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THERAPEUTICS

OF THE

RESPIRATORY ORGANS

BY

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AUTHORIZED TRANSLATION

Boericke & Tafel
Philadelphia
1919

PREFACE.

In 1828 the Comte des Guidi, a Doctor of Medicine and Science, and Inspector of the University of Lyons, became interested in the doctrines of Hahnemann. Antoine Petroz, a Paris physician of high standing, was one of Des Guidi's earliest converts to Hahnemann's method, with many others following him; therefore, in 1835, when Hahnemann settled in Paris, the father of Homœopathy found there a number of adherents to the homœopathic system, who were organized into a society. From that time until now, Homœopathy in France has had most able representatives. Prominent among these savants is Dr. François Cartier, who for many years has been a profound student of Homœopathy and other scientific subjects. Cartier has recently, under the title, *"Therapeutique des Voies respiratoires,"* given to his colleagues the result of his extended experience in the treatment of respiratory diseases.

Believing as I do, that the subject matter of this book will be of great value to the profession at large, I have made an unabridged trans-

lation. This translation, by the kind permission of Dr. Cartier, I am now authorized to publish for the benefit of those English speaking physicians who may not have had access to the original, and I sincerely hope that the book may prove as interesting and helpful to the latter as it has proved to me.

In France, notwithstanding war conditions, the work is having an extensive sale. Its foreword shows how unconscious the dominant school has been of its approach to Hahnemann's doctrines, now over a hundred years old. The author's chapters on the various tuberculins and their Homœotherapy are new and valuable. The book in its arrangement is similar to the "*Principles and Practice of Homœopathy*" by the late Richard Hughes, of London, a work which is couched in rather a conversational style, and treats each disease from a clinicopathological standpoint, giving indications for the principal drugs, but referring the reader to our *Materia Medica* and our *Repertories* for a closer differentiation of symptoms. The comprehensiveness with which each subject is handled shows the author's remarkable versatility.

In the translation I have adhered closely to the

original, endeavoring at all times to reproduce the exact context.

I wish, in closing, to express my appreciation of the frank and helpful criticisms of my friend Dr. J. P. Rand, and I especially desire to thank my wife for her untiring assistance.

CARL A. WILLIAMS.

St. Petersburg, Florida,
October, 1919.

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INTRODUCTION.

THE APPROACH OF MODERN MEDICINE TO THE DOGMAS OF HAHNEMANN.

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Modern investigators prove, unintentionally, the principles of Homœopathy, and confirm the teachings of Hahnemann; Hahnemann who, a century ago, foresaw the present medical movement. The law of similars is now scientifically explained. Therapeutic infinitesimals, the object of constant ridicule, are gradually being explained through the various applications of Opsonins, Colloids, and of Anaphylaxis, and are likely to be still further illuminated by what future investigations may reveal.

The lamented Professor Huchard, in his writing, entitled *"The Therapeutics of Yesterday and To-Morrow,"* says:

"Medicine must remain a school of tolerance, and especially one of modesty, for reasons, alas! too well known; it must not in the face of ad-

verse theories, assume either a haughty or a proud attitude, for no one person, or one school, should believe himself or itself the depository of Truth. From whatever source truth may arise, and however difficult it may be for us to grasp, we must accept it. Medicines act not only chemically, but also and especially produce physical effects simply by their presence. For bringing about these physical effects, *we must use weak doses, infinitesimals,* so reduced that they may correspond to a beginning of atomic dissociation."

Thus expressed himself the late Professor Huchard, a member of the Academy of Medicine, and one who, without being rated as a Homœopath, had, in the presence of the recent progress of science, at least the fairness to render homage to a still combated medical doctrine. The term combated is perhaps too flattering. Some critics, though lacking opportunity to attack, have always scoffed at it. I refer to the homœopathic doctrine.

"For checking diseases," resumes Huchard, "we do not take into sufficient account the healing power of nature (*vis medicatrix naturæ*); we are not always the collaborators of the organism, which makes and unmakes the diverse affections. We must know and admit that all medica-

ments possess two actions: a primary and a secondary one, *the latter opposite to the former.*"

The principle of opposite action here referred to, exists in nature, and is no longer disputed: the law of contraries and the law of similars are the two cardinal points of therapeutics. However, if we can neutralize the acidity of the stomach by giving an alkali, give a purgative for constipation, and use cold water for reducing hyperthermia, we naturally wonder what are the opposites of pneumonia, typhoid fever and diphtheria!

The action of similars, or the cure of the disease by the disease, is infinitely more extensive. *Such action has, furthermore, a great advantage over the action of contraries, in that it alone is capable of sensitizing the blood serum.*

We have admired bacteriotherapy, serotherapy, the study of immunities and of vaccinations; we have studied thoroughly the properties of serum and those of blood corpuscles. But the whole edifice of our studies will crumble like a castle in the air, if we do not start with that obligatory principle, which now no longer astonishes anyone: *the use of morbid and not of antidotal agents,* for obtaining healing products!

"We should not object," says Jousset in his *Constitution of Therapeutics,* "to the fact, that most of the therapeutic serums are borrowed not from the microbe itself, but from the serum of an animal immunized by the microbe. Whatever may be our theory of the curative action of the serum of immunized animals, or that of antitoxin, or of attenuated toxin; however we may differ on even new substance such as is produced by the organism with the aid of the microbe or of its toxin, we find the pathogenic microbe to be always the starting point of the therapeutic agent. This agent is employed either directly, as in rabies and tetanus, or is used indirectly; in the latter case it is replaced by a substance elaborated in the immunized animal by the microbe in question."

Scientific progress in accumulating the discoveries unknown in Hahnemann's time, has only confirmed the law of similars, and this it has done with new explanations and with a mode of action that only bacteriology could demonstrate. Nature herself has had charge of unveiling the truth of the law of similars. It is not only the homœopaths who have found the secret: the old school physicians themselves bring it to us.

Under the influence of a disease, there are de-

veloped in the blood, special properties which do not exist there in the normal state, properties which are the key to the natural cure, the *vis medicatrix naturæ*. No one doubts the power of this healing ability of Nature; but some observers were far from supposing that nature possessed these medical properties only with the appearance of the disease. *In the disease itself is found the remedy for the disease.*

Of what use then, in the effort of nature, is the intervention of the therapeutics of similars? It plays a role of support, of reinforcement; in one way or another it aids and improves. We, faithful servants of nature, endeavor only to imitate and assist. This theory and explanation of the homœopathic axiom, is, of all such theories, the most rational.

A movement similar to Homœopathy developed in France among those medical practitioners who desired, if not to study Homœopathy, to be informed at least regarding its methods. The effort was illustrated by the Society of Medicine of Mans, whose president, Dr. Persy, asked Dr. Naveau to explain to the former's colleagues the various steps of homœopathic therapeutics. Dr. Naveau's studies showed especially that Homœopathy was entirely in accord with laboratory dis-

coveries. The doctor, to be accurate, said: "Curing a disease homœopathically is to employ the medicament which provokes reactionary, defensive processes the same as those of the disease, the unfolded phagocytosis, as well as the developed antitoxin being in both cases similar. In a disease treated homœopathically, there is a double production of homogeneous antitoxin: that rendered by the agent of the disease, and that evolved by the remedy which is homœopathic to the disease; hence a double defensive action, a double resistance, and a double curative power." (*Anjou médical,* August, 1911.)

On the tombstone of Hahnemann, in Père-Lachaise cemetery, is written in gold letters the inscription: *"Similia similibus curantur.* Treat the patient with the remedy producing symptoms similar to his disease." That is to say, that to heal according to this law, the remedy must have an action identical or similar to the character of the disease: isotherapy or homœotherapy. We accept these two principles of isotherapy and homœotherapy in the law of similars. Contrary to the first conception of Pasteur, it is not necessary that the product be identical to the disease.

Pasteur had formulated the great law of the *specificity of serums and of immunities,* now an

article of faith in bacteriotherapy. But Pasteur himself had recognized, besides the specificity of serums, the fact that certain microbes could be used to vaccinate against other microbes.

Again, new clinical observations show us that all immunizing serum, besides its action on the disease against which it has been prepared, possesses the undeniable property of conveying to the whole organism, invaded by any infectious agent whatever, the means of general defense, a defense capable of attenuating, more or less, the majority of morbid symptoms, either by developing antibodies of defense, or simply by stimulating the vital energy of the tissues. This conception of defensive resistance originated with a physician of the old school, Dr. Darier. The latter, in his recent book, *Vaccines, serums and ferments in daily practice*, devotes forty-seven pages to paraspecific serotherapy, which is the application of antidiphtheritic serum, made in the old world, to affections which are not diphtheritic: ordinary anginas, ozena, pneumonia, bronchopneumonia, pleurisies, hemorrhagic diathesis, puerperal accidents, rheumatism, affections of the skin, diseases of the eyes, etc., etc. The specificity of serum, then, is not confined to one rule; it can act either isotherapeutically or homœotherapeutically.

A subject, however, which provokes much discussion, is our axiom: "If a serum or any other substance is to act homœotherapeutically, it must have symptoms or toxic qualities similar to, or a pathology characteristic of the disease for which it is administered." Upon the study of this principle of the Simillimum, our whole Materia Medica rests.

The closer the similarity of remedy and disease, the more efficacious will be the remedy, on the other hand, the more unusual the symptoms, the less will be the curative reactionary efforts. In order to assist nature, a sensibilizer, obtainable only through similarity of effects, is necessary.

All of these remarks justifying Homœopathy will be accepted by persons without fixed or preconceived ideas, for the world-old law of similars, was already applied in practice by Hippocrates and has always had natural application. One book would not be sufficient to enumerate all the instances of our most illustrious men in medicine using curative medicaments according to the law of similars. But what arouses indignant controversy is the mention of infinitesimal doses. Human reason is insulted! Homœopathy is charlatanism; the homœopaths cure by imagina-

tion. Throw a drop of medicine from Austerlitz bridge and then, at Auteuil, take a glass of water from the river Seine, and you will have a homœopathic remedy. We have had so much of this kind of raillery that we have become hardened to it.

It is more than probable, however, that even Professor Huchard, if still living, would have modified his remarks, prejudiced though he was against the mad ideas of those miracle-workers who speak of possible cures with the senseless doses of the 100th, 200th, or 20,000th; for anaphylaxis, born of yesterday, and the action of the medicinal opsonic index, *particularly sensitive in weak doses,* have reversed many ideas, and brought many surprises, there being still more to be said concerning the two discoveries. The time is too early for us to discuss infinitesimals. Gradually the Old School alone, without the assistance of our small homœopathic minority, will undertake the modification of terms, endeavoring to find more and more the power in the divisibility of matter (action of the colloids). We will continue to provoke sensibilities, fatal sometimes, with the smallest doses. We will demonstrate the dynamics of bodies, and not their chemical action. We will admit the necessity of

attenuations more and more subtle. Some writers of medical books have spoken frequently of *doses nearly homœopathic*. How extensive is my knowledge, and how much more extensive my ignorance! We shall be in the midst of infinitesimals, yet Homœopathy will always be the object of derision.

Already the results of numerous works on the antibodies have laid the foundation for scientifically demonstrating infinitesimals, that is to say, have shown that profound chemical and physiological changes can be effected by substances insignificant and harmless in appearance; and that, likewise, these changes can be produced by minute doses infrequently administered.

Has not Wright himself claimed to have obtained his best results with infinitesimal doses? He has verified improvement by giving the 1/500 of a milligram; still more improvement with 1/800 of a milligram; the most rapid improvement with the 1/1000 of a milligram, and the most satisfactory amelioration when he did not repeat the dose more frequently than every three weeks. The question of opsonins will without doubt cause some reflection in those who until the present time have accepted homœopathic therapeutics with ironical outbursts: its acceptance is

the consecration of the invaluable work of Hahnemann.

Furthermore, the Homœopathic School does not remain in the background in this study of opsonins, a study which has already served to verify the action of our remedies in Hahnemannian doses. Phosphorus, in the 1/1000, has constantly shown the tuberculous opsonic index. One dose of Phosphorus places the organism in a condition of resistance similar to that produced by the injection of immunized serums (experiments made in many places, for instance, by Wheeler, director of the laboratory in the London Homœopathic Hospital, by Burrett, of Ann Arbor, in the University of Michigan, and by Watters, of Boston). Mellon, with *small* doses of Veratrum viride, has developed the opsonic index against the pneumococcus of pneumonia, whereas, his large doses seemed to lower the index. There is additional advice from another source: with the homœopathic remedy corresponding to most of the symptoms, and given in the 30th dilution, Watters studied the colibacillary opsonic index of a patient. The opsonic power increased and the patient left the hospital restored to health. Let us not, however, be misled by the importance of the opsonic index. It is

rather a scientific confirmation of the action of a medicine, and we would be mistaken in imagining that all requirements would be fulfilled in giving Phosphorus 1/1000 to any tuberculous patient, or Veratrum viride in every stage of pneumonia. *Aforementioned scientific investigations, however, prove that the curing of patients by Hahnemannian doses is not the result of the imagination.*

Of interest is the observation that with more extensive experience in the use of tuberculins, the first champions of the method have gradually lessened their doses, at least those doses administered at the beginning of a cure. Professor Denys, of Belgium, thus in his first writings advised to commence the treatment by T. I., which is a dilution of the 1/100, equivalent to our second decimal. He now recommends the T. O. in the 1/1000, which is our third decimal, and even T. O. in the 1/10,000 (ten thousandth), which corresponds to our fourth decimal dilution. Certain Swiss therapeutists, furthermore, use openly the homœopathic notation, and Spengler shows the method of *making decimal dilutions* with the immune Körper (The Immunkörper of Spengler is a solution of red blood corpuscles of animals,—horse and rabbit,—immunized against tuberculosis, C. A. W.).

The infinitesimal quantities of initial doses such as the above, have not escaped the attention of Denys, of Louvain, who writes upon this subject: "The microbian secretions constitute only a small part of the dry substance extracted from the filtered bouillon, so that the O,1 of the T. O. in the 10,000 dilution contains certainly much less than the ten-millionth of a milligram of active substance. And yet, if, in a treatment with tuberculin, one wishes, as we advocate, to avoid even a moderately severe reaction, it is necessary to have recourse to minute quantities such as those mentioned. *A priori we would deny that these quantities had any activity* (sic). They are qualified, nevertheless, to develop in the tuberculous undeniable effects." A true homœopath could not have spoken more to the point! Professor Denys, however, has been surpassed. Keersmaecker, (we will not mention those who may follow him), administers the *ninth* dilution, and has named it the proper therapeutic dose. "How have I reached this dose," exclaimed he, "that some have named homœopathic and infinitesimal?" Continue, allopathic confrére, by giving still more minute doses, and you will meet with surprise after surprise! Hamburger goes even further. For making a test by injection, he

claims that we must never use a syringe having previously contained a strong solution, *because, in spite of all the cleansing possible, the results of the injection may be positive!* The writers we quote are allopaths, but they will never admit the principles of Homœopathy, nor take Homœopathy itself seriously.

There would seem to be in therapeutics, outside of the action of similars or contraries, even a third action; one also due to the divisibility of matter. An ordinary body such as silver, bismuth, gold or platina is known to possess new properties in a molecular state of a billion or more molecules per cubic millimeter. "The reactions given by the metals in this state are intense, especially when the grains in suspension are still smaller. *The action of the grains is not clearly in accord with the quantity of colloidal substance; the only point of importance is the state of extreme subdivision: the smallness of the grains is of the only importance."* (Hirtz.) Colloidals, the divisibility of matter! homœopaths have employed this principle long before the remarkable use of electricity. They have always claimed that the trituration of insoluble bodies in an inert substance, such as sugar of milk, would increase the divisibility of the matter in such a way as to

render it absorbable and to develop its therapeutic power; this, for example, is what has led them to employ coral, insoluble in liquid, but by means of a careful and prolonged trituration develops into an active remedy. "In our successive attenuations," said Jahr, in 1857, *"the division of molecules increases the number of atoms,* in the proportion as their quantity diminishes; with the result that the surface which these atoms can cover, also increases, until finally the number of atoms contained in a drop of the 30th can cover a surface almost as large as the surface covered by the number of molecules, much more coarsely divided, in the first dilution."

What shall we think of anaphylaxis from the viewpoint of infinitesimals, save that it completely upsets our former ideas, that it stands counter to the more rational theories? We pass from the credible to the incredible; and the incredible is the truth!

In the dawn of this new light, a fact has already been acquired by science: anaphylaxis is produced by small doses, and also by infrequent ones, and often by harmless substances. While the organism accustoms itself to poisons by doses gradually increased (whence the expression "to mithridatize"), the sensibilities of the albumins

of the body, on the contrary, are excited by doses gradually diminished. Knorr and Kitasato were able to establish the fact that in certain cases guinea-pigs were killed after doses eight hundred times weaker than the usual fatal dose. In anaphylaxis the most minute quantity produces grave accidents! Facts such as these are certainly against human reason.

A period of incubation, someone says, is necessary for the production of anaphylactic phenomena. Well, it is easy to understand the incubation of an egg, or the incubation of measles, because there is a living germ; but I must admit that I do not understand the incubation of antipyrin, of strawberries, or of fish, since certain medicinal or alimentary eruptions belong, according to admitted ideas, to the phenomena of anaphylaxis. And think of imputable accidents occurring from a first seric injection made eight or ten years previously! There are men who go even so far as to admit hereditary transmission! Uhlenhuth and Handel have been able to take the flesh of a mummy four thousand years old, and inject a solution of it into guinea-pigs, rendering the latter sensitive to human serum, and to human serum only! Would it not be reasonable to suppose that the so-called incubation period is

really an elimination period, and that the reactionary phenomena are manifested only under the ultra-infinitesimal influences? Part proof of this is, *that by inter-current injections, we make the seric anaphylactic condition disappear* (Otto, 1906; Besredka and Steinhardt, 1906). A century before, Hahnemann pointed out medicinal aggravations caused by infinitesimal doses of even harmless substances: substances employed of course according to circumstances still extremely difficult to determine. And this same anaphylaxis gives us examples of reaction with harmless substances. We do not require even a toxin for creating anaphylaxis. Someone pointed out in the beginning of the discovery that the condition is consecutive to the injection of non-toxic, harmless substances, provided these substances are of an albuminoid nature. More recently, however, it has been admitted that the introduction of a non-albuminous, heterogeneous element, such as a medicinal anaphylaxis, causes in the metabolism of protein substances changes equivalent to the introduction of a heterogeneous albumin. In the opinion of M. Charles Richet (1910), the animals sensitized by an anaphylactizing substance are, in a certain measure, sensitive to all poisons, even to crystalloids.

"The medicament acts dynamically and not by its quantity," states M. Albert Robin, and in medical literature there is, at the present time, frequent mention of the greater opportunity that we possess, an opportunity due to our clearer understanding of the *procreation* of the new substances resulting from the administration of a poison. Some of these new substances are immunizing, and others are anaphylactic, *but they are entirely foreign to the poison producing them.* There is, then, an action beyond the chemical action of the body. And medical dynamization has always been upheld by homœopaths.

But what is the use of busying one's self about Homœopathy, when so many individuals are attracted by the novelties of modern medicine? Homœopathy is a thing of the past, a superannuated method, no one speaks of it nowadays. There is great demand for the new in this century of progress. Woe to everything old!

However, Homœopathy in its modest sphere likewise has made progress. Comparison of a homœopathic book of twenty years ago with one of the present time shows that the medicine of Hahnemann has also been perfected. Nothing has been changed in the dogmas, because these are truths, and truths are immutable. Although

the fundamental remedies of Hahnemann remain just as valuable to-day as they were a century ago, the homœopathic *Materia Medica,* while adhering to them, has added many new medicaments to its list. Nevertheless, in the therapeutics of similars, we shall always, despite our small minority, keep in advance of the old school, in the sense that we are not bound to a bacteriotherapeutic specificity. We are thus extending the law of similars to all animal, vegetable and mineral substances, in such a manner that the list of our medicaments is considerable. We include in nosotherapy all the diseases similar to the medicinal disease. Thus we employ the tuberculins in the non-tuberculous diseases of the lungs, in acute bronchitis, grippe, bronchopneumonia, catarrhal bronchitis, as well as in tuberculosis itself. Our therapeutic balance sheet is not to be disdained.

Naveau finished his work by saying: "Antagonism to Homœopathy is a thing of the past. The concession granted is not a transitory one; it is the ineluctable evolution toward scientific truth, truth often long in developing, but always finally victorious."

We, however, are less optimistic than our confrére of Mans. Yes, it is an ineluctable evolu-

tion toward scientific truth, but it is useless to hope for justice. In regard to Homœopathy, the false idea that has been created is too deeply rooted in the minds of many for there to be an official acceptance of the doctrine. And, indeed, I suspect that America, which has twenty-two diploma-conferring homœopathic schools, some of which are attached to state universities;—America, I suspect, is undergoing (at least as far as homœopathy is concerned), more scientific decline than any other civilized country. And Mexico is following the example of the United States.* With the modern conception of therapeutics, an official teaching of Homœopathy would not be a dishonor to our country (France).

But even if such teaching cannot be accomplished, who can refuse to give the homœopaths credit for having been among the first to bring about the present medical reformation! Here, perhaps, I may be permitted to make a comparison. We admire in painting the Primitives, who opened the horizon of Modern Art. We venerate their qualities and their defects, their simplicity, even their naiveté. Homœopaths are the Primitives of Modern Medicine: they, with the simplicity of

*At the present time, 1919, there are only nine Homœopathic Colleges in the United States.

their pure analytic materia medica, have upheld, without being able to demonstrate, the facts which modern science, with the aid of the microscope and laboratory, has, little by little, been able to unveil and develop. Hahnemann previsaged, a century before other scientists, the modern medical movement. His defects and imperfections were due not so much to his personality as to the state of science during his time. He was unable to speak of antigens, antibodies, agglutinins or amboceptors. Why not recognize the work of a man of genius whose greatest shortcoming was that he was further advanced than his contemporaries? If we cannot hope for an official instruction in Homœopathy, at least let us command respect and freedom from ridicule!

F. Cartier.

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THERAPEUTICS

OF THE

RESPIRATORY ORGANS

ACCORDING TO

THE LAW OF SIMILARS.

AFFECTIONS OF THE NOSE AND PHARYNX.

Summary:— Abortive and curative treatment of acute coryza. — Sinusitis and nasal pyorrhea. — Nasal hydrorrhea and arthritic coryza. — Hay fever. — Epistaxis. — Simple chronic rhinitis. — Hypertrophic and atrophic rhinitis. — Ozena. — The naso-pharynx. — Chronic pharyngitis. — Hypertrophy of the tonsils. — The acute anginas. — Diphtheria.

THE UPPER PART OF THE RESPIRATORY TRACT, FROM THE NOSE TO THE FIRST ARCHES OF THE TRACHEA, IS ACCESSIBLE TO THE INSTRUMENTS OF MAN. THE THERAPEUTICS OF THIS TRACT CONSTITUTE, THEN, A GROUND COMMON TO BOTH

MEDICINE AND SURGERY, SOMETIMES CLEARLY BELONGING TO SURGERY, SOMETIMES POSITIVELY TO MEDICINE, AT OTHER TIMES NECESSITATING MIXED TREATMENT: INTERNAL REMEDIES AND LOCAL APPLICATIONS. I WILL CONCEDE TO THE SPECIALIST ALL THAT RELATES TO HIS ART, AND WILL STUDY HERE ONLY THE CONDITIONS THAT WE OBSERVE IN GENERAL PRACTICE, CONDITIONS SUCH AS ARE INFLUENCED BY INTERNAL MEDICATION. PERMIT ME TO ADD, THAT IF I OMIT THE DISCUSSION OF LOCAL APPLICATIONS, IT IS BECAUSE THEY MAY, AS A NUMBER OF HOMŒOPATHIC SPECIALISTS CLAIM, BE ASSOCIATED WITH HOMŒOPATHIC TREATMENT. IT MUST BE ADMITTED, HOWEVER, THAT A PROPERLY CHOSEN INTERNAL REMEDY IS IN MANY CASES ACTIVE ENOUGH TO TAKE THE PLACE OF CERTAIN LOCAL TREATMENTS, AND THAT OUR METHOD CAN ACCOMPLISH THE CURE BY THE INTERNAL WAY, WHERE SPECIALISTS CANNOT AVOID THE ANNOYANCE OF MANUAL INTERVENTION.

ACUTE CORYZA.

Acute coryza, commonly called cold in the head, is an affection known to all mortals, and begins generally with a state of vaso-constriction, characterized by a sensation of dryness and tick-

ling in the nose. The period is one at which the most skillful attempt should be made to abort the coryza. Homœopathy possesses a medicine which, without being infallible any more than are local applications, has by virtue of its action the reputation, well merited, of often checking the coryza; this remedy is **Nux vomica.** It, of course, has more chance of success if taken at the beginning. I know persons subject to coryza who carry in their pocket a tube of Nux vomica 3. to take as soon as they feel the dryness and tickling in the nose. But with them, as in general, when the nose commences to run, involving frequent sneezing, and when the nasal mucous membrane is swollen and turgescent, with difficulty of respiration, it is too late to hope to check the coryza. Nux vomica corresponds well to the simple local infection of the nose, where there is no fever, headache, or general indisposition; in a word, where there is no grippe or constitutional disturbance. The drug is recommended as the abortive of common coryza.

Other medicines are advised for the same purpose; but we observe that their abortive power is uncertain. First, **Aconite,** which corresponds to the general symptoms of a cold. Not only is there painful dryness of the nose, but there is

dryness and heat of the skin (fever), with the circulation flowing from the periphery to the centers. Aconite is the marvelous regulator of the circulation, a regulator which everyone appreciates.

With **Camphor**, perhaps more than with Aconite, the cold is localized in the nose. We all know the camphor and quinine formula of the Allopathic school, which sometimes aborts coryza. The massive dose of camphor is not necessary, for Chargé has asserted that the Spirits of Camphor of Hahnemann and also Camphor 200., have been successfully employed. The patient is shivering, and the inspired air seems cold to him.

Last I will mention **Gelsemium**, which corresponds to the beginning of coryza, but coryza with headache, indisposition and general discomfort, indicating an infection. The patient desires to be near the fire. The remedy is more often palliative. Frequently it relieves the headache, an effect most desirable.

If the disease has not been controlled, we must be very prudent, at the fully developed period, in the administration of remedies, so as not to complicate the case by an ill-timed medication, the coryza at this stage, requiring only time and a

warm place for its cure. I will quote here a passage from the book (*Homœopathic Treatment of the Diseases of the Respiratory Organs,* 1878) of the celebrated Chargé: "Having been given the medicines endowed with genetic powers for producing coryza, we must, a case presenting itself, employ these medicines in such small doses that they will impress the patient but slightly and incidentally, the reason for this precaution being the homœopathicity of the drugs, for if they do not reach quickly the morbid state, they surely increase the intensity of it. General observation, furthermore, shows that we cannot too often call the attention of the practitioners of our School to this fact."

Though a mild coryza, however, either naturally, or by gentle means, is healed easily, there exist coryzas which are of an obstinate character. The more intense the symptoms, the more the homœopathic remedies manifest their efficacy.

After the dry period at the beginning, the PERIOD OF SECRETION follows. The nose runs; but if we check the discharge too quickly by an ill-timed medication, or even if it is checked by successive colds, the organ becomes again dry, and this sensation of dryness is perhaps more disagreeable than the discharge. As a remedy for

dry coryza, with the sensation of fullness in the nose, and the inability to remove secretions, *Sticta pulmonaria* is recommended by a large number of authors.

THE SECRETION MAY BE MUCOUS, MUCO-PURULENT OR DISTINCTLY WATERY.

For the beginning of fluent coryza, WHEN THE SECRETION OF SUCH CORYZA IS MUCOUS IN CHARACTER, **Mercurius** is the most frequently advised. This counsel is embodied in all our books. "At the beginning," says Jousset, "the most successful treatment is the one advised by a Spaniard: alternating Mercurius solubilis 6. and Sulphur 6. My personal experience leads me to believe that in this alternation it is especially Mercurius which acts; so I prescribe it singly in the beginning of fluent coryza." However, the secretion of Mercurius is not watery.

Much less frequently employed than Mercurius, and less efficacious, *Kali iodatum* has the fluent discharge, rather watery, without developing into a complete hydrorrhea. Iodide of potassium, however, becomes homœopathic to the acute or chronic inflammations affecting especially the upper portion of the nose and the sinuses, but not generally affecting the septum. THE MUCOUS SECRETION OF THE BEGINNING BECOMES GRADUALLY

MORE OR LESS MUCO-PURULENT; thick yellow mucus is discharged. This often is the end of the coryza. In certain individuals, however, the muco-purulent secretion becomes prolonged in a disagreeable way, and threatens to become chronic. For this reason specialists say it is inadvisable to neglect a coryza.

The characteristics of *Pulsatilla* correspond to this period: 1st. The coryza must be at the advanced stage; it must be, as we say, matured; 2nd. the patient, even if shivering, desires the open air; 3rd. the discharge is always bland; 4th. the sense of smell is often lost; clinically, I have many times observed that Pulsatilla does not quickly restore the sense of smell. In one case, notwithstanding the use of Pulsatilla, THE LOSS OF SMELL persisted after the disappearance of the coryza. Clarke, with other authors, mentions *Magnesia muriatica* or *phosphorica* for the loss of taste and smell following the catarrh; *Sanguinaria* during the catarrh. Sometimes, even after many years, the sense of smell returns.

In the muco-purulent catarrh with its tendency to persist, I have found *Hydrastis Canadensis* clinically more useful than Pulsatilla. I will reserve further favorable comment on the former remedy until I speak of sinusitis, which also has

the muco-purulent discharge. The secretion of Hydrastis is more tenacious than that calling for Pulsatilla.

The coryza often lasts only one or two days, or even but a few hours, and serves as a portal of entry for a descending infection. The remark is often made that THE CORYZA HAS GONE TO THE CHEST. To affect this tendency of the nasal inflammation, an inflammation which rapidly descends to the naso-pharynx and larynx, Rose Swartz, in 1894, recommended for those who continually take cold, *Kali bromatum*. For a number of years, I have used the following formula, a formula which, without being guaranteed infallible, yet deserves notice: *Nux vomica* 3. at the beginning of the cold, and if the coryza has a tendency to go to the throat, *Kali bromatum* 3. singly, or alternated with *Nux*.

In singers, orators, preachers and others to whose interest it is to preserve the integrity of their vocal cords, it is often advantageous not to check a cold, or at least not to do anything to cause it to descend to the chest. We must be prudent in the use of inhalations or local applications in the nose. I remember a tragic incident which happened one evening to a first tenor in the Opera in Paris. The artist, having a cold,

had read in the *Petit Journal* that the juice of a lemon was an infallible remedy. He followed the advice, and was effectively cured of his coryza, but before the opening of the scene, was taken with an indescribable hoarseness. Many great singers will say here that one can sing very well with a coryza. Aside from the inconvenience of sneezing in the middle of a melody, the congestion of the nose gives a good tone to the voice. *Cyclamen* has often been recommended for the SPASMS OF SNEEZING.

THE CORYZA OF THE NEW-BORN constitutes an obstacle to nursing. Here, Jousset frequently prescribed *Dulcamara* 3x, and according to him the clinic is decidedly in favor of this remedy. *Nux vomica* is indicated in the dry coryza with sniffing. Richard Hughes advised *Sambucus*. This remedy is preferred by the English authors. The new-born, let us add, may be victims of a SYPHILITIC CORYZA.

SINUSITIS.

Nearly always, in acute coryza, the sinuses of the nose participate in the inflammation. The frontal pains so frequent in coryza are only a manifestation of acute sinusitis. Generally when

the coryza has ceased, everything is normal. But it is not always so, and sometimes when the nasal infection has disappeared, each of the four groups of sinuses communicating with the nose may be individually a center of inflammation; and we find ourselves in the presence of a sinusitis—frontal, sphenoidal, ethmoidal or maxillary.

In the acute case with loss of taste and smell, with mucus abundant, and yellow, watery or thick, Brooks, in an article on sinusitis, (*Journ. of Ophthal., Otol. and Laryng.*, April, 1911) advises *Pulsatilla* 3x. Dudley Wright advises for the beginning, *Aconite, Belladonna,* and *Mercurius solubilis.* When, in a more advanced stage, the discharge is stringy, and especially when a frontal sinus is involved, *Kali bichromicum* 3x is recommended, and if the case is chronic, the remedy is given in a more attenuated dilution. *Kali iodatum* affects especially the superior part of the nose, and the frontal sinus. For the frontal sinus, Dudley Wright recommends *Aconite, Mercurius biniodide,* and *Aurum muriaticum.* In painful sinusitis, Lewy finds *Gelsemium* very useful. When it is the sphenoidal sinus which is attacked, Brooks sometimes uses *Hydrastis.* **Hydrastis Canadensis** 6. is the remedy that I nearly always prescribe in cases of sinusitis, irre-

spective of the latter's location, and when the affection is still amenable to medical treatment, that is, in the muco-purulent period following the coryza. Hydrastis alone will heal more cases of sinusitis than will any other remedy. When it is a frontal sinus which is involved, the patient in a few days feels relieved of the discomfort in the frontal region, the muco-purulent discharge diminishes, becomes thinner, and, by the use of Hydrastis, the sinusitis can, in one or two weeks, be entirely healed.

The prognosis is different when the discharge is frankly purulent. In such case, there may be an opportunity to discuss surgical intervention of which many homœopaths are in favor. Yet, we should not overlook the fact that we possess valuable remedies for EMPYEMA OR SUPPURATION OF THE SINUSES. The remedies are the same as those used for nasal suppuration in general.

NASAL SUPPURATION.

Nasal suppuration or nasal pyorrhea is due to pathogenic germs entering the nose under favorable conditions of defensive weakness: this occurrence is what often happens in the last

stage of an acute rhinitis or sinusitis. The suppuration may be secondary to a deep involvement of the mucous membrane, the cartilages or the bones of the nose, to empyema of the maxillary sinus, or to infectious diseases, as, for example, Glanders.

Silicea has a marked action on all fistulous tracts. Bodman has related the cure of a frontal empyema with Silicea 30. Parenteau has recommended the same remedy for the ocular complications of sinusitis. Solé y Pla has advised, in chronic empyema, *Hepar sulphuris* preceded by a few doses of *Sulphur*. We find *Aurum, Mercurius corrosivus, Argentum nitricum, Calcarea fluorica, Calcarea phosphorica,* and all the remedies for suppuration useful in nasal pyorrhea, conforming our prescription to the characteristic indications of the Materia Medica. In empyema of the maxillary sinus or antrum of Highmore, R. T. Cooper in his book (*Diseases of the Ear*) advises *Arnica*. According to him, Arnica seems to exert a special influence on septic conditions, and von Grauvogl considers the remedy a prophylactic of pus infection. *Calcarea carbonica* is especially indicated in the PURULENT RHINITIS OF CHILDREN.

NASAL HYDRORRHEA. (Nasal flux.)

(A copious watery discharge from the nose.)

An excellent work of Molinié has clearly separated nasal flux, or watery discharge, from catarrh of the mucous membrane of the nose. The liquid which is discharged from the nose or nasopharynx, sometimes as much as a quart per day (Poulson), seems to be composed of blood-serum, to be not a glandular secretion, and to belong probably to a phenomenon of hypertension. This liquid is excreted by the mucous membrane of the nose; in some cases it proceeds from a sinus (aqueous sinusitis), and sometimes as a pathological rarity, the discharge comes from the skull (cranio-hydrorrhea). Nasal hydrorrhea is generally developed on an arthritic and nervous background; it is this development that we observe in the ARTHRITIC OR GOUTY CORYZA frequently seen in practice. The discharge is generally provoked by dust, cold air, or by a reflex act, and has this marked characteristic, it never descends to the chest. There is need of handkerchiefs, and even of napkins, in profusion, during these attacks. After a few days the trouble all subsides. Arthritic coryza is a true cousin of hay-fever, but with this difference, it is not periodic, or recur-

rent at certain seasons of the year, and its duration is much shorter than that of hay-fever. People of lymphatic temperament, those having malarial infection, and those who have diseases of the liver (Hepatics) are in a less degree subject to these attacks of nasal hydrorrhea.

This hypersecretion is interesting to study from the point of view of the law of similars, as, when peeling onions, we have the simile of the watery discharge of the eyes and nose. **Allium cepa** has, therefore, found its usefulness in nasal flux, and the clinic confirms the truth of the law of similars. The remedy is one of the best to help this troublesome hypersecretion. Our Materia Medica gives the following characteristics of Allium: 1st. A watery discharge, sometimes, when the patient is lying down, dropping slowly into the throat; 2nd. the discharge causes an irritation of the nostrils, nose and upper lip; 3rd. the eyes run, but the lachrymation *is not excoriating;* 4th. the discharge ceases in the open air and returns in a warm room. Farrington claims that Allium cepa will cause the coryza to descend to the chest. There are many coryzas which, without Allium cepa, descend to the chest, and the remedy, if used strictly for nasal flux, will never have this inconvenience.

Spigelia has also the symptoms of a watery discharge, dropping slowly into the throat.

Euphrasia is a medicine similar to Allium cepa; but the lachrymation of Euphrasia *is excoriating,* and gives a visible irritation to the palpebral commissures, whereas the nasal discharge is bland. These characteristics are the prominent ones which distinguish Euphrasia from Allium cepa. I have found that in practice the alternation of the two remedies gives excellent results.

There is a third remedy to be considered in nasal flux: Arsenic. **Arsenicum album** has the liquid discharge more excoriating than has Allium cepa. The discharge is sufficient to cause redness of the skin of the nose and upper lip, making the use of the handkerchief very difficult. Arsenicum in some respects follows Allium cepa, because the redness of the nose appears after having had the discharge a few days. My experience is that Arsenic causes too much drying of the nose, a condition as disagreeable as the discharge. The drug is useful in alternation with another remedy. Report credits Jousset with good results from *Kali chloricum* 6. in the gouty coryza.

In an article of Strickler's on the coryzas with watery discharges, in the *North American,* 1906, the author adds to the Allium cepa, the Euphrasia

and the Arsenicum already mentioned, *Kali iodatum* (inflammation of all the mucous membranes, even the sinuses), *Arsenicum iodatum* (coryza and hay-fever), *Arum triphyllum,* etc. Someone has also proposed *Natrum arsenicosum* 3x trituration.

HAY-FEVER.

(Periodical or spasmodic Rhinitis.)

Hay-fever, of neuro-arthritic origin, is a combination of manifestations of which the symptoms are produced according to the center of irritation. Notwithstanding the most diverse hypotheses, the one which allows free choice triumphs, for it is the concurrence of a combination of phenomena which develops hay-fever. 1st. It is necessary to have an acquired or hereditary neuro-arthritic background; 2nd. it is necessary in the neuro-arthritics to have some special predisposition, some susceptibility of the nasal mucous membrane, or a nasal disease, because not all neuro-arthritics have hay-fever; and finally it is necessary, in order to develop an attack of hay-fever, to have the external irritating cause, as pollen, dust or odors, because these bizarre attacks cease immediately when the patient takes a

sea voyage. However, not in every case. Morell Mackenzie cites an attack of hay-fever provoked by the sight of a picture representing a field, and another was occasioned by an artificial rose. These exceptional cases will not astonish any physician accustomed to the surprises given us by neuropathic individuals.

The symptoms are produced according to the center of irritation. We have searched for a reason why certain cases belong to the coryza group, or to hay-fever without asthma (oculo-nasal form), and why other cases belong to the group of hay-fever with asthma, or hay-fever without symptoms of coryza, and lastly, others to the group manifested by coryza and asthma (the oculo-naso-bronchitic form). Sajous has proposed the following explanation: he divides the nasal cavity into three zones: 1st. An anterior zone innervated by the ethmoidal nerve, a zone and nerve whose irritation determines the lachrymal secretion, the sneezing, the photophobia and the headache; 2nd. a posterior zone, innervated by the filaments of the pterygopalatine, the latter responsible for cough and asthma; 3rd. an intermediate zone, innervated by the terminal branches of the two other zones and participating in both.

I have read what seems to me strange: that in America the period of appearance of "hay-fever" is generally about the 12th of August. One thing is certain: that in Europe, the disease commences in the middle of May, diminishes toward the end of July and generally disappears in August. Therefore we attach no value to observations of hay-fever cures in August.

