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## SEVENTH CLASS.

FEVERS CHARACTERIZED BY INFLAMMATORY ERUPTIONS HAVING A DEFINITE SHAPE.

### § 91. *Exanthematic Fevers.*

A few short remarks on cutaneous eruptions generally :

An exanthem is an inflammatory process of the various layers of the skin, in consequence of which the colour and form of the skin change. These alterations of the skin are quite different from those occasioned by mechanical causes, injuries, burns, vesicatories, sinapisms, etc. An eruption has to be treated differently, according as it is seated in one or the other layer of the skin. This observation applies particularly to old eruptions, the successful treatment of which requires that their primitive form should be correctly ascertained.

Eruptions may be classed under the following heads :

(a.) *Maculosa*, spots without elevation of the epidermis, smooth, and only distinguished here and there from the remainder of the skin by an increased redness, as in scarlatina, petechiæ, lentiginæ.

(b.) *Papulosa*, pimples, slight elevations on the epidermis, without pustule, as in purpura miliaris, morbili, rubeola, miliaria, essera, verruca.

(c.) *Pustulosa*, elevations of the epidermis which are either empty or filled with a fluid, lymph or pus, as in variola, varicella, pemphigus, scabies.

(d.) *Crustacea*, with dry crusts, as in dry herpes, tinea. serpigo.

(e.) *Ulcerosa*, with purulent destruction of the skin as in herpes exedens or ulcerosus, lepra, etc.

These different exanthemata may be either acute or chronic. The acute form is distinguished from the chronic by its greater regularity, and by the fever which always accompanies the former, and is scarcely ever, and then only slightly, present in the latter.

§ 92. We are not acquainted with any particular predisposition for acute cutaneous eruptions, unless it be a scrofulous or pituitous disposition, young age, an excessive sensitiveness of the skin from keeping it too warm.

Nor are we acquainted with any particular exciting causes, *causæ occasionales*, except miasmatic and contagious causes, or contagious miasms.

Cutaneous eruptions generally are secondary affections, which always disappear together with the primary disease. In fevers, eruptions may be occasioned by the intensity of the fever, exposure to excessive heat, diaphoretics, dyscrasia.

Acute eruptions differ from each other in form, power of contagion, and the manner in which they originate; they are likewise distinguished into simple, and compound.

Acute eruptions, if not cured, may result in the following secondary affections:—Indurations of the lymphatic glands, leading to atrophy and scrofulosis, suppuration, ulceration, dropsy, etc. Such secondary affections generally take place in individuals of a sickly constitution, or who are affected by the least change of weather, and are liable to catarrhal fevers, diarrhœa, rheumatic pains. Other symptoms of a sickly constitution are: sudden alternation of spirits, from elated to low, flaccid state of the muscles, prostration of strength from the least exertion.

§ 93. In acute eruptions, the prognosis depends,

(1.) *Upon the age of the patient.* The younger the children, the greater the danger. The prognosis is more favourable from the fourth to the twelfth year; and less favourable again in the age of pubescence, when the disease is disposed to assume a typhoid

character. At the period of manhood, the eruption may become dangerous, in consequence of the accompanying fever, which frequently increases to a true synocha, and exposes the patient to the danger of an apoplectic paroxysm.

(2.) *Upon the constitution of the patient.* The exanthem is more dangerous in proportion as the nervous system of the patient is more sensitive and more easily affected.

(3.) *Upon the accompanying fever.* In most cases, the fever is remittent; however, it may assume the character and type which happens to prevail at the time. In the case of robust individuals, the prognosis is favourable if the fever be a synocha of moderate degree. If the fever should become typhoid, the prognosis is not always favourable, owing to the putrid symptoms which are apt to supervene.

(4.) *Upon the diseases with which the eruption happens to be complicated.* A simple eruption is more easily cured than one which is complicated with other diseases.

§ 94. Acute exanthemata are sometimes so slight, that they disappear again without any treatment. If the exanthem originate in uncleanliness of the skin, the first step towards a cure, is to wash the skin thoroughly; at the same time, injurious nourishment and excessive heat, either from too much covering or from a stove, ought to be avoided. The temperature of the room and the quantity of covering are to be regulated agreeably to the desire of the patient, who is the best judge of what is pleasant to him. The notion that the skin, in cases of acute eruption, should be kept very warm, has been abandoned long ago. By keeping the skin too warm, its sensitiveness and consequent liability to cold, and the danger of a sudden disappearance of the eruption, are unnecessarily increased.

If the fever which accompanies the exanthem be very moderate; if it be a simple and unimportant excitement of the circulation, the patient may do without any medicine; and all that is required in the way of treatment, is to regulate the diet of the patient, the temperature of the sick-room, and to attend to the ne-



cessary ventilation, light, quiet, etc. But if there should be much fever, or if it should threaten to become typhoid; if gastric symptoms should be present, the treatment should be more positive.

For the synochal fever and the complete cure of various acute eruptions, *Aconite* is the well-known remedy.

*Belladonna* is another specific and prophylactic for certain acute eruptions; it shortens their course, diminishes their intensity, and prevents secondary diseases.

*Mercurius* renders essential service in suppurative eruptions, and removes dangerous secondary symptoms.

*Ipecacuanha* and *Bryonia* arrest the course of many kinds of eruptions in their commencement, and restore them even upon the skin after they have been suppressed by some accidental cause.

*Pulsatilla* promotes suppuration in many kinds of eruption; this may likewise be said of *Hepar sulphuris*.

*Arsenic* is an excellent remedy for many kinds of malignant eruptions.

*Dulcamara* is useful in many eruptions consequent upon a cold.

*Rhus t.* cures similar eruptions.

If, during the course of an acute exanthem, sweat should be suddenly suppressed, it can be restored by a dose of *Cocculus* or *Nux vomica*, according as one or the other remedy is indicated by the symptoms.

*Sulphur* and *Graphites* are indispensable in many cases of chronic eruption.

External applications are seldom, if ever, used by homœopathic physicians for the cure of cutaneous diseases.

#### SPECIAL REMARKS ON THE TREATMENT OF ACUTE ERUPTIONS.

##### § 95. *Variola*.

An eruption consisting of acuminate pustules, which first appear on the third, fourth or fifth day of a contagious fever, in the shape of red spots; these



spots gradually elevate themselves into pustules during three days, suppurate for three other days, after which they dry up and form scabs, which, on falling off, leave small, irregular cicatrices. This is the course of a single pock. As the breaking out of fresh pocks continues for three days, the period of desiccation terminates about a fortnight after the appearance of the first pock.

The first description of small-pox is found in the works of two Arabian physicians. At the end of the ninth century, it was described by Rhazes, another Arabian physician, in his book on the plague. Small-pox seems to have first existed in Africa. In Europe, the disease first invaded Spain, and thence spread through the southern countries.

The essential features of the disease have remained the same. It runs a regular course, marked by distinct periods, which are liable to greater or lesser irregularities, in consequence of the disease being complicated with inflammatory, typhoid, gastric and other symptoms.

Such irregularities are, for instance, unusually rapid, or else irregular, delaying, interrupted breaking out of the pocks; imperfect or arrested formation of the pustules; depressed pustules without arcolæ; watery pustules (crystallinæ, lymphaticæ); empty pustules (siliquosæ); discoloured pustules filled with blood (sanguinæ); sudden falling in of the pustules, or sudden disappearance of the swelling of the face; too rapid and too general a desiccation of the pocks.

Small-pox is one of the most dangerous, painful and disgusting diseases. The more numerous the pocks, particularly in the face, the more complicated the disease; the older the patient, and the feebler the constitution, the more dangerous is the disease. Epidemic small-pox is more dangerous than sporadic, and more so about the middle of the epidemic than either at the commencement or end. Convulsive phenomena previous to the eruption are of no importance; but they indicate great danger when occurring during the period of desiccation. There is

great danger when the eruption appears very suddenly, and in clusters, or when the poeks are depressed, pale, discolored or sanguineous; a discharge of blood by the urine or stool during the period of desiccation is particularly dangerous. The course of small-pox is distinguished into four stages.

(1.) *The febrile stage*, which sets in with a slight vascular excitement, and ceases upon the appearance of the first stigmata. The fever is very slight at first, but increases from day to day, and is a continuous remittent fever. The fever is accompanied with various secondary ailments, such as headache, ill-humour, lowness of spirits, weariness, drowsiness, congestion of the head with bleeding of the nose, delirium, nausea, vomiting, a characteristic putrid smell of the breath and urine, epileptic convulsions when the patients are quite young, colic, drawing in the limbs, stretching, pains in the back, etc.

If the fever be violent and accompanied with pains in the limbs, congestion of the head, bleeding of the nose, headache, *Aconite* is indicated. If there be great sensitiveness to the light, if the headache be aggravated by light, and if the nervous system should be greatly irritated, *Aconite* may not always prove sufficient, and it may then be necessary to give a dose of *Belladonna*, or, in some cases, a dose of *Rhus t.* *Opium* is useful when there is a good deal of sopor. Some physicians assert that they have found *Arsenic* very useful, particularly after the stigmata had commenced to make their appearance. No particular remedy can be recommended for the first stage, on account of the great variety of the symptoms characterizing that stage. *Pulsatilla*, *Ipecacuanha*, *Antimonium crudum*, *Arnica*, *Bryonia*, etc., should be thought of when gastric symptoms are present; *Rhus t.*, *Bryonia*, *Dulcamara*, when the patient experiences rheumatic, drawing-tearing pains in the limbs. *Sulphur* has been recommended by me and my late colleague, Doctor Franz, as a prophylactic for small-pox; however, I have not yet had an opportunity of ascertaining by experience whether Sulphur does really possess the

power of arresting the disease at the termination of the first stage, and whether it has any prophylactic virtues whatsoever.

§ 96. The second stage is the eruptive stage, which lasts from three to four days. Towards the termination of the third paroxysm of fever the stigmata make their appearance, at first in the shape of small red points which increase in extent and elevation from hour to hour, and are distinguished from measles, petechiæ and other cutaneous eruptions, by the fact, that upon close examination, a pimple of the size of a millet-seed is discovered in each stigma. The stigmata first appear on the face, next day on the hands, and on the third day the feet and the rest of the body are covered with them. In many cases the pustules form in the face before the stigmata make their appearance on the feet. Thus it is that every patient exhibits pocks in the different stages of development. When the last pocks have broken out, the vascular excitement ceases. Its continuance, under those circumstances, would denote an anomalous condition of the disease. Generally the patients complain of nothing but an itching and burning of the skin, sometimes of pains in the eyes and throat.

In the eruptive stage, *Stramonium* has frequently been useful in accelerating the appearance and shortening the course of the pocks. The remedies mentioned for the first stage, may likewise be employed if indicated. If gastric symptoms be present, *Chamomilla*, *Nux v.*, *Antim. cr.*, *Bryo.*, should be thought of. *Aconite* is to be continued if the fever be high. If the disease should set in during the period of dentition, it is generally accompanied with the fever incidental to that period, and characterized by various symptoms, and particularly by congestion of blood to the head, or, if there should be great vascular excitement, by congestion of blood to the chest. The congestion of the head is frequently accompanied with delirium, which, when continuing during the waking state, indicates an inflammatory condition of the brain, par-

ticularly when a good deal of thirst, sleeplessness, retention of stool, and a burning heat of the skin, with natural warmth or even coolness of the feet and hands are present. The congestion of the chest frequently assumes the character of angina pectoris or pneumonia, and is characterized by excessive shortness of breathing, constant short and sleep-disturbing cough, burning heat, great thirst, quick and strong beating of the heart, extreme restlessness, etc. Neither of these two kinds of congestion in small-pox is apt to yield to Aconite; *Belladonna* is much more suitable, and, if there should be great orthopnoë, and the thorax should expand like a cuirass during an inspiration, *Phosphorus* is the appropriate remedy. If catarrhal symptoms, an affection of the mucous membrane of the lungs, with cough, coryza, hoarseness, etc., should be present, the remedies indicated for catarrhal fevers are to be employed; if the throat should be affected, we have to resort to the remedies indicated for angina.

During the eruptive as well as the febrile stage, children are frequently attacked with convulsions. These can be speedily arrested by exposing the patient to the influence of a cool, fresh air at the open window; injections of tepid water are likewise useful. If these means should not be sufficient, if the child should be pale, with cold extremities, frequently emitting pale urine, if the symptoms should indicate a purely nervous, spasmodic condition: the patient should be put in a lukewarm bath and should be administered *Zincum*, third trituration, one dose every hour. If the convulsions should depend upon gastric irritation, the remedies indicated for gastric affections have to be resorted to; if worms should be the cause, the remedies mentioned for worm fever will be found suitable. If the convulsions should be accompanied with sopor, and the patient's face should be bright-red and the forehead hot, *Opium* is the best remedy.

In the eruptive stage more than in any other, the pocks incline to become malignant by combining with typhoid or putrid symptoms, or to disappear suddenly.

In either case, *Arsenic* is best calculated to ward off the danger, provided the vital forces be not too much depressed and the organism too much reduced.

After having controlled the eruptive fever, accompanied with violent congestion of the brain, delirium, burning heat of the skin, dryness of the tongue, great thirst, etc., by *Belladonna*, I have frequently administered, in this stage, the isopathic *variolin*, by means of which I have succeeded in shortening the course of the eruption and preventing the suppurative fever. *Vaccinin* has likewise been found useful in this stage, even more so than *variolin*.\*

§ 97. The suppurative stage commences on the fifth, seventh or ninth day. In this stage the pustule completes its development and is surrounded with an areola. The lymph with which the pustule is filled, first shows itself in the tip of the pustule where a little blackish depression is seen, which is termed the umbilicus of the pock. The lymph goes through a variety of changes in colour and consistence, from water-coloured to white and yellow, and from a fluid to a papescient consistence, until it is gradually transformed into a scurf. Isolated pocks are termed *variolæ discretæ*. If a number of pocks flow into each other and form one suppurating surface, they are termed confluent small-pox (*variolæ confluentes*). If the pocks be very numerous, the whole body swells, particularly the head and eyes. The mucous membrane of the nose and fauces is inflamed. In many cases a real ptyalism sets in. The fever in the suppurative stage may be more or less violent, according as the pocks are more or less numerous. The higher the fever, the thicker and more turbid the urine, which sometimes exhibits a purulent sediment. In this stage the characteristic small-pox smell is most offensive, and appears intolerable to those who are not constantly with the patient.

\* It may not be deemed superfluous to recommend *Sulphur* as an excellent remedy in this and the next stage; even if it had not the prophylactic virtues which Hartmann supposes it possesses, may it not, in a great measure, be capable of preventing the pitting of the skin?—*Hempel*.



If the fever be very slight and no other untoward symptoms exist, the patient can do without medicine, and all that is required is to observe the hygienic rules previously indicated. But if the fever be violent, if the nose, throat and eyes be affected and ptyalism have set in, *Mercurius* is to be administered in repeated doses every two or three hours. *Nitric acid*, *Hepar sulphuris c.* and *Tartarus emeticus* are likewise very useful in the suppurative stage.

Whatever complication may have existed in the previous stages, becomes much more marked in the third stage, inducing either an inflammatory, typhoid or putrid fever.

It may be expedient to open the pustules and to prevent the absorption of the pus. It is likewise useful to drink much water in order to act upon the bladder. The swelling of the face and eyes may be relieved by fomentations with tepid milk. The angina faucium is likewise relieved by injections of tepid milk into the throat.

A sudden desiccation of the pustules and disappearance of the swelling of the face are sure indications of approaching death. In such a case it is sometimes possible to rouse the sinking vital force by repeated doses of *Camphor*, by washing the body here and there with the spirits of *Camphor*, applying warm poultices to the hands and feet, and thus establishing an action towards the surface and preventing a metastasis to important internal organs.

If the pocks should turn black and typhoid symptoms should set in, *Acidum muriaticum* will frequently be found sufficient to restore the chances of recovery. *Rhus tox.* or *Arsenic* should be given if the pocks should suddenly fade, with livid areolæ, blackish color of the inner mouth, dry, shrivelled tongue, burning thirst, meteorism, great exhaustion.

§ 98. The stage of desiccation and desquamation is the last stage of the disease. It commences with the appearance of a brown point in the centre of the pock. This point is first perceived on the pocks that came out first. The pocks remain longest on the

soles of the feet and the hairy scalp. The suppurative fever, the swelling and smell diminish gradually and finally disappear. The patient now experiences a violent itching of the skin. The lymph gradually dries up, and a brown, hard, dry scurf forms, which, on falling off, leaves a new, sound skin and cicatrices, corresponding in size and depth to the suppuration which had been going on in the skin. After this period the skin remains for a long time sensitive to the atmospheric air. All danger ceases as soon as the process of desquamation has terminated in the face. The commencement of the desiccation of the pustules in the face is the most important period of the disease. At this time the greatest number of deaths occur in consequence of putrid decomposition or mortification of the pocks, hæmorrhage, inflammation of noble organs, such as the lungs, brain, bowels; or else nervous spasms and convulsions set in.

If any of these conditions should set in, the physician has to prescribe the remedies indicated in their respective places. Otherwise no further treatment is required, except frequent washing with tepid and lastly with cold water, in order to diminish the sensitiveness of the skin.

Among the disastrous consequences of small-pox we may notice the following: disfiguration of the face by cicatrices; destruction of the eyes; chronic ophthalmia, which is frequently cured by *Hepar sulph.*, *Digitatis*, *Clematis*, *Baryt. carb.*, *Sulph.*, *Euphrasia*, *Lycopodium*, *Rhus t.*, *Arsenicum*, etc.; frequently recurring boils in various places, which disappear under the use of *Euphrasia*, *Thuja*, *Belladonna* (*Sulphur*, *Nitric acid*, *Phosphorus*, etc., being the best remedies to remove the disposition for their recurrence.) The caries which frequently occurs after small-pox is combated by *Asa*, *Silicea*, *Mezereum*, *Aurum*, *Nitric ac.*, etc. For the remaining consumptive affections, the reader is referred to the chapter where these diseases are specially treated of.

### § 99. Cow-pox (*Variolæ vaccinæ, tutoriæ.*)

Cow-pox runs a regular course, which is so well known, that it is needless to speak of it more particularly. If a morbid disposition which had been latent in the organism previous to vaccination, should be roused into action in consequence of that process, it will have to be met by the remedies indicated by the symptoms.

Vaccination does not afford any protection to individuals that are actually infected with the small-pox contagion. However, inasmuch as the infection is not indicated by any perceptible symptoms, it is impossible to define the period when vaccination will no longer be able to ward off the disease. If the small-pox should have attacked one member of a family and the other members of that family should never have been vaccinated, vaccination will prove inefficient to protect them from the disease. The remaining inhabitants of the place, however, should be vaccinated as speedily as possible, as they may still have a fair chance to be preserved from the infection. If such vaccinated individuals should nevertheless be attacked, the eruption will be somewhat similar to varioloid, but will, according to my experience, never be true small-pox.

The true, genuine cow-pox pustule, which is a reliable proof of the prophylactic virtue of the vaccine, is flat and depressed in the centre, and, on the eighth or ninth day, is surrounded with an inflammatory redness, which is the chief sign that the organism has been thoroughly infected with the vaccine; if the pustule be full and convex, and if it begin to rise three or four days after the vaccination had taken place, the prophylactic power of the virus cannot be relied upon; the vaccine was perhaps too old, or else, if the matter was good, the patient's receptivity was deficient.

On the seventh day after vaccination I have frequently seen a metastasis to glandular organs taking place. Such a metastasis, even if it should take place to the testicles and parotid glands, is not dangerous, and disappears of itself on the ninth or eleventh day,



when the nervous and vascular excitement has subsided.

It has frequently happened in my practice, that morbid symptoms which would not yield to any remedy, such as a chronic inflammation of the Meibomian glands, or a discharge of badly-smelling pus from the ears, ceased entirely after vaccination, which, in such a case, ran a regular course, and was accompanied with more fever than usual.

The vaccine which is used in vaccination, should never be taken from children that have been affected with eruptions or glandular diseases, etc. The best kind of vaccine, however, may excite a latent dyscrasia in the patient, which should then be met by appropriate remedies.

§ 100. *Spurious small-pox, Varicella.*

Varicella is very similar to small-pox, from which it is distinguished by its more rapid course, its benign character, and the absence of the characteristic smell. It frequently makes its appearance at a period when small-pox is prevalent. It runs an irregular course, is very mild and without danger, and is never violent except when the patient is very sensitive and the eruption is complicated with other diseases. Varicella generally lasts from three to seven days, is generally first seen on the face, and is accompanied with a moderate remittent fever, or else there is no fever at all. Sometimes the fever is accompanied with catarrhal symptoms. The eruption appears variously modified.

