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# CROUP:

ITS

NATURE AND HOMŒOPATHIC TREATMENT.

(WITH ILLUSTRATIONS OF HOMŒOPATHIC PRACTICE.)

BY

HURRO NAUTH ROY, L.M.S.,

AUTHOR OF "A MANUAL OF FEVER," "THE EPIDEMIC FEVER  
IN BENGAL," ETC.

CALCUTTA.

PUBLISHED BY K. C. DUTTA, AT THE BRAHMO  
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1886.

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## PREFACE.

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I had not the remotest idea that the following pages would form the subject-matter of a treatise like the present. I originally intended to write a paper on the subject of croup for insertion in the pages of a medical journal. but when it was completed, my medical and lay friends asked me to publish it in the form of a pamphlet, and I acted up to their advice. Croup is an European and American disease *per se*, but its visitations have of late become so common and so frequent in all parts of India, that a practical treatise, from the pen of an Indian, on the subject, would, I believe, be not unacceptable to the profession and the general reader. Should any apology be further needed for obtruding on the medical public a new monograph on croup, it may, perhaps, be furnished by the interest which that disease has created of late years, and the attention it ~~now~~ commands from the profession and the public generally.

Dr. Br ehr observes,—“It is only in the present century that the anatomy, cause and course of this disease have been studied with more particular care. Consequently the literature of croup has become very extensive, owing to the importance of a disease which so often terminates fatally.

Croup is almost exclusively a disease of children between the ages of two and seven years, or between the

First and second dentition. It occurs even less frequently before the second than after the seventh year; the cases which are said to have occurred among adults are so rare that it is doubtful whether they were genuine croup. Moreover, such cases scarcely ever prove fatal, so that the fact of their being croup cannot be confirmed by post-mortem examinations. According to all statistical tables boys are more frequently attacked than girls; from 60 to 70 per cent. of all cases are boys. As regards the influence of constitution and various other points in croup, opinions differ. Rilliet, who can in many respects be regarded as an authority in croup, asserts positively, that most children who are attacked with croup, are of a lymphatic habit. In this respect he differs from a number of physicians who maintain that robust, well-fed children are most liable to croup. Upon close examination we find, however, that these two views only differ in appearance. A lymphatic constitution is often disguised under a full habit, bright complexion, appearance of muscular strength; whereas a marked disposition, to eczema, to gastric catarrhs, to angina with copious exudation and subsequent hypertrophied swellings, distinctly betray a bad foundation. Hence it is not perfectly healthy and vigorous children that are predisposed to croup, which is still more evident from the following propositions derived from actual experience. Most of the children attacked with croup belong to scrofulous and tuberculous families where croup has been a prevailing disease for several generations. Moreover croup is much more frequent in the country where the

ground is level, than in cities, and here again more frequent in the lower strata of the population. We can account for the frequently observed fact that croup is an hereditary disease or that several members of a family are attacked at once or shortly one after the other, or that the same individual is attacked several times in succession. It cannot be denied, that if a child has been once attacked with croup, it retains an increased disposition to inflammatory affections of the larynx."

I am sensible of many imperfections in the work, and shall, in course of time, discover others. Should the treatise, however, have the good fortune to reach a second edition, it should be my duty and pleasure, to correct, as far as may lie in my power, these defects, and all others, which a just and candid criticism, hereby cordially invited, may point out.

When we draw from our common stock of knowledge, it is often impossible to determine what is originally our own, or what we have obtained from other sources. Quotations have, however, for the most part, been credited to their authors.

In regard to the therapeutics of the work, I would remark, that I have not adopted the method pursued in the existing treatises. The plan of treatment recommended in this treatise is eminently practical, embodying my actual observations of the effects of remedies on the sick. While speaking of those medicines which I have not used in my practice, I have given only those authorities whom I consider to be honest and trustworthy. I have also given illustrations of homœopathic practice.

Another new feature of this treatise is the insertion of a few indigenous remedies used in India which are sometimes of great efficacy in the treatment of croup. I have given my <sup>own</sup> clinical experience of those remedies.

In the preparation of this treatise, I have aimed especially at representing the subject in as concise and convenient a form as is practicable, consistent with its importance.

I should be doing an injustice equally to my own feelings, as to the talents of a "profoundly philosophical homœopath," if I did not acknowledge the valuable assistance, I have received, in the prosecution of the work, from Dr. L. Salzer, to whose suggestion and notes, I consider, the treatise owes a very great part of its merit.

In conclusion, my best thanks are due to my friend, and at one time my colleague, Babu Hurrolall Roy, B.A., for revising the proof-sheets during their passage through the press. If the medical profession receive this treatise with cordiality, I shall feel amply repaid for my labors.

HURRO'NAUTH ROY.

Calcutta, September, 1886.



# CROUP,

ITS

## NATURE AND HOMŒOPATHIC TREATMENT.

(WITH ILLUSTRATIONS OF HOMŒOPATHIC PRACTICE.)

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It is an old practice to divide croup into several stages, but such demarcations do not exist in nature and are therefore of no sort of importance in practice.

**Definition.**—“A specific disease, accompanied by the exudation of an albuminous material upon the mucous membrane of the epiglottis, glottis, larynx, or trachea, and sometimes over all of these parts, indicated by accelerated, difficult, wheezing, or shrill respiration; short, dry, constant, barking cough; voice altered by hoarseness, with spasm of the interior laryngeal muscles, and pain and constriction above the sternum; frequently followed towards the close of the disease by expectoration of a membranous albuminous substance, or even of a cylindrical cast of some portion of the breathing tube. The disease occurs in children, and may terminate fatally either in suffocation or exhaustion of the vital powers.”

“The disease is almost peculiar to infancy and childhood; and there are two forms which can generally easily be distinguished from each other, but which are often

confounded. One form is very manageable, the other very fatal. In the former variety the mucous membrane chiefly secretes mucus, pus, or muco-purulent fluid. In the more dangerous form an albuminous, fibrinous, or mucinous exudation, grows upon the inner surface of the air-passages, coalescing the false membranes already described. The first form seems to be the one common in America, of which not more than *one* in *fifty* dies. The latter is the more common European form, of which the deaths used to be *four* out of *five*, and still are about *a half*. About one child in twelve deaths of children dies from this disease; and the ratio borne by croup to 1,000 deaths from all causes, in 1854, was as 9.249."

As a general rule, the disease develops itself either gradually or breaks out all at once. It ushers in with a simple catarrhal fever, coryza, cough, a little hoarseness, frequent sneezing, chills, heat, weariness drowsiness, lachrymation, cross-mood, heaviness of the head, &c. Hoarseness is always considered a suspicious symptom in little children, especially when it is accompanied by a rough cough. These symptoms gradually increase from the first to the eighth day. All at once, generally at night the child is roused from its sleep with a sensation of anguish, and a violent paroxysm of the peculiar croup-cough threatens to suffocate him. This paroxysm lasts from one to 3 hours, after which the child goes to sleep again. A considerable interval, sometimes the whole of the following day, passes without any apparently dangerous symptoms, only a little hoarseness, rough cough, oppressed breathing, and mo-

derate but continued fever, or even the child seems to be pretty smart, so that no danger is apprehended. These intermissions have no regular type; the paroxysms of croup set in again suddenly, cease again, but the intervals become shorter and shorter, and the breathing remains labored and oppressed. It is only the first two or three paroxysms that are marked by distinct remissions.

The second variety of croup, which attacks children suddenly, sets in without any warning or premonitory symptoms while the children seem to be in the enjoyment of full health; they complain of a pain in the larynx, the voice is altered, there is the croupy cough with considerable dyspnœa, violent fever and the disease soon reaches the highest degree. In this form likewise the paroxysms of cough and suffocative anguish become more and more frequent until at last every trace of a remission has disappeared. The third variety, which is not noticed, as far as I am aware, in any work on Medicine, and which might be peculiar to the Indian climate, has the following characters. I noticed this type in three visitations, at Burrisaul in 1865, at Serajunge in 1866, and at Allahabad in 1881, where the disease raged sporadically at the time, and the children of both Hindoo and Christian families fell victims to the scourge. Of course while at Burrisaul and Serajunge, I could hardly cope with the disease with the resources of the orthodox school at my command, and the disease carried off many children in the course of a month, after which it abated. While at Allahabad I was eminently success-

ful with the means of the new school to overcome the disease—in truth the miraculous cure of a boy 4 years old, of Eurasian parentage, after he was given up by the European Doctors of the orthodox school, secured not only a footing, but the advancement of Homœopathy. The father of the child, who was a respectable gentleman, holding a high office under Government, having lost his first son from croup under allopathic treatment, a few days before the illness of his second son, consulted his friends, as to what he should do, when the Allopaths gave up the case in despair. An Italian friend of his advised him to take to Homœopathy as a new method of cure hitherto unknown to him, and he lost no time to secure my services. After my arrival at the patient's house, I found him unconscious, eyes closed, his body icy cold, pulse flickering, countenance suffused and the patient on the point of suffocation. I at once commenced to administer medicine, and the patient, to the great surprise of the by-standers, opened his eyes half an hour after, and rallied in three hours more, though the cough continued for two days, but the disease lost its virulence and suffocative character three hours after the medication. I treated four other patients in the same family after the recovery of the first case and with uniform success. Now as to the character of this third variety of croup. It has all other characters of croup, excepting the fever which is totally absent. The pain in the larynx is very slight, but the dyspnoea is very great. On account of imperfect aeration of blood in the lungs the nervous system is implicated, and the temperature of the body falls down.

