, a
same to be taken every ten, twenty or thirty minutes
to the intensity of the symptoms. Under its influence, t
begins to revive, the circulation of the blood returns t
condition; the pulse rises, the internal heat ceases;
allayed, and the vomiting and diarrhoea arrested. At the

time the bluish cast of countenance disappears, the cada
expression changes to a natural one, the agitation of mi
is replaced by a tranquil condition; the dread of death
formed to joy and hope, and the patient recovers in thre
hours/*

Several cases are mentioned where the patients, after h
fruitlessly treated with the usual cholera-remedies, suc
phor j Veratrurriy Arsenicum^ Cuprum^ and sinking very f
last stage of collapse, were* speedily and completely cu
doses of the concentrated tincture of Aconite.

Indeed, why should Aconite be overlooked as a great and
remedy for cholera? If there is any truth in the homoeo
law, the effects of Aconite upon the normal human organi
to it as a remedy for cholera. "We do not think that it
the use of other valuable specifics for this terrible ep
they, on the other hand, supersede the use of Aconite. A
of poisoning will conclusively demonstrate the homoeopat
Aconite to Asiatic cholera. With high potencies we must,
course, not expect to accomplish anything; large doses of the concentrated tincture are required to produce a curative effect.

The following case of poisoning is reported by Doctor Jacob Reed, Jr., of this place: A man, forty-five years of age, under treatment for rheumatism, swallowed a teaspoonful of liniment composed of equal parts of the tincture of Aconite-root and water. This was followed by pain in the epigastrium, numbness of hands and feet, and a sense of formication over the whole body. One hour after, the dose was repeated. At the time of my visit, an hour and a half after the first dose, the man had swallowed a drachm of the strongest tincture of the root. I found complete state of collapse; after the second dose he had repeatedly, first bilious matter changing into copious urine; he had also several very large rice-water discharges from the bowels; he complained of terrible pain and anxiety about the heart, was pulseless, skin cold and clammy, face indicative of great suffering and fear, breath cold to the hand; occasional paroxysms of general opisthotonic spasms would leave him in a prostrated condition in which it would seem that his constant fear that he should die, was about to be realized.

Before I questioned the family, from my first examination of the case, I judged it to be cholera; indeed, if there had been cases of cholera in town, I would have thought it unnecessary to investigate the case further. I discovered the mistake that had been made, and under the free use of stimulants, Coffee and Opium, he recovered, but not until after three or four hours continuance of the above severe symptoms.

The following case of poisoning from the tincture of Aconite is reported in the October number, 1868, of the Medical and Surgical Reporter, published in Philadelphia. By mistake a child was given a teaspoonful of the strong tincture of Aconite-root. The patient was a boy, six years of age. Doctor Hays of Covington, Ky., where the poisoning occurred, reports as follows: I found the patient so much prostrated that, had there been an epidemic of cholera, and had I no examination to aid me, or any previous history, but had to depend upon the appearance of the patient, I would undoubtedly have pronounced it a collapsed state of cholera. The skin was cold, clammy and livid, with a profuse perspiration, there was no pulse to be felt at the wrist, the action of the heart was quite feeble and irregular, the capillaries were scarcely able to be refilled when their contents were poured out. The head was cold, the eyes were natural in appearance, except the pupils which were dilated and not at all sensitive to the effects of light. The facial expression was haggard, the nose pinched, the breathing extremely labored, the lungs were filled with rattle of which could be distinctly heard in any part of the patient's body. The patient's bowels moved several times involuntarily. Under proper treatment the boy recovered.

The eleventh case of poisoning by Aconite in my Materia Medica was regarded by Dr. Pereyra of Bordeaux as such an exact representation of the symptoms of cholera that the doctor concluded...
dote the symptoms with Guaco which he had found efficacious during the paralytic stage of cholera. The poisoning was caused by a rheumatic patient in the hospital of Bordeaux, France. All the pathognomic cholera-symptoms were reproduced in this case.

Doctor Richard Hughes, in his Manual of Pharmacodynamic urges the claims of Aconite as a remedy for Asiatic cholera. He writes: "Some very striking phenomena are in the sphere of the circulation. In acute poisoning the pupils, the pale face, the quick and contracted pulse, a coldness within and without speak of an excitation of the motor nerves throughout the body, analogous to that of the muscle-motor centres which results in tetanus. In other words, we have a condition answering to the chill of fever, the collapse of Asiatic cholera." Page 44 he writes: "If the Doctor will turn to the pages of the British Journal some twenty years back, he will find that I made the same prediction at that time, and was laughed at for my pains."

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have a condition answering to the chill of fever, the collapse of cholera." Page 44 he writes: "Las collapse of Asiatic cholera, where the chill is so deadly 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 to even in those terrible cases where vomiting and purging are absent, and death seems imminent from the arrest of the circulation. Aconite will still assert its power. I venture to predict that it will some day be recognized as superior to even in those terrible cases where vomiting and purging are absent, and death seems imminent from the arrest of the circulation."

C. CONSTITUTIONAL DISEASES WITHOUT DEFINITE INFECTION.

Chlorosis.

Green-sickness.

Chlorosis as an idiopathic disease occurs exclusively among females, and is connected with the sexual functions in a way that we are as yet unable to account for by a precise process of reasoning. Chlorosis occurs chiefly between the ages of thirteen and twenty-four years, seldom at a later period; it can be traced to secondary disturbances, such as: confinement 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 ceived that unconquerable obstacles stand in the way of investigation. The disease sometimes breaks out previous first appearance of the menses, more frequently after estrual periods; as an entirely primary disease it only among unmarried women. It appears to be hereditary; females with a pale complexion are more liable to be attacked with it; excitation is exempt from the disease, although delicate with irritable nerves are more susceptible to it. Among causes we may mention: Insufficient exercise, mental exertion without corresponding muscular activity; excitement of
fancy, especially when caused by novel-reading; excitement of the sexual instinct by onanism, improper converse with the other sex; deprivation of open air, and interference with the expansion 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 very much less in the blood of chlorotic patients; in very deep cases this number is diminished by four-fifths of the normal quantity. 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 more irritable, they are apt to get tired after every little effort; they are liable to changes of color; the skin soon loses its bright lustre, and the patients complain of feeling chilly at an early period of the disease. Inasmuch as the pathological picture which now itself, may be characterized by a variety of symptoms, describing the derangements as they appear in each specific 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 at all or but indistinctly perceptible. The color of the cheeks may change quite often within a very brief period of time. The visible mucous membranes are more or less without color. (Edematous symptoms only occur in the highest grades of the disease, and excision 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 after every meal, acidity of the stomach, generally the bowels are very torpid. In the nervous system we discover excessive irritability, neuralgia, hysterical symptoms, fitful mood. —The breathing is accelerated; the least physical effort causes an attack of dyspnoea, a very high degree. The circulation is accelerated, very retarded; disposition to transitory palpitations of the heart are easily excited by a physical effort; anjeriac murmurs in the large veins of the neck. The menses are irregular, sometimes entirely suppressed or very tardy, sometimes more profuse than usual, always of a lighter color or even quite colorless. Accompanying 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 a long time;
sleep never refreshes them.

One or the other of these derangements is generally wanting; 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 absent: dyspnoea and palpitation of the heart from the least unusual effort, especially after going up stairs.

The course of chlorosis is always more or less protracted, sometimes very chronic. This, however, must be expected, since the disorder is depending upon anomalies of nutrition that come 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 excitant is persevered in, the trouble may continue for years. In the disease has remissions and exacerbations, and is most 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 remains. Among the complications, the simultaneous presence of tuberculosis and scrofulosis is most threatening. We generally 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 expected 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 gained the battle. This view, however, is not only totally erroneous, but may result in a good deal of mischief. The menses are neither the cause of chlorosis nor do they indicate the grade of its importance. They are often absent, or, if present, they are generally irregular. Chlorosis. 627

pale, watery, but may likewise be profuse and occur too frequently. This shows that they have no characteristic significance in the disease. 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 gain every day in health and strength without seeing any catamenial discharge for months. Of course, chlorosis cannot be said to be entirely cured unless menstruation has resumed its regular course, the more so the older the patients are.

The true remedies for chlorosis are: Ferrum, Arsenicum, Carbonica, Fluoratum, Sepia, Pulsatilla; many other remedies required for intermediate conditions.
Feppum. This medicine is a real specific for simple, uncomplicated chlorosis; every simple case of this disease yields to the curative action of Iron, if physicians complain of the inefficiency of this medicine, it is most probably their own fault; for, if proper time and in the right quantity, Iron always acts nor need any evil effects be apprehended from this agent. It is for such gastric symptoms that Iron is more particularly suitable. The sooner the remedy is administered the more speedily it will act; the longer its exhibition is delayed, the less reliable it becomes. It is impossible to determine the proper dose a priori; all we can say is that beyond the third trituration the medicine has no effect and that 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; be useful, because each may effect a cure. We are still without any criterion by which the usefulness of any particular could be determined; we prefer that which is least liable!

Among these preparations the simple Ferrum redactum of the Pharmacopoea is undoubtedly the most appropriate. It may be used with excellent success in the first or second trituration and is at all events preferable to iron-filings. Among the salts of Iron we generally prefer the Acetate on account of its ready solubility; only the salt has to be frequently prepared fresh, because it is easily decomposed. The Sulphate and Muriate may be used, but they have no special advantages. Chalybeate waters do not enjoy any superiority; their administration requires some caution. In inveterate cases of a high degree of intensity, they edly preferable; their use renders it absolutely neces

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patient should change her mode of living, which she might be disposed to do. The use of Ferrum is contra-indicated by the following symptoms: Previous employment of the drug in enormous doses; even small doses cause a marked hyperemia about the heart and lungs. The last-mentioned effect is apt to occur when tubercles are present in the lungs. The use of 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 characterized by a high degree of debility, with oedema, paleness, cardiac phenomena even during complete gastro-ataxia. Arsenicum is likewise important, if the previously mentioned symptoms are associated with a disposition to adiposity, paroxysms of dyspnoea or else continued shortness of breath, profuse menstruation, liver-complaint, violent cardiacgia, sleeplessness at night, drowsiness in the day-time. It is remarkable how soon after the administration of Arsenicum the normal appetite returns and the sickly complexion is replaced by a

Caloarea carbonica, unaided by other remedies, scarcely a cure of chlorosis; generally Ferrum has to be given a 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; the stomach with complete loathing of animal diet, cr
farinaceous and indigestible food. In such cases Ferrum
agrees best after Calcarea. As a general rule this remed
table to chlorotic persons during the period of pubes

Plumbum aceticum is recommended by Winter in accordance
sound reasoning; we have no personal experience with thi
It is indicated by the following circumstances and sympt
Severe orthopnoea and dyspnoea, inconquerable constipati
muscular debility, oedema of the feet. If, in addition t
symptoms, we take the numerous cardiac phenomena, the ga
difficulties and the cough, we obtain a striking picture
intense, inveterate chlorosis. Beside "Winter's, we are
with any trials that other physicians have made with Lea

Sepia may be regarded as an excellent remedy for the par
of hemicrania which constitute a source of distress to c
females with brown hair and lively temperaments. Sepia i
wise adapted to chlorosis emanating from the sexual org
secondary af*ections.

Chlorosis. 629

Pulsatilla has been long regarded as a remedy for chloro
ever, we are of opinion that most of the cures of chloro
attributed to the exclusive use of Pulsatilla^ are quest
satilla 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
such as: pain in the stomach, headache, toothache; but c
is scarcely ever acted upon by this medicine.

The removal of the cause, including a certain preventive
ment up to a certain degree, is scarcely ever heeded wit
attention. We are not able to determine all the special
chlorosis, but the general causes can be clearly made ou
is sufficient both to guard against the disease and to p
cure. Let our young ladies be properly educated, and let
premature excitement of the fancy be carefully avoided;
fashions interfering with the respiration and the digest
carded ; let our girls have an abundance of very active
the open air; let the mothers' gotten tion be directed t
practice of onanism and to all premature sexual exciteme
above all, let all novel-reading be strictly prohibited.
has once broken out, a radical change in the mode of liv
eminently advisable; city-girls ought to be sent into th
and country-girls to town. A change of this kind alone i
sufficient to effect a cure. Of course, the deleterious
which we have alluded, have to be strictly avoided. The
had better confine themselves to the use of milk, leavin
tea and coffee. A moderate amount of bodily exercise is
continued and fatiguing exercise is hurtful. Cheerful co
promotes the cure very much. Sleep should not be limited
fixed number of hours ; on the other hand, constant som
should not be yielded to.

[Bsehr has left out three remedies that may render effici
vice in the treatment of chlorosis; they are: Aconite^ i
is complicated with tuberculosis ; such patients are apt
dark sallow complexion sometimes with a greenish tint an
flushes on the cheeks; they are troubled with palpita
ting pains in the chest. — Digitalis; in some chlor
the pulse is irregular and intermittent and the heart's
characterized by similar changes; such symptoms indicat
Belladonna is indicated by frequent paroxysms of headach
forepart of the head; the headache is accompanied by br

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on the cheeks, deep sparkling looks, heat in the head;
are apt to be of a lymphatic disposition and passive tur
mind, H.}

2. Rhennia.

BheurifKUisra.

Under this heading we comprehend a group of morbid condi
cerning whose essence our knowledge is very defective
have in common is, that they are localized in the fibrou
the muscles, tendons, joints, aponeuroses, etc. We may a
all rheumatic affections are very much aggravated by the
of cold.

Their etiology is no less uncertain and vague than their
cature. "Whereas the acute forms occur chiefly between
of fourteen and thirty-five, the chronic forms are prin
c with after the fortieth year of age. The former are prin
occasioned by exposure to colds and wet, the latter more
ularly by damp and cold dwellings, and by continued expo
wet weather and permanently dwelling in wet localities.
are atmospheric conditions which frequently cause epide
matism, generally in company with extensive catarrhal di
One attack of rheumatism begets a tendency to new attack
the case of females, chronic rheumatism is decidedly fav
the influences of the critical age.

The rheumatic process shows itself in four distinct form
we shall describe separately, although their treatment w
densed in one, in order to avoid unnecessary repetitions

a. Acute Articular Rheumatism.

This form of rheumatism often arises from a cold and fro
posure to atmospheric influences; it not unfrequently a
epidemic type and, in such a case, breaks out most commo
the fall and winter.

The disease commences very gradually with a vague feelin
malaise, accompanied with slight catarrhal symptoms; it
break out after severe attacks of angina, very seldom su
scarcely ever with a chill, but with alternate chills an
neously with the fever, very seldom after, and still les
one or more joints become painful; the pain rapidly inc
the joint swells, sometimes with, and at other times wit
Rheuma. 681

ness; at this period the least motion and the least pressure cause pain, so that the patients remain perfectly quiet for fear of hurting themselves. Generally several joints are attacked at once 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 to five days, sometimes with a complete cessation of the pain as well as the swelling, other joints are attacked in the same manner; most of the other joints are invaded, after which rheumatism frequently breaks out again in the joint when originally proceeded. At times the swelling is quite con at other times scarcely perceptible; sometimes it is co joint alone, at other times the surrounding parts are ve involved; not unfrequently the articular extremities feel The constitutional symptoms are at times very violent, a times very slight; this depends a good deal upon the nu joints involved. The fever runs pretty high, remitting v ularly; the temperature is not much raised above the no level; pulse about hundred, in very acute cases increas seldom to one hundred and twenty and upwards, small and able; a copious perspiration, having a musty-sour smell during the whole course of the disease, corresponding wi the patients are tormented by a distressing thirst. The scanty, saturated, and, on cooling, deposits a copious s digestion is slow, the appetite impaired, but very seldom suspended.

The course of uncomplicated rheumatism is never very rap erally more or less wavering; recovery takes place grad joints may remain painful and swollen for a long time, t remains obstinately accelerated, the perspiration contin weakness abates very slowly. A favorable change takes pl seldom after the first week, a little more frequently af but most commonly only after the third and fourth week. often we have noticed that, before the disease terminate is attacked twice, and that the second attack only lasts as the first. In violent cases all the joints are affect the termination of the attack, some, however, are more a inflamed than others.

Complications generally occasion a more protracted cours disease, and determine the amount of danger involved in Among these complications we seldom meet with pneumonia,

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ritis, peritonitis; endo- and pericarditis, on the cont common occurrences. Such complications must be expected much more certainly the larger the number of joints that simultaneously involved, and the more fiercely they are In a majority of cases the cardiac inflammation develops imperceptibly that it is scarcely betrayed by a single s very seldom sets in with a chill or with acute pain. A s that ought always to excite our suspicion, is the hurry and the abrupt talking of the patient. If this symptom b
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 discomfor
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
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
coverly 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 difficultry.

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 generally seated, than in the synovial lining, the ligament cartilages. Little by little these grow thicker and rough the reason that, after a time, crepitation is heard in it. The disease seldom involves a number of joints; generally limited to one or a few only. Neither the swelling nor the power of motion remain considerable; to some extent the power of motion may yet the patients may be entirely deprived of the use of one limb, whereas the rest of the body is perfectly sound. The disease has remissions followed by exacerbations each of which brings the condition of the joints somewhat worse, and may even lead to anchylosis. 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 only by pain and loss of mobility. Chronic rheumatism is characterized by repeated attacks of acute rheumatism which seems to constitute an ultimate stage. The joint is not disturbed by the disease. A complete cure is very much impeded by the extreme obstinacy of the trouble, and likewise by the possibility of preventing the joint from being acted upon by influences that never cease, by their presence, to perpetuate the disease.

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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 is most frequent after the fortieth year. It breaks out among all classes, especially the lower; on this account it is difficult to determine the degree of influence exerted by bad food or damp dwellings over this disease. Arthritic rheumatism affects more particularly the female sex; the critical age undoubtedly favors 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 both sides of the body at the same time. It generally commences in the hand, whose joints become more or less painful, especially when they are moved or pressed upon laterally. Sometimes the pain is felt in bed; crepitation is very soon heard in the joint and the swelling 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. Towards the end the shape of the joints is very much altered, especially the phalangeal articulations. The articular extremities are bulbous, and they are especially enlarged in breadth; their integumentous covering has a natural color; the articular surfaces are no longer in complete coaptation, giving the opposite bones the appearance of being dislocated, and imparting to the hands and feet a deformed shape. The power of motion is not entirely suspended, but motion is very painful; in the very highest grades of the disease the joints are entirely immovable. Life is not endangered by this condition, but its curability is doubtful. The swelling never disappears entirely; all that can be aimed at by treatment, is to arrest the further progress...
Treatment* Owing to the peculiar vagueness and indefiniteness of the single forms of rheumatism, whether acute or chronic, we find it difficult to decide whether and what medicine exerted a curative effect upon the disease. The consequence is that an unreasonably large number of medicines have been employed for this disease, all with more or less pretended effect, yet in similar cases the same remedy does not always produce the same 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 definition of this term. Here we have a striking demonstration of the fact that it is injurious to treat diseases in accordance with pathological names, and that there is, on the other hand, great advantage in individualizing cases according to the rules of Homoeopathy, without troubling ourselves whether the morbid condition is called rheumatism or something else, provided the abnormal process ceases. No disease embarrasses 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 effectual than any other; at the same time we admit that it is desirable that we should be able to accomplish a great deal more. In our opinion, one of the principal reasons why we so often fail in curing rheumatism is the dread homoeopathic physicians seem to entertain in administering large doses, which rheumatism often requires in the case of Sulphur.

In the following paragraphs we only mention the leading remedies more fully; of the other less important remedies we only give the names, for we believe that too large a number of drugs is prejudicial.