Varicella does not require any medical treatment. If fever be present, give a little *Aconite*. In many cases this disease sets in with symptoms of great nervousness, without thirst or general heat of the body, some parts feeling burning hot, others having the natural temperature, and others again being rather cool; these symptoms are attended with restlessness, anxious sleep disturbed with dreams and starting; small children will cry constantly. This group of symptoms is generally relieved by *Coffea*, or else by *Chamomilla*, *Jalappa*, *Antim. cr.*, etc.

During the period of dentition the foregoing symptoms, in consequence of the complication with the fever of dentition, frequently increase to spasms. These spasms are sometimes relieved by *Chamomilla*, but more frequently by *Ignatia* and *Belladonna*, by the latter more particularly when the children are unable to keep their heads erect and rest them on something; when the head and hands feel burning hot, the little patients are very restless, cry a good deal, bend double constantly as if tormented by colic, and when the alvine evacuations intermit. If, under these circumstances, *Belladonna* be not given in season, encephalitis may set in, or else an effusion may take place, which may terminate in serous apoplexy. If the spasmodic symptoms predominate, *Ignatia* deserves a preference over *Belladonna*.

The course of simple and uncomplicated varicella is very much shortened by *Pulsatilla*, which is likewise an excellent prophylactic against this disease.

The varieties from varicella to small-pox are very numerous, and their boundaries cannot well be defined. Varicella is sometimes found complicated with other eruptions, where the poeks have a livid colour and bear a close resemblance to black small-pox, with violent fever, the intensity of which is by no means proportionate to the number of the pustules. I have seen two cases where varicella was complicated with poeks that assumed a malignant character on the second day of their appearance, had a livid colour, and where the parts round the poek were inflamed and swollen. The fever which accompanied the eruption, requires the administration of *Aconite*; but *Arsenic* is required for the desiccation of the pustule.

#### § 101. *Varioloid*.

This is a modification of small-pox. The eruptive fever is milder than in small-pox, and the suppurative fever is generally wanting; the pustules appear in the same order as in small-pox, are frequently very numerous and confluent, sometimes filled only with lymph or quite empty, the scurfs are not as thick and

hard as those of the real small-pox, and the skin is not disfigured, but exhibits for a time an efflorescent appearance. There are cases, however, where varioloid is as violent and dangerous as small-pox.

The treatment is the same as that of small-pox.

§ 102. *Nettle-rash, Urticaria.*

This disease is sometimes preceded by catarrhal symptoms for two or three days. Spots or blotches form on the skin, of a palish-red or white colour, irregular shape, with bright-red circumference. They itch violently, and excite even a violent burning. Frequently the blotches are elevated, rough to the feel, numb and insensible, and resemble bee-stings. When deep-seated in the skin, they are brought to light by friction and scratching. Sometimes they appear distinctly in a few hours. They are exceedingly evanescent, and frequently appear and disappear on the same day. Both in shape and sensation they resemble the blotches occasioned by nettles, and are distinguished by the peculiarity of disappearing in warm and coming out in cold weather. They are liable to constant changes of locality, to such a degree that a blotch frequently does not remain at one spot for an hour. Their retrocession is seldom accompanied with an alteration of health, but is sometimes accompanied with slight fainting spells, headache and other symptoms, especially when the first appearance of the rash was attended with fever. The disease is apt to be excited by sudden changes of temperature, colds, indigestion, excessive eating and drinking; in some individuals the rash appears after the use of strawberries, crabs and muscles.

If the rash should have been occasioned by a cold, or if it should be itching and if scratching should induce a burning sensation, or if the eruption should be preceded by a stinging sensation all over the body, *Dulcamara* is the best remedy. Next to *Dulc.*, *Rhus t.* is the most suitable remedy, especially when the rash is accompanied by a little fever. *Nux* and *Pulsatilla*, and still more frequently *Antimonium crudum*,

*Bryonia*, *Arsenic*,\* are indicated when the rash originates in indigestion. *Hepar s.*, and *Mercurius*, are likewise useful in some cases. *Copaiva* is an admirable remedy for some kinds of urticaria, particularly chronic, or when arising from a syphilitic or arthritic cause. *Ignatia* should be administered for a fine-stinging, burning itching without rash, which sets in in the evening, and disappears after scratching. *Kali carb.* is one of the best remedies for nettle-rash when occurring in females at the period of menstruation, and exciting a troublesome itching over the whole body. A disposition to a frequent recurrence of nettle-rash is to be met by one of the following remedies: *Carb. veg.*, *Calc. carb.*, *Sulphur*, *Magnesia sulph.*, *Nitric ac.*, *Causticum*, *Lycopodium*, *Conium*, *Veratrum*, *Petroleum*, *Natrum mur.*, *Phosphorus*.

### § 103. *Measles, morbilli.*

The measles are frequently epidemic in spring, and are generally a mild disease, though sometimes fatal. This disease occurs in every climate, attacks principally children, and breaks out ten days or a fortnight after the infection.

Diagnosis: spots which are generally more or less raised, one or two lines in diameter and at first resembling flea-bites; they gradually cluster in groups, having an irregular shape somewhat resembling a half moon. Several days previous to the appearance of the spots the patient is affected with catarrhal symptoms, such as short and dry cough, red eyes with lachrymation, frequent sneezing; the spots remain upon the skin for three or four days, after which they scale off. While the spots are out, the cough and the affection of the eyes continue. The desquamation of the epidermis is sometimes the only sign by which we are able to recognise the existence of the eruption.

We distinguish the following three stages in this disease:

\* This kind of rash is apt to appear in persons suffering with nervous irritation. It may be excited by any of the above-mentioned causes, and requires the administration of *Aconite* as its most suitable specific.—*Hempel*.

1. The febrile stage, which lasts three days, and sometimes a little longer; the fever is remittent, and attended with the following catarrhal symptoms: sensitiveness and slight inflammation of the eyes, attended with puffiness of the eyelids, lachrymation, photophobia; frequent sneezing and discharge of water from the nose; troublesome, short and dry cough, with hoarseness and difficulty of breathing, frequently accompanied with moaning, roughness and slight soreness of the fauces; pain in the back or epigastrium; aching in the forehead, delirium, spasmodic symptoms, diarrhœa; white-coated tongue, with bright-red edges. During the period of dentition, and in children generally, all the symptoms are more violent than in full-grown persons, and the fever increases steadily until the eruption appears upon the skin.

2. Eruptive stage. The eruption appears at the end of the third or fourth day, generally on the face and arms first. The spots continue to appear for three or four days, and, if very numerous, are attended with swelling of the face and hands. The fever and uneasiness increase, the eyes are not very sensitive to the light, the cough frequently increases to bronchitis and pneumonia. The symptoms abate on the fourth day, when the eruption grows paler, and if the fever should still continue, there is either a complication, or else it is owing to a violent irritation of the skin in consequence of the extreme violence of the eruption.

3. The stage of desquamation. The scaling off commences on the sixth or seventh day, and sometimes even later. If the eruption be slight, the scaling is scarcely perceptible; in its stead we perceive a healthy sweat, critical urine and diarrhœa, terminating in the disappearance of all the remaining morbid phenomena.

In this stage the patients are sometimes exposed to real danger. The catarrh increases to pneumonia, which is followed by hectic fever, hydrothorax, hæmoptysis, and, in scrofulous subjects, by real consumption. Measles are likewise followed by other kinds of cachexia, such as otorrhœa with pain and deafness, obsti-



nate inflammation of the eyes and lids; swelling of lymphatic glands, or diseased condition of the mesenteric glands leading to consumption. Chronic cutaneous eruptions are also consequent on measles, such as ecthyma, rupia, herpes and pustulous porrigo, with swelling of the lips, ulceration behind the ears, and chronic suppuration.

The prognosis is doubtful in little children, or in full-grown persons when the disease is complicated with pneumonia, or meningitis; also in pregnant females; or when the eruption is slow in coming out, or when the breaking out is interrupted, or when the spots look pale, or when the retrocession of the eruption is accompanied with nervous spasms, or, finally, when the spots are complicated with petechiæ, hæmorrhage and colliquative phenomena.

§ 104. In the first stage a very small dose of *Pulsatilla* frequently arrests the course of the disease. *Pulsatilla* is likewise recommended as a prophylactic, giving a small dose every two or three days. Others consider *Aconite* as the specific for measles.

*Aconite* should undoubtedly be given if the fever be very violent, with dulness of the head, heat in the head, vertigo, redness of the eyes, photophobia, bloatedness of the face, languor and prostration. *Aconite* is to be continued as long as the symptoms have an inflammatory appearance. *Aconite* has proved a specific in several epidemics, where the organs of deglutition and bronchi were principally affected, when the stools were diarrhœic, fermented, green, sometimes frothy and clayish, and when the measles spots were mixed with erythema. *Euphrasia* is frequently useful in this stage when the eye-balls are inflamed, with photophobia, profuse secretion of mucus from the eyelids, violent fluent coryza, aching pain in the forehead, violent cough in the day-time. When the patient is disposed to weep, and body and mind are very sensitive; when children are troubled with convulsive symptoms, grating of the teeth; when the patients are very wakeful and constantly tormented with a dry and short cough: *Coffea* is extremely *suit-*

able.\* After *Coffea* are sometimes required *Pulsatilla*, *Bryonia*, *Phosphorus*, *Sulphur*.

If, previous to or during the eruptive stage, the patient should be tormented by violent thirst which they are unable to quench, on account of the stinging in the swollen throat during deglutition; if the patient should moreover be tormented with a dry, rather spasmodic cough; if the sclerotica should appear injected with lachrymation and a glassy appearance of the eyes; if the patients should be uneasy and should suffer with anxiety, nervousness and sleeplessness: *Belladonna* corresponds to that state better than *Aconite*. In very few cases *Mercurius* is indicated by the peculiar angina faucium.

*Bryonia* is an excellent remedy to counteract the hurtful effects of the retrocession of the eruption, or to bring it out again upon the skin. It is particularly indicated when the eyes are sensitive to the light, and when the patient is constantly tormented by a moist cough, which occasions a raw and sore feeling in the chest. *Arsenic* is excellent under similar circumstances, particularly when *Bryonia* does not relieve the symptoms in a few hours.

*Pulsatilla* is preferable to *Bryonia*, if a violent diarrhœa and mucous vomiting should have set in the place of the eruption. *Ipecacuanha* may be administered if the vomiting should be very violent, in some cases *Cina* may be given. *Dulcamara* will be found more suitable if the diarrhœa should predominate. The bad effects arising from a retrocession of the sweat (in measles as well as in any other acute eruptive disease) are met by *Nux v.* or *Cocculus*. *Chamomilla* is sometimes indicated when the eruption is driven in, in consequence of a cold, when merely bluish spots remain upon the skin, accompanied with nausea, colic, watery stools, and difficulty of breathing.

In epidemic measles, the exanthem is frequently entirely wanting, and there are no other symptoms except a catarrhal inflammation of the eyes, headache, fever and delirium. These symptoms are controlled

\* *Aconite* perhaps still more so.—*Hempel*.

by *Aconite* and *Belladonna*\*; in some cases *Hepar s.*, *Sulphur* or *Calc. carb.* are required besides.

If the eruption should be complicated with typhoid or putrid symptoms, the remedies indicated in §§ 75, 76, and 80, have to be employed.

Among the morbid conditions remaining after measles, we distinguish mucous diarrhœa, which is removed by *Pulsatilla*, *Dulcamara*, *Mercurius*, *Chamomilla*, *Rheum*, *Sulphur*, *Rhus tox.*, *Acidum phosph.*, *China*; a raw, dry cough, which yields to *Chamomilla*, *Ignatia*, *Nux v.*, *Ipec.*, *Coffea*, *Hyosciamus*, *Drosero*, *Hepar s.*, *Cina*, and in some places *Arnica*;\* a spasmodic cough, resembling whooping-cough, yields to *Bellad.*, *Cina*, *Hyoscyamus*, *Conium*, *Ipec.*, *Bryon.*, *Cuprum*, and other remedies.

*Morbillin* is recommended by some physicians as an excellent remedy for measles. I have used it with great benefit in some of the after diseases of measles.

#### § 105. Scarlet-fever, Scarlatina.

Scarlatina is a contagious epidemic, and in some cases sporadic disease, of changeable character; it generally attacks persons only once, is most common among children, and spreads very slowly. The genuine, uncomplicated scarlatina occurs very rarely now-a-days, and does not attack any one beyond the age of twelve years.

The eruption is of an erysipelatous, fiery, bright scarlet-red, or of the colour of boiled lobster, turning white under the pressure of the finger, but speedily resuming the original colour. The smooth, shining redness gradually loses itself in the surrounding white skin, and is never strictly limited; from time to time the redness either increases or diminishes in intensity, and is constantly seen either spreading or diminishing again in extent. The red skin is perfectly smooth and glossy, by which scarlatina is distinguished from every other kind of rash. The uncovered parts, or those which are but little covered, are generally first attacked.

\* *Aconite* is frequently more useful than any of the above-named remedies.—*Hempel*.



ed by the disease, swelling up a little as far as the redness extends. The face, neck, chest, hands and feet are first attacked, whence the redness (in violent cases) spreads over the whole body. In every case of genuine scarlatina, the appearance of the redness is accompanied with fever, and in simple cases continues from three to four, in malignant cases about seven days, at the termination of which the eruption gradually grows paler and paler, until it disappears altogether. The redness never disappears suddenly during the fever. As the eruption disappears, the fever abates, and ceases entirely when the desquamation has commenced. The redness remains even after death ; it then assumes a violet tinge. The more intense and general the redness, the more malignant the fever. In true scarlatina the red spots are perfectly dry ; there is no moisture except on the parts which are not red. Sweat breaks out after the termination of the fever and the disappearance of the redness. The sweat is succeeded by the process of desquamation, but the disease may likewise disappear without sweat.

Scarlatina runs the following course, distinguished into three stages.

The first stage is characterized by violent fever, sore throat and very quick pulse, which is peculiar to scarlatina, and is not met in any other eruptive disease. Scarlatina is distinguished from measles by the absence of all catarrhal symptoms. The fever and angina increase as the exanthem approaches the period of breaking out, and are sometimes attended with delirium and spasms.

In the second stage of the eruption, the spots first appear on the forearms and hands, afterwards on the rest of the body, but rarely in the face ; they increase in size and redness, and new spots constantly supervene, the angina and fever continuing all the time. In this stage internal organs are liable to become inflamed, which may likewise take place in consequence of the eruption disappearing suddenly. This stage lasts from five to six days.

The stage of desquamation commences on the sixth,

and frequently on the ninth day, sometimes even later; the epidermis scales off in large patches. This stage lasts several days, and sometimes occurs several times in succession. The fever abates at the commencement of this stage, and terminates with critical phenomena.

Many authors speak of a fourth stage, the secondary or metastatic, or dropsical stage, which, in this disease more easily than in any other, is excited by a cold and terminates in acute dropsy, of which the swelling of the eyelids seems to be a precursor. Other metastatic diseases of scarlatina are: dangerous diseases of the eyes, ears, and nose, ulceration of glands, indurations, abscesses.

No disease is more insidious and deceitful than scarlatina; in some epidemics the disease is quite mild, without being fatal in a single case; whereas in other epidemics the disease, though apparently mild with a finely-formed eruption, frequently destroys life by metastasis to the brain. Scarlatina is met in conjunction with any kind of fever; the prevailing character of disease has generally a great influence on the nature of scarlatina.

§ 106. *Belladonna* is the specific remedy for the true, genuine scarlatina, whether it is just commencing or is already fully developed. Symptoms may however occur which do not correspond to *Belladonna*, and for which other remedies are required.

*Ammonium carb.* has been employed with great success by some physicians. It is not so much indicated by the eruption as by the accompanying symptoms, fever, state of the mind and sensorium, symptoms of the head. It does not seem to be suitable when the angina is very considerable.

If burning heat, soporous stupefaction, agonizing tossing about with vomiting, diarrhœa or costiveness, or convulsions, should be present, *Opium* is indicated.

Exacerbation of the fever towards evening, sleeplessness, complete loss of appetite, nausea, whining mood and ill-humour, moaning, indicate *Ipec.*, after which *Puls.* is sometimes suitable.

The cases where the throat is inflamed without the

skin being affected, are very dangerous. In mild cases the angina is of no great importance, even if it should be somewhat violent. The stinging-burning, the rigidity and dysphagia, the swelling of the tonsils, uvula and fauces, which look red, excoriated and spotted, and are dotted with small, inflamed papillæ and covered with tenacious mucus and aphthæ; all these symptoms generally yield to one dose of *Belladonna*, which, in bad cases, can be followed by a dose of *Mercurius* on the same day.

If such an angina should set in by metastasis, accompanied with typhoid symptoms and with a number of fetid-smelling little ulcers in the mouth and fauces, great prostration, dryness of the mouth and thirst, neither *Belladonna* nor *Arsenic* will prove of much avail, but *Nux vomica* will help, if help be possible. (See the chapter on angina faucium.) *Baryta carb.* (sec. or third trit. every three or four hours) is an excellent remedy even in desperate cases, when the parotid glands, tonsils, and submaxillary glands are very much swollen, when the patients are affected with ptyalism, with an aching-stinging pain during deglutition, or when there is a sensation of swelling with dryness. *Sulphur* and *Hepar s.* should likewise be thought of, unless *Acidum nitri* should correspond more exactly to the symptoms.

In some cases of epidemic scarlatina neither eruption nor angina appear, in the place of which the patient is affected with the following symptoms: quiet lowness of spirits and despondency, faint and staring look, with widely-opened eyelids, obscuration of sight, coldness and paleness of the face, absence of thirst, extremely small and quick pulse, lameness and immobility of the extremities, impeded deglutition with stinging pains in the parotid glands, aching pain in the head, constrictive colic, chilliness and heat of single parts. These symptoms constitute a sort of masked scarlatina, and yield to *Belladonna*.

§ 107. *Complications of scarlatina, with other diseases.*

Now-a-days the genuine scarlatina generally occurs in combination with purple-rash. The eruption is

sometimes attended with gastric symptoms, the fever being either erethic or a real synocha accompanied with vomiting. In this case *Aconite* should at once be given, particularly if the heat, restlessness and anxiety increase from hour to hour. Although the fever is moderated by *Aconite*, yet the inflammatory character of the angina increases with the progressive development of the exanthem, and requires *Belladonna*, *Mercurius*, *Dulcamara*, *Baryta*, as its specific remedies.

If the fever should set in from the commencement as an erethic fever, without any striking morbid symptoms, *Belladonna* is indicated. But if the fever should exacerbate in the evening, with nausea, vomiting, whining mood, moaning, it is proper to give a few doses of *Ipecacuanha* before *Belladonna*. The excessive pain and the whining mood require sometimes to be controlled by a few doses of *Coffea cr.*, particularly if the patients are very sensitive.

This eruption is more or less dangerous even under homœopathic treatment, inasmuch as it excites many morbid tendencies which had been latent in the organism, and, by so doing, becomes frequently fatal. The symptoms indicate *Belladonna*, though it is given without effect. The best remedy for that group of symptoms is generally *Sulphur*; in some cases *Ammon. carb.*, *Sepia*, *Lycop.*, *Canthar.*, *Arsen.*, are more suitable.

The exanthem is sometimes accompanied with encephalitis, which often leads to acute hydrocephalus. In this case *Belladonna* is the appropriate remedy, particularly when the patient is lying in a state of stupid unconsciousness, as if paralyzed, alternating with wild starting and cries which seem to be occasioned by colicky pains in the abdomen; after the spasms have subsided, *Mercurius*, *Arnica*, *Digitalis*, *Arsenic*, *Hyosyam.*, *Sulphur*, *Rhus t.* are frequently useful.