**Modes of Propagation.**—“Croup is said to be more frequent in cold and moist climates than in those which are warmer. It is also much more severe in Europe than in America; and its existence and progress is considerably influenced by changes of season, weather, and temperature. It is prevalent in Switzerland and Savoy, in the eastern counties of England and Scotland, the north-west countries of Europe, and in the northern parts of America. While the annals of medicine are rich in descriptions of epidemic and endemic croup, opinions are very much divided as to the nature of the epidemic influence, and whether or not the disease is contagious or infectious.

Age has, perhaps, the greatest influence in predisposing to the disease, and, while rare in adults, it is seldom seen in early infancy. It is most prevalent between the *first* and *seventh* years of life. According to the experience of Dr. Wood, the disease appears to run in families; and vigorous fleshy children, with rosy complexions, are frequently those who suffer most.”

**Symptoms.**—Croup has some characteristic symptoms which may be considered under the following heads:—

(a) Altered voice. From the commencement to the end of the disease, and even after recovery, there is alteration of the voice, which has been likened to the crowing of a cock, to the barking of a dog, to the braying of an ass &c. In fact those who have heard the voice once do not forget it. When the voice is suppressed from the beginning, the croupy sound is entirely wanting.

(b) Cough. It is dry, violent, short, shrill, barking,

crowing, hollow, or harsh. Gradually the cough acquires a husky sound, as if the child would suffocate, without danger, and this sound is supposed to indicate an effusion of coagulable lymph. When the cough has a very shrill and piercing sound, and is of a convulsive, racking nature, it is probable that the larynx is principally affected.

(c) Disturbed respiration. When the onset of the disease is sudden, dyspnoea soon sets in. The breathing becomes very irregular, at times short, at others long and deep, the inspirations long and wheezing; finally the breathing becomes continually stertorous, hissing, sawing, and can be heard at a distance. The larynx at every inspiration descends hurriedly towards the sternum and the diaphragm is drawn inwards and upwards, whereas during expiration, the larynx is raised towards the lower jaw. The heart and the carotid arteries beat tumultuously, the costal cartilages and the sternum are violently drawn backwards, the shoulders are raised; the little patients sit up, anxious to leave their beds, grasp at the larynx in order to remove the obstacle from the throat, they push out their tongue, throw their heads back, and breathe in this way with the windpipe pushed forward; there is an evident endeavour to elongate the neck, and to stretch it upwards and backwards. According to Heim, this is a sign of membranous exudation having taken place. In their despair the patients pull out their hair which is dripping with sweat from anguish and agony, strike at those who are near them, knock their heads against the wall, cling firmly to every thing they

can lay hold of, &c. After such violent paroxysms of Orthopnoea, the children fall back on their beds, pale, blue exhausted and in a state of slumber.

(*d*) Local pain in the larynx and trachea. This is not always present, and rarely from the first; but children point to the spot where they feel the pain, or they grasp at the larynx, or have a sensation as if the throat were constricted.

(*e*) Expectoration. This is generally wanting; latterly slimy, cheesy particles are sometimes expelled with the cough, and towards the end, membranous patches of different sizes and shapes, sometimes tubular, are vomited up.

(*f*) Secondary symptoms. Red or livid color of the face and whole body, swelling of the face and neck, sopor, (only in the last stage of the disease); congestion of the eyes which finally become dim, sunken and remain half closed.

(*g*) Fever. In the first two varieties, it generally exists from the beginning to the end of the disease; it is burning, characterised by heat, intense thirst and an extremely frequent and hard pulse—urine high-colored, bowels confined. Dr. Heim observes, that the fever is sometimes very slight and sometimes entirely wanting. This observation seems to be correct, and is entirely in harmony with my observation. The pulse is exceedingly variable, and, as the disease advances, becomes smaller more frequent and irregular during the paroxysms, and gradually it becomes imperceptible, the tongue becomes dry and looks blackish, the skin is covered with a cold clammy sweat, involuntary, black and foetid discharges

take place from the bowels, the hands and feet become œdematous, and the urine deposits a whitish sediment which Andral looks upon as a pseudo-membranous exudation of the bladder.

**Varieties.**—Jurine, Albers and others have recognised three varieties of croup, viz. the laryngeal, the tracheal and the bronchial, but these divisions are of no sort of importance in practice, as the symptoms of one variety are found more or less mixed with the symptoms of another variety. Auscultation should not be omitted. It will reveal the seat of the disease; a sonorous wheezing denotes pseudo-membranous exudation, a rattling or *râle* the accumulation of phlegm. The *laryngeal croup* is most common; its course is rapid, cough shrill and barking, the seat of the pain is the larynx, the difficulty of breathing is from the first much greater, characterized by spasmodic and suffocative paroxysms, the inspirations are accompanied by a wheezing sound, and the voice is completely extinct. The symptoms of this variety are generally violent and dangerous.

The *tracheal croup* is less frequent, its course less rapid, and its symptoms less violent. The seat of the pain is in the trachea. The cough is catarrhal, less barking, and the real croupy cough is generally wanting. The voice is veiled not extinct, and the suffocative paroxysms are less violent. It hardly ends fatally.

The *bronchial croup* is characterised by continuous stertorous breathing, high fever, husky voice, *crepitant râles* throughout the whole chest revealed by the stethoscope and oppressive anxiety.



**Complications.**—Croup may be complicated with pneumonia, œsophagitis, gastritis, enteritis, and especially with colonitis.

**Diagnosis.**—By the following we can distinguish the real from the pseudo-croup of Guersant, laryngitis-stridula of Bretonneau, or croupine of Hufeland.

In the evening or at night, the children are suddenly attacked by a dry, shrill, rough, barking cough; during the paroxysm of cough, the breathing is spasmodically oppressed, the face becomes pale, livid or red, the veins swell and the head is covered with sweat.

After the paroxysm has lasted half an hour or more, the symptoms abate, and the children fall asleep again; on waking they seem to have a catarrh, with hoarseness, loose cough and fever. Sometimes this one paroxysm ends the disease, but in other cases there are several paroxysms in succession, gradually decreasing in length and intensity; the cough becomes moist and the disease terminates like a common catarrh, after the seventh or fourteenth day. These characters of false croup are probably the best distinguishing features from the genuine croup. It is however difficult to distinguish the one from the other at the outset. It is only when the disease has reached a higher state of development, that a difference between the two kinds of croup becomes apparent. It is also immaterial whether the true character of the disease is at once perceived, for in either case the treatment requires to be conducted with the same energy and the same means.

**Pathology.**—“Dr. Copland, who has paid particular

attention to the pathology of croup, states the following as general inferences from his observations :—“(a.) That the mucous membrane itself is the seat of the inflammation of croup ; and that its vessels exude the albuminous or characteristic discharge, which, from its plasticity and the effects of temperature and the continued passage of air over it, becomes concentered into a false membrane ;—(b.) That the occasional appearance of blood-vessels in it arises from the presence of red globules in the fluid when first exuded from the inflamed vessels, as may be ascertained by the administration, upon the approach of the symptoms, of a powerful emetic, which will bring away this fluid before it has concentered into a membrane ; these globules generally attracting each other, and appearing like blood-vessels, as the albuminous matter coagulates on the inflamed surface :—(c.) That the membranous substance is detached in the advanced stages of the disease, by the secretion from the excited mucous follicles, of a more fluid and a less coagulable matter, which is poured out between it and the mucous coat ; and, as this secretion of the mucous *cryptæ* becomes more and copious, the albuminous membrane is the more fully separated, and ultimately excreted if the vital powers of the respiratory organ and of the system be sufficient to accomplish it :—(d.) That subacute or slight inflammatory action may be inferred as having existed, in connection with an increased proportion of fibro-albuminous matter in the blood,† whenever we find the croupal productions in the air-passages ; but that these are not the only morbid conditions constituting the disease :—(e.) That in