Aconitum is the main remedy in acute articular rheumatism if the pulse is not only frequent but likewise full and hard, the temperature is considerably higher, the joint is red and exceedingly 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 cases where it sometimes acts with great efficacy. Aconite is less adapted to chronic articular than to muscular rheumatism, especially when the disease is located in the upper extremities. [Aconite is a specific 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 disease are so numerous that we have to content ourselves with furnishing a few general indications, Bryonia is most suitable for rheumatism...
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caused by exposure to cold and dampness after a severe muscular 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 has a sour smell. In muscular rheumatism, Bryonia is indicated
following symptoms: The muscles of the trunk are the seat of the disease, especially the thoracic muscles; the patient feels worse 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 patients whose cases are mismanaged by large doses of Mercury. Mercurius is
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 and
piration very copious and having a musty smell, the throat is exceedingly tormenting. The local swelling is not very great, intensely red, giving rise to the apprehension in the joint; it is not apt to shift about; even if 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 copious sudamina. The pains are worse every night, towards
midnight, aggravated by severe cold and ameliorated by external warmth. The more frequently relapses set in, the more sp Mercurius indicated. In muscular rheumatism, Mercurius is
icated by the following circumstances: the pains exacerbate at night, they are deep-seated as if the periosteum were at great sensitiveness to gentle as well as firm pressure. In complicating inflammations of vital organs, Mercurius deserves a
position, in cardiac inflammation as well as in pneumonitis, likewise in meningitis.

Rhus toxicodendron is adapted to every form of rheumatic except arthritic. In acute articular rheumatism, it is indicated by the following symptoms: Violent fever, with tendency to the type, delirium and excessive restlessness; the swelling is intense, admits of some motion, is intensely red and somewhat sensitive to contact. The perspiration is not considerable. The
are constantly changing their position, for even after a 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 circumstance improve or aggravate the symptoms; if the pains become associated with paralysis and contraction; if the
of the lower extremities are the seat of the disease. Rheuma particularly points to Hhus. In chronic articular
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 time ago I was called to see a Catholic priest who, while visiting a man in the country, was overtaken by a thunder-storm and was to the skin. In this condition he had to travel eight miles on horseback. If next day he was attacked with neuralgic rheumatism of the upper third of the left upper arm. The pain was as i and marrow were being ground into a thousand fragments. Having been treated allopathically for a whole week, with large doses of Morphia, Quinine, etc., the patient was reduced by the pain, deprivation of sleep, etc. Being sent for, arm apparently natural, but the sensitiveness so great that any attempt to touch the affected limb, caused the patient to shudder. The pain extorted agonizing cries. I made up my mind that Mercury was his remedy, of which he took the first centesimal trituration, a powder every hour. Already after 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 mild, subacute rheumatism of the joints and muscles; the affection shifts about frequently and speedily; the pains exacerbate in and at night; they are violent tearing, drawing and jerking pains, increased by warmth, improved by cold, at least for a short time. Pulsatilla is seldom appropriate in chronic rheumatism, more so in the rheumatism of muscles and of the joints. It is neither a reliable 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, of a yielding and rather phlegmatic temperament, had an attack of acute rheumatism of the dorsum of the right foot. It was very much swollen, red, excessively painful, and very sensitive to contact. The swelling had a shining appearance. The pain was much worse at night, and the fever ran high. She had been in this way for three nights. I gave her six globules of Pulsatilla 18, dissolved in half a tumbler of water, to be taken in spoonful doses every two hours. After the first dose the pain moderated, she very soon fell asleep, perspired a little during the night, and next morning was entirely free from pain, swelling. H.]

Colchicum is not exactly a remedy for acute rheumatism, but it is excellent in subacute affections of the joints and muscular parts of the former being chiefly affected. The fever is not violent, mingled with constant chills, either without or with little perspiration, the urine is saturated and deposits a copious sediment. The painful joints are neither red nor swollen; the pains increase considerably at night or by motion and contact. The attack 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 exceedingly 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, Tartar emetic is indicated by the following symptoms: Marked swelling of a number of joints, the pains are not very great during rest, but this rest is frequently interrupted by spontaneous, spasmodic, very painful contractions of single bundles of muscles. There is not much fever; the symptoms of digestive derangement, on the contrary, are very prominent. A condition marked by such symptoms sometimes occurs during the subsequent course of articular rheumatism, scarcely ever at the commencement.

Digitalis purpurea is, in our opinion, a most important remedy in acute articular rheumatism; in the last few years we have seen this remedy produce a striking effect and shorten the course of the disease. We do not deem it necessary to demonstrate the similarity of Digitalis to rheumatism; the physiological action of this drug as recorded in the Materia Medica, explains this beyond the possibility of cavil. We do not, however, give the special indications of Digitalis in every particular case, for the simple reason that we have not had sufficient opportunities to test it in practice. So far we have been guided in the use of Digitalis by the following points: Hurried, small pulse easily affected by motion; increased strength of the beating of the heart; the sounds are muffled and indistinct, mingled with arterial murmurs; hurried respiration, with ability to draw a long breath; hurried, abrupt speech; almost complete suspension of the urinary secretion; shining-white swelling of the joints, not very sensitive to pressure; a number of joints are attacked at once; the body is very pale. During the whole course of the disease given this medicine without any other drug, and in spite of the violence of the symptoms, we have never been able to discover any symptoms of cardiac inflammation, for which Digitalis might, however, likewise be indicated. In conclusion we desire to state that Digitalis holds a high rank as a remedy for rheumatism among the Rational physicians; there is undoubtedly a reason for this.

Sulphur bears almost the same specific relation to the rheumatic process that Mercury does to syphilis. In an acute attack we would not think of giving Sulphur; on the other hand, Sulphur is indispensable to remove the remaining traces of acute rheumatism which the extraordinary disposition to relapses general is shown by the numerous cures which are every year wrought by the use of Sulphur-springs, and which it is impossible to doubt. We doubt, however, whether similar results can be obtained by giving Sulphur internally in small doses; at any rate, we have never been able to accomplish such a task. All we have been able to do has been to improve the case, but we have never yet achieved a perfect cure with these small doses. This shows that there must be something, a higher curative power in Sulphur-springs, which small doses of Sulphur do not possess. Sulphur exerts a curative power over arthritic rheumatism; it arrests the progress of the disease, and materially reduces the swelling of the joints.

Ferrum is applicable in primary chronic rheumatism as well as
after an acute attack, if the patient has been very much reduced in 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 recommended for rheumatism of the smaller joints. Dr. R. Ludlam, of Chicago, prescribed it for a case of inveterate rheumatism of the joints of the left hand, in doses of two grains of the second decimal trituration every two hours, until relief was obtained. The patient was a servant-girl; she had not slept for two or more nights. After the second dose she fell asleep, and her pain vanished from that time forward. There was no metastasis of the complaint,

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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 prescribed the Caulophyllin for articular rheumatism of 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 mentioned:

In acute cases: Arnica, Belladonna, Nitrum, Spigelia; and more chronic affections: Ledum, Sabina, Cocculus, M Clematis, Rhododendron, Ruia, Oleander (especially in c matic paralysis); finally, in inveterate cases: lodium, Calcaria, Calcarea carbonica, Silicea. [In arthritic rheumatism, g a scrofulous basis. Aconite and Iodine are indispensable.

Although Sulphur-springs are the most effectual remedy for institutional rheumatism, yet there are other means calculated 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 with 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 removed much as may be.

The diet in acute rheumatism is easily managed; the patient either do not crave any nourishment, or their appetite is impaired. Fat and greasy articles of diet are decidedly injurious; acid substances, especially stewed fruit, have a very good effect; raw fruit may be partaken of, but moderately.

S. Arthritis.

Gout.

The cause of gout is involved in a great deal of obscurity; on this subject have led to the most one-sided hypotheses. All that we know positively is, that gout is not only an hereditary, but in the majority of the cases that come under our notice, an inherited disease; however, it may likewise originate as a 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

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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 dise 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 painfullness 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 terminate the whole disease, espec patient changes his present mode of living with determin ness and consistency. If this is not done, a new attack
I

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after a certain lapse of time; this second attack chiefly during the period from February to April. This circumstance is in some respects accounted for by the patient's more luxurious mode of living during the winter-season, when he takes at the less active exercise than usual. The interval is entire 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 calculous deposits 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 wrists become involved. The so-called chronic or atonic gout now is an established infirmity. The more numerous the changes that remain after the attack, the more joints are affected, the more prominently the chronic affection characteristic features during the interval. The digestion is permanently deranged, the patients complain of pains in the stomach, pressure, and flatulence after every meal, torpor of the bowels an rhoidal distress; they are very irritable and out of humor. 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 with frequent, but short-lasting congestions, palpitations, attacks of angina pectoris, asthmatic complaints. The affected joints become more and more deformed and anchylosed.

At a more advanced age and by observing a strict diet, the chronic gout may terminate in recovery; of course, the concretions 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 succeed the first attack of gout in the place of chronic gout. The patients suffer with the complaints of chronic gout; above all, the urine looks very cloudy depositing large quantities of urates; but in the place of acute pains in the joints, we have short shifting about from place to place frequently and speedily.

http://www.archive.org/stream/sciencetherapeu00kafkgoog/sciencetherapeu00kafkgoog_djvu.txt
upon material changes, products of a permanently established arthritic process; sometimes, however, the organs are 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 accident in a sudden violent inflammation with horrid pains as the brain is concerned, with considerable danger, for may terminate fatally in a few days.

Arthritis scarcely ever terminates directly fatally; it frequently succeeded by perfect recovery. Death results from alterations in the organs of the circulation, very a gradual 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 the chronic disease, in which case it aims at removing t

The treatment of the single paroxysm leads us to the remedy that have been indicated for rheumatism; this is a necessary consequence of the pathological vagueness of both affections and of the insufficiency of our physiological provings. Many remedies recommended for gout, the value of which is very questionable; in recommending them, their authors probably overlooked the that an attack of gout sometimes terminates spontaneously in one 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, lost sight of. Unfortunately the sediments in the urine been tested chemically by our provers.

For the single paroxysm which is accompanied by violent fever. Aconite renders the most eminent service, but it has to large and frequently repeated doses. Arnica has often done service, if the attack had been caused by mechanical injury; it sets in after great physical exertions; if the inflamed joint was intensely red, and the patients were very restless in spite of their pains. Arnica is likewise excellent in cases of metastases to the brain. According to Hartmann, Pulsatilla is indicated by the following symptoms: The pains abate in cool air; the local affection shifts its locality very rapidly; the affection of the extremities 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, and the patient is constantly obliged to change the position of the affected part. We have observed all these symptoms in the case of a girl 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 tarsal joint gradually assume the form of anomalous gout. Nux vomica is evidently recommended on account of the exciting cause;
its pathogenesis does not show any homoeopathicity to gout. Digitalis is eminently useful if the attacks are gradually changing in character, and have lasted a good while; in such transit chronic gout Digitalis is scarcely ever surpassed by any remedy; but it must not be given in too small a dose. The able change effected by Digitalis is the supervision 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 than of a single attack, which is always somewhat precarious. Former treatment must be limited in its main features, especially at the beginning of the disease when the intervals are still 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 disease subsequent course of the disease when the derangements have already 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, Lycopodium, Arsenicum, Sulphur, Addum sulphuricæm, also Acidum benzoicum. In the case of persons of a more advanced age, they must 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

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light claret is the least injurious to such patients. Ar being so readily disposed to forget the strict rules laid 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 unavoidable 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 Pyrmont-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 assigned 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 characteral, all conditions which, in the long run, interfere with or retain the water in the blood, lead to dropsy any other conditions that result in the production of a of hyperemia or anemia. In most cases, however, someth has to become associated with these conditions, otherwisbe difficult to comprehend why many anomalies should be continue so long before resulting in the development of are unacquainted with the nature of this something; whea a relaxation of the coata of the vessels, or a more copi of water in the blood, or whatever else, we have not yet to find out. Most likely it is from this unknown cause t consequent upon a general marasmus, without any special, ical cause results. In accordance with the above-mention categories, dropsy sets in, if the flow of the venous bl right heart is interfered with; if the circulation is o

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thrombi in the larger venous trunks (as for instance in of phlebitis in the lower extremity, in the case of lyin ascites arising from inflammation of the vena portarm); case of pulmonary affections impeding the reflux of the as emphysema, hydro-thorax, pneumo-thorax; in consequent affections of the liver resulting from obstructions of t culation. — In the case of renal affections, if the func kidneys is very much interfered with; in chlorosis, aff spleen with hydremia, after copious losses of blood, or debilitating diseases, in general in conditions of debil order.

Symptoms. At the onset dropsy is more or less local; as rule, it commences with a swelling round the ankles, les in the face; ascites takes place only when the liver is this case it may remain localized as ascites; in the fo gradually spreads throughout the whole of the subcutaneo tissue, unites with ascites, and finally with cedema of brain, in which case death soon results.

Dropsical effusions are generally accompanied and someti preceded by prostration, and by decrease of the urinary The urine is dark, saturated, becoming cloudy in a short quantity is sometimes very scanty. All the other watery are likewise less, or they are entirely suspended; the dry, the skin is dry and cracks easily, incapable of per mucous membranes are likewise dry, on which account the is often tormented by a distressing thirst.

Dropsy at times develops itself very speedily and univer sometimes slowly and progressing very gradually. It is e after nephritis that water accumulates very rapidly; it slowly in company with affections of the lungs. It is un for us to describe the special forms of dropsy; these f constitutional symptoms accompanying them, can easily be mined without any further description.

The Course of the disease is at times uninterrupted, lea
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 cess diminution of the obstruction in the circulation, or fro excretions of urine, watery discharges from the bowels, through cracks in the skin, or from a general invigorati whole organism. Death generally takes place by cedema of

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lungs or brain. Recovery is attended with copious discha urine, very rarely with diarrhoea alone.

The Prognosis depends upon the chances of removing or ne tralizing the primary obstruction or derangement.

The treatment has to be chiefly directed against removin cause; if this is not possible, it has to be almost pur or palliative. The causal indication is met by the remed have been indicated when the affections of the various o treated of; we need not repeat them in this place. Sympt we shall have to select remedies capable of stimulating ished action of the kidneys, or of the circulatory organ this means, of promoting indirectly the absorption of th We possess a tolerable number of such remedies which som help to diminish dropsy depending upon some incurable di and by which means Homoeopathy enjoys a striking advanta any other method of treatment. In mentioning these remed will accompany them with short statements, for there are possible groups of symptoms, that it is impossible to fu indications upon an extensive scale. Moreover, the chron of the disease enables us to compare the remedies in our Medica with all proper attention.

Arsenicum album is our most important diuretic. It is su in all forms of dropsy, more particularly in dropsy def) heart-disease, and oedema of the lungs. After giving Ars copious diuresis will sometimes set in with astonishing after which the dropsical swelling speedily disappears. is most doubtful, if we have only ascites to contend against agasmuch as the medicine shows its good effect in a few da after a few doses had been taken, it is useless to conti longer period, in the vain hope of eliciting good effect persisting in its use.

Digitalis purpurea is much less reliable than Arsenicum, it is much easier to determine the indications for its u particularly useful in dropsy depending upon, or accompa high degree of general debility; the dropsy is caused b or cardiac disease. Digitalis is never indicated for asc but so much more specifically for oedema of the lungs. T of the exciting causes is such that Digitalis can only a tive; if small doses remain ineffectual, larger doses s sorted to before the medicine is discontinued.

China is particularly useful in dropsy setting in after
648 Constitutional Diseases without Definite Infectious 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 slowly developing cases of dropsy, but it is an excellent remedy in acute dropsy, probably form of the disease generally arises from an affection of the kidneys which comes within the curative range of this drug.

Apis at one time was greatly extolled as a remedy for dropsy, but 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 for 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 dropsy that 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., 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 suffici dose; it is well known, however, that dropsy requires to with larger doses than almost any other disease, although may be exceptions to this rule.

Paracentesis is only to be resorted to as a last resort.

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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. Scorbatts.

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 palmed excrences. 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
soldiers became its victims until Cook finalj' 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 Aiyppearances. Poupart and Lind inform us
that the "principal effects of the disease were ol3erve
in the cellular tissue of the extremities." Lind says th
blood often lay in large concrete masses on the perioste
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.

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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 ingredient, or by the absence of such, which ought to exist in it; and the deficient ingredient may be one of the ordinary constituents of the blood, or it may be some principle or element entering 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 with a puffiness of the skin around the orbits; the sclerotic conjunctiva is tumid and gives the cornea an appearance as the bottom of a well. Wandering, rheumatoid pains in the are complained of; the patients feel weary, yet the pulse soft; there is no fever, on the contrary, the animal te seems depressed. A very high grade of stomatitis develop. The gums look spongy and hang over the teeth in flesh-like 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 it has a purple-hue and may ulcerate if the disease become severe. The muscles of the legs become indurated and pain the skin is discolored in large patches and sometimes on part of the leg. In the higher grades of scurvy, these p break out in ulcerations which are generally located on of the legs, buttocks, hams, shoulders and arms. The ski ceedingly irritable, the merest rub causing an hemorrhag under the skin. Deprivation of sleep constitutes one of suferings of scorbutic patients. Their strength may be epletely exhausted that death may result from the most tr bodily effort. Scurvy at the present time is a very rare and with our present means of treatment and our perfect

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ledge of the nature of the disease, it scarcely ever run termination.

Mtiology and Treatment. At one time, the excessive or exclusive use of salt-provisions was supposed to be the «curvy, but we know now that scurvy may likewise result the exclusive use of fresh as well as salt meat. The rea scurvy is a deprivation of free vegetables. By supply want, the disease is readily and effectually cured. " Th writes Dr. Parkes, "so fatal when left to itself, is cu greatest facility. Symptoms, apparently the most grave a vanish as if by magic, and without leaving behind them a serious injury to the constitution. The sanious discharge scorbutic sores has been known to change color and to be healthy in a few hours after the commencement of treatme pure cases of scurvy, the blood, and the blood only, is "Lemon-juice," writes Dr. Watson, "is really a specific scurvy, whether it be employed as a preventive or as a r supplies something to the blood which is essential to it properties." Acording to Budd, the potato seems to be efficacious as a remedy and preventive. Parkes observes
lemon-juice seems to be more effectual than pure citric acid. Absence of fresh vegetables deprives the system of the acids necessary to the nutrition of the organism; these are tartaric, acetic, lactic and malic acids which form carbamates by entering into combination with alkalies. "When we inquire," says Dr. Parkes, "whether there is any proof of the deficiency of these particular acids and salts from the diet of scurvy, we find the strongest evidence not only that this 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 melt; next to it are onions, sliced and eaten raw; greedily devoured by scurvy-patients. Cabbage in the form of krout, sorrel, the wild artichoke, the maguey or America 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."

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Dr. Parkes recommends Citrates, Tartrates, Lactates, and Malates of Potash, as drinks, or as additions to the food.

Most of the above statements have been taken from Aitken, Watson, and from Parkes' work on the pathology and treatment of scurvy, to which we therefore refer for more extensive information. H.


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 therefore state that scrofulosis is a disease of the first period of development, the presence of which is manifest by conditions of a peculiar character, more particularly in the skin and bones.

Scrofulosis may be inherited from scrofulous parents, though it is not necessarily so. In a majority of cases, it may be regarded as an inherited disease if the parents were affected with some chronic disorder, especially the mother during pregnancy, such as tuberculous syphilis, malarial cachexia, mercurialism. Finall every reason why scrofulosis should be regarded as inherited is the disease breaks out among the offspring of marriages between near relatives, and after such marriages had been continuing several generations.

Scrofulosis may likewise be acquired by exposure to influences that continually impair the process of nutrition. Above all, it is a deficient supply of food, or improper food generally, that scrofulosis in children the more certainly the sooner th
exposed to such an influence. This is the reason why children are chiefly fed on farinaceous soups, bread, potatoes, escrofulous, the more certainly the smaller the quantity were allowed at the same time. Potatoes, and next to the ceous food, are the articles of diet to which escrofulosis is attributed. Children who are nursed by healthy mothers, wise become escrofulous if they are fed too often, or if too long at the breast, which is so often done in the co women who are anxious to prevent another conception. Mor escrofulosis is not perhaps directly caused, but decided not only by improper food, but likewise by an insuflicie of fresh air, want of exercise, living in damp dwellings to the skin.