#### § 108. *Secondary diseases succeeding scarlatina.*

In many cases *Belladonna* will prove useful, particularly for the following symptoms: bloatedness of the face, swelling of the hands and feet, lentescent evening-fever with shuddering, stiffness of the extremities,

sensation as if the abdomen would become constricted on raising the trunk; creeping sensation in the dorsal spine as if gone to sleep, erysipelatous glandular inflammations, discharge of pus from the ears, ulceration of the corners of the mouth, drowsy appearance alternating with great precipitancy in talking or doing anything; tearing and aching pains in the head, sudden starting with cries, etc. For the dropsical swelling of the body, particularly of the extremities, provided no other characteristic symptoms are present, *Rhus t.*, *Hellebor. nig.*, *Digit.*, *Ars.*, or *Dulc.*, all in repeated doses, deserve a preference over *Bell.* (likewise in hydrothorax); *Aurum fol.* or *mur.* is the best remedy for the swelling of the Schneiderian membrane or of the nasal bones, or for the discharge of fetid pus from the nose. *Mercurius* is indicated for ulceration of the face, accompanied with ptyalism and swelling or suppuration of the submaxillary glands.

For the subsequent vascular excitement which is apt to recur at various periods, and is accompanied with a disturbed state of the cutaneous secretions, *Aconite* is the best remedy, which, in some cases, is appropriately followed by *Bell.*, *Dig.*, *Chin.*, *Ars.*, or *Sulphur*.

The subsequent swelling and inflammation of the parotid glands do not always terminate in suppuration, but are sometimes fatal. If attended to in time, this condition can be relieved by *Baryta*, *Hep. s.*, *Calc. carb.*, *Silic.*, *Dulc.*, *Rhus t.*

The angina sometimes extends to the rima glottidis, occasioning a croupy cough. The treatment for this state of things is the same as for membranous croup, except that the *Aconite* can frequently be dispensed with. *Hepar s.* is frequently the most suitable remedy, either alone or in alternation with *Spongia* or *Iodium*.

For the remaining tearing in the limbs, I have found *Dulc.* most suitable; for the asthmatic complaints, *Puls.*, *Nux v.*, or *Arsenic.* The cerebral affections setting in after scarlatina require *Aconite*, *Bellad.*, *Mercur.*, *Digit.*, *Arn.*, *Rhus t.* The affections of the scalp, falling off of the hair, etc., are controlled by *Sulphur*,



*Baryt.*, *Lyc.*, *Calc. c.*, *Graph.*, etc.; the moist eruption on the scalp by *Rhus t.*, *Graph.*, *Oleander*, etc.; the dry eruption by *Baryt.*, *Merc.*, *Sulph.*, *Calc. carb.*

For a morbid state of the skin, disposition to decomposition of the solids, ulceration, *Cham.*, *Graph.*, *Hep. s.*, *Petrol.*, *Sep.*, will be found suitable. *Chamom.* is likewise useful in the subsequent suffocative cough, with flushes in the face which are sometimes accompanied with cold creepings over the extremities and back. For the latter symptom I have frequently given *Ipec.* and *Hyoscyam.*; but with still greater success *Conium*.

Other means for the cure of scarlatina are: kindly and encouraging persuasion, pleasant little presents, beverages and coverings suitable to the patient's taste; the feeling of the patient is a much safer guide than all dogmatic rules. The patient should, however, be warned against the too early and copious use of substantial nourishment during his recovery.

§ 109. *On the means of preventing Scarlet-fever, and Scarlatina complicated with Purple-rash.*

*Belladonna* is universally admitted to be a prophylactic against the genuine uncomplicated scarlatina. It is sufficient to give a small portion of a drop of the 30th attenuation every two or four days, or in robust individuals every day or every other day. In some cases, particularly when the epidemic is very violent, the lower attenuations have to be resorted to. Acids, wine and coffee have to be avoided during the use of *Belladonna*. By using small doses of *Belladonna*, the angina and fever, the ulceration of the corners of the mouth, the various eruptions, the affections of mind and body, the paralytic condition of the optic nerves, and all the other symptoms consequent on large doses of *Belladonna*, are avoided. These bad effects of large doses of *Belladonna* require, in the first place, a saturated solution of camphor, to be given in drop doses every half hour or hour, after which *Coffea*, *Vinum*, *Puls.*, *Merc.*, *Hyoscyam.*, *Opium*, *Aurum*, *Hepar s.*, etc., should be administered.

If scarlatina and purple-rash should exist combinedly, both *Bellad.* and *Aconite* have to be used as anti-



dots, commencing with either medicine according as the symptoms of either disease are more or less predominant. *Bellad.* should be given 12 or 16 hours after *Aconite*, and the latter 48 hours after the former.

§ 110. *Purple-rash, Miliaria purpurea, Purpura rubra, Scarlatina miliaris Hahnemanni.*

Purple-rash attacks persons of every age. The eruption consists of purple-red circumscribed spots, which sometimes have a brownish or dark-red tinge, and remain unaltered under the pressure of the finger. The spots are dotted with dark-red miliary pimples, which are not so much raised above as deep-seated in the skin, and distinctly perceptible to the eye and finger. The eruption does not show itself on any particular place, is, however, most frequently perceived on the covered parts and in the bends of the joints. It is least frequent on the face, and is generally without swelling. The eruptive fever does not run a regular course; the rash is seen now here, then there, and does not disappear after a definite period. The sudden disappearance of the rash, which takes place at times, becomes frequently fatal in a short time. The danger is not proportionate to the quantity of the eruption upon the skin. The disease is sometimes most malignant when the eruption is trifling, whereas there is frequently very little danger when the eruption is fairly out. No sweat appears except on the dark-red spots. Dr. Trinks saw no sweat except on the parts which were free from all eruption; the parts covered by the eruption became turgescient. This rash may occur several times on the same person, even during the same epidemic. There is no angina except when there is no eruption; it is felt previous to the eruption coming out; there is no angina when the eruption is out fully, and it becomes very violent when the eruption recedes from the skin. The angina varies in different epidemics and sometimes resembles that of scarlatina.

Precursory symptoms are: alternation of chilliness and heat, cloudiness and heaviness of the head, the

heat soon predominates, is attended with congestion of blood to the head, vertigo, aching-stinging pain in the forehead, catarrhal and gastric symptoms. These precursory symptoms do not last long.

The eruption, accompanied with fever, generally first appears in the face, on the neck, back and chest, and lastly on the extremities. The rash-vesicles are sometimes so close together that they fall off in crusts, whereas they generally scale off. The desquamation continues for many days and even weeks, on several parts, two or three times in succession. When the eruption is very distinct, the eyes are slightly red, sensitive to the light, with profuse lachrymation, exhibiting a group of symptoms like the measles, from which they are distinguished by the eruption. The uneasiness and anxiety increase with the eruption, and the fever does not abate until the desquamation is nearly over. The alvine evacuations are generally suppressed; the urine, which is very dark, is passed in very small quantity. The lips, tongue and mouth become dry, and the thirst is excessive. There is tossing about, sleeplessness, starting from sleep, and exacerbatation of the fever several times during 24 hours.

Purple-rash is just as dangerous and insidious a disease as scarlatina. There is danger of a metastasis to the brain or heart, which cannot be foreseen or prevented, and destroys the patient by nervous paralysis.

§ 3. The specific remedy for purple-rash is *Aconite*, which should be repeated every two, four or six hours, according as the disease is more or less violent. For the excessive pains and the whining mood, a dose of *Coffea cruda* is sometimes required. In some cases *Coffea cr.* and *Aconite* require to be given in alternation.

In some cases the fever is not very violent, and the eruption comes out very slowly, causing anxiety and restlessness, tossing about, moaning. For these symptoms a few doses of *Ipec.* should be interposed, and, when they are accompanied by symptoms of internal inflammation, *Bryonia* is required.

I have seen cases where the eruption remained almost suppressed, causing by metastasis a dangerous

angina faucium, which yielded to *Mercurius*, or sometimes to *Aconite* followed by *Belladonna*. When the disease is of a malignant nature, the treatment indicated for malignant scarlatina has to be pursued.

*Aconite* is the specific when the eruption does not appear upon the skin, and an inflammatory fever with the following symptoms sets in: slight chills through the whole body suddenly alternating with redness and paleness of the face, full and quick pulse, slight dullness of the head, with nocturnal loss of consciousness, stupefaction and even delirium; dryness of the mouth and lips, with thirst; redness of the eyes; oppression of breathing; short cough with reddish expectoration, occasioning a stinging pain under the short ribs. When these symptoms occur, *Aconite* should be given in repeated doses.

Dr. Gross has furnished the following description of epidemic purpura miliaris which prevailed in his district: "After more or less striking precursory symptoms, the disease commenced with pains in the head and feet. These symptoms were soon followed by vomiting and delirium. Many patients died in the first days of inflammation of the brain, many died afterwards of angina. At times the palate and fauces were inflamed alone, at times the larynx, in which case the patients were affected with a croupy cough; in other cases two considerable, tight, pad-shaped swellings descended from the parotid gland, which, on being opened, discharged a thin, badly-colored, fetid ichor. In the last epidemic this disorganization was not observed: the children died before it set in.

"In some cases the exanthem resembled the Sydenhamian scarlatina; in most cases, however, it looked like a bright-red rash. Neither *Bell.* nor *Aconite* seemed to be of much use in this epidemic. The subsequent leucophlegmasia seemed to yield to *Rhus t.*"

Dr. Wislicenus employed *Dulcamara* with great success in the epidemic of 1831. Dr. Gross used it with great benefit for acute cutaneous eruptions, when the angina was not very considerable, and the children complained of violent rheumatic pains in the

limbs, not allowing them to be moved, and accompanied with slight glandular swellings. These symptoms generally yielded in 24 hours, after which the skin began to scale off.

Purple-rash may co-exist with other diseases, such as variola and measles. When complicated with variola, the rash set in at the time when the pustules began to inflame, causing an increase of the synochal fever. The pustules remained stationary after the appearance of the rash, and continued their course as soon as the rash had run its course. The treatment was the same as in purple-rash. When measles and purple-rash co-exist in the same patient, it is exceedingly difficult to distinguish one from the other. *Aconite* is, in such cases, the chief remedy, although a dose of *Bell.* or *Merc.* sometimes requires to be given for the angina, and the supervening typhoid symptoms require the use of the remedies indicated for typhoid fevers.

In the scarlatina epidemic of 1842, Dr. Schrœn derived no benefit whatsoever from the usual remedies, *Bell.*, *Aconit.*, *Acid. phosph.*, *Bryon.*, *Merc. sol.*, *Rhus t.*, *Sulphur*. He employed with the best success *Amm. carb.*, in large doses, from half a scruple to a scruple with two ounces of water, with ordinary white sugar, half a tablespoonful or a whole tablespoonful every two hours; and if this failed, the patients were wrapt up in sheets soaked with cold water.

According to Dr. Schrœn, the smell of scarlatina patients resembles that of musty bread. Dr. Hering has furnished the following remarks on epidemic scarlatina. According to him, the smell of such patients is like that of drying funguses, or, in bad cases, like that of funguses in a state of decay.

In cases where the vomiting, which is generally the first striking symptom of the disease, is followed by sopor, the *Solanææ* or *Opium*, or, at other times, *Bryonia* and *Sulphur* are useful, according to the symptoms.

If the patients should be red all over, even in scrofulous subjects, who are generally the worst kinds of scarlatina-patients, the third trituration of *Sulphur*,

with intermediate doses of *Aconite* for the dry skin, restlessness, etc., will generally be found sufficient. The remedies may be given every two or six hours, and are to be followed by *Puls.*, *Calc. c.*, *Baryt.*, *carb.*, etc.

In doubtful cases, when the eruption was diminishing, *Senega* proved serviceable if indicated by the throat-symptoms. *Calc. carb.* was indicated by the swelling of the parotid glands, particularly on the right side, and by the desire for boiled eggs, which, however, the child is unable to chew or swallow. *Calc. c.* was likewise indicated by great ill-humour, occurring in the morning, and by other symptoms.

*Kali carb.* was indicated by swelling of the parotid glands, particularly on the right side, and by restlessness, moaning, tossing about *between two and three o'clock in the morning*, the children having been quiet the first part of the night.

Several children who were already rattling, with warm sweat on the forehead, cold and bluish limbs, hot breath, were cured by *Camphora*.

In the scarlatina epidemic of 1845, Dr. Elb, of Dresden, employed principally *Calc. carb.*, particularly when symptoms of paralysis of the lungs and affections of the chest were present; and *Zincum* when the brain was affected and symptoms of paralysis of the brain were setting in. For the other symptoms, we refer the reader to Hahnemann's *Materia Medica*.

The diseases which generally follow purple-rash, are like those succeeding scarlatina, and require to be treated with the same remedies.

### § 112. *Rubeolæ.*

This exanthem is intermediate between measles and scarlatina, but more allied to the latter: it is even said that the smell which is generally observed about scarlatina patients has been noticed on patients affected with rubeolæ. This exanthem generally occurs in an epidemic, but in various forms.

The precursory symptoms are generally of a catarrhal-rheumatic nature, but are rarely as strikingly developed as in measles and scarlatina. The throat-



symptoms, and particularly the affection of the tonsils, are very violent; the eyes are sometimes red, with lachrymation, sometimes they are dry and itch a good deal. Pressure in the forehead, nausea and vomiting, are likewise present, and are sometimes accompanied by a violent cough; until the eruption breaks out, the skin is dry and hot.

This exanthem attacks principally children and females; it comes out in from 12 to 24 hours, and remains visible for several days. It appears without regular order, first on the face and then on the other parts of the body, or else on the whole body at once. It consists of red spots of one-third of an inch or of a whole inch in circumference, in the centre of which groups of little vesicles become visible, which dry up in five or six days, after which the skin peels off in patches which are larger than in measles and smaller than in scarlatina. The desquamation takes place very rapidly. Dropsical effusions are among the secondary affections of rubeolæ.

§ 113. The treatment is pretty much the same as that of scarlatina: *Aconite*, *Bellad.*, and *Bryonia* are among the principal remedies. For the violent angina, *Mercurius* is sometimes indicated; and for the excessive thirst and the burning heat of the skin, which make the patients fretful and weak, *Arsenic* is a real specific.

#### § 114. *Miliaria*.

This eruption consists of small, round millet-sized vesicles (and frequently still smaller than a millet-seed, and perceptible only to the finger): they appear scattered over the body, are surrounded by a slight inflammation, and appear at irregular periods during a feverish state of the organism. Precursory symptoms are: profuse sour smelling sweats from the commencement of the fever, oppressive anxiety on the chest, heavy (not short) moaning, frequently sighing breathing, dry, short cough, restlessness, frequent creeping chills, stinging and itching of the skin, sometimes nervous attacks, spasms, delirium. These symptoms sometimes abate on the breaking out of the rash.



The eruption is sometimes very slight, sometimes extremely violent, particularly on the neck, chest, and back; in many cases the whole body except the face is covered by it; in other cases the eruption consists of single spots scattered irregularly over the surface of the body, and remains visible for several days. The skin being inflamed, and the fluid contained in the vesicles being quite clear and transparent, the vesicles look red for about thirty hours, after which the fluid becomes opaque and milky. This change has given rise to the denomination of red and white miliaria.

Miliaria is generally a symptom of a more deep-seated disorder—fever, etc. It is difficult to say how long such a rash should last, as new vesicles are constantly breaking out. **Public Library**  
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**JAN 14 1902** However, state, that it disappears between the seventh and fourteenth day. If the eruption should make its appearance on the seventh, eleventh, and fourteenth day, accompanied with a general abatement of the symptoms, we ought to look upon it as a favourable critical phenomenon.

§ 115. There are various kinds of miliaria, which, of course, require different remedies. The indolence, anxiety, oppression in the præcordial region, uneasiness, moaning, and other symptoms which generally precede the eruption in puerperal, mæuous, and other fevers, are most speedily and certainly relieved by a few doses of *Ipecacuanha* or *Bryonia*. If the anguish be excessive, and compel the patient to shift his position all the time, *Arsenic* deserves a preference over either *Ipec.* or *Bryonia*. If the anxiety be attended with a violent orgasm of the blood, great internal and external heat, *Aconite* is the specific, although *Belladonna* is likewise useful when delirium, congestion of the blood to the head, bloatedness of the face, red and glistening eyes, are the characteristic symptoms. If the restlessness proceed from nervous irritation without much anxiety, *Coffea* is a suitable remedy.

Miliaria of lying-in women and their infants are most speedily removed by *Bryonia* and sometimes by *Chamomilla*. *Chamomilla* is particularly indicated in infants, when the miliaria is occasioned by keeping

them too warm, and when it is accompanied with watery, greenish evacuations, looking like stirred eggs, and corroding the anus. Such an eruption in infants may be owing to dietetic transgressions, and may be attended with other symptoms for which *Chamomilla* is likewise a specific remedy. In cases where *Chamomilla*, although indicated, was of no avail, I have frequently given with the greatest benefit a very small dose of *Sulphur*, particularly when the eruption affected the inner surface of the thighs, the abdomen and nape of the neck, when the patients were very restless, and the thighs, sexual organs and anus looked like raw flesh. White miliaria is frequently cured by a single dose of *Arsenic*, unless the accompanying symptoms should indicate *Valeriana*.

We ought to mention here another kind of eruption, pustules or wheals, with which infants with a flaccid skin are affected in hot weather, particularly when kept too warm. They are not accompanied with dangerous symptoms, and do not require the interference of art. Daily bathing and a diminution of the temperature are sufficient. If any medicine should be required, *Aconite* is generally the more suitable; and if the eruption should be very obstinate, *Chamomilla* and *Bryonia*: if the vesicles should be inflamed and suppurate, *Dulc.*, *Rhus t.*, *Clematis*, *Ranunculus Sceleratus*, etc., are indicated.

Chronic miliaria, which disappears in one place and re-appears in another, with much itching and burning, is most certainly removed by *Mezereun*, *Clematis*, *Sarsaparilla*, *Staphysagria*, *Arsenicum*, *Ammon. carb.*, *Sulphur*, and *Carb. veg.*

#### § 116. *Soreness, Intertrigo.*

This soreness arises from the friction of two adjoining parts, most frequently under the shoulders, between the thighs, on the neck, at the anus, in the groins. Sometimes a fetid, albuminous matter is secreted from the sore surfaces; at other times the parts are dry, and the disease terminates in a scurfy or scaly exfoliation of the skin. In most cases this soreness arises

from a want of cleanliness, the urine, sweat, and dirt, being left on the skin. Frequently, however, the disease originates in some internal cause, particularly when other than the above-mentioned parts are affected, and the whole body resembles a mass of raw flesh.

To cure this soreness, the patient should be bathed in tepid water every day. If this should not be sufficient, *Chamomilla* should be administered, except when the abuse of that plant in the shape of tea has contributed to occasion the disease, in which case *Ignatia* or *Pulsatilla* is preferable. If the whole body should look like a mass of raw flesh, *Merc. sol.* in repeated doses is the best remedy. If the disease should not yield entirely to *Merc. sol.*, *Lycopodium* or *Graphite*: will complete the cure.

When the soreness is occasioned by a mil'ry eruption, the *Tincture of Sulphur* or a trituration of Sulphur will remove the disease: *Sarsaparilla*, *Jacea*, *Siphysargria* deserve likewise to be considered. *Casticum*, *Sepia*, *Phosphorus* and *Silicia* should likewise be thought of.

#### § 117. *Petechiæ*.

*Petechiæ* are of a violet, brown, black, and sometimes red colour, from one to two lines in diameter, generally round and circumscribed, though sometimes irregular and diffusing into the surrounding skin, with or without fever, (acute *petechiæ*, *petechial fever*, chronic *petechiæ*). In some cases the spots—some at least—are several inches in circumference; these are called *vibices*, *ecchymoses*, and are, properly speaking, of the class of *purpura hæmorrhagica*. They show themselves at irregular periods, first on the lower extremities, then on the arms and trunk: the face remains free, but not always the hands. At first the spots are of a bright-red, afterwards they assume a livid, and finally a brownish or yellowish aspect: this change can be seen most clearly by the new spots which continue to break out.

In some persons, the disease makes its appearance suddenly, at a time when the patients seem to enjoy good health; in others, it is preceded for weeks by

pains in the limbs, which render the patient incapable of making the least exertion. Generally the disease is accompanied with great debility and lowness of spirits; the pulse is either small and feeble, or hard and frequent. Petechiæ generally result from debility and from decomposition of the blood, and frequently occur as a symptom in putrid fever; sometimes they arise from keeping the skin too warm, and from getting overheated, hence they will occur in inflammatory fevers; they may likewise occur sympathetically in gastric and worm-fevers. They develop themselves like miliaria, and are frequently complicated with the latter disease.