conjunction with the fore-going—sometimes only with the former of these in a slight degree—there is always present, chiefly in the developed and advanced stages, much spasmodic action of the muscles of the larynx, and of the transverse fibres of the membranous part of the trachea, which, whilst it tends to loosen the attachment of the false membrane, diminishes, or momentarily shuts, the canal (of the larynx) through which the air presses into the lungs:—(f.) That inflammatory action may exist in the trachea, and the exudation of albuminous matter may be going on for a considerable time before they are suspected—the accession of the spasmodic symptoms being often the first intimation of the disease; and these, with the effects of the pre-existing inflammation, give rise to the phenomena characterizing the sudden seizure:—(g.) That the modifications of croup may be referred to the varying degree and activity of the inflammatory action, the quantity, the fluidity, or plasticity of the exuded matter, the severity of spasmodic action, and to the predominance of either of these over the others in particular cases, owing to the habit of body, temperament, and treatment of the patient, &c.:—(h.) That the mucopurulent secretion, which often accompanies or follows the detachment and discharge of the concrete or membranous matters, is the product of the consecutively excited and slightly inflamed state of the mucous follicles, the secretion of which acts so beneficially in detaching the false membrane:—(i.) That a fatal issue is not caused merely by the quantity of the croupal productions, accumulated in the larynx and trachea, but by the spasm

and the necessary results of interrupted respiration and circulation through the lungs;—(k.) That the partial detachment of fragments of membrane, particularly when they become entangled in the larynx, may excite severe, dangerous, or even fatal spasm of this part, according to its intensity relatively to the vital powers of the patient; and that this occurrence is most to be apprehended in the complicated states of the malady where the inflammatory action, with its characteristic exudation, spreads from the fauces and pharynx to the larynx and trachea, the larynx being often chiefly affected in such cases, and from its irritability and conformation giving rise to a more spasmodic and dangerous form of the disease;—(l.) That the danger attending the complications of croup is to be ascribed not only to this circumstance, but also to the depression of vital power, and the characteristic state of fever accompanying most of them, particularly in their advanced stages;—(m.) That irritation from partially detached membranous exudations in the pharynx, or in the vicinity of the larynx or epiglottis, may produce croupal symptoms in weak, exhausted, or nervous children, without the larynx or trachea being themselves materially diseased; and that even the sympathetic irritation of teething may occasion the spasmodic form of croup, without much inflammatory irritation of the air-passages, particularly when the *prima via* is disordered, and the membranes about the base of the brain are in an excited state;—(n.) That the predominance in particular cases of some one of the pathological states noticed above (g.) as constituting the

disease, and giving rise to the various modifications it presents, from the most inflammatory to the most spasmodic, may be manifested in the same case, at different stages of the malady, particularly in its simple forms, and in the relapses which may subsequently take place; the inflammatory character, predominating in the early stages, and either the mucous or the spasmodic, or an association of both, in the subsequent periods;—(o.) That the relapses, which so frequently occur after intervals of various duration, and which sometimes amount to seven or eight, or are even still more numerous, may each present different states or forms of the disease from the others; the first attack being generally the most inflammatory and severe, and the relapses of a slighter and more spasmodic kind; but in some cases this order is not observed, the second or third, or some subsequent seizure being more severe than the rest, or even fatal, either from the inflammation and extent of exudation, or from the intensity and persistence of the spasmodic symptoms.—most frequently from this latter circumstance. The above inferences, however minute or trite they may seem, should not be overlooked, as they furnish the safest and most successful indications of cure, and are the beacons by which we are to be guided in the treatment of the disease."

**Post Mortem Appearances.**—Inflammation of the mucous membrane of the larynx, trachea, and bronchial tubes beneath the exuded lymph; sometimes it is deep brown, sometimes of a bright red color; the inflammation is either diffuse or in patches according to the

degree of inflammation. The consistence of the exudation varies from that of a viscous fluid to the consistence of parchment or leather, the latter principally in the larger and the former in the smaller bronchial tubes. The longer the disease lasts, the thicker and more tenacious the exuded membrane. Children dying of croup have the appearance of persons who die by strangulation or apoplexy; the face is bloated, the cutaneous veins and the thyroid gland are swollen, over the larynx and trachea an œdematous swelling is sometimes perceived, &c.

**Causes.**—Croup results from a spasmodic action involving the muscles which close the glottis, the proximate cause being some irritation conveyed by the laryngeal nerves. The irritation may be:—1. *Centric*, originating in the brain, either from some organic mischief, such as hydrocephalus; or from disturbance of its circulation, or of its nutrition. 2. *Direct*, from irritation of either vagus or recurrent nerve by enlarged glands, tumours or other morbid condition. Formerly the complaint in children was called *thymic asthma*, on the assumption that it was due to pressure by an enlarged thymus gland. 3. *Reflex*. The reflex irritation may arise in the larynx itself; or may be associated with dentition, improper feeding, especially in the case of infants brought up by the hand or nursed by unhealthy mothers, worms, a cold draught blowing on the skin, and various other reflex disturbances.

**Exciting causes.**—It comes on during the act of swallowing; from tossing up the child in the air; or from severe mental emotion, especially fright or anger.

**Predisposing causes**—Children living in the crowded parts of large towns and cities, especially if brought up by the hand, and exposed to unfavorable hygienic conditions. Scrofulous children are said to be more subject than others, and rickets decidedly predisposes to the affection.

**Course**.—It generally runs a rapid course. Most children die between the third and fourth days. In case of recovery, at least a change for the better, especially under homœopathic treatment, takes place very speedily. As long as the croupy cough continues, there is danger of relapse. Death takes place either suddenly, or gradually in consequence of the gradual closing of the air-passages by the false membrane or still more slowly by paralysis of the respiratory organs and asphyxia.

**Prognosis**.—Croup is a dangerous disease, even under homœopathic treatment; but the danger would be much less if an experienced homœopath were engaged as soon as the disease commences. The prognosis depends upon the age and sex of the patient and upon the nature of the disease; the younger the patient, the greater the danger; boys seem to have less chance than girls; croup from measles is not so dangerous as diphtheritic croup. Bronchial croup is worse than tracheal and laryngeal croup; epidemic croup more dangerous than sporadic. Complications with pneumonia and pleurites aggravate the danger. The prognosis likewise depends upon the course and symptoms of the disease. The danger increases in proportion as the symptoms of the disease, the cough, suffocative paroxysm, extinction of the voice, difficulty of breathing, anxiety, reclinatio<sup>n</sup> of the head,

paleness and livid colour of the skin, weakness and intermission of the pulse, typhoid fever, increase in intensity and become more permanent. According to Dugès, an emphysematous swelling of the neck implies emphysema of the lungs and is therefore a very unfavourable sign.

**Favorable Symptoms.**—Easier respiration, altered sound of the cough, abatement of the fever, sweat all over, dampness of the nose and ears and even nose-bleed.

**Treatment.**—Canstatt observes that the diagnosis of the disease should be prompt and correct, and the selection of the remedy should be just and proper; for even a slight degree of inflammation, if not arrested at the outset, is sufficient to close the narrow air-passages of an infant, and to cause death by suffocation. I have repeatedly observed this in my own practice, and shall, therefore, be as particular as possible in detailing the treatment of this disease. I should add that it is a disease in which young and inexperienced practitioners are often found to prove unequal to its management. In the majority of cases, without comprehending the true nature of the disease, they commence a course of medication, which generally proves fatal to the little patient. So in the case of amateurs, who, with an elementary knowledge of Ruddock or Laurie, take charge of cases of croup, simply for the sake of gain, disregarding the monitions of their conscience, commit, in my opinion, culpable homicide. My experience tells me, that of all the diseases to which children are subject, croup and diphtheria are the most insidious in their approach, disguised in their appearance, and dangerous in their consequences. I



should, therefore, strongly recommend that only those who have got sufficient experience of the disease, I mean experts, are justified to take charge of cases of croup. Successful treatment alone depends upon correct diagnosis and selection of the right remedy. Allopathic treatment in this disease is quite impotent and unavailing. Excepting the operation of *tracheotomy*, they have literally nothing, in the whole range of their therapeutics, to combat successfully with the disease. Allopaths therefore have been styled; not quite inaptly as *cut-throats* and *murderers* in the treatment of this disease.

Many physicians are of opinion that croup has a catarrhal stage, but it is a mistake. A catarrh or a catarrhal fever is not croup. Catarrh with hoarseness, especially when accompanied by a rough cough, is a suspicious circumstance; but it is not croup, unless the cough has the peculiar croupy sound. The remedies for croup are many, but **Aconite** and **Hepar**, in my opinion, are the two principal remedies. I have saved a number of lives by administering Aconite and Hepar only. I believe the chief point in the treatment of croup is the question of fever. When fever is present, I give Aconite, always in the 30th dil, and when there is no fever, Hepar, also in the same dil. Repetition of the dose ought to be regulated by the suffocative paroxysm, every 5, 10, 15 minutes, half-hour or hour according to circumstances. The ordinary plan of commencing the treatment with a dose of Aconite is not only injudicious, but dangerous in the extreme. I have seen sad failures resulting from the administra-

tion of Aconite when there was no fever. It is certain, that in croup, there is inflammation of the laryngeal mucous membrane, but that symptom alone should not be an indication for Aconite. The totality of symptoms should be taken into consideration, and the selection of the remedy should be made accordingly. More persons have been converted to homœopathy by the speedy cure of croup with Aconite than in any other way. It is indicated in this affection when there is high fever, dry skin, restlessness, cough, and loud breathing during expiration (not during inspiration); every expiration ends with a hoarse, hacking cough; the child is in agony, impatient, throws itself about. The attack comes on in the evening after exposure to dry west winds.