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If hereditary Bcrofulosis and the last-mentioned circums meet, escrofulosis reaches the acme of its development. I opinion, improper nutrition is a much more frequent caus ulosis than hereditary descent. Parents generally bring children as they had been brought up themselves; the ab of their own parents have become engrafted upon them wit mother's milk, and the grandmother generally stands by t as a faithful watch-dog to prevent the old routine from parted from in the least particular. In this point of vi often proper to say, not that escrofulosis has been inher absurd views concerning the bringing up of children have transmitted from one generation to another. As an eviden truth of this statement, we mention the circumstance tha born in a family is apt to have a feeble and sickly cons whereas children born at a subsequent period, are health some children who were brought up on improper food, beco escrofulous, whereas no sign of scrofula is manifested in with whom more rational maxims are pursued.

Scrofulosis always breaks out in childhood. It seldom ma itself before the second year. Children that are very la bloated in the first two years, almost always become scr a later period; children with firm muscles and slender scarcely ever attacked with the disease. Scrofulosis sca breaks out after the second dentition, still less freque age of pubescence.

SynptoinH and Course. It is very difficlut to furnish a ple picture of the scrofulous disease, for the reason tiBSits itself in so many different localities and divera hence a few general statements will have to sufiice. Scr localizes itself in the

Lymphatic Glandular System. Either we find a more or les extensive hypertrophied degeneration, or else an exudati to suppuration, the surrounding cellular tissue being mo involved in this process. In the former case the swollen may remain unchanged for many years until they gradually pear, most commonly at the age of pubescence, leaving on trifling remnants of diseased structure. The inflammator tion is seldom deposited in an acute form; generally th swell slowly and without pain, the swelling sometimes ev
stationary, or else retrogrades, until gradually one portion of the gland becomes injected, fluctuates and breaks. The suppuration generally takes place very slowly, because the decomposition of the pus goes forward step by step. In other cases, especially in individuals with sickly constitutions, a complete decomposition of the exudation takes place before the swelling discharges; the discharge indeed takes place very rapidly, but other attacked so much more speedily one after the other, and strength is undermined by hectic fever. The cervical and bronchial 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 mesenteric or bronchial glands are invaded; in such a case obstinate catarrhal irritations may set in, which are often enough by hectic fever and death. If scrofulosis can be suspect chronic intestinal catarrh, every chronic bronchitis, must necessarily 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, who up to the time when they were weaned, looked fleshy and after they are weaned, are attacked by cutaneous eruptions that almost always look like eczema and impetigo, less frequently like eczema or pemphigus; the incrustations are generally attended 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 glands become 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; we wish to observe, moreover, that the inflammatory forms run atracted course, and that it is only when the patient's condition is in a very bad state, that those forms terminate in hectic fever and death, but, on the other hand, leave the affected joints impaired mobility, ankylosed and deformed. Scrofulous inflammation of the vertebrae is the most threatening, for it either curvature of the spine or develops hectic fever by the origination 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. Scrofulous ears of scrofulous children have a peculiar inclination with eczema breaking out at the same time round the ears.

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seldom only, and then only if the affection is very deep inflammatory process communicates itself to the ossicula mastoid bone.
The mucous membranes do not show any particular morbid symptoms, but an extraordinary susceptibility to catarrhs, especially nasal and buccal mucous membrane. In the nose the copious secretion is associated with soreness and ulceration, and a swelling of the whole nose, in which the upper lip generally participates, is exclusively peculiar to scrofulosis. In the mouth we notice frequent attacks of angina, with disposition towards indolence of the tonsils.

It is only the highest grades of scrofulosis that are accompanied by peculiar affections of internal organs, such as fatty liver, acute hydrocephalus, etc.

These various localizations manifest themselves in the most diversified combinations and successions, sometimes one at a time, and at other times all together. Their course is always slow, 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 to the course of the disease as well as to the treatment. Pathologists have adopted two kinds of scrofulous constitution, the erethic and torpid; they are indeed sharply separated from each other in practice. The erethic scrofulous constitution is distinguished by a lively circulation and a marked tendency to febrile affections. Such children have a fine, transparent skin, flushed cheeks with great tendency to sudden changes of color in the face, an extreme nervous irritability, increased mental activity, melting, languishing eyes, delicate bones, and slightly-developed muscles. The torpid scrofulous 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, especially the face, the features are coarse, the nose and upper lip are swollen, the bones, especially the skull, are large, and the limbs are shaped; other characteristics are: a distended abdomen, muscles, mental and bodily indolence, a dingy-looking, gray skin, disposition to canine voracity. From such general symptoms the speedy outbreak of local scrofulous affection 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 seven 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 its totality. According to what we have said when treating of the etiology of the disease, it is evident that the causal indication of scrofulosis occupies the first rank. Before any medical treatment can be thought of, the mode of living has to be thoroughly changed; this change refers mostly to diet, habitation, exercise in the open air, attention to the skin, etc.; in cases of erethic scrofulous constitution, the erethic scrofulous constitution is distinguished by a lively circulation and a marked tendency to febrile affections. Such children have a fine, transparent skin, flushed cheeks with great tendency to sudden changes of color in the face, an extreme nervous irritability, increased mental activity, melting, languishing eyes, delicate bones, and slightly-developed muscles. The torpid scrofulous 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, especially the face, the features are coarse, the nose and upper lip are swollen, the bones, especially the skull, are large, and the limbs are shaped; other characteristics are: a distended abdomen, muscles, mental and bodily indolence, a dingy-looking, gray skin, disposition to canine voracity. From such general symptoms the speedy outbreak of local scrofulous affection 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 seven years, without having occasioned any local diseases.
wise to take into special account the mental development of the patient, which should never be forced, and premature, but 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 constitution of another. The physician should carefully investigate, and remedy the defects of education, but definite laws cannot be laid down to reach such a result. The causal indication includes measures having reference to a true and useful preventive treatment; hence, a physician should make it his duty to over the education of the children confided to his care, possible direction and aspect of the case. How much trouble will a physician save himself by such a course, and how much anxiety to others!

Except in local affections, the medicine that may be regarded as the chief remedy for scrofulosis, is Calcarea carbonica. It never corresponds with a torpid, but so much more decidedly with an eretic habit. This remedy is not sufficient to alter the correct mode of living is indispensable to accomplish this purpose, but Calcarea is a most important adjuvant in the treatment much as the effect of this or any of the following remedies slow and never very striking, the medicines prescribed will have to be given at long intervals. Side by side with the remedy, and equally efficacious for the scrofula of torp- tions, we mention Arsenicum which we recommend upon our responsibility rather than the recommendations of others, since very little is said about this medicine in homoeopathic literature as a remedy for scrofula. We have to observe, however, t

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IB only indicated by the general symptoms, and only by a deed very few local lesions. Ferrum holds the mean between two remedies; it is adapted to the eretic as well as the constitution, provided the process of sanguification is deficient or imperfect, as may be seen from a disposition to hemorrhages, palpitation of the heart, ataxia of and a deficient secretion of bile. Ferrum is chiefly su- scrofula is most strikingly developed during the age of it is much less adapted to the scrofula of childhood. Su not be forgotten in this place; it is, however, better localized forms of the disease than to its general and v pressed symptoms. Sulphur is a distinguished remedy, if tion is very irregular; if a disposition to constipation if the abdomen is very much distended, the mesenteric gl be distinctly felt, the cervical and posterior cervical swollen, but painless, the nose and upper lip are swolle inflamed. Sulphur is likewise indicated in chronic bronchial catarrh depending upon infiltration of the bronchial gla

These four remedies are the only ones that we can designate as generally anti-scrofulous. Other remedies require specia- tions. We will mention the leading remedies of this clas for particulars to our former chapters on conjunctivitis nitis, ostitis, chronic intestinal catarrh, etc.; they a lodiuurrij Silicea^ Aurum rmiriatricum^ Baryta carbonica^ phuriSy Magnesia carbon. y 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 cod-liver oil is decidedly hurtful; in such a case it may digestion and impair the appetite. However, in view of the reputation which cod-liver oil enjoys, neither physician 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. ing of this kind is, of course, prejudicial. The second

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Bait water-baths, with or without an addition of malt. They effect is evidenced by the numerous baths prepared of 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. To Wunderlich it is characterized by deposits into all tissues and organs, of a pale, yellowish or gray color, of and sometimes a harder or softer consistence, of the size of granulations to the size of larger bodies, in which the elements (molecular granules and a few imperfect nucleated perseverance in a low state, without any organic connection other or 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 cases upon peculiar conditions of the organism with which almost unacquainted; it is very questionable whether they 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 improbable as the formation of carcinoma without a previous constitutional anomaly. We will designate the radical disease in tuberculosis as the tubercular diathesis. In almost everusclosis can be demonstrated as developing itself under t circumstances: It may result from a deficient supply or quality of the food in the same manner as has been indicscrofulosis; in this manner tuberculosis often succeeds that when, at the age of pubescence, scrofulosis disppears, 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. Whether a pre-existing germ is excited or created by such causes, the former, however, seems to us more probable. It may likewise be inherited like scrofula.

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The tubercular diathesis does not manifest itself by any positive symptoms, and the so-called tubercular habit consists of nothing else than the symptoms of general debility and imperfect assimilation. There die as many men without as with this habit. The only point that enables us to be tolerably sure of the existence of a tubercular diathesis, is the fact that the person was affected with scrofula 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 disease 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 dwellings, deficient exercise in the open air. On this account the disease is chiefly 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 great debility.

Continued depressing emotions, especially sorrow and grief. The connection of cause and effect between the diseases and the disease is not clearly made out; but that connection exists, can be shown by a number of cases; tears are often very properly designated as tears shed inwardly.

Circumstances incident to pregnancy, confinement, lactation, the more certainly, the more rapidly one confinement follows 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 manifest themselves; while nursing her mother experiences all sorts of inconveniences; the next pregnancy again brings an improvement, until phthisis suddenly breaks out in all its might, usually during the first weeks after a confinement, and very often runs a very rapid course to a fatal termination.
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A sudden change in the mode of living; if an occupation requiring constant exercise in the open air, is exchanged for business; a luxurious mode of living is suddenly replace of living full of privations; if the climate is suddenly if personis move all at once from a warm into a cold cli

Circumstances and conditions that permanently interfere the breathing; tight dresses preventing a free expansion chest; occupations that render constant stooping necessary the carpenters' and tailors' trade, etc.; or trades in c which the lungs become filled with fine dust.

Diseases of the respiratory organs. Frequent attacks of bronchial catarrh, pneumonia, pleuritis; above all, mea ing-cough and influenza are very common exciting causes cular deposits.

Most diseases that cause a rapid decline in the assimilations, such as: Typhus, dysentery, cholera, chlorosis, d inveterate syphilis, chronic exanthems, especially pruri

Influences which greatly debilitate the nervous system, long continued mental labor, venereal excess, self-abuse.

What causes are chiefly instrumental in exciting the fir break of the disease, is hard to decide. If the germ is most trivial event may kindle the spark into a flame.

Certain conditions of system afford a certain immunity f tuberculosis; among these conditions we distinguish: a pulmonary emphysema, malformation of the thorax, conside cardiac defects, carcinoma. It is likewise certain that tain air diminishes the chances of tuberculosis becoming developed disease. In the following pages we shall only description of pulmonary tuberculosis, furnishing now an hint concerning the tuberculosis of other organs.

In order to understand the meaning of the perceptible sy of the disease, a knowledge of the pathologico-anatomica is more indispensable than in most other diseases. We me three essentially distinct forms of tuberculosis, namely miliary tuberculosis, infiltrated tuberculosis, and acute tuberculosis.

In chronic miliary tuberculosis, the single tubercular g are found irregularly scattered in the lungs, sometimes at other times in large clusters, always chiefly occupyi of the lungs, and very often limited to the upper lobes. granulation is at first of a grayish color, tolerably fi

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it assumes a yellowish tint and acquires a cheesy consis at this point, may dry up to a calcareous little body wh 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 of a goose-egg. The vomica enlarges either by the dissolution of tubercles that are still embedded in its walls, or else, of tubercles in the walls of the vomica goes forward unity, the latter process being the one that is most common. The walls of the vomica are excavated, permeated by obliterated vessels and bronchia, or, if the bronchia are destroyed, their irregularly corroded orifices open into the cavity. The blood-vessel that is destructive process longer than the bronchia, and monly shrivel up; but if they are destroyed while blood circulating through them, they may give rise to extensive hemorrhages. The vomica may be entirely isolated, or else, it communication with one or more bronchial ramifications. growth it may penetrate the pleura and even the chest-wa parts surrounding the vomica show bronchial catarrh, int pneumonia in some localities, with subsequent atrophy, b etasia, emphysema. The vomica may empty itself and cicat else, it may become closed and, without being entirely e contents may become transformed into calcareous matter. pleura, even if not touched by the tuberculous process, thickened and the two pleuras adhere. Inasmuch as in miliary tuberculosis the deposition of tubercles takes place in groups or clusters, tubercles are not generally found un altered, but are met with in all the stages of their cou

Infiltrated tuberculosis is distinguished from the form the circumstance that a pneumonic exudation is transform tubercular matter, while the organism had either been in apparently sound health, or during the presence of tuber parts. The infiltrated substance passes through the same that have been described above, but it usually dissolves rapidly, causes much more radical destructions and its trans tion into calcareous matter takes place more tardily.

In acute miliary tuberculosis we meet with an extensive tion of granulations not merely in the whole pulmonary p

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chyma, but likewise in the pleura, the pia mater, thie p and the abdominal viscera. The homogeneous uniformity of granulations shows their simultaneous origin; in the ch this does not occur very extensively.

Tuberculosis of the intestines, which is scarcely ever a ing the course of pulmonary tuberculosis, reveals at the ment of the disease granulations in Peyer's and Brunner's. These tubercles change to separate round ulcers which un they increase in size, and spread in the ileum in a circ

The most common alterations co-existing with pulmonary tuberculosi, are: Tubercular ulcers in the larynx, resemble the intestines; fatty degeneration of the liver, dilatation heart, or atrophy of the heart, slight degree of Bright'
the kidneys.

Symptoms and Course. In describing this disease we shall
adhere to the most common form, namely: chronic miliary
tuberculosis.

It is very difficult to say, with any thing like certain
the disease really commences. The deposition of the firs
especially if not very numerous, is accompanied by symp
which is too insignificant to a patient to complain of to a
When a physician is consulted, the disease is already su
advanced to be discoverable by the usual means of explor
its first beginning no such result can be obtained. That
is beginning to set in, can almost positively be inferre
uals who were afflicted with scrofula when young, or per
a tubercular habit, show the following symptoms: Dispos
pulmonary hyperseraia, with palpitation of the heart; d
to bronchial, tracheal and laryngeal catarrh, the attack
obstinate, with bloody spuita, long-lasting hoarseness;
vous irritability, irritability and increased frequency.
Repeated attacks of catarrh ought especially to excite s
for they evidently indicate the period when the first tu
deposited. Very often, however, the deposition may be go
for a long time without any apparent symptoms, in which
supervention of a severe bronchial catarrh which gets wo
time, shows the sudden outbreak of phthisis or, in other
the purulent dissolution of the tubercles. In young wom
may lead to very injurious mistakes. The older the
the less distinctly is the beginning of the disease reco

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<sold><J</sold>
seldom, however, the disease breaks out suddenly m"such
that an apparent fulness of health is sad{4Wy follo!"j^}
of illness with all the characteristics of tube^ilosis;
sickly condition almost always precedes the outbreak. I^
of great importance if the first deposition of"^helicler
clearly made out by a physical exploration of the"^ng".
know of two tolerably reliable indications, early att^ti
may be of the most decided importance to the treatment.
a prolonged, although not very much louder expirat^"jjy m
which is particularly important if it is heard during U
ration with closed mouth. The second is the so-called "
saccadie"" jerking, wavy, cogged-wheeled respiration, w
distinctly perceived during an inspiration. In the place
form blowing murmur we hear an inspiratory murmur at int
but not otherwise altered in any respect. Another reliab
if, during a slight catarrhal attack, the apices of the
symptoms of catarrhal irritation. Another sign is, when
pectoration looks like soaked sago, or is transparent, h
shape of fine, firm threads; this is a symptom of chron
of the finest bronchial ramifications.

The existence of a tolerably severe, protracted, acute b
catarrh, or a more or less violent hsemoptysis generally
dent and very seldom doubtful sign that the phthisis has
At the same time the patients complain of unusual debili-
stitches, or a peculiar drawing pain in the upper lobes
peculiar rheumatoid pains in the arm of the affected sid
respiration is accelerated, the pulse very frequent ; th
is very much increased by the least motion ; .the existi
soon shows typical exacerbations setting in in the morni
nine and eleven, or in the evening between five and seve
or at both these periods, and sometimes attended with su
plete remissions that the fever has very much the appear
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
tion before describing the various local symptoms.

The course of the disease, especially among individuals
advanced age, is marked by stages. After the first evide
cular catarrh has slowly disappeared, a feeling of almos
health is again enjoyed by the patient, who is at most r

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the slumbering danger by a dry cough or a disposition to
of breath after an unusual bodily exertion or after talk
course of months, and sometimes not till years have elap
other catarrh breaks out which likewise ends without any
symptoms, and these changes continue until finally an ac
of marked intensity terminates in fully developed phthis
same time, nutrition may remain perfect for years, the p
retain his flesh and healthy complexion, or else -he may
flesh gradually, and acquire a more or less anaemic appe

A chronic, uniform course of phthisis occurs much less f
after an acute catarrh. On the contrary it sets in with
symptoms, a slight, hacking cough, loss of fleah, palpit
heart, shortness of breath, etc., and the patient alread
complete picture of phthisis when all at once an acute c
in which is suddenly transformed into the actual disease
no acute catarrh ever takes place, the patients continue
almost imperceptibly, hectic fever supervenes, a tubercu
rhea and oedema make their appearance, and death takes
amid symptoms of complete exhaustion.

A subacute course of the disease, phthisis florida, succ
initial catarrh sometimes immediately, especially in the
young individuals and after confinement, likewise after
diseases ; very frequently it forms the conclusion of th
forms of phthisis. This subacute course is particularly
by intense hectic fever, tuberculous diarrhoea, dispositi
hemorrhage. The most vigorous patients fail within
ten weeks, nor is it at all possible to arrest the cours
in the least degree.

In reviewing the most important local alterations caused
tubercular phthisis, we have in the first place to atten
physical symptoms.
Except perhaps in very acute cases, the form of the thorax is plainly and characteristically altered. The thorax is flattened, pressed in and descends lower down, so that the shoulder forms 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 out, so as to form an angle with the rest; the shoulders are very prominently. These changes are most striking, if they only exist in one side of the thorax; it is true that

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not all these changes are so decidedly marked, but they striking to the eye. The movements of the thorax are very 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, creased vibrations are often perceived from the voice in portion of the lungs.

In the beginning of chronic miliary tuberculosis, percussion sometimes does not reveal the least change; as the deposits the sound becomes less full, tympanitic, and finally completely empty. Percussion only yields truly valuable results at the apices of the lungs and in the infraclavicular region; if dulness returned in these parts, an empty sound in other portion lungs authorizes the conclusion that tubercles are deposits of caverns have formed close to the thoracic wall, percussion times returns a metallic ring or the sound of a cracked.