If petechiæ be a mere symptom of a more general disorder, the remedies prescribed for it have to be employed. The remedies which are most frequently indicated for petechiæ, are: *Belladonna*, *Arsenic*, *Rhus t.*, *Bryonia*, *Chininum*, *Ledum*, *Acid. sulph.*, *Phosphor.*, *Sec. corn.*, *Silic.*, *Laches.*, *Aconite*, *Acid. phosph.*

§ 118. *Thrush, aphthæ.*

This exanthem always affects the inner mucous membrane. It consists of small, white, elevated, lardaceous, sponge-like little ulcers in the mouth, on the tongue, palate, in the fauces, sometimes covering the whole intestinal canal down to the anus, burning violently, sometimes existing only a few days, sometimes however for weeks and months, new ulcers making their appearance as the older ones disappear. They are accompanied with a number of local and consensual symptoms, which are more or less violent and dangerous, such as: angina, painful deglutition, irritation in the trachea, nausea, hiccough, cardialgia, vomiting, colic, diarrhœa, dysentery, discharge of detached aphthæ, enteritis.

Precursory symptoms: dryness in the mouth and throat, thirst, sensation as if a foreign body had lodged in the throat, nausea, retching, vomiting, irritation inducing cough, roughness, stinging in the throat, hoarseness, anguish, pressure in the præcordial region, heart-burn, stupefaction.

Aphthæ may become dangerous by terminating in

angina, gangrene, enteritis. They not only affect infants, but may occur in persons of every age as symptoms of various acute and chronic affections. They are most frequently induced by gastric derangements, suppressed secretion of the skin, rheumatic and catarrhal metastases, and are very rarely a critical symptom. Aphthæ generally occur in the colliquative stage of phthisis, and in gastric-putrid fevers.\*

§ 119. As a primary disease, Aphthæ are less difficult to treat than as a symptom. In the former case, the nipples of the mother are liable to be affected with the disease, for which the most suitable remedy is *Borax*, particularly when the child is very peevish, cries a good deal, starts up from sleep as if in affright, throws its arms about, looks pale and livid, has a flaccid skin, does not want to nurse, and when the mucous membrane of the palate and tongue, which exhibits reddish vesicles and aphthæ, looks shrivelled. I use with great benefit the strong sulphuric acid, one or a few drops in one ounce or an ounce and a half of water, which the child takes in teaspoonful-doses. The attenuations will do as well if the children enjoy otherwise good health. If there be considerable angina, *Mercurius sol.* is an excellent remedy, which is frequently to be followed by *Sulphur*, particularly when the child's rest is very much disturbed, starts up from sleep with great cries, when there is ptyalism and the aphthæ bleed readily, etc. (The latter symptom furnishes likewise an indication for *Borax*.)

Mercurial aphthæ on the tongue or palate are most speedily removed by *Sarsaparilla*, *Borax*, *Nitr. ac.*, *Thuj.*, *Iodium*, *Agaricus*, etc. Aphthæ which are accompanied with considerable debility in fevers, should be treated with *Arsenic*, *Sulphur*, *Acid. sulph.* Aphthæ accompanied with rhagades in the white-coated tongue, are cured by *Cicuta*. When the salivary glands are very much affected, secreting a tenacious mucus, *Mercury* is the best remedy, (provided the disease have not been caused by it). When complicated

\* They occur very frequently in persons suffering with nervous irritation, and have, in such cases, to be treated with *Aconite*.—*Hempel*.



with tuberculosis, *Iodium* and *Sulphur* will effect a certain cure.

§ 120. *Erysipelas*.

This is a febrile condition, during which a certain part of the body becomes hot, red and swollen, and is sometimes covered with blisters (*erysipelas bullosum*). The redness is superficial and shining, disappears under the pressure of the finger, and returns immediately after the pressure ceases. The redness is apt to wander from one place to another. The inflammation is seated in the epidermis. When the inflammation is very violent, the more deep-seated tissues are likewise affected (*erysipelas phlegmonodes*).

The fever is accompanied with a disposition to sleep, and generally disappears after the breaking out of the *erysipelas*. If the fever be very violent, it precedes the breaking out of the *erysipelas* for a few days, accompanied with sopor, and continues even a few days after the appearance of the *erysipelas*; in such a case, the fever may last until the seventh or ninth day. *Erysipelas* is generally accompanied with gastric and bilious symptoms.

*Erysipelas* is generally a mild disease, without danger, except when the face is affected, in which case the inflammation inclines to go to the brain. *Erysipelas* is likewise dangerous when the fever has a malignant character, or when there is a metastasis to internal noble organs. The terminations are: dispersion, induration, suppression, gangrene.

§ 121. Simple *erysipelas* affecting the cellular tissue and accompanied with a violent synochal fever, is controlled by *Aconite*, after which *Belladonna* may be given, particularly if the *erysipelas* spreads in rays, and a stinging pain is experienced in the tight swelling, increased by contact, and at night. *Belladonna* is likewise indicated for *erysipelas phlegmonodes*. In many cases *Belladonna* is the specific from the commencement of the disease; it shortens the course of the disease very much, which, when left to itself, lasts from nine to twelve days, and occasions a variety of secondary symptoms.



If the joints and the surrounding parts should be affected, and the pain should increase by motion, *Bryonia* is frequently indicated, still more frequently *Belladonna*, but least frequently *Pulsatilla*, which ought to be used when the erysipelas shifts from one part to another; but is never indicated in pure erysipelas of the face, except when accompanied with stitches, in which case the disease is apt to go to the brain; this can be more effectually prevented by *Belladonna* than by *Pulsatilla*.

I had a case of erysipelas where the disease re-appeared frequently, always on one side of the face only, and where every attack was preceded for several days by a violent cardialgia. A single dose of *Nux v.* 15, effected a permanent cure, showing that the accompanying symptoms often indicate a different remedy from what are generally considered specifics for erysipelas. In such cases *Sulphur* might likewise be resorted to, particularly when a throbbing-stinging pain is experienced in the swelling.

Erysipelas of the face generally runs its course accompanied with a very violent, generally bilious fever. The affected parts are red, hard and swollen. The vesicles are of different sizes, yellowish, occasion an itching, burning, tension, and incline to flow into each other. If the inflammation extends to the hairy scalp, the cerebral membranes and the brain itself are seized in a similar manner as in scarlatina, though the cerebral affection in erysipelas is different from that in scarlatina, inasmuch as it requires a different kind of treatment.

The principal remedy for this kind of erysipelas is *Rhus t.*, even if the brain should be affected. I have never used any other remedy but *Rhus t.*, though some physicians have likewise employed *Belladonna* and *Hep. s.* beside *Rhus*. This kind of erysipelas is sometimes accompanied with external and internal otitis, which may require *Pulsatilla* after *Rhus*. *Graphites* has been used with great success in erysipelas of the face, if indicated. *Carbo animalis* and *Cantharides* have likewise proved useful in single cases of ery-

sipelas. *Euphorbium* is an excellent remedy in erysipelas of the head and face, with swelling, and boring, gnawing, digging-up pains, with itching and creeping after the pains cease; likewise in erysipelas with pea-sized vesicles filled with a yellow fluid, accompanied with great heat. *Solanum mammosum* is likewise said to be useful in the last-named erysipelas.

Erysipelas neonatorum generally takes place during the first month in the region of the umbilicus, extending to the abdomen and genital organs; it likewise appears on the upper limbs, chest and back. It gradually spreads from one part to another, the fever being very violent and sometimes assuming a typhoid character. It is most frequently epidemic. In all my practice I have only seen two sporadic cases, which I succeeded in curing with *Aconite* and *Belladonna*. In dangerous cases, *Bryon.*, *Rhus t.*, *Hepar s.* or *Sulphur*, may prove useful.

The erysipelatous inflammation of the scrotum, which is most frequently met with in chimney-sweeps and inclines to terminate in gangrene, is most effectually controlled by *Arsenic*, which is likewise the most efficient remedy in the so-called black erysipelas, unless *Acid mur.*, *Sec. corn.*, *Sepia*, etc., should be more suitable.

*Camphor*, *Arnica*, *Nitr. ac.*, *Mercur.*, *Iajcop.*, *Phosphor.*, *Nux v.*, are excellent remedies in erysipelas of the feet and knees, or in erysipelas generally; likewise *Lachesis* and *Crotalus*.

### § 122. *Zona, Zoster, Cingulum.*

The zona is very similar to erysipelas; it is generally about a hand's breadth, surrounding the body, or a portion of the body, in the shape of a demi-circle. The eruption is burning, itching and stinging, and consists of little pustules upon an inflamed basis. It is frequently acute, attended with fever.

The character of zona is intermediate between erysipelas and herpes, frequently arises from the same cause as erysipelas, but more frequently from a more deep-seated and general dyscrasia (Hufeland).

The disease is treated like erysipelas. *Mercurius*

may prove very efficient after *Rhus t. Causticum* is principally applicable in zona when there is a painful itching burning. Some propose Graphites, others Sulphur and Arsenic (the latter particularly for the nocturnal burning); *Acidum nitr.* and *Euphorbium* are likewise recommended.

§ 123. *Chilblains, perniones.*

Chilblains are a sort of chronic erysipelatous inflammation, which does not become acute unless excited by some additional cause, change of weather, or some kind of morbid action which becomes concentrated in the region of the chilblains. This kind of erysipelatous inflammation takes place on the feet, hands and at the tip of the nose. If the inflammation be slight and superficial, with slight, bright-red swelling and burning itching in warmth; if the swelling crack and bleed readily, it is speedily and safely removed by a few small doses of *Nux vom.*, especially when the disposition of the patient is suitable to that remedy. *Carbo anim. and veg.*, *Arnica*, *Petroleum*, *Acidum nitr.*, *Phosphor.*, *Lycop.*, *Crocus*, etc., are likewise useful in this disease.\* If the chilblains should be very painful, *Nitri ac.*, *Petrol.*, *Phosphor.*, will be found efficient. *Arnica* is a certain remedy when the inflammation of the chilblain is caused by pressure, friction, etc.

If the frozen limbs should be blue-red and swollen, with throbbing pains, *Pulsatilla* and *Belladonna* are indicated, the former more particularly by a meek or phlegmatic disposition, the latter by a sad, indifferent and at times vehement temper. For these blue-red and violently itching chilblains, *Kali carb.* is likewise an excellent remedy, whereas *Sulphur* is suitable only when the itching occurs during warmth. If blisters should show themselves on the inflamed parts, with a tendency to gangrene, *Arsenic* should be used; whereas *China* deserves a preference, when symptoms of humid gangrene have actually set in. *Opium* is, in the latter case, sometimes indicated by the accompanying symptoms.

\* Also *Agaricus*.—*Hempel*.

*Bryonia*, *Rhus t.*, *Ledum*, *Merc.* and *Sulphur*, are generally sufficient to cure this kind of erysipelatous inflammation. *Acidum nitr.* and *Petroleum* are the best remedies, when the inflammation sets in with very cold weather.

### EIGHTH CLASS.

FEVERS WITH DEFINITE INFLAMMATORY AFFECTIONS.—LOCAL INFLAMMATIONS.

#### § 124. *Inflammations in general.*

An inflammation, though apparently local, is nevertheless a dynamic disease, affecting the vitality of the blood-vessels through a disturbed nervous action. Inflammations are very similar to fevers, and particularly to synochal fevers. These being easily cured by homœopathic remedies, it follows that inflammations are likewise readily cured by similar means.

§ 125. An inflammation is an anomaly of the vegetative process; it arises from a disturbance of nervous action, which indirectly affects the vitality of the blood-vessels.

The symptoms of inflammation are: quicker and stronger beating of the blood-vessels than in their normal condition. This redness is graduated, and is most intense in the centre of the inflamed organ. Swelling and hardness are generally likewise present in inflammation, but not unless the inflamed organ contains loose cellular tissue. Inflammations are generally attended with pain, arising from the disturbed nervous action, though neither pain nor redness or swelling is a necessary pathognomonic symptom of inflammation. The painful sensations vary a good deal, hot, burning pricking, itching, aching and tensive, stinging; they are either continuous or periodical, remittent or exacerbating at distinct periods. In inflammations of internal organs, the usual characteristics of inflammation are wanting: in many cases there is only pain attended with an inflammatory fever. In abdominal inflammations the physician ought to press the abdomen of the patient, by means of which he

will discover the inflamed part by the pain which the pressure occasions, and which the patient had not been conscious of before.

Although it is Hahnemann's opinion, that the physician needs not to be acquainted with the internal nature of the disease, and ought to select his remedy in accordance with the symptoms, yet it is desirable that the physician should possess the clearest possible notion of the disease he is called upon to treat.\* It is important, for instance, that inflammations should be distinguished from internal neuralgic or spasmodic affections. If fever be present; if the local affections have set in with a chill; if heat, thirst, and an accelerated pulse be present, we may safely conclude that there is inflammation. A hard, full, and strong pulse is likewise characteristic of inflammation, although such a pulse is not always present in high degrees of enteritis and pneumonia. One of the chief characteristics of inflammation is the urine: if red, it denotes fever and inflammation; if pale and watery, it denotes spasm.

§ 126. Inflammation may be excited by either of the following causes:

1. Mechanical causes, wounds, splinters, etc.
2. Chemical agents, acids, ethereal oils, poisons, etc.
3. State of the atmosphere, cold, dry, windy weather, northerly or easterly winds, increased action of circumambient influences upon certain organs at particular periods, for instance, of the atmosphere upon the lungs in winter and spring, and upon the abdominal viscera: increased sensitiveness of particular organs in certain conditions of the organism, of the brain during the period of dentition, of the uterus during menstruation, pregnancy, or confinement, of the breasts during lactation, etc.
4. Emotions, such as anger, chagrin, fright, sudden joy.
5. Various ailments of the body, such as accumula-

\* In reference to this subject, see my essay on the present internal condition of the homœopathic school. For a new and, as I believe, true theory of inflammation, the reader is likewise referred to that essay.—*Hempel*.

tion of gastric and bilious matter in the intestines ; suppression of the lochia, menses, or piles ; suppression of chronic cutaneous eruptions, such as itch, herpes, tinea capitis, etc.

Secondary diseases, induration, adhesions, suppuration, may occur under homœopathic the same as under allopathic treatment, though they are much less frequent : in such a case the pain never ceases entirely. They occur most frequently in consequence of violent bleeding, latent psora, and in feeble, scrofulous subjects.

§ 127. The fever which accompanies inflammations is either a synocha, or an erethic or typhoid fever. The prognosis depends

1. Upon the character of the inflammation. Inflammations with a synochal or erethic fever are less dangerous than those with a typhoid fever.

2. Inflammations of noble organs, such as the brain and lungs, are more dangerous than inflammations of less important organs and tissues.

3. Simple inflammations are more easily cured than compound or inflammations arising from other diseases.

4. The prognosis depends likewise upon the constitution of the patient ; the more lymphatic the constitution of the patient, the greater the danger.

§ 128. In the treatment of inflammations, the homœopathic physician proceeds in the same way as in all other forms of disease ; he notes the totality of the symptoms, and selects his remedy in accordance with them. It is, of course, of importance to study as much as possible the cause of the inflammation, with a view of removing it by appropriate dynamic, surgical, or chemical means.

The chief remedy with which homœopathic physicians combat inflammation is *Aconite*. It should be employed in every inflammation accompanied with synochal fever, continual great heat, quick, full, and tight pulse, burning thirst, scanty and saturated urine. It may be used with children, as well as full-grown persons. It is an excellent remedy for rheumatic diseases, and acts as a prophylactic against angina pecto-



ris occasioned by exposure to east wind.\* Aconite supersedes the necessity of bleeding, even in those who were in the habit of resorting to it.

After Aconite are principally indicated, *Bellad.*, *Mercur.*, *Bryon.*, *Cantharides*, *Hepar s.*, *Rhus t.*, *Puls.*, *Nux v.*, *Ignat.*, *Sulphur*, *Spong.*, *Dig.*, *Cann.*, *Acid. hydroc.*, *Arn.*, *Dros.*, *Squill.*, *Seneg.*, *Ars.*, *Kali c.*, *Phosph.*, *Lyc. Asa*, *Cinu*, *China*, *Mangan.*, *Dulc.*, *Chamom.*, *Magnes arct.*, and a number of other remedies.

*Mercurius* is an excellent remedy when debilitating sweats, and particularly night sweats, great nervousness, and debility, are present; when internal inflammations threaten to terminate in effusions and suppuration; in catarrhal, rheumatic, arthritic, crysipelalous inflammations, and inflammation of the periosteum. *Belladonna* is suitable to plethoric persons disposed to phlegmonous inflammations, particularly in the case of children, and delicate, sensitive individuals. *Bryonia* corresponds to inflammations of serous membranes, congestive inflammations attended with violent fever and great vascular and nervous excitement.

After the inflammation has been allayed, the pain can be speedily relieved by applying one or more dry cups in the neighborhood of the inflamed organs, or, if exudation should have taken place, by resorting to *Tartar emet.*, *Seneg.*, *Dig.*, *Arn.*, etc. If, in spite of the abatement of the inflammatory symptoms, the local irritation should still continue, or should point to an increased nervousness, *Ipec.*, *Hyoscyam.*, *Laurocer.*, *Pulsat.*, *Sulph.*, *Nitrum*, etc., should be employed.

§ 129. As was said above, the homœopathic physician does not always succeed in dispersing an inflammation. In such a case the inflammation terminates:

I. In suppuration. This occurs particularly in inflammations of glandular organs, in boils and wounds, and in inflammations that have reached a high degree of intensity. The best remedies for this condition are, *Merc.*, *Bell.*, *Puls.*, *Asa*, *Mezereum*, *Sulphur*, *Hepar sulph.*, *Tart. emet.*, *Phosph.*, *Iod.*, *Silicea*, every remedy

\* The East wind in Germany is a very dry wind.

to be, of course, selected with reference to the totality of the symptoms.\*

2. In induration. The remedies indicated for this state of things are, *Sulphur*, *Carbo amm.* and *veg.*, *Iod.*, *Baryt.*, *Conium*, *Kali carb.*, *Silicea*, *Calc. carb.*, and several others. Sometimes *Rhus t.*, *Nux v.*, *Bryon.*, *Dulc.*, *Ramunculus*, *Spongia*, and other remedies, may have to be used previous to the above mentioned antipsorics.

3. In adhesion. This does not interfere with the enjoyment of perfect health, and cannot be removed. I ought to state, however, that a cure of an adhesion is reported in the third volume of the *All. hom. Zeitung*, p. 7.

§ 130. In regard to diet, I refer the reader to my previous remarks on that subject, which are likewise applicable to patients suffering with inflammations. Such patients should content themselves with very light food, and should not satisfy their thirst to excess.

#### SPECIAL TREATMENT OF INFLAMMATIONS.

##### § 131. *Pneumonia, peripneumonia, pneumonitis.*

An inflammation of the lungs generally commences with chilliness, which frequently increases to a shivering chill followed by heat. During the heat the patients generally first experience a pressure deep in the chest, which soon increases to an intense seated pain. The pain may be various, acute, burning, cutting, sticking, aching, dull, oppressive, constrictive, and is generally accompanied with anxiety. The pain is felt in the region where the inflammation is seated. If both lungs should be inflamed, the pain extends over both sides of the chest; if but one lung should be affected, the pain is felt on one side of the chest only, but extends farther in proportion as the inflammation continues to spread. The breathing is impeded, frequent, painful, anxious, superficial, and is carried on only with the uninflamed portions of the lungs; or, if both lungs should be inflamed, with the abdominal

\* In phlegmonous inflammations accompanying a remittent fever, *Aconite* is the specific remedy, even in the suppurative stage: see my Essay on the present internal condition of the Homœopathic School.—*Hempel.*

muscles and the diaphragm, but not by raising the thorax. There are cases of pneumonia where the pain is entirely wanting, and where the existence of pneumonia can only be inferred from the breathing, but not always with certainty. Pneumonia is almost always attended with a deep cough, which is at times dry, at times accompanied by expectoration; at times it is spontaneous, at times excited by deep breathing, talking or even swallowing. The expectoration is tenacious, sticky, at first semi-transparent, slimy, afterwards bloody, saffron or rust-coloured. The patients generally lie upon their backs.

The fever, which is very acute, and scarcely ever leaves the patient at the commencement of the disease, sometimes assumes an intermittent type, disappearing in the morning, together with a great many troublesome symptoms, until the heat and other symptoms of inflammation return in the evening. The pulse, which was soft in the morning, again becomes hard and bounding, the cough becomes again violent, and denotes danger. These paroxysms indicate the synochal or erethic character of the fever. The fever may, however, assume a typhoid form after the inflammation has reached its climax, or in compound pneumonia, or when the meningeal membranes are affected, in which case the patients are delirious.