**Case I.**—"A child 3 years old; Severe croup; high fever; at the point of suffocating. Aconite 1x, one drop in a glass half full of water, a tea-spoonful every quarter of an hour. After a few doses, profuse perspiration broke out, and the child was saved." Dr. A. Crica.

**Case II.**—"A fat healthy child, aged two years, was taken suddenly ill with croup after an exposure to a dry cold west wind. Face and skin burning hot; extreme thirst; agonised expression; constant restlessness; aggravation after sleeping. Aconite 200, two doses half an hour apart, cured." Hoyne.

**Case III.**—"Mrs. G., aged seventy three, suffering from an attack of spasmodic croup, with all the frightful symptoms which occur in children; the hoarse crowing cough, whistling breathing, great anxiety, &c, though not much fever. Aconite 30, in solution, cured her. She

had been suffering about a year with constant pain in limb, back, and head, of greater or less severity, the consequence of an attack of apoplexy, which disappeared after the attack of croup." Dr. L. Hoopes.

**Case IV.**—A boy, aged 4 years, suffering for 3 hours from spasmodic croup, face livid, unable to breathe, features expressive of agony, fever high, temp 103°, child comatose, voice lost its resonance, Aconite 30, Six doses every quarter of an hour, cured.

**Case V.**—A boy, aged 1½ year, almost at the last gasp—suffocating, fever high, forehead bedewed with moisture, countenance livid and anxious, temp 102° Aconite 30, 3 doses, cured.

**Case VI.**—A girl, aged 7 years, suffering from spasmodic croup for 28 hours, comatose, high fever, temp 104°, skin dry, neck and forehead bedewed with moisture, voice extinct, pulse feeble and scarcely perceptible, now and then the patient carried the hand to the larynx, apparently without consciousness, and death seemed on the point of closing the scene. Aconite 30, every 10 minutes, 8 doses, cured.

It must not be imagined that, because the essential symptom in croup is an inflammatory condition of the laryngeal mucous membrane, Aconite is indicated. The inflammatory fever and sensitiveness of the larynx and trachea to pressure and contact are the only indications for this medicine. The intensity of the fever which generally characterizes this disease does not so much depend upon the extent of the inflammation as upon the high degree of inflammatory

irritation of the nervous system occurring in this disease. The next medicine which we have found equally efficacious with Aconite is **Hepar Sulph.** Hahnemann says, that, "after the exhibition of Aconite and Spongia, it will scarcely be ever found necessary to give Hepar Sulphuris." This, however, seems to be a mistake. I have cured about 10 cases with this remedy alone, and they were very advanced cases. I have already said before, that Hepar Sulphuris is indicated in croup when there is no fever. Dr. Elbe observes, that Hepar is less frequently indicated at the commencement of the disease, and perhaps he may be right. The cases that I had under my treatment were all advanced cases—such as had allopathic treatment at the beginning. But they were all invariably marked by the absence of fever. Hepar is given in croup, coming on after exposure to dry cold north or northwest winds, with a swelling below the larynx; great sensitiveness to cold air or water; loose rattling cough with hoarseness all the time, worse before midnight or towards morning; the child cries when coughing; cannot bear to be uncovered; coughs when any part of the body is uncovered; the phlegm is loose and rattling; feels the sensation of a clot of mucus, or of internal swelling in the larynx; the cough at the outset is dry and sometimes in paroxysms, but if unchecked, it becomes croupy with tenacious "mucus"; the cough is suffocative and spasmodic and often accompanied with hoarseness. Dr. Hirschel and Hoyne observe, that it is applicable in the second stage of croup when exudation has taken place, which is copious and consists more of a tenacious phlegm than of a firm mem-

branous substance. Dr. Elbe observes, that Hepar Sulphuris promotes absorption of the mucus, and effects a speedy cure. Dr. Lobethal, on the contrary, observes, that Hepar is a chief remedy in croup for the purpose of arresting the tendency to effusion in the inflammatory stage. Hepar, as far as my experience goes, is a remedy which arrests effusion, and promotes absorption when effusion has taken place.

**Case I.**—A boy, aged 6 years, healthy and well nourished, severe croup, which compelled him to sit up in bed, from a feeling of choking or suffocation, voice hoarse, no fever, expectoration scanty. Hepar 30, 3 doses, every 20 minutes, cured.

**Case II.**—A girl, 10 years old, with suffocative fits, obliging her to bend the head backwards, no fever—fit supervening after an attack of measles, hoarseness and rattling cough. Hepar 30, 8 doses, every 10 minutes, cured.

**Case III.**—A boy, aged 2 years, severe croup with suffocative fits, no fever, pulse barely perceptible at the wrist, hoarseness, no mucus or rattling in the throat, countenance suffused and anxious, forehead and back bedewed with moisture, comatose. Hepar 30, 12 doses, every 5 minutes, cured. Hoarseness which continued for nearly 36 hours yielded to Phos 12.

**Case IV.**—A boy, 3 years and 7 months old, was suffocating, no fever, face pale, head covered with sweat, extremities cold, pulse feeble and scarcely perceptible—no consciousness and death seemed imminent. no mucus or rattling in the throat. Hepar 30, 8 doses, cured.

The supplementary remedies are Spongia, Kaolin,

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Iodine, Bromine, Phosphorus, Bryonia, Cup. Metallicum, Antim Tart, Moschus, Sambucus, Kali Bichromicum, Arsenic, Sanguinaria, Cinnabaris and Acetic Acid. Hahnemann says of **Spongia**:—"Its most remarkable therapeutic virtue is to cure croup; among other symptoms, it is indicated in this disease, by difficulty of breathing, as though a plug had lodged in the throat, and as though the larynx were so contracted, that the breath cannot pass through it. Previous to giving Spongia, the inflammatory condition requires the exhibition of a small dose of Aconite 30." Spongia is used in alternation with Aconite, although this is not at all necessary, as the indications for both the remedies are very clear. Spongia meets these symptoms:—"When the cough is not very violent, and when the windpipe is very dry, with hoarseness, oppressed breathing with long inspirations, or as if the air were cut off by a suddenly closing valve, or as if a pug had lodged in the throat, with raising and depressing of the larynx during breathing, the head is bent backwards, the neck is pressed outwards, the voice suddenly gives way when talking, with anguish, feeling of suffocation, sawing respiration, pale face, anxious look." Jahr.

"Dry sound in breathing and cough, worse before midnight, wakes with suffocation about the larynx, early in the night, crowing sound of cough, cough lessened by eating or drinking, increased by excitement, keeps the head high up in the bed, light-haired children with fair skin." Hoyne.

"Dyspnoea which obliges children to stretch their

necks upwards and backwards, cough rough, hollow, barking, only a small quantity of phlegm can now and then be detached, the inspirations are slow, loud, sibilant, accompanied by a sawing noise, and mingled with suffocative paroxysms." Hartmann.

"In most cases of croup, Spoz<sup>g</sup>ia is sufficient to overcome the inflammatory symptoms." Trinks.

**Case 1.**—"Hoarseness, cough and dryness of the Schneiderian membrane for two days; then sudden development of croup; the child sits on his mother's lap, with head thrown back, fan-like motion of the nostrils, laborious breathing with a sawing sound; now and then sharp whistling cough; protrusion of the eyes; eye-lids wide open; great anxiety depicted on the countenance. Relief in five hours from spong." Dr. Fiedler.

**Case 2.**—"Sits up in bed: cannot lie on account of want of breath; eyes protruding, staring; nose pinched and cold; face pale and bloated; mouth firmly closed; only slightly opened, with a groaning breath; loss of voice; deglutition prevented; head drawn backward; the swollen larynx almost protruding above the chin; lower part of abdomen empty; viscera drawn up against the diaphragm; groaning respiration, without any motion of the chest; pulse imperceptible; hands and feet cold; the whole body covered with a clammy, cold sweat." Dr. Hartung.

**Case 3.**—"A healthy boy, five years of age, had a peculiar cough, in the evening, for two days. On the third evening, at 9 o'clock. heat; red face; pulse frequent, full and hard; respiration rapid, short, sawing or panting: suddenly sitting up in bed; nostrils wide-

open ; gasping for breath, with dark-red face, immediately after, a few short, barking, hoarse spells of cough, followed by long-drawn, whistling inspirations ; during the worst part of the attack, great anxiety, gasping at the throat, and throwing the head backward ; exhaustion and complaint of 'pain in the region of the larynx ; hoarse voice ; Spong. cured in six days." Dr. Billig.