Auscultation returns the most reliable results, because most commonly present. In a previous paragraph we have s the value of the prolonged expiratory murmur and of the saccadee in the apices of the lungs. If these symp associated with sub-crepitant rales, the diagnosis become more certain. In proportion as the infiltration increasesatory murmur becomes more and more bronchial, and remain even if caverns form, or else amphoric sounds and the me supervise during the rale. It is often of importance to during a paroxysm of cough, because at such a time certain especially the rale, are heard more distinctly. If the depositions are very extensive, pectoriloquy has often a ve

The cough of tuberculous persons varies exceedingly At beginning a constant short and hacking cough is very ususent, sometimes interrupted by severe paroxysms, resulti expectoration of a light-colored, scanty mucus; or else sets in in irregular paroxysms which are generally excit marked changes in the temperature and by pulmonary efforts these paroxysms often last for several hours, and end wiing; the sago-like expectoration follows in a few hours that at once sets in, with a copious expectoration, is a rence. After suppuration has taken place, the cough beco less wearing and spasmodic; the coughing fit readily res copious expectoration. Between the more violent paroxysm stant hacking takes place, during which the mucous rdle
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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 lent dissolution, the expectoration is without any characteristic features. K'evertheless a continual expectoration of clear mucus is always a suspicious symptom; but such an expectoration significance when it is traversed by fine streaks of a yellow color and when, moreover, it frequently appears streaked with Still more characteristic is the presence of sago-like fibers. Much less frequently hard, yellow or greenish little lumps are coughed up at an early period; they genrally very badly, and frequently have an offensive odor. Somet expectoration contains small lumps of calcareous matter, tubercles, seldom, however, previous to suppuration having set in; usually after caverns have formed. The cavernous expectoration has a yellow-gray color, less frequently a greenish firmly coherent; in the water it forms irregular, shaggy which slowly sink to the bottom; it is surrounded by a of clear bronchial mucus with which, however, it does no The microscope discovers elastic fibers in this expector sign of existing phthisis.

The larynx and trachea seldom remain intact during the whole course of the disease; they show more or less marked sy of catarrhal irritation. At an early period of the disease becomes husky or loses its resonnance and firmness of to later period, these organs become painful, according as described ulcers are located, and not unfrequently compl sets in.

The phenomena of the circulatory organs are not by any m constant, but at the beginning of tuberculosis we genera dilatation of the right heart, disposition to a tumultuous the heart, blowing murmurs under the clavicle, anaemic m in the jugulars, continuation of the sounds of the heart both apices of the lungs. Afterwards the heart becomes more atrophied. The tendency to sudden changes of color striking phenomenon only at the commencement of the dise Very soon the pulse becomes frequent and feebler than us accelerated by every movement. In the stage of phthisis always exceeds 100, sometimes rising to 140. It is only ally that the pulse of phthisicky patients is retarded.

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occasionally and alternating with a frequent pulse. As a pulse affords the best means of judging how far the pati 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 g
or cardialgic pains are experienced after eating, which unfrequently followed by distressing vomiting. The appetite remains natural; sometimes, generally shortly previous to patient's death, he experiences a morbidly increased hunger. The stools generally remain natural time; diarrhoea only sets in after the symptoms of extensive suppuration of intestinal tubercles have become manifest. The diarrhoeic stools are peculiar, partly papescent and partly resembling mustard in color and appearance; most common passages are accompanied by a quantity of gas, they freq contain blood and pus, and are seldom colorless. They are frequent, from three to six a day, generally two in the mor 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. They always a bad symptom, for the longer the diarrhoea post 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 decrease in intensity; if the tendency to diarrhoea has established, the course of the disease is generally very liver sometimes becomes very troublesome to phthisicky p 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 times preceded by a painful decubitus. At an early perio disease the muscles begin to show symptoms of atrophy. A characteristical sign of phthisis is the bulbous thickening of 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 sexua is very much excited, especially in the case of men, and virile power continues so long unimpaired in spite of th emaciation. The menses remain natural for a long time; cease, death may positively be expected within a few mon urinary secretions do not undergo any abnormal changes; quative sweats break out, the urine is of course diminis.

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Infiltrated tubercles are seldom met with, except in the This form of tuberculosis develops itself from pneumonia from pleuritis with firm exudation. The inflammatory exu is not reabsorbed, but transformed into tubercular matte shows an extraordinary tendency to suppurate; the course disease is very seldom protracted. The transformation in cular matter generally takes place while tubercular depo exist; but it may likewise take place in the case of i who had never shown any signs of constitutional tubercul.

A pneumonia setting in with such peculiar symptoms, may a perfectly normal course at first; or else, symptoms of may show themselves at the outset, more particularly a pulse which does not show any change on the critical day exceedingly exhausting diarrhoea. Not unfrequently the i is observed to take place at intervals. Most usually tub
Pneumonia is met with in the upper lobes of the lungs. It tends 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 so far had enjoyed a seemingly perfect health, more commonly after acute, debilitating diseases, but most generally it sets nation of chronic miliary tuberculosis.

The symptoms of this form are entirely like those of a violent attack of typhus, with which the disease might be confounded so much more easily as it likewise runs its course by stages of seven days. It generally sets in with violent vomiting; after of the vomiting there is loss of consciousness, and the symptoms characterizing hydrocephalus to which we therefore refer.

Treatment and Prognosis* Although the prognosis in tubercular diseases is absolutely unfavorable; although of a tubercular disease that had been diagnosed with positiany, is very slim, yet the labor of a physician in is not without reward, since it may be in his power to prevent a 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 promise

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period, yet it is our opinion that the formation of tube either be prevented, or that their further development cannot be arrested. After all, the case may perhaps be the same as that of other chronic diseases which only become incurable after they are far advanced. Unfortunately the aid of the physician is not sought until the suppurative process has already set in, in other stage of phthisis, when help is exceedingly doubtful.

It cannot be denied that tuberculosis is curable at any time during its course, although such a result happens very seldom after a fever has set in, and more particularly after the process has invaded the intestines and the larynx. For no case should at once be abandoned as beyond the reach of successful treatment. A complete cure, that is, a complete abatement of the tubercular deposits, indeed cannot be expected, but the disease will remain, and a new outbreak may place at any time.

What we have said shows that the treatment must aim at the objects: preventive treatment, the treatment of tuberculous constitutional disease, and the treatment of the acute intercurrent exacerbations and their most prominent symptoms.

The preventive treatment has to embrace a vast range, if it 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 excellent preventive against the dreaded disease; every physician must see to it that physical laws are properly obeyed in the rearing of children, for this will at the same time prevent a legion of diseases. A physician's duties in this respect are so much more sacred as 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 first development of childhood, and that they confine their efforts more to the treatment of existing diseases than to prevention. Of course, preventing diseases does not pay. We have not space to exhaust the whole subject of prevention; hence we have to limit ourselves to a statement of the most essential points.

The diet should be regulated in accordance with the principles which are more and more universally recognized as correct. Above all, during the first two years the nourishment should principally be milk; afterwards other easily digested articles of diet may be added in suitable quantity and order. Potatoes should not constitute the chief nourishment of children, nor should they be fed, as has been the custom, with milk and farinaceous preparations. But not only the quality, also the quantity of the food, which should moreover be supplied at regular intervals, should have 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 a matter of great importance. Beside proper diet, a salubrious home, fresh air, exercise and cleanliness must likewise be provided, as well as mental culture. Daily experience shows that precocious development and continued mental exertions render children irritable, make them look pale, deprive them of their appetite, and predispose them for bodily sufferings. These symptoms show themselves, already in the seventh year, but still more at the age of pubescence, particularly among females. How many individuals fall victims to an unreasonable and precocious mania for acquire knowledge! The only means of counteracting the absurd claims of our schools is gymnastics in all its forms, especially if it lays particular stress upon the cultivation of the respiratory muscles, but not by imitating the modern plan of practising neck-tours-de-force, and straining the muscles to the outermost limits. A proper system of hardening children should likewise be pursued with a view to rendering them capable at an early period of bearing abrupt changes of temperature without being made sick by exposure.

If it is proper that all these rules should be enforced on every child, it is still more important that they should 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 habit 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

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defrequent 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
^"eighta must not be used. The dress, likewise, deser
sation; 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
continued stooping in a sitting posture, tight clothing, et
ow ought to practice deep inspirations; a substantial,
diet, without any artificial stimulants, is Ukewise 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 dig
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
peculars 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

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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 circumstance that the mental labor and the mood and disposition of the patient utmost importance to the course of the disease. We doubt grief and care can cause tubercles, but what is absolute that depression of spirits, sorrow and care, and continu accelerate the course of tuberculosis, and that a good d tal excitement likewise exerts a pernicious influence. E 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 medic likewise of importance during the course of occult tuber however, they need not be mentioned in this place, since cations correspond to the most ordinary precursors of tu namely chlorosis and scrofulosis, under which respective medicines and their special indications will be found na

We have now reached the treatment of the fully developed cular disease. This treatment, of course, has to be chi nal, although the above stated dietetic rules should be in all their force. It is difflBicult to furnish full and tion in this direction ; in the first place the groups o are too manifold, and in the second place it is next to draw positive conclusions from clinical cases, for the r the same remedy which helped in one case and effected a cure, showed itself perfectly ineffectual in another, ap ilar case. We do not intend to supersede the Materia Med furnishing symptomatic groups, and therefore prefer givi names, referring to the Materia Medica for the symptomat

Bronchial catarrhs that break out as an acute disease, a wards assume a chronic form, first claim our attention. cure is of immense importance to the course of the whole As soon as we have ascertained tliat a person attacked w has tubercles, we must in the first place insist upon th remaining confined to his room, the temperature of which be uniformly kept at about 60° F. On the other hand, suc should not be all at once confined to their beds. Aconit suitable in catarrh generally, is still more adapted to bronchial catarrh commencing with a violent fever which terized by great heat without much perspiration. Upon th

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however, we prefer BeUoffonna in this form of broncliial well as in simple bronchitis; for particular indications our remarks in the chapter on acute bronchitis. Belladon only adapted to cases with high fever, but likewise to c much fever; no remedy is as effectual in moderating the tormenting cough as Belladonna. Bryonia is an excellent if the patient complains of much lassitude without a gre high fever; the drawing-stitching pains in one apex of t and the pains in the arm corresponding with this part of or tearing through all the limbs, are likewise complaine onia is seldom of any use in the subsequent course of th Digitalis has rendered us excellent service for some yea 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 hoarseness 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 vnih 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 gu the prevention of new and the calcification of existing deposits. The only medicines that can now come to the su

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of the hygienic means, are Ferrum and Calcarea 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 hyperemia, 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 efffects 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 Calcarea 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 very regularly, at other times they are troubled with diarrhoea; are under some special excitement, the patients complain of weakness, although, when in pleasant company, no sign of weakness is perceptible; the sexual system is very active, the menses fuse and set in prematurely and with acute pains.

Under the operation of these two drugs, the use of which ought to be discontinued sometimes for a week at a time, we sometimes see the whole disease arrested or even retrograde; of course, the patients have to be very particular in observing the strictest diet. We need not suppose that these two remedies produce the favorable effect simply by promoting the general nutrition, but often effect a favorable change even at a later stage of the disease.

China and Arsenicum are two remedies that can likewise be used at the beginning of the tuberculous process, although they are less reliable than the former. China is indicated if the pulmonary affection seems to constitute the whole difficulty, but still more, if it commences with the symptoms of a severe hyperemia of the liver, and if the patients very soon show a cachectic appearance. Well known how often pains in the liver constitute symptoms of tuberculosis, and how often such patients were formerly sent to Carlsbad to return home again in a dying condition. Arsenicum album has only been employed by us for tuberculosis in the last few years; the cases where Arsenicum is indicated, are too few for us to express a positive opinion on its therapeutic value. So far, we have found the remedy of use in cases of tuberculosis with almost typical, long-lasting paroxysms of cough attended with retching, and vomiting of small quantities of tenacious mucus, succeeded in a few days by an easy expectoration with a sensation like violent asthma accompanied by severe dyspnoea. The general health is not as much impaired as the violent cough might lead one to expect.

This so-called first stage of tuberculosis, that is, the tubercular deposits have not yet commenced to suppurate, is the time when a cure of the disease can be hoped for with some certainty. Unfortunately this stage is too often overlooked by the patient as well as by the physician. To the above-mentioned remedies which have to be exhibited for months, a number of other remedies have to be added that we require to use for the removal of all trifling inconveniences inherent in the disease. This is of the highest importance lest the nutrition of the organism should be impaired beyond what it necessarily will be by the tubercular process. We cannot go into details in this particular. Cod oil, a change of climate, and other methods of cure will be treated of by and by.

After the supervention of the suppurative stage, the medicinal treatment has to be considerably modified. We now have two indications, the necessity of preventing the further deposition of tubercular matter, and, secondly, of circumscribing its purulent dissolution. We need hardly state that the prognosis now...
more unfavorable than previously. To the remedies that have just been named, we now have to add a number of others acting directly upon the local process. The use of Ferrum, at this stage, requires still more caution than before. Other remedies are: lodium^ Phosphorus^ Kali carbon.^ Hepar sulphuris calc.^ Digitalis^ Plumbum^ Cuprum and Natrum muriaticum. All these remedies seem to have a marvelous effect in some cases, whereas in apparently similar cases they leave us in the lurch, so exceedingly difficult to establish positive indications from clinical results. We omit them so much more readily as the slow course of the disease affords plenty of time to consult the Materia Medica for special symptoms. A few hints will, therefore, prove sufficient.

lodium is undoubtedly one of our most important remedies in confirmed phthisis; it only suits, however, after the expectoration has become purulent. This remedy effects, more frequently than any other, curative results, provided we do not obstinately insist upon giving only small doses. Iodine 6 sometimes has a good effect, but Iodine 1 is often indispensable, nor need any unpleasant effects be apprehended from the use of such large doses. lodium is particularly indicated if tuberculosis is the result of scrofulosis in 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, a characteristically persistent, sharp-stitching pain at a circumscribed spot in the chest. Unfortunately this remedy often disappoints our expectations.

Hepar sulphuris calc. is particularly suitable if the disease threatens to run rapidly to a fatal termination; a severe fever sets in at the onset, the cough is rather dry, although the patients themselves hear a rattling and wheezing in the lungs; scrofulosis had preceded the tuberculosis. Violent diarrhoea contra-indicates Hep.

Silicea is only suitable for the slow phthisis of old people; its effect is questionable.

Phosphorus, according to our own experience, is less adapted to phthisis as a whole than to single symptoms. It has to be used with caution, for no other medicine causes hsemoptoe as Phosphorus; no other medicine disagrees so completely in the long run. The chief indications for Phosphorus are: Continued hoarseness, 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 sexu.

Plumbum ought to be used more frequently than has yet been the case; the dose must neither be too weak, nor too strong. times has a good effect after every other remedy has dis us, more particularly if there are considerable vomics, patient is tormented by copious, watery diarrhoeic stool panied by severe pain.
Cuprum deserves our commendation in florid or galloping tuberculosis. 677

Its symptoms are so striking that we limit ourselves to referring the reader to the materia medica.

Digitalis purpurea is, like Cuprum, particularly adapted to galloping phthisis with intense hectic fever from the commencement. The patient complains of palpitation of the heart, coughs up quently, 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 low should the dose be excessively large, because large dose excite the patient.

Natrum muriaticum is only useful in chronic cases, attended with 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, is not, in our opinion, adapted to a single case of this disease. We have used it frequently, but have never seen it do any good; where it is said to have produced a good effect, chronic pneumonia probably has been confounded with tuberculosis.

Concerning the best method of applying all these drugs in practice, 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 repetition of the dose. The attenuations from the third to the sixth are sufficiently; lower attenuations are scarcely ever necessary. We do not like to give more than one day 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 a lower attenuation had better be used before the medicine is entirely abandoned. If this should have been found necessary, it may be well to return once more to the last remedy that seemed to improve the case. A change of this kind sometimes has a very good effect. We would likewise warn against a medicine being given for every little symptom and a strictly symptomatic treatment being indulged in. This is decidedly injurious defeat 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 oil, even the Phylliological School admits that it acts well in phthisis.
Iodine it contains being present only in a very small qu
boldest conclusions were resorted to for the purpose of
ing the theory that the oil alone is the curative agent.
theory is erroneous, can easily be shown by some other o
substituted for cod-liver oil; the same effect will not
The small quantity of Iodine is suflicient for the homce
account for the action of the oil. That it should be used
cautiously, has already been stated at the conclusijh of ou
on scrofulosis; the same maxims that were laid down on
sion, are likewise applicable to phthisis, so much more
decidedly injurious to phthisicky patients to have their
disturbed and their normal digestion interfered with. Th
should likewise be carefully measured; a tablespoonful i
morning is sufficient, two spoonfuls at a time are a ver
It is decidedly improper to prescribe a spoonful morning.
A morning-dose is sufficient; in the evening the o
with most persons. No other medicine should be given wit
liver oil.

Whey-cures which have found great favor with many, have
great deal against them in cases of perfectly develoijed
they render the stomach very sensitive. For our own part
prefer the therapeutic use of milk, provided the same ri
pursued in connection with a milk-cure that is indispen
a whey-cure is pursued. Milk does not agree, if the pati
at the same time in a luxurious mode of living, and a hi
seasoned diet. Nor should it be overlooked that milk is
substantial kind of nourishment, and that hence it shoul
used as a mere beverage, but should be taken in the plac
food, as a regular meal.

Mineral-waters are highly recommended for tuberculosis,
must confess that we are not acquainted with a single ki
effects only a tolerably favorable change. The weak chal
springs sometimes render good service in the same manner
cinal preparations of Iron; only they have to be used w
caution. In other respects spas are not more beneficial
sojourn in a beautiful country, accompanied by a suitabl
living generally.

A prolonged stay in an elevated region of country has un
edly a directly healing influence over phthisis, although
seldom complete. We believe that living in a mid-mountain

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phere is better than all climatic cure-places; it facil
increases the capacity of the lungs, and hardens the org
erally. The unusual results obtained by Dr. Brehmer in G
dorf abundantly testify to the excellence of his curativ
which is entirely based upon the action of attenuated at
air. No physician should leave these results unnoticed,
be possible to send the patient into a high region of co
out 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
a directly curative influence, but are only useful by pr
frequent return of acute catarrhs. Madeira, on account of the sea
air, and Meran, on account of its high situation, deserve most
commendation. As a rule, climatic cure-places act the less favor
ably the more their climate differs from that to which it
has 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 re
Unfortunately this is impossible for a large majority of
patients. Above all, patients already far gone in consum
should not be sent away far from home.

The remedies and general measures which we have proposed
a direct cure of tuberculosis and phthisis, even though
impossible to employ them, or though they can only be em
on a limited scale, should never be omitted even in appa
less cases. We can point to three patients who seemed to
the point of death, and who suddenly improved and lived
number of years in tolerable health.

It remains for us to devote a few words to the symptomat
treatment of a few straggling symptoms. Leaving a direct
out of the question, it is so much more important to spe
gle disturbances the less they are connected with the
of tuberculosis; moreover, the duty of rendering the pa
from life as easy as possible, imposes upon us the other
sometimes resorting to a purely symptomatic treatment. I
following paragraphs we will give a few hints with refer
this subject.

The cough generally causes the greatest distress to the
leaving them no rest. At the beginning of phthisis, when
patient is constantly teased with a dry cough and dyspno
donna usually has a very excellent effect. In the later

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the disease, after suppuration had really set in, we hav
speedy and real relief by means of small doses of Morphi
twentieth or one-fiftieth of a grain at a dose, nor have
hesitated to avail ourselves of the narcotic propertie8
Cannabis is exceedingly unreliable. For a cough with a c
fetid expectoration, Carbo vegeL often proves a most exc
remedy.

Hectic fever never requires special remedies; it is a ne
attribute of florid phthisis.

Haemoptysis has to be stopped as soon as possible, not o
account of the anxiety of the patient, but of the loss o
Aconitum, Arnica^ Digitalis, Ipecacuanha, Belladonna som
arrest it very speedily; if they do not, and the loss o
great and threatening, a small teaspoonful of table-salt
administered; this will sometimes effect an immediate s
the hemorrhage.