Let us first make clear the surgical question, the use of local applications, and, principally, the cauterizations of the mucous membrane by the galvano-cautery. These local interventions have some value in chronic rhinitis, especially in the hypertrophic form, or in any alteration of the nose (nasal deformities): conditions which remove one or all of the three factors provoking hay-fever. But we must admit that if there are no apparent lesions in the nose this therapeutic procedure is nearly always useless. With regard to the treatment of the mucous membrane, if we wish to exert an influence on the hypertrophied tissue of the naso-pharynx, *Sanguinaria canadensis* and *Sanguinaria nitrica* have succeeded in preventing attacks of hay-fever (Ivins). *Calcarea phosphorica,* advised by R. T. Cooper for adenoid vegetations, has the same value as

Sanguinaria. (Ivins, *Diseases of the Nose and Throat.*)

I have said that arthritic coryza is a true cousin of HAY-FEVER; the irritating cause apparently differs only in being prolonged by the influence of the season, and that the irritation of the pollens lengthens the duration of the coryza. These symptoms are, after all, only the symptoms of nasal flux, and the same remedies that are useful in arthritic coryza are found beneficial in hay-fever. In my experience I have seen cures of hay-fever without asthma, the symptoms being identical with those I have indicated in nasal hydrorrhea, and the patients being treated, in May (not in July), with the alternation of **Nux vomica, Allium cepa** and **Euphrasia,** and a little later with *Allium cepa, Euphrasia* and *Arsenic.** If there is abundant discharge with aggravation in the open air or early in the morning, we should think also of *Kali iodatum.*

HAY-ASTHMA, or the collection of symptoms known under the name of the OCULO-NASO-BRONCHITIC FORM OF HAY-FEVER, is more difficult to remove. I shall now, however, mention the work

*Repeated observations have convinced me of the value of Arundo mauritianica in hay-fever. Its exact symptomatology is not clear.—C. A. W.

of Mersch on *Alum of Chrome,* for last spring, in May and June, I had a case that responded favorably to this remedy which my colleague of Brussels has recently brought out.

Mersch, in his paper read at the 22nd annual reunion of the American Ophthalmological, Otological and Laryngological Society, and in his paper read before the International Homœopathic Congress in London, 1911, advises four tablets daily of the 1st, 2nd or 3rd decimal trituration of the Alum of chrome, *Chromico-kali-sulphuricum;* preferring, however, that the 1st and 2nd decimal be prescribed, as he had many failures with the 3x. He concluded by saying that in the acute exacerbations of hay-fever, the low triturations are generally more efficacious, sometimes, indeed, acting with such rapidity as to have given the author hopes of having found a means powerful enough to combat this very annoying affection. He speaks of having had only one failure in twenty cases of the nasal type. The initial effect of the remedy is sometimes a slight exacerbation. Marc Jousset has reported a case in which the 3rd decimal, after causing a two days' aggravation, resulted favorably. Regarding the case I treated last spring I quote from the letter which I received: "The medicine you gave me has produced the desired effect. I have for six

days taken four tablets a day of the 3x trituration. The coryza has noticeably improved. I discontinued the remedy for three days, then began again. The symptoms, however, increased so I had to discontinue once more, resuming at the end of a further two days, and then for six days, taking only two tablets per day. Since stopping the medicine my cold is better. I now sneeze occasionally, but the troublesome nightly oppression, which persisted during the last attack, has entirely disappeared."

Numerous are the medicines recommended for hay-fever. Fisher's two principal remedies are *Sticta pulmonaria* and *Ammonium carbonicum*. In *Ammonium carbonicum* the symptoms are aggravated by heat, an effect not found with *Sticta*. In *Sticta*, the nervous element predominates; in *Ammonium carbonicum* the inflammatory element is more marked. Dudley Wright considers *Euphrasia* θ very efficacious in acute cases, *Arsenicum iodatum* favorably for the nervous element, and he praises also galvano-cauterization. Hoehl mentions *Naphthalin, Allium cepa, Arsenicum* and *Sanguinaria*. Many authors consider **Naphthalin** 2x nearly a specific in cases complicated with asthma. I have tried the remedy, without noticing any apparent effect. Ivins, in his book, *"Diseases of the Nose and Throat,"* states:

"Naphthalin frequently acts as a preventive, but in its curative sphere is inferior to *Cepa*. And I am obliged finally, for satisfactory results, to employ the remedy in the 2x or 3x trituration, as it seems to be without action in the higher preparations. One of the drug's principal indications is an intense degree of asthma. Contrasted with Cepa, there is in Naphthalin more fullness in the frontal region, more swelling of the conjunctiva, more turgidity of the face, and the secretions are usually more excoriating." Lippincott has never given any other remedy, and has cured every case, though the cases were few in number. Laird, while admitting that Naphthalin can benefit every case, insists especially upon its use in cases of the asthmatic type. One physician has, with successful results, instilled a solution of Naphthalin, five parts to one hundred of water, into the lachrymal sac. *Ipecac* may be useful also for asthma, but not in too frequent doses.

Finally there is *Arsenicum iodatum*, which according to Blackley, in the beginning of hay-fever, possesses prophylactic properties, and by the late J. H. McClelland was regarded as one of the best remedies when asthmatic or anæmic symptoms predominate, or for patients subject to itching and burning of the mucous membrane of the

nose. *Chininum arsenicosum:* attacks of suffocation commencing toward midnight, and lasting till morning, obliging the patient to sit up. Intermittence is another symptom (*The Clinique,* 1900). All of the above remedies are also mentioned in an article by Ubert, of Neufchatel (*Propagator of Homœopathy,* 1909).

W. Meyers gives the indications of some remedies less known: *Ailanthus glandulosa:* an adynamic state with prostration. *Aralia racemosa:* asthma characterized by a wheezing respiration with feeling of threatening suffocation. *Cyclamen* is useful in chlorotic women subject to digestive troubles. (Cyclamen has as especially characteristic the paroxysms of sneezing.) *Euphorbium:* nasal pruritus with a mucous secretion flowing from the naso-pharynx. *Urtica urens* has the coincidence of periodic urticarial attacks.

EPISTAXIS. (Nose Bleed.)

There are employed in homœopathy many plant tinctures having an unquestionable hemostatic action. For an ordinary nose bleed for which there is no apparent cause, I frequently use **Trillium pendulum,** in the mother tincture, prescribed as follows: pour ten drops into a teaspoon-

ful of water, saturate some cotton-wool, tampon the nose, and give internally from two to five drops of the tincture per day. Medicines to be employed, in addition to above remedy, for ARTERIAL HEMORRHAGES, in mother tincture, and in low attenuation, are the following: **Millefolium, Melilotus, Alcalypha indica** and **Geranium,** all advised by Goret, etc. All these are useful. *Arnica* is not advised for urgent cases, the medicine acting too slowly.

If there are VENOUS HEMORRHAGES, **Hamamelis virginica** stands at the head of the list of remedies.

When we are obliged to make a diagnosis as to cause, on account of the intensity or recurrence of the bleeding, numerous are the sources causing this condition.

NASAL LESIONS, and especially NASAL POLYPI, form a large part of the etiology of epistaxis. The physician refers these cases to the surgeon. If TRAUMATISM has been an etiological factor, **Arnica,** *Millefolium, Acidum aceticum,* or *Erigeron* 3x are advised. For VASCULAR TROUBLES of the walls or septum, from such causes as arterio-sclerosis or tuberculosis, we are justified in cauterizing the bleeding arteriole by the means of the galvano-cautery, using it mildly.

Other vascular troubles proceed from a VENOUS STASIS due to a mechanical compression which is provoked by a tumor. Sometimes a mechanical disturbance in the circulation occurs as a result of excessive ARTERIAL PRESSURE (Hypertension). Here **Aconite** is the first remedy, and when a *venous stasis* exists (from efforts, etc.), **Hamamelis virginica** exerts its beneficial action.

In cases of DISEASES OF THE HEART, if the nose is the center of a local hypertension, there is often an indication for *Aconite,* the great regulator of the circulation. We must not forget, in the epistaxis of certain cardiac patients, *Digitalis* 2x. If cyanosis of the extremities or if venous engorgement predominates, *Hamamelis* is preferable. The condition mentioned is observed most frequently in epistaxis due to CIRRHOSIS OR TO OTHER DISEASES OF THE LIVER. For this reason, ALCOHOLIC SUBJECTS have frequently epistaxis caused either by transient hypertension, nasal arterio-sclerosis or hepatic cirrhosis. Van den Neucker reports the cure of a case of formidable epistaxis in an alcoholic with *Lachesis.* Muller (Pop. Z. for Hom., 1897) advises, in PLETHORIC INDIVIDUALS *Aconite, Belladonna, Bryonia* (epistaxis every morning) and *Erigeron;* in ANEMIC AND CHLOROTIC PERSONS, *China off.;* for the pre-

disposition, *Natrum nitricum* 2., one dose morning and evening. Goullon, of Weimar, recommends in rebellious cases *Acidum nitricum* and, if it is inefficient, *Acidum sulphuricum* in material doses. *Antimonium sulphur auratum* has for its characteristic, epistaxis on rising or washing (Farrington and Boericke).

The friability of the arteries may be the consequence of a condition of the blood (blood dyscrasia) due in itself to a general state. The INFECTIOUS FEVERS, as, for example, TYPHOID FEVER, often provoke serious epistaxis. We apply local applications and consult the remedies which correspond to the totality of the symptoms or to the infection. In typhoid cases, the epistaxis, when not too severe, brings for a time a diminution of temperature.

IN HEMOPHILIA we must aim to find a remedy having an action much more on the alteration of the blood (fluidity) than on the changes in the vascular walls: *Crotalus,* from the serpent's venom, and *Phosphorus* are the most important palliative remedies.

We in practice see cases of epistaxis that do not conform to the regular rules, for example, VICARIOUS EPISTAXIS. This we must not try to arrest, but should endeavor to re-establish, with

Bryonia, the normal menstrual flow. Ivins recommends this remedy for passive epistaxis in young persons. Women with congestive tendencies, sometimes, near the menstrual period (before or after) bleed very easily from the nose; a few doses of *Aconite* in a moderate dilution are recommended. In the epistaxis of the MENOPAUSE, Jousset recommends *Lachesis.* DESCENDANTS OF HEMORRHOIDAL PERSONS, AND PATIENTS AFTER BEING CURED OF HEMORRHOIDS, are often susceptible to bleeding of the nose; *Nux vomica* is advised: Jousset and Schepens, Sr. have published some of these cases.

Finally, there is the EPISTAXIS OF ADOLESCENCE: many boys and girls are subject to it. *Ferrum phosphoricum* has been advised by Téodoro in cases of anemic girls with irregular menses; the remedy is to be recommended, but I have often, in adolescents, arrested these cases of epistaxis by giving, for some time, two drops daily, of the homœopathic tincture of Trillium, and in case of bleeding, as I have stated at the beginning of this article, by tamponing the nose with a solution of Trillium.

Chronic poisoning by *Phosphorus, Belladonna* (Krauss), *Chloral* (Mauriac), Iodine (Priquet), Quinine, and also the acute poisoning by *Phos-*

phorus, by *Iodoform, Bromide of Ethyl,* etc., develops degeneration of the vascular walls. These substances named become, then, in the clinical forms of epistaxis, homœopathic.

CHRONIC RHINITIS.

Simple chronic rhinitis includes the numerous cases of rhinitis which cannot be classified with hypertrophic or atrophic varieties (Lyon). Simple chronic rhinitis or chronic coryza, and chronic hypertrophic rhinitis are generally described separately. Chronic coryza, says Lermoyez, forms in itself a nosological group, confusing and vague, and extending from a simple hyperemia to the most severe hypertrophic rhinitis. In simple chronic rhinitis, the secretory troubles are in the foreground, in hypertrophic rhinitis, the tumefaction of the mucous membrane is of the first importance: the dominant symptom is the nasal obstruction. We observe all the intermediate states between these degrees (Lannois). Atrophic rhinitis is the most rare. In Tessier's collection of 100 cases of chronic rhinitis, 55 were simple chronic rhinitis, 40 were chronic hypertrophic rhinitis, diffuse or localized, and only 5 were atrophic rhinitis.

For the muco-purulent catarrh of the nose, or for the coryza which, at least, remains persistent, **Hydrastis canadensis** 6. given with perseverance, will overcome the condition if the lesion is not too advanced, or too chronic. The remedy is especially indicated when the catarrhal discharge drops down into the back of the throat (naso-pharynx). B. Martin confirms the efficacy of the particular local homœopathic treatment advocated by Espiney, of Lyon. The treatment consists in the application of a solution of *Hydrastis canadensis,* mother tincture, in glycerine, for the chronic moist (humid) catarrh, and in an ointment composed of *Sanguinaria* 1x trituration, and of vaseline or lanolin (50 centigrams to 1 gram of Sanguinaria to 20 grams of vaseline) for polypi and for dry catarrh (R. hom. of Barcelona, 1898).

We come now to the chronic catarrh carrying a possibility of ulceration of the mucous membrane, even to the extent of an inflammation or erosion of the cartilages and bones of the nose. We must here think of the chromic compounds, which occupy an important place in our nasal therapeutics. It is known that among the substances in the Materia Medica that affect this organ, Chromic acid and its salts belong to the

most irritating, and become strictly homœopathic to the diseases of the nose.

In chronic rhinitis the salt that is the most employed is the bichromate of potash, **Kali bichromicum.** This remedy is especially indicated where there are crusts or scabs, which latter cause pain or discomfort at the root of the nose, especially when the catarrh has been suppressed, and the nostrils are full of bloody crusts. Kali bichromicum is also efficacious for lesions in the region of the septum. With Kali bichromicum we observe all phases of catarrhal inflammation, from a thick, gummy, tenacious discharge to a glandular hypersecretion going even as far as ulceration. The remedy is not governed by any rule as to dilution; sometimes we give low triturations, at other times high dilutions, but dilution is not without importance.

Mersch, for chronic bronchitis, recommends his hay-fever remedy, alum of chrome, *Chromico-kali-sulphuricum,* advising medium dilutions as preferable to the low triturations, which he employs in hay-asthma. The remedy acts by its chromic composition.

Graphites corresponds to an oily or greasy catarrh, with the formation of crusts in the nose, more than to a muco-purulent one. The remedy

often coincides with an eczema of the nostrils. Old persons particularly are afflicted with it: they are relieved by the local application of an ointment of graphites (first decimal trituration) in the nose.

Gallavardin speaks of the good effects of *Malleine,* the toxin of Glanders, in certain cases of chronic rhinitis where there are sanious secretions and a certain degree of ozena. Though the nasal lesions of Glanders are the ultimate lesions, and a horse possessing a morbid nasal discharge has already infallible visceral lesions, the Glanders rhinitis with its secretions, ulcerations and perforations constitutes an interesting study of the homœotherapy of chronic rhinitis.

Chronic coryza can be maintained by a blood stasis extending to the nasal mucous membrane: the causes of the coryza are to be found in the digestive, circulatory, genital and renal organs, also in arthritic and nervous conditions. Morse, in an old monograph on "Nasal Catarrh," has demonstrated that sometimes much good is derived from constitutional remedies such as *Alumina, Calcarea, Lycopodium, Sepia, Silicea* or *Sulphur.*

Alumina: Catarrh in aged persons; crusts with thick yellow mucus.

Ammonium carbonicum or *muriaticum,* according to Terry, acts on the cavernous erectile tissue, healing acute or chronic obstruction of the nose; an obstruction which, in children, prevents sleep and causes nervous jumping. Winter catarrhs, according to Lilienthal, require the following: *Calcarea carb.:* diffuse redness of the mucous membrane of the nose and throat, and excessive sensibility to local applications, especially to stimulants, absorbents or astringents (*D. L.,* in the *Cleveland Journ. of Oph., Otol. and Laryngol.,* 1890). *Eucalyptus:* sensation of obstruction; discharge; chronic purulent and fetid catarrh. *Sepia:* is perhaps the most satisfactory remedy when there are greenish crusts discharged, with pressure, or when there is ulceration of the bones of the nose (Ivins). *Iodum:* flowing hot coryza (Lilienthal). *Kali iodatum:* sensation of a cool discharge (Lilienthal).

Strumous coryza is frequently encountered in lymphatic girls and boys who have a thick and swollen nose, a greasy skin, and who are subject to repeated attacks of conjunctivitis and other affections of the eyes. The coryza is associated nearly always with adenoid vegetations. These signs of lymphatism generally disappear as the child grows older. The remedies which suc-

ceed best in modifying the diathesis are: the salts of lime in homœopathic dilution, *Calcarea carbonica, Calcarea phosphorica* and *Calcarea iodata. Kali iodatum* in small doses (especially if there is an hereditary syphilitic background), or, in infrequent doses, certain nosodes such as *Tuberculinum, Bacillinum*, perhaps *Malleine*, are to be tried.

HYPERTROPHIC RHINITIS: **Kali bichromicum,** the best known, and in fact, the most useful remedy for the hypertrophied tissue. The drug after a few weeks succeeds in removing or lessening the sensation of obstruction in the nose; respiration is much easier, the secretion less tenacious, and there is less difficulty in clearing the nose. *Alumen usta:* tendency to induration, and adaptable to old people. *Ammonium muriaticum:* hypertrophy, especially of the septum. *Arsenicum iodatum:* the hypertrophy is irregular, with granulation of the soft parts, and hypertrophy of the tonsils and other glands. *Ferrum iodatum:* associated with follicular pharyngitis and adenoid vegetations.

ATROPHIC RHINITIS: *Alumina:* atrophic rhinitis, dry with ozena; also, naso-pharyngeal symptoms alternating with a leucorrhea. **Aurum:** ozena, caries, and involved atrophy of the bones

of the nose, with the ozena and caries caused by tuberculosis, syphilis, mercury, or any of these in combination. Aurum is a remedy whose reputation is well deserved. *Kali bichromicum:* nasal passages painfully dry, naso-pharyngeal catarrh. Ulceration and caries. *Lemna minor:* atrophic rhinitis: putrid taste. *Psorinum* 200.: intractable cases of scrofulous origin; serous discharge and fetid odor is characteristic. As regards *Sepia,* Ivins says: "In the atrophic catarrh in which green or yellow crusts escape from the anterior nose, with gnawing pain or pressure at the root of the nose, Sepia is for me one of the most useful remedies." We shall later on, under Pharyngitis, give further consideration to the action of Sepia. *Sulphur:* as an intercurrent remedy. (Above indications for hypertrophic and atrophic rhinitis are in part taken from the book of Ivins, "Nose and Throat.")

We find mention of two cases of RHINOSCLEROMA (nasal tumors), one by Krantz-Busch, the other by Solé y Pla. The Krantz-Busch case was benefited by *Auro-natrum-chloratum,* which has already been referred to in the small repertory of Wm. Boericke, the Solé y Pla case, involving copious hemorrhage, was considerably benefited by local applications of the tincture of

Thuja, together with internal medication of *Arsenic* and *Selenium nitricum.*

OZENA.

Ozena is to-day considered a special affection of microbic origin, the exciting agent being called the diplococcus of Loewenburg. The vile odor of ozena resides in the crusts; proof of this being that the odor disappears when the crusts are removed or drop off. As predisposing causes of ozena, we must admit atrophic rhinitis, syphilis, nasal malformations, increased size of the nasal cavities, etc.

This is not the place to describe local treatments, but they occupy a large place in the medication (let me call attention to the lactic ferments). Excepting **Aurum** in syphilitic or tuberculous ozena, we must acknowledge the inefficiency of our internal remedies, especially if ozena is maintained by an abnormal development of the nasal cavities. *Phosphorus* corresponds, like Aurum, to caries of the nose. Clarke favors *Cadmium sulphuricum, Luesinum* (taken from the syphilitic virus); and perhaps, if there are erosions, caries and a morbid discharge, it would be well to try *Malleine* (taken from glanders).

Seutin (*Journ. Belge d'hom.*, 1904) does not consider idiopathic ozena incurable, recognizing as the cause a chronic inflammation of the Schneiderian membrane and of the bones forming the skeleton of the nose. Seutin has been credited with several cures. He relates a case where the principal remedy was *Kali bichromicum,* alternated with *Nitric. acidum,* or *Teucrium mar. verum* or *Calcarea carbonica.*

In an article, entitled "Ozena and its treatment by means of *Tuberculin of Comet and Pinart*" (*Revista homœopathica de Barcelona,* 1909), Pinart, thinking of the forms of nasal tuberculosis, and of its coincidence with patches of lupus on the cheeks, rapidly improved this affection with *Tuberculinum* 50. specially prepared by the experimenters.

THE NASO-PHARYNX.

The naso-, or rhino-pharynx merits a special description. This anatomical region, comprising the posterior nose and the superior portion of the pharynx, is sometimes the center of localized affections. The rhino-pharynx is frequently the seat of the beginning of a cold. The patient has a sensation of obstruction between nose and

throat and by constant hemming or sniffing endeavors to remove the mucus accumulated there.

Cistus canadensis is a remedy which shows a particular affinity for the naso-pharynx, and by its means I frequently abort colds which center in the posterior nose (sensation of obstruction between nose and throat, necessitating sniffing). *Cistus canadensis,* at the beginning of the cold, is for the naso-pharynx what Nux vomica is for the anterior nose. However, it is far from having the reputation of Nux vomica, and, for reasons which we are unable to grasp, is in certain cases ineffective. Frederic Kopp, in 1894 (*Homœopathic World*), made new experiments with Cistus, on the healthy man. This is what he observed: Sniffing; expectoration of bitter mucus; tickling and scratching; sometimes sensation of sand in the throat. Dryness and heat in the throat was so pronounced that the patient was obliged to drink frequently. Inhalation of cold air provoked pain in the throat. Kopp advises the first dilutions, but states that sometimes the 6. succeeds better. Clarke, in his "Dictionary of Materia Medica," insists particularly on the usefulness of Cistus for scrofulous subjects sensitive to cold air. This sensitiveness to cold air is the remedy's great corresponding characteristic. Be

it noted further, that colds of the naso-pharynx attack preferably strumous or scrofulous individuals, arthritic persons, and those with adenoid vegetations.

Besides colds of the naso-pharynx, there exist TRUE ANGINAS, that is, acute naso-pharyngeal catarrhs in which the PHARYNGEAL TONSIL is specially inflamed. Such anginas are infectious, and the remedies are the same as those employed for anginas of the velum of the hard palate.

Diphtheria often commences in the naso-pharynx.

ACUTE PHARYNGITIS, which is often confused with angina, calls for about the same remedies as acute angina: **Belladonna,** *Capsicum* when there is relaxation of the tissues, an edematous and relaxed uvula and sensation of pepper in the throat; **Guaiacum,** which sometimes relieves the pain; *Gelsemium, Phytolacca,* and especially, when the pharyngitis is worse on the right side, **Sanguinaria nitrica.** *Baryta carbonica,* predisposition to acute pharyngitis.

Sometimes the inflammation is less severe and is simply provoked by ALCOHOL, TOBACCO OR ANY OTHER IRRITATION. Often women in the habit of drinking much water are unable, at large dinners, to absorb a generous quantity of wine

without developing a touch of pharyngitis. For such cases *Zincum* is useful.

The NASO-PHARYNGEAL SPACE IS A CENTER OF PREDILECTION FOR GRIPPE. When the symptoms are limited to headache and some obstruction of the naso-pharynx: breathing, if atmospheric conditions permit, pure air, away from grippal surroundings, fortifies the phagocytosis and thus sometimes cures in the beginning of a slight grippe. Often the symptoms are pronounced, and the danger resides in the carrying of the infection toward the ear. Most authors, in these cases, are opposed to nasal douches, affirming that a douche improperly made can carry the infection to the sinuses and middle ear. There is much more otitis due to pure grippe, however, than to nasal douches. Naso-pharyngeal grippe requires the remedies useful for the ensemble of symptoms: headache, backache, general aching, fever, infectious state, etc., in fact, ordinary grippe. Regarding *Influenzinum*, which has been advised in high dilution for the beginning of grippe, I cannot give any information. I have sometimes tried it without appreciable result, furthermore, articles on grippe make little mention of it.

More interesting are the clinical facts cited in

certain works on the value of the tuberculous virus (Virus Tuberculosis) for subjects having a PREDISPOSITION TO CONTRACT GRIPPE, OR A GENERAL TENDENCY TO TAKE COLD. We see here a rational application of our nosotherapeutic principles. *Bacillinum* of Burnett, as well as *Tuberculinum,* have been recommended in infrequent doses and in high dilution for constitutions whose blood serum and defective phagocytes do not defend them against microbic infection. Baker (Some Notes on Tuberculinum, *Medical Century*, 1911) begins his article thus: "One of the principal uses that I have found for Tuberculinum is as a preventive for recurrent attacks of Grippe. If you have a patient with an attack each winter, commence in the beginning of autumn, giving him a dose of Tuberculin each month till spring, and you will probably find that he escapes his attack that winter. In such cases I generally employ the millionth power, but I think other attenuations will do as well." Nash favors Tuberculinum, especially if there is a history of tuberculosis in the family. Facts such as the above are to be collected with those that I have designated in connection with the employment of Bacillinum in children of strumous diathesis and with hypertrophy of the tonsils. The Tuber-

culinum used by Baker came from the gland of a cow killed because of tuberculosis.

Eupatorium perfoliatum, though especially indicated in grippal laryngitis, is not without action in pharyngeal manifestations.

"These," says deWee, "are difficult cases for us. For my part, I give in an epidemic of grippe, in the day time, one of the remedies having an elective action on the naso-pharyngeal space; as *Sanguinaria, Nitrate of Sanguinarine, Hydrastis, Kali bichromicum,* or *Protoiodide of Mercury,* and at night, remedies according to the modalities. I have succeeded well with local applications of cocaine or menthol." (Journ. Belge d'hom., 1905).

CHRONIC PHARYNGITIS,

Chronic pharyngitis, like chronic laryngo-tracheitis, forms a complicated subject. Often a pharyngitis rebellious to all treatment becomes rapidly modified by circumstances which appear unimportant, but which are nevertheless the cause of the chronicity of the disease. Generally the persons attacked with chronic pharyngitis are those subject to congestion. Adenoid vegetations are incidental to youth, chronic pharyngitis is a concomitant of adult life, more often of adult

masculine life. There are certain incontestable causes for the frequency of pharyngitis in adult men. Such individuals are at the age of easy congestion; the genital state, cardiac erethism or irritation, the arthritic diathesis, venous congestion, or a hemorrhoidal state, simple dyspepsia, exaggerated cardiac impulse, vascular hypertension, excitability of the nervous reflexes: any of these can maintain a chronic congestion of the pharynx; again local irritants, such as dust, tobacco, liquors, overwork of the vocal cords, or, in persons subject to easy pharyngeal congestion, repeated attacks of the grippe, explain the frequency of chronic pharyngitis in men.

There have been divisions made of chronic pharyngitis; but one stage passes insensibly into the other; it is a series of conditions. It also becomes difficult to separate categorically the naso-pharynx from the visible pharynx, the velum of the hard palate. More often chronic pharyngo-laryngo-tracheitis has the appearance of chronic inflammation of the throat. Let us study the forms having clearer manifestations. It is better not to give remedies at all, than to institute a doubtful medication; often the affection is incurable and the patient lives on philosophically with his enemy.

It would be difficult here to elaborate upon the therapeutics of a chronic pharyngitis which originates in a distant organ or in some special diathesis. In chronic cases, as Hahnemann has stated in his treatise on "Chronic Diseases," the totality of the symptoms and not the local lesion leads one to the correct choice of the remedy. Always, however, advice is easier than its application.

This being admitted, I will only outline certain indications of remedies corresponding to remote conditions.

Arsenicum iodatum, when there is an unfavorable background TENDING TO TUBERCULOSIS. *Kali bromatum,* advised by Meyhoffer, when atony is predominant, reserving *Iodum* and *Kali iodatum,* when irritation is the most significant feature. *Arnica* will always render service after the OVER-EXERTION OF THE VOICE. If one is in the presence of a VARICOSE DIATHESIS, either general, or localized, especially in the pharynx, from the efforts of coughing, *Hamamelis* must be one of the fundamental remedies. We must also think of *Pulsatilla, Vespa, Lachesis,* and *Natrum arsenicosum.* If the individual is AFFLICTED WITH HEMORRHOIDS (HEMORROIDAIRE), complaining of constipation and lumbago, this condi-

tion, associated with a pharyngitis dry and burning in its character, calls distinctly for *Æsculus hippocastanum*. *Nux vomica* may be tried in ARTHRITIC SUBJECTS who have dry coryza, or, as sometimes happens, dry and fluent coryza alternating. The remedy has proven its utility, in some purely clinical cases, in drinkers, smokers and persons complaining of the stomach. *Alumina* in the dry form, for women suffering with LEUCORRHEA. *Sepia* in pharyngitis occurring concomitantly with UTERINE DISPLACEMENTS. DIGESTION influences pharyngitis less than it does laryngo-tracheitis. (See gastric cough.) ARTERIAL OR VENOUS CIRCULATION plays a considerable role in chronic pharyngitis. We must not fail to auscultate the heart carefully, and to take the blood pressure. If erethism is present, the hypotensive methods, whatever they are, must be instituted: remedies relieving hypertension; the rational employment of carbonic acid baths; hypotensives; diet without alcohol or red meats; a lacto-vegetarian régime; in a word, a therapeutic procedure that will restore normal tension and diminish auto-intoxication. In other cases the nervous fibers are most extraordinarily excited by outside impressions, or even as a consequence of a defective distant organ. NEURAS-

THENIA, ESPECIALLY GENITAL NEURASTHENIA, NERVOSISM, NERVOUS PHARYNGOPATHIES maintain a persisting state of mucous erethism, partly nervous cough, partly tic, partly scraping or hacking cough, which condition disappears when the mind is occupied. In the patients having such impressionability of the mucous membrane, pure air, or change of air, is much better than drugs.

As regards remedies applied according to the changes in the mucous membrane, I will divide the therapeutics into two large groups: remedies for hyposecretion of the mucous membrane, or dry pharyngitis, and remedies for hypersecretion of the mucous membrane, or catarrhal pharyngitis.

DRY PHARYNGITIS is a condition in which the patients complain of the lack of saliva. In reality, they do not lack saliva, but, when we examine the pharynx, we are assured that the mucous membrane is dry, glistening, and of a varnished appearance. This is generally the beginning of chronic catarrhal pharyngitis, a simple inflammation of the mucous membrane without hypertrophy of the glands, sometimes without marked expectoration; the dry pharyngitis of Lewin.

When the mucous membrane presents redness, smoothness and a glazed or varnished appear-

ance, and causes the patient the sensation of a lack of saliva, there is in this combination of symptoms one of the valuable indications for **Sanguinaria canadensis** or for its salt, **Nitrate of Sanguinaria,** or rather **Sanguinarine.** We will observe from the different authors that Sanguinaria is especially indicated in the acute or chronic forms of granular pharyngitis; but Sanguinaria also agrees very well with this varnished, dry and smooth condition, either acute or chronic, of the mucous membrane. After a treatment with this drug or its active principle, it is seldom that the patient will not improve and complain less of the dryness and lack of saliva which has so greatly inconvenienced him. Sanguinaria has in fact in its proving in the Materia Medica: intense congestion and redness, more or less circumscribed, of the mucous membrane, and a diminution of the secretions. To claim, from this, that Sanguinaria cures certain profound and rooted forms of chronic pharyngitis as by a charm, is saying altogether too much.

SIMPLE CHRONIC RHINITIS OFTEN OFFERS A SPECIAL FORM, COINCIDENT WITH CHRONIC PHARYNGITIS. The patient consults his physician for throat rather than nose; however, after a careful examination, it does not require much

time to be convinced that the primary cause of the trouble is located in the nose. The patient habitually experiences a sensation of abnormal nasal dryness; there is, frequently, loss or diminution of taste, and from time to time blackish crusts are discharged from the nose. A lesion of this kind should be given the name of chronic naso-pharyngitis. It is nearly invariable in arthritic persons, and in those of lymphatic constitution, the examination of the back of the throat serving as a guide in the treatment.

It occurs under the form of dry catarrh.

Two remedies which have similar names, *Alumina* (oxide of aluminum) and *Alumen* (alum of common potash), are strongly indicated for dry catarrh. *"Lycopodium,"* says Nash in his *Leaders in Respiratory Organs,* 1909, "is one of the best remedies if the catarrh is of dry form; the nose is obstructed at night." He advises giving the remedy not below the 30. dilution, and at infrequent intervals. We must take into account the other symptoms of Lycopodium. *Sticta pulmonaria,* which I have recommended in acute, dry coryza, is equally useful in chronic dry coryza. The patient has the sensation of pressure and of fullness at the root of the nose and in the frontal sinus. He has a constant desire to blow his nose.

Let us consider next the HYPERSECRETION OF THE MUCOUS MEMBRANE, OR CATARRHAL PHARYNGITIS. I have already shown the importance of **Kali bichromicum,** or bichromate of potash, in the catarrhs of the anterior nose: this salt is not less useful in the same forms of catarrh affecting the posterior nose or rhino-pharynx. In the *New York Ophthalmic Hospital,* where hundreds of prescriptions are given daily for diseases of the nose and throat, both Kali bichromicum and Sanguinaria are constantly employed. The coinciding characteristics of Kali bichromicum are the same as for the anterior nose: tenacious mucus, sticky, stringy, and difficult to detach, conditions coinciding with bichromate of potash. After using the remedy, one of the first symptoms of relief is an easier expectoration. In speaking of chronic nasal catarrh, I stated that a certain indecision existed regarding the proper dilution of the remedy; sometimes low dilutions, at other times higher ones, are preferable. The mucous membrane is inflamed, and generally turgid, results due to a slight hypertrophic catarrh. There is also noticeable a lessening of the nasal obstruction, facilitating respiration: another ameliorating effect of the remedy. We find **Hydrastis canadensis** advisable for secretions dropping into

the throat. *Mercurius corrosivus,* says Ivins, is one of the best remedies when there are associated ringing in the ears and other auditory troubles, and a sensation of obstruction, fullness and tickling in the Eustachian tubes. **Kali muriaticum** has also catarrh of the Eustachian tubes extremely marked, but with more of the sensation of weight and pressure in the middle ear. With both *Mercurius corrosivus* and *Kali muriaticum,* the tissue of the naso-pharynx is hypertrophied (Ivins). *Sepia* has thick yellowish green fetid crusts or pieces, discharged from the posterior nostrils, sometimes occasioning vomiting. In cases having greenish yellow excretions, extremely offensive, Korndœrfer has praised *Theridion.*

PHARYNGITIS GRANULOSA.

(Granular Pharyngitis.)

Granular or Glandular Pharyngitis, or clergyman's sore throat, also incorrectly called follicular pharyngitis, differs from catarrhal pharyngitis in that the principal lesion is found in the muciparous glands, which latter have the appearance of small seeds or granulations, giving the region a more or less shagreen effect. Acces-

sorily to the connective stroma or network of the mucous membrane and the adenoid tissue of the posterior wall of the pharynx, there are adenoid granulations. Frequent in chronic pharyngitis, but these are here a secondary and accessory lesion. As the granulations of the follicles of the pharyngeal vault are without inflammation of the mucous membrane and without glandular engorgement, they do not prevent singing, or speaking in a high voice, and thus they occasion no trouble. Even in the throat of famous singers perfectly healthy, it is rare not to find one or more follicular granulations: the cauterizations of the granulations are then often illusory. Very different is the case of the singer, orator or preacher suffering from tumefaction of the muciparous glands, the glands whose function it is to lubricate the pharynx. Here the sensation of dryness is intense; the patient coughs and sniffs, and hems to clear his throat; and thus by excessive coughing, sniffing and expectorating irritates his pharynx more and more, increasing the anatomical lesions. The entire pharynx may be affected, and may develop the hypertrophic form of the submucosa, or the atrophic or sclerotic form. Nearly always there exists a degree, more or less

marked, of varicose arborizations. (See page 43.)

Granular pharyngitis may be acute or chronic. Generally, repeated acute attacks develop slowly into the chronic state. The remedies are identical in both conditions. Nevertheless, Ivins recommends FOR THE ACUTE CONDITION the following: *Alumina, Capsicum, Kali muriaticum* for post-nasal burning, and *Sanguinaria nit.* as one of the best clinical remedies. Dewey recommends *Ferrum phosphoricum* and *Kali muriaticum* as preferable to either Belladonna, Mercurius or Kali bichromicum. Boericke names *Apis* and *Phytolacca. Arum triphyllum* has often been advised in acute attacks occurring in the chronic forms.

FOR THE CHRONIC FORM the medicine most often employed is **Sanguinaria nitrica.** "In chronic follicular pharyngitis," says Ivins, "it is my anchor of salvation, and it is the remedy to be employed in the absence of clear indications for another." Elsewhere we read: "The nitrate of Sanguinaria, third decimal, is the principal remedy for those cases of chronic follicular pharyngitis, where there is a sensation of heat in the throat; pain, exfoliation of the mucous membrane, and thick yellow or muco-sanguinolent secretion." We can recommend, besides Sangui-

naria, *Wyethia helenoides,* a remedy of which we know very little in France. Selfridge draws particular attention to Wyethia and says: "In chronic pharyngitis and chronic laryngitis, where there is a constant desire to clear the throat for distinct utterance, the effect of Wyethia helenoides is magical. When there is dryness of the pharynx or burning in the epiglottis it never fails to bring a prompt amelioration. In cases where the symptoms related to the drug were present in the pharynx, it has repeatedly cured inflammation of the mucous follicles, even where these were sufficiently numerous to bring about a granular or mammillated appearance. According to W. Boericke, Wyethia is a remedy in which the effects develop slowly; he advises the 30. attenuation. **Sepia,** which has often been mentioned for chronic rhinitis, finds its place also in chronic pharyngitis. P. Jousset said in regard to it: "The indications of Sepia (first decimal trituration) are definite. Besides producing smarting pain and scratching in the pharynx on swallowing, hoarseness in speaking or singing, Sepia produces a kind of frequent cough with expectoration of mucus, the latter sometimes streaked with blood, and always difficult to detach. In other cases there is mucus of a greenish color and an

offensive odor, and its appearance has been compared to asparagus tips." In regard to SPASMODIC COUGH, which may exist in pharyngitis, but is especially a concomitant of laryngo-tracheitis, I will discuss this condition more in detail in the article on Laryngo-tracheitis.

CHRONIC CATARRHAL HYPERTROPHIC PHARYNGITIS is in reality the second stage of chronic pharyngitis. The hypertrophy of the connective and muscular tissue is due to an excessive irritation of the pharynx by the expulsive efforts of continual hemming, necessary to remove the secretions. There is nearly always some associated tracheo-bronchitis. For the hypertrophic form, **Kali bichromicum** will give the greatest benefit, and is the best medicament.

CHRONIC CATARRHAL ATROPHIC PHARYNGITIS is one of the possible terminations of diffuse catarrhal and hypertrophic pharyngitis. It is a concomitant of old age. We advise especially, for the beginning of the atrophic stage, *Argentum nitricum, Alumina, Arsenicum iodatum: Calcarea iodata* in the scrofulous and rachitic. *China* in its symptomatology has muscular relaxation, venous dilatation, cough; finally *Kali bichromicum,* which occasionally, even in the atrophic form, may render service. The atrophic

form may induce a particular ozenous pharyngitis associated with ozena of the nose.

RHEUMATISM OF THE SMALL MUSCLES OF THE PHARYNX is not a rare condition in very rheumatic subjects (rheumatic diathesis). The patients complain of great difficulty in swallowing, and on the least effort of contracting the pharynx. We expect to find a red, inflamed, swollen throat. On the contrary, the mucous membrane is pale; there is no swelling; nothing shows in the throat; but the rheumatic history guides us to a diagnosis. As a remedy for this troublesome state, possibly developing a profound disturbance in alimentation, **Lycopodium** 30. acts like a charm; and it is my experience with it in many confirmed cases which prompts me to confidently recommend it.

The type I have just described does not in the least resemble the RHEUMATIC ANGINA which certain authors have justifiably seen and studied, as one of the portals of entry of acute infectious rheumatism (rheumatic fever).

NERVOUS PHARYNGOPATHIES.

Boulay says, "To experience for a long time a disagreeable or painful sensation in the throat, and to consult physician after physician, specialist

after specialist, without meeting a single one who can find in the state of the organ an explanation for the sensation felt, is the condition of a certain number of patients who, with symptoms which to them are so plain and so clear, have a very poor opinion of our ability." More often these pharyngopathies or paresthesias have a definite starting point: a slight pharyngitis; traumatism due to foreign bodies (as bones, fish bones, gravel; perhaps only the remembered sensation of a pill swallowed long ago, etc.). The local irritation was relieved, but the impression in the brain centers has persisted. It is useless to say that it is necessary to have a neuropathic background for these persistent sensations of bones, fish bones, etc., which do not exist, but which the patient always feels. In one case which persisted for months, preventing eating, I removed this strange sensation very satisfactorily with *Baptisia* 6th. We often consider *Ignatia* for nervous sensations of obstruction in the throat.

On one occasion a neuropathic subject called complaining that she had for a long time suffered with a cold nose and throat, and that this sensation was very disagreeable. *Cistus canadensis*, advised in the repertory of Boericke, paragraph 11, "coldness of the pharynx," cured her of this

sensation. In these cases with nervous manifestations, we usually consult our homœopathic repertories. The physicians of the old school disdain these symptoms as being a concomitant of neuropathic persons; and especially because they cannot cure them. There are many neuropathic persons, even among physicians, and whatever may be the background in which nature and heredity have placed us, we should not be sorry to see disappear from any part of our being, symptoms which discommode us.