The face of the patient is intensely red, the head is dull and painful. The patient craves cooling drinks, and emits a small quantity of dark-red urine.

It would be unsafe, without resorting to percussion and auscultation, to infer the existence of pneumonia from the above-mentioned symptoms; nor is it possible to determine, without percussion, whether the inflammation is still confined to the stage of inflammatory engorgement, or has passed to the stage of hepatisation.

§ 132. At the commencement of pneumonia, when the organic tension of the pulmonary cells is diminished in consequence of the exudation of bloody serum, percussion yields a tympanitic sound, which is at first clear and full, but becomes much less so as the con-

densation of the pulmonary tissue in consequence of the congestion increases. As soon as the process of hepatization commences, the percussion-sound becomes dull, insonorous and hollow. When exudation has set in, the so-called crepitant rattle is heard during an inspiration, and during cough. When a portion of the lungs, into which one of the larger bronchial tubes opens, hepatizes, the communication between the air in the lungs and the column of air in the trachea and larynx is interrupted; this gives rise to peculiar sounds termed bronchial respiration, bronchophony and consonant rattle. These three sounds are not heard when the bronchus is stopped up, or when the voice and respiration of the patient are very feeble. Over the hepatized portion we always hear a peculiar whiffing, bronchial respiration, but never the vesicular murmur.

§ 133. Anybody may be attacked with pneumonia, though it occurs more rarely in childhood, and most frequently between the 17th and 50th years of age. Females are less liable to pneumonia than males, for the very reason that the lungs of the former are much less developed than those of the latter. Predisposing causes are: a tuberculous diathesis, previous pneumoniæ, suppressed discharges of blood.

Exciting causes are: atmospheric influences, north-east winds. Hence it is that inflammations of the lungs occur most frequently at the end of winter and the commencement of spring, or also in summer, when the air suddenly becomes cool after sultry heat; they occur likewise on taking cold after having got heated by dancing or running, or by sounding musical instruments; they may be occasioned by mechanical and chemical irritants, sharp, sour, oxydizing vapours, vapours of muriatic or nitric acid, arsenious vapours, by inhaling plaster, lime, pebble, coal, flour, or wool-dust, in consequence of fracturing a rib, or penetrating stab or shot wounds.

Patients can recover from pneumonia in every stage. The general and local symptoms disappear gradually; the fever, pain and cough abate, the sputa again becomes normal, and the respiration easy and regular.

In spite of these favourable changes, we know from auscultation and percussion that there are still some morbid phenomena remaining, inviting the patient to be on his guard lest he should have a relapse. Unfavourable terminations are, 1, when the plastic exudation changes to tubercles; 2, when an abscess forms; and 3, when the hepatization has lasted too long to admit of resolution. Death takes place by excessive congestion, or by complication with an affection of the heart, or in consequence of some secondary disease.

The prognosis is more favourable in young and vigorous subjects, and in persons who are attacked for the first time, than in old people. It is likewise more favourable in simple than in compound pneumonia, or when the inflamed lung was already partially hepatized, or otherwise morbidly affected. A good deal, however, depends upon the treatment, even in unfavourable cases.

§ 134. The chief remedies in pneumonia are: *Aconite*, *Bryon.*, *Puls.*, *Lauroc.*, *Mercur.*, *Canthar.*, *Phosphor.*, *Rhus t.*, *Tart. stib.*, *Bellad.*, *Arn.*, *Lyc.*, *Seneg.*, *Cann.*, *Nux v.*, etc.

If the fever should have a synochal character, if the pulse should be hard, quick and full, the face red, the chilliness or heat excessive, the pains in the chest violent, and the respiration oppressed and accompanied with anxiety, *Aconite* should be given in repeated doses. *Bryonia* is an excellent remedy when the inflammation was occasioned by exposure to dry and cold weather, by straining, or other violent muscular exertions; when it is not entirely developed or not violent. This remedy is principally indicated when the fever and pains are moderate, the sputa white, slimy and streaked with blood, the cough loose and the oppression not excessive, attended with constant desire to draw breath. Rheumatic or bruising pains in the muscles of the chest or extremities are an additional indication for *Bryonia*.

Next to *Bryonia* we mention *Pulsatilla*, which is particularly indicated when the pneumonia has a rheumatic-catarrhal character, when the expectoration is



copious and not bloody, when the pain is more external and is increased by pressure on the thorax, and when the breathing is rattling. Rheumatic pains in different parts of the body are an additional indication for Pulsatilla. It is particularly suitable when the above-mentioned symptoms occur in a female patient with pale face, blue eyes, blond hair, when they occur in consequence of fright or chagrin, and are accompanied with gastric symptoms. *Belladonna* will be found suitable when there is great congestion of blood to the brain, when the face is bloated and very red, the lips and tongue are cracked and dry, when there is delirium, and the disease threatens to assume a typhoid character. *Belladonna* is frequently useful after *Aconite*; it corresponds to the synochal as well as the erethic fever, to a strong, full and quick, as well as to a small and quick pulse, to stitches in the chest as well as to pressure attended with heavy, short, anxious and quick breathing. It should always be used if *Aconite* should prove unavailing to moderate the fever.

*Tartarus emet.* is recommended as the principal remedy in the second stage of pneumonia, and is, according to Dr. Cl. Müller indicated by the following symptoms: little or no stinging pain, great oppression and difficulty of breathing; loose cough with mucous rattling and alleviation of the oppression by the expectoration, which is very profuse; the sputa contains little or no blood, but a quantity of mucus; a portion of the lungs is hepatized (stage of splenization as well as red hepatization). The percussion-sound over a larger or smaller portion of the thorax is dull, with increased resistance; the portion of the thoracic walls adjoining the afore-mentioned region has either a tympanitic or the normal sound. Auscultation reveals bronchophony, bronchial respiration and consonant rattle. In bilious pneumonia, *Tartar. emet.* is indicated by the following symptoms: slight bilious tinge of the skin, of the albuginea, alæ nasi and corners of the mouth, yellow-brownish coating of the tongue, bitter taste, disposition to vomit or actual vomiting, brown saffron-coloured urine; stinging pain un-



der the right false ribs, or pain in the pit of the stomach with distention of the pit, frequent eructations and hiccough; violent aching, boring pain in the frontal region, sometimes increasing to furious delirium towards evening; the cough is frequently attended with vomiting, with scanty expectoration of a somewhat blood-streaked, frothy, saffron-coloured mucus. *Nux v.*, *Mercur.*, *Senega*, *Digit.*, *China*, *Sulph.*, are likewise suitable in that kind of pneumonia.

*Nux vom.* is indicated in pneumonia by a difficult, tenacious, sanguineous expectoration with much cough; the expectoration affords momentary relief: the patient complains of pressure and a feeling of anxiety in the chest; the pulse is not very strong, the patient is uneasy and restless. In pneumonia, with bilious symptoms, *Nux v.* deserves great attention.

In violent pneumonia, when the sticking pains in the chest are excited or aggravated by coughing or breathing (also in pleuro-pneumonia), when they are very violent and extend over a large surface, when a large portion of the lungs is inflamed with dyspnoea, when the cough is dry and the sputa rust-coloured (a characteristic symptom), *Phosphorus* is then in many cases the only remedy, affording relief in 8 or 12 hours. We should give two or three drops of the third or fourth attenuation every two or three hours. Sometimes, when the attack is very violent from the commencement, *Phosphorus* has to be given in alternation with *Aconite* or *Belladonna*, agreeably to the symptoms. This alternation may be necessary in the second stage of pneumonia, when the percussion-sound over the affected portion of the lungs is dull, and bronchophony or bronchial respiration or perhaps consonant rattle is heard. *Phosphorus* is likewise indicated when the inflammation threatens to assume a typhoid character, the physical symptoms remaining nearly unaltered, or when symptoms of approaching paralysis of the lungs denote the passage of the inflammation into the stage of gray hepatization or purulent infiltration of the pulmonary parenchyma, attended with remarkable depression of the mental faculties, bland delirium and

grasping at flocks, subsultus tendinum, rapid prostration, cold, viscid sweats, small, frequent, feeble pulse, dim eyes, sunken countenance, dry lips and tongue, short and difficult breathing, oppression and anguish, difficult cough and respiration, etc.\*

*Mercurius* is indicated by a crampy-tensive pain in the left side of the chest, with violent oppression of breathing, which is sometimes increased by a burning, lancinating pain; this is attended with a cough which is at first dry, and afterwards accompanied with bloody expectoration; the pulse is hurried, full; much thirst; the fever is attended with a general nervous irritation, great heat, profuse, fetid sweats, nightly delirium, violent pains in the limbs, violent vertigo, dry mouth and throat, and particularly with great sensitiveness and painfulness of the region of the liver and epigastrium and of the pit of the stomach.

*Cannabis sat.* is a useful remedy when the inflammation affects the lower portion of the lungs or principally the left lung, with palpitation of the heart, oppression behind the sternum, with dull shocks in the region of the heart, frequent hiccough, when the whole body is rather cold than warm, and the heat of the face increases constantly. *Cannabis* deserves attention in asthenic pneumonia.

*Crocus* is a distinguished remedy in pneumonia when there is much orgasm of the blood, palpitation of the heart, anxiety in the region of the heart, violent dry cough, particularly at night, obliging one to sit still, with stitches in the left breast near the heart; short, oppressed breathing, general, burning heat, full, hurried pulse, violent thirst, hot urine, hot skin.

*Zincum* is useful when the following symptoms occur: Constant, short, generally nocturnal cough; causing the most violent stitches in the left chest, which are likewise caused by deep breathing; after coughing, a bloody mucus is hawked up; the breathing is very much oppressed; with burning heat of the whole body, great anxiety the whole night, quick, hard and

\* See the "Essay on Pneumonia," in the *Homœopathic Examiner*, vol. 4.

full pulse, vivid redness of the cheeks and glistening eyes.

*Kali carb.* is likewise said to be useful in pneumonia, but more in pleuritic affections. *Kali nitricum* is recommended for violent stitches in the left side of the chest, shortening the breathing, worse towards evening, and being aggravated by the cough, which is accompanied with expectoration of pure blood. The fever is a synocha, with full, hard and quick pulse, accompanied with heat, heaviness and dulness of the head. The stool is sluggish and hard; the urine red and turbid; the thirst violent and constant.

§ 135. If the inflammatory symptoms should be moderated, but not completely subdued, and the fever should show a tendency to assume a lentescent character, *Bryon.*, *Bellad.*, *Rhus t.*, *Mercur.*, *Hyoscyam.*, *Acid. phosph.*, *Lycop.*, *China*, are to be resorted to.

*Bryonia* is suitable when the fever is assuming a torpid character, the pains are still violent, the patient's speech is becoming heavy, slight delirium and comatose symptoms are setting in.

*Belladonna* is indicated when the typhoid symptoms are more marked. The pains in the chest are still sticking, but have partly become dull and aching, the breathing is painful, the cough dry and fatiguing, the skin hot and dry, the head dull, the eyes are staring and red, there is delirium or sopor. If the typhoid symptoms should be still further developed, if the patient should cease to complain of pain although the objective symptoms (impeded or hurried breathing, and the abnormal physical symptoms) should be unchanged; if the face should be red, the patient soporous, and in a state of great debility and anorexia, *Rhus t.* should be exhibited.

*Merc.* and *Acid. phosph.* are principally indicated by great debility and profuse sweats. *Mercurius* especially by congestion of blood to the brain, slight delirium, and quick and strong beating of the arteries; when cough is still present, with difficult, blood-tinged expectoration. *Acid phosph.* more particularly by excessive debility and diarrhœa, loss of consciousness,

strong, irregular, frequently intermittent pulse, distention of the temporal arteries and the arteries of the hand; the symptoms of the chest should, of course, correspond to the pathogenetic effects of this remedy.

*Lycopodium* is indicated by the following symptoms: nervous irritability without heat of the head or redness of the face, circumscribed redness of the cheeks, great debility, sweats which do not afford any relief, red and dry tongue, frequent irritation with desire to cough, and difficult, scanty gray expectoration, after which the rattling in the chest does not at all abate, and the difficulty of breathing becomes evident.

*Hyoscyamus* is indicated by typhoid symptoms, small, feeble pulse, oppressed breathing, expression of anguish in the face, etc.

*China* may be given when the patient has become exhausted by excessive loss of blood, giving rise to a typhoid state.

Sometimes we only obtain partial relief by the above-named remedies, even when fully indicated. This may be owing to the impoverished vitality of the patient, in which case a few magnetic passes will restore the susceptibility of the organism to the proper action of the remedy. At other times, the acute disease may have excited some latent dyscrasia, which can be effectually controlled by *Sulphur*, after which the treatment will proceed successfully.

§ 136. It may not be superfluous to add a few remarks in reference to the distinctive characteristics of pneumonia in the different ages of man.

In children, the disease frequently commences quite mildly, so that it is scarcely noticed; it is generally mistaken for catarrh. The disease generally sets in after a cold in winter or spring, is frequently epidemic, commences sometimes with convulsions, but always with loss of appetite, and some fever which is particularly perceived in the evening. The symptoms gradually get worse, the cough is particularly troublesome, especially while the fever is on the increase, during which period the cough frequently intermits;

it is generally dry and comes on in short turns, because the child is unable to take deep breath. During the cough the child's countenance is expressive of anguish, the features are distorted and denote suffering; immediately after the cough the children cry and moan. The cough is excited by motion, breathing, or by taking the child out of the cradle. There is no expectoration, even when the cough is loose.

These are the symptoms of pneumonia in infants, but older persons likewise do not always complain of violent stitches in the chest, but of a mere general soreness.

The breathing, which takes place by means of the diaphragm and the abdominal muscles rather than by expanding the chest, is quick, intermittent and short; the cough frequently terminates in yawning and vomiting, which affords some relief. The inspirations are short, and the expirations are very quick. If the disease be far advanced, the *alæ nasi* dilate during an inspiration, and the cervical muscles co-operate in the act of breathing. The respiration is the principal phenomenon to which the physician should draw his attention, since it reveals distinctly the local affection.

The fever is frequently very violent, the pulse is frequent and quick, small and hard, the heat burning, thirst excessive, particularly during the exacerbation of the fever, towards night. The face and skin are not always red, but sometimes pale although very hot, or else there is a frequent alternation of paleness and redness; the mouth is hot, the tongue generally coated white and moist, the lips are dry and hot. Nursing infants occasion a feeling of disagreeable heat about the nipples. The breathing has frequently a disagreeable smell. The urine is dark-coloured, hot, has sometimes a sharp smell, and finally becomes thick and milky. The stool is irregular; at times undigested, light-green, accompanied with pinching, slimy, diarrhœic; at other times there is constipation. During the course of the disease there is no general sweat, mostly only about the head and chest; if a general sweat should break out, the disease is broken.



Little children always lose their appetite ; larger children want to drink all the time. Infants nurse with more greediness, sleep a good deal, though not quietly, start frequently up on account of the pain, and on hearing the least noise ; are impatient when laid down, and want to be carried all the time.

The duration of such an inflammation depends upon the treatment ; if properly treated, it can sometimes be removed in a few hours.

§ 137. The principal remedy is *Aconite* in repeated doses. If the vascular excitement should not entirely yield to *Aconite*, *Bryonia* may be given after it ; if catarrhal irritation should remain, *Chamomilla* and *Nux vom.* are indicated. If the cough be loose, and the rattling should indicate the existence of a quantity of mucus in the chest, which, however, may likewise arise from internal spasms, *Ipecac.*, *Puls.*, *Chamom.*, *Dulc.*, *Senega* or *Tart. emet.* are to be resorted to.

In inflammation of the chest the brain is sometimes sympathetically inflamed. This inflammatory irritation of the brain is sometimes perceived only after the inflammation of the lungs has subsided. Be this as it may, the treatment ought invariably to be commenced with *Aconite*, after which *Belladonna* may be given for the other symptoms.

I have seen cases of pneumonia in infants, where it was necessary to commence the treatment with *Rhus t.*, and then to give *Aconite*, which was of no avail previous to the other remedy.

There are cases where *Bryonia* is required after *Aconite*, although that remedy is very seldom indicated in the affections of children.

In cases where paralysis of the lungs and suffocative catarrh, with accumulation of mucus, threaten to set in, *Ipec.*, *Tart. stib.* and *Arsenic*, and sometimes *Sambucus* and *Moschus* are excellent remedies.

§ 138. In persons of middle age, pneumonia frequently assumes a typhoid character. The typhoid symptoms develop themselves gradually and the pains in the chest increase in violence during the course of the



disease. The pulse is frequent, small, easily compressible; the pains which the patient never defines or complains about very positively, are constant, without intermission. In robust persons, typhoid pneumonia frequently appears like true pneumonia, with a full, strong pulse, and without any of the characteristic typhoid symptoms; nevertheless, the sensitive system is principally affected, the patient lies in a state of half stupefaction, is more or less delirious, complains too little although the disease is very violent, he is in a state of sopor, with stertorous breathing and his eyes half open, he is roused with difficulty, and is scarcely conscious of himself even after waking, etc. In such a case *Rhus t.* is indicated, although *Acidum phosph.* may likewise be of service, particularly when the expectoration is purulent, and when the patient is troubled with profuse night-sweats, etc.; *Belladonna* should also be thought of. When, in this kind of masked typhoid pneumonia, the fever has a synochal character, it is perfectly proper to give first a little *Aconite* before we administer the principal remedies, viz.: *Bryon.*, *Phosphor.*, *Tart. emet.* If the inflammatory character should not be subdued after the administration of *Aconite*, and a good deal of mucous expectoration with loose cough, sticking, rather superficial pains impeding deep breathing, should be present, *Squilla* is to be used. If, however, the typhoid character should predominate, *Rhus t.*, *Bellad.*, *Hyoscyam.*, *Stramon.* or *Verat.*, have to be resorted to; the latter remedy particularly when a small, easily compressible pulse, prostration of strength, involuntary evacuations, melancholy delirium, vomiting, complete sleeplessness, etc., are present. When the patient is half stupefied, slumbers with stertorous breathing, with his eyes half open, and is roused with difficulty, *Opium* soon affords relief. *Conium mac.* is an excellent remedy when the exacerbation takes place at night and the patient is exceedingly low-spirited, debilitated and cold in his lucid moments.

§ 139. In people of a more advanced age, pneumonia frequently has an asthenic character. The re-

medies indicated for that species of pneumonia are principally those which we employ in typhoid affections, and which at the same time correspond to inflammatory diseases of the chest, such as, *Bryon.*, *Bellad.*, *Rhus t.*, *Nux vom.*, *Mercur.*, *Arnica.*, *Puls.*, *Baryta*, *Conium*. An excellent remedy is *Tartar emet.*, which is, perhaps more than any other remedy, capable of preventing paralysis of the lungs, and is a specific remedy for the sopor generally attending that kind of pneumonia. It is scarcely necessary to state, that all the other remedies which have been proposed for typhoid affections in preceding chapters, may likewise prove useful in the treatment of asthenic pneumonia.

I have lately treated a case of pneumonia with orthopnœa, in a patient of advanced age, where *Bryon.*, *Rhus t.*, *Bellad.*, *Phosph.*, were of no avail: the cure was effected by repeated doses of the third attenuation of *Cannabis*.

§ 140. Pneumonia is sometimes complicated with gastric, bilious and mucous fevers, in which case the remedies indicated for pneumonia and the accompanying affections have to be used.

The treatment of the secondary affections arising from pneumonia will be discussed hereafter. We may here state, however, that *Lycopodium* has proved curative in several cases of pneumonia where the disease threatened to run into phthisis, and that *Nitric acid*, *Tart. emet.*, *Kali carb.*, etc., have been found useful in the treatment of empyema.

We ought to observe that auscultation and percussion should be instituted every day until the patient is entirely restored. The abnormal physical symptoms disappear in an opposite order to that of their development: bronchophony gives place to the rattle, the whiffing or crepitant rattle to the mucous rattle, this to the normal vesicular breathing; the percussion-sound from dull again becomes clear.