**Case 4.**—"A little girl, two and a half years old. Aroused by cough, sits up suddenly in bed ; looks around anxiously ; gasps for breath as though it could not get any. In a short time, a second attack, more violent than the first, followed by repeated attacks, each more violent than its predecessor ; infrequent, dry cough ; hoarseness ; breathing somewhat accelerated and difficult ; every quarter of an hour almost, the restlessness and anxiety increased ; the child wanted to be carried about, threw its head back, or imploringly stretched out its hands for relief ; the face turned dark-red when in the height of an attack, the eyes protruded from their sockets, and the neck commenced to swell rapidly ; between the attacks the child showed signs of thirst, but was able to swallow only a small quantity, and with difficulty ; frequent urging to urinate ; at times, without discharge ; at others, with discharge of normally-colored, acrid-smelling urine, which deposited a dirty-white sediment, stools natural and regular. Spong-tinc., nine drops triturated with 54 grs. sug. of milk, divided into nine powders ; one regularly every thirty minutes. After the first dose, more quiet. Spong. continued. In three days well." Dr. Billig.



**Case 5.**—A young lady, aged twenty-four. Three days after convalescence from cholera. Face bluish-red, somewhat bloated, anxious and distorted; increased bodily temperature, with diminished warmth of the extremities; tonsils, soft palate, and uvula somewhat swollen and highly reddened; breathing very rapid and short; on deeper inhalation, a whistling noise in the larynx with sinking-in of the intercostal spaces; weak, vesicular breathing; at times, sudden, dull concussions of cough, ending with a long-drawn whistling inspiration; dyspnoea; anxiety; blueness of the face; lisping voice; weak; pulse 100; violent straining pain (zwangen) on swallowing; pain in the throat when coughing and speaking; larynx sensitive to the touch; constant anxiety; great heat and feeling of exhaustion. The attacks becoming worse and worse, and attaining a high degree of violence; thin white coating on the gums. Bell. relieved a few symptoms only. Spong. 30, every half hour, cured the croup the same night. The catarrh appeared two weeks later. Klin. Stud., 32.

**Kaolin.**—Dr. Salzer speaks very highly of this drug, and has saved many desperate cases by its use. On one occasion, I happened to see a case with him treated with Kaolin, and though the case ultimately terminated fatally, the effect of Kaolin, after the administration of the first dose, was really marvellous; the disease at once yielded to the drug, and the patient enjoyed relief from impending suffocation for nearly half an hour. The suffocative paroxysm again supervened, and in spite of the repeated administration of Kaolin and other drugs carried off the patient.

The action and uses of Kaolin are analogous to the action and uses of Hepar Sulphuris. Where Hepar fails, Kaolin should be tried.

**Iodine.**—Epidemic croup, or croup complicated with scrofula, when resembling bronchites or tracheites. Bronchial and tracheal croup is the proper sphere for Iodium, especially when there is a tendency to torpor. This agent is not so much indicated by the breathing with the head bent backwards, as by the fact that the symptoms of Iodium indicate an inflammatory condition of the larynx, with croupy cough; there are no symptoms pointing to a pseudo-membranous formation either in the larynx or the upper portion of the trachea; face pale and not bluish or bloated; voice hoarse, rough and deep; respiration more sterterous; larynx and trachea painful, dyspnœa distressing, crepitation all over the chest, rhythm of the heart quicker and stronger, pulse small and feeble and cannot be counted, countenance anxious. Pain in the larynx and trachea or chest is a characteristic symptom. It is the sheet-anchor in croup after Spongia and Bromine have failed.

**Bromine.**—The principal curative sphere of Bromine is not scrofula, but affections of the chest, throat, eyes and heart. In croup, according to Hering, Bromine may sometimes be superior to Spongia. Dry obstinate croupy cough with pains in the chest, full pulse, headache, vertigo, heart-sound slow and irregular, pyralism, dyspnœa, hoarseness, aphony, voice not clear, children with blue eyes and light hair, much rattling in the larynx during respiration, and still more during the

cough, danger of suffocation from accumulation of mucus in the larynx, aggravation before midnight, and amelioration after midnight.

Dr. B. Herschel says :—"Bromine, Iodine, and Spongia have this in common, that they are curative of affections of the upper parts of the air-passages ; that they correspond to the dry cough of catarrhal, inflammatory or organic organ. All three are profound in their action and reliable remedies, and differentiation between them is not easily put in words ; this is a matter of practical acquirement, of instinctive tact. Spongia might be termed the most volatile and dynamic of the three : Bromine is more materially penetrating, powerfully and promptly curative where it is indicated ; Iodine is the strongest, but also the least prompt and most slow. They are the principal remedies in affections of the *larynx* and of the *trachea* (catarrhs, inflammations, croups in particular, and textural changes, and in narrowing of the glottis). Iodine alone is also in rapport with the *bronchi* and even with the *pulmonary tissue*. As to the symptoms, they are for Bromine, dry croupy cough, like a sheep's cough, with continual grating, tickling and hoarseness. This last is a very special indication for *Bromine*."

**Case 1.**—I was called to a child about two years of age, who had been treated for five or six days for diphtheria, which, notwithstanding repeated cauterizations and vomitings, had attacked the larynx. The last consultation, held by three allopathic physicians, was to discuss the propriety of tracheotomy as a last resource. The

child was breathing with fearful difficulty, voice wholly extinguished, circulation flagging, skin cold and blue. They determined not to operate, as they considered death imminent and certainly inevitable. Under these circumstances, I was called to take charge of the case. I wasted about twelve hours in trying Kali Bichromicum 2nd dec., and then Kaolin 6th. My experience with diphtheritic croup had not been pleasant or favourable, and I hardly knew where to turn for a remedy which I believed would be strictly homœopathic to the case. At last I ordered Bromine, one drop to four ounces of glycerine and water (equal parts), one teaspoonful every half-hour. In a few hours improvement was decided, and the interval lengthened to two hours, and afterward to three times a day. Convalescence went on rapidly, and the child made a beautiful recovery, although he did not recover his voice for two weeks. This case ought to have convinced our three allopathic friends of the truth of *Similia Similibus*; but there are minds that would not, and, indeed, could not, believe, "though one rose from the dead." Dr. H. H. Holmes.

Case 2.—J. K., age fifteen years, black hair and eyes; dark complexion; small and spare; cough for several months, both night and day; cough is loose, but no expectoration; aggravation from exercise, and on entering warm room. After trying a number of remedies, gave From. 3x (highest I had); one prescription cured him. I have found Bromine a very valuable remedy in inflammatory coughs, affecting the larynx and trachea.

Dr. J. R. Temple.

**Case 3.**—L. Mc B——, aged seven years, a pampered, petted, and extremely nervous child, was seized at night with violent suffocative breathing, accompanied with dry, obstinate and croupy cough; high fever and flushed face; during a coughing paroxysm the face and lips would become purple and eyes congested with much lachrymation. Coldness of feet, very restless at night, tossing and picking about most of the night. Pulse quick, feeble and tremulous. Hoarseness and almost entire loss of voice. Prescribed Kali Bichr. 2c, gave a second powder to follow the first, in case of no improvement, in three hours, and Sac. lac. in water. Next day was better, sat up and ate a little breakfast, was drooping, however, the entire day. The following night a recurrence of the symptoms of the preceding night. Sac. lac. continued. The second day about same as the first. Sac. lac. continued. Called again that evening and found the mouth and fauces lined with a pearl-colored coating, together with much aggravation of all the other symptoms. Prescribed Bromine  $\text{J} \times$  from a bottle which I have had carefully corked and excluded from the light for eight years, at least. Mixed three drops in a half tumbler of water and gave a teaspoonful every two to three hours. After the second dose the child went to sleep and remained so all night, from which time she went on to rapid and entire recovery. Dr. C. H. Vontagen.

**Case 4.**—A case of croup in a child two years old, that had baffled all efforts to relieve him for two weeks, was regarded doubtful as to the result. Perceiving that

the croup was evidently complicated with pneumonia and heat of the chest, prescribed Bromine 3d. decimal dilution in half a tumbler of water. Gave a teaspoonful every thirty minutes. A change took place in the symptoms directly. The child breathed more easily, but asthmatically. The remedy was continued, and convalescence took place rapidly.

Dr. A. Small.

**Phosphorus.**—It is useful, if other remedies have failed to arrest the disease, and asphyxia increases, and cerebral symptoms become more prominent. Also when complicated with bronchitis; great weakness; very hoarse voice; disposition to relapses. According to Dr. Hartmann, when the hoarseness continues, and the disease has a tendency to relapse, Phos. is invaluable. Dr. Hartmann says, it so happened, that while treating a case of croup, the child got well, but hoarseness remained. The parents, however, affirmed, that the child was doing well, and there was no necessity for further medication. Next day another attack of croup destroyed the child's life. Phos. should also be administered, in my opinion, in that sort of intermittent croup marked by irregular intervals. According to Elbe, Phos. is likewise very useful "for a dry, hacking, not very harsh-sounding cough, with a continual irritation and titillation in the larynx and trachea, with shortness of breath, which otherwise has a natural sound." This kind of cough, it must be understood, sometimes remains for a long while after croup, and should not be confounded with catarrhal cough, for it is apt again to assume a croupy character.