Ivins advises in pharyngeal paresthesia, *Cuprum, Hamamelis, Hyoscyamus, Ignatia* and *Rhus tox.* *In* SPASM OF THE PHARYNX, *Agaricus, Cuprum, Gelsemium* and *Magnesia phosphorica.*

HYPERTROPHY OF THE TONSILLAR TISSUES.

Summary: — Adenoid vegetations or pharyngeal tonsil. — Hypertrophy of the tonsils. — Lingual tonsil.

I will combine in the same chapter, hypertrophy of the tonsillar tissues as an accompaniment of youth, and the same condition as an accompaniment of lymphatism. These tonsillar tissues exist in the pharyngeal region; sometimes in a rudimentary state; pharyngeal, or lingual tonsil; at other times they are more or less prominent in subjects with enlargement of the tonsils proper. These questions of tonsillar hypertrophy interest us, because we are often consulted by patients desirous of knowing whether the tonsils or adenoid vegetations should be removed, and whether Homœopathy cannot be of some benefit in this condition.

The answer is simple. When a child has any tonsillar obstruction that interferes with respiration, when this same child does not develop, remaining weak, thin, puny and malformed, when

the chest is retracted (funnel-breast), when the tonsils are so large that it is necessary to sleep with the mouth open, the obstruction should be removed, for such removal will in every way facilitate the child's development. This applies both to the adenoid vegetations which obstruct the naso-pharynx, and to the tonsils which lessen the isthmus of the fauces. I have seen children become transformed after the removal of adenoid vegetations. But here, as elsewhere, one passes from truth to exaggeration, and we remove small adenoid vegetations (where is the child who does not have adenoid vegetations?) which neither interfere with respiration, prevent sleeping with the mouth closed (this is the criterion), nor lessen the child's development and growth; and many times adenoid vegetations, especially if scraped at an early period of their growth, disappear of themselves. Parents often remark: "The child is lymphatic or scrofulous; in removing the vegetations you do not destroy the cause." Nevertheless, the cause is destroyed, because a child that breathes better, has better pulmonary oxidations, which modify the blood, and consequently his struma.

We are often asked if Homœopathy can cause the disappearance of the adenoid vegetations, or

diminish the size of the tonsils. I will, in answering these questions, base my statements on the best authority of our school, and on the opinion of homœopathic specialists of the nose and throat.

Without doubt there is no lack of homœopathic observations of cases in which the diminution, and sometimes the disappearance, of the adenoid vegetations has been established, and I will cite the experience of the most modern men, Garrison, Fitch, Kellogg, Clifton, Roberson Day, Stewart, Lambreghts; and there is unanimity among the biochemic physicians or "Schuessler-ites," in recognizing the efficacy of **Calcarea phosphorica** on adenoid hypertrophy. Clifton advises even the insufflation of Calcarea phosphorica 3x into the nose. But, with the exception of perhaps the English practitioners, who are more conservative, most of these authors advise operation. We cannot, it is true, disregard the advantage of immediate removal, as compared with the frequently uncertain and questionable results of medical treatment, requiring weeks and sometimes months before any noticeable improvement is shown. Circumstances, however, do not always permit surgical intervention, and our medication is not useless. A recently recommended preparation, one which at present is an

experiment, is made from the adenoid tissues, and is called *Adenoidine*.

Lambreghts (*Journ. belge d'hom.*, 1907) observes correctly that catarrh of the nose, nearly always accompanying adenoid vegetations, exercises a considerable influence on these. The acrid secretions which flow from the posterior nasal fossa into the pharynx, and constantly bathe the adenoid tumors, must necessarily have an irritating action on the lymphoid tissue of which the tumors are formed, and must thus stimulate their proliferation. We can easily see that if the catarrh of the nose is removed, we will more readily obtain atrophy of the adenoid vegetations. Lambreghts to this end favors the introduction of cotton tampons well saturated with *glycerol of Hydrastis* in the following proportions: Hydrastis canadensis, mother tincture, 10 grams; pure glycerine, 60 grams. The efficacy of these applications has been confirmed by Schepens, who uses an instillation of aqueous Hydrastis.

From adenoid vegetations I will pass to hypertrophy of the tonsils. I must repeat what I have already said in regard to operation on adenoid vegetations, that is, that the immediate amputation or enucleation, is much preferable to the

slow and more or less doubtful action of our homœopathic remedies. *Baryta carbonica,* much praised by the early homœopaths, seems, in the eyes of modern practitioners, to have lost its prestige. Copeland says in the *Medical Century,* November, 1911: "I have found Baryta carbonica, when given according to its indications, very useful in the treatment of acute tonsillitis, but I have found it useless for reducing chronic hypertrophy of the tonsils." I am not so severe as my colleague in the criticism of Baryta. I have had the opportunity of seeing a few cases where unmistakably Baryta carbonica 30. has reduced the hypertrophy, yet such reduction will not compare with the results of complete removal. Roberson Day and Burck, recognizing in hypertrophy of the tonsils a manifestation of a constitutional state, have advocated, where there is a luetic history, *Tuberculinum* 30. or *Bacillinum* 100. and 200. or *Syphilinum.* Burck has also advised *Protonuclein* in the third decimal trituration. From our French point of view, Lagarde (*Rev. hom. francaise,* 1909) recommends in hypertrophy of the tonsils, *Calendula* and *Echinacea* as gargles and throat douches. Stewart extols for LOBULATED TONSILS, *Mercurius biniodide,* and Kehr, *Mercurius solubilis.*

THE LINGUAL TONSIL is a collection of more or less hypertrophied lymphatic follicles located on the floor of the glosso-epiglottic foveola, at the base of the tongue. Garrison reports the observation of one case of hypertrophy cured with *Rumex crispus*, while Gurnee Fellows favors *Alumina, Antim. crud., Æsculus, Bryonia, Hamamelis, Pulsatilla, Mercurius, Sepia*, and *Sulphur.*

THE ACUTE ANGINAS.

(Acute Sore Throats.)

The ACUTE ANGINAS are divided into two great classes, according to whether the inflammation remains superficial, or penetrates deeply. *1st.* In the class of SUPERFICIAL ANGINAS, we distinguish: A. ANGINA ERYTHEMATOSA (erythematous angina), which may become CATARRHAL or PULTACEOUS; B. ANGINA WITH WHITE PUNCTA or spots, more often a vesicular production, like HERPETIC ANGINA; C. ANGINA WITH MEMBRANOUS PRODUCTIONS, as in DIPHTHERIA; or pseudo-membranous (a false membrane) as in DIPHTHEROID (resembling diphtheria, but not due to the bacillus diphtheriæ).

2nd. In the class of DEEP ANGINAS, we dis-

tinguish EDEMATOUS ANGINA, PHLEGMONOUS ANGINA or ABSCESS OF THE PHARYNX, GANGRENOUS ANGINA, etc., etc.

ANGINA ERYTHEMATOSA.

(Erythematous Angina.)

ERYTHEMATOUS ANGINA, characterized by simple redness of the throat, is, in our homœopathic school, arrested, ameliorated or promptly healed by **Belladonna.**

All erythema of the throat, *without exudation,* from a simple cold to the exanthem of scarlet fever, justifies the use of this remedy. It is too classical and well known for me to weary you regarding its value. Of course, as with all remedies, the sooner Belladonna is taken in the beginning of a red and painful throat, the greater the probability of checking the inflammation. I am, of course, referring to an angina that is, and by its nature must remain erythematous, terminating in a few days in a CATARRHAL OR PULTACEOUS DESQUAMATION, just as a rash on the skin terminates by desquamation. For these erythematous anginas, even the more severe, and whether scarlatinal or not, our Belladonna is typical. The question is, does it prevent an angina when com-

mencing as an erythema, from terminating by an exudation, herpes or false membrane, or an inflammation penetrating deeply into the tonsillar tissue? The answer is, certainly not. A practitioner of twenty years' experience knows well that Belladonna is unable to control an angina of the kind which develops a false membrane in one or two days. Many persons call us to visit them for tonsillitis after having unsuccessfully taken Belladonna at the beginning! In many of these cases we should give the remedy some credit; in alternation with other remedies it will always remain a valuable expedient.

Guaiacum is a remedy that, during the past few years, has been used occasionally for sore throat. It corresponds to some of the indications of Belladonna, and appears to have the advantage of acting even more profoundly. Certain authors favor the remedy at the time the swelling is developing and they fear a phlegmonous angina. The low dilutions are generally given, 2nd decimal, 1st decimal, and sometimes the mother tincture in repeated doses. The pain is greatly relieved. Ozanam affirms that *Guaiacum* combines to a certain extent the properties of Belladonna, Apis and Baryta carbonica. When there is danger of suppuration, the remedy is suitable

for acute inflammation of the tonsils, a small quantity of water containing a few drops of the tincture makes an excellent gargle. Guaiacum has among other characteristics, extreme sensibility of the involved parts, and aggravation by heat. I must admit, however, that the remedy has never given me brilliant results.

Phytolacca decandra has a dark red throat, whereas Belladonna has an intense red throat. Phytolacca acts favorably on the accompanying fever. Its sore throat is unilateral, the pain extending to the ear, with a characteristic sensation of heat in the throat. It is a valuable remedy.

Lachesis has diffuse redness extending some distance away from the tonsils. The intense pain is out of all proportion to the appearance of the throat. The diffuse redness and the sensitiveness of the cervical glands indicate the tendency toward a spreading of the infection by the lymphatics.

Kali bichromicum has for its characteristic a constantly annoying thick, viscid and stringy mucus. Its action on the tissues is deeper than that of Lachesis, though it is incapable of preventing abscess of the tonsil.

Erythematous angina, as I have stated, can terminate by a desquamation, having the appear-

ance of skin, but no connection with false membranes. The condition is called PULTACEOUS ANGINA. Often the fever has fallen off, pain has disappeared, and at this time one is astonished to find those whitish deposits which are the last abiding place of the germs. If all the symptoms of amelioration are present, we should feel reassured, and not intervene with an unskillful therapeutic procedure.

The Anginas with white spots.

HERPETIC ANGINA (Follicular Tonsillitis, Lacunar Tonsillitis) is characterized by an eruption of herpes which in bursting leaves on the tonsils small greyish or opaque spots resembling stars. I, like Raue, have considered **Ignatia** as one of the most characteristic remedies for Herpetic angina. The pain is more especially felt when swallowing liquids without food. This is typical of herpetic angina and corresponds to the symptoms of Ignatia, a fact which will not, however, prevent the alternation of Ignatia with another remedy. I often thus employ *Belladonna* and *Ignatia*.

Dewey considers almost specific, *Kali muriaticum*, in the 6th trituration. An interesting

study is found in comparing the action of chlorate of potash in large doses, with the same remedy in Hahnemannian doses. As a gargle, the chlorate of potash is indubitably specific for the white spots of herpetic angina.

Sometimes, after having promised rapid cure in one or two days, we are astonished to find, a day or two after, extension, and confluence of the white spots into a true membrane. In this instance the herpetic angina becomes similar to the other anginas, that is, polymicrobian, and the bacillus diphtheriæ or the streptococcus may become lodged in the crypts of the tonsil. Treatment of the herpetic type must then be changed. The gargle of chlorate of potash is now useless, and a cure will be achieved by the substitution of medicines for diphtheria, such as **Mercurius cyanatus,** *Phytolacca* or *Arum triphyllum.**

There exists another variety, LACUNAR TONSILLITIS, also called CASEOUS. This sometimes resembles the white spots of herpetic angina. Yellowish concretions form in the crypts of the tonsils, bringing about a somewhat sore throat, with a touch of malaise and of fever, and terminating with the expulsion of fetid caseous frag-

*In this connection the early use of antidiphtheritic serum should not be neglected.—W.

ments. The caseous masses are frequent in the crypts of the tonsils. The treatment of herpetic angina is not in any way adapted to caseous tonsillitis, which latter we often treat as unimportant, or else remove with a probe or similar instrument.

Besides herpetic angina, which is the most frequent among vesicular anginas, there are a few pathological rarities, such as "HERPES RECIDIVANT," the BUCCO-PHARYNGEAL ZONA of the superior maxillary nerve, and the symptomatic vesicular anginas (variola, varicella, aphthas of the pharynx, etc.).

The Anginas with false membranes.

We have just reviewed the erythematous and vesicular anginas belonging to the mucous or superficial group. We have now to study a third form, the most serious, the PSEUDO-MEMBRANOUS, or those HAVING FALSE MEMBRANES, and MEMBRANOUS ANGINA, as represented by diphtheria. In these forms we find it clinically difficult to distinguish TRUE DIPHTHERIA from the PSEUDO-MEMBRANOUS or DIPHTHEROID ANGINAS. As diphtheria, especially in its grave forms, is most often associated with the bacilli of other diseases,

principally streptococci, we will combine in the one study the pseudo-membranous anginas, taking diphtheria as an example.

After the discovery of micro-organisms, the hope was conceived that such germs as are found in a classical disease were the only cause of the disease in question, agreeing perfectly with the clinical type. This, however, was expecting too much of the infecting agent. "The time has not arrived," said Lannois, "when a person who has become somewhat disdainful of the clinic can think of making bacteriology a basis for the classification of the various anginas." The clinic has reclaimed its rights, because the same anatomo-pathological appearance can be produced by diferent organisms. Imagine the unfortunate country doctor who, every time he encounters a false-membranous condition of the throat, before being authorized to make a serum injection, is obliged to have with him a tube of gelatinous serum (culture tube) for collecting the specimen and sending it to the nearest laboratory (Heaven knows where!) in order to ascertain if the false membrane is due to the bacillus diphtheriæ, to streptococci, to staphylococci, to pneumococci, or to the coccus of Brisou! As a logical consequence more than one injection of serum has been made

for croupous angina that was not truly diphtheritic.

From the combined opinion of the most ardent bacteriologists, we have learned that the bacillus alone is sometimes benign, that the streptococcus alone can produce more dangerous anginas than the bacillus of diphtheria, and that the latter becomes especially dangerous with certain microbian associations.

Escat said that "Streptococcic croup may be as dangerous as diphtheritic croup."

As for the clinical appearance, it is impossible even for the most observing eye (Dieulafoy) to detect a difference in these conditions.

DIPHTHERIA was a word which, before the discovery of anti-diphtheritic serum, alarmed many mothers. Before the advent of the serum the reputation of homœopathic treatment was greater than that of all the caustic applications known. *Mercurius cyanatus* was the remedy that was used during my internship in the Diphtheria Pavilion of the Hospital of Children's Diseases. This drug was then, as it is now, the principal homœopathic remedy for diphtheria. It has a marvelous action upon false membranes, and our homœopathic colleague Beck was the first to advise its use. Notwithstanding the use of diph-

theritic antitoxin, **Mercurius cyanatus** has conserved for the profession its rapid and remarkable action on the false membrane, and homœopathic physicians have continued to administer this valuable remedy in membranous anginas.

The other salts of Mercury, Mercurius solubilis, dulcis, corrosivus, although indicated in anginas, have little effect on the diphtheritic process. It appears, said Dewey, that in cyanide of mercury the hydrocyanic acid element plays an important role in the action of the salt. The remedy, in fact, is a strict application of the law of similars; when the poison is applied to a mucous membrane there is reproduced the greyish appearance of the false membrane. In a sensational case of poisoning in New York in February, 1899, Henry Barnett, the victim, was treated by his physician for diphtheria before the cause of the disease was discovered. Cyanide of Mercury seems also to act as a prophylactic.

Although *Arum triphyllum* has symptoms rather laryngeal in character, I have no hesitancy in associating it with the Mercurius cyanide in cases where there is struggling to swallow,—a painful condition necessitating the patient's holding his neck in his hand.

We have still to mention *Echinacea angusti-*

folia, used largely for all infectious states, and notably for the diphtheritic infection. Nicholson mentions the case of a person having come in contact with cases of diphtheria and contracted diphtheritic infection of the fingers; the case was cured by Echinacea *internally* and *externally.*

I will mention also the treatment of Teste, which had its value, though it is now a little out of fashion. Teste advised the local application of *Bromine water* in the hundredth or one per cent. solution, and the evaporation of a thin layer of this water, the layer replaced as soon as it became white. The efficacy of this treatment is confirmed by Boyer.

There may be other remedies well adapted to the symptoms; remedies which I have in part mentioned: *Phytolacca, Kali bichromicum, muriaticum, and permanganicum, Lachesis, Apis* (edema), *Nitric acid* (nasal type), etc. Also *Tarentula Cubensis* 12x, advised by Murtinho, Gomes, and also in the *Hahnemannian Monthly.*

I am anxious to reach an interesting subject which brings together the two schools of medicine, homœopathic and allopathic, in a singular way. The term allopathic has no reason for existing, the regular school having discovered, after

the homœopaths, that the remedy for the disease was to be found in the disease itself.

I will not dwell long on the virtues of antidiphtheritic serum, nor on its preparation, which latter consists, after all, only of making the horse tolerate gradually stronger and stronger doses of diphtheritic toxins, the serum being then drawn off at the proper time, and injected into the diphtheritic patient.

Broussais, were he alive to-day, would disbelieve his own eyes, wondering whether modern physicians were his disciples, or a generation of neophytes singularly approaching the followers of Hahnemann, but neither understanding them nor rendering them justice.

I should like to study especially our nosode *Diphtherinum*. The idea of curing diphtheria by its own virus originated neither with Behring nor with Roux. A German homœopathic veterinarian by the name of Lux, conceived the idea, long before Pasteur, of treating animals and man by the means of their own virus, attenuated according to the method of Hahnemann. Lux published in 1833, through Kollman in Leipzig, a work, entitled *"Isopathy of the Contagions,"* in which "all the contagious diseases carry in their contagious element the proper remedy for their

cure." Lux was already supported in certain respects by the homœopath, Constantine Hering, whose writings regarding the venom of serpents date back to 1828. These various isopathic writings remained undeveloped and therefore inconsequential, even among the homœopaths, until the unseen world of infinitesimals had been discovered. The idea of isopathy steadily progressed, and the name of "nosodes" (*νβοος*, malady) was given to the medicines prepared from virus.

In 1874, Collet treated an epidemic of diphtheria by taking from the first patient some fragments of false membrane, soaking this in two tablespoonfuls of pure water, stirring and agitating it, obtaining a first dilution, and successfully making several others, up to the 5th centesimal alcoholic. He saturated some globules of sugar of milk, and began giving them, diluted in water, every ten minutes, to the patient from whom the material had been taken. The third day of treatment, the membranous patches had nearly disappeared. With the same preparation derived from the first patient, Collet treated successfully the entire epidemic, and where application of the remedy was made early, obtained a complete cure in about five or six days of treatment. He ar-

rived at the conclusion that the disease is rapidly and easily eliminated if not more than three days have elapsed since it commenced. To use the antidiphtheritic serum as quickly as possible, is on the whole the best advice. These observations are taken from Collet's book, *Isopathy, Pasteur's method by the internal way or route* (Baillière, publisher, 1898). Other authors, notably Swan in the *Homœopathic Physician,* 1892, have recommended Diphtherinum. Quite recently Cahis has prepared a nosode, Diphthero-toxin, obtained from the bacilli themselves.

Permit me in this regard to add a recent observation of an angina having all the appearance of diphtheria, and treated by only one dose of ten globules of *Diphtherinum* 200th. I was asked to see the case about twenty-four hours after the beginning of the sore throat, which latter, on the left tonsil, showed the grayish appearance of a diphtheritic false membrane. I prescribed Mercurius cyanide and Arum triphyllum both in the 6th dilution, and local applications of resorcin. The next day, which was the second day completed, the diphtheria had increased; all the left tonsil was invaded by an odd, thick membrane, and the right tonsil, after twelve hours, was similarly affected. There was also intense pain in

the left ear. I gave the powder of Diphtherinum at 2 P. M. The patient during the previous five hours suffered intensely while swallowing. At 7 P. M., that is to say five hours after the absorption of the nosode, the sufferer commenced to experience some relief. I saw her the next day, the third day of the disease. The left tonsil had partly cleared; there remained some small disseminated patches of false membrane. The right tonsil had cleared entirely. I did not renew the powder of granules of Diphtherinum. On the fourth day there were only traces of the membrane left, and on the fifth day the throat was normal. I often have had occasion to admire the favorable action of antidiphtheritic serum, but I must say that the action of that one dose of Diphtherinum was as remarkable as the greatest success of the serum. I will emphasize an advantage of this mode of absorption of the nosode in the case mentioned. The woman had her menstrual period, and I feared the action of the antidiphtheritic serum on her kidneys. In a different case it was scarlet fever which caused a severe angina, presenting, toward the fourth day of the eruption, incipient membranous patches. One single powder of Diphtherinum 200th caused the disappearance of the patches

and the soreness of the throat. Amelioration was noticed about five hours after the administration of the remedy.

We read in Clarke's Dictionary the following regarding *Diphtherinum:* "Nosode taken from the diphtheritic membrane. Dilution of the diphtheritic toxin." The important point of the subject is to know the exact preparation of *Diphtherinum.* Since the recent and numerous works on diphtheria, it has been proved that there is a difference between the *soluble toxin* and the *bacillary bodies.* Rist (*Society of Biology,* 1903) has shown that the bodies of the diphtheritic bacilli contain a poison different from that of the soluble toxin. L. Martin, in injecting into animals the bacillary bodies themselves, has obtained a serum, no more antitoxic in character, but anti-infectious. Metchnikoff has demonstrated in fact, that the virtue of the classical antidiphtheritic serum, obtained with the soluble toxins, is due to the remedy's action on the phagocytosis and not to its direct effect on the bacilli. The anti-infectious serum of L. Martin may be incorporated into pastilles or troches soluble on the tongue, and seemingly with an action *in situ* against the diphtheritic bacillus. (This is cited from the Manual of Internal Pathology of Dieulafoy.) The

various foregoing works of the Old School have been mentioned here for the purpose of demonstrating the similarity of administration of their preparation and the administration of our *Diphtherinum,* which latter, to my knowledge, must be prepared from the false membrane containing the bacilli themselves, and not from the diluted serum. But the action of our *Diphtherinum* is not confined to cases of pure isotherapy; it also has other homœopathic applications, notably in the paralyses.

PARALYSIS OF THE PHARYNX may be of peripheral or of central nervous origin. If the central nervous cells are destroyed the disease is incurable. *Diphtheria* is one of the frequent causes of paralysis of the pharynx. **Gelsemium** is our great remedy for diphtheritic paralysis, no matter where the trouble is localized. Results are especially good if the condition has not degenerated into peripheral neuritis. That antidiphtheritic serum has no action on diphtheritic paralysis, is well known. As soon as a child, following the infection of the bacillus of Klebs, presents the phenomena of paralysis, Gelsemium in homœopathic doses should be prescribed. But the interesting side of the law of similars is in the application of our nosode, *Diphtherinum,* to pa-

ralysis (diphtheritic or not); it is the application of the homœotherapeutic law in its purity. Cahis insists on the action of the medicament Diphthero-toxin, a nosode, taken from the bacillus and prepared by himself for all varieties of paralysis, especially PARALYSIS OF THE PHARYNX, OF THE UVULA AND THE SUPERIOR PORTION OF THE LARYNX; furthermore, the idea is not new, because, in our works on Materia Medica, Diphtherinum has been recommended in these paralyses.

DEEP ANGINA.

In this group of deep anginas, there is still opportunity for great improvement as far as therapeutics is concerned, whatever the method employed, and our treatment often assists the development of the abscess of the tonsil, we being powerless and unable to arrest the formation of pus. The opening of the abscess is sometimes the only cure. **Apis mellifica**, the venom of the honey bee, produces an action conforming in every particular to the law of similars; the sting of the bee developing a swelling and a typical edema, corresponding to EDEMATOUS ANGINAS. But make no mistake regarding edematous anginas; they often conceal the pus formation, and

are only the preceding signs of the phlegmon, the latter a condition similar to an alveolar abscess or dental inflammation. One of the true anginas, typically edematous, is the angina produced by INTERNAL URTICARIA; it is rare. Sometimes an edema of the palate is caused by an edematous disease, such as nephritis, etc., in which edema may be one of the symptoms. Usually in practice, edema or swelling of the throat causes us to fear the presence of pus, and it is pus for which we must search and localize. Nevertheless, in the presence of a clearly edematous uvula or soft palate, we are justified in prescribing *Apis* singly, or alternated with another remedy.

However, there are some swellings, especially bilateral, which do not terminate by the development of pus. Such swellings are more inflammatory than edematous. For these ACUTE SWELLINGS the remedies already advised in the acute superficial anginas, remedies which also exert their action on the deep tissues, as **Baryta, Phytolacca, Echinacea, Kali bichromicum, Lachesis, Guaiacum, Mercurius iodatus flavus** and **iodatus ruber,** deserve special notice. I will not review the indications for these remedies, as they are familiar to all. These deep anginas accompanied by so much swelling are sometimes a long

while healing, especially in healing completely; they are likewise often the starting point of chronic hypertrophy of the tonsils.

There is a small group of remedies which has the reputation, perhaps for the larger part unwarranted, of arresting the formation of pus, and avoiding or lessening the severity of PHLEGMONOUS ANGINA. Among these remedies **Baryta carbonica** is without doubt the best known. When there is fear of a tonsillar abscess, we run no risk in prescribing Baryta; but how many times has this remedy been given without in any way influencing the formation of pus! This is without doubt due to the fact that certain persons seem to possess a predisposition for having inflammations terminate in suppuration. As soon as quinsy overtakes them, one side of the throat swells, sometimes rapidly, and the only relief is the natural or artificial evacuation of the pus! Incision of the tonsil is not always a preventive of the abscess, the pus, as is well known, forming around the tonsil (in the peritonsillar tissue) more than in the tonsillar tissue itself. I am not in favor of waiting for a natural opening of the abscess, because the pus swallowed during sleep may infect a distant organ. I have witnessed an abscess of the liver which could be attributed to

no other cause than that of a phlegmon of the tonsil opening during sleep.

Wesner cites three cases of acute tonsillitis with swelling, the suppuration having been prevented by *Arnica* 6x. DeWée, in an epidemic, mentioned besides *Baryta* in the beginning to check abscess formation, *Apis* alternated with *Hepar* and *Silica.* Ivins advises, in tonsillar suppuration, as much as three or four drops of Guaiacum θ at a dose. I have given the remedy recently, without success. All remedies recommended for suppuration may be tried, as *Mercurius, Hepar, Silicea, Echinacea,* and not forgetting *Pyrogen, Myristica, Tarentula Cubensis,* and the nosodes of pus. The streptococcus is known to be one of the most frequent organisms found in abscess of the tonsil. *Streptococcinum* may be tried in a high dilution.

We see much less frequently than formerly GANGRENE OF THE THROAT following deep anginas. Some attribute this to the antiseptic measures which are now employed. Van Ooteghem has reported a cure with *Lachesis* and *Hepar.* We must always think of *Echinacea* internally, locally and even, as Shadwick has advised (*Hom. Recorder,* August, 1911), in hypodermic injections.

ULCERATIONS OF THE TONSIL deserve a diagnosis as to cause. When they appear simple, and are not due to syphilis, cancer or tuberculosis, the advice is: the salts of Mercury, *Mercurius iodatus* and *cyanatus, Apis, Hepar,* or *Kali Bichromicum,* and not forgetting *Acid nitricum* if the ulceration is punched out in appearance.

AFFECTIONS OF THE LARYNX AND OF THE TRACHEA.

Summary: General considerations. — Epiglottiditis. — The vocal larynx, hoarseness and aphonia. — Paralysis of the vocal cords. — Edema of the glottis. — Croup. — False croup. — The coughing region of the larynx. — Reflex coughs. — Laryngo-tracheitis. — Pertussis (Whooping-Cough).

Notwithstanding its small size and the little space it occupies, the larynx, the organ both of respiration and vocalization, presents, from a pathological point of view, two interesting zones to study. These two zones correspond, the first to the vocal larynx, that is to the superior portion of the larynx, including the glottis, and the second to a sub-glottic region, bound to the trachea, and not to be pathologically separated from it, the clinic demonstrating so many cases of laryngo-tracheitis. While the vocal larynx affects particularly the modifications of the voice, and aphonia, the sub-glottic portion of the larynx contains the reflex cough centers, extremely important in the study of coughs. It is everywhere

known that simple hoarseness or complete aphonia is accompanied by little or no cough, whereas the incessant coughs, as for example, whooping cough, are more often due to laryngo-tracheitis.

EPIGLOTTIDITIS.

Inflammation of the epiglottis is characterized by pain on swallowing, and by a tantalizing sensation as of a foreign body in the back of the throat, also painful irritation extending toward the ear. The voice may be slightly altered, only a moderate cough is present. Epiglottiditis is less rare than we suppose, and often escapes our notice. I have seen a typical case following the swallowing of a boiling liquid; the epiglottis being soon restored to its natural condition. There are in our Materia Medica some remedies which present symptoms corresponding to the region of the epiglottis: *Hepatica triloba* has a sensation as if particles of food had lodged on the epiglottis,— *Allium cepa*, sensation of constriction in the region of the epiglottis — *Wyethia*. epiglottis dry and burning — Apis mellifica 6., in cases of edema of the epiglottis, a condition generally secondary to a neighboring inflammation, and one in which, if the case is urgent, scarification may be necessary.

THE VOCAL LARYNX.

AFFECTIONS OF THE SPEAKING VOICE are: 1st. WEAKNESS OF THE VOICE: due generally to overwork of the voice. For this we must advise rest of the organ, and a few doses of *Arnica* 6. or 12., or *Coca* 6. We may also consider *Argentum metallicum, Argentum nitricum, Causticum, Rhus tox.* and *Selenium.* Sometimes the weakness of the voice is produced by a general condition, such as fatigue, anemia, convalescence, etc.; it is then the individual that we must treat and not his larynx. 2nd. DYSPHONIA; usually makes us fear the presence of a POLYPUS, either double or multiform. We must examine carefully into the cause of the polypus, and, if no operation is undertaken, use either of the following: *Teucrium marum verum, Thuja, Sanguin. nitrica* for POLYPI OF THE LARYNX. 3rd. HOARSENESS; is due to the glottic sounds rendered impure by their mixture with the noises often arising from bucco-pharyngeal alterations (*cleft palate* and *hair lip*), or from the trachea. This congenital hoarseness does not in the least resemble the hoarseness incidental to laryngitis. 4th. RHINOLALIA; is a nasal tone due to nasal defect, adenoid vegetations, enlarged tonsils, etc., a tone giving either

the tonsillar voice, or the voice characteristic of adenoid vegetations. The vocal change does not always completely disappear, even on removal of the tonsils or vegetations.

AFFECTIONS OF THE SINGING VOICE are more interesting to study, because they relate principally to artists. It is to be noted that PHONOPATHIES (alterations of the voice) do not always follow LARYNGOPATHIES (alterations of the larynx). Krause cites an example of a young tenor whose voice remained beautiful in spite of considerable alteration of the vocal cords. This instance is not an isolated one; on the contrary, we often observe a normal larynx in persons whose voice is execrable. Whence comes the gift of singing? There are many contributing sources. The vocal organ develops only under special conditions, conditions in which the bellows, or, in other words, the exercising of the lungs, plays an important role. 1st. To sing one must know how to breathe. 2nd. It is necessary to have healthy lungs, because a bronchial or tracheal hypersecretion causes hoarseness, with more or less irritation. 3rd. It is also requisite to have an accurate ear and a special mental aptitude and poise for correct singing, and this constitutes what is called the musical gift.

Finally, though singing is a gift of nature, the instructor certainly plays an important role in the management of the voice, or in the art of placing it. Many young women consult us for affections of the voice; such affections are for the most part due to overwork of the larynx: either the aspirants have been made to practice too much, or their constitutional or local throat condition does not permit them to stand the strain of vocal gymnastics. General or local anemic states must be kept under supervision. For persons who have lost their voices from overheating by too much vocal exercise, and who recover it upon resting, I often use *Antimonium crudum*. *Kali phosphoricum* is similar: fatigue and hoarseness from excessive vocal exercise, or from other abuse of the voice, especially in those who are debilitated, neurasthenic or rheumatic. *Coca* in doses of five drops of the mother-tincture is an instantaneous contractor of the tissues; however, it is inadvisable to use it regularly. *Arnica* has a true hoarseness from the abuse of the voice and from screaming; we will speak of this remedy under hoarseness. *Graphites* is an excellent remedy to give to singers for inability to control the vocal cords, for hoarseness on beginning to sing, and for a breaking voice; the remedy is worthy

of recommendation for softening the voice in singers, and for giving it mellowness. There is also *Selenium* which in such cases has been advised especially for men.

We must never force a voice. On the contrary, to avoid the least straining during its early development, we should choose for the exercise of a young voice a class of music in the medium register. The sudden inhalation of cold or too cool air during vocal exercises increases the normal congestion of the larynx. Everyone is familiar with the advice to avoid singing in the open air. Rest is necessary for the larynx in boys, especially at the beginning of the adolescent period, when the voice is uncertain and changing. Such young voices should not at first be exercised over half an hour at a time; or attempt a change of register; the abuse of the extreme notes compromises the purity and elegance of the middle register. (*Lannois.*) They should not sing or recite while digestion is active.

HOARSENESS AND APHONIA.

I have made it a rule in my practice to be prudent in the treatment of a SLIGHT HOARSENESS, the consequence of cold upon only the vocal

larynx, and not involving pharynx or trachea. Absolute rest of the organ, warm air, and warm applications or revulsives applied to the neck are generally preferable to an intensive therapeutic treatment. Sometimes these attacks of hoarseness, however, are accompanied by a congestion so intense that the larynx is sensitve to the touch and deglutition becomes painful; **Spongia** is then efficacious. It is generally prescribed in the 3rd or 6th trituration. I have never seen a case in which Spongia, when prescribed for hoarseness, caused an extension of the disease, or favored the development of a tracheo-bronchitis.

Another remedy that corresponds closely to these symptoms of Spongia in the sensibility of the larynx to the touch, and to the painful deglutition, is **Arum triphyllum** 6. The patient is so apprehensive in swallowing, that he puts his hand to his larynx. In these cases of hoarseness with acute congestion, the alternation of Spongia and Arum has often produced good results.

Hoarseness, the consequence of OVERWORK OF THE VOICE, as in preachers, singers and speakers, is cured with **Arnica.** *L'Homœopathisch Maandblad,* of 1902, recommends a low dilution.

Cold or congestion of the vocal cords is often

followed, instead of by hoarseness, by COMPLETE APHONIA. It is here that I will suggest a remedy well known, but little employed in aphonia: **Ipecac.** This Brazilian plant does not act positively on the paralyzed muscles, but certainly lessens the congestion of the vocal cords, which sometimes after a few hours resume their function. Our Materia Medica advises Ipecac for hoarseness at the end of a cold; *I want to emphasize its remarkable efficacy in complete aphonia.* Clinical facts substantiate my statements: I have often seen one drop of Ipecac 6th or 30th, in half-hour repetition, restore the normal vocal function at the end of four or five hours. I repeat the exact indications for Ipecac, insisting that there be complete aphonia (and not slight hoarseness) following, without cough and pain, a cold or a congestion of the vocal cords. As soon as the vocal cords begin to resume their normal condition, it is prudent to lengthen the interval between doses or discontinue the remedy, and thus avoid the possibility of a consequent cough.

I do not advise Ipecac in MENSTRUAL APHONIA, as the remedy has a hemostatic action. Certain women are the victims of intense hoarseness at the time of their menstrual period. The *North*

American (July, 1910) cites the cure, with *Lac caninum* 200., of a case of aphonia in which the symptoms recurred at each monthly period. Meyhoffer and Clarke, for menstrual aphonia, mention Gelsemium 3rd.

Causticum, which, in inflammatory aphonia, I place far above Ipecac, is the remedy most advised in cases of extinction of the voice. The drug has certainly more pronounced paralytic phenomena than has Ipecac, but acts, I believe, less rapidly on the inflamed vocal cords. It has been stated that the preparation of *Causticum* is sometimes doubtful, so certain authors have proposed *Ammonium causticum* for aphonia if Causticum proves unsuccessful.

PARALYSES OF THE VOCAL CORDS deserve a diagnosis, as to cause, more from the point of view of treatment than prognosis. I will not enlarge upon the anatomical diagnosis for locating the lesion. After stating that there are paralyses of nervous origin, cerebral or peripheral, that the superior laryngeal or inferior laryngeal nerve (paralyses of the recurrent nerves, the most frequent of all) may be paralyzed on one side only, or, as sometimes, on both sides, that this is the region in which, in some cases of paralysis of the larynx, there is cause to suspect compression of

the laryngeal nerve, I shall go on at once to those ordinary cases which the medical practitioner is competent to manage without assistance from the specialist.

We often observe sudden paralysis of the thyro-arytenoidian muscle in public announcers or singers. This paralysis is due to over-use and misuse of the voice. Adding to this the fact that many, at least of the public announcers, are alcoholics, we readily see how greatly these people are exposed to such attacks. I have repeatedly seen cases of these vocal paralyses. Though *Arnica* be indicated in such over-work of the voice, we must at the end of a few days have recourse to **Gelsemium**, a remedy which in the fully developed period of laryngeal paralysis is more active. I have seen it rapidly relieve paralysis of one of the vocal cords in the case of a woman who had just quarrelled with her husband. I am asked if the cure was not due to the fact of the woman being an hysteric! It is an error to believe that a paralyzed larynx, hysterical or otherwise, may not in some cases persist for an extended time. There are cases of hysterical laryngeal paralyses which last for years, and are never completely cured. There are also cases in which electricity exerts little effect. Some-

times, when the lesion is not central, or occasioned by compression, our Gelsemium, in homœopathic attenuation, 1x, 1st centesimal, 6th centesimal, renders great service. It is certainly the remedy that we must try first. When Gelsemium alone is incapable of curing, it is time to consider other remedies, such as Causticum, and especially if the paralysis has continued for some time, **Plumbum.** The latter remedy is certainly homœopathic, since the intoxication produced by lead often develops laryngeal paralysis. *Ignatia* is indicated in the hysterical. And finally, in these conditions, we think of *Diphtherinum.*

Besides the different paralyses of the larynx, there is the opposite condition, SPASMS OF THE LARYNX. As I have said, very often APHONIA, PARALYSIS, SPASMS, ANESTHESIA and HYPERESTHESIA OF THE LARYNX are hysterical manifestations; and, as with everything associated with hysteria, the manifestations may appear at the most unexpected times.

EDEMA OF THE GLOTTIS.

(Edematous laryngitis.)

Whatever may be the cause of edema of the larynx, **Apium virus** is in certain cases an heroic remedy. Not that the venom of the bee is

capable of removing the cause, but it has a temporary elective action on the edematous tissue. I have sometimes, in the tuberculous, seen tracheotomy for edema of the larynx deferred by the successful action of Apium virus. This remedy also acts upon the edema of anasarca. We have often, in edema, had the opportunity to observe the homœopathicity of the sting of the bee. *Arsenic* and *Digitalis* find their indication in the diseases of the kidneys and of the heart, preferably in chronic edemas.

CROUP.

As with the anginas with false membrane, both the larynx and the trachea may be the seat of membranous deposits, deposits whose bacteriologic origin is manifold. The danger lies especially in the region of the glottis, the narrowest part of the tube, for this reason these pseudomembranous forms of laryngitis have been divided into diphtheritic and non-diphtheritic. Certain authors claim that streptococcic croup is as dangerous as the croup caused by the bacillus of Lœffler. Croup may appear suddenly, or it may be a descending lesion consecutive to the anginas, or an ascending lesion provoked by a pseudomembranous tracheo-bronchitis.

If diphtheria is suspected, **Cyanide of mercury** must remain one of the fundamental remedies that we associate with the class having an affinity for the region of the larynx. Various authors recommend **Spongia tosta** for laryngeal dyspnea accompanied by a feeling as of a plug in the throat, with the cartilages of the larynx sensitive to the touch. **Arum triphyllum**, as I have said when speaking of hoarseness, has the same sensitiveness of the larynx, and the patient puts his hand to his throat to aid the act of deglutition. *Bromine* and *Bromine water*, by inhalation and also internally, have their advocates. (See *Anginas with false membranes.*)

If the croup is not distinctly diphtheritic, we may begin with **Aconite**, following with **Spongia** and **Arum triphyllum**, and later, when the cough becomes looser, with **Hepar sulphuris.** I will speak here of the homœopathic dilution of **Ipecac**, which latter I have already praised in aphonia, and which may be useful for lessening the congestion of the vocal cords.

