

all; Our science of Homœopathy is a *vindication of his non-violence and ahimsa in full action and practice*, and it is for you all, and to such followers of the Mahatma as Babu Rajendra Prasad, our dear President, and Pandit Nehru, our Prime Minister and a host of other Gandhian friends, to do full justice to the principles of Eternal benefit to humanity.

Jai Similia Universalia.

THE VIRUSES OF TUBERCULOSES IN HOMŒOPATHIC THERAPEUTICS

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Fourteen years previous to Koch's research, Hering, Swann and Biegler availed themselves, as a homœopathic remedy, of the maceration of tuberculous lungs, and of sputa of tuberculous subjects.

Dr. Compton Burnett, in his book *A Cure for Consumption*, several years before Koch's experiments, noted symptoms resulting from taking the preparation which he calls *Bacillinum*.

Drs. de Keghel and J. H. Clarke instituted an inquiry into the symptoms produced by the employment of Koch's lymph in the case of tuberculous and non-tuberculous patients.

We must notice also an English translation of Dr. Mersch's pathogenesis, by Dr. Arnulphy, published in the *Clinique* in February, 1896.

For my own part, in my article in *L'Art Médical*, and in the *Hahnemannian Monthly* (July, 1894), I have insisted on homœopathic action of the viruses of tuberculosis.

Bacillinum—since it must be distinguished from Koch's *Tuberculin*—is a maceration of a typical tuberculous lung. Koch's lymph is an extract in glycerine of dead tubercu-

lous bacilli. The former is a compound natural infection ; the latter is a product of laboratory experiment. In the one, various bacteriological species are associated which give, clinically, an appearance of cachexia and of hectic fever ; from the other we may at times observe vascular, cardiac, renal changes having no connection with the clinical "syndrome" of pulmonary tuberculosis. To place these products together in the same pathogenesis gives an absolute wrong sense, and the fact that both contain Koch's bacillus gives no excuse for confounding them. In my opinion there are, from a homœopathic point of view, distinct differences between *Bacillinum* and the Koch's lymph.

Experimentally, Koch's bacillus, like many other microbes, does not reproduce a clinical symptom group ; and we homœopaths must have an assemblage of clearly-defined symptoms before prescribing a poison on homœopathic principles. Such is unfortunately the case with many other microbes in pure culture. The experimental diphtheria does not resemble clinical diphtheria. Koch's bacillus, too, sometimes remarkably mild in its effects, and seeming to meet with no reaction in the system, evolves aside as in the verrucous tuberculosis ; while at other times nothing is able to arrest the action of this terrible microbe, and the world still waits in vain for the man who shall find the means of combatting it. The toxins of tuberculosis are far from reproducing clinical tuberculosis ; yet even here we find a curious aspect sometimes assumed by certain poisons drawn from the pure cultivation of microbes. We cannot produce with *Tuberculin* symptoms analogous to those of real tuberculosis—as it is possible, for instance, to produce tetanus with the toxin alone, *Tetanin*.

As a general rule, in the case of a healthy man, Koch's lymph would not develop any reaction, its effects manifesting themselves in a febrile congestion which betrays the presence of tubercles. In our pathogeneses (those of Mersch-Arnulphy) we note the following symptoms ;

"catarrhal pneumonia with soft hepatisation, and tendency to abscess formation; at post-mortem it is not a gelatinous or fibrinous exudation which oozes out from the alveoli, but an opaque and watery fluid; never, so says Virchow, is there found the characteristic lesions of croupous pneumonia." A pneumonia from which issues an aqueous and opaque liquid! I confess I do not understand it.

Experimentally this same lymph of Koch gives symptoms of inflammation of the arteries which are not found in clinical tuberculosis.

Animals inoculated with progressive doses of *Avian* tuberculin, or with serum of tuberculous animals, undergo wasting and loss of appetite, and other general symptoms. They may die of cachexia, or may develop an isolated abscess; but they do not present characteristic symptoms as they would under the action of *Cantharis*, of *Phosphorus*, or of *Lead*.