§ 141. There is another species of pneumonia which goes by the name of false or occult pneumonia (*pneumonia notha, occulta*). It frequently sets in so clandestinely that the patient is not aware of it. It is

sometimes preceded by lassitude and heaviness of the limbs, or it sets in in the shape of an ordinary catarrh of the lungs, with alternate chilliness and heat, without cough. The cough is generally moist, even from the commencement of the disease; the expectoration is white, yellow, slimy, sometimes it consists of a little froth only, but is never thick and compact; there are cases where the cough is dry, and the patient coughs constantly and violently, as if his chest and head would fly to pieces from pain. The breathing is impeded, with slight pressure or stinging and burning sensations here and there in the chest, which go and come and always appear at the same narrow spot. These paroxysms of anxiety and fleeting pains increase on going up stairs, sitting erect or turning to either side, so that the patient is frequently compelled to lie on his back all the time. The disease is frequently accompanied with all sorts of catarrhal and rheumatic symptoms. Fever is almost always wanting, or, when present, it is very slight and scarcely ever violent. The pulse is somewhat increased, feeble, the cheeks are but slightly reddened, the thirst is very little, and the appetite and general health continue good. The disease generally appears in old people, and inclines to terminate in complete paralysis of the lungs, suffocative catarrh (catarrhus suffocativus).

§ 142. A most excellent remedy for this kind of pneumonia is *Arnica*, particularly when the fever is slight; the internal chest feels as if bruised, the cough is not too frequent, and accompanied with scanty, somewhat blood-streaked, slimy, expectoration. In some cases *Bryonia* is preferable, particularly when the pains and suffocative symptoms increase at night, with great heat in the chest, violent cough, as if the head and chest would fly to pieces, with scanty expectoration of dingy-reddish mucus.

*Pulsatilla* is indicated by profuse white-yellowish expectoration, loose cough, which does not fatigue the chest. If these symptoms should have become chronic, with predominant inflammatory character, *Dulcamara* sometimes renders essential service.

If the cough be dry, with much tenacious mucus in the larynx and trachea, and a good deal of rattling, causing aching pains in the chest, and as if it would fly to pieces, *Senega* is an excellent remedy; whereas *Nux. vom.* is more indicated by a dry, spasmodic cough, accompanied with oppression of the chest, or difficult respiration.

*Sulphur, Lycop., Calc., etc.*, and the remedies indicated for pneumonia generally, may prove useful under certain circumstances.

#### § 143. *Pleurisy, Pleuritis.*

Pathognomonic symptoms: Rather superficial violent stitch, emanating from a certain part of the chest, generally below or sideways from the nipple, extending over a large portion of the chest, and increased or excited by deep breathing; if the pleura costalis should be affected, the pain will likewise be increased by pressure on the intercostal muscles. The breathing is short, hurried, incomplete; sometimes the patients do not experience any pain on raising the thorax partially, but if a large portion of the pleura should be affected, respiration has to be carried on with the abdominal muscles; nevertheless, there is not as much anxiety as in pneumonia. The cough is short, generally dry or attended with mucous expectoration: if the inflammation should communicate itself to the lungs, the sputa becomes frothy, or like saliva, tenacious, and blood-streaked. The cough occurs either spontaneously or in consequence of talking, or deep breathing. Lying on the affected side increases the pain very much.

If the mediastinum posticum be the seat of the inflammation, there is less difficulty of breathing, but the pains along the whole vertebral column are gnawing and dull, and increase on moving the dorsal vertebræ. The pain frequently extends up to the throat, preventing deglutition; disposition to vomit and real vomiting are likewise frequently present.

The fever is generally moderate, and frequently precedes the local symptoms; the pulse is tight, and frequently small, in consequence of the imperfect breathing.

All these symptoms, however, are more or less deceitful, without the physical symptoms; they very often characterize an affection of the pulmonary tissue itself. The physical symptoms depend upon the exudation which accompanies every case of pleurisy. If the exudation be not too inconsiderable, the affected side of the thorax is raised very little, or not at all, during an inspiration, and seems to have increased in size in consequence of the extension of the intercostal muscles: the wall of the thorax does not vibrate when talking; the vesicular murmur from below upwards is entirely wanting, and the apex of the heart is pushed somewhat out of its place, and does not strike the thorax at the normal point; the diaphragm and the liver are somewhat crowded out of their normal positions. The percussion-sound is always dull and hollow, and if the exudation should be of a fluid consistence, the sound changes according to the position of the patient. Auscultation does not yield constant symptoms.

Previous to the introduction of auscultation and percussion, the empyema was diagnosed from the following facts: previously existing pleuritis, rupture of a vomica, dull pressure on the chest, with violent dyspnœa, immobility of the affected side of the thorax, œdema of that side and of the back, position of the patient on the affected side and on the back, increase of the dyspnœa when lying on the sound side of the chest, swelling of the arm of the affected side, feeling of fluctuation in the chest on changing one's position, hectic fever, sedimentous and fetidly-smelling urine.

The exudation continues and develops itself together with the local inflammation.

§ 144. If the fever be a synocha, and the sticking pains very acute, *Aconite* sometimes cures the whole disease; if any pain should be left, *Bryonia* will remove it. If the exudation should be considerable, (see physical signs,) *Arnica*, *Sulphur*, or *Scilla* will promote the absorption, and soon remove the disease. Characteristic indications for *Arnica* is the uneasiness in the affected side of the chest, inducing constant changes of position; accompanied with a feeling in



the chest as if bruised, which constantly invites the patient to lie down, accompanied with general internal heat and cold feet and hands, or else the patient complains of a stinging pain in one side of the chest, with dyspnœa, and a frequent, short, and dry cough, which increases the pain very much.

*Scilla* is suitable, when there is a dry, burning heat, with chills on uncovering any portion of the body ever so little, attended with violent stitches in the side striking from the ribs to the shoulder, and increased by the cough, which is generally accompanied with profuse expectoration of mucus.

*Sulphur*, *Rhus i.*, *Nux v.*, *Kali carb.*, and *Bell.*, are useful when the inflammation has communicated itself to the lungs. In some kinds of muscular pleuritis, particularly when there is no inflammatory fever, no thirst, when the patient complains of coldness, and at times only of flushes of heat, which are generally occasioned by the increased pain and the subsequent anguish, *Sabadilla* will prove useful.

#### § 145. *Pericarditis, carditis.*

It is difficult to distinguish these two kinds of inflammation from each other; a post-mortem examination is the only safe means to obtain certainty in regard to either.\* These inflammations generally run a rapid course, which renders them very dangerous. They are likewise dangerous in this respect, that the symptoms are not always sufficiently violent to denote imminent danger. In most cases, these inflammations are characterized by the following symptoms: violent, more burning than cutting, pain behind the lower half of the sternum, near the xyphoid process, rather towards the left side, in the præcordial region, whence the pain spreads in different directions; considerable dyspnœa, which may be inferred from the expression of the features, and does not depend upon an affection of the lungs, or pleura, since no such affection is revealed, either by percussion or auscultation. The respiration is quick and short, panting, without mucous rattle. Cough is frequently present, though not in every instance, frequently without expectoration, or with slimy,



purulent sputa. The beats of the heart are violent, frequently irregular, and increase to the most violent cardiognmus; the pulse is small, frequent, vibrating, frequently intermittent. The patient prefers lying on his back and with his head raised; lying on his side increases the pain. The distress is likewise aggravated by motion. The disease is accompanied with all sorts of sympathetic affections: delirium, frightful anguish, starting from sleep as if in affright, hiccough, difficulty of swallowing, vomiting, swelling of the joints, frequent fainting, want of agreement between the pulse and beats of the heart, etc.

The præcordial region, particularly in young subjects, is fuller, and the costal cartilages in the region of the heart are more prominent. When considerable exudation is present, the percussion-sound over the whole region of the heart is dull; the stethoscope reveals friction-sounds, together with the abnormal beats of the heart.

§ 146. Exciting causes are: cold drinking when the body is heated, etc.; inflammation of the pleura by metastasis to the pericardium. Females at the age of pubescence are most liable to that disease. Other causes, are: penetrating wounds in the chest, blows on the region of the heart. It is most generally a sequel of acute rheumatism, particularly of the knees. It likewise occurs by metastasis in the course of acute exanthemata, small-pox, scarlatina, measles, erysipelas, miliaria, etc. Emotions, such as anguish, fright, fear, may likewise lead to inflammation of the heart.

§ 147. *Carditis and pericarditis infantum.*

These inflammations are not very unfrequent in children, but the symptoms are so deceitful that there is great danger of mistaking the true seat of the disease. It is likewise frequently impossible in these little children, when so restless and tormented by anguish, to ascertain the physical symptoms.

Frequently we only notice great dyspnœa, which sometimes occurs in paroxysms, excessive anguish, constant moaning and tossing to and fro; the painful sensations are frequently described as being in the ab-

domen, or in the region of the heart. Palpitation of the heart is sometimes present, at other times absent. There is generally violent fever, hot skin, dryness of the lips and tongue, frequent, small and irregular pulse; finally, convulsions and generally collapse, which leads to the suspicion of the brain being affected. Sometimes, however, the symptoms of pericarditis are more distinct. Auscultation should never be neglected (Canstatt).

§ 148. The treatment will be more fully indicated in the chapter on *Rheumatism of the heart, or endocarditis*. We shall here content ourselves with briefly indicating the remedies referring to that disease.

The first remedy is *Aconite*, every half hour, after which *Nux vom.* is sometimes indicated.

If the fever and the local distress should have been moderated by the *Aconite*, and if oppression, palpitation of the heart, anxiety, apprehension, sadness should remain, *Pulsatilla* would be most suitable.

If some inflammatory symptoms should still remain, attended with violent anguish, distorted countenance, great prostration of strength and debility, *Cocculus* will be found most suitable, particularly when accompanied with inflammatory swelling of the knee.

If the symptoms mentioned under *Cocculus* should be excessively violent, and a little inflammation should still remain, *Arsenic* should be resorted to.

*Cannabis*, first, second or third attenuation, is an excellent remedy, after the diminution of the fever by means of *Aconite*, when the patient complains of a tensive aching pain in the middle of the sternum, with oppression of breathing, frequent shocks in both sides of the chest, and most painful in the region of the heart, accompanied with orgasm and a sensation of fulness about the heart. Distinguished remedies are: *Spigelia*, *Oleander*, *Tart. emet.*, *Phosphor.*, *Sulphur*, *Belladonna*, *Nitrum*, *Digit.*, etc.

As we said above, we shall hereafter recur to the treatment of this affection.

§ 149. *Diaphragmitis, paraphrenitis*.

This kind of inflammation is generally complicated

with pneumonia, pleurisy, hepatitis or nephritis. It is known by a very violent pain in the lower portion of the thoracic cavity, which is more or less superficial or deep-seated, limited or extended, being felt lower down during a deep inspiration, with sensation of contraction in the whole region of the diaphragm, from the sternum to the back and loins. If the whole diaphragm be inflamed, the pain is exceedingly distressing, extending from the lowest ribs to the dorsal vertebræ. The epigastric region, and particularly the pit of the stomach, is very hot, sensitive, drawn in, sometimes swollen, tight, beating, and burning internally. The inflammation is accompanied with a violent fever, with small, quick, sometimes intermittent pulse, violent and constant delirium soon sets in, with restlessness and excessive anguish, which the patient expresses by his looks and features; in many cases risus sardonicus, trembling, singultus, dry and distressing cough, vomiting, convulsions, attacks of paleness as if the patient would faint. The pain increases to a frightful extent from the least pressure or motion of the diaphragm. In higher degrees of inflammation, deglutition is impossible. Respiration is hurried, short, suffocative, anxious, or sighing and moaning. The pain is the same in any position of the body, and is somewhat relieved only by erect posture, with a slight inclination forwards.

§ 150. Diaphragmitis may be occasioned by inflammation of adjoining organs; by cooling the heated body suddenly, by uncovering it or by taking a cooling drink; by all sorts of organic injuries and atmospheric influences.

The prognosis depends greatly upon the violence and complication of the symptoms.

§ 151. If the fever have a true synochal character, *Aconite* is to be given first; but if the fever should have the erethic form, *Bryonia* is more specifically indicated. I consider *Bryonia* the most important remedy for diaphragmitis.

*Chamomilla* relieves the following symptoms: swelling of the pit of the stomach and subcostal region, with aggravation of the beating, burning pain extend-

ing from that region to the spine, by every pressure which moreover shortens the already oppressed breathing; the breathing is anxious and short, or intermittent in consequence of the pain; frequent, dry, harassing cough; vomiting, convulsions, great restlessness, tossing about, complaining, and the like. When these symptoms occur in liver-grown children, *Chamomilla* is likewise the best remedy.

If the lower part of the chest should feel constricted, as if surrounded with a band, with short, dry, distressing cough, anguish, retention of stool, great thirst, *Nux vom.* is a specific remedy, which gives place to *Nux mosch.*, when the chest feels as if oppressed with a load, and when this feeling of oppression seems to come from the pit of the stomach, attended with a dry cough and arrest of breathing. The symptoms come on after taking cold by being in the water. *Colchicum* is likewise useful when the symptoms are occasioned by the same cause, and when the pain resembles a tensile pressure and is periodically worse.

*Cannabis* is suitable for anguish and oppression, *Cocculus* for a constrictive sensation, *Pulsatilla* for both conditions, provided they exhibit an inflammatory character. *Ambra* deserves a preference over any other remedy, when the painful oppression is accompanied with flushes of heat and anxiety in the region of the heart.

Other remedies are, *Arsenic*, *Phosphor.*, *Drosera*, *Sepia*, *Veratr. Spigel.*, *Lauroc.*, etc.

### § 152. *Rheumatic affections.*

These affections are described under two principal heads, rheumatism and catarrh. By rheumatism we understand the rheumatic irritation of the muscles, ligaments and aponeuroses; by catarrh, a similar irritation of the mucous membranes, particularly those of the bronchi, trachea, frontal sinuses and nose. Both classes arise from the same cause, have the same character, and can pass the one into the other.

### § 153. *Acute rheumatism, rheumatalgia.*

A joint of an upper or lower extremity, or all the

joints of the extremities, suddenly swell and become painful, generally without any precursory symptoms ; in a few cases of violent rheumatism the vertebral articulations from the head to the pelvis are likewise affected, or the muscles of the trunk, the heart, pleura, etc. The pain is violent, sticking or tearing, aggravated by pressure or motion ; the swelling is at times great, at times inconsiderable, generally soft and not very red. The affection is generally seated in the joints, tendons and ligaments ; the muscular and similar tissues are likewise liable to rheumatism. It is peculiar to this species of rheumatism, to wander from one joint to another. Simultaneously with or shortly after the appearance of the local affection, the patients are seized with chills followed by intense heat, which is permanent ; the skin is hot and dry, or covered with viscid sweats which do not afford any relief ; the pulse is at first full, 100 or 120, tight, hard, and, after the disease has lasted for a time, becomes fleeting, small, contracted ; the thirst is violent ; the urine dark-red and fiery, burning while passing through the urethra, saturated with free uric acid ; the appetite has disappeared, the tongue is generally coated whitish or yellowish, with slimy, bitter taste and obstinate constipation.

§ 154. Young and vigorous individuals are most liable to acute rheumatism. It may be occasioned by keeping the body too warm, increasing the sensitiveness of the skin to an undue extent, sedentary life in closed rooms, want of exercise, etc. Exposure to a draught of keen air while sweating, is a sure means of having acute rheumatism. It lasts from 7 to 21 days, and longer ; it is liable to become chronic. Recovery takes place with profuse sour sweats, and copious sedimentous urine. Relapses are very frequent. Death takes place by the suppression of miliaria, which had made its appearance, or by metastasis to some internal organ, brain, heart, lungs.

Rheumatism may lead to exudations in the adjoining cellular tissue, induration, anchylosis, suppuration, paralysis, etc.



The prognosis depends upon the permanency of the local affection, upon metastasis to some internal organ, the setting in of miliaria and anasarca, the complication with nervous symptoms.

§ 155. As regards the treatment of rheumatism, I refer the reader to § 36. In regard to the treatment of the local affection, the following remarks will be found useful.

§ 156. *A. Rheumatism of the extremities.*

This is the most frequent form of acute rheumatism. The pain is violent, tearing, following the course of the muscles, generally limited to one extremity or only a portion of it; not continuous, but generally characterized by paroxysms of violence, aggravated by pressure and motion; the affected limb is stiff and sometimes swollen and red. The rheumatism is scarcely ever seated, wanders from the forearm to the upper arm, or from the upper to the lower limbs, or vice versa. The fever is generally mild, with profuse sweat and thirst.

§ 157. *Aconite* should be resorted to for this rheumatism, when the usual *Aconite* symptoms are present; violent orgasm of the circulation, congestion of blood to the head and chest, sympathetic affection of the heart, pleura or brain, etc. In most cases, however, *Bryonia* will be found indicated from the commencement, particularly by tearing or tensive-sticking pains in the muscles and joints, generally striking from above downwards, excited or aggravated by motion and pressure, and worse in the evening and at night, attended with stiffness and shining-red swelling; by tearing or sticking pains in the whole body, particularly in the wrist, elbow, knee and tarsal joints, with swelling and heat and radiating redness of the skin, violent headache, beating in the forepart of the head and vertex, profuse sour sweats and great thirst. *Belladonna* may likewise be of service for those symptoms.\*

*Colchicum* is nearly related to *Bryonia*, particularly

\* *Bell. eures* rheumatism of the upper limbs, particularly the right, when the symptoms are violent and distressing, with creeping and tingling in the bones, excruciating, cutting or tearing pain, striking from the shoulder to the elbow-joint on raising the arm; see the pathog. sympt.—*Hempel.*



in affections of the joints without swelling or inflammatory redness, with general painfulness of the whole body, and great irritability during the pain which is frequently felt on one side of the body only, is most violent and frequent in the evening and at night, and is aggravated by motion and contact, particularly in individuals with great disposition to sweat and liable to be troubled with acidity, with a white and delicate skin, deficient and irregular action of the skin and increased irritability. *Colchicum* is moreover indicated when the rheumatism was occasioned in wet and cold weather, in the fall and spring.

Other remedies for this kind of rheumatism are : *Pulsatilla*, *Nux vomica*, *Chamomilla*, *Rhus t.*, *Rhododendron*, *Dulc.*, *Tinctura acris*, *Thuja*, etc. *Pulsatilla*\* corresponds particularly to rheumatic pains, shifting rapidly from one limb to another, causing a swelling and redness, with evening exacerbations, violent tearing, drawing or jerking pains with numbness, lameness or swelling of the affected parts. Excessively acute rheumatisms and disposition to sthenic inflammations are not curable by *Pulsatilla*. *Nux vom.* is suitable for drawing pains with sensation as if the affected parts had gone to sleep and were lame, particularly in the afternoon hours ; the pains appear periodically, and seem to point to an affection of the spinal marrow, the large muscles of the back, loins, chest and small of the back, with bruised pain and immobility of the small of the back and nape of the neck. *Chamomilla* is suitable to drawing or tearing pains, with sensation of lameness or numbness, particularly in the parts where the pain has abated ; the tendons and the ligaments seem to be affected more than the muscles ; there is no swelling ; the pains are aggravated excessively at night, and by the warmth of the bed. *Belladonna* is useful for rheumatism with red, erysipelatous swelling, the least motion causing a most violent pain : the pains are wandering, with stiff-

† *Pulsatilla* corresponds to rheumatic redness and swelling of the upper portion of the foot from the toes to the middle of the leg ; the cure is effected very speedily. See the pathogenetic symptoms.—*Hempel*.

ness and swelling of the posterior cervical muscles, headache, aching-tearing pains deep on the bones, striking to the adjoining articulation like an electric shock, and terminating in the articulation in the shape of a dull pressure which is relieved by counter-pressure, aggravated by motion and exacerbating at night. *Rhus tox.* is indicated by tearing, tensive and drawing pains when worse during rest and at night by the warmth of the bed, relieved by motion, brought on by cold and by getting wet when perspiring; or it is indicated by rheumatic pains with pale-reddish swelling, intolerable creeping and throbbing, or lame feeling in the affected part. *Rhododendron* is excellent for drawing and tearing pains in the joints and limbs, most violent at night and during rest, leaving a feeling of stiffness and lameness in the joints, attended with periodical tearing pains in the lower limbs, with sensation of formication, swelling or redness of single joints, aggravated by stormy weather and rest, and not allowing the patient to sleep at night. *Dulcamara* cures the following symptoms: sticking, drawing and tearing pains in the limbs, as are frequently observed after the disappearance of acute cutaneous eruptions, or after a cold, generally exacerbating at night or in the evening, also during rest; the accompanying fever is characterized by great heat, dryness and burning of the skin, thirst, and exacerbates at the above-mentioned periods. The tearing, sticking pains in the joints in consequence of a cold, with numbness and deadness of other non-affected parts, and aggravation of the pains towards evening or in a cooler temperature, are cured by *Causticum*. *Thuja* removes a beating sticking in the joints and limbs, with painful cracking on stretching the affected parts, swelling of the cutaneous veins in the affected parts, and aggravation of the symptoms in a warm temperature.