Other remedies also are advised: *Kali muriaticum*, in biochemic medicine, forms with *Ferrum phosphoricum* the principal treatment of croup. *Kaolin* is mentioned by Dewey. *Ammonium causticum* by Boericke. *Iodine*, espe-

cially for brunettes. *Kali bichromicum* for children who are too fat and short necked. *Sanguinaria:* sensation of dryness and burning. Royal, in an article on fibrinous laryngitis, established a diagnosis between this disease and diphtheria, and prefers the latter name to that of croup. He advocates as local remedies for the treatment of fibrinous laryngitis, the inhalations of vapors of *Iodine* and *Bromine,* and as internal remedies: *Spongia, Kali bichrom., Iodum, Bromium* and *Chlorine.* In diphtheria he employs *Belladonna, Mercurius biniodatus, protoiodatus* and *cyanatus, Arum, Lachesis, Kali permanganicum, Kali phosphoricum,* etc. Coleman recommends *Acid aceticum* taken internally and by inhalation.

LARYNGISMUS STRIDULUS.

(False croup.)

An attack of false croup would be avoided if *during the day, as soon as the child begins to develop the hoarse cough,* one took the trouble to give **Hepar sulphuris** to the child. Every one is familiar with the sudden nocturnal attack of false croup: a child falls asleep, and wakens choking; the cough is croupal; consternation

reigns. If during the previous day a close observation of the child had been made, we should have noticed signs of laryngitis, and a slight barking in his cough. By promptly giving Hepar 6th, the child usually escapes the nocturnal attack. This fact I have often verified.

Suppose that above precaution is neglected, and the attack appears immediately. Certain authors recommend commencing with *Moschus* in small doses, every five minutes; other authorities begin with *Aconite* (Dahlke). I advise the prescribing of **Hepar sulphuris,** also in small doses, and given every five minutes, and the classical external application of the sponge dipped into very hot water and then carefully squeezed out so as not, in the confusion, to burn the child's neck. *Hepar sulphuris* is characteristic of the barking cough; and in my experience it is the most trustworthy remedy for laryngismus stridulus. After the attack, we should continue with the remedy in order to completely remove the remaining catarrhal condition.

THE COUGHING REGION OF THE LARYNX.

The researches of Bidder on dogs and cats — corroborated by Schiff in regard to the dog — have long since proved that the maximum de-

gree of the cough reflex begins a little beyond the free edge of the vocal cords, and extends to the inferior border of the cricoid cartilage, that is, to the beginning of the trachea, but the experiments have also proven that the reactionary shock explodes with its greatest intensity when the interarytenoidian fossa is irritated. The interarytenoidian mucous membrane, then, constitutes the coughing zone par excellence (Vulpian, Kohts). One thing is certain, that the sensibility of the laryngo-bronchial mucous membrane is not uniform throughout.

The coughing zone reacts from varied and diverse causes: the irritation of foreign bodies, nervous reflexes, the presence of colonies of micro-organisms, as in whooping cough; AND FINALLY, WITHOUT DIFFERENCE IN DEGREE, FROM CONGESTION OR ANEMIA OF THE MUCOUS MEMBRANE. The cough produced by congestion is by far the more frequent; but before studying it, I should like to say a word regarding ANEMIA OF THE LARYNX.

THE COUGH OF ANEMICS! Who has not observed it? A feeble or debilitated individual, an emaciated old man, a chlorotic young girl, a deeply anemic woman, all maintain a so-called nervous cough, dry, irritating, tickling, sometimes

spasmodic in character, sometimes continuous. We examine the throat: instead of finding it red and congested, we see it profoundly pale in color. The larynx is anemic. The cough is harassing; it prostrates the patient, who, at the end of an attack, often has beads of cold perspiration on the forehead. This sort of cough is sometimes diabolical: sedatives do not calm, expectoration is ineffectual, the revulsives do not lessen the congestion, and the patient continues to cough! When the nervous depression is not accentuated, I have often, in persons with a pale larynx and an anemic larynx, seen **Phosphorus** produce unexpected results; — but Phosphorus is difficult to manage. Only in ultra-infinitesimal doses do I advise its use; a few drops (3 to 5) of the 30th centesimal in 125 grams of water, to be taken by dessert-spoonfuls three or four times a day, discontinued at the end of two days, and recommenced after two days of rest. This procedure is often the best. We must not give Phosphorus in continued doses.

Phosphorus corresponds well to what the English call "Irritable weakness." It has in its symptomatology, cough aggravated by laughing, by loud talking, by reading and after meals. Pressure of the finger on larynx or trachea pro-

vokes coughing. The remedy corresponds as well to nervous coughs provoked by strong odors, by the entrance of a stranger into the room, etc., etc.

In this same class we may place the COUGH OF NEURASTHENICS, when connected with hypotension. These coughs require measures opposite to those for congestive coughs, and we should employ a tonic treatment, a nourishing diet and the use of certain wines. The drinking of champagne continued for a few days will in some cases have more action on the cough than will the sedatives of the old school. Rest is likewise recommended, and we must think, in addition, of *Kali phosphoricum* in trituration.

REFLEX COUGHS have often the same origin as have neurasthenic coughs. There exists a GASTRIC COUGH; not that cough which patients indicate by placing the hand on the pit of the stomach, because of the shaking of the diaphragm and stomach, but that cough which depends upon irritation of the pneumogastric nerve. *Lobelia* has marked reflex irritation, proceeding from the stomach (Boericke). *Nux vomica* (bradypepsia), *Phosphorus, China, Bryonia* (in rheumatics), have the cough after eating. In gastric coughs, Johnstone advises the following reme-

dies: *Nux vomica* for cough accompanied by pain in the epigastrium following meals. *Kali bichromicum* and *Natrum muriaticum* do not correspond simply to gastric cough; Kali bichromicum has the symptom that the cough seems to originate from the stomach (shaking of the diaphragm). *Phosphorus* relieves the cough which occurs after meals, and commences by a tickling in the epigastrium. *Ambra grisea, Sulphuric acid* and *Veratrum album* are employed in coughs with eructations of gas. *Bismuth* in its proving produces a cough aggravated when the stomach is empty.

Gastric cough, occurring after meals, sometimes, may be explained in another way; it is often connected with a normal flow of blood to the stomach during digestion, a condition which causes an insufficient blood supply in the already anemic larynx; hence the dry, irritating and fatiguing cough during digestion. *Phosphorus* has this same cough. *Hydrotherapy,* in young people, whose reaction is brought about easily, is a great regulator of the circulation. An example from our Materia Medica is *Spongia,* indicated when there is amelioration from eating, even from slight eating, that is, as soon as digestion lessens the congestion of the larynx, for Spongia is one

of the typical remedies for laryngeal congestion. *Phosphorus* and *Natrum muriaticum,* according to Johnstone, may be the remedies for HEPATIC COUGH. The HEART, innervated by the same pneumogastric nerve, may occasion a reflex cough. The latter develops circulatory troubles, in particular, for which, according to the totality of the symptoms, *Spongia* and *Naja* are advised. The cough is often aggravated by movement; this is an indication for *Arnica*. The principal remedy for cardiac cough, according to Johnstone, is *Prussic acid* or one of its derivatives.

The HYSTERICAL COUGH should be classified under purely reflex coughs. This cough, like all other manifestations of hysteria, is often rebellious to all medication, and may cease spontaneously.

Some authorities have spoken of UTERINE AND OVARIAN COUGHS; for my part, I have never encountered coughs that could with certainty be traced to these sources. The attacks would cease with the relief of the metritis or of the uterine deviation. The coughs, if at all due to these causes, would probably be produced by the communication of the abdominal and hypogastric plexuses of the great sympathetic. *Sepia,* if the cough seems to originate in the pelvis. In these

instances, the salty expectoration has been noted. If the cough appears as a sequel to suppression of the menstrual periods, or as a consequence of hemorrhoids, Boericke advises *Millefolium.* Johnstone, in an article on reflex coughs (*Journ. of the British Hom. Society,* 1898), advised *Actea* as corresponding to a dry, fatiguing nocturnal cough, with little or no expectoration, but with great sensibility of the cervical vertebræ. *Ambra grisea* corresponds to those cases of uterine atony when the least emotion increases the cough and menstruation. *Apis* corresponds to a reflex cough with sensibility of the right ovary, and perhaps also to what Andrew Clark has called "the barking cough of puberty." The COUGH OF PREGNANCY does not often cease till after delivery; it may bring about miscarriage (Mauriceau). The repertory of Boericke mentions *Apocynum, Conium, Kali bichrom., Viburnum opulus,* the last named for preventing miscarriage. For VESICAL COUGH, accompanied by involuntary emissions of urine: *Causticum, Scilla,* and *Natrum muriaticum* may be administered. I have often observed that Causticum would arrest the emission of urine, without curing the cough.

Von Villers, in 1902, reported the case of a

cure, with one dose of *Medorrhinum* or *Gonorrhinum,* of a cough which it was impossible to localize, the case including the healing of URETHRAL symptoms that were consecutive to an old gleet.

The COUGH OF DENTITION more often accompanies bronchitis, and must be treated like bronchitis. *Chamomilla* remains one of the principal remedies. In children the existence of a ringing, explosive cough must suggest the presence of INTESTINAL WORMS. Burnett recommends *Cina* and *Bacillinum,* but how many times do we search for worms in vain!

The AURICULAR COUGH is due to an irritation of the external auditory canal, by a foreign body, or by a plug of cerumen.

FINALLY, THERE SOMETIMES EXIST REFLEX COUGHS DUE TO DIRECT CONTACT WITH A FOREIGN SUBSTANCE. ELONGATION OF THE UVULA and, especially in the horizontal position, its hanging down into the pharynx, may produce a reflex cough. I have seen a definite example where a little papilloma of the uvula hanging to the extremity of this appendage provoked an incessant nervous cough. The uvula with the papilloma was removed, and immediately the cough ceased. At other times, we meet, in persons of low vital-

ity, rebellious coughs, produced by a relaxed, elongated uvula; we should suppose that this condition would exercise an influence on the cough. In the cases mentioned I have had occasion to remove these uvulas without the least result.

HYPERTROPHY OF THE TONSILS, WHERE THESE PROJECT INTO THE PHARYNX, may keep up a chronic cough in children, or increase the susceptibility to temporary attacks of cough. The removal of the tonsils has many times confirmed the diagnosis. ADENOID VEGETATIONS also develop coughs which cease only when the adenoids are scraped or otherwise removed. We should not forget in children, subject to coughs, the examination of nose and pharynx, a matter of first importance.

LARYNGO-TRACHEITIS.

(Acute Laryngitis.)

Laryngo-tracheitis, which closely resembles what the public calls "cold" or sometimes "cold on the chest" (tracheo-bronchitis), should form a voluminous subject, because we are all more or less inclined to contract these colds. I will try, however, to particularize laryngo-tracheitis in a manner which will lead to a clear understanding.

It is a great problem, this treatment of the beginning of a "cold on the chest," or laryngo-tracheitis. If we can check a cold, how many ulterior dangers are avoided! If our phagocytes are good, if we keep warm, drink hot decoctions or take a few drops of Aconite, we will get off cheaply. If we have poor phagocytes, or poor blood serum, and meet a virulent micro-organism, Aconite will be insufficient. Often the cold is the incidental cause of such infection. In every way, **Aconite** has remained from generation to generation the standard remedy for the beginning of colds. Some authorities give the remedy in mother tincture; others in dilution. I shall insist upon one point: Aconite is especially useful in the beginning of colds *without perspiration.* We take a long ride in an open carriage; return chilled through, or stay in a cold room or cold place, become chilled, and are unable to regain warmth. Such exposure indicates Aconite. The remedy is one for adults, because adults are more likely to be exposed in this way. Children, on the contrary, take cold when they are active, as in recreation; they run about and *perspire freely,* then return to their classes, or cool rooms, and in this way take cold. **Belladonna** is indicated under such circumstances, and circumstances which ex-

plain why this remedy is most often advised for children in the commencement of a cold, the latter a condition likely to be accompanied by a sore throat. *Ferrum phosphoricum* has its advocates when we encounter fever in a child or feeble person.

In adults, when the beginning of the cold manifests itself by a tickling and a prickling or tingling sensation in the larynx, we may advise the alternation or the mixture of *Aconite* and *Drosera,* in mother tincture; the two homœopathic remedies which compose a famous preparation called "Granules of the Vosges."

The laryngo-tracheal region being the center of predilection for the spasmodic cough, the interest of therapeutics is concentrated on the study of the remedies useful in spasmodic coughs, of which affections whooping-cough is the most representative. I shall not burden you with a multitude of remedies; on the contrary, I think it better to simplify matters, naming a few of the most important remedies, and when necessary referring to our Materia Medica and our repertories for the consideration of special symptoms.

Six remedies have characteristics corresponding to the laryngo-tracheal spasmodic cough; the four especially indicated for the day cough are

Rumex crispus, Drosera, Cuprum and *Naphthalin;* the two for nocturnal cough, *Hyoscyamus* and *Passiflora incarnata.* Nearly all of these remedies are also found useful in whooping-cough. I will not enter into the question of the single administration, alternation or mixture of these remedies; practitioners should take the liberty of prescribing according to their experience.

Generally, at the beginning of an inflammation, the larynx and trachea are sensitive to cold air. Aggravation by warm air is exceptional; acute tracheitis, indeed, is nearly always benefited by heated air, and often a continuous warm indoor air, day and night, for one or two days, will singularly alleviate this trouble. If there is a typical remedy for aggravation by cold air, it is certainly **Rumex crispus,** of which all of our Materia Medicas give the following characteristic symptom: "The patient puts his head under the bedclothes to avoid breathing cold night air." Cough is irritating, incessantly tickling, and *much more continuous than paroxysmal,* this characteristic differentiating Rumex from similar remedies, such as Cuprum, and Drosera, which have more the spasmodic character of the cough. The irritation is generally caused by mucus in the trachea, occasioning a tickling behind the sternum. The

condition corresponds in every way to an acute tracheitis.

Cuprum has a spasmodic cough resembling whooping-cough; the spasms are so severe that the face becomes reddened and the eyes lachrymate: these phenomena are characteristic of Cuprum. The cough is relieved by drinking cold water.

I will not dwell here on **Drosera rotundifolia,** but reserve its special study for my article on whooping-cough. The drug, for the spasms of whooping-cough, is preferably given in homœopathic dilutions; contrarywise for continual tickling and irritation in the larynx and trachea, as in the cough of phthisis, we relieve preferably by either a low dilution or the mother tincture.

I wish to devote a little more time to the advantages of **Naphthalin** because it is less known, and for the fact that it deserves a place of honor in acute laryngo-tracheitis, as it does also in nearly all the spasmodic types of respiratory affections. The idea of employing Naphthalin in acute laryngo-tracheitis occurred to me from the use of this remedy in whooping-cough. As I will mention a little further on, quite a number of the cases of laryngo-tracheitis in adults are of the spasmodic type similar to true whooping-cough,

and, if they are not coughs produced by the specific organism of this cough, arise nevertheless from some species of colonizing micro-organisms on the coughing zones of the mucous membrane as in whooping-cough. Naphthalin acts sometimes like magic, granted, of course, that the patient does not spend all his time standing in water or walking in the snow! Naphthalin, with rest in bed, and a rather high temperature of the room, acts rapidly on the spasmodic element of the cough. If there is marked congestion, we must begin with 1x dilution, about ten drops a day; in many cases this dilution alone will quickly cure the spasmodic element: we may, according to the susceptibility of the patient, give it advantageously in smaller doses — 1st, 3rd or 6th centesimal. I have, for these spasmodic coughs, tried many remedies not nearly as valuable.

The cough most disagreeable and painful is the one which prevents sleep. The remedies just cited are as applicable to this night cough as they are to the day cough; nevertheless, for the nocturnal type there are especially indicated two remedies: **Hyoscyamus**, from the mother tincture, in nocturnal doses of from one to five drops, through all the degrees of the posological scale, to the real homœopathic dilutions, 1x, 1st, 3rd

and 6th centesimal, and much higher. Hyoscyamus has for its characteristic a cough, preeminently nocturnal, and worse in the horizontal position. **Passiflora incarnata**, which we nearly always give in the mother tincture, and in which the quality of the tincture plays the principal role, must be surely employed as the wild Passiflora and not as the one cultivated in the garden. As with Aconite, Arnica and a number of other plants, Passiflora loses its qualities if not grown in the proper soil. A very good way to give the drug, and one which, especially for the first few times, acts well, is in the mother tincture, especially when given on alternate nights.

Other remedies, used according to their individual characteristics, are also valuable.

Sticta pulmonaria corresponds to those cases of tracheitis in which the patient makes an effort to expectorate. In the therapeutics of laryngo-tracheitis, especially of genuine tracheitis, nothing is more difficult than to find a remedy which facilitates expectoration. The mucus is so difficult to detach that the patient coughs for some time to assist expectoration. For my part, I am still searching for the ideal remedy; and especially warn against an unfortunate medication that will increase the dryness. I will speak later

on of dry and the spasmodic coughs of bronchitis, and of catarrh of the bronchi. Of *Sticta* one of the characteristics is the following: nothing seems to ameliorate the cough; it is decidedly worse toward evening, or when the patient is fatigued. Inhalations, in these cases, are generally good, because they moisten the inflamed mucous membrane and facilitate expectoration.

At times there is felt in the trachea, behind the sternum, a sensation as of abrasion, and there is an accompanying cough. The alternation of *Kali bichromicum* and *Ipecac* quickly removes the sensation of excoriation, but I have rarely seen a tracheitis terminated by either remedy alone.

Hepar sulphuris acts well on the barking and ringing cough of laryngo-tracheitis, which barking and ringing indicates the integrity of the pulmonary exhalation or blow, the latter reacting powerfully on the reflex of the cough. Royal says that Hepar seems to have here, as in suppuration, a double action. It is useful for the dry, and also for the loose or moist cough. The dry cough is generally worse in the evening, the loose cough worse in the morning. The reason for difference lies in the change of atmospheric conditions, and in the patient's extreme sensibility to cold and cold air. If a draft of

air strikes the sufferer, or if part of his body is exposed and becomes cool, the moist cough with expectoration of mucus lessens immediately and turns into a dry cough, the paroxysms becoming more violent and of longer duration. Hepar patients always perspire when coughing (*Iowa Homœopathic Journal*). The remedy is also indicated by strangling when coughing (Dewey).

Causticum has a cough so violent that in women there is an accompanying emission of urine. I have often seen amelioration of the bladder symptoms without a coincidental disappearance of the cough. The urine emission is a symptom due to the shaking of the body during coughing, especially in multipara, and in cases where there has been an injury to the pelvic floor.

The following division is useful: With *Belladonna, Cuprum, Spongia, Sticta* and *Causticum* we may advantageously use as a local means a compress of cold water applied around the neck, renewing when the compress becomes dry. These remedies are applicable to people who are benefited by the Kneipp system (System of Hydrotherapy). On the other hand, *Aconite, Hepar, Rumex* and *Phosphorus* are the remedies which

succeed far better in conditions which are ameliorated by heat.

GRIPPAL LARYNGO-TRACHEITIS deserves a special description. It is accompanied by general aching, by fatigue, headache, fever, chilliness and the usual phenomena indicating an infectious state, but all more marked than in the ordinary cold. Constitutional symptoms of general weakness and muscular pain serve to differentiate grippe. **Eupatorium perfoliatum** 6th renders inestimable service in grippal pharyngo-laryngo-tracheitis. There is a little sore throat, hoarseness and cough accompanying the general symptoms of grippe. Often, in these cases having pronounced general symptoms, I alternate **Rhus radicans** 6th with **Eupatorium perfoliatum** 6th. Simon has greatly praised Sticta 2nd or 6th in grippal tracheitis.

The following is a characteristic symptom of the grippe: the cough shakes the head, and the patient is obliged to hold his temples to relieve the headache momentarily provoked by the shaking of the cough; I have rarely seen *Petroleum* 30th fail to act promptly, for a time, on both the cough and headache. Some authors here advise *Bryonia*, but I myself, if we diagnose a tracheitis, prefer Petroleum.

CHRONIC LARYNGITIS AND TRACHEITIS.

This subject is particularly difficult to elucidate, because there are some forms of laryngitis and tracheitis in which therapeutics have as yet accomplished little. I have in mind now a professor of laryngology with a chronic tracheitis which he has tried in every way, and thus far unsuccessfully, to cure. The disease is almost a professional one: physicians so often in unhealthy surroundings, and being exposed to numerous infections, are the first victims of the various contagions. A physician of Ems remarked to me, that in France arthritism had been accused of being an occasional cause of these throat conditions. My German colleague was partly right. The grippe, this troublesome infection, has turned upside down the pathogenesis of respiratory affections, and never has tracheitis been more frequent than since the epidemics of grippe. The whooping or spasmodic cough of adults, as well as other forms of acute laryngotracheitis which do not heal completely, are more dangerous than arthritis or gout. A chronic rhinitis which necessitates mouth breathing, or, in professionals, overwork of the voice, keeps up

the chronicity of the disease, and certainly deserves our attention. There is an intimate relationship between the naso-pharynx, the larynx and the trachea: and this chapter on chronic laryngo-tracheitis cannot be complete without including the one on chronic pharyngitis, the two chapters treating of remedies that are similar in character.

After my having first insisted on the precept *"primo non nocere,"* and having advised not to aggravate the chronic laryngitis by the trial of various remedies, like mineral waters in large quantities, or harmful topical applications, I will mention some remedies more particularly advised in chronic laryngitis. Every acute phase of a chronic condition necessitates remedies the same as those for an acute condition.

One of the first needs in treatment is complete rest of the vocal organ; silence is a valuable adjuvant to all other measures. Dust particles, breathing cold air directly into the larynx when the mouth is open during sleep, the use of tobacco or alcohol, etc., must be avoided.

In the SIMPLE OR CATARRHAL FORM of chronic laryngitis, the hoarseness, generally moderate in character, is more marked in the morning and evening than during the day. *Manganum:*

hoarseness worse in the morning. A remedy for weak and anemic persons. *Selenium:* especially in men, if there seems to be a connection between the condition of the throat and the genital organs. *Carbo vegetabilis:* chronic laryngitis of aged persons or those who are poorly nourished; weakness of the vocal cords. *Calcarea carbonica* or *hypophosphite:* chronic cases with painful cough, especially nocturnal cough; habitually *cold extremities*. *Argentum nitricum:* chronic laryngitis of singers, inflammation and swelling of the posterior wall of the larynx, with sensation of obstruction in the throat. *Iodum* has a unilateral sensation of a fish-bone or other foreign body. Pressure at this point is painful, and provokes the paroxysms. I have verified this latter symptom with Iodum 100th. *Spongia* has the whole region of the larynx clearly sensitive to the touch. *Stannum* is one of the best remedies for abundant muco-purulent expectoration. *Argentum metallicum* has been advised for pearly expectoration, or expectoration having the appearance of "boiled starch," an expression often used to explain the characteristic sputum (glandular hypersecretion). For these symptoms, however, I prefer *Arnica, Antimonium crudum* or *Graphites*.

GRANULAR OR FOLLICULAR LARYNGITIS follows

or is associated with the preceding form. It is especially observed in women, as a result of fatigue of, or overwork of the vocal cords. It is characterized by a peculiar sensation of dryness, irritation and tickling. *Wyethia helenoides* facilitates the expectoration and diminishes the dryness. *Sanguinaria* has a similar effect. Some one in our School has strongly recommended *Iodum* as useful in laryngeal and tracheal ulceration; also the salts of Iodine, such as *Kali iodatum,* especially if there is a syphilitic history. *Sulphur,* in infrequent doses, for persons having great sensitiveness of the skin. Hahnemann recommended Sulphur in chronic laryngitis following the suppression of superficial skin eruptions. *Phosphorus* is a laryngeal remedy which may render the greatest service, but must be given with extreme care, being likely to produce aggravations. Lilienthal has indicated the remedy in irritable weakness of the vocal organs (see Anemia of the Larynx).

For TUBERCULOUS LARYNGITIS: *Arsenicum iodatum,* given for an extended period. *Drosera* in mother tincture as a palliative for the tickling cough. *Selenium,* sufficiently recommended. *Stannum,* for abundant purulent expectoration. *Apium virus,* for edema (see *Edema* of the

Glottis). *Manganum, Kreosotum, Ipecac* (aphonia). For tuberculosis in general, see pulmonary tuberculosis.

PERTUSSIS.

(Whooping-Cough.)

Homœopathy has an old reputation in the treatment of whooping-cough: we are often called as medical consultants even to families who do not habitually employ this method.

It is in the spasmodic period that our treatment is especially effective. I am one of those who do not believe (at least for the present) in preventives of whooping-cough. In children having a premonitory cough, whooping-cough, with rare exceptions, is inevitable. I will nevertheless devote a little space to our nosode "Pertussin," with the hope that its recommendation will prove a means of prevention.

Pertussin or *Coqueluchin* is taken from the glairy and stringy mucus containing the virus of whooping-cough. The mucus mentioned forms the base for the homœopathic dilutions. J. H. Clarke, of London, published in 1906 a small pamphlet, "Whooping-cough cured with Coqueluchin," in which he cites fourteen cases of

whooping-cough, or coughs simulating whooping-cough, treated with brilliant success by means of the nosode of the disease. In these fourteen cases he uniformly employed the 30th centesimal dilution, and generally repeated the dose every four hours. Some homœopaths do not favor these repeated doses of a nosode for all cases. Many recommend the nosodes in infrequent doses, sometimes in a single one, and not repeated for many days. Clarke does not mention a work preceding his own: the book of Collet on Isopathy, a work which cites cures of whooping-cough with the 6th alcoholic attenuation of the secretion of a whooping-cough patient.

At any rate, certain observations from Clarke's book are taken *in the beginning* of whooping-cough (all remedies are good in the declining period of the disease) and we have reason to think that there is some benefit derived from the nosode. Clarke's eighth case is particularly instructive. In the premonitory period of the whooping-cough, that is, in the period of the common cough which creates fears of whooping-cough, without the possibility of an affirmative diagnosis, Master R., aged six, was treated with *Coqueluchin* 30th centesimal (x globules in solution given in English posology 3-viii; one des-

sertspoonful every four hours). *The "whoop" only lasted a day or two.* This fact, if the connection is confirmed by further experience, may prove important, because, even though Keghel sees in *Aconite* a preventive, we do not know any remedy or any treatment able to prevent the infection. Will the nosode of whooping-cough, administered in the premonitory period, be sufficient to prevent or at least to modify the disease? Future results will tell. I have not had sufficient experience to judge. All I can affirm is that recently a little patient began to cough, and coughed for twelve days, causing the parents to believe the child had whooping-cough. On the twelfth night they, the parents, were awakened by the characteristic "whoop" in the child's cough, and felt certain that the child had whooping-cough. By chance I prescribed a dose of *Pertussin* 100th, the mother renewing the dose on the following day. At the expiration of two weeks I visited the mother for an affection peculiar to her. The little one had fully recovered; after taking two doses of Coqueluchin the child had ceased coughing. I present this single and extraordinary case for what it is worth! Pertussin should, at any rate, like *Diphtherinum,* or antidiphtheritic serum, and like most of the no-

sodes, be tried especially in the beginning of whooping-cough, or perhaps when we suspect the latter during the questionable period of common cough.

Some observations of Clarke show that when the nosode has been administered in the whooping period there results an evident shortening in the duration of the disease. Other cases do not appear to be influenced by the remedy. Clarke at the end of his book gives some predominating symptoms of *Coqueluchin,* relative to spasmodic coughs and coughs accompanying LARYNGO-TRACHEITIS, both of which classes simulate whooping-cough, the nosode acting in these cases according to the homœopathic law.

In trying to discover if there were other similar facts published on Pertussin, I have, since the book of our English confrère, published in 1906. read the excellent *Belgian Journal of Homœopathy.* I have found only two observations, by Duprat, of Geneva, supported by the experiences of Nebel. As we may see, the balance-sheet is as yet meagre, and our experience with the remedy needs careful scrutinizing. In Spain, Pinart also has advised the remedy.

Now that we have finished these few remarks on Isopathy, let us pass to the classical treatment

of whooping-cough, limiting ourselves to a mention of the remedies that are most reputable.

Corallium rubrum, Cuprum, Drosera, Naphthalin and Passiflora, given during the characteristic whooping period, will cure nine-tenths of the cases of whooping-cough.

Let us begin by the best known remedy: **Drosera rotundifolia.** Repeated experience of many generations of homœopaths continues year after year to confirm the superiority of the Hahnemannian doses over the physiological fifty or sixty drops of the tincture of Drosera employed by old school physicians. I have for some time used with advantage even a mixture of dilutions of Drosera 6th, 12th and 30th in the same vial: an application of the new facts concerning the divisibility of matter. **Corallium rubrum** 30th surprisingly resembles its auxiliary, Drosera. We owe to the celebrated Dr. Teste the valuable knowledge of Corallium rubrum 30th, in whooping-cough. As preparations in our work, the red coral, triturated for a long time with sugar of milk, is used for the lower attenuations, then diluted with alcohol for the higher dilutions. "What humbugs are these homœopaths!" say our adversaries, "they pretend to make dilutions from an insoluble substance!" Modern re-

searches of the divisibility of the molecule have ended these sarcasms. Our remedies, finely triturated, acquire a molecular division equal at least to the colloidal states, and it is on this principle that we claim to be able to introduce insoluble substances into the therapeutics of infinitesimals. The alternation of Drosera and Corallium in the spasmodic period generally succeeds well.

Cuprum 6th or 30th has many charateristics. The convulsive element predominates. The child's face becomes red, the eyes lachrymate; the spasmodic appearance is marked;—if one apprehends convulsions, or if they already exist, Cuprum is urgently demanded; the characteristic convulsions have the fists contracted, with the thumbs under the fingers. Some writers have advised *Cuprum aceticum* in the place of *Cuprum metallicum* when the latter proves unsuccessful.

Naphthalin, one of the most recent remedies, is rapidly acquiring a prominent place in the treatment of whooping-cough. We generally give the low dilutions, from the 1x, which is filtered, on account of the formation of thin layers of deposited Naphthalin, to the 2x, the 3x and the centesimal scale, 3rd and 6th. We sometimes use the triturations instead of the dilutions.

Passiflora incarnata, in mother tincture, is a

useful nocturnal remedy. It may be given immediately after the spasm in doses of two or three drops. Even though without the specific action of the preceding remedies, the remedy renders service, making the nights more endurable by inducing sleep in the child, and, incidentally, in the parents.

The effect of our remedies varies. When the cough has reached the period of marked whooping, or spasms, that is, toward the tenth or twelfth day, and homœopathic treatment is commenced, we often see an early diminution of the spasms, proof of the undoubted action of the remedies. Treatment instituted in the beginning of the spasmodic stage generally lessens the intensity of the disease and renders it supportable; but rarely checks it from the beginning. I have, however, seen whooping-cough last only eight days; other cases persist indefinitely. As long as a remedy succeeds in diminishing the number or intensity of the spasms, there is no reason for changing it; but if the cough remains stationary, we may advantageously select, from the five mentioned, a new remedy; and have every chance of shortening the disease or, in the fully developed period, of modifying it.

The remedies in the following short list are of

equal value, and correspond by preference to a pathognomonic sign. *Ipecac,* nausea and vomiting; I have, in my "Epitome of the Therapeutics of the Digestive Organs," also advised the necessity of lessening the spasms, especially if we wish to diminish the vomiting. *Coccus cacti:* excessive secretion of mucus choking the child, especially in the morning. *Cina:* gurgling in the esophagus after coughing; paroxysmal cough with sensation as if mucus adhered to the larynx. *Arnica:* spitting of blood, or sub-conjunctival hemorrhages. *Magnesia phosphorica:* one of Schuessler's remedies, especially useful in convulsions (Dahlke). *Ambra grisea:* eructations and regurgitation during the spasms. *Mercurius corrosivus:* marked double spasms. *Mephitis:* often employed in foreign countries. *Ambrosia artemisiæfolia,* in mother tincture: sometimes very useful for terminating the spasmodic period.

If the spasmodic period has been controlled, the third, or catarrhal period, will be much shorter. Few are the remedies for this period: unless there are complications, it is the end of the infection. I must confess that we have rarely had occasion to employ our remedies for the spasms, in a long catarrhal period. Nothing, however, predisposes more to obstruction of the

bronchi, to circulatory weakness, to passive or acute congestion, and to broncho-pneumonia, than the sedatives of the Old School.

There are in this connection errors that can never be overcome in the mind of the public: the first is, that change of air is useful. It is one of the most effective means of prolonging the disease. In the spasmodic period of whooping-cough, in summer as in winter, there should be no change of temperature, no exposure to drafts, and no breathing of dust into the larynx of the patient. The child must live in two equally heated rooms, aired alternately. The second error is, that whooping-cough is a child's disease exclusively. I here desire to insert a brief paragraph on the WHOOPING-COUGH OF ADULTS. We often observe in laryngo-tracheitis of adults, including old persons, that form of spasmodic cough which is nothing less than whooping-cough and certainly contagious. The larynx, from about the age of fifteen, is sufficiently developed to prohibit the whoop or crowing sound so characteristic of the child's cough: this fact the good public has never been able to understand. I well remember a grandmother taken with a so-called nervous cough, a cough which resisted all sedatives, and which passed through the regular

stages of whooping-cough, lasting five to six weeks; but the most interesting and curious fact was that the patient's grandson, who, on account of the severe winter, never went out of doors, and who had never been in contact with a person having whooping-cough, came down with a sharp attack of it. I was never able to convince the venerable lady that she gave the disease to her dear grandson!

The researches of Genou and Brunard have, by means of the Bordet-Genou reaction, verified the existence of whooping-cough in adults. Delcourt, using the same reaction, disclosed, during the course of an epidemic of whooping-cough in Belgium, the existence of many cases of imperfectly developed whooping-cough in coughing children who were not suspected of having the disease, and showed its existence even in some of the teachers, these teachers, not suspecting they had the disease, going about and infecting all the school children with whom they came in contact.

The homœopathic treatment of whooping-cough in adults is similar to the treatment of the spasmodic forms of laryngo-tracheitis. A differential diagnosis is almost impossible: only the bacteriological diagnosis can decide the ques-

tion. Let us note that **Naphthalin,** already mentioned in infantile whooping-cough, becomes perhaps the principal remedy for the disease in adults. The latter having shorter rest periods between the paroxysms than have children, *Rumex,* likewise, is useful in this continual cough.

DISEASES OF THE BRONCHI, OF THE LUNGS AND OF THE PLEURA.

Summary: — Acute bronchitis or tracheo-bronchitis. — The catarrhs of the bronchi: dry catarrh, mucous catarrh, fetid bronchitis, pseudo-membranous bronchitis. — Homœotherapy of the tuberculins. — Bronchitis of diathetic individuals. — Bronchitis in the aged, in children. — Broncho-pneumonia. — Congestion and pneumonia. — Asthma. — Pleurisy. — Pulmonary tuberculosis. — General considerations on the progress of homœopathic therapeutics.

SIMPLE ACUTE BRONCHITIS.

(Cold on the chest, tracheo-bronchitis.)

In normal states the bronchi contain a great number of micro-organisms, of which the virulence is neutralized by numerous and varying means of defense: the mucus, the vibratile action of the ciliated epithelium, the leucocytes, the defensive properties of the large flat cells of the alveoli, and the very powerful action of the macrophagocytes. To me, in addition, the in-

fluence of cold air, of a coryza or a "cold on the chest" on the activity of the virulence of aforementioned micro-organisms, though not yet proven, is incontestible. There is, finally, in nature a series of exogenetic micro-organisms which may develop a true inflammation of the respiratory tract. The first of these organisms is without doubt the organism of the grippe.

The conformation of the bronchi nevertheless permits the clinical differentiation of two types of bronchitis, distinct in appearance. Of the bronchi, the large and medium, together with the trachea, all of which often participate in the inflammation, have walls much more resistant to microbic infection than have the small bronchi and give few reactionary phenomena; the small bronchi, on the contrary, in their fine ramifications, intimately connected with the pulmonary alveoli, possess more extensive endosmotic properties, are much more easily penetrated, giving way to infectious phenomena characterized by high temperature and a grave general condition. Hence the necessity of studying separately tracheo-bronchitis. As the fine or capillary bronchitis and broncho-pneumonia so frequently coalesce, it certainly seems logical to speak of both in the same chapter.

Acute bronchitis may be primary, that is, originating in the bronchi; this is frequently seen in persons predisposed to the disease. Often the affection is due to a cold, which latter, having commenced in the nose, descends consecutively and unchecked to the larynx, the trachea and the bronchi, sometimes being stopped only by the last barrier, the lungs, and there ending in pneumonia.

The indications of Aconite and Belladonna at the beginning of simple acute bronchitis, and even rather before it, remain the same as those which I mentioned for the beginning of laryngo-tracheitis. I cannot do better than refer the reader to page 106.

When the cold is first noticed, the mucous membrane is usually dry, swollen, and inflamed; it is the congestive period. Expectoration is nil. At this time, when dryness of the mucous membrane is more marked than secretion, let us recall the characteristics of **Bryonia**, a remedy adapted to all the mucous membranes. In all intestinal conditions, except in the toxic form, where Bryonia has a tendency to diarrhœa, we observe the same dryness that we have in the bronchial epithelium. To this fact is due the legendary reputation, in our School, of the ac-

tion of Bryonia for ripening colds, that is, for favoring the bronchial secretions or rather hypersecretion. Without doubt, the patient finds relief when he can expectorate more easily, but I will show the disadvantage of this relief. Colds, especially if they are benign, do not all terminate in a looseness or, as otherwise expressed, in a morbid secretion. To increase the hypersecretion of the mucous membrane every time a person takes cold has a tendency to render it more feeble, more permeable, and more susceptible to future attacks. In this fact lies my objection to expectorant remedies. On the other hand, I feel no hesitation in stating that in the beginning of a slight bronchitis, simply quieting the reflex cough center to prevent more extensive congestion due to the efforts of coughing, is a prudent procedure, and one which must be accepted by all schools. Sometimes, this quieting alone will suffice; if not, we should encourage the quick and full development, or mature period. It would be difficult to find a remedy which has more proofs than has Bryonia of ripening a bronchitis! The remedy corresponds especially to the ordinary case due to taking cold. In my "Epitome of the Therapeutics of the Digestive Organs," on page 54, I mention the usefulness of Bryonia in

"colds of the stomach," and especially in rheumatism of the stomach. Conditions identical to those of rheumatism of the stomach are present in bronchitis, and Bryonia suits particularly the bronchitis *caused by cold*. The provings show, by records of poisoning with Bryonia, congestion and redness of the trachea and of the first ramifications of the bronchi. Bryonia is a remedy for robust, congestive constitutions with a tendency to inflammatory rheumatism. Tickling in the region of the sternum, at the bifurcation of the trachea, is a characteristic indication. Bryonia has also a characteristic tongue, red around the edges, rather dry and pointed; the foul tongue is not in the remedy's sphere of action. Furthermore, it has aggravation of the cough in passing from the outside cold into a warm room (G. Royal); also shaking of the head and chest when coughing. I have found the drug much less certain in infectious bronchitis without the appearance of a cold, as in grippe. Perhaps Bryonia is more efficacious in cold, damp countries, as in Holland, where Voorhoove considers it the principal remedy in that form of grippal bronchitis in which the cough jars the head. (See *Grippal laryngitis.*) But in our climate, where an epidemic appears in rather mild and damp weather, I have

never in grippal bronchitis seen the remedy act favorably. A number of homœopathic physicians find in Bryonia a powerful agent for increasing the secretion of the large bronchi, using with this an alternate remedy which dries while Bryonia is maturing the cold. I believe in the utility of these alternations, and will mention three that stand at the head of the list: 1st. the alternation of *Bryonia* and *Hepar sulphuris;* useful especially for children. I will not repeat here the indications for Hepar, as I gave them when speaking of tracheitis (page 113); 2nd. the alternation of *Bryonia* and *Phosphorus. Phosphorus* has two marked aggravations: by talking, laughing, or singing (see Anemia of the larynx, p. 99), and by going from a warm room into the cold air; 3rd. the alternation of *Bryonia* and *Ipecac.* In the latter alternation I often advise beginning with two doses of Bryonia to one of Ipecac, in this way preventing too quick drying of the secretions. *Ipecac:* the cough is insufficient for dislodging the mucus of the bronchi, and we hear wheezing in the chest. In acute cases these indications are valuable. Ipecac corresponds to the period of secretion (coction period), and its principal sphere of action is *the large and medium bronchi.* It facilitates the expulsion of

bronchial mucus, the expectoration being to some extent muco-purulent. The effect of expulsion gives rise to the popular expression, "Ipecac loosens the sputum." The alternation of Bryonia and Ipecac is to be recommended, preferably, in the medium dilutions, 6th, 12th or 30th.