**Bryonia.**—It is seldom or never used. When the croup is bronchial, spasmodic, preceded by oppression and anxiety which rouse the child from sleep, and does not cease until a quantity of mucus has been thrown up, Bryonia might do some service; but if it is used at all, it is generally after the use of P<sup>hos</sup>.

**Cup. Met.**—It is also a minor remedy, very seldom used. When there is spasmodic cough, with stoppage of breath, hoarseness of a suspicious nature, and disposition to lie down, Cup. Met., should be thought of.

Dr. Bæhr, however, observes.—“In this place we will call attention to a few remedies that have no relation to the croupous exudation, but are important in other respects. The danger of suffocation depends in many cases upon a spasmodic closing rather than upon a mechanical disarrangement or an inflammatory infiltration of the rima glottidis. A condition of this kind is pretty certain to exist if the dyspnœa sets in in single, pretty sharply detached paroxysms, the remissions between the paroxysms are quite considerable and no râles are heard in the larynx. If we designate this closing of the glottis as spasmodic, the designation is not entirely correct, because paralysis of the muscular apparatus of the larynx is undoubtedly the chief cause of the asphyxia, whereas a spasm of the larynx could not well be accounted for. If we consider that in the case of children the glottis forms an uniformly narrow chink whose sides incline obliquely towards each other from without inwards, and from below upwards, it is easily conceivable that, in case the sides are somewhat relaxed, they may be

forced against each other during the act of inspiration, in consequence of which the glottis will either be very much contracted or even closed. These facts explain how children may die of croup without a membrane being seen after death, and why full-grown persons whose glottis is wider and differently shaped, scarcely ever succumb to an attack of croup. We can meet this paralytic condition by some remedies that are well worthy of our consideration: *Cuprum*, *Moschus*, *Nux moschata*, *Ipecacuanha*, and *Arsenicum*. "Of all these remedies *Cuprum* is undoubtedly the most important; its effect is in a measure confirmed by the effect of the Sulphate of Copper when administered as an emetic." Dr. Bæhr, it seems, has here confounded the action of *Cup. Met.* with the action of *Antim. Tart.*

**Antim Tart.**—It is an excellent remedy in croup, when after the subsidence of the dangerous symptoms, an oppression of breathing, wheezing in the trachea (a symptom of incipient paralysis of the lungs) frequently recurring rattling of mucus in the air passages, frequent paroxysms of suffocative cough, increased heat and frequent pulse, especially in the evening, and before midnight, remain. In fact, the indications for this remedy in croup are based on the predominating symptoms of partial paralysis of the pneumogastric nerve. The short, hoarse, nearly suffocative breathing is accompanied by a whistling noise, heard even at a distance, whilst the thorax expands only with the greatest muscular effort, and the greatest anxiety and uneasiness, together with great prostration, are manifested. The head is thrown



backward ; face livid and cold ; the forehead and sometimes the whole body are covered with a cold sweat ; pulse small and very much accelerated or depressed and slow ; drinking causes great difficulty, both owing to spasm and incomplete contraction of the muscles of the throat.

**Case I.**—“ A little son of C. K., Esq., aged two years, became hoarse and croupy from almost any exciting cause. His father was an asthmatic subject, and his mother was feeble and cachetic, and their little son was, on the whole, far from being strong and vigorous. His nurse had observed for some days that he was indifferent about his playthings, and wanted to be held in her arms, and yet he ate and slept as usual. Without any previous exposure, a severe attack of croup came on in the middle of the night ; all at once he became hoarse and coughed frequently. Being called immediately, I observed that his breathing was very labored, and that a profuse perspiration was standing upon the face, and that the trachea and larynx were rapidly contracting. Gave *Tart. emet.*, 3d trit., about five-grains in half a tumbler of water, and a teaspoonful every ten or fifteen minutes. The effect was almost magical, as the disease seemed to be arrested at once. The medicine was continued for more than an hour, when the little fellow went to sleep. He breathed better and better, until he awoke quite relieved. He had attacks subsequently, which the same remedy speedily removed.” Dr. A. E. Small.

**Case II.**—“ Dr. M. Preston mentions a case in which Spong. and other remedies had failed. The child was struggling manfully for breath, dozing occasionally for

a few moments, awakening in fits of suffocation, of which each one promised to be his last. *Tart emet.* 200, one dose, cured."

**Case III.**—"In one case, with gasping for air at the commencement of every paroxysm of cough, blueness about the eyes, profuse sweat, feeble voice and dry and cracked lips, we saw benefit from *Tart-emet* 6, after the failure of the ordinary croup remedies."

Hoyne.

**Moschus.**—When there is a sensation of constriction across the chest, which is felt as soon as the cough commences and increases, while it lasts, it is sometimes considered proper to give Moschus. It has proved curative in a number of cases.

**Case I.**—"Light-haired boy, aged five, pale, but strong, got whooping cough in September, 1859, which was treated at first with *Bell.* 3, and afterwards with *Verat.* 3. October 20th, new symptoms appeared. At the moment of inspiration, with anxiety or cyanosis, or pain, the respiration became crowing and lengthened, as in laryngismus stridulus. Then followed some normal breathing, interrupted again by that crowing and lengthened inspiration. During play, eating, laughing, even during sleep, the laryngismus continued, and, as the attacks got worse, with anxiety and restlessness, I gave him *Mosch.* 12, every two hours. In three days the laryngismus was removed, and the whooping cough was cured by the end of October." Dr. Kafka.

**Sambucus.**—If the remaining symptoms of croup should become complicated with *Asthma Millari*, which

might easily happen on account of the weakness and excessive sensitiveness of the respiratory organs remaining after croup, Sambucus would deserve our attention.

**Kali Bichhromicum.**—The medicine has been used only by the German and American physicians. It is used when croupal inflammation or ulceration extends from the fauces to the throat. It should be thought of in epidemic croup.

**Arsenic.**—Schelling speaks highly of Arsenic in intermittent croup, when the paroxysms threaten to end in suffocation, and when the respiration assumes a wheezing hissing and moaning character. This condition seems to be more allied to asthma than to croup. Arrest of breathing at night, according to Jahr, with danger of suffocation and swelling of the throat, is its chief characteristic.

Dr. Hoyne observes that "Arsenic is occasionally serviceable in croup attended with coryza and stoppage of the nose, so that the child cannot breathe through the nostrils; dryness of the larynx; sudden catarrh at night threatening suffocation; face bloated, covered with cold perspiration; rough hoarse voice; cough especially after drinking; great restlessness and aggravation about midnight."

**Sanguinaria.**—Dr. Thomas Nichol reports the following concerning the use of *Sanguinaria Canadensis* in *pseudo-membranous croup*:

"Being busy at the time I neglected contributing to the first edition of Dr. Hale's admirable work, though I had a few items which might have proved of interest. When I received the book, I turned at once to the article on *Sanguinaria Canadensis*, expecting to find a disserta-

tion on the use of this remedy, in pseudo-membranous croup, and was disappointed on finding that it said nothing as to its use in this disease. In the region in which I then resided we had many cases of pseudo-membranous croup,—not the mere spasmodic variety, but the kind-characterized by the deposition of a fibrinous membrane in the larynx and trachea,—and the mortality has been very great. Under allopathic treatment—the usual routine of purgatives, emetics, blisters, bleeding, and Calomel—almost every case ended fatally; and even under homœopathic treatment, aided by the appliances of the so-called hydropathy, the mortality was, perhaps, 25 to 30 per cent. I had tried in succession everything suggested in our works on therapeutics, from the orthodox Aconite, Spongia and Hepar S., of Hahnemann, to the apparently heterodox application of Nitrate of Silver to the larynx, recommended by Dr. Marcy in the first edition of his work on practice, and the result was as I have stated.

Despairing of help from our treatises on therapeutics, which, after all, merely present to us the views and experience of one man, and calling to remembrance the grand lessons taught me by Dr. Constantine Hering, I applied myself specially to the study of the homœopathic Materia Medica, and guided by the star of *similia*, I decided that Sanguinaria Canadensis possessed, both in its symptoms and in what Professor Walter Williamson calls “the run of the remedy,” all the properties which would make it a true remedial agent in this disease. The symptoms which guided me were: “Chronic dry-

ness in the throat and sensation of swelling in the larynx, and expectoration of thick mucus. Aphonia, with swelling in the throat. Continual severe cough, without expectoration, with pain in the head and circumscribed redness of the cheeks. Tormenting cough, with exhaustion; croup." Shortly after I was called to a case of true croup, and having no preparation of the Sanguinaria in my office, I gave minute doses of the pure Sanguinaria in a little water, giving an occasional dose of Aconite, and the result was most gratifying; and I was equally successful in a number of cases, to the diagnosis of which I paid great attention.