§ 158. B. *Rheumatismus cordis. Endocarditis.*

Either during an already existing rheumatism of the joints, or without any previous disease, the patients experience a sensation of heaviness in the left side of the chest, sometimes with flecting stinging pains; in

case a fever was present, it now grows worse. Distress of breathing, anguish, restlessness, palpitation of the heart, set in. The oppression sometimes increases to the most violent anguish and fainting fits; cough, with or without expectoration, sets in, the head and sensorium become affected, the features distorted, etc. Frequently nothing is seen except the exacerbation of the fever, and slight uneasiness. If a joint was swollen and painful, these local symptoms disappear sometimes suddenly, though this is not generally the case. The subjective symptoms being so uncertain and slight, the physical symptoms should be studied so much more carefully. At first, the percussion-sound is normal; not till hypertrophy and dilatation have set in, is the percussion-sound dull over a larger surface; the motions of the heart are more violent and hurried, sometimes irregular; hence the heart strikes the wall of the thorax with more force, and the palpitation is distinctly visible externally. The pulse of the extremities is frequently small, feeble, contracted, and not synchronous with the beats of the heart. The two sounds of the heart continue normal, but are more frequent and louder, or a murmur is heard with the first sound, which is generally more distinct in the left ventricle.

The inner membrane of the left ventricle is most frequently the seat of the disease; the endocardium becomes red, injected, or it exhibits opacities, thickenings, roughnesses, or actual exudations set in on the fibrous valvular tissue, leading to adhesions, diminution, ossification, and final insufficiency of the valves, from which result hypertrophy and dilatation of the right or left ventricle.

Sometimes, but much more rarely, the pericardium is inflamed. In this case the beats of the heart are at first distinct and violent; but if exudation in the pericardium take place, they grow feeble, and are scarcely perceptible, and the sounds are less clear and strong; as the exudation becomes more consistent on the surface of the heart, we distinguish a friction-sound, occasioned by the motion of the heart; the percussion-

sound remains normal, as long as the quantity of exuded matter in the pericardium is slight, but if it increases, the percussion-sound from the apex to the upper portion of the heart is constantly dull.

§ 159. The disease is met with most frequently in persons at the age of pubescence; organic defects of the heart, or former inflammations of that organ, are among the causes which, in articular rheumatism, incline to occasion a metastasis of the inflammation to the heart.

The disease runs a very rapid course, if we exclude the secondary affections resulting from it. The disease may terminate in dispersion, with the usual critical discharges by the skin and urine, or in metastasis to a joint, or to some other organ, the eye, for example, (which sometimes occurs with extreme rapidity,) or in hypertrophy and dilatation of the heart. Death scarcely ever takes place as a primary termination of the disease, except when pericarditis supervenes. Relapses occur easily, which fact alone renders the prognosis somewhat doubtful.

§ 160. The chief remedy, at first, is *Aconite*, when the restlessness, anxiety, and apnœa are accompanied with increased action of the heart and blood vessels; when the motion of the heart is hurried and violent, the beats of the heart and pulse are not synchronous, and the patient complains of slight pressure in the left side of the chest, between the fourth and sixth ribs. The bold and frequent use of *Aconite* will frequently be sufficient to disperse the inflammation and prevent exudation and organic malformations. The physical signs indicating *Aconite* are: dulness of percussion-sound over a normal space, the motion of the heart is hurried, violent, (without raising that portion of the wall of the thorax corresponding to the heart,) the beats of the heart are not synchronous with the radial pulse; both sounds of the heart are still audible, without any murmur, except that they are more violent and louder, particularly in the region of the left ventricle.

*Belladonna* is suitable for general congestions of the

chest and vascular excitement, with pressure in the region of the heart, arresting the breathing and occasioning anxiety; for unequal, irregular contractions of the heart, for violent constant palpitations of the heart, and occasional intermission of the beats of the heart. Belladonna quiets the most violent vascular excitement, vomiting, with fainting fits, and cold sweat over the whole body, fleeting stitches in the region of the heart, constant panting for drink, involuntary stools, and excessive anguish, with dilatation of the pupils. The lower attenuations should be used, and frequently repeated.

*Cannabis* is frequently useful after Aconite, when the violence of the vascular excitement has abated, when the patient complains of tensive aching pains in the middle of the sternum, with oppression of breathing, when the patient is tormented by nocturnal paroxysms of anguish, driving the patient from one place to another, and when he complains of violent shocks in the region of the heart on moving the body, with hammering from within outwards, below the costal cartilages, near the sternum, with violent palpitation of the heart, and sensation as if the heart were beating lower down. Cannabis may moreover act with benefit when the pericardium is involved, when morbid formations on the endocardium and valvular defects have taken place, when the percussion-sound is normal or else dull over a larger surface, when the sounds of the heart are strong, violent, or mixed with murmurs.

The most constant symptom of *Digitalis* is to limit the action of the heart, and to render its beats slow and feeble; it is indicated by palpitation of the heart, orgasm of the blood, with great anguish, congestion of blood to the head, with loud noise and buzzing in the ears, dyspnœa, distress of breathing, suffocative paroxysms, irregular, intermittent, slow beating of the heart. This last paroxysm is eminently characteristic of *Digitalis*, and occurs very seldom in endocarditis. Hence it is that *Digitalis* will be of little use in acute rheumatism of the heart, but will be found an invaluable remedy in organic malformations of the heart.



particularly when symptoms of hydrothorax and urine with brick-dust sediment are present.

*Arsenic* is indicated by excessive palpitation of the heart, particularly at night,\* with great oppression and anguish, irritated and frequent beating of the heart, small, scarcely perceptible or entirely collapsed pulse; the contractility of the heart is diminished or apparently destroyed, with frightful paroxysms of nightly anguish and danger of suffocation, which does not allow the patient to rest on his back. *Arsenic* is less useful in acute endocarditis than in pericarditis, or, particularly, in chronic affections of the heart, and in the asthma which depends upon organic diseases of that organ, and is accompanied with serous exudations.

*Colchicum* is a remedy of great importance; it corresponds to the cases where a joint was still affected shortly previous to the affection of the heart setting in, or where the joint remains inflamed during such an affection, with hot, painful swelling of the knee or some other joint, not admitting of the least contact, with general painfulness of the whole body and excessive debility, distressed and hurried respiration, panting and moaning, unequal, intermitting breathing, anxiety and oppression, stitches and tearing in the chest and region of the heart during an inspiration, with strong and fluttering beating of the heart, contracted, quick, very frequent pulse, tormenting thirst, profuse, sour-smelling sweats which do not afford any relief, scanty emission of bright-red, turbid, acid urine.

*Nitrum* is, like *Aconite*, indicated by a general vascular excitement, congestions of various organs, inflammatory and febrile symptoms. Violent palpitation of the heart, particularly when lying on the back, at night, with oppression and anxiety, obliging one to sit up in bed, full, hard and quick pulse, pressure on the chest, spasmodic constriction of the chest, with oppressive shortness of breathing and painful contractive sensation in the pit of the stomach, dry and hacking cough, with audible beating of the heart, violent

\* A characteristic indication for *Arsenic* is, when the palpitation sets in while the patient is lying on his back, and ceases on rising.—*Hempel*.



stitch in the region of the heart, are symptoms characteristic of *Nitrum*.

*Spigelia* is a chief remedy in affections of the heart, and is generally to be preceded by Aconite. It corresponds to endocarditis, with or without articular rheumatism, to pericarditis, and to chronic affections of the heart arising from inflammation. It is particularly useful in endocarditis rheumatica. It is indicated by the following symptoms: undulating motions of the heart, indistinct, continuous beating of the heart, tumultuous beating of the heart when lying or sitting, which is perceived by laying the hand flat over the heart, and is not synchronous with the beating of the pulse; spasms of the chest, suffocative complaints, tremulous sensation in the chest and temples, which is aggravated by motion, sensation as if the inside of the chest would be torn on raising the arms above the head or touching the pit of the stomach (Hom. Gaz., III.); purring noise during the beating of the heart, stitches in the region of the heart, tremulous pulsations of the carotids, great dyspnœa on changing the position of the body, bright-red lips and cheeks, which turn pale at every motion, elevation of the four last true ribs, of the sternum and xiphoid cartilage, displacement of the dorsal vertebræ, (Arch. X.) audible beating of the heart, which causes a pain extending to the back, cutting pains from the heart to the shoulders, extending even up to the head and down the arms, dyspnœa increasing to actual suffocation, cutting, aching pain in the abdomen, in the region where the ribs commence, arthritic pains and stiffness of the joints (Arch. XVI. and Hygea XIX.); dull stitches recurring with pulse-like regularity in the region where the beats of the heart are felt, violent, audible beating of the heart, with anxious oppression of the chest, scraping in the throat, affection of the tracheal and bronchial mucous membrane, the beats of the heart are not synchronous with the pulse, purring in the region of the heart. The physical indications for *Spigelia* are: percussion-sound normal, or dull over a larger surface; increased shock of the heart; that portion of the wall of the thorax which

corresponds to the heart, is visibly raised by the heart striking against it; the beats of the heart are not synchronous with the pulse; the sounds of the heart are increased, very loud, or accompanied with murmurs in different parts of the heart, or the murmurs are heard in the place of the sounds, both during the systole and diastole of the heart. *Spigelia* requires to be given in frequently repeated doses.

*Aurum metallicum* is an excellent remedy when rheumatic affections recur frequently, and finally shift to the region of the heart, in consequence of a cold, with distressing anxious pains hindering a recumbent posture, and obliging the patient to sit up; the pulse is irregular, frequently sluggish, intermittent; slight fever; oppression of the chest. After repeated doses, the rheumatism returns to the originally affected parts (*Hygea XVIII.*).

*Asparagus* is useful in chronic organic affections of the heart. It is indicated by indistinct stinging in the region of the heart, throbbing of the heart, perceptible to the hand and ear, and setting in after slight motion, irregular, quick, double beats of the heart, with anxiety, etc. It diminishes the violence of the occasionally recurring paroxysms.

*Bismuthum* causes strong beating of the heart, visible from a distance, frequency of the pulse, and congestion of blood to various organs. It is suitable for diseases of the heart arising from inflammation of that organ.

Other remedies, such as *Nux vom.* and *Mosch.*, *Mercur.*, *Nitri. ac.*, *Phosphor.*, *Staphysag.*, *Coccul. Tabac.*, *Coff.*, *Asa fæt.*, act likewise upon the heart, but only sympathetically. These remedies do not cure inflammatory affections of the heart, but will be found useful in removing the anguish and palpitation of the heart of hysteric, chlorotic, etc. individuals. *China*, *Ferrum* or *Arnica* are likewise without avail in acute rheumatism of the heart.

#### § 161. C. *Rheumatism of the thorax.*

The affection is generally seated in the pectorales, less frequently in the intercostales muscles. The pain

is generally sticking or tearing in one part of the chest, generally only on one side, rarely on both sides at the same time; it is aggravated by deep breathing when the intercostal muscles, and by stooping and pressure when the pectoral muscles are affected. Cough, and the physical symptoms of pleuritis and pneumonia are entirely wanting, except when the rheumatism seizes the pleura, which is sometimes the case. There is generally very little fever, and scarcely ever critical sweat or urine.

§ 162. *Bryonia* and *Arnica* are generally indicated, seldom *Aconite*. *Arnica* should be given when the external muscles are alone affected, sensitive to pressure and sore, particularly when the affection arises from some mechanical cause and the body feels bruised and languid. *Bryonia* is useful when both the external and intercostal muscles are affected. *Bellad.*, *Nux vom.*, *Rhus t.*, *Squilla*, *Sabad.*, may likewise be useful. For rheumatic pleuritis or pleuro-pneumonia, use the remedies indicated for those diseases.

§ 163. D. *Lumbago rheumatica*.

This is a rheumatic affection of the lumbales muscles, from the posterior portion of the vertebral column to the crest of the ilium, generally on one side only. The pain is generally tearing, drawing, seldom sticking, appearing periodically and frequently shifting to some other place. The pain is very much aggravated by motion, so that the patients keep their backs quite stiff. There is no swelling or redness, but a darting pain is experienced along the muscle on touching it. There is very little fever. The disease is liable to be confounded with psoriasis, nephritis or an affection of the lumbar nerves. In the latter affection, however, violent pains are present, which set in like electric shocks; they follow the track of the nerves, and are not aggravated by motion or contact. In nephritis, the pain is rather deep-seated, dull, aching, and following the course of the ureter; the urine is dark, bloody, purulent, attended with strangury, dysuria and disturbance of the digestive functions. In psoriasis, the pain is located in the region of the insertion of the

psaos-muscles, the transverse processes and bodies of the lumbar vertebræ; it follows the course of the muscle beyond Poupert's ligament towards the thighs, swelling soon sets in under Poupert's ligament, and the characteristic pain in the knee and pain on moving the thigh is felt.

§ 164. *Aconite* is seldom required in this affection. The chief remedies are: *Bryonia*, *Colchicum*, *China*, *Pulsat.*, *Arn.*, *Rhodod.*, *Nux vom.*, *Sulph.*, *Ledum*. *China* corresponds particularly to violent tearing, sticking, drawing pains, which are increased by the least motion, or to bruised pains in the small of the back, with occasional painful jerks in the region of the os sacrum; it corresponds likewise to the dragging pains in the small of the back as from a load or as from long stooping, with nervousness and general debility. *Nux vom.* is useful in violent, painful jerks, and jerk-like, dull sticking; in pains in the small of the back, which appear periodically and extend to the shoulder and down to the sexual organs, occasioning even a lameness and stiffness of the lower limbs. *Rhodod.* has been frequently found useful in violent pains in the small of the back preceded by a tearing pain in the arm and nape of the neck; the pain was worse during rest and in bed, and, in the evening, it sometimes extended as far as the abdominal ring, accompanied with drawing, pressing pains in the testicles.

§ 165. Sometimes, on stooping, a most excruciating pain is suddenly felt in the small of the back, so that the trunk can only be raised with the greatest difficulty, and the least motion in the small of the back is impossible. The pain lasts from two to eight days, and is unaccompanied by fever, or any other morbid symptoms. The pain arises probably from the stretching or tearing of a few muscular fibres, or a muscular sheath. *Arnica*, *Nux v.*, *Rhus t.*, *Bryon.*, *Sulphur*, *Ledum*, are the principal remedies. I have frequently cured this pain with *Nux* and *Sulphur* alternately, in one or two days.

Rheumatic lumbago sometimes affects the cervical or abdominal muscles. There is tearing pain in one

or both sides of the neck, which can scarcely be turned or moved; sometimes the inner parts are affected, occasioning a morbid condition like angina. *Belladonna* and *Lycop.* are the best remedies. If the abdominal muscles be the seat of the disease, the tearing pain follows the course of the muscular fibres, in either the recti or oblique muscles, and is aggravated by motion. There is no distention, no sensitiveness, no nausea or vomiting, no fever, as in peritonitis and enteritis, although this former disease may develop itself out of lumbago, by the rheumatism invading the peritoneum. *Arnica* is generally a specific for this kind of pain.

If the rheumatism should affect the articulations of the vertebral column, rendering motion impossible; or if symptoms of tetanus or trismus should set in in consequence of the articulation of the temporal bone and maxilla being affected by the rheumatism, *Bellad.*, *Nux vom.*, *Causticum*, *Cocculus*, *Colchicum*, should be used.

§ 166. E. *Rheumatismus cephalicus and rheumatic odontalgia.*

The pain is chiefly seated in the temporal, occipital or facial muscles, or in the aponeurosis, generally on one side of the head only; it is tearing, and follows the course of the muscle. The disease sometimes invades the nose (as a catarrhal affection), the conjunctiva (frequently increasing to rheumatic ophthalmia), and the ear. The fever is slight, and is sometimes wanting.

Of itself, the disease is not dangerous; but it may become complicated with otitis, leading to permanent otorrhœa and hardness of hearing, or with rheumatic ophthalmia, terminating in disorganization of the eye, or with meningitis. Sometimes the pain increases to a real neuralgia, particularly in females, and feeble, irritable individuals, who had formerly been liable to megrim.

Sometimes the pain invades the teeth and jaws, either a few teeth or both rows, and extends even to the ear and eye, or shifts from one place to another. It is generally tearing, sticking, gnawing, boring,



sometimes continuing for a long time. is most violent at night, and particularly in bed. After some time, the cheek and the gums of the affected side swell up, after which the pain generally disappears, and the swelling disperses again.

§ 167. Among the many remedies which correspond to the various symptoms of rheumatic toothache, we notice *Chamomilla*, *Nux vom.*, *Bellad.*, *Mercur.*, *Pulsatilla*, *Staphysagria*.

*Chamomilla* is suitable for pains which are most violent at night, come on in paroxysms, and do not affect any tooth in particular; when slight, the pains are creeping, jerking; when violent, they are tearing, or even darting, striking into the ear, aggravated by warmth, eating or drinking, or by cold water, and accompanied by swelling of the cheeks, excessive secretion of saliva, heat and redness of one cheek, excessive irritability, sometimes by swelling of the gums, looseness of the teeth, and sensation as if they were elongated.

*Nux vom.* is a chief remedy for rheumatic pains of the head and face, teeth and jaws; the pain is principally drawing, tearing, less frequently jerking and sticking; it invades the soft and hard parts of the face, with or without swelling of the cheeks, is frequently attended with vertigo, dulness of the head, nausea, heat of the face, buzzing and pains in the ear. The toothache is principally aggravated by open air, cold, wine and coffee, sometimes relieved by warmth; it frequently affects only a decayed tooth, as a boring pain, or as if the tooth would be wrenched out of its socket, accompanied with single stitches which concuss the whole body, and with painful swelling of the gums; sometimes the pain shifts from the decayed to sound teeth, or to adjoining parts; it appears rather periodically, generally at night and in the morning, is less during rest and warmth, but is made a good deal worse by mental exertions, chewing, or opening the mouth in the open air.

*Belladonna* removes a pain in the forehead, and one side of the head which appears periodically, is ag-



gravated by moving the eyes, by concussion, warmth of the bed at night and in the evening, with bright-red swelling of one side of the face, sticking and boring in the ear, inflammation of the inner and outer ear, otorrhœa, inflammatory swelling of the parotid gland, violent digging and sometimes boring toothache, which is rendered intolerable by contact, air and eating, relieved by cold water, attended with swelling and sensitiveness of the gums, and swelling of the submaxillary glands.

*Mercurius* is a specific remedy for rheumatic sticking and tearing pains in the ear, for inflammation of the inner ear, with violent boring and gnawing pains, which are most violent at night, with otorrhœa, or even if caries of the ossicula should have already set in; for tearing, boring pains in the eye and the surrounding parts, with evening and night-exacerbations, inflammation of the sclerotica and conjunctiva, ulcers on the cornea, with broad, whitish-gray, opaque edges. It is particularly suitable for sticking, jerking, darting, tearing-gnawing and boring toothache, generally in decayed teeth, particularly in the roots, aggravated by the warmth of the bed, in the evening, and at night, also by eating and drinking, momentarily relieved by the application of cold water; the pain extends to the temples, ears, over the whole side of the head, with swelling of the cheek and gums, swelling of the submaxillary and parotid glands, copious secretion of a fetid, tenacious mucus, fetid smell from the mouth, thick-coated tongue, flat taste, febrile sensations, profuse sweat, which does not afford any relief; the gums are frequently inflamed, interstitially distended, standing off from the teeth, ulcerated, readily bleeding, with looseness and elongation of the teeth.