In the second period, or PERIOD OF SECRETION of the ordinary cold, the cough is easier and less frequent: it is the end of the cold. Often by giving less frequent doses of aforementioned remedies, we terminate the cold without changing the drug. IF THE PERIOD OF SECRETION, HOWEVER, HAS A TENDENCY TO BE PROLONGED, we must be careful in the choice of new remedies, some drying too much, without healing the mucous membrane, others increasing the secretion or hypersecretion. My experience leads me to avoid all sorts of remedies having too pronounced action, and thus leading to inflammation. Prolongation of the cold is often due to the individual's lack of reaction, or, in modern language, to his phagocytes being defective. Constitutional remedies in these cases sometimes have more value than the symptomatic ones. The *Calcareas* are here especially valuable in children, as are also the arsenical preparations, such as *Arsenate of soda.* In adults we must search for

the cause of the defective reaction. (When a bronchitis lasts over six weeks, be suspicious of an incipient pulmonary tuberculosis.—C. A. W.) Sometimes a person has one cold immediately after another. I refer the reader to the chapter on moist catarrh, wherein I will fully discuss the homœotherapy of the tuberculins. Sometimes we must examine the stomach, sometimes the heart, at other times, and thoroughly, the general condition. Rest in the open air, often absolute quiet (amount of exercise very important), hygiene and a supporting diet, and avoidance of all congestive drugs like iron, and all irritating tonics, will finally result in complete recovery. For terminating the bronchitis, **Alumina,** according to Raue, follows very well the use of Bryonia.

CATARRH OF THE BRONCHI.

(Bronchial catarrh.)

It is difficult to place a limit upon what we understand by chronic bronchitis. To illustrate, we say of a patient that he has chronic bronchitis when he has a cough in the winter (winter cough), and not when he has it in the summer. When did the acute bronchitis terminate, and the chronic begin? Often the patient attacked with

chronic bronchitis has as a predisposing cause emphysema, sclerosis, arthritis (gout), disease of the heart and kidneys, or some special condition acquired through inheritance. A person with any of these chronic troubles may suffer from a series of acute phenomena, from which he does not recover entirely, rendering him sensitive to climatic changes, to cold and damp weather and to other conditions.

The CATARRHS OF THE BRONCHI, ACUTE OR CHRONIC, ARE TREATED ACCORDING TO THE APPEARANCE OF THE SECRETION, PRESENTING ABOUT FOUR VARIETIES: 1ST. DRY CATARRH; 2ND. MUCOUS AND PITUITOUS; 3RD. FETID BRONCHITIS; 4TH. PSEUDO-MEMBRANOUS BRONCHITIS.

In DRY CATARRH OF THE BRONCHI, first place is occupied by spasmodic cough and dyspnea. The bronchial mucous membrane is swollen; viscosity of the secretion renders the sputum more adherent; the air passages are more contracted. The patient is usually dyspneic, and only after hard spasmodic coughing does he succeed in raising some of the thick, tenacious mucus which has obstructed the bronchial tubes, principally those of the third or fourth order. The most prominent symptoms in auscultation are whistling inspiration, *accompanied by sibilant rales, high*

pitched in quality; these rales are in most cases scattered. Rarely do we find bubbling rales. This form of acute or chronic bronchitis, a dry catarrh is the most frequent type, especially in winter. We will devote more time to it from the standpoint of therapeutics.

It is by repeated observation, leaving no room for doubt or exception, that I have confirmed the remarkable virtues of **Naphthalin** in these different forms of bronchitis, forms in which the spasmodic element is associated with tenacious expectoration and with oppression, forms so often rebellious and difficult to cure; in a word, dry catarrh of the bronchi. Naphthalin seems the homœopathic remedy which corresponds the best to the form of bronchitis for which the old school so often prescribes the Iodides. I feel no hesitation in saying that in a number of cases Naphthalin is superior even to the Iodides. I cite here a typical case from among fifty or more: an old man, truly emphysematous, also bronchitic, had suffered for many years from nightly oppression accompanied by wheezing in the chest, and, because of shortness of breath, from difficulty in walking. The wheezing during the night was so loud that his wife could hear it; the thick expectoration was so difficult to detach, that the fits

of coughing brought an ecchymosis of the eye. The only remedy that gave relief was Iodide of Caffeine. I prescribed *Naphthalin* 6th and *Grindelia* 6th in solution, the patient receiving every week ten drops of each remedy. Improvement followed immediately, and was progressive; in three weeks there was a complete change. The patient began sleeping the entire night through, a thing which had not happened for many months; his wife was unable to hear the wheezing during his sleep; he scarcely expectorated at all. This case is not an isolated one; I mention it as a type of the disease. This winter, to Dr. Vannier's dispensary patients, persons living under the most deplorable hygienic conditions, and obliged to earn their living in all kinds of weather, I have given Naphthalin 6th in either alternation or mixture with Grindelia 6th. It is rare not to obtain a complete cure, or to see marked improvement, by the use of these two remedies. In persons presenting frequent and lasting symptoms of bronchitis, with spasmodic cough, oppression and difficult expectoration, as shown by disseminated sibilant rales on auscultation, in individuals of this kind, I say, it is rare not to obtain a complete cure by the use of the two remedies I have cited. Nearly all of my records include the following symp-

toms: oppression and disseminated sibilant rales, a few everywhere; shortness of breath in walking; dyspnea and wheezing at night; painful spasmodic cough, with difficulty in dislodging the sputum; emphysema. In general, bilateral bronchitis; I have, however, had occasion to treat successfully a clearly unilateral bronchitis, in which I suspected tuberculosis. Naphthalin does not generally correspond to bronchitis involving the bases of the lungs, with hypostatic congestion; nevertheless, I have obtained satisfactory results, even in this hypostatic bronchitis, in cases having spasmodic cough. I have advised for whooping-cough and acute laryngo-tracheitis, Naphthalin in low dilutions, 1x filtered, or the 1st centesimal; but for the bronchitis that I have described I prefer the higher attenuations, and nearly always use the *sixth centesimal dilution.* Mossa in a study of Naphthalin published in the *Allg. Hom. Zeitung,* of 1903, gives as the principal indications the spasmodic affections, asthma, whooping-cough, hay-fever, pulmonary tuberculosis, spasmodic cough,etc.

Lilienthal, in his list of remedies for PULMONARY EMPHYSEMA, says regarding Naphthalin: "Thorax fixed while inhaling, respiration ten to twelve per minute; attacks of dyspnea with great

oppression of the chest; some amelioration by violent movements of the arms and of the upper part of the body." Properly speaking, there is no remedy for pulmonary emphysema. Emphysema is an acquired lesion; the individual has his chest more or less rounded, or barrel-shaped, and a prolonged respiration. Therapeutics intervene only in the accidents of emphysema, and of these bronchitis is the most frequent. EMPHYSEMA, AS PULMONARY SCLEROSIS OF OLD PERSONS, is an open door for what we have been in the habit of calling chronic bronchitis, but what is in reality neither acute nor chronic. The patients, as Ferrand has well said, are persons who have attacks of acute bronchitis associated with chronic bronchitis; the attacks being acute exacerbations of their chronic condition. The early administration of Naphthalin in homœopathic dilutions, in the acute attacks, will nearly always benefit this type.

Very often, in these more or less chronic cases of bronchitis with or without emphysema, in which the mucous secretion produces violent attacks of coughing, there is a weakening of the heart, adding a new factor to the trouble. In this condition of heart weakness it is my custom to combine **Grindelia robusta** with Naphthalin.

From recent works on Therapeutics, Grindelia is credited as exercising a very powerful influence on the lesser circulation. In toxic doses, **Grindelia,** by its action on the pneumogastric nerve, paralyzes the muscles of respiration, giving rise to symptoms which render this drug useful in asthma and certain forms of bronchitis. Grindelia shows an equal physiological influence on the heart, at first in accelerating the pulse, and afterward in retarding it. It first raises the blood pressure, then diminishes it (*Forbusch. Journ. of Therapeutics and Dietetics,* February, 1909). In all respiratory troubles the principal indications of Grindelia are: The patient cannot breathe lying down; is awakened by a sense of suffocation, and makes an effort to get his breath. Heart and lungs are equally weak. Grindelia relieves the condition of the two organs. Clinically we possess in *Grindelia* an efficacious remedy for removing in bronchitic individuals the wheezing and oppression of certain pathological conditions. The sibilant rales are disseminated with a foamy mucus, very difficult to detach, and not in the least resembling the green or yellow expectoration of *Tartar emetic.* Grindelia has more glandular hypersecretion, and Tartar emetic has more changes of the mucous membrane. There

is no doubt that Grindelia acts on the pulmonary circulation. The 6th centesimal is the dilution I have always employed.

THERE ARE FORMS, VERY ACUTE AND SUFFOCATING IN CHARACTER, in which the patient pleads for an expectorant: "Make me expectorate, doctor, I am suffocating!" These cries of alarm are especially made by persons excessively fat, with weak hearts, who wheeze and feel suffocated. The salts of Ammonia, and particularly the Carbonate of Ammonia, **Ammonium carbonicum,** have in these acute forms shown their superiority over the salts of Antimony and other expectorants. A number of our colleagues prescribe *Ammonium carbonicum* in low attenuations; from the 1st to the 3rd. I give it in material doses. *Ammonium causticum* also has been praised for accumulation of mucus with incessant coughing.

IN HUMID OR MOIST CATARRH OF THE BRONCHI, the most prominent symptom is the abundance of the expectoration; the cough is less frequent without the spasmodic element, and always loose. Expectoration is more abundant in the morning. This moist catarrh has four varieties of expectoration. Sometimes it is frothy, stringy and transparent, resembling the white of

an egg (pituitous catarrh), sometimes it is yellowish, thick, and muco-purulent (mucous or muco-purulent catarrh).

The PITUITOUS CATARRH OF THE BRONCHI is the result of a glandular hypersecretion. The anatomical changes affect especially the glandular elements, and most of all, the region of the large bronchi.

Kali bichromicum has been especially praised by Richard Hughes, as having an effect which renders the glandular expectoration less tenacious. The remedy corresponds well to the pituitous catarrh, where the secretion is similar to the beaten white of an egg; at other times the sputum is stringy, almost to the extent of necessitating the use of the finger to remove it from the mouth. The trouble seems to start in the epigastrium. These are cases well suited to the Bichromate of Potash; my experience leads me to give the remedy, especially in chronic cases, in somewhat high dilution, 30th centesimal, rather than in low triturations. Is Kali bichromicum able alone to cure a pituitous catarrh? Yes, if the case is recent; no, if the case is chronic. Often the chronicity is kept up by some diathesis; and I refer the reader to the article on bronchitis in diathetic individuals. *Senega,* with oppression; *Coc-*

cus cacti, spasmodic morning cough on cleaning the teeth; *Sanguinaria, Ammonium carbonicum*, and *Alumina* have the expectoration particularly viscid and tenacious. *Drosera, Laurocerasus, Mercurius, Hepar* (opaque in morning, mucous at night), *Natrum arsenicosum, Antimonium arsenicosum, Aurum* and *Cactus* have the sputum purely mucous.

Often, in practice, we observe mixed forms, expectoration part of the time epithelial, and part of the time glandular. In severe diffuse bronchitis, the sputum is composed of transparent, adherent mucus, with large striated bubbles. The expectoration adheres to the vessel, and the latter can be turned upside down without spilling. For these symptoms **Kali bichromicum** is one of the principal remedies. Sometimes the sputum is lumpy or in fragments. The sputum resembles boiled starch, with little black particles and comes from the larynx and trachea: *Argentum metallicum, Arnica, Antimonium crudum, Graphites* and *Aurum* have pearly sputum, also resembling boiled starch, but the bronchial secretion, especially at the end of the inflammation, is stringy and lumpy, coming from the glands. All the Calcareas are indicated: *Calcarea carbonica. Calcarea sulphurica, Calcarea causticum*

(Chargé); *Chelidonium, Badiaga, Kali carbonicum.* The sputum may even contain concretions, and Chargé has mentioned for this condition *Sticta pulmonaria.*

When there is little epithelial desquamation, but an intense glandular hypersecretion, with associated phenomena of exosmosis of blood serum, we may, for this condition described under the name of BRONCHIAL HYDRORRHEA (similar to nasal hydrorrhea), prescribe, watchful of the doses, **Arsenicum.** The expectoration resembles foamy water, and is sometimes very abundant. *Kali iodatum* in small doses is, in its reactive phenomena, similar to Arsenic. With *Nux vomica* the sputum is white in color; the remedy suits the neuro-arthritic temperament; it is quite useful in another form, the pituitous bronchitis of alcoholics, with stringy expectoration, partly bronchial and partly stomachal. *Hydrastis* and *Aconite* have also glandular or watery hypersecretion.

It is only a step from this bronchial exudation to PERIBRONCHIAL EDEMA. In the latter our attention should be directed not to the lungs but *to the heart.* When the expectoration becomes more and more albuminous, it is necessary to immediately relieve the stasis of the pulmonary circulation by heart tonics. Digitalis is employed in

young persons, according to the characteristic indications of the remedy, but in old people we advise preferably *Caffeine, Iodide of caffeine, Cactus grandiflorus, Grindelia, Strychnine, Strophanthus,* etc. If the pulmonary edema seems to arise more from a general condition than from weakness of the myocardium, and if the edematous rales are generalized all over the chest, **Apium virus** is the first remedy to try, then, if necessary, the following: *Senega,* **Antimonium tartaricum,** *Phosphorus, Arsenicum* and *Sanguinaria. Antimonium tartaricum* has particularly edema concomitant to hypostatic congestion; it is a peribronchial and localized perialveolar edema. *Phosphorus* is indicated in the pulmonary edema of Bright's Disease or Scarlet Fever. Finally, in the acute phenomena, we must not forget *Ammonium carbonicum* and blood-letting.

MUCOUS CATARRH OF THE BRONCHI is characterized by a thick muco-purulent expectoration which is the product of the softening and liquefaction of the respiratory epithelium. In these changes of the mucous membrane — changes extending to the connective tissue — there is an abundance of bacterial flora in which are found most frequently the principal organisms of pus, the streptococci, pneumococci, etc., without enu-

merating the species of secondary importance. Two remedies, Ipecac and Antimonium tartaricum, are useful in these muco-purulent types. As MacNish has well said: if the large and medium bronchi are attacked, we choose **Ipecac**; if the finer bronchi are involved, **Antimonium tartaricum.** These two remedies have no microbicidal action whatever, and are another instance of the superiority of certain medicines acting on the tissues and not antiseptically. The sphere of Ipecac extends from the larynx to the bronchial ramifications. The chest is full of rales; but there remains enough vitality for an effort at expulsion. Tartar emetic has a more extended sphere of action; it acts upon the finest bronchial ramifications and upon the pulmonary alveoli. And how does it act? Through the nerves. In toxic doses it is a depressor of the heart; it produces a motor and sensory paralysis, abolishing reflex activity. The remedy, therefore, according to the law of similars, must be a typical remedy for vago-paralytic forms of broncho-pulmonary congestion. The clinic has endorsed the preparation for a century! There is in the fine broncho-pulmonary ramifications of the lungs a constant accumulation of mucus causing difficulty in the circulation of the blood (lesser cir-

culation), and a weakness of the heart. In this condition we again find Tartar emetic a remedy of the first order. Hypostatic congestion a consequence of a muco-purulent catarrh, whether in a child, an adult, or an old person, will always be benefited by Tartar emetic in homœopathic doses. When does it cease to have a favorable action? When the heart is more involved than the lungs. Under these circumstances the remedy must be replaced by cardiac tonics. In bronchial catarrh in general, I advise associating *Ipecac* with another remedy, or lengthening, as soon as the remedy commences to act, the interval between the doses. I do the same with *Antimonium tartaricum*. It is not advisable to have these remedies dry too quickly an epithelium that is still ulcerated. We must give the epithelium time to be repaired. *Antimonium iodatum* has been praised by Goodno. *Antimonium arsenicosum* also is useful, and corresponds to the dangerous types of capillary bronchitis (Dewey).

Sometimes the accumulation of mucus is such that the symptoms assume the aspect of SUFFOCATIVE CATARRH. This latter is seen in old persons with a vago-paralytic condition and with cardiac weakness; some physicians have advised *Senega*, even for the loud tracheal rales consti-

tuting nearly the last degree of asphyxia. I must say that I consider this remedy greatly inferior to certain tuberculous viruses which we will study in a special chapter on the homœotherapy of the tuberculins.

For the chronic form, the remedies having an action on the muco-purulent secretion are numerous. *Iodide of arsenic* (Arsenicum iodatum) which we prescribe generally in the 3rd decimal, is a remedy with prolonged action. For the profuse purulent expectoration, it is, according to Williams, not necessary to give *Kreosotum* in massive doses: I myself have obtained good results with the 3rd decimal. The Myrtus, *Myrtus communis* 6th, and recently *Myrtus chekan,* originally from South America, and introduced into our therapeutics by Dessauer and Murrell (*Revista Homœopathica Brazileira,* 1910) have proved their utility in chronic bronchitis with dense, yellowish sputum, difficult to expectorate. *Sulphur* corresponds to certain obstinate cases of bronchitis with muco-purulent expectoration and suffocative attacks; very brilliant results have been obtained, especially if there has been a retrocession of an exanthem, either old or recent. (See Bronchitis of diathetic individuals.) *Lycopodium* and *Sepia* be-

long, like the remedies mentioned, to the category having muco-purulent expectoration; Sepia in particular has the salty taste of the sputum.

The expectoration may become less and less mucous and aerated, and more and more PURULENT OR PURIFORM. This is the time and sphere for a remedy I have not as yet mentioned: *Stannum.* Stannum renders service in pulmonary tuberculosis in the period of puriform expectoration, of course without modifying the tuberculous process. The sputum has a peculiar sweetish taste. This leads us to understand the efficacy of Stannum in purulent bronchorrheas without the bacillus of Koch. Cowperthwaite gives as a characteristic the sensation of weakness in the chest. *Balsam of Peru* and *Pix liquida* both have purulent expectoration. *Nitric acidum, Myrtus* and **Silicea,** our grand remedy for suppuration, belong in this same category; finally **Bacillinum,** which has rapidly gained an important place in these putrid bronchorrheas. It will be studied in the chapter on the homœotherapy of the tuberculins. We should be distrustful of the term chronic muco-purulent catarrhs, for in old persons many of these catarrhs are only torpid forms of tuberculosis!

If the sputum remains for any length of time

in the bronchi, it decomposes and produces what is called FETID BRONCHITIS, sometimes temporary, sometimes permanent. Though in the next division the pathological lesions are different, I shall, guided by the symptom of fetidity of the breath, and by the expectoration, assemble in one group the various conditions which cause this sad state of affairs, from the SIMPLE FETID BRONCHITIS AND DILATATION OF THE BRONCHI TO THE HORRIBLE AND FATAL PULMONARY GANGRENE.

I wish here to refer to the action of one of our most valued remedies (valued especially in fetid bronchitis), **Capsicum annum** 3rd. You will see in our Materia Medicas the characteristics of Cayenne Pepper in the case of persons with weak muscles, lax fibre, diminished vital heat, and relaxed uvula. It is Cayenne pepper that Farrington strongly advises, saying that the patient, being of lax fibre, cannot expel his accumulation promptly, and it decomposes. Hence the principal characteristic of Capsicum: the breath in simple expiration is not putrid, becoming so only after coughing and deep inspirations. I brought to the attention of the internes of the Hospital Saint-Jacques an unfortunate gangrenous patient to whom I had given this remedy, and who

thereupon had a temporary improvement in the terrible odor which filled the whole ward. *Sanguinaria canadensis* resembles Capsicum. Clarke, for pulmonary gangrene recommends in his "Prescriber" *Crotalus, Carbo veg., Capsicum* and *Arsenic.* Kafka and Jousset have advised *Secale, Creosote* and *Lachesis* in this dreadful disease.

I will mention PSEUDO-MEMBRANOUS BRONCHITIS simply as a rarity. The experiences of Curie, a homœopathic physician, and father of the great discoverer of Radium, indicate *Bryonia* as the most homœopathic remedy for the semi-membranous expectoration from the bronchial tubes though *Kali bichromicum,* according to Richard Hughes, is scarcely less so.

HOMOEOTHERAPY OF THE TUBERCULINS.

It is in these muco-purulent forms of bronchitis, wherein the various bacteria abound, that nosotherapy beneficially intervenes. Tuberculinotherapy, in tuberculosis, though seeming until now to have failed to gain all that we were expecting of it, yet through our School's proceeding by the homœotherapeutic method, has already obtained results which will remain an ac-

quisition to science. Even if tuberculous virus found its utility only in the non-tuberculous diseases of the lungs, it would still be rendering a signal service to humanity!

At the International Homœopathic Congress of London, in 1896, I was one of the first to mention the utility of the tuberculous virus, not in tuberculosis, but in pulmonary affections classed according to the true homœopathic formula as similar, not as identical. Since the date mentioned I have not ceased to believe in the homœopathicity of the tuberculins, that is, in the action of these nosodes in the forms of bronchitis simulating tuberculosis, grippal bronchitis and other infectious forms of bronchitis, prominently the infectious forms of measles; broncho-pneumonias, especially infantile; muco-purulent catarrhs with the sputum similar to but not identical with tuberculosis.

Let us commence with MUCO-PURULENT CATARRHS. I have always favored the Compton Burnett's old preparation, called *Bacillinum*. I do not believe that the pure tuberculous product, in muco-purulent catarrhs, is superior to this remedy, my belief being based on this reason. Bacillinum is the maceration of the contents of part of a cavity, and of the pulmonary tuber-

culous adjacent tissue, the combination serving as mother tincture for the subsequent dilutions. We all know that the tuberculous cavity is a veritable hotbed wherein all the bacteria of creation, in company with the bacillus of Koch, multiply. Bacillinum is then a mixture of the combined contents of a tuberculous cavity, with the pericavernous tissue. The muco-purulent expectoration of bronchitic patients is equally polybacillary; it is a mixture of diverse species; and I continue to think that Bacillinum is for this respiratory pyorrhea, more strongly indicated than is an isolated tuberculin, unless we should find in the future some more scientifically prepared mixture or preparation.

This Bacillinum, which we must give in high dilution (not under the 30th) and in doses usually at intervals of many days, but in acute cases at intervals of no more than two or three days, suits perfectly these muco-purulent, yellow-greenish expectorations, thick, to the point of threatened suffocation, and closely resembling the sputum of phthisical patients. Sometimes the accumulation is such that in old and weakened persons unable to expectorate the disease develops into what is called SUFFOCATIVE CATARRH: it is in such cases that Bacillinum acts marvel-

ously. The expectoration lessens, the sputum is more aerated, and curiously, the force of expulsion is greatly increased; in short, the vago-paralytic state has diminished. The action of Bacillinum is shown as well in the acute as in the chronic case. We must in most cases, as soon as the amelioration takes place, gradually lengthen the interval between the doses. Sometimes, in chronic cases, one dose every eight days, or even less often, is best.

Frank Webb, at a meeting of the Connecticut Eclectic Society, May, 1910, praised Bacillinum in broncho-pulmonary conditions, conditions shown by bubbling rales and muco-purulent expectoration. He concluded by saying: "If you will give it a trial, not in one case, but in many, you will, like myself, quickly gain great confidence in it."

Permit me to group here, to show the importance of the tuberculous virus in homœotherapy, the articles and observations which have been made on the action of the various tuberculins in non-tuberculous diseases of the respiratory tract (bronchitis, broncho-pneumonia and pneumonia). The work of Mersch, in 1894, on tuberculin, was one of the first that appeared. Regarding the naso-pharynx, I will cite an article by Baker on

the action of Tuberculinum for the predisposition to take cold; the author does not mention his predecessors, but we know that before him, Burnett, Steinrauff (1894), Mersch, Nash, etc., have suggested *Bacillinum* for persons who have a tendency to repeated colds. To Bacillinum it is proper to add the *Serum of Marmorek* in the 6th, 10th, or 30th dilutions, the remedy which. according to Léon Vannier, seems to possess, for persons predisposed to colds, and those having repeated colds, properties the same as those of Bacillinum. (*L'Homœopathie francaise,* May, 1912.) Ussher recommends Bacillinum, one dose each week, for chronic diseases in general. (*Hom. World,* 1897.) In an article on the diseases of the kidneys and respiratory tract (*Review Hom. of Barcelona,* 1903), José Galard states that Bacillinum produces a remarkable effect on the respiratory organs. The bronchial mucous membrane is red, swollen and covered with mucus; the pulmonary parenchyma is inflamed, and, in certain cases, hepatized. There is cough, expectoration and oppression. Some have, in broncho-pneumonia and in suspected bronchitis, successfully used Bacillinum. Arnulphy considers this remedy very useful, and Dewey, in his book, "Practical Homœopathic Therapeutics,"

speaks of it. For Nebel, one single dose of *Tuberculin,* given in a high dilution in broncho-pneumonia and in infantile capillary bronchitis suffices sometimes, but it is better in any case to use discretion and give only the one dose (*Zeits. des Berliner V. Hom. A.,* 1902). Heber Smith, in an article entitled "*Tuberculin of Koch* in broncho-pneumonia, 1898," presented a paper very much in favor of this medication.

Boyer (*Review Hom. francaise,* 1903) reports a case of severe acute pneumonia reaching the eighth day without defervescence. The expectoration was so abundant that the patient filled many basins (the condition appeared to be one of pulmonary vomica). *Bacillinum* 30th, one dose a day, at the end of three or four days diminished the amount of, and rendered more aerated, the expectoration, which floated in the antiseptic liquid of the basin, a complete cure following. The microscopical analysis of the sputum showed that the latter contained streptococci, a few pneumococci, but not the bacillus of Koch.

I will not here take the time to discuss the numerous controversies which have been raised, and are still being raised, on the subject of the differentiation of tuberculosis in the various animals. Bovine tuberculosis is still the subject

of continuous study, but I desire in connection with the non-tuberculous diseases of the respiratory tract to call your attention to the properties of *Aviaire,* a tuberculin obtained from the tuberculosis of birds. In an article, "The tuberculous virus in Homœopathic Therapeutics," read before the International Homœopathic Congress in 1896, I called attention to *Aviaire* in acute affections of the chest, and endeavored to differentiate the remedy from *Bacillinum.* While I advised Bacillinum for mature and for old persons having acute or chronic suffocative catarrh with mucopurulent expectoration, I assigned clearly to *Aviaire* a place in acute broncho-pulmonary diseases in children, or in the acute affections of adults,—cases of grippe with symptoms which simulate acute bacillary infection; especially, in bronchitis or grippe, when the auscultatory signs are localized in the apices or in one side of the chest only, resembling tuberculosis, and within the sphere of homœopathic therapeutics. I give *Aviaire* almost invariably in the 100th dilution, but in repeated daily doses of a solution containing five to ten drops of the remedy. What I said seventeen years ago I repeat, after much added experience, to-day. Aviaire is a marvelous remedy in infantile therapeutics for those little

ones who have a bronchitis which is almost true broncho-pneumonia, and for cases that are unmistakably broncho-pneumonia. I repeat it, acute conditions, the true phenomena of infantile pathology, are necessary for Aviaire.

The remedy is particularly effective in the broncho-pulmonary and capillary complications of *measles,* being the type of medicine which corresponds especially to rapid forms of this disease. I do not advise it for the cough coincident with the beginning of the eruption. Enanthem and exanthem must be respected, so that the measles may undergo a regular and normal development, but when the exanthem commences to be pale, and when it is followed by broncho-pulmonary complications, Aviaire proves to be a remedy of first importance. Acute bronchitis, pulmonary congestion, or broncho-pneumonia due to complication of measles, are rapidly controlled by this remedy.

Aviaire also suits all the acute phenomena, in adults and even in such old persons who still have a vigorous reaction. I have often treated small foci of broncho-pneumonia in old persons who reacted perfectly to Aviaire; but I limit the medicine's use to broncho-pneumonia. In true acute pneumonia Aviaire does not, any more than do

other remedies, prevent the disease from following its course.

I have seen with pleasure that a short pathogenesis of Aviaire is found in Clarke's Dictionary of Materia Medica, and that the remedy is also mentioned in the last edition of his "Prescriber." Our English colleague recommends it in the 30th; another English confrère, whose name I have forgotten, has advised it in the 100th. It is also found in the Materia Medica of Boericke. Quite recently, in *l'Art médical*. January, 1912, there appeared, reported by Sourice and Vannier, of Rouen, an observation of a serious case of infantile broncho-pneumonia cured by Aviaire 30th.

It is not sufficient simply to advise the remedy; we must be sure that the preparation is reliable. Aviaire should be prepared in the following manner: A culture of tuberculosis Aviaire is made on bouillon, the culture requiring many weeks to develop its full virulence; then one part of tuberculosis Aviaire is added at 70 degrees to nine parts of alcohol; this mixture serves as mother tincture for preparing the homœopathic dilutions. It is, after all, a bird tuberculin precipitated by alcohol, a preparation similar to the human tuberculin of Klebs. Jousset, Sr. was the

first to make the preparation, trying it for human tuberculosis.

Is there any danger in using the tuberculous virus in non-tuberculous diseases? This is the question that we ask ourselves before using it in our practice. I answer in the negative. No, there is no danger in using the tuberculous virus. 1st. As the bacillus of Koch is not present, there are no phenomena of anaphylaxis of any consequence. 2nd. I have never observed any medicinal aggravations with the dilutions I have advised. I have no remembrance of attacks of fever, no remembrance of inflammatory lesions, and unless there existed a latent tuberculosis, no remembrance of any aggravation of symptoms. I have observed cases where the medicament was without action, that is, where either because the remedy was not indicated, or the preparation was not reliable, the condition remained stationary, but I have never yet, especially with Aviaire, had any occasion to fear an aggravation. Perhaps, with Bacillinum or Tuberculinum, an aggravation would follow too frequent doses or too low dilutions.

Let us now pass to some experiments of nosotherapy made by our School, with bacterial species other than tuberculous virus.

Cahis has prepared a substance which he calls *Mucotoxin,* with the micrococcus catarrhalis, Friedlander's bacillus of pneumonia, and the micrococcus tetragenus. He administers it, in children as well as old people, in acute or chronic mucous catarrh. He also gives *Diphtherotoxin* in chronic bronchitis with rales, and he claims incomparable results; results founded on a homœotherapeutic principle which seems just, for the diphtheritic poison possesses a paralyzing action on the small muscles of Reissessen. This nosode deserves to be tried in the vago-paralytic forms of bronchitis in old persons, or in toxic bronchitis, such as that accompanying or following the grippe. Cahis says that the remedy's sphere of action approaches that of Causticum. (*Journal Belge d'hom.,* 1912.)

Numerous cases of chronic bronchitis are due principally to the pneumococcus. When we examine the greenish expectoration of chronic bronchitis of old people, we generally find pneumococci predominating. It may be interesting to mention the autogenous vaccine experiments made in connection with chronic bronchitis. Sappington, with the sputum containing the pneumococcus, made cultures and in doses of ten million, increasing to one hundred million, administered

to the patient the latter's own vaccine, one dose a week. He cured not only the chronic bronchitis, but also the acute pneumonic attacks. (*Hahnemannian Monthly,* 1912.)

Latham made, with the sputum of patients having chronic bronchitis or repeated attacks of acute bronchitis, cultures obtained after having cleansed the mouth with sterilized water, and then administered to the patients their own germs. Clinical experience will decide the proper doses and the intervals between them. The remedy is administered by the mouth on an empty stomach. Treatment lasts from several weeks to many months. Latham's experiments coincide with those of Collet, of Havre, made twenty-five years previously.

BRONCHITIS OF THE DIATHETIC.

We have just spoken of microbes; let us say a few words regarding the patient's constitution. There are some stubborn forms of broncho-pulmonary affections which cannot be successfully treated without our taking into account the constitution of the individual.

Bronchitis, be it acute or chronic, is necessarily influenced by the soil in which it is planted. Not

that, in connection with it, there are special backgrounds for arthritics, rheumatics, the obese, syphilitics, cardiacs, or those having auto-intoxication, etc.; but medication, when the bronchitis tends to become prolonged, should correspond more to the individual diathesis than to the clinical symptoms or to bacteriology. I will cite striking examples of the piteous failure of all classical remedies in stubborn bronchitis, the disease being cured almost immediately upon the detection of the underlying diathesis.

Let us begin with a typical example. Certain cases of bronchitis can be maintained by SYPHILIS. The exciting cause is always either the contraction of a cold, or some infection, but the patient's special constitution keeps up the trouble. It is astonishing to see with what rapidity such subjects, who have sometimes coughed for many weeks, respond almost immediately to a few drops of **Iodide of potassium.** It is not necessary to give strong doses. A few drops of our mother tincture of Kali iodatum acts as satisfactorily, both as to quickness and reliability.

Taking another example: **Bryonia** serves as a diagnostic test for the RHEUMATIC DIATHESIS. Other authors recommend *Sulphur!* As the pleura may be the center of an effusion, we may

have bronchitis alternating with rheumatic attacks, or there may be in these subjects simply a bronchitis having a rheumatic basis; both varieties are frequent, and sometimes stubborn; but if we suspect and recognize the rheumatic constitution, Bryonia acts magically where all other remedies for the symptoms may have failed. There is a remedy which is particularly useful when, during a bronchitis, the whole chest is very sensitive, this remedy is **Kali carbonicum** 30th. The upper part, the lower part, or all of the thoracic region, the ribs, and the intercostal spaces, are sometimes painful.

Some writers have described the BRONCHITIS OF HERPETIC INDIVIDUALS (Herpétiques). The term cutaneous bronchitis would be preferable, for we are not dealing with the retrocession only of herpes, but of dartre, eczema, psoriasis, and especially of urticaria, in fact, the disease is a see-saw bronchitis of individuals suffering from a skin disease. This recognition of the interrelation between the skin and the bronchial mucosa is a cause for satisfaction with those who fear the suppression of skin disease when the cause cannot be removed. These cases of see-saw bronchitis without doubt exist: an even better example is the metastasis between asthma and

eczema. I remember a young man who had been continually tormented by an urticaria which at the time I speak of had not returned for two years; he then began to cough, and presented himself with increased anxiety, his symptoms being a localized bronchitis in the left apex. All of his friends thought he had incipient tuberculosis. Five years have now passed, and the young man is cured and in good health. I have always belived that he did not have tuberculosis, but internal urticaria. The medicine prescribed was the Arseniate of soda.

For these see-saw cases of bronchitis there is a remedy that we must not overlook: **Sulphur.** This is not a remedy that we can give as we do some remedies, in repeated doses; on the contrary, Sulphur is an intercurrent medicament, which is interpolated between the remedies given for the symptoms; sometimes a single dose in a high dilution; but its pathogenesis clearly indicates it for every retrocession of an exanthem into an enanthem, even of long standing. It is among the arsenical preparations that we must make our choice of a remedy for these see-saw cases of bronchitis. The Arseniate of soda, **Natrum arsenicosum,** first decimal trituration, thirty to fifty centigrams per week in solution

(these are doses that must be prescribed with care), is one of the best of the remedies. *Arsenicum iodatum,* in the strumous, scrofulous and debilitated. We should avoid alimentary auto-intoxications, and constipation must by all means be corrected. The blood should be diluted and purified by the drinking of large quantities of water, diuretic teas, or other drinks, especially *Sarsaparilla.*

FOR THOSE CASES OF GENUINE GOUT AND CASES OF ARTHRITIS having the particular form of disseminated bronchitis with whitish expectoration and sibilant rales, widely distributed, I have sometimes brought about good effects with *Nux vomica* 6th or 30th. *Kali bichromicum,* in high dilution, renders service in stringy, gummy, or foamy expectoration which sticks to the basin: I mentioned this characteristic when speaking of pituitous catarrh. Both the arthritics and the gouty are subject to *apyretic congestive attacks* appearing as BRONCHORRHÉA, the secretion being clear, abundant and transitory, quite similar to nasal flux, and to transitory coryza, which we observe in arthritis and gout. (Claisse.) A few doses of *Aconite,* at least in the beginning of treatment, seem to be indicated before trying another remedy. Lancereaux has called attention

to the fact that toward the thirty-fifth year arthritic persons develop pulmonary emphysema, and tracheo-bronchitis with spasmodic cough followed by stringy, mucous expectoration; after thirty-five, bronchitis with purulent expectoration. Others are visibly affected by dry catarrh.

Reduction cures, according to Leven, often TRANSFORM OBESITY into one of its equivalents, bronchitis, asthma, diabetes, etc. These cures act not only on the fats, but also on the albuminoids. Javal, H. Labbé and Furet have demonstrated that the obese, by a faulty renal elimination, accumulate chlorides in their modified organism. According to these authors a dechlorinated régime is indicated. Bronchitis, in the obese, always has an unfavorable prognosis, because of the encumbrance of the thoracic cavity by adipose tissue. The disease under these conditions often has a tendency to a suffocative form, for which the stimulants, such as *Carbonate of ammonium,* at least in the beginning of, or during the attacks, are considered of first importance. *Calcarea carbonica* 30th suits well the disseminated bronchitis of the obese. (Some authors claim that it has considerable influence upon metabolism. C. A. W.) According to Dahlke (*Z. der Berliner V. Hom. A.,* 1907), in fat persons the chronic ca-

tarrhs of the bronchi are ameliorated by *Capsicum* and *Kali bichromicum*. Capsicum has attacks of coughing which shake the patient, who has a fetid breath.

While chronic bronchitis, emphysema and asthma secondarily favor the development of cardiac affections, a lesion of the heart, *vice versa,* favors pulmonary troubles, of which latter we are now going to speak.

Bronchitis nearly always accompanies AFFECTIONS OF THE HEART. The disease is often the first sign of a failing heart. In sclerotic myocarditis, according to Huchard, we observe a series of bronchitic attacks. In cardiac patients generally, these attacks have a slow and progressive course; but bronchitis is not the sole trouble: there is added, edema, edema of the bronchial cellular tissue, and edema of the peri-bronchial tissue. We waste time treating the effect, if we do not recognize the cause. When the heart definitely fails, pulmonary congestion also is associated with the foregoing condition. Cardiac tonics, such as Sparteine, Strychnine, Kola and Digitalis (in the mitral only) relieve hypotension and lessen for a time the pulmonary stasis and engorgement.

This is the proper place to consider some of

our remedies that have an appreciable action in the bronchitis of cardiac patients. First, I will mention *Cactus grandiflorus,* which acts slowly, but surely, and corresponds well to this slowly progressive form of bronchitis. Cactus has the great advantage over Digitalis in that we are able to prescribe it in aortic lesions as well as in mitral, or for these in their double form, whereas Digitalis is strictly contra-indicated in aortic disease. Some of our colleagues give Cactus in material doses; I think that it is perfectly useless to do so, as Cactus acts well in Hahnemannian doses. We have also *Laurocerasus* for the tickling cough of cardiac patients.

There is another group of medicines which do not act on the heart itself, but on the vaso-constrictor muscles of the lungs, or on the vaso-capillarity in general.

I will here mention my having studied in detail two new remedies acting on the cardio-pulmonary distribution of the pneumogastric: *Grindelia* in dry catarrh, and *Antimonium tartaricum* in muco-purulent catarrh. I shall mention also the remedies corresponding to the vago-paralytic forms, remedies of which I have prepared a small list in my article on bronchitis of old people.

In the pathogenesis of CERTAIN FORMS OF BRONCHITIS, EMPHYSEMA AND ASTHMA in persons whose kidneys eliminate badly, RENAL INSUFFICIENCY plays a more and more important role. In the category of the patients mentioned let us put in the first place THE ARTERIOSCLEROTIC, and OLD PERSONS, then CARDIAC PATIENTS with a DEFECTIVE MYOCARDIUM causing a renal blood stasis; ALL ARTHRITIC INDIVIDUALS manifesting signs of auto-intoxication, those suffering with CONSTIPATION, and finally those with DISEASES OF THE KIDNEYS, with slow intoxication, terminating in uremia. It is undeniable that certain cases of bronchitis are kept up by defective elimination, in such cases the lactic or the lacto-vegetarian régime, and sometimes the dechlorinated or salt free diet, are necessary adjuvants.

It is especially in the BRONCHITIS OF BRIGHT'S DISEASE, AND IN ALBUMINURIC PATIENTS, that *Apium virus* will prove useful. If the kidneys eliminate toxic waste products poorly, we must institute at once the lactic régime (milk diet) or the lacto-vegetarian régime (milk and vegetables), and interdict at the same time the use of salt. A diuretic as *Apocynum cannabinum* in the 1x will render the greatest service.

BRONCHITIS OF DIABETIC PATIENTS must be

supervised carefully from the point of view of its obscuring an early tuberculosis. In such cases it is always well to diminish the amount of sugar in the diet.

BRONCHITIS OF THE AGED.