The laryngeal difficulties are purely symptomatic; they
yield to any medicine.
For violent headache which deprives the patient of sleep, Digitalis and Arsenicum are excellent remedies.

The gastric derangements are manifold; they are most difficult every time the patient partakes of a little nourishment pain in the stomach, nausea, retching, vomiting. symptoms Ferrum generally acts as a specific remedy. Arsenicum, Iodine, Kreosotum likewise deserve our attention.

Diarrhoea, when not occasioned by intestinal tubercles, according to the usual rules. If it assumes a tuberculous character, Phosphorus and Phosphor acidum, Ipecac., Calcarea acetil phorica are the proper remedies.

Pulmonary hyperaemia generally yields to Aconite; Bellad and Kali nitricum, likewise Arnica may prove useful for condition.

Infiltrated tuberculosis is treated according to the same as miliary tuberculosis; lodium is a very important remedy, likewise Lycopodium and Sulphur, together with phorus.

Acute miliary tuberculosis generally defies every attempt, so much more as it is generally very difficult to decide for certain. Verat, alb., Digitalis, Cuprum, Tartarus stib phorus may be tried, but the experiment will generally prove fruitless.

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In conclusion we will mention a few remedies that are variously recommended for tuberculosis; at times for the disease and sometimes for single symptoms; these remedies are: Kali hydriodicum, Stannum, Ledum, Manganum, Baryta, Alum Causicum. 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 tuberculo view of so many changeable and diversified groups of symptoms 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 the blood and the sphere of nutrition, are taken from the last number of Kafka's second volume.

9« Constitutional Plethora, Polycemia, Hyperpercitinia.

[The volume of blood is increased; this increase 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 an increased quantity of the fibrin in the blood. But daily experience teaches us that a constitutional hypersemia does occur, not very frequently, and that it represents a derangement 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 much exercise. It is likewise observed in the case of older people while appropriating a large supply of food, lead a sedentary or 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.

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omissions. We must insist, however, that a woman suspected of tuberculosis, should never nurse her children at the breast. It behooves us likewise to direct attention to the circumstance that the mental labor and the mood and disposition of the patient utmost importance to the course of the disease. We doubt whether grief and care can cause tubercles, but what is absolute is that depression of spirits, sorrow and care, and continuous excitement likewise exerts a pernicious influence. 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 the indications correspond to the most ordinary precursors of tuberculosis, namely chlorosis and scrofulosis, under which respective heads the medicines and their special indications will be found named.

We have now reached the treatment of the fully developed tubercular disease. This treatment, of course, has to be chiefly medicinal, although the above stated dietetic rules should be in all their force. It is difficult to furnish full and precise information in this direction; in the first place the groups of symptoms are too manifold, and in the second place it is next to impossible to draw positive conclusions from clinical cases, for the reason that the same remedy which helped in one case and effected a brilliant cure, showed itself perfectly ineffectual in another, a similar case. We do not intend to supersede the Materia Medica by furnishing symptomatic groups, and therefore prefer giving mere names, referring to the Materia Medica for the symptomatic detail.

Bronchial catarrhs that break out as an acute disease, and afterwards assume a chronic form, first claim our attention. This cure is of immense importance to the course of the whole disease. As soon as we have ascertained that a person attacked with catarrh has tubercles, we must in the first place insist upon th
remaining confined to his room, the temperature of which be uniformly kept at about 60° F. On the other hand, suc should not be all at once confined to their beds. Aconit suitable in catarrh generally, is still more adapted to bronchial catarrh commencing with a violent fever which terized by great heat without much perspiration. Upon th

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however, we prefer Belladonna in this form of bronchial well as in simple bronchitis; for particular indication our remarks in the chapter on acute bronchitis. Belladon only adapted to cases with high fever, but likewise to c much fever; no remedy is as effectual in moderating the tormenting cough as Belladonna. Bryonia is an excellent if the patient complains of much lassitude without a gre high fever; the drawing-stitching pains in one apex of and the pains in the arm corresponding with this part of or tearing through all the limbs, are likewise complaints. is seldom of any use in the subsequent course of th JDigitalis has rendered us excellent service for some ye 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 with 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 ns 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 surest gua the prevention of new and the calcification of existing deposits. The only medicines that can now come to the su
of the hygienic means, are Ferrum and Calcarea 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 explain 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, 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 Calcarea 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 we 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 pulmation 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
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 exp

This so-called first stage of tuberculosis, that is, the tubercular deposits have not 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-mentioned 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 orga 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 two indications, the necessity of preventing the further of tubercular matter, and, secondly, of circumscribing dissolution. We need hardly state that the prognosis now more unfavorable than previously. To the remedies that h 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 lodium, Phosphorus, Kali carbon, Hepar sulphuris cUc., Digitalis, Plumbum, Cuprum and Natrum muriaticum. All th remedies seem to have a marvelous effect in some cases, apparently similar cases they leave us in the lurch, so ceedingly difficult to establish positive indications fr results. We omit them so much more readily as the slow c

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pnoea, oppression of the chest, a dry and tight cough, a of pneumonia or hsemoptoe are present.

If the patients have become very much excited by mental committing to memory, by anger or vexation, abuse of spi have indulged in over-eating or luxurious living; if the of pressure in the frontal region, with nausea or actual vomiting; if the tongue has a yellowish coating, the ta or pasty; if the patients are troubled with frequent eru distention of the abdomen; if they are irritable, irasc bowels are torpid, Nux vottl 8 in solution, every hour, remove the hyperaemia but likewise the gastric disturban

Under similar circumstances and for similar symptoms, Ca veg. 6 or Calc. carb. 6 may likewise prove useful.

The last-named remedies, to which we add Sulphur 6, rend good service for general plethora superinduced by the su of habitual hemorrhoids; if arising from menstrual suppr 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 sub 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 Mercuriy Hepar sidp tox.

Regarding the diet, we recommend to plethoric individual use of vegetables, abstinence from spirits and heating b daily exercise in the open air for a couple of hours, av exciting or depressing emotions, of sedentary habits and sleeping.

A spurious sort of plethora accompanying emphysema of th lungs, hypertrophy of the left ventricle, insufficiency the bicuspid valve, goitre, stenosis of the larynx, has described in the chapters where these diseases are treat

Kafka relates the case of a lady, seventy years old, with a large and indurated goitre, in consequence of which she became short-breathed, dyspeptic, very feeble and somnolent. Iodine prov ing ineffectual for these symptoms, Arsen. 3, three dose was resorted to. In a few days already a decided improve set in. fi.]

Deficiency or rather Paleness of the Blood. 687


Deficiency or rather Paleness of the Mood.

[It 18 only true atifiemia, or deficiency of blood conse excessive losses of this fluid, that consists in a dimin quantity of the blood without any simultaneous alteratio normal composition of this fluid. Spurious anemia with shall principally deal in this chapter, constitutes a di blood where the number of the red corpuscles is more or diminished, in consequence of which the blood becomes pa appears variously altered both quantitatively and qualit

Hence it is with a qualitative rather than with a quanti disease of the blood that we have to deal with, where th of red blood-disk constitutes a characteristic phenom account it would be more appropriate, according to Vogel nominate the disease digocj/thcemia.

In a normal condition of the organism, the reproduction corpuscles equilibrates their decay, so that, within cer the percentage amount of blood-disk in the blood, and t quantity remains unchanged.

In diseases, however, this relative proportion is distur more blood-disk decay than are reproduced; hence arises dition which Vogel denominates oUgocythemia.
The results of our pathological and anatomical investigations show that the blood of anemic individuals is deficient in red corpuscles; it contains less haematin and fibrin, but on the other hand an excess of serum.

The anemic blood is fluid, pale, the clot is small, soft, a quantity of serum, its specific gravity is diminished, 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 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 syphilis, carcinoma or other exhausting diseases;

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among children born before their full term, among children feeble, or whose mothers were suffering with uterine dis hemorrhages.

Anemia inherent in the period of development either occurs during the first, less frequently during the second dent the children are weaned, or in consequence of a too rapid or at the period of pubescence, more particularly if the child is unduly protracted, or if the sexual instinct is aw maturely and is attended with frequent excitement of the and the sexual organs (chlorosis).

The anemia of involution most commonly occurs during the critical period of females, or during old age, or if mar 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, likewise by frequent attacks of chronic hemorrhage.

The quantity and quality of the blood are impaired by large fluids, as in consequence of catharsis and diarrhœa, copious vomiting, profuse suppuration, excessive or too great nursing, copious nocturnal emissions, copious nocturnal emissions, copious nocturnal emissions, copious nocturnal emissions, copious nocturnal emissions, copious nocturnal emissions, copious nocturnal emissions, copious nocturnal emissions, copious nocturnal emissions, copious nocturnal emissions.

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 exudations; after various acute exanthems, such as measles, scarlatina etc.; after frequent pregnancies occurring at short intervals after frequent miscarriages, etc., may likewise induce a consumption of red corpuscles than the organism is capable of reproducing, and may consequently bring about a condition of anemia.

Consecutive anemia may likewise occur in consequence of insufficient production of blood-diskts and hseratin owing to a deficient supply of food or a total deprivation of nourishment by fasting, starvation-cures, or a scanty supply of, or vitiated food; bad or stagnant water, unfavorable climatic or atmospheric influences, excessive cold or heat, damp or vitiated air; insufficient supply of oxygen, in damp valleys or malarious districts on the borders of large rivers where frequent inundations occur; or in consequence of the inhalation, in mines, of air impregnated with carbo-hydrogen or carbonic acid; or likewise in consequence of the working of such passions, as envy, pride, ambition, etc.; likewise from excessive mental exertions, abuse of the sexual organs, etc.; or in consequence of diseases of such organs as are physiologically important to the production and propulsion of the blood, such as: diseases of the lungs, heart, arteries, veins, lymphatic glands, liver, kidneys, uterus, intestinal canal, etc.; it may likewise result from the inhalation of dust or metallic vapors of chemical substances exerting a hurtful influence upon the formation of the sanguineous fluid, such as: Arsen., lead, copper, phosphorus, mercury, sil The abuse of Opium, Belladonna, tobacco, alcohol, etc., may likewise lead to anemia.

Secondary anemia only occurs as an accompaniment of other morbid processes, upon which it depends. It occurs in the course of tuberculosis, constitutional syphilis, carcinoma, scurvy, rhachitis, diabetes, puerperal fever, etc., like diseases 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 etiological part of anemia, we now give a description of its symptomatic manifestations.

The skin is pallid in various degrees, sometimes yellowish or grayish white, at other times livid; the paleness of
palpebral conjunctiva and ears is particularly striking. The cutaneous 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. The temperature of the skin, especially that of the extremities, is in most cases diminished; even the temperature of the axillae not unfrequently falls below the normal standard. Anaemic persons exhibit a characteristic sensitiveness to cold, a fondness for warmth, a shiverings increasing even to violent shaking chills. The temperature of the skin, especially that of the extremities, is in most cases diminished; even the temperature of the axillae not unfrequently falls below the normal standard. Anaemic persons exhibit a characteristic sensitiveness to cold, a fondness for warmth, a shiverings increasing even to violent shaking chills.

690 Anaemia, Oligxmia, of anemic persons are very often soft and flabby; in many cases the bodily weight becomes less, more particularly in anaemic persons of a higher grade, which is frequently combined with atrophy, cutaneous cedema or hydrocemia. The muscular strength is always diminished after the least bodily exertion, the patients experience the tude in the extremities. When ascending an eminence, going upstairs, dancing, or making the least attempt to run, a individuals turn remarkably pale, become short-breathed, palpitate, and, if the anaemia is of a high grade, syncope in. The pulse is mostly small, feeble, short and accelerated 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 quency after such a trifling effort, we may rest assured 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. The more fully developed the anaemia, the feeble the impulse of the heart in the highest grades of the disease, as in cholera, the second 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 are sleepy even in the day-time, whereas at 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 syncope. Such patients are frequently attacked by periodical paroxysms of headache, prosopalgia, cardialgia, coxalgia, sometimes by toothache (neuralgia of anaemic persons).

The spinal nerves likewise become frequently involved in anaemic condition, so that either disturbances of the system take place in the shape of frequent attacks of pain, or in the shape of spasms.

Respiration only becomes impeded after excessive bodily exertions; owing to the deficient oxygenation of the blood, it has to yawn or sigh quite frequently.
The appetite is frequently impaired, or the patient experiences a desire for uncommon things, such as charcoal, chalk, lime, roast coffee, acids, bitter substances, etc. The digestion is weak; the appetite is speedily satisfied, and after eating, such patients are frequently attacked with oppression of the stomach or flatulence. The thirst is often very much increased, sometimes quite normal. The bowels are generally torpid, the urine is pale, watery, copious and has an alkaline reaction. In the case of male patients, the sexual functions remain unaffected; in the case of women, however, the menses often become irregular, or ve or they are entirely suspended. Profuse menses are of frequent occurrence; they exert a very prejudicial influence on the general organism. Anemic women are very frequently attacked with leucorrhoea and sterility. The secretion of milk is the milk is watery, thin, not nourishing, hence anaemic unfit for the business of nursing and the children who a such milk, generally become anemic.

Most anemic persons feel better in a state of rest and zontal posture, whereas they soon feel tired when standing, or when performing bodily labor. Hence they general lazy, are not disposed to work, and soon have to desist labor. We are acquainted with patients who become exhausted even after doing the lightest kind of work, such as knit crocheting, embroidering, etc., and even become shortbre experience an oppression on the chest, palpitation of th sometimes even pains in the muscles of the arms, chest a or after standing or walking for some time, pains in the of the calves or thighs.

As a general rule, anaemic persons feel most uncomfortable morning-hours; their sleep is not refreshing or strengt feeling of lassitude does not leave them, on which accou remain sad and depressed in spirits until, in the course they become artificially stimulated by the use of coffee beer, broth, etc. This circumstance is very important in nostic point of view; whereas anaemic persons look pale languid while their stomachs are empty, and at such time they commonly feel much better after using the above-mentione ulants or immediately after eating, their complexion loo better, they are more active and cheerful. Very seldom a individuals experience an oppression at the stomach, car rush of blood to the head after eating or drinking, or f uncomfortable and languid.

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Diarrhoea, hemorrhages of every kind, even if very sligh tumal emissions, sexual intercourse and nursing aggravate symptoms of anemia. Depressing emotions and mental exer likewise cause aggravations, whereas moderate bodily and

http://www.archive.org/stream/sciencetherapeu00kafkgoog/sciencetherapeu00kafkgoog_djvu.txt
exercise, cheerful company and surroundings affect ansem very favorably.

An anaemic condition is most strikingly increased by the vention of some acute disease. An occurrence of this kin to bring on an adynamic condition, prostration and sopor acute attack is often attended with fibrinous or serous drags along very slowly, and convalescence is in most ca protracted.

All the above-mentioned circumstances are of great impor to the homoeopathic physician, on which account we have upon them very minutely.

It is only anaemic conditions consequent upon acute loss and other animal fluids that run an acute course; other anaemia run a chronic course and, while the exciting ca tinues, may last weeks, months and even years.

The more speedily anaemia develops itself, the more rapi phenomena characteristic of anaemia set in.

If anaemia runs a protracted course, the greatest atten often required on the part of the physician in order to observe the pathognomonic symptoms of anaemia. A deficie the colored corpuscles causes a more or less vitiated nu gradual vanishing of the fat and of the vital turgor, a the natural temperature and of the muscular strength, a degree of lassitude, indolence and ill-humor, increased the heart after slight bodily exertions, disorders of th system resulting in attacks of pain or spasm of the most kind.

The termination in recovery frequently occurs spontaneou the exciting causes cease of themselfs, as is often the stitutional or consecutive anaemia. Very frequently a co is effected by artificial means.

After acute losses of blood or other fluids, the water a the blood are often speedily restored, without the repro the red corpuscles taking place with equal rapidity. In of this, a hyperaemic condition is apt to set in, which under the name of serous plethora and is often accompani congestions of the head, febrile irration, violent pal the heart, sleeplessness, etc.

Deficiency or rather Paleness of the Blood. 698

The more complete the anemia, the more the fat and mus strength disappear, the viscera and tissues likewise bec poverished; the watery constituents of the blood increa more, and the red corpuscles decrease in proportion; th reason why certain parts of the body gradually become oe and why serous transudations into the different cavities body occur at a later period. This hydrsemic condition i commonly observed after copious losses of blood and othe fluids, after continued derangements of the digestive sy consequence of cardiac and valvular anomalies, of Bright
after severe acute diseases and exanthems, during long-continued attacks of fever and ague, chlorosis, during a highly developed 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 melaruemia; it occurs most frequently after old and violent intermittent fevers.

After rapid alvine evacuations, as in cholera, the highest grade 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 of the second cardiac and arterial sound. If this condition cannot 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 repaired and the harmony between their consumption and regeneration can be reflected, the more favorable is the prognosis.

Among the forms of constitutional anemia, those inherent in the period of evolution admit of a favorable prognosis; in congenital anaemia, and in the anaemia of the critical age, the prognosis is less favorable; it is least favorable in the anaemia of old age.

In consecutive anaemia, that which is consequent on loss of blood, animal fluids generanj 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, unhealthy habitations, bad water, abuse of spirits or certain kind of drugs, likewise admits of a more favorable prognosis than anaemia from the effects of passions whose impressions are lasting and cannot be effaced.

The prognosis is most unfavorable in consecutive anaemia where the consumption and reproduction of the red corpuscles are simultaneously invaded by disease, as in the case in diarrhcea or hemorrhages with simultaneous catarrh of the stomach, or when extreme bodily exertions, the supply of food is deficient; 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 for their restoration. This depends chiefly upon the con the blood; in youth and robust manhood this consumpt on very rapidly and often outweighs the process of resto whereas in old age much less blood is consumed, the regen process being carried on at an equal ratio.

Intercurrent diseases of any kind during the course of a render the prognosis more uncertain, since the number of disks which is anyhow scanty, decreases with more or less ity, more particularly in acute febrile and inflammatory and most seriously during typhus and intermittent fevers prognosis is doubtful for the additional reason that a r tion of the red blood-disks is attended with a rapid sin vital energy, and a high grade of adynamia, or destructi rations or gangrenous disorganizations may be the conseq

Treatment. In our opinion anaemia is a most important pa logical condition developed in the depths of the various processes; it frequently becomes an object of observati claims our most serious attention.

The homoeopathic treatment of anaemia comprehends three sions of equal importance: the removal of the causes, d use of remedial agents.

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If the causes are known and can be removed, the first st towards a cure is frequently made. Hence all losses of b other fluids, the waste of strength, have to be arrested as possible; anomalies depending upon birth, constitutio development, etc., have to be regulated; excessive body exertions, depressing eniotions, sexual excesses have to avoided; the unfavorable influences of climate and atmos to give way to more favorable surroundings; the supply of the right quality and quantity; errors of nutritio tion have to be corrected; the circumstances of educatio living, occupation, habit, etc., have to be considered; single organs and systems, and constitutional anomalies ansemic conditions are so often engendered, have to be c observed, and the bad effects of sudden changes of tempe weather, a sudden rise or fall of the barometer or thun unfavorable influences of the season, have to be counter appropriate measures.

In cases where the causes of anemia are unknown, where are not sufficiently accounted for and cannot be investi most commonly the case in regard to the various forms of tional anaemia, we adhere to our previous statement that nution of the red corpuscles, and the consequent anemia occasioned by a too rapid consumption, or by a deficient tion of these bodies, or by both these causes at once. I
other of these causes prevails, the homoeopathic treatment is regulated accordingly, and the true nature of anemia is realy modified by these means.