Finally, inoculation with dead bacilli may produce real tuberculosis.

In the pathogenesis put forth by the homœopathists, pulmonary symptoms do not occupy a prominent place. Dr. Burnett, who has experimented on himself with *Bacillinum*, notes at the end of his symptoms, after the headache, a slight and almost insignificant cough.

In explaining the clinical forms of infectious complaints, we are frequently forced to admit the increasingly preponderant part played by association of microbes—as it is the frequent case in diphtheria—and especially the modification which depends directly on the disposition of the organs attacked, and not upon the action of the microbe itself.

An examination of the above considerations leads me to the following conclusions:

1. That the importance of the materia medica of the tubercular viruses ought not to be exaggerated. There are few characteristic symptoms to take off; it is more wise to guide oneself in the homœopathic application of the

therapeutics by the clinical symptoms of the evolution of the various tubercloses, rather than by the intoxication produced by their active products, the tuberculins.

2. Koch's lymph, *Bacillinum* and *Avian tuberculin* must be studied separately, clinically as well as experimentally. *Bacillinum* presents symptoms very different from those of *Avian tuberculin*, and especially from those of Koch's lymph; and I intend to divide my remarks into three parts, corresponding to these three substances which have actually become homœopathic remedies.

At the time of the introduction of the ever-memorable Koch's lymph, there were included under the head of poisoning by this drug vascular lesions, as I have mentioned above, acute arteritis, arterio-sclerosis, changes in the vessels of the heart and the kidney, and acute nephritis. Apropos of acute nephritis, the supposition was that the kidney became congested because of the presence in that part of certain tuberculous islets, and that the kidney responded, like the tuberculous lung, under the influence of the *Tuberculin*, by acute congestion.

However this might be, these vascular lesions drew attention to the homœopathicity of Koch's lymph in nephritis. Dr. Jousset has experimented in it with encouraging results, using homœopathic dilutions, in Bright's disease; and at the meeting of the Société Homœopathique Française on April 18, 1895, Drs. Tessier, Silva and Jousset, father and son, mentioned the diminution of albumen in cases of chronic and incurable nephritis, and the appearance of that substance in acute cases.

Dr. Arnulphy, in a series of articles in the *Chicago Clinique*, which I have read attentively, speaks favourably of Koch's lymph in homœopathic dilutions in cases of tuberculosis. Personally I have not used it, and I am loath to pass judgment on observations recorded in every good faith. I would merely remark to my honourable colleague that Koch's lymph was used in our school in all the homœopathic dilutions possible at the moment of its far-

resounding discovery—a fact which he should know as well as myself. To mention only one instance: Drs. Simon, V. L. Simon and Boyer, Chancérel used the drug at the Hahnemann Hospital in Paris at the time of the arrival in France of the first consignment of lymph from Germany; and I am nearly certain that there is not at this time a single country where homœopaths have not used this remedy in all infinitesimal dilutions. Homœopaths and allopaths have actually taken pretty much the same side as regards the primitive formula put forward by Koch (I am not now speaking of trials of new tuberculins); and Dr. Arnulphy would be fortunate enough were he able to revive its credit after its several years' oblivion as a cure of tuberculosis.

Clinically this lymph of Koch has led to wonderful cures in lobular pneumonia for it produces pneumonia, broncho-pneumonia and congestion of lungs in the tuberculous patient. Its homœopathic action would thus appear more trustworthy than its isopathic, and Dr. Arnulphy makes this remark:

I make bold to state that no single remedy in our materia medica, not excepting *Ipecac*, *Iodine*, *Tartar emetic*, and even *Phosphorus*, approached the singular efficacy of *Tuberculin* in well-authenticated cases of that affection (broncho-pneumonia), be it in the child, the adult, or the aged. Its rapidity of action in some cases is little short of wonderful, and all who have used it in this line are unanimous in their unbounded praise of its working.