Bronchitis, unmistakably chronic, leads gradually to sclerotic manifestations. According to Claisse, chronic bronchitis and sclerotic bronchitis are identical. Chronic bronchitis is exceptional in children, and adults; it is nearly always THE CONCOMITANT OF OLD AGE, because in age the inflammations are likely to undergo a sclerotic transformation (Claisse). This chronic bronchitis in the aged is, as Ferrand has observed, likely to include congestive attacks, which latter form the acute states of the underlying chronic condition. Catarrh may occur in any one of the forms previously described: dry catarrh, pituitous, mucous, muco-purulent, etc., and may correspond to the remedies which I have already described in the chapter on catarrh of the bronchi, but in this latter connection the question of blood circulation should have greater weight. Sometimes the myocardium weakens, and thus prevents improvement in the congestion of the bronchi, at other

times through a pulmonary arteriosclerosis. it increases the tendency to senile asthma. (With pulmonary arteriosclerosis I will later on deal more fully.) Vago-paralytic phenomena, finally, further complicate the condition.

In old persons with a weak myocardium, we must, after a few days of treatment, of course, think of the heart more than the condition of bronchitis. I say "after a few days of treatment," because at the beginning of an acute bronchitis, or a cold, that is, during the inflammatory period, we should certainly err in commencing with a heart tonic. After all, for the old, and in the beginning of the trouble, *Aconite* still remains a remedy of the first order. It is not necessary to give the remedy in allopathic doses, and after its administration we may consider all the usual medicaments, searching especially for those that diminish the attacks of coughing, which latter weaken the heart. We must be careful, however, in the use of sedatives, for these tend to cause blood stasis and accumulation of mucus. As soon as the heart begins to show signs of weakness, excitement, or irregularity in its action, both *Caffeine* and the *Iodide of Caffeine* are useful, a consequent stronger pulse indicating their discontinuance. We often diminish the cough better

by regulating the low blood tension than by any other means.

If the heart does not, by signs of weakness, show necessity for prompt medication, we must remember *Arnica* in homœopathic dilutions. The remedy has, as regards the heart, the following marked indication: the cough is aggravated by exercise. Old persons with bronchitis do not cough when they remain quiet, for the cough is dependent upon the heart weakness or lesion.

If old people have scanty urination, and present symptoms of renal insufficiency, it will be advantageous to give them, especially at the beginning, a milk or lacto-vegetarian diet, but with the reservation of keeping watch on the strength of the patient, and not continuing the diet too long.

Are there any remedies that specially cover sclerosis of the epithelium of the mucous membrane, a sclerosis characteristic of the old, and having possibilities of intensification up to dilatation of the bronchi, and chronic pneumonia? For my part, I do not know of any such remedies; but the case in my judgment is different in regard to the sclerosis, not of the mucous membrane and adjacent tissue, but of the arteries of the lungs.

In old people or in those having arterio-

SCLEROSIS BEFORE THEY REACH OLD AGE, we observe a form, not epithelial sclerosis, but arteriosclerosis of the lesser circulation, or what some have called SENILE ASTHMA. This senile asthma does not in the least resemble in its pathogenesis neuro-arthritic asthma; it is really an essential dyspnea, provoked by pulmonary arteriosclerosis. Nearly all of these sclerotic persons have some evidence of arcus senilis; and the symptoms, especially at night, are essentially confined to asthmatic and dyspneic phenomena; the cough and expectoration occupy a secondary place. Most of these patients have hypertension, lost when, toward the last, the heart weakens. It is in these forms of senile asthma that the salts of Barium can be used to advantage. Poisoning by chloride of Barium, **Baryta muriatica,** develops a hypertension and vascular degeneration.

I have cited some cases where old persons, unmistakably affected by pulmonary arteriosclerosis, have been benefited after several months' treatment with either of the salts of Barium, Baryta carbonica or Baryta muriatica. As I have remarked, "the arteriosclerosis persists, but the patient is relieved." Other observations, without so plainly relating to senile pulmonary arteriosclerosis, have confirmed the usefulness of salts

of Barium in the vago-paralytic form of bronchitis of old people. MacLachlan says that in the threatening paralysis of the lungs of the old, *Baryta carbonica* is the complement of *Antimonium tartaricum*, and Wilde, in chronic bronchitis with cardiac dilatation in aged persons, praises the employment of *Baryta muriatica* 2x trituration.

One of the dangers of broncho-pulmonary affections in the aged is the facility with which the VAGO-PARALYTIC CONDITION follows, that is, a totally relaxed state of the elastic fibres of the bronchioles. The paralytic state of this contractile system brings with it difficulty in the expectoration of the sputum, which latter remains, infects the patient and chokes him to the point of suffocation. This vago-paralytic condition, due to the weakness of age, is found also in the severe form of infectious diseases, such as grippe and typhoid fever. I have already had the opportunity of mentioning the various catarrhs of the bronchi, and will confine myself to recalling here a few of the remedies already studied: **Antimonium tartaricum** (page 150), *Senega* (page 151), **Bacillinum** (page 157), *Diphtherotoxin* from Cahis (page 165), **Ammonium carbonicum**, *Ipecac*,

Naphthalin, Caffeine and *Iodide of Caffeine, Strychnine, Bryonia* (page 155), and *Kali bichromicum.*

BRONCHITIS OF CHILDREN.

THE ACUTE SIMPLE BRONCHITIS OF CHILDREN is always somewhat dangerous since the child does not expectorate, and the retained sputum easily extends the infection to the fine bronchi and pulmonary alveoli. No form of bronchitis changes more quickly into capillary bronchitis and into broncho-pneumonia than does infantile bronchitis. At the beginning, I am inclined, as many of my colleagues, to prefer *Ferrum phosphoricum* 30th to Aconite or Belladonna. Ferrum phosphoricum is indicated if there is fever.

Aside from this latter indication in the beginning of the malady, simple acute bronchitis is treated in children as in adults, with the alternation of *Bryonia* and *Hepar*, of *Bryonia* and *Ipecac,* and more rarely of Bryonia and Phosphorus. Rest in bed for the little one is the most rational means for preventing careless exposure.

There is a special bronchitis in the very young which deserves a separate paragraph: the BRONCHITIS OF DENTITION. As I have remarked in

my "Therapeutics of the Digestive Organs" regarding the diarrhea of dentition: the bronchitis does not really terminate till the tooth is erupted. Nevertheless, **Chamomilla** 6th is meanwhile a great help when there is rattling of mucus in the child's chest. *Ferrum phosphoricum* proves of value when there are attacks of fever. *Calcarea carbonica* must not be forgotten: I will refer to it when I speak of "capillary bronchitis." *Kreosotum* or *Coffea*, if there is pain or severe toothache. If the child is the victim of a bronchitis or other complication during the eruption of each tooth, we may give with benefit in the interval between the dental attacks *Calcarea hypophosphite* 6th trituration.

If the child is over seven years and the cold has reached its fully developed period, the *Arseniate of soda* in appreciable doses (1x trituration, twenty-five to forty centigrams for one week), is well suited to facilitate the termination of the cold and to conserve strength and appetite. I speak, of course, of mild cases. According to Raue, *Alumina* follows well the use of Bryonia. When auscultation is entirely negative, and the child continues to cough, we must examine the throat, and tonsils, and look for adenoid vegeta-

tions, because more than anyone, the child is disposed to cough from conditions arising from the throat.

CAPILLARY BRONCHITIS AND BRONCHO-PNEUMONIA.

The chapter on capillary bronchitis and broncho-pneumonia will necessarily be shortened because of the numerous references already made to this subject in the articles on bronchial catarrhs, and especially in those discussing the homœotherapy of the tuberculins.

Some authors advise commencing with *Aconite*, *Belladonna*, *Ferrum phosphoricum* or *Veratrum viride*. Except for *Veratrum viride*, which I reserve for true pneumonia, and *Ferrum phosphoricum*, which can be given in the acute period of the fever and congestion, the prescription of remedies adapted to the beginning of infection is mere loss of time, because capillary bronchitis and broncho-pneumonia are ultimate affections of an inflammation we have not mastered. The affections mentioned sometimes originate in a coryza or a hoarseness. An infectious coryza may descend to the larynx, to the trachea, to the bronchi, or to the lungs without the possibility of

arresting it: this is particularly the case in a child or in old persons. Since the epidemics of grippe, this form of descending infection is almost the rule. Sometimes, it is a secondary manifestation of measles, whooping-cough, typhoid fever, diphtheria, enteritis, and similar affections.

It is claimed, at present, that infectious states require the treatment of the disease by the product of the disease (for instance, a nosode for exciting the properties of the blood serum), so as to destroy, by the means of the phagocytes, the infectious elements. This method is new for homœopathy as well as allopathy, and I must say that I entirely agree with it. I will not say that nosotherapy has reached its fullest development, certainly not; but it deserves to be perfected.

This mode of treatment, it is true, necessitates prudence and care, because a medicinal reaction, added to a state already acute, may bring serious consequences. We must, therefore, before all, employ in the beginning remedies and doses which do not cause medicinal aggravation, this being, by many modern therapeutists, admitted as true in chronic conditions, but not in acute states.

I think that the best way of employing the nosodes is according to the homœotherapeutic

formula, that is, in diseases similar, but not identical to the remedy; for instance, tuberculins in these non-tuberculous diseases of the lungs which do not bring about the reactionary phenomena provoked by the isotherapeutic method, and especially do not bring them if one has been careful to give only small doses at infrequent intervals, and to discontinue them at the most advantageous time.

That these nosodes may be effective they must be given as near the beginning of the infection as possible! This is a rule which has become established. It is necessary to have the reactional properties of the blood serum toward the phagocytes brought to the highest point by the appearance of the new artificial disease. Such are the theories which have followed the modern discoveries of the opsonic index by Wright. When the infection later on has gained ground, and the heart is embarrassed, we have less chance of success with the nosodes, but the chances are equally unfavorable for other remedies; yet these latter also must be tried, because I have seen favorable reactionary phenomena and cures brought about in grave and in advanced conditions by means of the tuberculous virus. Regarding this point, I refer the reader to "The Homœotherapy of the

tuberculins," page 155. I will mention now a list of the usual remedies.

In an article on CAPILLARY BRONCHITIS, Laird remarks: *Phosphorus* is suited less to capillary bronchitis than to broncho-pneumonia; rales especially at the bases of the lung. *Veratrum viride,* in the beginning, if the temperature is very high; the remedy's effect is not so obvious as it is in pneumonia. *Ipecac:* accumulation of rales; spasmodic cough with nausea and vomiting. Laird has not had any effect from Ipecac, either in mother tincture, or in low or high dilution. (I have already remarked the predominating action of Ipecac on the large and medium bronchi, and its inappreciable action on the fine bronchial ramifications.) *Tartar emeticus* is far from acting here as a specific; it corresponds to the beginning of an advanced period of the disease; it may lessen the severity of the disease when the sub-crepitant rales exist by themselves, without fever, or dyspnea; in the advanced period, large mucous rales, intense oppression, abdominal respiration, sometimes interrupted during sleep, threatened paralysis of the lungs; complications of broncho-pneumonia (compare the following: *Stibium arsen., Chelidonium, Lycopodium, Salts of ammonia*). *Stibium arsenicosum:*

accumulation of mucus like in Tartar emeticus, prostration, threatened paralysis of the lungs; but the sluggishness of the tartar emetic has been replaced by great anxiety, combined with thirst and burning heat, all characteristic of Arsenic. Stibium arsenicosum corresponds to a severe type of capillary bronchitis; in the author's practice it has earned many successes. Neither Arsenic nor the alternation of Arsenic and Tartar emetic give the effect produced by the Arseniate of antimony. *Ammonium carbonicum:* where the preceding remedies have proved unsuccessful; abundant rales, cyanosis, edema or paralysis of the lungs. Laird gives *Ammonium muriaticum* in physiological doses.

There are certain paradoxical facts which can be accepted only by experience. How is it that infinitesimal doses of substances having little activity, sometimes none, can possess curative virtues, as is the case with Carbonate of Lime? To present such facts without fear of contradiction, we must have seen clinical examples. **Calcarea carbonica** may claim an honorable place among the remedies for capillary bronchitis, but with its action limited between disseminated bronchitis and the bronchitis of certain capillary zones. I will not extend the remedy's action to a

clear focus of broncho-pneumonia, nor to acute pneumonia: I have, however, been able to confirm what my teachers and predecessors and my present colleagues have already observed, the action of Calcarea carbonica in diffuse bronchitis of the fine bronchial ramifications. The remedy has two characteristics: profuse perspiration of the head and coldness of the knees. Though Calcarea carbonica is useless in the beginning of the affection, it is especially good when diffuse bronchitis has a tendency to be prolonged, threatening to become chronic, and when there is a lack of reaction. The remedy seems to act at all ages, but particularly in certain adults of considerable corpulence; adipose; of hydrogenoid constitution; large-chested, and with profuse perspiration, especially of the head.

Hardy Clark believes that in the treatment of BRONCHO-PNEUMONIA there has been a great abuse in the use of Tartar emetic. For no reason other than the simple presence of bronchial rales, some practitioners have kept patients much too long under the action of this remedy, which latter, being a powerful stimulant of the pneumogastric, may indeed render a great service when the accumulation of mucus is dependent upon a paralysis of this nerve.

The symptoms of poisoning by *Chloride of ammonium* are as follows: shivering, pallor, prostration, increase of the secretion of all the mucous membranes; fever of an intermittent type. Clark cites two cases in which the remedy has succeeded well (*The Clinique,* 1901). We must not forget *Acetate of ammonia,* which latter the old school frequently prescribes.

With Pierre Jousset, *Ipecac* 6th and *Bryonia* 6th constitute the real treatment of broncho-pneumonia. Jousset states that the authority for this treatment is based on certain clinical observations. If the alternation of *Ipecac* and *Bryonia* is not successful, and the cough is very loose, with the expectoration thick and yellow, Bryonia may be replaced by *Pulsatilla* 6th. If the cough is dry and painful, *Phosphorus* 6th should be prescribed after Ipecac and Bryonia; in very grave cases *Arsenic* 3rd, and if there are phenomena of asphyxia, as a last resort, *Carbo vegetabilis* 30th.

PULMONARY CONGESTION.

Pulmonary congestion signifies sanguineous engorgement of the lung; this engorgement can originate from many sources, depending either upon a too abundant afflux in the circulation of

the bronchial arteries (active congestion, sthenic hyperemia), or upon a stasis of the pulmonary arteries and veins (stasis in the return circulation, passive congestion, asthenic hyperemia).

Passive pulmonary congestion is the first step toward serous infiltration of the lungs (pulmonary edema). There are all degrees of congestion, from a simple bronchitis of the bases of the lungs, to the pulmonary souffle indicating the change to pneumonia. The causes of passive congestion, though many, said Laveran and Teissier, center nearly always in one anatomical condition, a faulty action of the heart.

What in fact contributes to the prolongation of the BRONCHITIS OF THE BASES OF THE LUNGS is precisely this defective state of the pulmonary circulation, manifested most frequently in somewhat mature persons and young people, with a vago-paralytic condition.

This bronchitis of the bases, which ends by being accompanied with a certain amount of congestion, of pulmonary splenization and edema, sometimes, in a latent state, persists without cough, proof of this condition being shown in the continuance of the rales, which reappear upon the slightest provocation. We may liken the condition to a fire smouldering under cinders.

Unfortunately no pathological condition is more difficult to eradicate than are these remaining signs of bronchitis of the bases! In passive congestion, in accordance with the conditions, we likewise prescribe *Sulphur*. Except for the moderate use of some one of the sulphurous waters for the mucous element, time alone, under favorable conditions, often acts more beneficially than does therapeutic treatment. We advise every one having an active or passive congestion not to sleep on the back, and to frequently turn over in bed. PULMONARY EMPHYSEMA, PULMONARY SCLEROSIS, and PNEUMONOKONIOSIS favor passive congestion. The latter is observed also in the cachectic and in old persons confined to bed. In INFANTILE ASTHMA, pulmonary congestion takes away the spasmodic nervous element and gives to the asthma a special clinical appearance; the condition is accompanied by fever, and assumes a serious aspect, but terminates rapidly and favorably (Lyon).

The typical form of passive pulmonary congestion is unquestionably that in which the cardiac muscle shows signs of weakness, from every degree of MYOCARDITIS to COMPLETE ASYSTOLE. In these cases, we must aim only at the heart; this congestion of cardiac origin indicates an ad-

vanced lesion of the myocardium; the condition, however, is not produced when the heart is compensated; and unfortunately our therapeutic measures are anything but brilliant, frequently accomplishing nothing beyond lessening the severity of the symptoms.

There are pulmonary congestions, originating variously, that disappear when the myocardium, temporarily disturbed, has recovered its normal condition.

DROWNING ACCIDENTS, HEATSTROKE, GRAVIDO-CARDIAC ACCIDENTS, certain ABDOMINAL AFFECTIONS, TRAUMATISM, EXTENSIVE BURNS, etc., cause, reflexly, pulmonary congestion. Brisk revulsives around the thorax become necessary for removing the obstruction and freeing the heart's action.

ALBUMINURIC AND ARTERIOSCLEROTIC PERSONS are likely to contract pulmonary congestion, which in them is always of considerable gravity. Sometimes it occurs as a passive congestion, localized at the bases, as we observe in parenchymatous nephritis; sometimes, especially in interstitial nephritis and arteriosclerosis, it occurs as a sudden attack of acute œdema of the lungs. Huchard has shown the role which renal insufficiency plays in the origin of these accidents.

Errors of diet especially must be avoided; alcohol, even in small quantities, is interdicted; the dechlorinated diet, and milk feeding particularly, suit these cases.

Still more numerous are the causes of ACTIVE PULMONARY CONGESTION.

It frequently occurs as a complication of an infectious disease having what might be called an affinity for the lungs. Pulmonary congestion, in grippe and in measles, is developed around a tuberculous focus by irritation of the surrounding tissue. As for TUBERCULOSIS, I will speak of it at length in the chapter on pulmonary phthisis, because it is especially on the peritubercular congestion that therapeutics, at the present state of our knowledge, intervenes. As for MEASLES, I refer the reader to the complications of measles on page 162.

Pulmonary congestion is often also a neighboring lesion of GRIPPE. Pulmonary congestion in TYPHOID FEVER does not admit of the same explanation. Of the states mentioned, many are of the adynamic type, and should be classified under passive congestion. Is it necessary, in the course of typhoid fever, to pay special attention to a congestion of the lungs? Not if it is localized to a limited region, without embarrassing the gen-

eral respiration. Such a congestion belongs to the typhoid syndrome. But must we bathe an individual having a pulmonary congestion? For my part, I will reply: "no cold baths;" the reaction may be too marked on a heart already embarrassed by the pulmonary engorgement, and we risk a syncope. There is a true pulmonary form of typhoid fever; this is quite rare. Notwithstanding this rarity, however, we must not depart for an instant from the rule of conduct which consists in removing from the typhoid patient by increased urination, by bowel evacuations, by sweating, and, in fact, by all possible emunctories, the accumulation of toxins. *Hyoscyamus* corresponds well to hypostatic congestion of adynamic states with delirium (Farrington). In the EXANTHEMATIC TYPHUS, a truly hemorrhagic disease, we must prescribe internally remedies with antihemorrhagic properties: *Acalypha, Millefolium, Trillium, Chloride of Calcium,* etc.

The attacks of pulmonary congestion in the GOUTY at the end of their acute attacks respond to the action of *Colchicum,* even in small doses, whereas RHEUMATICS are always benefited by *Bryonia.* DIABETICS are not exempt from congestive attacks of the respiratory organs. Pul-

monary congestion of MALARIAL ORIGIN justifies the use of *Sulphate of Quinine*. ALCOHOLICS, especially after a day of copious libation, with exposure to cold, are liable to acute pulmonary congestion, which latter often proves fatal. According to Lemoine, it is urgent in this emergency to proceed to bleeding. We must continue the alcohol to which they are accustomed.

Apropos of bleeding, and the application of dry and scarified cupping, pulmonary congestion is certainly the type of disease where derivation appears rational. As I am straying somewhat from my subject, I will not at present discuss this matter further.

Coming now to the ACTIVE IDIOPATHIC CONGESTION (disease of Woillez, pleuro-pneumonia of Potain, spleno-pneumonia of Grancher) I will mention a remedy which has often been called the "homœopathic lancet:" **Aconite.** You will observe that I have insisted upon the common division of pulmonary congestion into active and passive. While Aconite is the principal remedy for active congestion with hypertension, the medicament must be avoided in passive congestion, and in adynamic persons with hypotension, for example, typhoid fever patients. Aconite becomes dangerous in congestions due to asystole,

with its filiform pulse and hypotension. **Digitalis** in its action is the opposite of Aconite. Aconite is useful for sthenic congestion, with its full, hard, bounding pulse and arterial hypertension; the remedy regulates the circulation, and may check an incipient pulmonary congestion, preventing, in presence of aforementioned symptoms, hemoptysis. *Ferrum phosphoricum* resembles Aconite, especially when the pulse is less bounding, and the lesions perhaps more advanced; the fever is high.

If the congestion has not been controlled by Aconite, the latter loses its value as soon as a structural lesion is formed. Thus in PLEURO-PNEUMONIA with its pleural effusion, we again find **Bryonia** useful, because of the latter's special affinity for the inflammations of viscera adjoining a serous membrane. The pain in the side is relieved by Bryonia better than by any other remedy. We may think of *Cantharis* also; Halbert considers it the best remedy in the acute stage of pneumonia with inflammatory involvement of the serous membranes, especially if there are additional symptoms indicative of the remedy.

SPLENO-PNEUMONIA, where the lung is indurated, sometimes continues for a long time. **Phosphorus** seems to be the remedy most cap-

able of acting on the splenization of tissue. There is also *Hepar sulphuris*, and sometimes, when the splenization is at the right base, in the vicinity of the liver, *Chelidonium*.

Let us conclude by speaking of the congestion which Woillez has described, and which bears his name. At present it is strongly contested; many authors consider it rather as an abortive pneumonia. Bacteriological researches of Carrière, of Espine, confirm the hypothesis of an attenuated pneumococcia. By what mechanism is this pneumococcia attenuated or weakened? What is the cause of such weakening? THIS ACUTE CONGESTION OF WOILLEZ, in fact, resembles, or is the counterpart of, incipient pneumonia; an exact diagnosis is impossible.

But the great distinguishing mark between these two affections is in their duration. Whereas in pulmonary congestion defervescence occurs most frequently toward the third day, it is in pneumonia, if recovery takes place, only toward the seventh day (rarely on the fifth) that the temperature declines. Do not believe that therapeutics has any influence over the early defervescence. Numerous cases cited as pneumonia — cases cured in three to five days — are only pulmonary congestions; for the same remedies em-

ployed in clear cases of pneumonia do not shorten the defervescence of this disease. The treatment in either case is the same. Nevertheless, if there really exists such a thing as abortive pneumonia, its etiology would be of the greatest advantage. It would perhaps assist in finding an antitoxin for true pneumonia.

LOBAR PNEUMONIA.

(Croupous pneumonia; Pneumonitis; Lung fever.)

If there is any one disease in which, more than in another, the patient's constitution seriously influences the prognosis, it is pneumonia. In any diagnosis of this possibly fatal malady, we must direct our attention more to the pneumonic patient than to the pneumonia itself. In fact, if the patient has a good constitution, a strong heart, an absence of hereditary taint or of acquired disease; or if he is a child, except a nursing child, nature alone will often cure the case. I have known a working man, who, completely worn out from pain in his side and accompanying fever, decided to enter a hospital on the seventh day of the defervescence of the disease: we saw the crisis, or fall of the temperature, at

this time, and recovery rapidly followed. The man was cured without assistance. If the patient is old, however, used up, debilitated, with a bad heart, or any hereditary disease, or if he is an alcoholic or a toxicomaniac, or a victim of a secondary inflammation of the grippe, or a sufferer from scarlet fever, or from an infection, the pneumonia, despite all the efforts of therapeutics, is likely, by every chance, to terminate fatally. I am not, then, an enthusiast of statistics of cures by any method whatever. The same remedies acting favorably in the one instance will in other cases, where there is an unfavorable diathesis, or there exists one of the above conditions that lessen resistance, often prove a failure.

When Tessier, physician to the hospitals of Paris, the first of the generation of Tessier, was practicing Homœopathy in Trousseau's hospital (formerly Sainte-Marguerite), the statistics of his mortality from pneumonia showed a much lower percentage of deaths than did the records of his colleagues. At that time the old school used, as it uses at present, large doses of Tartar emetic (method of Rasori), and of the Antimonies, the white oxide of Antimony, favored in large doses by Trousseau: these substances exer-

cise a depressing action upon the heart. With such treatment the physician was more dangerous than the pneumonia!

At the present time, in spite of interesting researches made especially in Germany (anti-pneumococcal serum of Romer), we do not know of any indisputable antitoxin for pneumonia. Nothing has yet been discovered that will check a pneumococcal congestion. Nevertheless, everything leads us to hope that in the near future we will possess a means that will leave us less at the mercy of nature.* Of our homœopathic remedies I will mention *Pneumococcinium,* employed by Nebel in pneumonia in the 200th to the 1000th. *Pneumocotoxin,* of Cahis, taken from the Diplococcus lanceolatus of Fraenkel, which he used especially homœotherapeutically, less in pneumonia than in paralytic phenomena; and the autopneumonine of Collet taken from the sputum.

The discovery of colloidal metals has inaugurated a new treatment that has already given encouraging results. *Colloidal silver, platina, manganese* and *palladium,* in their colloidal state

*The recent investigations and results of serum treatment of pneumonia, which have been made at the Rockefeller Institute, New York City, offer great encouragement.

have shown that though they may have no action on the pneumonic lesion, they have at least the ability to stimulate the organism to a better condition of defense. As these metallic ferments are the result of the divisibility of matter, and thus to some extent are affiliated with our theories of the dynamization of infinitesimal triturations, why not test the colloidal metals in Hahnemannian doses? Many of these colloidal metals seem unstable: this would be an obstacle to their use.

Of interest is the demonstration by means of the opsonic index of the action of *Veratrum viride* in pneumonia; it deserves to be more than an isolated effort, and should be applied generally to all those remedies of our materia medica that are suitable for the simple analytic method. This research work has been carried on in the homœopathic department of the University of Michigan by Mellon, assisted by Verplanke and Roland, with every precaution to avoid errors in the opsonic technique. Six persons were submitted to the experiments. Mellon first determined the limits of their normal indices, then administered, three times a day, ten drops of the first decimal dilution of Veratrum viride, a quantity closely corresponding to the dividing line between

the physiological and subphysiological dose. Fresh cultures of the diplococcus of pneumonia were prepared each three or four days. The experiments showed: 1st. that Veratrum viride raised the opsonic index of a person against the diplococcus of pneumonia seventy to one hundred per cent; 2nd. that the remedy's action is more profound than it had been supposed previous to the experimentations; 3rd. *the probability that physiological doses depress the index, whereas small subphysiological doses raise it.* This last conclusion would seem to be in line with Veratrum viride's unsuccessful use by the old school in pneumonia; they considering it a dangerous analgesic! As for the supposedly superficial and ephemeral action of Veratrum viride, of Aconite, and of other drugs of this class, Mellon declares on the contrary that for Veratrum viride the index remains high a considerable time after cessation of the drug's action, and that in one case, even after a week's time, no depression was manifested.

Dewey, however, concluded about these experiments that Veratrum viride raises the opsonic index if there is a similitude between the symptoms of the remedy and those of the disease. "We would not expect like results, if Phosphorus

were the indicated remedy!" In every particular Veratrum viride is a remedy for the beginning of the congestive stage of pneumonia, especially when there is intense arterial excitement—full, hard and rapid pulse, with dyspnea and oppression. We must not forget the action of Veratrum viride on the heart as well as on the phlegmasia, because in the beginning the remedy to a remarkable degree controls the cardiac action; but in two cases cited by Bodman, of pneumonia in children, the administration of Veratrum given late brought a marked cardiac weakness. In the congestive stage of pneumonia, when the heart is obviously weak, or is slightly degenerated, Murray considers Aconite dangerous and inferior to Veratrum viride. Unfortunately clinical experience does not coincide with the findings of the laboratory; and numerous are the practitioners who deny, as regards pneumonia, the abortive power of Veratrum viride. In the British Homœopathic Society, in an interesting discussion concerning a volume entitled "Pneumonia in Children," by Bodman (July, 1910), Blackley raised an objection to the claims as to the abortive powers of drugs in lobar pneumonia. As stated before, a good number of

abortive or larval pneumonias are only pulmonary congestions.

In our desire to relieve the heart's overwork, caused by pulmonary obstruction, we must after all watch carefully all substances having an action on, and capable of lessening the tonicity of the organ. The exaggerated energy of the heart is almost a necessity: a healthy organ can withstand this extra effort, but when that organ is defective, fear of all kinds of complications is justifiable.

Ferrum phosphoricum, in the beginning, is still used. It is especially more effective in violent pulmonary congestions, broncho-pneumonia, and in a pneumonic focus surrounded by pulmonary congestion, than in frank pneumonia, where it seems to be only palliative.

I think that after having endeavored, at the beginning of the pneumonia, to diminish and to limit the engorgement with remedies such as *Veratrum viride* and *Ferrum phosphoricum,* given for perhaps only a day or two, we must examine the situation carefully to ascertain whether the pneumonia has a natural limit, and whether or not pulse and heart maintain their integrity. If the general condition continues satisfactory, we must not try to do more than the

patient's constitution, which is fighting so well for him, and especially must not exhaust it by useless derivatives. The old method of supporting the patient by alcohol (potion of Todd) always remains valuable.

Among innumerable authors of works on the treatment of pneumonia there is not one, from the School of the first Tessier to the present day, who does not mention Bryonia and Phosphorus as remedies for the fully developed period.

Bryonia alba, said Pierre Jousset, generally suffices for the entire course of the disease. It has, however, for its characteristics: 1st. the intensity of the stitch in the side, although at the height of the disease the remedy can only be palliative; 2nd. the localization of the pneumonia is in the external region, near the pleura; it is, moreover, related to the stitch in the side, the latter being an accompaniment of pleuropneumonia; 3rd. the pneumonia has a preference for the right side; 4th. the patient is relieved by lying on the painful side.

With **Phosphorus** the pneumonia is more central: the stitch in the side is less intense. There is especially a large pneumonic focus with surrounding healthy lung tissue. I am not of the same opinion as those who see in Phosphorus the

necessity of bronchial rales. No more than to other remedies, do I credit to Phosphorus the power to shorten a pneumonia: but I know that, in general, the remedy sustains the patient; perhaps even more than Bryonia: this is its outstanding quality. "Phosphorus," said Lilienthal, "is our best lung and heart tonic (venous heart)."

As to the remedies which correspond to the symptoms: *Ferrum phosphoricum,* advised in both the 1st and the 2nd stage. *Chelidonium,* in bilious pneumonia, of which latter I will speak later. *Iodum,* much praised by Laird and Nickolson for the second and third stages of pneumonia; a few drops of the tincture in a half glass of water. *Kali carbonicum,* great prostration, and extensive thoracic pains. *Kali muriaticum. Gelsemium,* adynamic pneumonia. *Sulphur* is greatly valued by many of our colleagues, either for the end of a pneumonia, or for a condition consequent upon a retrocession of some eruption (measles, eczema, etc.).

Serious complications seldom occur at this stage of the disease; it is at the end of the seventh day that the decisive struggle is played; we are not without apprehension, then, in awaiting the end of this period, a period which must terminate, either by resolution, or by grey hepatization.

When the temperature has fallen (crisis), recovery usually follows: it is not necessary to interfere with nature's efforts. But often before the defervescence, we observe serious phenomena. Is it the time to change the customary treatment? Yes and no. When I feared an unfavorable change I have, towards the sixth day, given with advantage *Sanguinaria nitrica* 3x. Other colleagues recommend simply Sanguinaria. Roberson Day and Neatby advise, for aiding resolution, Iodide of Arsenic, *Arsenicum iodatum;* Gatchell recommends Arsenite of antimony, *Antimonium arsenicosum;* Barlee treated a case successfully with Sulphuret of antimony, *Antimonium sulphuricum;* all these remedies must be prescribed in homœopathic doses. *Lycopodium* is very well thought of by Stonham in cases where the defervescence is late in making its appearance. If, before the end of the seventh day, the chest is filled with rales, and presents symptoms of suffocative catarrh, Tartar emetic in homœopathic doses, *Antimonium tartaricum* is the favorite medicine (see catarrh of the bronchi). We may also consider the *Carbonate* or the *Acetate of ammonia.* Croucher, in cases so severe that it is impossible to expectorate the accumulated secretions, recommends the inhala-

tion of Terebinthina, which provokes an intense cough accompanied by abundant expectoration.

Suppose that after the first seven days of the disease the expected resolution does not appear: on the contrary, the fever, which has kept nearly a regular course, rises; the tongue is dry, the pulse weak. The condition is serious; we recognize grey hepatization! Sometimes the resolution happens on the eighth day; this is an exception. What must be our procedure? Remedies advised in such desperate conditions are insufficient. Neither *Carbo vegetabilis* nor *Arsenic* have ever been able to arrest a grey hepatization.

The patient succumbs, either by exhaustion of the heart, or of the lungs, or by toxemia. The old especially die from heart exhaustion without that the pulmonary focus sensibly enlarges. For failing heart, Gatchell, in one of his articles, recommends the use of alcohol, *Glonoine* 1x, *Caffeine*, *Sulphate of strychnine*, the latter in physiological doses, and for the lungs *Arseniate of antimony* or *Tartar emetic:* yet often these measures are illusory. There is formed acute edema of the lungs, tracheal rales are developed and the disease is terminated with asphyxia and death.

The young die especially because with them the lungs undergo a state of decomposition. Grey

hepatization is a decomposition; of the whole list of remedies, however, which are suggested for advanced cases of pneumonia, I will call to your attention only one, a remedy not often enough employed in such cases—*Pyrogenium!* This preparation is certainly homœopathic to pulmonary decomposition, being nothing more than a product of the decomposition of finely chopped lean beef, allowed to stand in water for two or three weeks. The dilutions, according to Burnett, must be made directly from this liquid without the addition of glycerin. Pyrogenium, then, is not taken from the pus of a septic abscess (Clarke), as has been stated by Yingling and W. Boericke. I have read with interest the following paragraph in Bodman's report: "We must think of Pyrogen in cases of protracted temperature, especially if we suspect some septic modification. The remedy has rendered me valuable service in three cases; the first, one of empyema, in which Hepar and Belladonna were unsuccessful; the second, a case of retarded resolution in a lobar pneumonia, the latter associated with pericarditis; the third case, a double pneumonia of six weeks' duration, the patient having developed fibroid changes of the lungs."

Pneumonia rarely terminates in a CHRONIC

CONDITION.* For the latter some one has recommended *Sanguinaria canadensis;* but the acute and febrile symptoms, however, have usually disappeared, and the alarming auscultatory signs caused by the harsh breathing are not in agreement with the general condition. Young subjects, after protracted illness, recover; with the aged, however, dilatation of the bronchi, and persistent bronchorrhea are to be feared. This, approximately, is the course of typical pneumonia. Let us now pass to some other forms of the disease.

There is a special form called BILIOUS PNEUMONIA. The liver is engorged and bile is present in the organism, which latter fact is shown by the integument taking on a subicteric tint, and sometimes becoming completely icteric. The eyes are yellow; the urine mahogany-colored. This form of pneumonia is generally located at the base of the right lung. **Chelidonium** is characteristic of it; I have seen a typical case cured with this remedy.

We see also CEREBRAL FORMS, principally in pneumonia of the apex in children and in alco-

*In about ninety per cent. of the cases of so-called delayed resolution, empyema develops. C. A. W.

holics. Bacteriological research has demonstrated the presence of the pneumococcus in the cephalorrhachidian liquid; there are symptoms of the meningitis which predominate in the clinical picture, and mask the pulmonary condition. The cerebral pneumococcia persists sometimes many days after the defervescence of the pulmonary engorgement, and then heals. The pneumococcia is, therefore, less serious than the principal lesion. In the cerebral complications Moir praises *Veratrum viride*. For the mild delirium *Hyoscyamus* is best; for the cerebral excitement with desire to escape *Stramonium* is preferable. Pierron mentions *Opium* 3rd for cerebral pneumonia (probably for pneumonia with symptoms of torpor).

Sometimes pneumonia becomes GANGRENOUS: *Kreosotum* (Lilienthal); PHOSPHORUS (Mattioli). More frequently the disease terminates with an ABSCESS OF THE LUNG AND A VOMICA (cavity): *Lachesis* (Lilienthal), *Bacillinum, Hepar, etc.*

PNEUMONIA IN CHILDREN, in the absence of organic defects, usually progresses favorably, although the child, with its inherent quick reaction, may present troublesome phenomena. When the organs are sound there is no indica-

tion for active therapeutics except in babies of less than a year, in whom the mortality is large. Bodman, previously mentioned, had remarkable success in the new orphanage at Bristol, where he treated fifty cases of infantile pneumonia *without fatalities*. The remedies, which in his excellent article, he advises for children, are about the same as those for adults: *Aconite*, *Antimonium tartaricum* (he studied broncho-pneumonia with pneumonia), *Arsenicum iodatum* at the end of the inflammation, for assisting resolution, *Belladonna*, *Bryonia* (with a preference for the right side, and in cases where the patient prefers to lie on the affected side), *Calcarea carbonica* in broncho-pneumonia, *Chelidonium*, for the right side if, in addition, the liver is engorged. *Hepar sulphuris* (empyema). *Influenzinum* 30th appeared useful to Bodman in two or three cases where the disease complicated an influenza: *Kali carbonicum;* in typical lobar pneumonia *Phosphorus* was the remedy most employed: *Pyrogenium* in cases where he suspected septic processes; *Sulphur*, *Veratrum viride*. Moir (*Monthly Hom. Review*, 1905) suggests also *Aconite*, *Veratrum viride*, *Tartar emeticus*, *Phosphorus*, *Bryonia*, and *Arsenicum iodatum*.

Entirely different from the prognosis in chil-

dren is the prognosis in OLD AND ARTERIOSCLEROTIC INDIVIDUALS. We must, much more than in the adult, watch the excretory functions and stimulate diuresis. As in the case of children, the old must have mild therapeutic measures. Violent revulsives and energetic medicines prostrate them; we must even be careful in the use of cupping glasses and avoid indiscriminate repetition.

GOUTY OR RHEUMATIC PNEUMONIA, although the symptoms shown by auscultation may be very extensive, is one of the less serious forms, even in septuagenarians and octogenarians. *Bryonia* is the principal remedy, though it will not affect the duration of the disease. Though CERTAIN DIABETICS with a mild glycosuria can easily overcome or endure a pneumonia, the latter, when it happens in severe diabetics, has a tendency to develop into grey hepatization accompanied by adynamic phenomena. IN NEPHRITICS, pneumonia is just as serious as in diabetics with toxemia. CACHECTIC INDIVIDUALS, THOSE SUFFERING FROM INANITION, AND CANCEROUS PATIENTS in the last stages often end their lamentable existence in a pneumonia (terminal pneumonia) adynamic in proportion to their strength. In ALCOHOLICS, on the contrary, pneumonia produces phe-

nomena of nervous excitation and delirium which may develop into delirium tremens. Pneumococcal meningitis develops; and usually, after the period of excitation, death ensues. In the presence of acute manifestations in alcoholics we must always administer alcohol; to fail to do so would be fatal. We must direct special attention to diuresis. **Strychnine** has been advised; for is not its use in this malady an application of the law of similars? In pneumonia associated with MALARIAL INFECTION we have a doubly useful remedy: Sulphate of quinine. PNEUMO-TYPHUS, or the association of pneumonia with TYPHOID FEVER, may be cured, provided the heart remains strong and we have been careful, by means of all the natural emunctories, to eliminate the toxins. According to Proctor, typhoid pneumonias are especially within the domain of the action, in the mother tincture or first decimal dilution, of *Phenic acid*. *Hyoscyamus* (with mild delirium) and *Rhus tox.* are also advised.

GRIPPAL PNEUMONIAS and INFECTIOUS PNEUMONIAS always call for a reserved prognosis. In practice it is especially broncho-pneumonia that we observe. Moreover, since the epidemics of grippe, which latter have greatly modified respir-

atory diseases, grippal broncho-pneumonia has become more frequent than acute lobar pneumonia. The hyperthermia of PNEUMONIA IN PREGNANT WOMEN may bring about either a miscarriage or a premature delivery. With such patients hyperthermia, according to Hirtz, is an obstacle to the treatment by moist wrappings applied to the thorax. In CARDIAC PATIENTS pneumonia frequently develops asystolic phenomena. We must endeavor at once to avoid the venous stasis followed by mechanical asphyxia. The administration of *Digitalis* in mitral disease has been so generally advised that I need not enlarge upon this subject. *Strychnine*, *Caffeine*, *Camphorated oil* by hypodermic injection, *Cactus* as well as *Arsenic* for the grave cases, may be in their turn indicated. GIBBOUS PERSONS have, by reason of their thoracic deformity, an embarrassment in the pulmonary circulation, from which results a tendency to dilatation of the right cavities of the heart, and finally to cardiac insufficiency. We must administer TO THE OBESE the general stimulants (alcohol and salts of Ammonia). Rum tea suits these patients. The overburden of fat inclines the heart to weakness.