The dietetic treatment of anaemia has for its object to the circumstances of the patient as to secure the normal of the blood. The diet is so important that our opponent to it exclusively the good effects of our treatment. Alt do not deny that many forms of anaemia, especially of the acute kind, are cured by a suitable diet after the removal of the causes, there are many other forms of anaemia, especially of the chronic and secondary, where the best dietetic measures are efficient, and where the interference of art is indispensable.

General dietetic rules adapted to all forms of anaemia cannot be established for the reason that every special case requires management of its own. For the present we content ourselves with mentioning the general dietetic arrangements that demand attention in most cases. Special dietetic rules will be when treating of the special forms of anaemia.

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If the process of sanguification and nutrition is to be the condition of the digestive organs has to be careful. In above everything else.

If anaemic individuals digest very rapidly; if, soon after a meal, they again feel hungry; if they do not experience after eating; if they feel comfortable after a meal and fever, the most nourishing diet may be indulged in by such individuals. They may use strong soups with the concentrated extract roast-beef, steak, i-la-mode beef, various kinds of roasts, much fat, venison, eggs, farinaceous food, light vegetables are not of the flatulent kind, cake prepared with sugar, and without yeast; fish which is not too fat, is like such as trout, salmon, cod, pike, pickerel, etc.

Fat food, salad seasoned with sharp vinegar, husks, fress etc., should be rigidly avoided.

Stewed fruit is generally more easily digested than raw.

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 lungs, hemorrhage, etc., the use of wine has to be strictly avoided; beer, if partaken of discretely or diluted with sweetened with sugar, generally agrees with most patients.

Anaemic persons had better eat frequently, every few hours, than too much at once. If a sensation of hunger, or of a so-
"empty stomach" is hurtful, and may give rise to frequent yawning, cardialgia, headache, a disagreeable and audible rumbling in the bowels, weakness of the extremities and even attacks 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 weakened and the anemia is made worse.

If the digestion is prostrated, our main object must be this important function as speedily as possible to its normal state; for without it no restoration of tissue, and hence no amelioration 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 stomach must not be loaded with heavy nourishment; the least excess 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. Beer or wine, whether pure or diluted, can only be allowed if not counter-indicated by any of the above-mentioned circumstances!

K the appetite improves, more nourishing soups, light white meat, soft-boiled eggs and a light farinaceous diet may as the digestion continues to improve, beef, venison and ening 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 diarrhoea or cardialgia, and are not inclined to abdominal pains.

We give these dietetic rules in detail for the reason that we have often seen practitioners urge upon anemic patients the most substantial diet without regard to their digestive capacities. Being unable, for want of appetite, to comply with the demands of their physicians, the poor patients, instead of gaining in health and strength, continued to fail and were finally obliged to seek help elsewhere.

Exercise and rest are of great importance to the process of sanification. 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 of their normal energy, elasticity and powers of perseverance; their muscles and muscular bodies exhibit a certain degradational debility; the muscles of the trunk and extremities betray this weakness by a feeling of languor and lassitude; those of the thorax by shortness of breath, those of the heart by an accelerated 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
ation of the heart, an increase of temperature, in conseq
which abnormal cerebral irritations in the shape of hemi

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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 gradu
ation 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 great 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
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 expe palpitation of the heart or dyspncea. Long rides, gallop sharp trot" do not agree as a rule.

The well known indolence of anemic persons, their dispo to sit or lie down, should not be encouraged by their ph protracted rest or a total deprivation of exercise dimin functional energy of the muscles and may even result in atrophy and paralysis.

Sleep and waking likewise exert a powerful influence upo life of the blood.

Anaemic pei-sons who sleep too much, generally become in peevish, complain of dulness of the head, inability to t yawn, look bloated, the blood becomes paler, the muscula more relaxed, and the formation of fat and the serosity become very marked.

The want of regular sleep as well as complete sleeplessn the anemia worse, and frequently result in nervous eret esthesia, debility, digestive derangements, and emaciat

A natural sleep of six, seven or eight hours is refreshi ening, promotes the restoration of the muscular fibre, i process of sanguification, and invigorates the cerebral

Voluntary watching when the hours which should be devote to sleep, are spent in a state of intentional wakefulness judicial to anaemic individuals. The will acting in oppo the natural want, an effbct takes place both of a physic psychical nature and equal to the sleeplessness added to of bodily and mental exertion, in consequence of which t becomes more deep-seated.

On this account, anaemic persons should neither watch wi sick, nor for purposes of manual or other work; they sho read, study or travel at night. Even social entertainmen not be indulged in after midnight, so that the remainder night can be devoted to rest.

Depressing emotions, such as grief, sorrow, mortified fe fear, homesickness, disappointed love, etc., and excessi such as envy, hatred, jealousy, ambition, wounded pride, anaemic patients equally badly as sleeplessness. Hence i sary in the case of anaemic persons that this morbid dir thoughts and feelings should be moderated or entirely su an appeal to their reason as well as by the personal inf physician.
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 increase of the red corpuscles. If the digestion is at the same time active and a sufficient supply of proper nourishment is introduced into the organism, bad cases of anaemia are sometimes cured by these simple means without medicine. It is more particularly the anaemia of convalescent patients that can be removed in this manner.

Anaemic persons residing in crowded cities or in damp districts where the air is rendered impure by frequent coal-vapors, decaying vegetable matter, etc., should, if circumstances permit, be sent during the warm season into regions of country where the air is pure and rich in oxygen.

The dwellings of anemic persons must be dry, spacious, with facilities for being easily heated, accessible to sunlight from experience that damp and chilly dwellings give rise to a variety of diseases.

The clothing of anaemic individuals has to be adapted to season and the weather; the want of animal heat and an 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 clothing, so as to be protected against the bad effects of changes of temperature or of a sudden access of bad weather.

Anaemic persons who are disposed to sadness and to keep from company, must be cheered up by pleasant surrounding games, entertaining books, theatrical representations, 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 60° F. cause chilliness, a loss of animal heat, followed by an excess of reaction. For this reason the best plan to be adopted for such patients 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 dyspnoe.

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 cool or keen wind, nor must the air be damp or chilly. Hydrsemic patients should not bathe under any circumstances.
In high grades of anaemia sexual intercourse is hurtful to persons of either sex; however, if they improve in looks, if they feel more 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 selecting a remedy, it is not only of importance that the exciting causes should be carefully investigated, but that the physician should whether the anaemia he is called upon to treat, is of a primary character. A primary anaemia generally admits direct treatment and is curable, whereas a secondary anaemia requires a careful consideration of the primary pathologic and can only be reached indirectly by homoeopathic remedies and not unfrequently resists the most rational and judicious treatment.

A direct anti-anseraic treatment requires, beside the removal of the cause and a suitable diet, the use of such remedies in their power to correct the process of sanguification direct influence. We have no universal specific for anemia investigating the various forms of anaemia, their causes morbid processes upon which they depend, we are able to ourselves of a considerable number of remedies whose effect upon the human organism have been carefully studied, and by t means to obtain favorable results with surprising rapidity in severe cases where medicinal aid seemed all but useless.

Since the selection of homoeopathic remedies for anaemia principally determined by the nature of the exciting causes resemblance between the remedies and the disease, we have it proper to present the various forms of anaemia and to the special treatment of each of them. By this means we a clearer perception of the various morbid processes, and facilities in surveying the list of specially adapted remedies.


Owing to hemorrhages of the mother during pregnancy or the act of parturition, children are often born anemic. These infants, although they arrive at full term, they generally look fleshy, but in the place of the natural bright flesh-color, the skin has a pale-yellow appearance; the nails and lips likewise look pale, and the sclerotic color. Their movements are not very vigorous, their voice is feeble, they do not sleep much, moan a good deal, and nurse very feebly.

Such infants very soon pick up strength at the breast of a healthy wet-nurse whose milk, rendered more nourishing by a good diet and the use of beer, easily and speedily accomplishes the restoration of the red blood-disks.

If anemic 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; their weakness is so great 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 means of a little spoon; otherwise, being too feeble to draw the milk from the breast, they would soon perish of exhaustion; in order to support the deficient nutrition, it is likewise proper to bathe once a day in tepid cow's milk. As soon as they have become more lively and vigorous, we introduce every day the finger into their mouths for the purpose of ascertaining if they are able to nurse. If they are strong enough to draw they may then be put to the breast; by pursuing this course, they generally gain very rapidly.

If anaemic children are born before their full term, they generally sleep a great deal, have a wrinkled skin which is covered with fine downy hair; they look old, their little nails are on their heads is short, their heads are disproportionate, their fontanels are far apart, etc.

Such children have to be roused from their sleep quite often, in order to feed them a little nurse's milk by means of a spoon; this should be done at least once every two or three hours, if their vital energy is to be preserved and sufficiently strengthened. The nutrition is likewise sustained by tepid milk-baths and injections of tepid milk or soup; the injections should only be given in small quantities, about half an ounce, in order to secure their retention in the intestinal canal and subsequent absorption.

For purposes of nutrition, the milk of healthy and robust nurses is much better than that of mothers whose milk has become deficient in consequence of copious hemorrhages or exhausting disease which has become greatly deprived of its protein constituents.

Congenital anaemia occasioned by diseases of the parents

Congenital Anaemia. 703

the mother alone, is generally very obstinate, frequent during the whole period of dentition and even beyond the period of pubescence. Such children generally cut their teeth a period and with difficulty, are frequently attacked with symptoms of the digestive functions and of the nervous system. The disorders are subject to frequent attacks of they begin to run about, and they acquire the use of speech. They have a pale and bloated appearance, a bloated belly; enlargements of the spleen, liver and mesenteric glands are frequent occurrences. They are moreover often accompanied by leucæmia; they show signs of softening of the bones and to scrofulosis, bronchial and intestinal catarrhs, to croupous processes and meningitis. The most common results of congenital and protracted anaemia are tuberculosis, scrofulosis, rhachitis and atrophy.

Children afflicted with congenital anaemia should have healthy wet-nurses during the first months, they should be taken out into the open air as often as the weather permits, the use of sugar should be strictly prohibited, nor should they be fed on thick gruel or pap, lest the digestive functions should become disordered.
should never be fed to excess, they should be kept clean
quently bathed in tepid water. Acute or chronic gastric,
or bronchial catarrhs have to be treated in the manner i
in their respective chapters; they favor more than anyt
the diminution of the red corpuscles.

Sleep is likewise a function of great importance to such
If they will not sleep at all, or can only be got to sle
difficulty, we administer Calc. 6, or Nux vom. 8, or Pui
sol, 3, a dose every two or three hours.

If the children become exceedingly restless, so that the
remain in their beds and have to be carried about all th
most approved remedies for such a trouble are Arsen. 3,
JffnaL 3, Nux vom. 3, or Calc. 6, or Svlph. 6.

If, especially during the period of dentition, they freq
from their sleep and afterwards remain wakeful, we resor
Chamom. 3, Cqfea 3, Nvx vom. 8, or Nairum mur. 6, or Sil

The slow dentition of such children is attended with gre
in the process of ossification; the fontanels remain op
time, the skull-bones are thin and fragile, the articula
grow thick and rickety; the vertebral column and the lo
are liable to become curved.

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In such cases Cede* 6 to 80, two doses a day, is a splen
which speedily regulates the digestive and assimilative
thus improving the quality of the blood and visibly prom
process of ossification. What Iron is to chlorosis, Arse
mia, that hime is to delaying ossification. This remedy
of great value where the skin is bloated, the abdomen me
trically distended, the extremities are thin, the mesente
swollen and where the patients are at the same time suf
stic, nasal or intestinal catarrhs. The continued use
remedy for several weeks, in increasingly large doses, a
by a proper dietetic management, may lead to favorable r
even in cases where an hereditary disposition to tubercu
present.

^If the delay in the process of ossification has already
actual curvatures; if single bones have become hypertrop
angular edges of the long bones have become rounded off
ders, if the articular extremities become disproportiona
and the broad bones thick, we may be sure that osteomalac
set in. In such cases a gelatinous substance is found ex
the cells of the friable and interstitially distended os
consequence of which the bones not only become distorted
osteoporosis takes place, or a dilatation of the medulla
cells.

Such phenomena find a sovereign remedy in Silicea 6 to 3
doses a day. What Lime is to a delaying ossification, th
is to osteomalacia. Silicea, by first regulating the dig
assimilative functions, corrects the composition of the
not only secures a reabsorption of the gelatinous mass,
perfect ossification.

This remedy likewise renders efficient service in cases itary disposition and, like Calcarea^ is often administe vantage 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 of feeble and exhausted children who did not acquire the their legs until very late. (See the article "Menin^tis Spondylitis.")

Children who learn to walk with difficulty or at a late must not be made to stand upon their feet; every attemp ing them walk, is an injury to them. It is better for th down as much as possible. Carrying them in a sitting pos

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without changing from one arm to another, frequently giv to spinal curvatures. To afford them the enjoyment of fr they have to be dragged about lying on their backs in a riage.

In all cases of congenital anemia, country-air and a me are very beneficial.

We have already cautioned parents against overfeeding. I to keep the children quiet, some parents and nurses are of keeping them at the breast the whole night. As soon a children cry a little, they are put to the breast, or ti their mouths, or they are stuffed with farinaceous paps gruels. Even after weaning them, this system of overfeed continued; children are constantly eating bread, pieces potato, cake, etc. These vicious habits are the beginnin fect chylification. The habit of keeping the digestive o stantly employed, leads afterwards to an insatiable vora digestive organs, being constantly excited to an uninter activity, become weak; the children have to vomit freque are suffering from acidity of the stomach, accumulations gastric disorders, painful diarrhoea or flatulent colic, weakness and thinness of the extremities and other disor ing 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 h and after they are weaned, children should have their me regular periods; between meals they may be allowed to r and play in the open air. Atmospheric oxygen is as neces an improvement of the quality of the blood as adequate n ment is to sound nutrition. Digestion, says Moleschott, the food into constituents of the blood, atmospheric oxy forms the bl6od-disks into tissue-making substances.

Good food and an abundant supply of pure air are often s to impart to feeble and rickety children an appearance o and strength.
Exercise in the open air, and more particularly the juvenile games, throwing the ball, trundling the hoop, jumping the 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 while heated.

Under similar precautions fishing, hunting, berrying, etc., likewise be permitted, because a moderate exercise of this kind 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 old; generally such children have bright intellects, but their minds should not be developed at the expense of their bodily health. Better be taught only a few hours a day; the rest of the day may be devoted to invigorating their constitutions.

As has been said before, congenital anemia very frequently depends upon some hereditary disposition which, owing to tuberculous, syphilitic, carcinomatous or other exhausting disease of the parents, or to some chronic uterine disease of the mother, continues far beyond the period of dentition and growth, cases of the sudden invasion of some acute disease, play a part. In such cases a single acute local affection constitutes the beginning of a series of changes in adjacent or affiliated organs or systems. A simple nasal catarrh, for example, may be seen followed by palpebral blennorrhoea, or an inflammation of the conjunctiva of the bulbus may be seen accompanied by most violent photophobia and by ulcers of the cornea, so by otorrhoea and bronchial catarrh, or diarrhoea, etc.; in short, a whole series of disorders of the mucous lining may break out.

In another case a simple tonsillitis is succeeded by hypoplasia of the tonsils; at the same time the submaxillary, cervical, posterior cervical, axillary and even parotid glands may be seen infiltrated 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; a simple cold, or excessive fatigue may give rise to spontaneous lopping, a fall on the knee to white swelling, a fall or blow on the tibia to periostitis or exostosis, an injury of the nose to nasal catarrh, etc.

For this reason it is of the utmost importance that a physician should observe and appreciate such hereditary dispositions with all the attention they are entitled to. Unfortunately it is the case that anaemic or feeble children are neglected by th
their sickly condition is attributed to dentition, the fact of growth, and a physician is only applied to after an acute disease has actually broken out. In such a case a treatment with great discretion, nor ought the hereditary position to be left unconsidered. If it should appear to a physician that an acute disease is struggling but imperfectly into full manifestation, that the disease threatens to assume its disease, or to pass through a series of other pathological form to investigate at once the anamnestic circumstances of the parents, and will have to employ such remedies as will weaken or act this tendency. Thus the judicious and methodical use of Iodide of Potassium or of the Muriate of Gold will correct the syphilitic tendency, that of Ca/e., Iodine Sulphur or Cod-liver tuberculous tendency, that of Conium or Aurum mur. natr. tendency to carcinoma. Ars. or Sulphur will remove or correct the disposition of children consequent upon chronic suppurations, diarrhoeas or colliquations of the parents, and will prevent development of chronic diseases which it may be either difficult or impossible to cure.

It sometimes happens that children who look healthy and at birth, in a few days already look pallid and flabby, moan a good deal, do not sleep well, the lips lose their hue, the sclerotica assumes a bluish appearance, the features sharply delineated, the palpebral conjunctiva and the face and the muscles lose their tone. In a more advanced stage of anemia the children look like old people, the muscles 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 ought to; 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 hungry 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 spurt readily; if the mother is pale and feeble; if she had a deal of blood during parturition or had been sick for a during her pregnancy, it becomes at once evident from circumstances that she cannot possibly afford her infant a sufficient supply of nourishment.
Sometimes there is an abundance of milk in the breasts, is watery, like curd, and, when collected in a tumbler w water, it soon mixes up with the water without forming u threads or clouds. If the mother had previously lost a g of blood or had been afflicted with some severe disease subject to paroxysms of mental depression from grief, ca anger, etc., the milk loses its nutritive quality, becom 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 qual the milk are perfectly satisfactory, the cause of the tr sought for somewhere else; it may be overfeeding, catar tions of the stomach, bowels, bronchia, etc., for which reader to the respective chapters where these diseases a

For the anaemia and convulsions arising from teething, a consequent sleeplessness and ptyalism (driving, drooli the reader to the chapter on Eclampsia infantum.

The excessive ptyalism is not unfrequently attended with stomatitis or gingivitis. In either case Merc, sdvb, 3 i remedy; likewise Cole. carb. 3 to 6, if the gums are pa children are very nervous, fretful and wakeful.

A too rapid growth sometimes superinduces an anaemic con attended with muscular debility and sometimes with a lia the capillary vessels to rupture.

If such children, as they approach the period of puberty themselves beyond their strength, or are exposed to high of temperature, or perform unusual mental efforts, they attacked with nosebleed or even haemoptysis. These symp of special importance in the case of clildren born of tu parents.

For the treatment of tuberculosis we refer the reader to chapter on tuberculosis. For the anaemia without great m debility or other complications, we generally give two o daily doses of Ferr. 1 with much success. More recently made use in many cases of the syrup of Iron^ of which we or three tablespoonfuls a day. This preparation agrees w dren who seem to be quite fond of it.

If the muscular debility is not very prominent, we find mentioned preparations of Iron sufficient. If the muscle weak, we resort to Quinine 1, two or three doses a day.

Consecutive Anaemia. 709

remedy is not sufficient to remove the anemia, we give and Ferrum in alternation, giving Quinine one day and Fe next; or a dose of Ferrum in the morning after breakfas before dinner a dose of Quinine, another dose of Ferr. i noon, and a dose of Quinine at night. Either method lead speedily to a successful result.
For the nosebleed of anemic individuals, two or three doses of Crocus 8 a day proves very efficient. If debility is a prominent symptom, China 1 or Phosphor. 3 are important remedies which will arrest severe hemorrhages. After the nosebleed ceases, the general treatment of anemia has to be continued.

For hemoptysis from excessive walking, dancing, running, ascending eminences, etc., attended with vascular erythema in solution, a dose every fifteen or thirty minutes, in connection with cold applications to the chest, renders most excellent service.

If, under similar circumstances, the lungs have become weakened by much talking or loud reading, blowing on wind-instruments, etc., and an oppression is felt on the chest, and symptoms of pneumonia threaten, we at once resort to Phosphor. 8 in solution, every hour or half hour; at the same time we employ cold applications to the chest. We likewise refer the reader to the chapter on hemoptysis or hemorrhage from the lungs.