The four cases quoted by Dr. Mersch (*Journal Belge d'Homœopathie*, November 1894; January and May 1895) are very instructive:

The first is that of a member of the Dutch Parliament who had contracted a pneumonia which reached a chronic state. While undergoing a relapse his expectoration assumed a rusty red colour, which colour disappeared completely in three days on treatment with *Tuberculin* 30th.

The second case is that of a person who was seized, after an attack of measles, with broncho-pneumonia. On the fifth day Dr. Mersch prescribed *Tuberculin* 6th. In a

day or two the condition of the chest was completely altered.

In the third case an old lady was likewise attacked with broncho-pneumonia, together with digestive troubles, and was for a long time in a serious state. After the lapse of a single night, which was a rather distressing one, under the action of the remedy the amelioration was great, and it was with difficulty that Dr. Mersch found a touch of bronchitis in the very place where the day before he had heard nothing but the tubular souffle. The prescription ran: *Tuberculin* 6th, eight packets of ten globules each, one to be taken every hour.

Finally, in a fourth case, the patient was a lady of vigorous physique, and twenty-five years of age, who had capillary bronchitis, combined with the symptoms of angina pectoris. Dr. Mersch had once more an opportunity of viewing with astonishment the rapidity with which the therapeutic action of *Tuberculin* may be manifested in such cases.

Bacillinum deserves study from two points of view, isopathically in the treatment of tuberculosis, homœopathically in the treatment of affections of the respiratory organs without tuberculosis. Fully to understand its action it is necessary to know with exactness its composition. Dr. Compton Burnett has christened it *Bacillinum*. As a matter of fact, *Bacillinum* contains in its elements everything that a cavity of a tuberculous lung is capable of containing; that is to say, many other things besides Koch's bacillus. The bacillus of Koch is feebly pyogenetic, and the purulent contents of the cavities include pyogenetic staphylococci, and streptococci, to say nothing of the organic products which play a large part in the production of the hectic fever of tuberculosis. It is a combination of toxins then, which constitutes *Bacillinum*, and especially of toxins of a purulent nature. I lay stress upon this fact, as it goes to sustain the opinion that I hold on the action of *Bacillinum*.

The infinitesimal dose of Homœopathy is in no way inimical to the entrance of all the elements constituting a substance into its *materia medica*. The salts of potassium owe their effect to their base as well as to their acid; *Graphites* is analogous to carbon, and ferrum, because it contains both carbon and iron; *Hepar sulphuris* acts by reason of its sulphur as well as of its lime. *Bacillinum*, then, combines in its action all its constituents products, owing its efficacy to its suppurative microbes as well as its inclusion of Koch's bacillus.

This method of viewing the matter, which is peculiar to myself, permits me to include in one and the same category the action of *Bacillinum* in consumption and its action in non-tuberculous bronchitis.

I have studied conscientiously the action of *Bacillinum* in tuberculosis, and I must confess that I am looking still for an authentic case of cure by this remedy. Nevertheless, in the midst of the paucity of drugs for the treatment of tuberculosis, I am happy to state that *Bacillinum* has produced in my hand considerable amelioration of the symptoms of this disease. Perhaps in certain cases it produced what Berhneim (sic) would call "la trêve tuberculeuse." But sooner or later the drug, after ameliorating the symptoms, loses its effect, and the disease again gets the upper hand. I wish I could be as optimistic as Dr. Compton Burnett in his interesting book, *A Cure for Consumption*, but that is impossible.

In looking over my observations, I find that the symptom which has always undergone the greatest mitigation has been the expectoration. When *Bacillinum* acts on tuberculosis, the sputum is less abundant, less purulent, less green, and more aerated. It is this which has always struck me most in the action of *Bacillinum*. It is rarely that a patient satisfied with the remedy fails to remark "I expectorate less." In cases of dry cough at the beginning of tuberculosis I have noticed that the drug evidently arrests the tubercular process.