ASTHMA.

"Asthma," said Bonnier, "is a functional bulbar disequilibrium principally of the motor apparatus with the latter unusually sensitive to respiration. It is an irritation of the pulmonary branch of the pneumogastric nerve, the irritation being accompanied by a pause in the respiration. Inspiration and expiration become a voluntary cerebral act." In order that the bulbar disturbance may exist, there must be a centripetal path of irritation leading to a bulbar cross-road, and a centrifugal path for the irritation to again reach the respiratory field. Nevertheless, we search in vain for a lesion, and, in connection with diseases of the brain, asthma is rarely seen. We need two causes to produce an attack: an irritation, transmitted over a centrifugal path, and a special predisposition in the so-called asthmatic subjects. One of these two causes alone does not suffice to bring on an attack.

Can we remedy the special predisposition of subjects supposed to be asthmatic? No, it is impossible. But the susceptibility of an asthmatic may be modified by a change in his constitution, in his life, in his profession, a change of place or climate, a change through age, or through

wear and tear. Some have been asthmatic only during a certain period of their life. They can tolerate, without responding spasmodically, the causes which formerly provoked their attacks of asthma. Others, on the contrary, remain asthmatics their whole life, and even see their asthma aggravated by emphysema or arteriosclerosis. Some who are undoubted arthritics are cured of their asthma through the development of another disease.

The recognition of the causes of the irritation capable of inducing an attack, and the ability to avoid these causes, play a considerable role in the fate of the asthmatic. The causes are innumerable; and we may truly say that, in an individual with exaggerated reflexes, there are, from head to foot, zones of irritation that produce asthma. To remove the cause of irritation is to do away with the attacks. In the asthmatic then it is not always necessary to direct our attention to the lungs.

The nose is often an important cause in the genesis of reflex acts. Some authors see in it the real and only cause of asthmatic attacks; this is an exaggeration; NASAL ASTHMA, important as it is, is not the only form. Since Voltolini, who was the first to submit observations relative to

the coincidence of asthma and nasal polypi, and the cure of this asthma after the removal of the polypi, most of the specialists seek to cure the neurosis by treating the nose. Though there be some successes with mild cauterization, there are also failures and even aggravations, for instance, when through severe cauterization the mucous membrane becomes inflamed and irritated, without that the effect reaches the bulbar centers. Mild cauterizations, too, are often complete failures.

But the curious and recent aspect of the question is medical. In searching for the cause of asthma in the irritation of the nasal mucous membrane, we approach more and more that affection called hay-fever, of which the nasal origin is not open to discussion. In pulmonary asthma the pneumo-bulbar reflex alone is concerned instead of the oculo-naso-bronchial reflex as in hay-fever; but the mechanism in both is probably identical. Hay-fever, also, should be a bulbar disorder (Bonnier). These so-called nervous asthmas, caused by the inhalations of certain odors, by dust, by the concentrated air of theatres, should also be compared with hay-fever produced by the irritation of pollens; accordingly, there is at present being made, with serums containing

immunizing substances, a whole series of experiments to ascertain how to accustom the nasal mucous membrane to the irritants mentioned. These experiments deserve our attention, because they partake of our principles. After all, what connection have these external irritants, as dust, pollen, etc., with the development of the attack? The latter brings, like a coryza, an intense congestion of the mucous membrane, which congestion in asthma and hay-fever releases the nervous reflex. When for the external irritants we substitute an irritating curative product, we have a veritable method of similitude. There have been more experiments on HAY-FEVER THAN ON PURE ASTHMA, but some experiments on the latter have been tried.

As regards immunization, there are three methods of procedure: the first, the being exposed gradually to the external irritating causes — pollens, dust or odors in the room of the patient; the second, the administration internally, of the tincture of plants which produce the pollen; the third, the instillation into the eye, or more commonly into the nose of a serum obtained from animals into which the toxic pollens have been injected. The first method is objectionable,

the second is preferable, the third, as concerns the eye, a very serious procedure.

Let us put aside, then, the first method. The second method, administering internally the tincture, or rather the fluid extract of plants which produce the pollen, was first tried by Curtis, later on was tried the irritating pollen of rag-weed, *Ambrosia artemisiæfolia*. Among our homœopathic colleagues, Crépel is in the habit of advising asthmatics to apply to their nares morning and evening a little ointment composed of the tincture of Ambrosia and Vaseline (2 grams of the mother tincture of Ambrosia to 20 grams of Vaseline). According to Rice, this manner of producing immunization would only be applicable to the cases produced by pollen. The third method consists in the use of animal serums. The Pollentine of Dunbar is an extract from the serum of horses immunized by means of pollen-toxin. Von Weichardt has originated a serum which he has named Graminol. I do not know the value of these serums of German origin, but we have in France the serum-collyre of Billard and Maltet, a serum the advantage of which I have demonstrated in hay-fever, but with which I have had no experience in pure asthma. This French serum is obtained by injecting toxic pollen

into geese or ducks. These fowl in reacting secrete an antitoxin afterwards found in their serum. This serum is not to be injected, but must only be instilled into the eye or nose. The remedy is prepared in small ampoules of four to five drops each. In the circular which accompanies the serum-collyre we read that grains of pollen have been found in the atmosphere in mid-winter; also that many patients have coryza and asthma at times of the year other than the floral season. According to Darier, this serum-collyre has been used with advantage in the treatment even of asthma. In a recent work, Albrecht (*Deut. Med. Woch.*, May, 1912) publishes the result of a long clinical experience with the Pollentine of Dunbar; he obtained a great number of ameliorations and some cures.

The remedy of Mersch, Alum of Chrome, *Chromico-kali-sulphuricum*, which I have mentioned when speaking of hay-fever, should be tried in asthma also. *Naphthalin* also; Sabadilla afterwards, and finally all the symptomatic therapeutics which I have described under coryza, nasal hydrorrhea, hay-fever and chronic rhinitis. It may be well to mention especially *Arsenicum*, which, in an aqueous coryza that is burning in character, and has all the symptoms of asthma,

sometimes acts like a charm; we must not, however, neglect to supervise its action, for overdone it is liable to cause an aggravation. I will refer to it in nocturnal asthma.

For the symptom "acute coryza preceding the attack of asthma," Pinart and Lambreghts have insisted upon the value of Iodine in homœopathic attenuation, for example, *Iodium* 3rd trituration.

SOME CHARACTERISTICS MENTIONED BY LILIENTHAL: *Carduus marianus,* asthma of miners and those who work in tunnels. **Silicea** for those who are exposed to stone dust, as sculptors and stone-cutters. *Pulsatilla,* when the attack is produced by the vapors of sulphur.

Besides nasal asthma, whose importance is great, there is a form which occurs just as frequently: INFECTIOUS ASTHMA. Let us explain: asthma always remains throughout its innumerable forms, a nervous disturbance, but the cause of the disequilibrium is often an infection. This recent theory is becoming more and more widely accepted, and by infection we understand not only colds associated with exogenetic micro-organisms or with a pullulation of endogenous microbes, but the whole category of external infectious diseases, also autoinfection. That which causes only

an ordinary lesion in the normal individual develops an attack of asthma in the asthmatic, and *this attack lasts as long as the cause remains.* Then let us interest ourselves in the cause and not in the consequence. An individual has taken cold: direct your attention to the bronchitis; when this is cured, the asthma will disappear. A person suffers from auto-intoxication, intestinal or hepatic: prescribe a suitable diet, and do not concern yourself with the asthma. The kidneys do not perform their function properly, and you fear uremic asthma: begin by putting the patient on a milk diet. An attack of asthma is always a consequence and not a cause; and as we cannot cure the consequence, it is necessary to remove the cause. Sometimes the attacks will be occasioned or kept up by minute intoxications, almost infinitesimal, an intoxication often passing unobserved, but at times developing in the predisposed various complications more severe than the cause itself.

The conception of the bacteriological basis of certain forms of asthma has recently induced Parke, Davis & Company, American pharmacists, to place on the market "the phylacogens," which are a modified product of bacterial origin. Naturally, the manufacturers of the product

claim that it will completely subvert our every-day conceptions of asthma and hay-fever.

Any infection, indeed, from a simple cold in the head (coryza), or a bronchitis, to the grippe, measles or whooping-cough, is capable of provoking an attack. We often observe measles and whooping-cough developing an attack in children predisposed to the disease. In these little ones with an arthritic heredity, tracheo-bronchial adenopathy may cause chronic asthma without our suspecting its origin. We say: "The measles is cured, but the asthma persists;" showing that traces of the bronchitis still remain. Though the whooping-cough seems to be cured, there still remain some hidden foci of irritation, or indications of the tracheo-bronchial adenopathy which is so frequent after whooping-cough. In all these cases we must consider the asthma as an accompanying symptom and endeavor to find and eradicate the underlying cause.

We see in our practice how frequently asthma is associated with bronchitis. The type designated as HUMID ASTHMA is nothing more than a bronchitis complicated by attacks of asthma. Sometimes it is a combination of asthma and emphysema with bronchitic attacks, which latter have a tendency to assume sometimes a subacute

and sometimes a chronic form. If there is a point to aim at as quickly as possible, it is to obtain a freer passage of air into the bronchial ramifications narrowed by the congestion or by the dry catarrh: if there is one thing more than another which asthmatics in distress always ask for, it is to be able to expectorate. *To detach the sputum is for the asthmatic an inexpressible relief.*

For asthma of which dry catarrh of the bronchi is the cause, I cannot do better than refer the reader to page 140, where I spoke of **Naphthalin.** Naphthalin has a double action: on the tenacious expectoration and on the dyspnea. We know also that the remedy has been strongly recommended in hay-fever. For reasons the same as in the case of Naphthalin, **Iodide of potassium** is praised in the Old School, its action producing a bronchial hypersecretion and a liquefaction of the viscid exudate, hence a more extensive permeation of air in the respiratory tract, and more active gaseous interchanges. **Carbonate of ammonia** is similar to the foregoing. If Iodide of potassium, instead of producing the second phase of softening and liquefaction, occasions only the first phase of congestive dryness, for instance, dryness of the eyes before lachrymation, the

treatment results in more harm than good. As we have to do with neuro-arthritic patients, we find some paradoxical intolerances. Just as in some individuals the fumes of an anti-asthmatic powder may bring on an attack, so the Iodide of potassium, in such an individual, may also provoke or maintain an attack. The remedy for asthma becomes asthmogenic, or asthma producing! May we not compare these facts to the phenomena of anaphylaxis of which Crépel emphasizes the importance? "Asthmatics," said Crépel, "may be anaphylactic from one of numerous causes. Does not the attack of asthma, by its dyspnea, by some of its skin manifestations, and, in some cases, by its vomiting, resemble an anaphylactic shock? Grey and Southard in their experiences with anaphylaxis, have found; in guinea-pigs, an increase in the bulk of the lungs due to a bronchitic obstruction caused in turn by muscular contraction. Anaphylaxis was the cause of serious complications when a number of Americans tried the antidiphtheritic serum of Roux, for asthma; since that time, according to Gillett, of New York, of twenty-nine patients having seric complications, eighteen were asthmatics, and of these nine died."

For HUMID ASTHMA we find in Lilienthal the

following: *Asclepias, Cannabis sativa, Dulcamara* (in damp weather), *Grindelia, Kali bichromicum* (dependent upon a bronchiectasis), *Sarsaparilla* (from pulmonary emphysema). Indication for *Natrum sulphuricum:* the patient holds his chest with his hands during an attack (Dewey). In W. Boericke's treatise: *Antimonium iodatum, Bacillinum* (see the concluding paragraph of article on asthma), *Cannabis indica, Dulcamara, Kali bichromicum, Natrum sulphuricum* (in children), and *Sulphur.* Last but not least, *Grindelia,* which I have mentioned in detail on page 144. Lilienthal advises *Arsenicum iodatum* for attacks of asthma such as sometimes occur in PHTHISIS; *Mephitis* for ALCOHOLICS.

Huchard has defined true NERVOUS ASTHMA as a nocturnal dyspnea, due to a ptomaine auto-intoxication. Physical or psychic overwork causes similar phenomena through the excess of waste products. J. Roux has said that "to produce asthma it is necessary to have an infection and an intoxication, together with a nervous system specially predisposed." Would not Bouveret and Devic have found in a dilated stomach with permanent hypersecretion, a convulsive substance, in this case a santonin, provoking tetany and dyspnea! The bile and bile salts would cause con-

siderable respiratory change (hepatogenic form). These facts have a bearing on the modern theory of epilepsy, and teach us that the attack is brought about by an intoxication affecting the epileptic reflex of the brain! According to some authors the asthma of Kopp or Millar should be connected with gastro-intestinal intoxication. The ingestion of muscles, oysters and strawberries, producing invariably, in those predisposed, an attack of urticaria, may induce also an attack of asthma. According to these conceptions, then, the diet of the asthmatic should be the same as that of the arthritic in general, and since I do not wish to be guilty of continual repetition, let me say that all these diets are considered in my "Epitome of Homœopathic Therapeutics of the Digestive Organs," page 166. They are important.

Arriaga, of Mexico, mentions his three principal remedies for the attack of NOCTURNAL NERVOUS ASTHMA: Arsenic, Ignatia and Sulphur. For nocturnal asthma he, with just reason, ranks **Arsenicum** highest, Arsenic indeed corresponding to all the marked nocturnal aggravations of the disease. I have already spoken of Arsenic as a remedy for the combination of asthma and fluent coryza, especially if the coryza is burning

in character, or if there is burning in the chest. Arsenic has also marked periodicity. Dewey notes even the exact hour of the aggravation, in saying that when the attack occurs just after midnight, Arsenic acts similarly to Ipecac. He mentions *Kali bichromicum* and *Antimonium tartaricum* when the spasms occur toward 3 or 4 o'clock in the morning; and *Natrum sulphuricum* when from 4 to 5 A. M. Arsenic sometimes acts much better in high dilution (30th, 100th, 200th).

Cuprum (convulsive attacks), *Hydrocyanic acid,* Lobelia (extreme weakness in the pit of the stomach), and a multitude of other remedies, have each their adherents and their opponents. Crépel admits never having obtained definite results from Cuprum, and Ord said: "Concerning the attacks, the ordinary remedies, such as *Kali iodatum,* Lobelia, Cuprum and Arsenicum (!) are often ineffective, because the system is generally saturated with uric acid, of which the quantity increases after each attack."

Lilienthal advises *Carbo vegetabilis* or *Lycopodium* for the asthma proceeding from intestinal irritation with marked flatulence. *Cuprum,* if caused by emotional disturbance. Nervous asthma: *Kreosotum, Magnesia phosphorica, Kali phosphoricum* (Lilienthal),

Cuprum, Hydrocyanic acid, and *Valeriana* (Boericke). PERIODIC ASTHMA: *Arsenic* or *China.*

ASTHMA CAUSED BY GASTRIC DERANGEMENT: *Nux vomica, Zingiber. Pothos fœtida,* amelioration after defecation. Alternating with spasmodic vomiting: *Ipecac* and *Cuprum. Lobelia inflata,* sensation of emptiness of, or weakness of the stomach. *Cadmium sulphuricum* 30th advised by Pinart for gastro-intestinal symptoms.

CARDIAC ASTHMA, said Moncorgé, is a paroxysmal dyspnea in cardiopathy. We observe it most frequently as an imperfectly developed asthma or a condition simulating asthma; at other times as a more definite type, the nocturnal variety. The Weber brothers have demonstrated that respiration may be arrested by an excitation starting in the ventricular region, and F. Franck has established that excitation of the endocardium and the aorta causes spasms of the bronchi and pulmonary vessels, contractions which are the essential element of reflex asthma. G. Sée and Potain have described cardio-aortic asthma, associated or not with angina pectoris; generally we encounter hypertension. SENILE ASTHMA, described in the chapter, Bronchitis in the Old,

page 178, is often a dyspnea due to pulmonary arteriosclerosis.

Lilienthal advises for cardiac asthma: *Digitalis* and *Kali muriaticum.* Physicians of the present day advise **Crataegus.** WITH PALPITATION: *Eucalyptus* (W. Boericke). *Adonis vernalis,* if there is cardiac weakness with irregularity and throbbing (Pinart). CARDIO-RENAL ASTHMA (uremic asthma, acute or chronic): *Strophanthus, Quebracho, Theobromine, Apocynum cannabinum.*

UTERO-OVARIAN ASTHMA, which occurs at the time of the menstrual periods, appears to be of reflex nasal origin (Moncorgé). The mucous membrane of the inferior and middle turbinated bones is swollen; the sensitive zones become hyperesthetic. Asthma due to menstrual irregularities: *Pulsatilla* and *Cuprum* (Lilienthal). Asthma may make its first appearance DURING PREGNANCY, but lactation and nursing seem to moderate it. Asthma of THE MENOPAUSE is more frequent than asthma OF PUBERTY. COITUS may cause an attack: *Ambra grisea* (Lilienthal). Asthma with NOCTURNAL DYSURIA: *Solidago.* The CUTANEOUS SYSTEM acts by the naso-cutaneous reflex (Moncorgé): when there is a sycotic basis, *Thuja* and *Natrum sulphuricum* (Lilien-

thal). Alternating with an itching eruption, *Caladium* (W. Boericke). Suppression, through any cause, of the eruption, **Sulphur** and *Psorinum*. Suppression, through any cause, of the perspiration of the feet: *Oleander*. De Wee devotes a long article to a case of utero-ovarian asthma of herpetic nature; the complete cure of the furunculosis and the asthma was obtained simultaneously by the means of *Kali iodatum* 1st centesimal dilution (*J. Belge d'hom.*, 1896). Asthma with GOUT and RHEUMATISM: *Viscum album* (W. Boericke). Asthma with HEMORRHOIDS: *Nux vomica*. Asthma produced by a GOITRE: *Spongia* (Lilienthal).

ASTHMA OF MILLAR OR KOPP (spasm of the glottis, thymic asthma), according to Pinart, affects by preference lymphatic children with a tendency to adiposis and enlargement of the glands of the neck. Compression of these glands provokes an irritation of the recurrent laryngeal nerve, followed by an attack of suffocation. Pinart found *Iodium* decidedly indicated in asthma of Millar; *Calcarea carbonica* and *Sulphur* may in certain cases be equally useful. If, notwithstanding this medication, the attacks are repeated, and if there is a tendency to chronicity in conjunction with a generalized convulsive

state, *Lachesis* suits best (*Rev. Hom. de Barcelona,* 1898). W. Boericke especially mentions *Arundo* and *Sambucus.*

While it is the duty of the physician to attempt to eliminate the causes of asthma, it goes without saying that in the presence of an intense, ACUTE ATTACK, he must attend to the most urgent condition, and relieve the suffocating asthmatic. We have valuable remedies in our homœopathic Pharmacopœia, and internal and local medication must be on an equal footing.

Ipecacuanha. According to Crépel, among the remedies advised during the attack, there are three especially that give satisfactory results: *Ipecacuanha, Sambucus* and *Moschus.* First in importance, Ipecac, in the lower attenuations, and in the 1st and 2nd centesimal trituration. Dyspnea very great; sibilant rales scattered over both sides of the lungs; spasmodic cough, with difficult gelatinous expectoration. The homœopathicity of Ipecac is unquestionable. We know the story of the pharmacist who could not manipulate the powder of Ipecac without having an attack of asthma. The special affinity of Ipecac for the large and medium bronchi corresponds well with the auscultation of the chest when we hear sibilant, high-pitched rales. Ipecac, in my

experience, loosens the sputum at the beginning of the attack, and helps the breathing, but after a certain time produces the contrary effect; dryness and tenacity of the sputum. My advice, therefore, is not to continue the remedy for long but to lengthen the interval between the doses or give higher and higher dilutions. "The more intense the attack of asthma," said Jousset, "the more Ipecac is indicated. We must not give less than 25 to 50 centigrams of the 1st decimal trituration, especially if there is fluent coryza present, sneezing and a mild diarrhea." Antiga (*La Homœopatia de Mexico,* 1904) prescribes also the 1st decimal. Nausea or vomiting is a confirmation of the remedy.

Sambucus, in mother tincture, has for its indication a considerable dyspnea with an intense desire for air; cyanotic facies; cold extremities. Crépel often alternates the remedy with Ipecac. Antiga, also, advises Sambucus in mother tincture, ten drops in one hundred and twenty grams of water, in spoonful doses.

Moschus is still advised by Crépel in the first triturations; it gives him satisfactory results in dry asthma, especially in women and children. Pinart and Arriaga have found the remedy efficacious in asthma with a hysterical condition.

Nash gives *Senega* very low, five to seven drops of the tincture in half a glass of water, giving it by dessertspoonfuls at various intervals. *Viscum album,* in mother tincture, is the favorite remedy of Pinart. Its effect, he says, is rapid and precise. It exerts a marked action on the nervous system, and, in its pathogenesis, we observe paralysis of all the respiratory muscles, accompanied by stertorous breathing. *Aspidospermine,* as a new remedy, has been advised by Halbert. In the dose of a grain, three times a day, it acts either as a palliative or a curative. It has been given the name Digitalis of the lungs.

Remedies for asthma are innumerable. *Coca* acts as a sedative in one-fourth drop doses of the mother tincture, every three hours (Ghosh). *Chlorine water,* as a palliative in the attacks, facilitates expectoration (Whitman). *Pulmo vulpis,* the lungs of the fox, acts according to the doctrine of signatures, because the fox can run well (?). *Atropine,* in physiological doses (Van Noorden). *Thyroidine* (MacFarlan). Besides MacFarlan, Crépel also mentions it; many of the latter's patients afflicted with hypothyroidism are cured by the administration, several days a month, of Thyroidine. *Ambrosia artemisiæfolia,* already cited under nasal asthma, has made some

cures. *Blatta orientalis* was at one time advocated by the *Homœopathic Recorder*. I have at times employed it, and found it far from useless. We give the third dilution during the attack, and the sixth dilution after the attack is over.

Remedies advised for inhalations are no less numerous than are the internal medicaments. Of them all we must admit that, notwithstanding the competition of other remedies and of modern thought, *Datura stramonium*, despite its antagonists, has always remained an advantageous agent. Stramonium cigarettes are being, and will continue to be, manufactured. There is also *Tucker's specific*, which is largely used; it seems to have for its basis Belladonna, Hyoscyamus, and Nitrite of soda. *Iodide of ethyl* and Pyridine also produce in some asthmatics an appreciable relief. I have seen sufferers who could not sleep unless they took a gram (15 grains) of Antipyrine. Hypodermic injections of Morphia should be employed only as a last resort.

EXCEPT IN PAROXYSMS AND FOR AVOIDING ATTACKS, is it necessary to intervene medicinally? In order that we may remove, if it is possible to remove, the cause of the outbreak, a causal diagnosis here is important. But even when we discover the cause of one attack, the asthmatic may

be affected from some new or different asthmogenic center. At one time he may be asthmatic from a nasal congestion, at another, from a gastro-intestinal intoxication; a third time, he will take cold; on a fourth occasion, a violent emotion will be the provocation, etc. We have not, therefore, made much advance when a patient declares he has asthma! Yet there are some remedies which have an established reputation for this diathesis. In the first place, *Arsenic* and *arsenical preparations*. I will not speak here of mineral waters. Our Homœopathic School generally uses Arsenic and its salts, in asthma, in Hahnemannian attenuations, except in the paroxysms. *Arsenic is given in the low and medium attenuations,* when the respiratory function is normal between the attacks, and when there are no signs of a catarrhal condition of the bronchi (Crépel). *Arsenicum iodatum* 30th, a dose every day for a considerable period, then replaced at intervals by Sulphur 30th. (Pinart.) *Antimonium arsenicosum* (1st and 2nd trituration) when the asthma is a complication of emphysema. Sulphur is always useful as an intercurrent, when the asthmatic has at some time had cutaneous affections. *Nux vomica,* when the patient's symptoms correspond, will produce bril-

liant results. In many cases, according to Clarke, one dose of *Bacillinum* 30th to 200th, once a week, will prove of marked advantage. The good effect is possible, if the Bacillinum renders the asthmatic less susceptible to colds. In asthmatics subject to migraine, who have at the same time attacks of irritation with sensation of dryness of their naso-pharynx, Crépel advises *Sanguinaria* (tincture or first decimal dilution). In asthmatics who have hemorrhoids, and whose attacks of dyspnea are sometimes replaced by paroxysms of sneezing and a catarrhal condition of the nasal fossæ, Crépel has also had good results from *Nux vomica*.

In a recent treatise Rinehart shows the value of **Grindelia** in cardiac asthma, relieving the asthma and lessening the hypertension. (*Hahnemannian Monthly*, October, 1912.)

PLEURISY.

Summary: — Dry pleurisy, pleurodynia. — Sero-fibrinous pleurisy, purulent, hemorrhagic.

Every inflammation of the pleura begins with a period of dryness. Sometimes the dry pleurisy is the one and only modification of the serous membrane. On auscultation friction sounds are heard; or, after a short time, there is formed an effusion which is the representative type of every acute pleurisy.

DRY PLEURISY, which may be mild, or accompanied by fever and general symptoms, manifests itself especially by a severe stitch in the side. As soon as the effusion occurs, the pain in the side diminishes. There exists around a dry pleurisy an inflammatory zone, which latter affects the adjacent muscles and is accompanied by varying degrees of PLEURODYNIA.

Two remedies are valuable in dry pleurisy; Bryonia, of first importance, and Ranunculus bulbosus. **Bryonia** has symptoms, many of which are common to both pleurisy and pneumonia. The remedy acts best when the stitch is located on

the right side, and always when the patient prefers to lie on the painful side. There are moreover the following symptoms of pleurodynia: the pain is increased by the slightest movement, and pressure of the finger on the affected spot is painful. **Ranunculus bulbosus** has intense pain which involves not only the pleura and intercostal muscles, but equally the intercostal nerves. Ranunculus, like Bryonia, has a corresponding preference for the right side. Ranunculus bulbosus is one of the principal remedies for INTERCOSTAL NEURALGIA. Comet recommends the drug for combating pleuritic pains in chronic pleurisy. Kopp mentions *Asclepias tuberosa* 1x. to follow Bryonia: right-sided pleurisy with aggravation by movement, especially the act of stooping. I have had a case under personal observation where Asclepias succeeded in diminishing temperature and effusion in a recurring pleurisy with fever, probably of a tuberculous nature. TRAUMATIC PLEURISY, the consequence of blows or contusions, is treated with *Arnica* (Dewey).

Sometimes, PLEURODYNIA exists without pleurisy. If the malady is the consequence of exposure to dry cold wind, *Aconite* will be the remedy at the beginning, but if the congestion is not quickly arrested by Aconite, we must employ rem-

edies more appropriate to this intercostal rheumatism. For the beginning, there are also BRYONIA and RANUNCULUS BULBOSUS, with their usual characteristics. *Arnica,* if the condition results from muscular overwork. *Rhus radicans,* with shooting pain in the shoulder. *Gaultheria,* pain in the anterior mediastinum. *Guaiacum* is highly praised, by Farrington, in pleurodynia with tuberculosis. *Cimicifuga,* according to R. Hughes, with uterine troubles or hysterical conditions.

In PLEURISY WITH EFFUSION, **Cantharis** corresponds well to the intermediate form in which, following the friction sounds, we perceive the gradual formation of liquid. Cantharis is one of the principal remedies throughout the acute period of the effusion. Jousset favors the remedy's use later, when the febrile movement has ceased or has at least greatly diminished. Cantharis certainly has greater effect than has Bryonia on reabsorption of the liquid; and has also, as observed through auscultation, a decided action when the pleura is not too much thickened by the inflammation or the too prolonged presence of the liquid, the remedy's degree of effectiveness depending upon the nature of the pleurisy;—sometimes Cantharis is without effect. The homœopathicity of

the fly blister is not a matter of doubt: Galippe has found in persons poisoned by Cantharides, congestive lesions near the surface of the lungs, together with pleuritic and pericardial effusion. Blisters applied to the thorax of dogs and rabbits produce redness and inflammation of the pleura, distinctly visible on the parts corresponding to the cutaneous surfaces submitted to the vesication.

If we have been able to control the effusion, after a time, varying in duration according to the nature of the pleurisy, the acute symptoms have a tendency to diminish; but often the fluid remains, and the pleura thickens. Cantharis is no longer indicated, being at this time of little or no value. After the failure of Cantharis, we have sometimes found **Apis mellifica** of value. When the fever has disappeared, and the pain has abated, the poison of the bee acts effectively. MacLachlan relates the history of a case of considerable pleurisy, where Bryonia and Sulphur were without effect: Apis 30th produced a rapid and complete cure. The absence of thirst is characteristic of the remedy. If its action seems exhausted, we may advantageously prescribe *Sulphur*. According to Dewey, Sulphur is one of our most valuable absorbents. Other

remedies have been proposed to aid in reabsorbing the effusion. *Squilla* or *Scilla* (Costa and Biscella). *Senega* (Gallavardin and Marc Jousset). *Apocynum cannabinum*. *Arsenic* is one of the remedies which acts well and quickly, if at all (R. Hughes). It is indicated when there is great anxiety and oppression accompanying large effusions. *Eriodictyon californicum* is favored by Licinio Cardoso, as a remedy capable of furthering the reabsorption of liquid present in the pleural cavity. *Iodine* is advised by W. Boericke in tuberculous pleurisy. At the end of the effusion and for terminating the pleurisy, *Arsenicum iodatum* is still one of the best remedies. *Kali carbonicum* 30th has been advised for the pains caused by old pleural adhesions.

AUTO-SEROTHERAPY has been employed in practice by Gilbert, of Geneva, its use being based on the fact that most sero-fibrinous pleurisies are tuberculous, and that the pleural liquid has certain bactericidal properties. According to Gilbert, Scarpa, Breton and Netter, the subcutaneous injection of the pleuritic liquid, in doses of one to two cubic centimeters, causes in two or three days the disappearance of the effusion, the reabsorption of which was delayed. We find it curious that, although the exudate contains viru-

lent bacilli whose presence has been proved by a positive inoculation into the guinea-pig, these injections are, in the opinion of Mongour and Gentes, without danger, though the experimenters had failures in eighty per cent. of one hundred observations, and had favorable results only in cases which do not appear to have been pulmonary or pleural tuberculosis.

Marcou confirms the action of auto-serotherapy in all sero-fibrinous pleurisies, even in the hemorrhagic type; likewise he believes that we must not interfere with the action of a tuberculin. Marc Jousset has published in the *Art médical,* July, 1911, two somewhat favorable observations. Can we not try the method of Collet in diluting the pleural liquid, and making homœopathic attenuations? Recent experiments have shown that *diluted* serums, either normal or pathological, produce an action more energetic than that produced by the natural serums. Would this new application of autotherapy (the taking of a particle of the disease to cure the disease) now favored by the Old School, by any possibility, fifty years ago, have come to the minds of the allopaths? What a contrast with their old ideas, and how close an approach to the dogmas of Hahnemann! Some have even

favored the injection of the serous fluid of a positive pleuritic patient into another whose discharge has continued interminably (hetero-serotherapy).

It is important to know the CHARACTER OF THE PLEURISY. The TYPE SAID TO BE DUE TO CONTRACTING COLD, a cause accepted formerly as the only one in pleurisy, has lost credit since we have been wide awake regarding tuberculosis. I do not believe we should refuse this type all recognition, at least when the appearances are in favor of an attack of cold; *Aconite* and *Bryonia* must then, for the beginning, be our therapeutic measures. Without doubt, the importance of a cold as an occasional cause will be revived in the etiology of pleurisy, as we have been obliged, in spite of bacteriology, to admit such cause as a factor in bronchitis. TUBERCULOUS PLEURISY at present forms about nine-tenths of all the pleurisies we see, hence the therapeutics of the symptoms I have mentioned in these cases remains unchanged. I do not know of any literature on the use of homœopathic nosodes in pleurisy. According to some authors, we must, if we suspect tuberculosis, insist upon the use of *Iodium* or *Arsenicum iodatum*. Others have spoken, additionally, of *Iodoform*. RHEUMATIC

PLEURISY is frequently seen in rheumatic polyarthritis, and sometimes without the inflammatory attacks. A double pleurisy, we may be almost certain, is rheumatic, ordinary pleurisy being nearly always unilateral. **Bryonia**, sometimes, if the temperature is high, associated with *Ferrum phosphoricum*, is the remedy *par excellence*. The PLEURISY OF NEPHRITIC OR CARDIAC PATIENTS is that most often confounded with hydrothorax. There is, however, an inflammatory element in the former, while the latter is characterized by a mechanical obstacle acting as cause.

HYDROTHORAX, or a passive effusion of liquid in the pleural cavity, has for its principal remedies: *Apis mellifica*, hydrothorax, especially if of renal origin; generalized edema. *Apocynum cannabinum*, hydrothorax of cardio-renal origin: a powerful diuretic. *Spigelia* (Shannon). According to Boericke: *Arsenicum iodatum, Arsenic, Kali carbonicum, Lactuca vir., Merc. sol., Ranunculus,* and *Sulphur. Digitalis*, cardiac dropsy (Hale). *Mercurius corrosivus*, hydrothorax of Bright's disease (Boericke).

TYPHOID PLEURISY may occur during the course of the fever, or, as sometimes happens, late pleural effusions may develop at the time of

defervescence. These effusions are transitory and need no treatment (according to Lyon). *Carbo animalis,* pleurisy presenting typhoid characteristics (Lilienthal). SYPHILITIC PLEURISY: the effusion is less abundant, justifying the usual specific treatment. BILIOUS PLEURISIES (Gilbert and Lereboulet) may occur during the course of mild or grave biliary infections; the pleurisies are located on the right side and are due to the germs introduced into the biliary ducts by way of the lymphatics which traverse the diaphragm. The PERITONEO-PLEURAL INFLAMMATIONS are brought about in the same manner. APPENDICULAR PLEURISIES have been described by some!

I will omit the indications and contra-indications for thoracentesis. Permit me, however, to make this remark: if you suspect tuberculosis, do not tap unless it is imperative, and do not, even in that case, more than partly empty the pleural cavity, because, if a pleural effusion develops from contact of pleura with tuberculous lung, the compression exerted by the fluid on the lung, as in the artificial pneumo-thorax which is practiced nowadays in tuberculosis, retards the progress of the pulmonary infection. We see many cases in which the evacuation of the pleural fluid arouses the pulmonary tuberculosis.

As to PURULENT PLEURISY, I will not devote much time to its *operative conduct*, or surgical management. I will confine myself to remedies. We have remedies for pus in general, which remedies may be also prescribed advantageously in purulent pleurisies. In the period of acute fever, I should try *Echinacea angustifolia*, mother tincture, five drops, four to five times a day; or more typical remedies such as either *Hepar* or *Mercurius*, reserving *Silicea* for empyema without fever, or for use after thoracentesis. Records of cure of this type of pleurisy are not wanting: Pinart, after performing thoracentesis three times, obtained the termination of a purulent pleurisy by the means of Squilla, Cantharis, Hepar and Senega. Dersch recommends Silicea. Roberson Day, with Hepar sulphuris, Sulphur, Arsenicum iodatum and Calcarea carbonica, cured, after aspiration, an empyema in a child of fourteen months. Others have published cases cured with Antimonium tartaricum, Arsenicum iodatum 3x, Calcarea phosphorica 1x, Ferrum phosphoricum 3., etc. In the presence of a suspicious liquid, before the thick purulent collection forms, would it not be advisable to employ the nosodes of pus or putrefaction, *Pyogene*, *Pyrogene*, *Streptococcinum*, etc., and especially

to try *Auto-pyotherapy,* using the proper purulent toxins of the individual himself by means of alcoholic or glyceric dilutions (it is even claimed that simple aqueous dilutions remove the virulence), so as to destroy all the living elements, preserving the toxins, and to administer the latter according to our method, in homœopathic dilutions, by mouth, or perhaps in hypodermic injections, giving the last dilutions in sterilized water? Among homœopaths, Duncan has favored auto-pyotherapy, but I have no knowledge of its use in purulent pleurisy. Duncan claims that the absorption of the proper pus of the patient, by mouth, is innoxious, and cites as proof animals that lick themselves.

There are few articles written on, or books that devote much space to, the subject of HEMORRHAGIC PLEURISY, which latter, except in connection with traumatism and in old and thin subjects, causes us to fear pleural carcinosis.

TUBERCULOSIS

Summary: — Pathological and clinical tuberculosis. — The tuberculins in homœopathic doses. — Homœopathic medicaments favoring the action of the tuberculins. — What Homœopathic physicians should seek! — Standard remedies for phthisis.

I will not attempt to discuss in this short work all the branches of dietetics, hygiene and aerotherapy which concur to arrest the development of tuberculosis; I will not review all that has been said and written regarding the subject of tuberculosis: the mass of volumes, monographs, and magazine articles which, superposed one upon the other, would reach above the Eiffel tower! It is evident that, notwithstanding the discovery of the bacillus, and in spite of the increasing light thrown upon the subject of tuberculosis, we do not possess a key to the problem of achieving infallible cures.

The reason is simple. It is sufficient to study the characteristics of the bacillus, and its means of defence, to establish the difficulties of the task. The bacillus of Koch, as Albert Robin said, has

at its inception the advantage of surrounding itself by a waxy material which isolates it without injuring the surrounding tissues, and renders it invulnerable to all antagonistic agents. The second wall of defence is the tubercle protector which shelters the bacillus; this protector is for the larger part avascular, that is, inaccessible to the substances which, through the blood stream, we might be able to bring in opposition to it. The third obstacle is the bacillus' tenacity of life; it even resists desiccation. What we think we have destroyed is certainly the bacillus, yet at the slightest provocation, and when least expected, it reappears.

But if the bacillus of Koch has its objectionable features, it has also its favorable ones. All things considered, it is not an infectious bacillus; we cannot compare, for example, the torpidity of lupus with the development, sometimes fatal, of erysipelas: although both affections are localized under the skin. Moreover, in comparison to other bacilli, the bacillus of Koch is but slightly toxic; in order to have its pathogenic properties aroused it must generally have a microbian association. It is this necessity of association which explains the large number of cases of men living many years harboring this parasite,

man and germ being able to live in more or less harmony together. The proper division of the tuberculous is into three classes: 1st. the curable; 2nd. those in whom the disease is arrested, and who believe themselves cured; and 3rd. those in whom the progress of the disease cannot be arrested.

From a purely scientific point of view THE TUBERCULOUS CASES WHICH ARE CURED still constitute one of the mysteries of medicine. We know the results of numerous autopsies which are made in hospitals upon patients who have died of other diseases, and in whom calcified tubercles have been found. These subjects had been tuberculous without suspecting it!

Not until radiographs have shown conclusively, by black lines, that the lung is tuberculous, are we convinced as to the condition. We are forced to admit, however, that there is an enormous discrepancy between the results of autopsies, and the practical observation of tuberculosis. Some one has tabulated, without causing much comment, *pathological tuberculosis* and *clinical tuberculosis,* that is, in the one case tuberculous lesions without symptoms, and in the other a tuberculous process with symptoms, and, of course, with lesions. This distinction, though ap-

parently simple, is important in its results; *for when the day arrives on which we are able to make an explanation of purely pathological tuberculosis without symptoms, a tuberculosis compatible with existence, we shall be near to attaining the means for curing clinical tuberculosis, acknowledged as still the greatest scourge of humanity!* It is well known that the worst tuberculosis is that which undergoes caseation, that the cases taking on a fibrous transformation are less dangerous, and that the tubercle which calcifies, cures itself. Aucler tried to give an explanation of these different processes by isolating with chloroform a poison having a sclerosal action, chloroformo-bacilline; and in another experiment he isolated the poison with ether having a caseous action, ethero-bacilline. For still other observers the predominant role would be played by the fatty acids secreted by the bacillus. Many, says Aucler, claim that the soil of the patient is more active than the tuberculous seed itself. It is from the mechanism of this tuberculous evolution that a surer guide to its therapeutics will be discovered.

If the preceding lines are not the work of an optimist, we must nevertheless acknowledge that the study of the tuberculins such as are investigated at the present time, constitutes a real prog-

ress in tuberculinotherapy. Without having found, as yet, a tuberculin, or a bactericidal serum, we have discovered that these viruses, handled with prudence and care, and in subphysiological doses, have an action more efficacious than that of many of the highly praised remedies. As concerns our School, the tuberculins in homœopathic doses, prescribed at the proper stage and correctly chosen, are without doubt superior to all our former measures.

The tuberculinotherapy of allopaths and homœopaths is identical except in the matter of dosage: facts such as this should work toward a unification of the two schools of medicine. "THE TUBERCULINS IN HOMŒOPATHIC DOSES" is the side of the question I propose to study in detail.

Most homœopathic physicians administer these remedies by mouth; Freymouth, an allopathic physician, has shown that even when administered in this manner, tuberculin produces its characteristic reaction; other practitioners give the remedy hypodermically, sometimes providing for each kind of dilution a separate syringe (useful precaution advised by Humeau).