Nvij: vom. 3 may prove a good remedy for the hemoptysis of anemic persons, when caused by excessive mental labor or abuse of spirits.

For the best means of invigorating the constitution, exercise, occupation, etc., we refer the reader to the chapter on tuberculosis.

For the anemia of chlorotic persons, the reader is referred to the chapter on Chlorosis.

Consecutive anemia is in every particular case attended with a diminution of fat, decrease of strength and loss of bodily weight. These conditions, together with their exciting causes and consequences, are of great importance for the selection of the appropriate remedy. Among the phenomena which accompany or follow this form of anemia, we distinguish paroxysms of syncope, neuralgia, hyperesthesia, anesthesia, debility, emaciation, and various symptoms of the lungs.

The treatment of acute anemia consequent upon severe hemorrhages from the lungs, stomach, bowels, womb, etc., has been indicated in the chapters where these accidents are treated.

Chronic anemia, consequent upon repeated losses of blood when complicated with hydsemic symptoms, requires China three to four doses a day, if debility is the prominent symptom and Ferrum met. 1, one to three doses a day, if the anemia are the most prominent. A strengthening diet, rest and fresh air are likewise indispensable. If both these conditions exist at the same time, we prescribe China and Ferrum in alternate doses.

For the debility superinduced by sexual excesses we give Phosphor. 3 or China 1; for anemia Phosphor. ac. 1, or Calcarea carbonica.
Puis, 3; for a disposition to hypochondria or melancholy, 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 must once discontinued and a strengthening diet be pursued.

For anaemia after profuse suppurations, with debility, tension 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 £

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 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 Anse mia.

Secondary anemia may occur as an accompaniment of vario constitutional diseases, such as tuberculosis, chlorosis cinoma, glandular diseases, diabetes melitus, Bright's ulcer of the stomach, etc. Such forms of anemia require treatment; they disappear together with the constitutio upon which they depend. H.)
Marasmus, Tabes.

[This anomaly of the functions of nutrition consists in a perceptible decrease of the normal roundness and fulness of the body.]

Primarily marasmus arises in consequence of congenital and a deficient supply of nourishment, excessive bodily or mental labor, continued mental depression, sexual excesses, self-abuse, too frequent confinements. Very often the cause is unknown.

Secondarily this disease may be superinduced by excessive perspiration, seminal losses, excessive secretion, ptyalism, nursing, long-lasting diarrhoea, blennorrhoea, diabetes, tinued losses of blood, chronic suppurations or discharges, exhausting diseases, pyemia, cancer, syphilis, tuberculosis, lasting intermittents, etc.

Marasmus likewise arises in consequence of chronic bleeding, by arsenic, lead, mercury, etc., or in consequence of strength, most frequently in childhood and old age; it wise occur in consequence of continued nervous irritability, weakness, chronic febrile conditions, etc.

Marasmus is chiefly characterized by a gradual or rapid, disappearance of the adipose tissue, a wrinkled skin, destruction of the muscles. The skin is mostly dry, extenuated, rough and scaly, without turgor or elasticity; at times yellow, at other times strikingly pale, or cachectic; at times covered with local or colliquative perspiration; the hair on the head falls out more and more, the nails become curved and brittle, the extremities are mostly cool, the patients frequently of a feeling of coldness and cannot get warm.

At times the appetite is great, increasing even to canine hunger, 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 increased appetite is fetid, the gums are atrophied, the teeth become loose and fall out.

The breath is often fetid, the gums are atrophied, the teeth denuded, and gradually become loose and fall out.

The voice is feeble and without resonance, the respiration frequently normal, but often oppressed, and after the least exertion dyspnœa and palpitation of the heart set in. The pulse is small and feeble, sleep fatiguing refreshing, sometimes it is very much disturbed; the patients show either hypochondriac or irascible; sometimes they show m
apathy or obstinacy, their memory is weakened, their behavior is often childish and vacillating. The muscles are flabby and atrophied, and the strength becomes less and less.

The disease may last months or years; in some cases marasmus 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 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, hydremia, dropsy, embolism, gangrene, etc.

The prognosis is favorable only if the disease remains a curable disease, losses of blood and other animal fluids, excesses of the brain or spinal marrow, etc., the anaemia inherent in the period of involution.

The prognosis is favorable only if the disease remains a curable disease, such as tuberculosis, carcinoma, diabetes, diseases of the brain or spinal marrow, etc., the prognosis favorable.

TreatnelfU* 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 period 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 years. 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 indications.

If the anaemia is not very considerable; if the loss of muscular or adipose tissue is attended with great debility, disposed in the day-time, feeble impulse and sounds of the heart, oppression on the chest, dyspnoea after slight exertions, to painful diarrhoea, we recommend Phosphor. 3, a dose every two 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 dragg 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 Obesitas, 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


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 cumference 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; many, on the contrary, eat scantily, are a prey to depressing emotions, and yet grow or remain fat.

Excessive fatness may be caused by a too copious supply of food or too much fat or substantial food, and a simultaneous deficiency of exercise in the open air; drinking beer and spirits sleeping too long; mental indolence; abstemiousness from intercourse, want of active labor, disposition to idleness, phlegmatic 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 fuller and jounder, the white or yellowish skin becomes and, in consequence of the increased secretion of sebum, fat and has a fatty feel. The more the body increases in 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 accumulation 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 phlegm is pushed up more and more, and the cavity of the lungs compressed. The natural consequence of this condition is a striking dyspnoea with which very fat persons are more or less afflicted. This dyspnoea embarrasses them in walking, going upstairs, ascending an eminence or performing the slightest bodily labor. Fat persons generally have to lie on their backs, in which position they snore, have dreams which often cause them to cry out suddenly as ifmented by anxiety. The compression of the lungs, the encroachment upon the thoracic cavity and the consequent dyspnoeic disturbances in the circulation characterized by palpitation of the heart, syncope, determination of blood to the head or liver, kidneys, uterus, etc.

At the commencement of the disease, the digestion is generally very active and frequently degenerates in canine hunger. Fatness has acquired a high degree, the patients often become dyspeptic, are tormented by flatulence, acidity of the stomach, flatulence. In consequence of the resulting congestion of the stomach and liver, the slightest meal leads to oppression of the stomach which frequently increases to sour or bilious vomiting. Such patients are not troubled with costiveness, and frequent or three papaceous evacuations in the course of the day. The urine is frequently cloudy, opalescent; after bodily work, the emission of urine is attended with a burning sensation in the ure
The perspiration has a peculiar, sometimes a rancid smell, or like 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 at the anus.

The pulse is mostly feeble, small and easily compressible; the 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 dread exercise, even a little mental labor; their muscles are tone, their senses are dull, their intellect is torpid, inclined to sleep.

These phenomena are not, however, without exception; many fat persons remain quick, of active mind and body; known a fat old gentleman who danced more vigorously than young associates and not feeling tired, at the same time entertained 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 congestions. It is very seldom that they live to an old age. Partially 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 and circulation. Fat persons are frequently anaemic; in such a condition, hydnemic conditions frequently develop themselves which it is difficult to distinguish from morbid fatness. Fat persons are frequently attacked with boils and carbuncles; the latter frequently run a dangerous course, causing vast destructions in the subcutaneous cellular tissue. Acute diseases are succeeded by dropsy or marasmus.

On this account a good deal of cautious reserve should be used in establishing a prognosis in high grades of polysarcia, especially if an atheromatous degeneration of the blood-vessels or a fatty degeneration of the heart may be suspected.

Treatment. An excessive deposition of fat is an anomaly in the sphere of nutrition which, in our opinion, depends upon the assimilative functions. In the case of children, it is frequently caused by over-feeding, and in the case of adults, by an excessive supply of nourishment.
In either case the overloading of the digestive organs weakens them, the food is not adequately transformed into firm constituents, such as muscular fibre, osseous tissue, but, remaining at a low stage of assimilation, is transformed into carbo-hydrates.

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 an excessive supply of fat-making food.

It is a well-known fact that adiposis cannot be arrested by any known method of treatment. For, independently of the weakness of the assimilative functions, we frequently have to contend against other congenital, hereditary or individual, known or unknown tendencies which favor the excessive deposition of fat and 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 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 diet, but sufficient to satisfy the appetite; such patients should fast themselves to lean and young meat, with fresh vegetables, and abstain from rich soups, fat gravies, fat fish, potatoes, beans and peas, quantities of bread, they must likewise avoid coffee, tea and tobacco, for these retard digestion and interfere with the metamorphosis of the tissues. The best beverage for such patients is fresh water, or 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, or skimmed milk with a little sugar; eggs and chocolate are avoided, they contain too much fatty matter. For dessert fresh or stewed fruit, and for supper a light soup a fruit. Food spiced with a little pepper agrees with such patients, provided it is not fat. Water-ices are likewise allowable but 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 rules are of special importance. In order to stimulate the metamorphosis of the tissues and secure the introduction of as much oxygen as possible, fat persons should walk or ride on horseback whenever their time and circumstances will permit; riding in a carriage is of no use to them; active exercise in the open air, especially in the morning and evening, promotes a high degree of assimilation. If, during their walk, they frequently drink cold water, rest 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 as little as possible.
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, ridin
back, hunting, cold ablutions, cold baths, in bad weathe
up and down in the room at a rapid rate; gymnastic exer
resorted to in systematic order, impart great activity t
t morphosis of the tissues.

These measures, if carried out strictly, are often alone
to arrest the tendency to fatness and diminish the amoun
The so-called panting-cure, which has been frequently re
in modern times, rests almost upon the same principles a
duced good results in some cases. In pursuing a strict d
main point is for the patients to persevere until the ma
has considerably decreased and they have gained in agili
of motion. In pursuing a dietetic treatment, the bodily
increases instead of diminishing, the blood does not gro
it attains a higher degree of oxygenation, and the weigh
cumference of the body decrease, whereas all the physica
psychical functions become more animated.

In conducting the internal treatment, we pay particula
ation to the disturbances in the respiration and circulat
functions of the stomach and intestinal canal, the quali
blood and the other coexisting abnormal symptoms.

Fat persons are often short-breathed, especially when go
stairs or performing the slightest bodily work, or walki
faster than usual. In such cases a careful exploration o
and abdomen becomes indispensable. If, on percussing the
of the heart, we discover a dulness over a larger surfac
pulse of the heart remaining vigorous and the sounds of
loud and distinct, we infer the existence of a larger ab
deposition of fat about the heart or in the mediastinum,

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sequence of which the thoracic cavity becomes contracted
normal expansion of the lungs is interfered with. For th
toms we give Arnica 2, from six to ten drops in half a p
a dessertspoonful every two or three hours. At the same
recommend the diet that has already been pointed out as
conducive to persons suffering with adiposis. By continu
treatment for weeks, at intervals of two or three days,
restored patients to an apparently perfect state of heal
the Arnica acts by diminishing the pressure of the fat u
heart, or bringing about a reabsorption of the fat-molec
an open question.

If the dulness in the cardiac region is attended with fe
of the impulse, and if the sounds of the heart are likew
distinct, we infer a fatty metamorphosis of the heart, f
ment of which we refer the reader to the article on fatt
tion of the heart.

If the fatty degeneration is accompanied by dilatation o
heart and pulmonary emphysema, we pursue the treatment r
mended 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 ing are complained of, the first thing to be done is t diet should be rigidly enforced. Such derangements gen 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 deletion 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.

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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.

[^Anafotnfcal 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 serous effusions which not unfrequently occur in the extremities, 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 where the characteristic symptoms of uræmia are present, carbonate of ammonia in varying quantities, sometimes manifesting its presence by its disagreeable odor and at other times effervescing by the addition of muriatic acid.

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Jetlolooff/, Urcemia 18 only observed in the course of other diseases. It may be caused by obstructions in the secretion of urine as may occur during an intense hyperemia of the kidneys, 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 obstacles at the sphincter of the bladder or in the urethra, as in calculus, gravel, or from hypertrophy of the prostate, stricture urethra, etc.

Urenemia may likewise occur during the last months of pregnancy, during or after parturition, in the course of scarlatina, or from effusion of the urine between the tissues as during operations, wounds, injuries, perforations, etc.

Symptoms. According to the course and intensity of the symptoms we distinguish acute and chronic uræmia.

Acute uræmia is almost always preceded by a diminished secretion of urine, or the secretion of urine meets with difficulties or is obstructed; at times there is only a reabsorption of urine due to effusion of urine into the cellular tissue. The first signs of uræmic intoxication often consist in vomiting and diarrhoea, or only in vomiting, sometimes in apathy and drowsiness, or in headache with vomiting, weakness of sight, delirium; or convulsions and amaurosis set in all at once commonly followed by uræmia of the highest degree of intensity. At other times the invasion of uræmia takes place with a chill followed by intense fever with typhoid symptoms. The cerebral symptoms set in, they generally point to the presence of a dulness of perception, a difficulty of collecting one's mind, stupefaction, somnolence or a deep sopor; the delirium generally of the bland or moaning kind. In rare cases on great restlessness, an excited state of the mind, loud delirium, desire to escape, etc. The cerebral symptoms are frequently associated with amblyopia, vertigo, mistiness of sight, or even a deficient irritability of the pupil with hardness of hearing.
buzzing in the ears, grittying of the teeth or trismus. The buccal cavity and teeth are generally dry, the thirst is very moderate, the appetite is entirely gone, the voice is rough or husky, respiration accelerated, dyspnoic or stertorous. The expired air has often the smell of urea or contains traces of ammonia.

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The abdomen is distended, at times the distention is bnt at other times meteoristic, the alvine evacuations are diarrhoeic, the skin is either dry or covered with a perspiration that has the smell of urea, or with a fine dust consisting of some cases petechise or miliary vesicles make their appearance. Towards the end of the disease, spasmodic tremulous jactitations, subsultus tendinum and an automatic and feeling around, with continued coma, tracheal rattling and finally paralysis of the sphincters set in.

Chronic ursemia develops itself gradually during continuou rrangements or obstructions in the secretion of urine, or quence of a continued decomposition of the urine that ha behind in the urinary ducts. Chronic ursemia is characte such phenomena as the following: Sickly, anaemic appeara tion of appetite, generally with a thickly-coated sion to meat, dryness of the mouth ; an increase of thir with a desire for sour or cooling things ; increasing la siness ; slowness of speech and thought, apathy and forg constantly increasing dyspnoea, muscular debility and em costiveness or serous diarrhoea; dryness and sometimes v itching of the skin which not unfrequently appears studd eczema, lichen, ecthyma, etc.; asthmatic difficulties, s oedema of the lungs, finaHy anasarca and general dropsy sequence of the constantly increasing marasmus.

Course, Terminations, Prognosis. Acute ursemia some- times runs a very rapid course, striking the patient dow suddenness of lightning: if, in the course of Bright's din, in the last days of pregnancy, previous to or subs confinement, etc., the urine is suddenly retained or is consequence of an effusion of urine into the cellular ti the urine remains stagnant, and an ammoniacal decomp this fluid takes place: vomiting, eclampsia or amaurosis phenomena which are so speedily followed by a deep sopo tinened convulsions or symptoms of paralysis of the brain death may result in a few hours or only at the expiratio or two days.

In the majority of cases the disease runs a less rapid c symptoms manifest themselves gradually, sometimes dimini then increase again in intensity, according as the distu the secretion and excretion of the urine improves or get

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Fevcre cases are characterized by a constantly increasin
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 light 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 rheoeic 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 rate 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 which 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

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time present, the accumulations of serum under tlie 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 thses tions. Uraemic symptoms frequently occur without any s of ammonisemia; but the latter never exist without the

Acute ammonisemia likewise sometimes runs its course wit
suddenness of lightning, especially in the case of acenec
ceddingly debilitated patients. Vomiting sets in, or vom
diarhchea, or diarrhoea without vomiting, or else a sud
tery followed by a rapidly increasing sopor and death in
twenty-four or forty-eight hours. In most cases acute am
if it runs a moderate course, lasts a few weeks; but th
of sudden efiusions into the pleura, pericardium, cerebr
e: the possible supervision of croupous pneumonia or
edema of the lungs, etc., impart a high degree of dange
disease. Chills frequently occur during the course of ac
monieemia, frequently with typical regularity and bearin
deceptive resemblance to intermittent fever.

Chronic uraemia as well as chronic ammonisemia may last
and even years; they may get better and worse again acc
the determining causes decrease or increase in virulence
cases generally occur in consequence of ischemia or anur
desire to urinate can be restored, the danger is momenta
moved.

Dryness of the mucous membrane of the mouth and fauces,
though every atom of moisture had been absorbed by blott
the mucous membrane appearing dry and glistening;" hoars
or even aphoniam the plainly ammoniacal odor of the exp
a constant aversion to meat; livid color of the skin, a
emaciation and muscular debility constitute, accordi
tJaksch, reliable diagnostic signs of ammonisemia which a
seldom observed in cases of ursemia. Convulsions, amauro
dropsy have never been seen by Jaksch in the course of a
emia. However, since this condition never occurs except
course of uraemia, we hold that the above-described phen
may likewise characterize a condition of uraemia.

Light and moderate, even severe and very acute cases of
and ammoniaemia frequently terminate in recovery, provid

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obstacles which impede the excretion of urine, can be re
These diseaseB, however, are peculiarly liable to relaps
case very serious accidents may occur.

Cases setting in with a sudden and crushing violence, al
always terminate fatally.

Paralysis of the brain, croupous pneumonia or dysentery
gangrenous destruction of the intestinal mucous membrane
serous efiusions into the various cavities of the body,
degree of marasmus and general dropsy frequently lead to
termination.

In cases of great intensity the prognosis is most common
unfavorable.

In mild cases of ursemia and ammonieemia the prognosis d
upon the possibility of removing the disturbance of the
secretion and excretion either totally or partially. Thi
likewise applies to the chronic form of uraemia or ammon

http://www.archive.org/stream/sciencetherapeu00kafkgoog/sciencetherapeu00kafkgoog_djvu.txt
The access of convulsions or amaurosis is generally a very bad prognostic.

Vomiting and serous diarrhoea sometimes constitute a favorable symptom, in the course of ammoniemia, for the reason that quantities of the carbonate of ammonia are often excreted by 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 is interfered with or entirely obstructed, the cautious physician will at once be reminded of the possibility of a sudden or gradual development of enemic symptoms. These can only be prevented by the speediest possible restoration of the excretion of urine by the use of internal remedies or by mechanical means or operation.

In very acute cases, where the disease develops its symptoms with extraordinary rapidity; where the vomiting, or a paroxysm of eclampsia, or the sudden invasion of amaurosis is speedily followed 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 medicine which has to be repeated again and again at short intervals, removing the sopor and the accompanying paralytic condition of the brain, the patients are irretrievably doomed.

If such symptoms make their appearance during the act of urination or in the last period of pregnancy, they are caused by the obstructed excretion of urine consequent upon the pressure of the gravid uterus upon the ureters and bladder. In such very acute cases the patient can only be saved by bold measures: artificial delivery should at once be resorted to, after which the urine is drawn off with the catheter. A dose of Hyosc. 3, or Opium 3, or Hydrocyan. ac. 3, or Ldciuca virosa 8, may be given every five, ten or fifteen minutes. In a case of this kind, occurring immediately after confinement, where the symptoms of acute uraemia developed themselves with fearful rapidity, the patient was at once relieved by the application of cold compresses to the region of the distended bladder. The organ contracted and the urine was expelled with the fierceness of a torrent. The case occurred in Dr. Hempers practice.

If the jaws are locked, the medicine may be administered subcutaneously. If no improvement sets in in one hour, a second, and a third remedy, etc., may be injected, etc. This is the only way of preventing a fatal issue.