I would most severely criticise, as well for myself as for others, cases of so called "cures of tuberculosis." There certainly are persons in whom the disease does not develop. These may have been accidentally infected, and their phagocytes may have struggled against their microbe foe. But in the case of an individual in whom the tubercle finds a suitable field for development, it is the merest chance that he entirely recovers without ulterior relapse; mostly it is a seeming cure, caused by a time of pause in the microbial pullulation.

Last year I had under my care, at the Hôpital St. Jacques, a truly extraordinary case. It has been followed by Dr. Jousset, by Dr. Cesar head of the laboratory. It was that of a woman who entered the hospital suffering from influenza, and who, a few days after a slight amelioration of her symptoms, was attacked with pulmonary congestion, clearly localized in the top of the lung (left one), and accompanied by all the clinical symptoms of tuberculosis—râles and moist crepitation, dullness, exaggeration of the thoracic vibration, nummular expectoration, fever, perspiration, spitting of blood—everything was there. Examination of the sputa showed distinctly the presence of Koch's bacilli. Everyone at the hospital diagnosed tuberculosis, myself the first. I gave her *Avian tuberculin* and in three weeks all the symptoms had disappeared. That woman left the hospital completely cured, and a year afterwards her health was still perfect. In my opinion this patient never had consumption; she was attacked with pseudophymic bronchitis—a complication which is very often found with influenza, and which may very easily be mistaken for tuberculosis; and in spite of the presence in the sputa of Koch's bacillus I would not register it as a case of tuberculosis, because, in contra-distinction to that single case, I could mention twenty cases of tuberculosis whose symptoms neither *Avian tuberculin* nor any other such drug has cured:

There is absolutely no connection between the clinical

evolution of real tuberculosis and observations based on the autopsies of old persons whose lungs contain cavities, but whose death was not due to tuberculosis. The time is probably at hand when the different kinds of tuberculosis will be distinguished, as we distinguish the varieties of pleurisy, of broncho-pneumonia arising from the presence of staphylococci, of pneumococci, of streptococci. Malassez has already described cases of pseudo-tuberculosis, of zoological-tubercloses, whose existence has only been acknowledged of late years. Courmont has discovered a pseudo bacillosis of bovine origin. We have a pseudo bacillosis of a strepto-bacillary origin, not to mention the "professional" tuberculosis, such as that to which persons are exposed who have to breathe the fumes of charcoal.*

To return to *Bacillinum*, I consider this remedy as a powerful moderator of the muco-purulent secretion of consumption. While diminishing the secretion, it modifies the auscultation; there is less thick sputum, the cavities are drier, the peri-tuberculous congestion less intense. The clinical symptoms follow those of the auscultation; as the patient expectorates less he is less feeble, coughs less, gains strength and regains his spirit; but the tubercles remain untouched. The peri-tuberculous congestion only is diminished, as one may observe with the naked eye when Koch's lymph is employed in the amelioration of lupus. The peri-tuberculous inflammation disappears; the skin seems healthy, but the yellow tubercle remains as it was, and the patient is still uncured. Such are the limits I assign to *Bacillinum* in its action on consumption.

Far more potent is the part played by *Bacillinum* in non-tuberculous pulmonary affections, for the simple reason that the struggle is with a less redoubtable opponent. Young, Burnett, James, Jousset, etc., have published cases of the cure of acute bronchitis, influenza, syphilitic eruptions, cystitis, ringworm of the scalp, nephritis, idiocy,

* It must be remembered that the author is discussing tuberculosis from the point of view of 60 years ago—Ed.

cretinism, gout, rheumatism, etc., with *Tuberculinum* or *Bacillinum*.

If we wish to prescribe *Bacillinum* successfully in non-tuberculous affections, we must observe, on auscultation, symptoms analogous to those which are perceptible in tuberculosis. The peculiar characteristics which indicate *Bacillinum* for non-tuberculous maladies of the respiratory organs are, in my opinion, the two following: the first is oppression; the second, muco-purulent expectoration. These two phenomena show themselves always in the last stage of tuberculosis; that is to say, together with the products contained in the preparation of *Bacillinum*. Dyspnea resulting from bronchial and pulmonary obstruction caused by a superabundant secretion from the mucous membrane is marvellously relieved by *Bacillinum*. I put forward this fact, not on the evidence of a single isolated observation, but on that of several cases conscientiously studied. Such expectoration leads to the auscultation of sub-crepitant râles, sounding liquid and gurgling, having some analogy to the moist sound of tuberculosis.