We employ both the tuberculous extracts and the antituberculous serums. The Old School generally admit that tuberculinotherapy (tuber-

culous extracts) is practicable in apyretic, torpid, subacute or chronic forms, whereas the antituberculous serotherapy (serums of Maragliano, of Marmorek, etc.) would be applicable to acute, febrile phenomena with rapid progress, etc. Some among us prefer, for those who have poor resistance, the antituberculous serums in Hahnemannian doses absorbed by mouth; most of us, however, prescribe in acute cases indifferently the tuberculous extracts.

Perhaps I may be permitted to refer here to the trend of our Homœopathic School in this matter. We are nearly all in accord on one point: *the action of the tuberculin to be effective, must not go beyond the patient's power of reaction.* The tuberculin must assist the natural effort of the organism, the action of the antibodies; it should sustain, not upset. Our strongest doses then are still subphysiological, that is to say, they must not occasion inflammatory reactions. But where does the line of subphysiological doses begin? It commences with much smaller doses than the allopaths suppose, because the extreme limits of sensitiveness of the tuberculous toward the tuberculins are not yet known, and perhaps, on account of the individual equation, never will be known. To observe these ex-

traordinary sensibilities we must, as the homœopaths have discovered, keep within the realm of infinitesimal doses, even if these appear absurd to old school physicians; for if there exists by any possibility an individual still more sensitive to nosotherapy, it can be only the subject of cancer, toward the attenuated cancerous fluid.

One group of homœopaths make use of tuberculins in doses slightly weaker than those advised by the allopaths, and follow the allopathic method of progressively increasing the dose, avoiding medicinal aggravations. This method is applicable to slightly affected individuals capable of a natural effort, individuals who are somewhat sensitive to the tuberculin reactions. Another group of practitioners give the same dose frequently repeated, but without augmentation. Some Belgian homœopaths think that the repetition of tuberculins in homœopathic doses is harmless.

A third group of homœopaths follow an opposite plan, commencing with doses relatively large and then gradually diminishing them, being able to do this because the scale of our homœopathic dilutions is unlimited. A fourth group of our adherents, finally, advise not to repeat the dose, as long as improvement continues. I prefer this last

method in confirmed tuberculous cases having disseminated lesions. Give a few doses in the beginning till we see an improvement and discontinue the tuberculin as long as there is no retrogression, such as is indicated by temperature, pulse, weight, appetite, expectoration, cough, by auscultation, etc. *The more advanced the tuberculous case, the higher should be the dilution.* To be a practitioner of this method, one must have a knowledge of the action of tuberculin in large doses as well as of its application homœopathically.

How does tuberculin act? Neither by destroying the bacilli, nor by neutralizing the tuberculous toxin. Conveyed to the tuberculous foci by the blood vessels, said Kuss, Tuberculin cannot penetrate into the central part of the tubercles, which are avascular, nor can it, *a fortiori,* enter into the caseous masses. It has an action then only on the vascularized tissue surrounding the tubercles. When the tuberculin produces a decided reaction, this tissue becomes the seat of an acute inflammation, which, besides being hyperemic and exudative, is characterized also: 1st. by an intense congestion; 2nd. by an abundant sero-fibrinous exudate; 3rd. by the proliferation of the fixed cells; 4th. by the development of

a considerable number of leucocytes which invade all of the tuberculous zone. This progression simply represents, but more intensely and more rapidly, the usual changes occurring in the lungs. These changes we frequently witness with the first trial of the tuberculin of Koch on lupus: an intense congestion, even an exudation, with crusts and falling of the crusts, while the lupic tubercle remains intact.

Then how does the tuberculous attack proceed? In the same manner as that of tuberculin. Gougerot declared the tuberculous follicle to be only a contingent lesion, a part of the inflammatory tissue having undergone epithelioid degeneration: the lesion is composed of a degenerated nodular lesion corresponding to the toxic action of a collection of bacilli. The agglomeration of the follicles produces the tubercle which, to some observers, would be a lesion of defence, for others a mode of tuberculous propagation by the surrounding congestion, the latter isolating the foci by an avascular region, the foci undergoing caseation and excavation. Laveran and Teissier have said: "We know the frequency of pulmonary congestion in tuberculosis; a large number of physicians are even disposed to admit that it is to this congestion that we must attribute the fine rales per-

ceived in the apices of the lungs as the earliest manifestation of the disease." Generally speaking, the tuberculous granulations, wherever their location, surround themselves with an inflammatory zone (Hérard and Cornil). If the tuberculous process develops on the bronchial walls, some endobronchitic lesions ensue as the consequence; if it attacks the pulmonary alveoli, these alveoli present the changes incident to bronchial pneumonia accompanied by embryonic infiltration (Dieulafoy). If we admit the homœopathicity of the tuberculins, it is on this congestive zone of the tuberculous propagation, the stronghold of the enemy, that the tuberculin exercises its remarkable influence; for my part, I do not differentiate between the action of the tuberculous virus on tuberculosis, and its action on the non-tuberculous diseases of the respiratory organs. Whether we give a tuberculin in bronchitis, in broncho-pneumonia, in pulmonary catarrh, or in tuberculosis, the process is identical. The tuberculin, when plainly indicated, aids the neutralization of the congestive toxins. Clinically it acts as an anticongestive. It is dependent, as are all other substances, upon the law of the opposing effects of medicaments: in strong doses (reaction of the tuberculin) it produces conges-

tion; in small or infinitesimal doses, it relieves or lessens congestion.

Furthermore, this action on congestion can be easily verified by the means of our tuberculins in homœopathic doses. Their action will be noticed sometimes in less than eight days, by extraordinary changes in the auscultation of the rales. The moist rales become drier, and the inflammatory zone less extensive: in all the peritubercular parts, the dissemination of the lesions grows less, but the tubercles remain intact. This change in the rales and the inflammatory zone is a small matter, yet it counts for much. For although no one at present, in spite of the disappearance of the bacilli from the microscopic examinations, and in spite of the cures which appear authentic, dares to make assertions as to the bacteriological role played by a tuberculin or a serum, yet we are fortunate in possessing in the tuberculous virus a decongestive agent of the first order.

But let us be on our guard: these agents, which relieve congestion, may also, if their action goes beyond the efforts of nature, produce congestion. Since tuberculin stimulates nature's recuperative power, we must of necessity not go beyond the proper dose, lest we produce a medicinal aggrava-

tion of the congestion. The proper time for giving the tuberculin is at any time when there is a natural reaction. The natural reaction (characteristic of normal serums) occurs only in the presence of a morbid attack. In the congestion itself are found the antibodies of the congestion; the medicinal tuberculin only intensifies their action. It is for the latter reason that many homœopaths are in favor, as long as the amelioration continues, of giving the doses at infrequent intervals. We must not give tuberculin when the tubercles are quiescent, that is, when they are in a state of bacillary rest. These ideas regarding the action of tuberculins are not, however, admitted by every one.

NOW LET US CONSIDER AND REVIEW THE DIFFERENT TUBERCULINS AND SERUMS, AS EMPLOYED IN HOMŒOPATHY.

Bacillinum of *Compton Burnett*.—The idea of prescribing for phthisical patients the sputum of anyone suffering from the same disease is old. In 1638, Robert Fludd, a professor of anatomy, advised, in a treatise, the following: *Sputum rejectum a pulmonico post debitam præparationem curat phthisin* (Sputum rejected from the lungs, after its proper preparation, cures phthisis). Martino, a Portuguese homœopathic physician,

who resided in Rio, and died in 1854, favored *tubercina* before Compton Burnett. In 1874, Swan, a New York homœopath, triturated, with sugar of milk, the sputum of a tuberculous patient, and called this substance *Tuberculinum*. Some years later Burnett (a homœopathic physician of London) prepared his *Bacillinum*, by triturating in alcohol a portion of lung taken from a typical tuberculous patient in a manner so as to include the walls of a tuberculous cavity with their adjacent tissues, in a word, the bacilli, debris, ptomaines and tubercles of all kinds. In his book, "The new cure of Consumption by its own virus," 2nd edition, 1892, Burnett made the following recommendations: 1st. The virus must be administered by mouth, in what the homœopaths call high potencies. The lower dilutions are inadmissible. "I have never used it below the thirtieth centesimal strength," says the author, "and when I fear starting up constitutional troubles, I never go below the 100th centesimal dilution." 2nd. The doses must not be administered too frequently; one dose each six or ten days is my rule in practice. 3rd. In a certain stage of consumption the virus no longer benefits the case, but I have not been able to determine the exact period at which it ceases to act cura-

tively. It is neither the chronicity nor the length of continuance of the phthisis, but its degree of intensity which determines our point.

According to Rovirata (*Hom. practica of Barcelona,* May, 1912), Bacillinum acts best in acute cases: its chronic equivalent is *Psorinum.* The characteristic of Bacillinum is its rapid action. If it does not act at once, there is little to be expected from it. As a rule, it is efficacious in simple, in non-complicated and in not too advanced cases of pulmonary phthisis. In the tuberculous process there are numerous complications that require special treatment, as alcoholism, syphilis, malaria, anemia, dyspepsia, and vaccinosis. An important consideration in the administration of Bacillinum is to employ it in infrequent doses. Mookerjee thinks that Bacillinum has been curative in many cases of doubtful nature; that sometimes it benefits the condition of the lungs, solely by relieving the congestion of these organs and thus facilitating the action of other remedies. Bacillinum 30th does not cure advanced phthisis, but one or two doses a week notably relieve the most alarming and the most painful symptoms, as the cough, night sweats, and fever (*Hom. Envoy*). A detailed

study of Bacillinum may be found on page 155, in the homœotherapy of the tuberculins.

The **Old Tuberculin of Koch.**—A splendid article of Harlan Wells', entitled "A practical and favorable method of treating pulmonary tuberculosis with tuberculin," has appeared in the *Journal of the American Institute of Homœopathy*, February, 1912. Wells employed the old tuberculin of Koch in hypodermic injection. Wells always commenced the treatment with the 6th decimal dilution. If the patient was an adult, and if no reaction followed the first dose, he gave one-tenth of a cubic centimeter of the 5th decimal. He then increased the dose one-tenth cubic centimeter at each injection, until it reached the 3x dilution. If a reaction followed, Wells waited that everything might be calm, and then resumed the dilution above the one that caused the reaction. Concerning the intervals between the injections, he generally gave two injections a week till the third week. It will take at least two or three months to judge if the treatment has proved of any permanent benefit. Wells cites many cases where the bacilli disappeared from the sputum. He explains the favorable action of the tuberculin in about the usual manner, namely, that it stimulates the cells of the

body, enabling them to form agglutinins, opsonins, and other substances related to the immunizing process. In a patient whose nutrition is poor, and who is functionally disordered, the organism is not in condition to respond to the stimulative action of tuberculin, consequently the tissue cells cannot form immunizing substances.

In the opinion of Moll, of Brixen, tuberculin is not only a specific for pulmonary tuberculosis but it is also a good remedy for bony suppurations, especially in cases that have been rebellious to other remedies. In these conditions we must employ only the high dilutions. The 60th decimal gives prompt reactions. Moll cites many favorable cases in which he used the 250th decimal dilution. Lambert makes frequent use of *Tuberculinum* 200th, one dose every week; the 30th generally producing aggravations (*British Hom. Society*). It has been remarked that homœopaths speak as often of aggravations with the high dilutions as with the low. Do not the phenomena of anaphylaxis occur more commonly as a result of small quantities? Yet medicinal aggravations are less pronounced in homœopathic than in physiological doses, weak as the latter may be.

In a brochure entitled *The Modern Treatment*

of Tuberculosis, Barcelona, 1907, Olive y Gros states that he employs the tuberculin of Koch generally in the 200th, residual tuberculin in the 200th, dialyzed tuberculin in the 100th, the filtered bouillon of Denys in the 2000th, chloroformed tuberculin in the 100th, the serum of Marmorek in the 30th, the serum of Ferran in the 12th, and Aviaire in the 100th.

The **New Tuberculin of Koch** *or tuberculin T. R.*—The new tuberculin of Koch, as well as the emulsions and filtrations, must, according to Trudeau, be preferred, because with it the tendency to febrile reaction is less than is the case with the old tuberculin. Jager, of Hildesheim, employs the new tuberculin in the 6th and 7th decimal, by mouth. Scheidegger, of Aarau, Switzerland, has had the best success with the T. R. (residual tuberculin) in low dilutions, administered at long intervals, in the early stages of the disease.

The **Bacillary emulsion** (pulverized bacilli in glycerin and water).—Hallock (*Hahn. Monthly*, February, 1912) has found that "the bacillary emulsion" in dilutions produces the best results in patients who are without fever, and whose general condition is good. A temperature up to 99 or 100 degrees Fahrenheit (about 38 degrees

Centigrade) is not a contra-indication; but if the temperature is higher, we must expect no effect from the tuberculin until the acute symptoms have disappeared.

The **Filtered tuberculous bouillon of Denys** is one of the tuberculins most often employed by homœopaths. Humeau and Ravet, of Havre, have published lately the results of their practice (*Art médical*, January, 1912, and *Archives medico-chirurgicales de Normandie*, March, 1912). These physicians are using the tuberculin of Denys, in true homœopathic doses, either hypodermically or by mouth. Humeau and Ravet never commence lower than the ninth decimal, and often much higher. Once the initial dose is fixed, 9th, 12th, or sometimes the 15th decimal (20th in one case), the treatment is continued by three injections a week, until the 3x dilution is reached. If there is no reaction, these doses are of 1/10, 2/10, 3/10, etc., of each solution. After 9/10 of one dilution, they pass to the next lower decimal dilution, so as to have a regular and constant progression. When a reaction is produced, it is an invariable rule to suspend all further injections, until the disappearance of all reactionary phenomena. The custom of Humeau and Ravet is, even at the beginning, to avoid aggrava-

tions, they never begin at once with tuberculin. In treating a case of pulmonary tuberculosis the patient is first given hygienic treatment, more or less severe, sometimes rest in bed, the individual requirements governing each case. The patient's temperature is taken, he is given, according to the indications, an internal remedy, and meanwhile, before the injection of tuberculin, is given close study. This minute knowledge of the patient is necessary for fixing the initial dose, and the character of the further specific treatment. The dose, that is, the intensity of the excitation, must be such that the affection will take on a more acute form during which, temporarily, the patient will be weakened. *Its action, to be effectual, however, must not pass beyond the successful reactionary struggle of which the organism of the patient is capable.* Humeau and Ravet have seen the great majority of their curable patients obtain from the treatment, amelioration and even complete cure; but besides these results, they have had, also, cases where the same remedy, in widely different dosage, did not appear to act. They were unable to judge in advance the favorable or unfavorable reaction. In another series of tuberculous cases these physicians have adhered to one

and the same dilution satisfactorily, without increasing the dose.

P. Jousset gives the filtered tuberculous bouillon of Denys successfully in the 6th, 10th, and 12th decimal. As soon as a reaction appears, he prefers to suspend the injections entirely rather than continue with weaker doses. In another article, collaborated with G. Proust (*Art médical*, Nov., 1907), Jousset's opinion, from an experience with more than forty phthisical patients, was that the bouillon of Denys, with a careful technique, is entirely inoffensive, and that its beneficial influence is shown by the constitutional condition, the febrile movement, and even by the condition of the pulmonary lesion. Jousset remarks that, in this treatment, the cure is assured when the injections of pure filtered bouillon do not produce an increase in temperature. In such case, and then only, we must discontinue the treatment. Tuinzing uses the 7th and 8th decimals. Rankin, in a sanatorium, employed doses from 1/1000 of a milligram to 10 milligrams.

I have personally given, by mouth, the tuberculin of Denys in the form of globules saturated with the high dilutions, the 100th, the 200th, and the 500th centesimal. As extreme as these dilutions appear, it is yet with them that I have

in advanced cases most frequently and most easily arrested the progress of the disease: I refer to cavities. Again, as extraordinary as may seem what I am about to say, these tuberculous cavities are not protected from medicinal aggravations, not even against these imperceptible doses that old school physicians have termed quackery. To deal with the theory of attenuations in this cursory manner is vain, when we have examined from every angle, and confirmed the facts. I have often arrested, temporarily, with these high dilutions, the development of a progressive tuberculosis characterized by a persistence of the fever (but not the fever having great fluctuations, from streptococci or acute pneumococcal infection), an incessant cough, abundant expectoration, pulmonary perituberculous congestion, and anorexia. I give one single dose of ten globules of the 100th, 200th, or 500th; in the beginning I repeat the dose every three to eight days, till an improvement takes place (requiring sometimes only two or three doses). *As long as the improvement continues we must not renew the dose.* I have thus been able to lengthen the intervals between the doses, from eight to twenty-one days, and from fifteen days to a month. The tuberculous quiescence may last many months.

In a patient who appeared unusually improved and who had only a slight expectoration in the morning, I had this expectoration examined: it still contained a number of the bacilli of Koch, and some pneumococci. Here, then, was a case of temporary cessation of perituberculous congestion all about the tuberculous foci, without a cure of the tuberculosis. I have at present among my patients a young girl with a cavity in which the tuberculous process progressed rapidly, and who during her paroxysms of coughing vomited almost incessantly. For the past year and a half this patient, taking Denys' 500th, has kept fairly well. The cough having almost left her, the poor girl announces to me that she is cured. No class of persons exceeds the tuberculous in optimism! Temporary as the ameliorations are, they constitute nevertheless, a real progress in tuberculinotherapy, and the above method of treatment far excels the sedative syrups, which latter have a depressing effect, excels equally Creosote, which ruins the stomach, and superalimentation, which occasions enteritis. There may, of course, be some advantage in employing, during the interval of the doses, any accessory measure which may assist in bringing about a favorable result. But the two cases that I have cited, and also others,

have been treated solely by these attenuated doses of Denys', without the employment of any adjuvants. Many of the patients were too poor to undergo expense. The tuberculin of Denys' in high dilution is also used by Nebel, Vannier, Chiron, and others.

The Dilute Serum of Marmorek. — We are here concerned with his antituberculous, not with his antistreptococcic, serum. Marmorek does not believe in a tuberculous infection; for him there is only an intoxication, and it is only antitoxins that he has tried to manufacture. Without discussing here the advantages or disadvantages of this serum in the doses advised by the author, and without speaking of the accidents that the remedy has caused through its excessive strength in hypodermic injection (accidents that suggest its employment per rectum), I will begin at once with that side of the question which interests us: the employment of the serum in homœopathic doses, diluted to the 6th, 10th, or 30th centesimal attenuation, and administered by mouth. Nebel was the first to advise the serum in medium homœopathic doses.

For five years, Léon Vannier, upon the advice of Nebel, has employed this dilute serum, and he has been able to collect 530 observations grouped

by him into two categories, the tuberculinics (those predisposed), and the tuberculous. He places in connection with the group of tuberculinics certain conditions which, by a few modern authors, would be considered prodromes of tuberculosis, a classification which suggests the similarity between tuberculinics and the pre-tuberculous or good subjects for tuberculosis. According to Vannier, tuberculinics present themselves under various aspects: 1st. the febrile (febrile without apparent reason); 2nd. persons subject to colds (persons who have cold after cold, and coryza after coryza during the winter); 3rd. dental patients (persons predisposed to tuberculosis, said he, seem to make a rendezvous of the dentist's chair); 4th. constipated persons; 5th. cardiac patients (especially functional heart disease). All these types of intoxicated persons are benefited by one or more doses of the diluted serum of Marmorek (*l'Homœopathie francaise,* May, 1912). Vannier passes then to the truly tuberculous. The serum of Marmorek, being essentially an antitoxic serum, suits the pulmonary tuberculous, who, notwithstanding the gravity or extent of their lesion, have poor resistance. Vannier has always observed a rapid improvement in the general con-

dition, and a progressive increase in the weight of those under the influence of the diluted serum; but he has remarked that on the first, and especially on the second day following the absorption of the serum, there appeared pains in the apex of the lungs, an obstinate cough, and a state of unaccountable fatigue. Then there is a return to normal conditions. This series of transient aggravations prepares the way for a progressive improvement. Everything continues as if there existed a truly negative period, similar to that caused by the vaccines, this negative period being followed by a positive condition much more prolonged, and in the latter the cure is completed. This is also the opinion of Nebel. In osseous tuberculosis the serum has always brought a considerable improvement of the pains (clinical observations of Pott's disease and spina ventosa), and with this improvement the rapid diminution and even the complete disappearance of the violet discoloration so characteristic of tuberculous fistulæ. When there is pus, the discharge for the first few days is more abundant and then gradually diminishes. Two cases of peritoneal tuberculosis have been successfully treated with the serum, one by Vannier, the other by Mondain. Three cases of tuberculosis of the urinary tract

were cured with the diluted serum (*l'Homœopathie francaise,* April, 1912). Tuberculous meningitis; one favorable case by Renaud-Badet.

Regarding a case of peritoneal tuberculosis, Mondain says: "If the case is acute, or the organism too much depressed, we furnish to the cells in peril the prepared antibodies by administering a dilution of the antituberculous serum of Marmorek; later, when the general condition has sufficiently recovered so as to easily allow the patient to manufacture his own antibodies, we may, after studying his constitution, his temperament, and his symptoms, make a choice of the most suitable tuberculin, both to complete the cure and to effect immunization. Is not this method of isopathic protection the best? It is the one that nature herself employs in her spontaneous cures. We, faithful servants of nature, only imitate and assist her."

Bovine tuberculin, or tuberculin of animals (cattle), is prepared in homœopathic attenuations, in London, by Epps and Nelson. Moir and Hey think that, in accordance with what they have seen of its use, the bovine tuberculin gives better results than does the ordinary human tuberculin. According to Ord, an occasional dose of bovine tuberculin in the 30th is undoubtedly use-

ful to those who have been treated by the old method of frequent doses of ordinary tuberculin, but Ord has never been successful in completely curing a case by bovine tuberculin only. Bishop has mentioned the necessity, when the condition remains stationary, of changing the human tuberculin for the bovine.

Aviaire tuberculin, or tuberculin of birds, was tried in human tuberculosis by Pierre Jousset, nearly twenty years ago. Although the patients requested the remedy, Jousset, Sr., has never confirmed any effects in human tuberculosis. I have, in speaking on page 161 of the homœotherapy of the tuberculins, insisted especially upon the value of Aviaire in the non-tuberculous diseases of the respiratory organs. According to José Galard, Aviaire, in tuberculosis, is especially indicated when the symptoms are acute and of such a nature that they may develop into broncho-pneumonia. Wheeler, also, prefers Aviaire in acute cases, but especially in the exacerbations of chronic pulmonary affections with profuse expectoration. His favorite dilution is the 100th, repeated every twenty-four or forty-eight hours, until improvement appears.

HOMŒOPATHIC REMEDIES FAVORING THE ACTION OF THE TUBERCULINS. This is the place for

a serious and thorough study of homœopathic remedies capable of preparing the way for the action of the tuberculins or of achieving the favorable effects of immunization. A number of us have confirmed as irrefutable the benefit from the tuberculins, a benefit, however, of short duration. Too often, at the expiration of a few months, improvement ceases. Numerous facts lead us to believe that even our ultra-infinitesimal doses do not prevent the tuberculous from having anaphylactic complications, the latter, however, never grave. Unfortunately the study of remedies which can be favorably associated with the tuberculins is not far advanced. Fragmentary, as is all the work which has been accomplished in regard to this subject, this work yet shows that the salts of lime, **Calcarea carbonica, phosphorica, iodata** and **fluorica** are incontestably the remedies most often mentioned therein. In threatening tuberculosis with acid dyspepsia as well as intolerance for milk, Clarke recommends for subjects inclined to be fat *Calcarea carbonica;* for the same symptoms in thin subjects, *Calcarea iodata.* "The fat and flabby patient so often requiring Calcarea," said Wheeler, "is not of the tuberculous type, nevertheless, after the administration of Calcarea, he is often in good condition

for the use of Tuberculinum. The cold and damp feet so characteristic of Calcarea correspond also to Tuberculinum." Stonham cites, in a child of seven years, a cure of incipient tuberculosis with Tuberculinum of Koch 30th, given every fifteen days, and followed by the administration of *Calcarea phosphorica* 6x. According to Burnett the progress is more rapid when the tissue salts (Schuessler's remedies) are given after the consumptive state has been cured. Burnett cites the case of tuberculosis of Lord X——, who, after the partial cure with Bacillinum, feeling well, but not entirely cured, was given, with good effect, *Calcarea phosphorica* 3x. "Because of active interchanges of mineral matter in phthisical persons," Nebel said it is necessary for them to have a well regulated diet, a diet especially of vegetables, to which latter should be added the physiological salts in low trituration: *Calcarea carbonica*, from the 3rd to the 6th; *Calcarea phosphorica*, from the 2nd to the 6th, and intermittently, for a short time and according to their characteristic indications: (the remedies of the heart and liver) *Cactus grand.*, *Cratægus* θ, *Chelidonium*, from the θ to the 30th; *Taraxacum* θ, etc. Jager alternates the new Tuberculin of Koch, in the 6th or 7th decimal with the homœopathic remedies that

are called for by the individual's symptoms. Thus he mentions the alternation of Apis and Tuberculin, Pulsatilla and Tuberculin, Bryonia and Tuberculin, etc. A complement, often indicated, of Tuberculin, said he, is *Bryonia,* so useful for the patient sensitive to wind, cold or dampness (*Zeit. der berliner Ver. hom. A.*, 1903). Moll uses concurrently with Tuberculin, *Bryonia* and *Arnica,* remedies useful in chronic suppuration of the lungs (*Leipziger Z. fuer Hom.*, 1903.)

Nebel and Léon Vannier in the Journal *L'Homœopathie francaise,* insist on the necessity of proper elimination in the tuberculous, that is the necessity of preventing the accumulation of toxins. The success of tuberculinotherapy, according to Nebel and Vannier, is dependent upon this procedure. Vannier advises the use of diuretic drinks (verbena tea), and recommends homœopathic remedies which, according to him, act as medicinal eliminants.

The remedy of elimination is that which has an elective action on the tissue or organ attacked by the microbian invasion and of which the defective function impedes the elimination of toxic substances. The elimination may be accomplished in many ways: 1st. by stimulating the venous circulation, the latter in such case always slug-

gish; and by thus re-establishing an arterial circulation embarrassed by the state of the venous tension. The typical remedy of elimination for a tuberculous patient who has poor resistance would be *Pulsatilla,* the venous remedy; 2nd. by increasing the amount of liquids introduced into the body; 3rd. by stimulating the glands whose secretions are modified either by a remedy with an elective action (as *Ceanothus* for the spleen, *Solidago* for the kidneys and liver), or by a glandular extract, or by a tissue of the same nature as the gland. L. Vannier never gives a tuberculin to an organ not previously drained by elimination. Regarding the tuberculous for whom the tuberculinotherapy is apparently contraindicated, theirs is the soil which must not only be drained by elimination, but must be repaired as well; to accomplish these objects we must begin with the use of a serum before innoculating with a toxin. As regards the serums, Nebel and Vannier consider it useless to employ them in high dilution. They believe the 5th, 10th and 30th sufficient for all cases. As to the tuberculous toxins, their dilution should always be high.

The dilute serum of Marmorek will liberate the specific toxins, but only after the organism has been largely drained by elimination. *Bryonia,*

Cratægus, Pulsatilla, Mercurius solubilis, according to the two authors mentioned, would be the principal remedies of elimination in those patients to whom one is justified in giving the *dilute serum* of *Marmorek.* These remedies are related to the symptoms of so-called oxygenoid constitutions studied by Grauvogl, that is, of persons whose cells consume too much of a certain element and who are similar to the hyperacid and decalcified individuals recently described by Professor Robin. Vannier gives a list of the oxygenoid remedies: *Natrum muriaticum, Kali carbonicum, Bromium, Iodium, Spongia, Sulphur iodatum, Ferrum, Arsenic, Phosphorus, Kreosotum, Nitricum acidum, Platina, Stannum* and *Silicea.* The oxygenoid constitutions correspond to the mineral constitutions which latter require *Calcarea carbonica, Calcarea phosphorica* and *Calcarea fluorica.*

If the patient, said Harlan Wells, is in so weakened a condition that the cells are incapable of reacting to form antibodies, it is useless to expect tuberculin to bring results. When the body refuses to respond to the indicated remedies, we often, in Homœopathy, think of Sulphur, but we all know in tuberculosis how prudent we must be with this remedy.

Authorities other than Wells have recommended, in chronic cases, *Psorinum*. Rabe thinks that Tuberculinum is often the chronic of Pulsatilla. The latter has amelioration in the open air. Birdsall claimed that we must change the tuberculins. Bishop has remarked that the action of tuberculin seems to cease when the remedy is employed for some time. In such cases he changes the culture. Where he has used human tuberculin, he replaces the latter with bovine, and *vice versa*. In most cases these exchanges between human and bovine tuberculins bring an improvement. (*Journal of the American Institute of Homœopathy*, 1909.)

WHAT HOMŒOPATHIC PHYSICIANS SHOULD SEEK! In the contest for the cure of tuberculosis we observe the two Schools investigating according to the law of Pasteur the immunization by the proper substance of the disease: pure isotherapy. I have had occasion to mention in this book, on page 161, the remarkable virtue of tuberculins for non-tuberculous diseases of the respiratory organs: an example of pure homœotherapy. Why should not a like reciprocity exist for tuberculosis, and who shall say that we should not find the immunizing substance in a similar, but not identical, toxin? The prominent example of the

correspondence between vaccine and variola is certainly a case of pure homœopathy. Why should not the same rule apply in tuberculosis?

We know that certain animal species are rebellious to tuberculosis, and extremely sensitive to other diseases. For example, man, who is the best culture medium for tuberculosis, can become infected with glanders only by inoculation; the horse, which is the principal victim during epidemics of glanders, is, on the contrary, less sensitive to tuberculosis.

Glanders, leprosy and aspergillus fumigatus (a genus of fungi) develop anatomical lesions similar to those of tuberculosis (Dieulafoy).

Guided by these facts I have been, for many years, investigating, in the laboratory of Saint Jacques Hospital, the relationship between glanders and tuberculosis, and have presented an account of this work to the Fourth Congress of Tuberculosis, held in Paris in 1898. My work and studies may be found *in extenso* in the report of that Congress. I cannot, in a manual of therapeutics, devote much time to laboratory experiments, which latter, from a clinical standpoint, unfortunately have not brought me very encouraging results, probably because of too strong and too oft repeated doses, but even with

these slightly encouraging results, I have been able to observe, through clinical aggravations, the action of various *glanderins* or *malleins* as sensitizers of tuberculosis. These facts corroborate the previous experiences of Borrel, experiences which demonstrated that *tuberculous guinea-pigs react to mallein,* and this latter fact, said Meillère, implies either *a close relationship between the two affections,* or a specificity, not absolute, of anaphylaxis.

I myself, in addition to the experiments with *Mallein,* have studied a group of glanderins, some of them by heat. I also heated glandered bouillon, concentrated it and added glycerin and obtained others by cold precipitation in alcohol, or by oxygenated water. From the results of laboratory experiments I have observed: 1st. glanders does not grow in a bouillon in which a living culture of tuberculosis grows; 2nd. the bouillon containing the bacilli of tuberculosis and of the tuberculin, passed through the autoclave and freed of living germs, prevents the development of glanders. My idea that perhaps the negative results of resowing might be caused by the acidity of the bouillon or through action of the first culture by the bouillon's impoverishment in nutritive principles caused me to make a new

series of investigations, taking the bouillon of tuberculosis passed through the autoclave and filtered, alkalized anew and rendered nutritive by adding peptone and a little glycerin, following the customary formula. I have sown glanders germs, and they did not take; 3rd. a mixture made of equal parts of pure bouillon and of tuberculous bouillon, and passed through the autoclave prevents also the growing of glanders germs; 4th. but taking simply a few drops of tuberculous bouillon boiled with a pure bouillon, the culture of glanders may be produced, the bouillon becoming cloudy in appearance.

I have tried to develop the two diseases in one and the same animal; I have taken healthy and tuberculous guinea-pigs, and inoculated them in the peritoneum with an injection of a culture of glanders grown on potato. In about three days the healthy guinea-pigs had an intense double orchitis, which I used for new cultures. After about ten days two of the tuberculous guinea-pigs, inoculated with one and the same culture, died of tuberculosis, without showing any glanderous orchitis, or glanderous canker; the third tuberculous guinea-pig showed a wound slightly greyish in appearance, and, after the ten days I sacrificed the animal. There was only a small

purulent focus in one of the vaginas, without inflammation, adhesions or glanderous granulations; but in collecting the pus from this little focus, a focus smaller than a pea, I obtained on potato a typical culture of glanders. The tuberculous guinea-pig, then, was slightly glanderous. In reference to this conclusion Professor Nocard, President of the Congress, remarked: "You have cited examples of tuberculous guinea-pigs who have not contracted testicular glanders after peritoneal inoculation: immunity here is caused by a special condition of the serous membrane (!); however, you should have had the glanders virus taken into and absorbed by the mouth, then your tuberculous guinea-pigs would have become glanderous." (*Citation from a reading during the Congress.*) It perhaps, as regards the tuberculous, would be useful or at least interesting to know the properties of serums from glanderous animals, or of animals having received glanderous toxins.

Glanders is not the only disease that interests us in the homœotherapy of tuberculosis. We may also take notice, as a simple proposition, of all the zoogleic pseudo-tuberculoses, or others like aspergillosis, etc.; but it seems that the aspergillosis in man becomes associated with true

tuberculosis; neither of the two diseases, then, will be immunizing: we must study the relationship of leprosy to tuberculosis, etc. Wheeler claims that when Tuberculinum proves faulty or fails, *Syphilinum* sometimes produces a reaction. Wheeler gives the principal indications as: nocturnal aggravation; stupefying cephalalgia; habitual constipation and tuberculous iritis.

I hope I may be pardoned if I do not devote much time to THE STANDARD REMEDIES FOR PHTHISIS, remedies employed for many years in our School; for some among us they still hold an important place, others consider them inadequate for coping with the congestive and inflammatory processes, as compared with the successful results from tuberculin; but we must add: "Provided it is successful," and this shows the uncertainty, as yet, of the method.

Most of these homœopathic remedies for phthisis are directed to the symptomatology, it is then all the symptomatological remedies of the lungs that we must review. There is one remedy which presents symptoms similar to those of pulmonary phthisis: Phosphorus, a remedy which must be manipulated with much care. Often the tuberculosis is a *"noli me tangere"* (it should be let alone). It is an error to believe that we must

constantly be giving drugs to tuberculous patients, and especially to be administering to them in frequent and repeated doses, remedies with symptomatologies similar to the disease. We may easily develop medicinal aggravations in such patients. Though many experimenters have been able, by means of Phosphorus, to show the opsonic index of a tuberculous person, let us use *Phosphorus* and *Bryonia* prudently in tuberculosis; the more clearly the remedies are indicated by the exact symptomatology, the less frequently must we repeat the doses. Bryonia often diminishes the acute cough of the tuberculous; we must discontinue the remedy as soon as improvement begins, for it may produce an aggravation after the improvement.

But if there are some remedies very difficult to manipulate, there are others which act, even in small doses, as reconstituents of tissues, and with which we need not fear aggravations. The most useful are the salts of Lime and the salts of Arsenic. The salts of Lime for the tuberculous constitution, the iodide of Arsenic for tuberculosis, in the 1st and 2nd potencies (preferably fresh triturations), and the iodide of tin (Stannum iodide) in the cavity period, are the standard remedies of our Homœopathic School.

Calcarea carbonica suits especially the scrofulous and those of adipose appearance: the non-resisting leukophlegmatic temperament, with swelling of the upper lip, and rather insensitive. Calcarea is the opposite of *Phosphorus,* which latter suits tall persons with narrow chests, of too rapid growth, and great sensitiveness. Patients requiring Calcarea are worse in the open air, those requiring Phosphorus are better. According to Dewey, Calcarea carbonica suits especially consumptives in the third stage. **Calcarea phosphorica** suits better when the emaciation is rapidly progressive. **Calcarea iodata** is of greater value when there are glandular complications. *Calcarea fluorica,* when the tuberculous toxins attack the heart and blood vessels. Villechouvaix recommends this remedy in the 2nd centesimal, 3x, and in the first centesimal, for tuberculosis in general.

If *Arsenic* used alone in homœopathic dilution belongs in the class of remedies which must be carefully administered, the iodide of arsenic, **Arsenicum iodatum** 3. is without exception the most frequently used in the advanced stage, to keep up the strength and increase the appetite. Arsenicum iodatum is also one of the most useful remedies in the first and second stage. The

Arseniated or methyl-arseniate disodic in the third decimal trituration, is advised by Lambreghts in rapidly progressive tuberculosis with fever and pulmonary congestion, providing we avoid doses sufficiently strong to cause aggravation. Jousset considers the remedy dangerous.

In advanced stages, with suppuration of the lungs, we obtain amelioration with **Stannum**, **Stannum iodatum** and **Silicea**; Stannum iodatum is, by many colleagues, praised highly in the following doses: 2nd decimal, 3rd decimal, 3rd and 6th centesimal, etc. Ord advises Stannum iodatum 2x, five to fifteen centigrams three times a day after meals. Arnaud, of Vilanova, gives the remedy in about the same manner. *Drosera,* in mother tincture, temporarily diminishes the cough of phthisical patients. *Guaiacol, Acidum gallicum, Balsam of Peru, Iodum, Iodoform, Kreasotum, Ichthyol,* etc., are advised in current medical literature generally. The principal remedies of Nash, found in his book on the Diseases of the Respiratory Organs, are: *Sulphur, Psorinum, Tuberculinum, Hepar, Calcarea carb., Phosphorus, Arsenic* and *Sanguinaria.*

The advanced stages of phthisis are maintained by manifold microbian association. There is in the

cavities not only the bacillus of Koch; all the microbes of suppuration multiply there freely. One realizes that the only means for diminishing the fever and for combating anorexia in the tuberculous is to diminish, if possible, the intoxications. The only chance that we as yet possess lies in the tuberculins of very high dilution and infrequent dosage. In one tuberculous patient, with a severe type of infection, I never succeeded in lessening the terrible disgust for food until I gave high and infrequent doses of the tuberculin of Denys, a treatment which greatly improved the general condition. I do not know of any special remedy for the toxic anorexia of the tuberculous. Nor is there a reliable remedy for the fever of tuberculous patients; I say this seriously, because if we prescribe certain dangerous antipyretics to slightly diminish the fever, we weaken the heart or cause other complications. In our Homœopathic School, we find advised for the fever the following remedies:

PYREXIA, TUBERCULOUS FEVER: *Baptisia, Sanguinaria, Ferrum phosphoricum, China, Chininum arsenicosum,* **Echinacea** θ and *Pyrogen.*

ABUNDANT PERSPIRATION: *Calcarea carbonica,*

Pilocarpine or *Jaborandi*, Agaricin, and *Phosphoric acid* (and Silicea, W.).

GASTRIC STATE: *Nux vomica* (gastric irritability), *Avena sativa* (anorexia).

DIARRHEA: *Phosphoric acid, Chininum arsenicosum.* COLLIQUATIVE DIARRHEA: the plastering of the colon and rectum with talcum powder.

HEMOPTYSIS. — Expectoration of abundant blood: **Geranium maculatum** $^{\theta}$, **Acalypha** $^{\theta}$, **Millefolium** $^{\theta}$, or 1x, **Ipecacuanha** 6th, *Trillium pendulum* 6th, *Phosphorus,* in children (Raue): Hamamelis (venous hemorrhages), Ferrum aceticum 1x (Cash). Sputum reddish or streaked with blood: *Arnica* 12th. I will also add the hemoptyses from various causes, for all expectoration of blood from the lungs does not indicate tuberculosis. HEMOPTYSIS OF THE MENOPAUSE: *Lachesis.* VICARIOUS HEMOPTYSES: Pulsatilla, Hamamelis (and Bryonia, W.). CARDIAC HEMOPTYSES: *Ledum palustre* (Digitalis, W.). According to Jousset, Millefolium does not succeed in cardiac hemoptysis. HEMOPTYSES FROM OVER-EXERTION, TRAUMATISM, etc.: *Arnica.*

EDEMA OF THE LUNGS IN PHTHISIS: *Apis* or *Arsenic, Apocynum* if the edema is generalized, *Iodum, Arsenicum iodatum,* and *Sanguinaria* (Wheeler).

PATHOLOGICAL INDEX.

MATERIA MEDICA.

HOMOEOPATHIC WORKS OF DR. FRANÇOIS CARTIER

Published by J. B. Bailliere & Sons
19 Rue Hautefeuille, Paris, (VI°)

I. Epitome of the Homoeopathic Therapeutics of the Digestive Organs, 1912.

II. Therapeutics of the Respiratory Organs, 1913. (Special attention given to the nosodes).

GERMAN EDITION

Compendium of the Homoeopathic Therapeutics of the Diseases of the Digestive Tract

Published by Dr. Willmar Schwabe, of Leipzig, 1913