In the course of scarlatina, ursemic symptoms may set in sudden violence in consequence of croupous nephritis resulting in a sudden obstruction of the urinary canals with plastic exudation. Here, help can only be afforded by the speedy removal of inflammatory process in the kidneys. For this purpose we give every ten minutes a dose of Hepar sulph. cede. 8, or Kali hydri...
exhibition of these remedies for two or three hours results in a more copious diuresis with numerous fibrinous casts, life may be 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. Thently 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 immedi 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 detrusor 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 anemia 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, we resort to 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 administer Arsen. 8, or Carbo veg. 6, or China 8, or Mar. ac. 1 to 2.

Intercurrent pneumonias are almost always of the croupous kind, and require to be treated with Iodine, Phosph. has never any good in such cases.

Ammoniaemic phenomena are treated by us in accordance with the same maxims; so far, however, we are not acquainted with a single reliable remedy for this species of blood-poisoning. Phosph. has seemed to produce some improvement; Lyeop. Phosph.

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NیH ac. have been tried by us with some good results. A Hep, sulph. proved useless. Asafoet 3 may perhaps do so we likewise recommend Kreos. and Petrol. 3 by way of experiment. Such conditions, as a general pruritus, pneumonia, chial catarrh, oedema of the lungs, the various exanthemata, have to be treated according to the rules laid down in the chapters where these diseases are specially discussed.

In acute unemia the diet has to be very much restricted. Afflicted with chronic uraemia, patients might partake of some meat if they had not an irresistible aversion to meat; diet of every description. In such cases eggs, milk, vegetables, fish, a light farinaceous diet and beer have to be the main articles of food.

Patients who are very much debilitated, may likewise partake of a little old wine.

If such patients are tormented by itching of the skin, relief is obtained by washing the body with dilute vinegar and brandy, or by taking a tepid bran-bath two or three times a week.


[^Avtomical Chaiacteristics. Collections of pus are al found in the cadavers of pyemic persons, most frequently in the 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 always forwards, their base outwards. When first forming they are circumscribed hemorrhagic infarctions of a dark-red or e ish-red color and a dense consistence. Under the microscope 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 and decomposed serous pus.

Formerly these abscesses were regarded by Rokitansky as metastases and attributed to an infection of the blood by purulent matter. Virchow has however shown by numerous experiments that these abscesses are the result of embolia; in other words that they are caused by the transfer of particles of tissue from one place to another; that pure pus never engenders pysemia, but that must be in a state of decomposition and contain decayed

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that it is the entrance of the latter into the circulation which causes the obstructions in the bloodvessels that are afterwards formed into abscesses.

Etiology. Most frequently pysemia arises from suppurations in the interior of organs, from the downward burrowing of abscesses, purulent inflammations of joints, gangrenous localizations during the course of phlebitis, peri- and saphenous phlebitis, endocarditis; in the course of puerperal fever, variola; in consequence of suppurations after surgical operations, 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 cellular tissue, access of air into open wounds or ulcers.

The infection of the blood is supposed to emanate from the decayed purulent serum. SympUrns* The pysemic process almost always commences with a chill followed by intense heat. Sometimes the chill is so severe that the heat is mingled with chilly creeps or even severe paroxysms of chills. The pulse at once becomes small and easily compressible. In most cases delirium sets in as soon as the pysemia sets in; it is seldom below one hundred and the sensoriuni and tendency to sopor. The patients feel exhausted, the appetite is entirely gone, thirst intense becomes dry, cracks, the teeth are covered with brown so the 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 numerous profuse sweats break out, with sudamina or numerous Subcutaneous abscesses are very frequently accompanied by ersepsias 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 app and become diphtheritic. In such cases profuse diarrhoea often set in, or hemorrhages from internal organs, bedsores or partial paralysis.
Course, Terminations, Prognosis. The course of the

Pyaemia.

disease is sometimes very rapid. This is most frequently in puerperal fever; the patients are attacked with chil fever-heat which does not remit; they become delirious, consciousness, lapse into a deep sopor and die in forty-hours. In such cases pyemic localizations are frequent in the brain or lungs.

A milder course of the disease is marked by distinct rem lasting from two to sixteen hours in benignant and only four hours in malignant cases. The shorter the remission dangerous the course of the disease. The more violent the more imminent the danger of internal or external inflamma tions, the shorter the course of the disease and the mor a fatal termination.

In moderate forms of the disease it may last four, five weeks and terminate in recovery. Convalescence is however 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 circumstance whether the various manifestations of the p logical process can be improved. If we succeed in moderate inflammatory symptoms and sustaining the strength of the 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

TreatmenU If we deal with morbid processes in the course of which pysemia may be apprehended (see etiology), we m care to prevent this result. To this end existing absces be opened in due season, wounds have to be kept clean an access of air into such cavities has to be carefully gua At the same time the sick-room has to be frequently vent over-crowding with patients has to be avoided, cleanliness good nursing have to be seen to.

If, in the course of the above-mentioned diseases repeat erings or chills set in, they always denote the beginnin the symptoms are evidently of a typhoid character, assoc great debility and dissolution of the blood.

For this reason, with a view of preventing as speedily a the great loss of strength or correcting the fluids, we to Quinine 1, a dose every two hours, and continue this until the chills cease and the violence of the fever aba

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If a high grade of anaemia and great prostration manifest themselves during the chills, it is well to substitute Chinin arsenicosum; a dose every two hours.

The further course of the pysemic process resembles that of typhus and the subsequent treatment is likewise like that of typhus. 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 un 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, distortion of the features when pressure is made upon them, should be carefully noted. Inflammations in cutaneous cellular tissue, or in the muscles, in interna 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 show 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., Borax and Hepar. The much vaunted Kali cfdoricum and Arg. niir. likewise fruitless. Generally these processes only cease with the 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 brane 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 anaemia and muscular debility generally remains. For the former Ferr. metalL1 carbon.1 or lacticum 1; for the latter China 1 or Quinine 1, two or three doses a day, together with a strengthening 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 Aconite; and a case of pneumonic pyaemia to Tartar emetic, H.

17. Septiciunla.

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 ulceribility either totally or only partially, putrefies more rapidly and, in many cases, has an acid reaction. The serum has frequently a bloody color, the blood-corpuscles are partially dissolved and the blood-vessels are penetrated by their contents. In the tissues we frequently discover infiltrations with dissolved hsematin.

Utiology. In most cases septicaemia proceeds from gangrened localities or is occasioned by local processes of decomposition into ichor. Not unfrequently it is the consequence of contagious or miasmatic influences, as in the plague, etc. Or it may arise by the decomposition of substances ought to have been excreted but remain behind in the organism as in acute gastric and intestinal catarrhs, ichorous ex in many cases the etiological origin of the disease remains unknown, in which case the septic infection of the blood h 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 in restless and unrefreshing sleep; in dull, wandering p limbs; in pressure at the stomach and in the loins; in loss of appetite with a sensation of repletion, and with an insipid, bitter or foul taste; in frequent chills with fugitive heat an outbreak of sweat; in the secretion of strong-smelling u

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alvine evacuations having a foul odor. These symptoms have continued for a shorter or longer period, and sometimes any preliminary symptoms, a violent chill sets in follow moderate or intense fever-heat. This heat has the peculiarity of imparting to the hand a stinging or biting sensation (ca The symptoms of adynamia which now develop themselves resemble those that characterize the higher and highest ileo-typhus and plague. Most generally the septic symptoms make their appearance after the patients have become deb and apathetic to such an extent that they faint away whe least attempt is made to raise them or change their position. The first sign of septic decomposition is the fetor of the mouth and the bodily exhalations likewise spread a putrid so that, whenever the patient raises the bed-cover by hi 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 gums in consequence of which the mouth, tongue, teeth and lips a black-brown appearance; frequent nose-bleed, vomiting of bloody and foul-smelling diarrhoeic stools, hsematuria, 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 ichorous 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 thems with intensity and more or less rapidity. Such cases gen a very acute course, the adynamic and septic symptoms se

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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 hemorrhages; foul-smelling excretions, a fetid breath and persoporous conditions, the access of gangrenous decubitus, paralysis, rapid prostration with collapse of the features, subsultus tendinum and grasping at flocks, a vitiated constitution and depressing social circumstance favorable prognostic signs.

Treatment. When treating ichorous abscesses, ulcers or ichorous wounds, or any other pathological processes where gangrene has supervened, we must always be prepared for the super of septic phenomena. In many cases septicaemia can be prevented by diligent washing of the abscesses, ulcers, wounds or

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places with chlorine-water or with a solution of Xreosote quently 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 have stated 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 upon the decomposition of organic material, by which means the further progress of the septicaemia is arrested and hemorrhages, petechiae, decubitus are prevented.

Even if all reasonable ground for hope had disappeared, arsenic may still prove an efficient remedy if the skin is cool, the patient is exceedingly prostrated, in a soporous condition with muttering delirium, grasping at flocks, subsultus tendinum, petechiae, ecchymoses, involuntary bloody and ously-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 in bed; if, on trying to hold a thing, their hands trem
trying to put out their tongue, it trembles; if, when they backs down in the bed, and if they pass blo-
erously-smelling 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 buted to a contagium, the adynamia is accompanied by sym-
of extreme nervous irritation; the patients have a dry
heat, are tormented with loquacious or noisy delirium, t
show a circumscribed redness, their thirst is very great
is hurried and feeble, with grasping at flocks, subdultu
catching at imaginary objecta, constant desire to get up

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etc. For such Bymptoms we give Rhus tax. 3 every hour, e
petechise, bloody stools, meteorism and clammy sweats ar

If a high degree of stupor prevails, if the skin is coi)
spiration clammy, the features collapsed, the pulse smal
form, and if the petechise or ecchymoses are at the same
bluish-gray color, Camphora 1, in hourly doses, has powe
the sunken vitality and bring about a favorable reaction

For violent nosebleed, vomiting of blood, septic haematu
hemorrhages from the vagina we administer with good succ
Ergotin 1, every two hours.

For excessive hemorrhages and their consequences we admi
doses of Sulphuric or Nitric ax:. 1, or Ferr. mur. 1, at

For long-lasting syncope with rapid prostration we alter
previously-mentioned remedies with Moschus 1; at the sa
we feed the patient on broth in order to repair the wast
loss of blood as speedily as possible.

Gangrenous decubitus or gangrene of other parts is treat
under typhus.

During the burning fever we have the skin bathed with di
vinegar or aromatic vinegar, or, if the prostration is v
with wine and water.

As a beverage during the fever we resort to water with c
jelly or syrups. If the skin is cool and the patient ver
dilute wine is preferable. If the patient threatens to f
exhaustion, a spoonful of good wine may be given.

During convalescence the rules indicated for typhus have
followed.

1

(Addenda from Kafka and from personal experience.)
Softening of the Stomach.

Anatomical Characteristics. In the case of children the mucous coat of the stomach, especially in the region of the cul, is found transformed into a gelatinous, colorless pulp, while in adults, it has a dirty-brown color. There are no signs of gastritis or ulceration. During the formative stage of softening the mucous coat is interstitially distended, soft and lax; it is easily destroyed by scraping it with the back of the scalpel and can no longer, as in its normal condition, be detached in patches from the submucous cellular tissue. In a high degree of softening, all the coats of the stomach decay and the shape of the stomach is sustained only by the thin, gauzy peritoneum which tears by 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, sour 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 of a year old, whose constitutions have become deteriorated by improper nourishment, by disease or general neglect. It most frequently occurs after weaning.

Secondarily it is apt to set in as a sequel of cholera infantum; sometimes it develops itself in the course of hydrocephalus and 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 with in the case of perfectly healthy individuals who suddenly died shortly after a meal, and that the stomachs of infants at the breast are always found in a state of softening if they contain milk shortly after their death, has led modern pathologists to assert that softening of the stomach is under all circumstances a simple post-mortem appearance. It is possible and probable that many cases of gastromalacia are simple post-mortem appearances in the cadaver; on the other hand it is likewise certain that many forms of gastromalacia have been correctly diagnosed as independent diseases which were verified as such by post-mortem examination.

Symptoms. The gastromalacia of children as an idiopathic
disease, at times manifests itself in the form of cholera, at other times as a gastritis, again as an acute hydrocephalus and finally 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; simultaneous occurring alvine discharges having a green color, of watery consistence, sour-smelling and corroding the anus; unquenchable thirst, sudden collapse, fainting turns, convulsions, coldness of the extremities, speedy supervision of sopor; such an attack generally sets in without any precursory symptoms and with so much violence that the little patients are either saved or else succumb in twenty-four hours.

Or the symptoms of gastritis may set in suddenly without precursory signs: the children are very feverish, cry incessantly, want to drink and to be carried about all the time, belch up wind frequently without any relief, and have discharges from the bowels, which corrode the anus, are with severe pain and cause the little patients to draw up to the abdomen. At the same time the region of the stomach is very painful, exceedingly sensitive to contact, the abdomen hot and distended, the skin much warmer than usual. If we not succeed in speedily arresting the attack, the patient very rapidly, the features collapse, the skin gradually crying of the patients gradually changes to a continual collapse 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 sleeplessness, peevish or very irritable mood, pallor and expression of suffering of the countenance, loss of appetite. In a few days the fever increases, the vomiting and diarrheic discharges become more frequent, the abdomen becomes bloated, the extremities gradual off, whereas the trunk and especially the abdomen feel hot, the little patients become apathetic and, with their eyes closed, lie in a soporous condition, from which, however easily roused when spoken to. They hurriedly grasp the tumbler, hold on to it with both hands and are unwilling to relinquish it. Very often they start from their slumber with a cry, after looking about wildly, they relapse into their sopor. At the same time the children become rapidly emaciated, especially about the neck; the pulse becomes smaller and more hurried, the evacuation acquire a foul odor, become watery, are destitute of fecal matter and distinguished from the urine only by a cadaverous smell; the respiration becomes short and labored, often accompanied by a tormenting cough. Finally there is complete loss of consciousness and sensibility, the eyeballs are distorted, spasms or convulsions set in, with symptoms of the most 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, tished 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 aneem 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 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.

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The gastromalacia of adults is not characterized by sching 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 without 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 hydrote typhoid form, in which case it may run a course of sever including the precursory symptoms; 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 doubtful 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 emet 8.

If the vomiting is chiefly sour and the stools have a so are watery and corrosive, attended with violent colicky pains, the thirst is excessive, the extremities are icy-cold, are covered with a cold and clammy perspiration and lyin state of torpor bordering upon insensibility, we give Ar tin, 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 Veratum in the same manner.

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If tliese Rymptoms are accompanied by sopor instead of convulsions, 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 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 improvement 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 convulsions, we depend chiefly upon Arsen. 3 in solution, every half hour. Tart. emet. 3, and Lachesis. 6, may likewise prove useful in such cases.

For typhoid gastromalacia we recommend Phosphor acid. 3 and Shus tox. 3 in solution, every hour.

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If cerebral anaemia supervenes, we give Jrs. 8, and Laidlaw wine and water, etc., as for the gastric form of gastromalacia.

The chronic form of gastromalacia requires Arsen. 8. Kreosot. 8, and Argent nitr. 8. Kreosote is excellent, if the sour vomiting and rapid emaciation are prominent symptoms, the alvine discharges are not very frequent.

Secale oomutum 3 is indicated by sub-acute attacks, with foul smelling vomiting, sensitiveness, heat and bloating of the region of the stomach, expression of distress in the countenance, sinking pulse, clammy and cold skin, prostration, fetid, discharges from the bowels, Arg. nitr. 3 is indicated by a semi-paralytic condition of the intestinal canal, the beverage is at once discharged again by the rectum with a rumbling noise, the stools are watery and are only distinguished from the urine by their cadaverous odor.

A cure of such a case of this kind is reported by Kafka in the second volume of the Hom. Vierteljahrsschrift, number 4, page 405.

The convalescence is generally very slow. Convalescent children have to be fed on good beef- or chicken-broth, milk, barley dry rusk, arrow-root, etc.

Gastromalacia generally setting in after the children are weaned, we will here subjoin a few remarks about weaning.

Children should not be weaned until they are able to partake of other nourishment beside mother's milk.

Weakly or anaemic children who are troubled with acidity of the stomach, dyspepsia or diarrhoea, have to remain at the breast until these morbid conditions are removed and the little children look better and are more vigorous. Experience has shown such children do not digest the nourishment which is given them after they are weaned and that symptoms of gastromalacia very apt to supervene in consequence of the increasing weakness of their digestive powers. If such children show symptoms of dyspepsia or of gastro-intestinal catarrh, they have to be attended to as soon as possible.

Children who are brought up on farinaceous diet, or with sugar habitually in their mouths, are most commonly subject to such derangements. We have likewise observed the beginning of a long line of gastric and intestinal affections which afterwar
gastromalacia, in the case of infants who are fed on cold food in the night, when mothers or nurses are too indolent to warm it before giving it to the little ones. For this reason the choice of food as well as its preparation and time of giving it to the children, are of the utmost importance.

For children who have been weaned, the most suitable kinds of nourishment are barley-coffee, carefully-strained codl in milk, skimmed milk sweetened with a little sugar, chicken-broth without salt and at first mixed with a little milk and sweetened with a small quantity of sugar; after which salt may be added and some wheat bread-crust may be eaten and boiled with the broth. All this kind of nourishment has to be given warm and in small quantities.

Children should be accustomed at an early age to a certain regularity in their meals; there should be an interval of two or three hours between one meal and the next in order to prevent overfeeding and give the food a chance to be properly assimilated. Fresh well-water, not too cold, is the best drink for children. If intestinal catarrh supervenes, a slimy decoction, such as rice water, arrow-root or slippery elm may be substituted in the place of water.

By observing these rules, gastromalacia can be prevented, and a vigorous and healthful development of the infantile organism can be secured.


Goitre, Bronchocele. -"^^ 743

Derbyshire Neck, Goitre is a well-known enlargement of the thyroid body in front of the neck. Sometimes the enlargement involves only one lobe of the gland, but most commonly both lobes are hypertrophied. This disease is endemic in many parts of the United States, especially in districts where limewater is habitually used for cooking 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 simple engorgement of the blood-vessels; or the capsules of the parenchyma may be distended by a gelatinous fluid. We have seen thyroid glands enormously enlarged and of an osseous hardness. Sometimes the enlargement chiefly takes place on the inside, impeding respiration and even threatening suffocation. If a sore throat often seems to defy all treatment it is because the soreness depends upon this internal enlargement of the thyroid body, which is scarcely visible on the outside. "We have known cases of
Goitre, Bronchocele.

terminating in tubercular phthisis; in such cases the structure of the goitre, from the incipiency of the disorganization, with that of the tubercular deposition.

Treatment. For all practical purposes it is sufficient to distinguish the simple vascular enlargement of goitre, and the trophy of the thyroid parenchyma. The cartilaginous, schirrous and tubercular disorganization may resist all treatment, not in all cases.

In unacclimated individuals first coming under the influence of lime water, we have sometimes succeeded in arresting an incipient goitre by causing the patient to consume quantities of lemon sour fruit, and to drink water acidulated with lemon-juice or vinegar.

A simple vascular enlargement of the thyroid gland often yields to Aconite alone; sometimes Aconite and Iodine have to be alternated internally and compresses of a weak solution may have to be applied externally.

We sometimes employ with a good deal of success compresses 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 the salt used internally every day.

Another excellent application is an ointment of the Iodide of Mercury. Some persons are very sensitive to the action of ointment, and it has therefore to be used with great care. One-sixteenth of a grain of the Iodide has been known to blister the skin most shockingly. We have succeeded in removing large and rather soft goitres with an ointment containing one hundredth part of a grain of the Iodide.

There are cases of goitre where Spongia, or roast sponge, has to be given internally and an ointment of Spongia has at times to be applied externally. In other cases Calcarea and Hepar sulphuris may be required to act upon the constitutional disposition. Goitre is very apt to reappear even after it had completely disappeared under the influence of appropriate treatment. H.]

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