This power of *Bacillinum* to relieve oppression in pulmonary catarrh is in no way surprising from the point of view of the Law of Similars; for, in the acute and infectious stage of tuberculosis, the dyspnea is a characteristic symptom, and is far more distressing than the cough. I have read with pleasure in the work of Dr. Mersch, of Brussels, on *Tuberculin*, of a fact which corroborates my statement as to the influence of *Bacillinum* over catarrhal dyspnea. After the sixth dose the patient, who was suffering from bronchial asthma, was seized with violent intercostal pains, with augmented cough; but the oppression entirely dis-appeared after the first day, and did not return even three months after the treatment had ceased.

In *L'Art Médical* of January 1894, and in the *Hahnemannian Monthly* of July 1894, I published the case of an old man of 80 years of age, suffering from broncho-pneumonia who, in the last stage of asphyxia, had been saved

by *Bacillinum*. Two years ago I was called upon to treat another octogenarian who, as the result of a cold, developed an obstruction in the bronchial tubes, and at the bases of the lungs. He passed sleepless nights in a sitting posture, striving to draw deep inspiration. *Phosphorus*, *Arsenic* and *Stibium* produced no relief. I gave him *Bacillinum* 30th, and he slept the whole night. Doses of this remedy, administered at longish intervals, always produce a remarkable amelioration. Last year I was called to the house of an upholsterer. He preferred not going to bed at all, passing the night in bed without closing his eyes. He had humid asthma with incessant cough, which ended by causing him to eject thick, yellow and puriform mucus. For eight days he took *Arsenic* and *Blatta*, and for a whole week he passed the night without sleeping. From the day he took *Bacillinum* he was able to sleep. I saw him again this year in good health. This year, too, I have given *Bacillinum* to several patients at the Hôpital St. Jacques for the same symptoms, and it has never yet failed me.

When I am called upon to treat a patient suffering from an obstruction of the bronchial tubes occasioned by mucus, which is frequent thick and opaque and puriform, an obstruction extending to the delicate bronchial ramifications, and causing oppression more frequently than cough, I turn my thought at once to *Bacillinum*. *Bacillinum* is a drug for old people, or at any rate, for those whose lungs are old; for those chronically catarrhal, or whose pulmonary circulation is enfeebled without regard to the age of the subject; for those who have dyspnea, and who cough with difficulty from inaction of the respiratory ducts; for the humid asthmatic, the bronchorrheal who feels suffocated at night; and finally, for those who, after taking cold, are straightaway attacked with pulmonary congestion. Here, I believe, is the exact sphere of action of *Bacillinum* as a homœopathic remedy.

Bacillinum has been stigmatised as an unstable product. I consider this reproach ill-founded. *Bacillinum* is no

more unstable than *Psorinum*, which is an approved remedy in Homœopathy.

Like most homœopaths who have made use of *Bacillinum*, I think it is best given in the high dilutions and at long intervals. Drs. Compton Burnett and Van den Berghe recommended the higher potencies—the 1000th, 100,000th, etc.—whereas I content myself with the 30th, which satisfies every requirement. As regards the intervals which must elapse between the doses, certain writers recommended from one to two weeks. In acute cases, I generally give six globules of *Bacillinum*, 30th every two or three days; and in chronic cases of tuberculosis, etc., one dose about twice a week.

We are no longer permitted to include in the same description the tuberculosis of birds and that of mammals. Although the two bacilli, as far as form and colour are concerned, are absolutely identical, the evolution of the two forms of tuberculosis presents characteristics so different that we are forced to study them separately. At this day the debate is a question of words, and experts discuss whether there are two distinct genera or merely two different species.