I am in the habit of regarding the literature of the eclectic school of medicine as being a vast mine of gems and precious metals, which can be best explored by the conscientious physician, lighted by the torch of the *similia*, and in the course of my studies I perused Professor Paine's "Epitome of Eclectic Practice," and his testimony is as follows: "The Sanguinaria is one of the most valuable remedies known in the treatment of pseudo-membranous croup. It has proved as much of a specific for that disease as Quinine has for ague. I have seen it used in a great number of cases, and have never known a single failure. It should be made into an acetic syrup, by adding twenty grains of Sanguinaria to four ounces of vinegar; steep, and add one ounce of sugar to form a syrup. Dose, one teaspoonful as often as indicated." I have frequently given the remedy in the form of an acetous syrup, as Professor Paine directs, though I found the dose he mentions to be far too large.

and I found that one grain, or even less, in two ounces of vinegar, to be a better preparation. I have seen better results from the acetous preparation than from the watery, and I refer those who may object to using vinegar in preparing the Sanguinaria to the fact that Hahnemann gave his infinitesimal doses of Opium to scarlatina patients in beer. (Essay on the Cure and Prevention of Scarlet Fever, in "Lesser Writings," page 375.) I regret that I kept no note of the greater number of my cases, but I give the record of one of the cases I attended lately.

On February 17th, 1866, I was called to see W. G., aged five years. He had been from home visiting some friends, fourteen miles distant, when he was taken sick. An allopathic physician, who had been called in, pronounced it a case of pseudo-membranous croup, advising a local application of Nitrate of silver to the larynx, but the mother preferred to hurry home and trust him to homœopathy. I found him with a hoarse muffled cough, complete aphonia, and the pulse was 132. On examining the fauces I found the soft palate and fauces covered with a continuous coating of pearly fibrinous exudation, and on auscultating the larynx the characteristic hissing sound was heard. The difficulty of breathing was very great; the child stretched back his head and grasped his throat in his agony, while the dark and swollen features added to the gloom of the prognosis. I commenced with the Sanguinaria, as directed above, and in fifteen hours the symptoms had undergone a notable modification; and in forty-eight hours the patient was out of danger.

No other remedy was used, except an occasional dose of triturated Aconite, as became a rigid Hempelite."

Dr. Salzer adds,—“I remember, however, that exception has been made as to the curative effect of Sanguinaria in croup as used by the eclectics of America, because they invariably combine it with Acetic Acid, so that whatever good has been derived might be attributed to Acetic Acid and not to Sanguinaria.”

**Cinnabaris.**—“Every evening hoarseness with croup-like cough.” Hahnermann.

Dr. Salzer observes,—“Rhythm of nerve currents being the physiological basis of sensation and motion, there can hardly be any doubt that, what constitutes disease, has its origin in an abnormal rhythm of nerve currents. Periodicity, therefore, is of great significance in distinguishing one type of pathological disorder from the other; in fact, if we knew more about the laws regulating nerve currents, and their specific rhythms both in health and disease, then we should soon come to learn that the study of pathology, dynamically considered, resolves itself into a study of periodic nerve oscillations.”

**Acetic Acid.**—It has been used successfully by Dr. Krebs.

Dr. Raue remarks,—“I have found Acetic Acid curative in a case that did not yield to other remedies, and which was characterised by a remarkable bright redness of the face. From five to ten drops of Acetic Acid in half a tumblerful of water with some sugar make a pleasant acidulated drink. I give a teaspoonful

of it every two or three hours with speedy effect." Dr. Salzer adds to this observation, that among the pathogenetic symptoms of Acetic Acid, Allen reports "hoarseness with croupy cough" as one of the prominent symptoms.

**Causticum.**—Of late<sup>ly</sup> Causticum has attracted some notice from the profession as a croup remedy, but its application is so very limited, that I have not thought it worthwhile to include it in my list of remedies.

Dr. E. C. Price says: "Causticum has a place in the treatment of croup. Its distinctive symptom is a sensation of rawness in the larynx."

**Diet and Hygiene.**—An important part of the treatment of croup is diet and hygienic measures. The physician should watch and regulate diet and hygienic measures with scrupulous care. The diet should consist chiefly of lukewarm milk and strong broth or soup, and is to be given at intervals of half an hour, an hour or two hours according to circumstances, in order to sustain the child's vital powers, and to enable him to prove equal to the struggle. Plenty of pure and fresh air is absolutely necessary, and the room where the child is kept should be light, spacious and clean, and frequently ventilated by open doors and windows. I need scarcely mention that the air should be kept pure and perfectly free from all heterogeneous influences, scents and the like. It should be remembered that croup is one of the few diseases in which it is necessary to awaken the patient in order to give medicine and diet regularly, for, if he be allowed to sleep too long at a time, the disease



will make very great progress. It is a positive fact, that after sleeping a long time, the paroxysms are much more violent than when the child is roused from its sleep every now and then. In any other disease, after improvement has set in, it is advisable to let the child sleep until it wakes of itself; but croup is an exception to this rule, and the child should be waked every now and then, and especially when the time for taking diet and medicine has come.

**Prophylactic Treatment.**—"There is no real prophylactic treatment against croup, except a regular system of hardening children from the moment they are born, and bringing them up in all respects in accordance with principles of health. If a child with a suspicious habit of body is attacked with a croupy cough whenever it takes cold, and is generally inclined to have an attack of severe laryngitis, let it be kept in-doors during a keen North wind, or let it at least be protected by a sufficient amount of warm clothing. Whether *Calcaria carbonica*, *Hepar* or *Phosphorus* are capable of exerting a protective influence against croup, is not yet decided. After a first attack of croup, a disposition to be again attacked generally remains. It is doubtful whether even such a disposition can be removed: the constitutional diathesis cannot well be remedied."

Before disposing of the subject of treatment, I think it would be meet and just to draw the attention of the profession to a few indigenous remedies which are sometimes of great efficacy in the treatment of croup. I shall not, however, enumerate the long list of remedies

used in Bengal and in some parts of India, as most of them are of doubtful importance. Like the saying of the Christian Scriptures,—“Many are given, but few are chosen,” I have selected a few whose effects I have observed on the sick, and which I can recommend to the profession at least for a trial. The first remedy of this group is **Blatta Orient**, (cockroach).

**Blatta Orient.**—The insect is macerated in water, and then boiled for half an hour. In several parts of Bengal, a teaspoonful of this preparation is given every 15, 20 minutes, half an hour, or an hour according to circumstances. I have, however, prepared an alcoholic tincture of the insect, and used generally the 3rd dilution prepared from the same tincture with uniform success. I used the 3rd M. on three occasions,—twice in my own village at Mohiarae, and once at Calcutta, and in both the three cases, I was successful beyond my expectation. It appears to me to act as a sedative on the vagus and laryngeal nerves. When the dyspnoea is very great, the patient's countenance is suffused with blood, and when there is restlessness with hoarseness and croupy cough, and constant changing of position, *Blatta* is indicated. Only one case was characterised by febrile symptoms, the other two cases were perfectly free from fever. I was in the habit of using this *Blatta Orient* in cases of spasmodic Asthma, and generally with success.

In croup, *Blatta* should be given every 10, 15, 20 or 30 minutes, according to the urgency of the symptoms. I have found after the exhibition of four, or five doses, at the most, the disease yielded, when I commenced

to administer the medicine every 2 hours, and in 12 to 14 hours, not a vestige of the disease remained visible.

**Moosta-Jhoree.**—(*Acalypha Indica*) Nat. Ord., Euphorbiaceæ. It is the second of the indigenous group of remedies. The expressed juice from the green leaves is used in Bengal, and in other parts of India, as a specific in the treatment of croup. Its action is analogous to and isomeric with the action of Antim. Tart. I generally use the tincture prepared from the fresh leaves, and my dose is generally from one to five drops. Only in one case, I used the 3rd dil., and with success. In constipation of children, it is also used as a local application to the anal orifice. The leaves are pounded, made into a pulp, and applied. It relaxes the sphincter and the muscular fibres of the lower portion of the rectum, and relieves constipation *protem*. Whether after subduing the spasm of the sphincter, and the muscular fibres of the lower portion of the rectum, it promotes peristaltic action, is an open question, but its application is invariably attended with a stool. Hence it is evident, that it not only subdues spasm of the local muscles, but induces peristaltic action as well. It does not generally happen that fecal accumulations lie pent up always in the lower portion of the rectum, owing to inertia, or simple spasm of the local muscles; the accumulations might, and do remain higher up in the transverse or upper portion of the descending colon, and when experience has proved a certainty, that the local application of the pounded leaves of Moosta-Jhoree has always produced a stool, it stands to reason,

that Moocta-Jhoree is not only a local antispasmodic, but it excites peristaltic action as well.

**Toolsee.**—(*Ocymum Villosum* or *Sanctorum*), Nat. Ord., Labiatae. It is the third of the group of indigenous remedies. Its action is analogous to the action of *Hepar Sulphuris*. The expressed juice of the green leaves is used in several parts of Bengal. It dissolves the thick tenacious phlegm which causes rattling and anxiety and suffocative symptoms. After the administration of the juice, the child throws up large quantities of mucus and phlegm, and feels relieved. It, like *Hepar Sulphuris*, promotes absorption of the mucus, and effects a speedy cure. I generally use the tincture with good effect. Dose 10 to 20 drops.