It is this characteristic of non-transmissibility from mammals to birds, and vice versa, which forms the chief difference between the two kinds of tuberculosis. Strauss failed in his endeavour to inoculate a fowl with tuberculosis by injecting fifty kilogrammes of tuberculous human sputa, whereas the fowl, absolutely impervious to human tuberculosis, became infected when treated with a very slight quantity of the avian tuberculosis. The guinea pig, so sensitive to the human microbe, presented encysted abscesses when treated with the virus of birds; it dies of cachexia, but never, as far as the naked eye can discern, of generalised tuberculosis. Rabbits are more sensitive to the avian infection. Dogs are absolutely refractory. The monkey, so delicate in our climate, and which almost invariably perishes from tuberculosis, is uninjured by inocu-

lation from avian virus. The parrot is a remarkable exception to the general rule; it is the only bird resists avian tuberculosis, while on the other hand, it is sensitive to that of man. Such facts as these irrefutably differentiate the two kinds of tuberculosis.

Ever since this variety of tuberculosis has been distinguished, attempts have been made to inoculate or cure human tuberculosis with that of birds. In our school the thing has been attempted at the Hôpital St. Jacques, when *Aviare* has been administered in homœopathic dilution, in potions or through punctures in cases of consumption. As a matter of fact, neither allopaths nor homœopaths have succeeded in obtaining a formula which will cure consumption with the virus of birds. Amelioration has been noted as with other remedies, but never a series of authenticated cures. Nevertheless, in every country, experiments are continually being made; we must hope that they will end in a more decisive success than is at present the case.

Hoping to profit by the homœopathicity of an active virus I was, I think, one of the first who employed *Aviare* in non-tuberculous respiratory affections on the lines of *Bacillinum*, and I am bound to say that up to the present time my faith in the Law of Similars has not been shaken by my experiments.

In *L'Art Médical* (August 1895) I published a number of cases in which I successfully treated localised bronchitis, generally the result of influenza, reproducing the symptoms of tuberculosis, with *Aviare*. The most characteristic of all these observations is that of which I have spoken above. The patient was restored to health as if by magic with *Aviare* within three weeks. Dr. Jousset, anticipation my observations, thus expressed himself in the number of *L'Art Médical* preceding the one which contained my remarks:

A young woman entered the Hôpital St. Jacques at the end of January 1895 with feverish influenzal bronchitis. At first the patient was treated with small doses of Sulphate of Quinine, and a little later she took *Ipecac*

and *Bryonia* alternately. The fever disappeared and the general condition improved considerably, and the sub-crepitant râles became confined to the top of the lung (left one). The patient continued to expectorate thick nummular and puriform sputa, as in influenza. After some days the disease resumed its way, the bodily forces diminished, the emaciation made great progress, and local and general signs indicated rapid consumption. Bacteriological analysis led to the detection of numerous Koch's bacilli. I gave over the case at this time, and some weeks afterwards I learned with surprise that the patient was well and growing fat, and that the inoculation of the sputa had produced no effects. The cure has been maintained for three months, and the young woman has resumed her employment. I had prescribed *Aviare* 100th, five drops a day, during the whole period of the disease, unaccompanied by any other remedy. As I have said before, more than a year afterwards the young woman continued in good health.

Following this case, Dr. Jousset quoted two analogous instances in his practice, both of influenzal bronchitis, in which the sputa contained, for a certain period, Koch's bacillus. One was cured with *Aviare* 6th and strong doses of Sulphate of Quinine, and the other with *Aviare* 6th and twenty drops of tincture of *Drosera* a day.

"What conclusions must I draw from these facts?" says Dr. Jousset. "That the avian tuberculosis cured the consumption? I have failed too often in the treatment of ordinary consumption with this remedy to admit that." That is my opinion also.

In one of the numbers of *La Médecine Moderne* of last year there appeared a short article on *The Influenza Known as Pseudophymic*. The writer remarked on the strong analogy which certain complications of pulmonary influenza presented to acute tuberculosis. He observed, among other forms: first the influenzal bronchitis which affected one of the summits of the lung, the most difficult form to diagnose from tuberculosis; second, the bronchopneumonic form; third, the pleuro-pneumonic form bearing a close resemblance to tuberculosis pleurisy. I might remark that this last form is still little known and ill-defined. The influenza microbe always imitates to a remarkable degree the microbe of tuberculosis in certain instances; and if we wish to effect a cure on the laws laid down by Hahnemann in

certain forms of influenzal bronchitis, we must frequently seek for the *simillimum* in the virus of tuberculosis.

I have mentioned oppression as one of the characteristics of *Bacillinum*. Influenzal bronchitis is markedly accompanied by an incessant cough and by grave general symptoms. There is more frequently acute than passive obstructive and dyspnoeic congestion. I am inclined to prefer *Aviare* to *Bacillinum* in such cases and I should like briefly to touch upon certain cases in my practice.

I have under my care a little girl of 12 years of age who has for two years developed an influenza which rapidly leads to pulmonary symptoms, always distinctly localised in the top of the left lung. The mother is tuberculous, and the child, who was born with forceps, has her left chest less developed than her right. The congestion which accompanies the influenza is sudden and severe; within twenty-four hours the lung is invaded, and fine râles are soon heard. Twice running, at intervals of a year, *Aviare* 100th has stifled the symptoms in a few days. I have seen an analogous case, only with congestion of the base of the lung.

In my clinical reports of the Hôpital St. Jacques (August 1895) I note ten cases of acute influenzal bronchitis with incessant cough, fever and expectoration rapidly cured with *Aviare*. This year I have prescribed it with the same success as at the Hôpital St. Jacques in cases of influenzal bronchitis, with active congestion. I will mention two cases of the pulmonary complications of measles which were rapidly dissipated by this remedy; but I must also mention a third case of measles in which *Aviare* failed, and *Bryonia* proved successful. The child had an acute rubeolic laryngitis, and few pulmonary symptoms. *Bryonia* was in this case more decidedly indicated than *Aviare*.

The dilution of *Aviare* which I have always used is the 100th. I give usually five drops a day.

It seems that *Aviare* does not act in diminishing the cough like an anodyne or a narcotic, but braces up the

whole organism. The relief of debility and the return of appetite are the phenomena which I have observed in conjunction with the diminution of the cough.

I have given *Aviare* 100th for weeks, and even for months, regularly every day, without having observed excitement or aggravation. It would thus appear to be a remedy of long lasting action, capable in certain cases of modifying the organism, and of bracing a constitution which has become enfeebled from the effects of influenza or of suspicious bronchitis.

In contrast to *Bacillinum* I have noted in my observations on *Aviare*, considerable cough and little dyspnea—an acute, inflammatory, extremely irritating cough, such as one meets with in acute disease, or in subacute affections, in young people; a cough which fatigues, and which leads to enfeeblement and loss of appetite—in a word, a suspicious cough. To conclude my remarks on the utility of *Aviare* in suspicious bronchitis—an expression on which I again lay stress—I will recall certain indubitable examples of the cure (at the Hôpital St. Jacques) of bronchitis or of pulmonary congestion at the top of one of the lungs, or of bronchitis on one side only, or of congestion predominating on one side. These localisations on one side are sufficiently grave symptoms to warrant apprehension of the hatching of tuberculosis.

If I were myself attacked, as the result of influenza, of measles, or of some weakening malady, with an incessant tickling and stubborn cough, with certain closed localised pulmonary symptoms; if I lost my strength and appetite; if, in a word, I were attacked by bronchitis whose upshot was highly doubtful, and which caused apprehension of tuberculosis, I should not hesitate a single moment, with the example which I have had before me, to try *Aviare* 100th upon myself.

Such is the conclusion of my clinical observations made at Hôpital St. Jacques in August 1895.

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