**Beetle-leaf.**—(*Piper chavica* or *chavica betel*), Nat. Ord., Piperaceae. It is the fourth of the group of indigenous remedies. Its action is isomeric with the action of Toolsee. The expressed juice of the green leaves is used in some parts of Bengal and in several other parts of India. I use the tincture, and its dose is also from 10 to 20 drops. I believe it will act more efficaciously in the third or in the sixth dilution.

**Kala.**—(*Cardanthea triflora*, or *Ruellia triflora*, Roxb.), Nat. Ord., Acanthaceae. It is the fifth of the group of indigenous remedies, and is found in profusion in those places where snakes abound. It is held in great repute as a *specific* for snake-bite, and I am an eyewitness to two cases of cobra-bites rallying after the administration of the juice of this plant. I cannot, however, vouch, whether they were deadly bites, but the

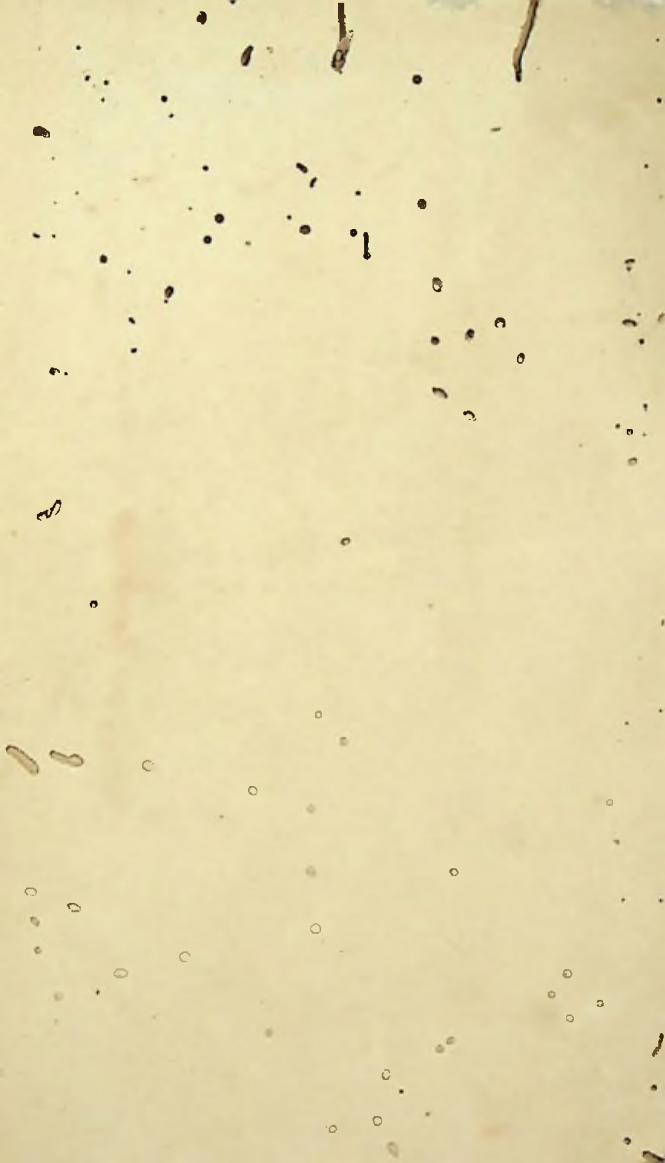
patients were comatose and discolored after the bite, with injected eyes and labored breathing. Those who have taken up the subject of Indian snakes ought to give this medicine a trial. It is also a very valuable medicine in gangrene, both idiopathic and traumatic, phagedæna, bed-sores, and carbuncle, in low fevers, when vital prostration is extreme, and in other adynamic states of the system. The expressed juice of the green leaves is used in Bengal. Dose from one to two drops. Vehicle, water or milk.

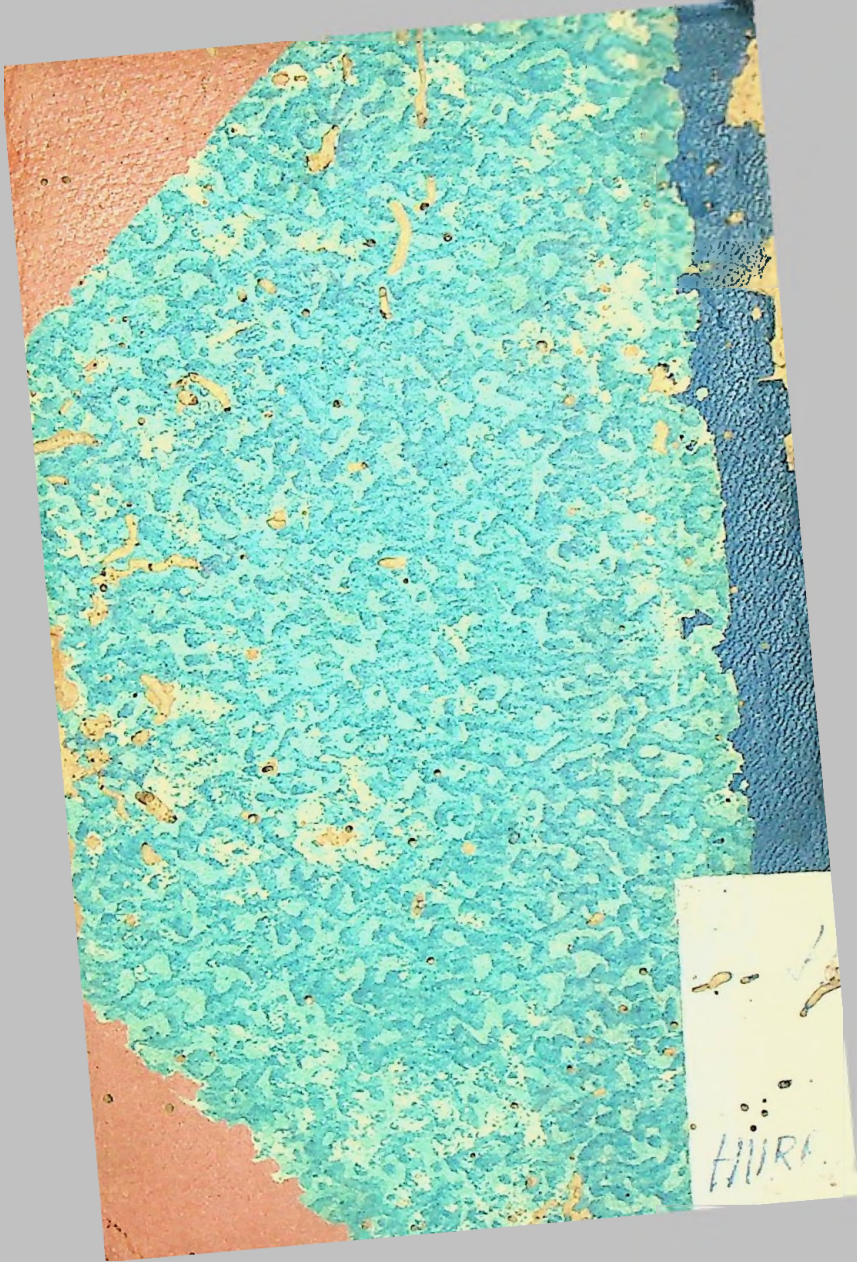
I have used it with great success in the treatment of croup. Its action is analogous to the action of *Blatta Orient*. I use sometimes the third, and sometimes the sixth dilution.

While writing an account of the indigenous drugs, I was taxed by a member of our fraternity not to go beyond the line of demarcation drawn by our illustrious Master between the rival systems of treatment, but I told him that my consolation lies in what Dr. Holcombe had remarked in his "address before the Hahnemann Medical Society of Cincinnati in 1875." He observed.—"Some people suppose that a physician, professing belief in the homœopathic law, is obliged to limit his practice strictly to the application of that law. He is not to administer a purgative, or to give an opiate, or to prescribe Quinine, or to recommend a mineral water, under any circumstances, without in some way incurring the suspicion of sailing under false colors, of having deserted his creed and betrayed his principles. To those who

cannot rise above the mere partisan spirit of cliques and schools, this may seem to be a righteous judgment. The man, however, who is loyal only to nature and to truth, regards such restrictions as sheer impertinence, and claims everything which *cures*, be the process explainable or not, as inalienably his own. He is astonished at the blindness and bigotry of the old school, who permit the grandest treasures of the curative art to lie unrecognized before them. He sets them a nobler example. He cultivates assiduously his own special field of science, but if he finds any residuum of truth or usefulness in allopathy, or any other system, he asks no man's permission to use it ; but acknowledging its source, appropriates it by divine right as the legitimate property of every healer of the sick."

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