*Pulsatilla* is suitable for periodical hemicrania of a tearing, sticking and throbbing character, aggravated by warmth, and in the evening, generally extending as far as the ear, where a tearing, darting pain is experienced, with hardness of hearing, buzzing and painfulness of the region of the ear to contact. Pul-

satilla does not seem to be of any avail in internal otitis, with discharge of pus. The Pulsatilla toothache is drawing-gnawing, tearing in the upper and lower molares, both sound and decayed, most violent at night, extending to the eye, temple and ear, aggravated by warmth, and particularly affecting individuals with a mild and gentle disposition, great patience and equanimity, delaying catamenia, etc. It corresponds to toothache, which abates in the open air, and returns in the warm room, with stinging in the gums, and drawing-jerking in the nerve, (as if the nerve were violently pulled, and then suddenly let loose again,) with chilliness and paleness of the face; the toothache usually appears in the evening, much less frequently in the morning, is aggravated by the warmth of the room and bed, relieved by the contact of cool air, not increased by chewing, but excited by picking the tooth. Pulsatilla is seldom ever useful when the gums and cheeks are swollen.

*Staphysagria* removes toothache affecting both sound and carious teeth, which is aggravated by food and drink, with tearing which commences in a decayed tooth and extends over the whole side of the face as far as the pes anserinus, where the most violent pains are experienced, aggravated by slight contact, and relieved by strong pressure. It is useful for gnawing pain in a decayed tooth, with drawing in other teeth, aggravated early in the morning, after chewing, in the open air and by cold drinks, relieved by warmth, with readily bleeding gums, or with painful swelling of the gums.

There are many other remedies for rheumatic toothache, such as *Hyoscyamus* for violent tearing toothache, which generally comes on in the morning and is excited by cold, with congestion of blood to the head, and heat which is sometimes felt over the whole body; or for tearing, beating pains in the upper anterior and molar teeth of the right side, both sound and decayed, extending over the upper jaw and right half of the nose as far as the root of the nose and right eye, also to the lower jaw and teeth, with swelling of the gums. rush

of blood to the head, burning heat of the face and whole body, dulness of the head and dull headache, the teeth feel elongated, loose, and are covered with mucus. *Bryonia* is useful for flashing-darting pain, which shifts to another tooth on touching the affected tooth; it is aggravated by warm drinks and warmth of the room, also by mastication. It frequently relieves the toothache of pregnant females. *Rhus tox.* for tearing pains with soreness, aggravated by warmth and at night, less when sitting than when lying; if the teeth be sound, *Rhus t.* frequently helps in cases where *Nux v.* has failed. *Sabina* for beating, tearing pains, with sensation as if the tooth would be shattered, with beating in all the blood-vessels. *Colchicum* for sticking jerking pain, attended by a feeling of lameness and cramp pain in the articulation of the jaw, and by a peculiar sensitiveness of the teeth on pressing them together, with nightly exacerbations. *China* for throbbing toothache, the pain being felt even externally, aggravated by the least contact, relieved by pressing the teeth firmly together; warm drinks are more easily borne, but the pains are aggravated by external warmth and a horizontal position. *Causticum* is useful for pains which are caused by cold air penetrating into the mouth, particularly violent at night, at times affecting the teeth on one side of the face only, at others affecting all the teeth, and extending even to the forehead, with sensation of elongation and looseness, painful, readily-bleeding gums, and inability to lie on the affected side, or to take any thing warm or cold into the mouth. *Ignatia* removes violent, clawing, digging pain which is felt quite suddenly, particularly after eating, when drinking coffee, or when touching the sound teeth with the tongue; it likewise removes a pain as if the teeth and their nerves would be crushed. *Spigelia* for constant drawing and tearing in all the teeth, particularly of the upper jaw and in the front teeth; or for a pain flashing through the crown and roots of single teeth, and which is sometimes beating, most frequent in the day-time, less at night, relieved by tepid applications, aggravated and excited by heat or cold; for beating toothache with

pain in the face, bloatedness of the face and great sensitiveness of the teeth to cold air, particularly when carious. *Rhododendron* for toothache which generally returns in the spring and fall during an east wind, with boring in one tooth which feels as if in a vice, with sticking penetrating as far as the ear; the pain is aggravated by contact, cold drink, cold air, or at night, and is somewhat relieved by warmth. *Coffea* is useful for darting pains, or paroxysms of pressure, for pain when biting, or for pains which seem intolerable, the patients are beside themselves, weep, tremble. *Sulphur* for sticking jerks in decayed teeth, extending to the upper and lower jaws and to the ear, with swelling of the gums, beating pains, bleeding of the gums, swelling of the gums around an old stump, with pain in the evening or in the open air, or in a draught of air, aggravated by cold water. *Sepia* for tearing or beating pains, (particularly in pregnant females); the pains are aggravated by warmth and by currents of air, with dulness of the teeth and soreness of the gums; generally at night, and when the pains are chronic. *Aconite* for toothache which is accompanied by violent vascular excitement, and is relieved by cold drinks.

The *north pole of the magnet* cures a toothache which affects all the decayed teeth at once, when the gums are swollen and painful to the touch; slight dartings, with pressure, or a digging, tearing, or burning sticking is experienced in the periosteum of the jaw, and the incisors are frequently painful on inhaling air.

For nocturnal toothache: *Nux v.*, *Chamom.*, *Pulsat.*, *China*, *Bellad.*, *Magnes. carb.*, *Acid nitr.*

For toothache which is aggravated by cold things in the mouth: *Nux v.*, *Merc.*, *Rhus t.*, *Staphysag.*

For toothache which is relieved by cold things in the mouth: *Bryo.*, *Puls.*, *Acon.*, *Bell.*

### § 168. F. *Rheumatismus paralyticus.*

This rheumatism affects the motor nerves only, and is without pain or swelling. It affects principally the muscles of the face, and those of the extremities, and sets in suddenly, without any precursory symptoms.

The facial muscles are strikingly distorted ; the mouth and frequently the eyelid on the affected side droop, and inasmuch as the muscles of this side do not counterbalance those of the opposite side of the face, the mouth is constantly drawn to this side, in laughing, talking, etc. Mastication is more or less impeded, the saliva flows from the half-opened mouth, the tongue is frequently involved, and can only be put out of the mouth on the sound side, the eyelids are generally open, and cannot be closed except with the finger, and then they remain so. The affected parts feel cold and more or less insensible to the patients, although they have the usual temperature to others. If the extremities should be affected, it is generally the lower, and usually both together, they become stiff, inmoveable, more or less insensible, without change of shape or temperature. Sometimes a painful creeping and formication is experienced for some hours before the attack sets in. If the upper limbs should be affected, the breathing is generally impeded. There is scarcely ever any fever.

The disease cannot well be confounded with apoplexy, inasmuch as the functions of the brain and senses remain undisturbed, and the patient feels otherwise well.

This rheumatism is generally caused by exposure to cold water or a current of air.

The rheumatic lameness of the facial muscles is generally without danger ; that of the extremities may change to actual paralysis, or, by invading the central portions of the nervous system, may terminate in nervous apoplexy. When the upper extremities are affected, the pectoral muscles may become paralyzed, in consequence of which the respiration may stop.

§ 169. This affection is principally cured by *Nux vom.*, *Bellad.*, *Rhus t.*, *Caust.*, *Graph.*, *Secale corn.*

*Nux vom.* has cured many cases of paralysis, particularly of the facial muscles, when a painless drawing, jerking, and formication were experienced in the affected part. Motion is restored very gradually. *Nux v.* is likewise useful in paralysis of the lower extremities, with or without pain in the vertebral column.



*Belladonna* corresponds to paralysis of the facial muscles, when the tongue is involved and the speech impeded in consequence. *Rhus t.* is eminently useful in catarrhal affections with perspiring skin, and particularly in rheumatic paralysis of the extremities. *Scacale cornutum* deserves great attention in this affection, and *Plumbum* likewise, particularly in paralysis of the eyelids. For further details we refer the reader to the article "Paralysis."

§ 170. *Inflammation of the psoas muscle.—Psoitis.*

This kind of inflammation is not very rare, but it is easily misapprehended when gradually developing itself out of a rheumatic affection of the lumbar region. It is known by the violent drawing, tearing, tensive, inflammatory, seated pain in the region of the kidneys, sometimes extending along the spine up to the shoulders, or down to the bladder and feet, without following exactly the course of the nerves. It is furthermore known by the sensation of debility and numbness of the thigh of the affected side, and by the pain being aggravated when the thigh is extended or drawn up. The pain is likewise aggravated in a recumbent posture, or by turning from side to side. The patient limps, and has to bend forward in attempting to walk. Swelling is rarely visible. The absence of urinary difficulties and of constipation distinguishes psoitis from nephritis. If suppuration should set in, the pus may discharge into the cavity of the abdomen, and thus lead to death, or it may burrow downwards, causing phthisis lumbalis, and suppuration in distant parts. The fever is generally a synocha.

In chronic psoitis the pain is less intense, more erratic, remitting, or felt only when drawing the thigh up or turning it, or when turning from side to side, or bending backwards; there is a feeling of numbness, of debility, or a peculiar kind of sensitiveness, without much fever at first. The pain becomes more and more seated, until at last, in the absence of proper treatment, perhaps after years, symptoms of suppuration show themselves. Psoitis is sometimes occasioned by a mechanical cause, violent straining, a blow, fall on



the back, nates ; rheumatism and piles are among the general causes.

§ 171. If the accompanying fever should be a synocha, *Aconite* has to be used until the fever and the other inflammatory symptoms abate. If typhoid symptoms should be present from the commencement, proper remedies have to be selected. *Bryonia*, *Nux vom.*, and *Bellad.* have to be used when the pains increase during motion ; *Rhus t.* and *Puls.* when the pains are worse during rest, or are aggravated by cool air blowing on the affected part ; *Cantharides*, when the inflammatory affection is accompanied by ischuria, dysuria, or strangury ; *Mercurius* and *Chamomilla* when the pains are most intolerable at night ; *Staphysagria* when the pain is beating and points to incipient suppuration, in which case *Arnica*, *Chamomilla*, *China*, *Mercurius. Hep. s.*, *Stannum*, *Sulphur*, *Eupion*, *Kali carb.*, *Aurum*, *Asa*, are likewise useful. *Belladonna*, when the pains are drawing, tearing, and have a still somewhat inflammatory character. *Belladonna* is suitable for both acute and chronic psoriasis ; so are *Rhus t.* and *Nux v.*, whereas *Digit.*, *Colocynth*, *Arg. fol.*, *Plumb.*, *Sil.*, are more adapted to the chronic form.

#### § 172. *Gout Arthritis.*

Gout is supposed to originate in some peculiar dyscrasia, affecting the joints and synovial capsules. An attack of gout is almost always preceded by loss of appetite, flatulence, pressure in the region of the stomach, heaviness and tension in the abdomen, rumbling in the bowels, turbid and slimy urine, slimy coating on the tongue, sluggish alvine evacuations or slimy stools, discharges of mucus from various parts of the body, lungs, bladder, rectum, etc. A sensation of coldness, drawing numbness, stiffness, creeping heaviness and heat is generally experienced in the parts some time previous to the attacks setting in. Malaise, lowness of spirits, hypochondriac symptoms generally co-exist with the other precursory symptoms. These precursory symptoms seldom exist all together, and are frequently designated by the term "atonic gout." It is not always easy to designate the precursory symp-

toms of gout, inasmuch as similar symptoms may arise from other sources. We are somewhat sure of the arthritic character of those symptoms if the patients are born of arthritic parents, if they are visited now and then by arthritic pains, if the pains are relieved by sweat, if a calcareous sediment is deposited in the urine, if season, weather and temperature of the atmosphere have a great influence on the disease. A characteristic symptom of latent gout is numbness at a certain spot on the skin, or the sensation as if wool or fur were lying on the skin.

Symptoms of fully-developed acute arthritis are: pain now in one, then in another joint of the extremities; it comes on suddenly, is gnawing, boring, cutting, and then changes to a violent tearing and burning, with great sensitiveness of the affected parts, so that they bear neither covering nor contact. This pain exacerbates and remits regularly with the fever, is most violent at night, makes the patient wakeful and uneasy. The joint cannot be bent or moved on account of the pain, which is relieved by warmth, and is disposed to shift to other joints or internal organs, with more or less danger. The affected part does not become red till the pain has lasted several hours; the redness is attended with heat and a tight hard swelling, of the colour and consistence of erysipelas, and readily transformed into arthritic nodosities with calcareous concretions. The accompanying fever has generally an erethic character. It sets in at the same time as the local inflammation, and is generally attended with flatulence, acidity, accumulation of mucus, apepsia, constipation, scanty, turbid, cloudy urine and dry skin.

§ 173. Genuine acute gout is distinguished by regular paroxysms which are accompanied with fever, and terminate critically; they occur generally at the equinoctial periods, and are succeeded by perfect relief, lasting more or less time. These paroxysms have the character and run the course of an inflammatory fever. They last from three to four weeks, with disposition to relapses, each paroxysm being characterized by increase, acme of development, decrease, and terminate

with critical sweat which generally smells sour, and a thick, white, calcareous and sometimes reddish sediment in the urine. Gout may affect various parts of the body, and is apt to shift to internal organs. Chronic gout arises most frequently from the frequent recurrence of an acute attack, and results in the formation of arthritic nodes, calcareous concretions, which form around the joints, impeding motion or rendering it impossible, and sometimes in actual exostosis.

Gout affects principally males, with strong, plethoric constitutions, fond of rich food, excesses in venery, spirituous drinks, and leading a sedentary life. This disease is hereditary, and may moreover arise from exposure to a damp, cold atmosphere, damp habitations, suppression of habitual discharges of blood, such as piles and menses, suppressed or mismanaged cutaneous eruptions, particularly from suppression of itch and syphilis.

§ 174. Gout is more easily cured in the precursory stage than when fully developed. When arising from rich living, abuse of coffee, wine and spirits, mental exertions, watching and sedentary mode of life, *Nux v.* is the best remedy. When caused by venereal excesses, onanism, *China*, *Acid Phosph.*, *Phosphor.*, *Conium*, *Sepia* and *Staphysagria* should be used. In other cases, *Bryonia*, *Pulsat.*, *Ignat.*, *Chamom.*, *Bellad.*, or some one of the remedies mentioned for gastric affections, will prove useful. (See § 44, etc.)

If the local affection should be accompanied with synochal fever, *Aconite* should be used first. *Ferrum* proves curative when several parts are affected at once, when the violent stinging and tearing obliges the patient to move the parts constantly, and when the patient has a pale, consumptive complexion. If there should be evening exacerbations, or if the pains should be diminished by uncovering the part and exposing it to a current of cool air, *Pulsatilla* is the best remedy. It is a specific remedy when the symptoms shift suddenly from one place to another, or when the knee is inflamed, with fleeting drawing, darting pains. *Cocculus* is sometimes useful in arthritis inflamma-

tion of the knee, or in hot swelling of the hands; likewise for a tearing, sticking pain in the shoulder and elbow-joints, as if broken, with sensation of heaviness, aggravation during rest, and diminution when moving the affected parts. *Sabina* is likewise an excellent remedy for wandering gout, with tearing, sticking pains in the distended joints, with feeling of lameness, general malaise, and disappearance of the pains by exposure of the affected parts to cool air. If the exacerbation should set in in the morning hours, *Nux v.* is indicated. *Bryonia* corresponds to attacks of gout which are excited by motion. If the local affection should be accompanied with erysipelatous swelling, *Bellad.* is frequently the most suitable remedy. Beside these remedies we have *Arnica*, *Rhus t.*, *China*, *Dulc.*, *Dig.*, *Conium mac.*, *Aurum*, *Spong.*, *Tinct. acris*, *Mercur.*, *Antim. cr.*, *Staphys.*, *Stann.*, *Stram.*, *Gnajak.*, *Arsen.*, *Sarsap.*, *Rhodod.*, *Chelid.*, *Sulph. Calc. acet.* is useful for little relapses, which are apt to set in at every change of weather. *Antim. cr.* will prove useful when nausea, vomiting, coated tongue, flatulence, diarrhœa, etc., continue in spite of the local affection.

I know from experience that *China* and *Arnica* are two of the principal remedies for gout; *China* for swelling of the knee and foot and aggravation of the pain by contact; and *Arnica* for inflammatory, or rather erysipelatous swelling of the joints, with sensation of great uneasiness in the parts, obliging one to move them constantly, and sensation as if they were lying too hard: the patient looks pale and livid. *Arnica* is likewise useful in erratic gout.

In arthritic panaritria and swelling of the joints of the fingers, *Mercurius* and the south pole of the magnet deserve particular attention. For nodous gout, when another acute paroxysm sets in, *Staphysagria* is very useful. *Bryonia* is excellent in arthritic swelling of the foot, with redness and heat of the affected parts. *Ledum*, *Arnica*, *Sabina* and *Veratrum* are particularly suitable for podagra, when the big toe is affected. *Arnica* is the best remedy for an arthritic, numb pain in the joint of the big toe, as if sprained, and attended

with redness; also for an indescribable pain in the affected foot, as if from internal uncasiness, as if the part were lying too hard, obliging one to move the part to and fro.

*Sulphur*, second, third, or fourth trituration, is excellent for swelling, redness, heat, pain of the affected part, particularly violent in bed. In podagra, *Sulphur* sometimes relieves the most acute pain in a few hours. When the pain in the ball of the big toe had been excited by friction or pressure of the boot, *Arnica* is the best remedy. Some propose to use a very high dilution of *Arnica* for that kind of pain, and if some rigidity of the knee-joint should remain, to remove it with *Colocynth* and *Graphites*.

*Rhododendron* is frequently useful after the inflammatory symptoms have been removed by *Aconite*, *Arnica*, *Sulphur*, etc.

*Causticum* has been employed for nodous gout, or gouty concretions, with apparent ankylosis.

The affected part should be wrapt in flannel, oil-silk, or new wool, to promote perspiration.

§ 175. Gout is sometimes complicated with various symptoms indicating a disturbance of the reproductive functions. Sometimes the arthritic affection shifts to other organs, causing,

(1.) Ophthalmitis arthritica, which is recognised by the fact that it appears simultaneously with or after the sudden disappearance of arthritic pains. Its symptoms are, a dark redness of the ophthalmic arteries, stinging, pressure, photophobia, and lachrymation. It generally affects the cornea, which is dim and exquisitely painful. This kind of ophthalmitis is disposed to terminate in internal exudations and suppuration, causing perforations in the cornea, and resulting in staphyloma, leucoma, prolapsus iridis, etc.

The remedies for this disease are various: they are, *Acon.*, *Bellad.*, *Nux v.*, *Puls.*, *Antim. cr.*, *Chamom.*, *Dig.*, *Cann.*, *Rhus t.*, *Mercur.*, *Veratr.*, *Euphras.*, *Crocus*, *Colocynth*, *Spig.*, *Hep. s.*, *Calc. c.*, *Phosphorus*, *Silic.*, *Caust.*, etc. We shall refer to this disease in treating of inflammation of the eye.

(2.) Inflammation of other organs, gastritis, hepatitis, nephritis, encephalitis, etc., which require to be treated in the manner indicated in their respective chapters.

(3.) Metastasis and metaschematismus to other organs, such as obstinate constipation, cardialgia, induration of the stomach, chronic vomiting, to be treated with *Nux v.*, *Bryo.*, *Veratr.*, *Staphys.*, *Cocc.*, *Bell.*, *Puls.*, *Tart. emet.*, *Ipec.*, *Ars.*, *Lyc.*, *Natr. mur.*, etc.

§ 176. *Ischias, coxalgia; coxagra.*

This is a pain in the region of the hip-joint, which frequently extends down to the foot. The pain sometimes is very great, impedes the motion of the foot, induces rigidity, contraction, and, by continually disturbing the nightly rest, general marasmus and consumption.

By coxagra (coxarthrocace) we understand an inflammatory affection of the hip-joint itself, painful when pressing the foot to the floor or moving it, but not felt during rest. It is distinguished from ischias by this last characteristic, by the pain extending along the anterior surface of the thigh, (whereas in ischias it extends along the external surface,) and by the subsequent elongation of the foot.

This affection is not always arthritic; it has more frequently a rheumatic origin, following the isehiatic nerve. (in whose neurilema exudations are discovered after death;) or it is an affection of the joint, which may in a few days assume an inflammatory character, and speedily terminate in exudation, suppuration in the joint, dislocation of the head of the femur, elongation of the limb. This affection may likewise result from psora, serofula, and various metastatic processes, particularly in children, where it frequently occurs in the form of spontaneous limping, (claudicatio spontanea.)

§ 177. *Aconite* is to be given first when there is synochal fever, to be followed by *Mercury* when the patient is obliged to limp, (claudicatio spontanea,) unless *Bell.* or *Sulph.* should be more particularly indicated. *Mercury* is particularly suitable when the



affection sets in very suddenly, in children. When there are evening or night exacerbations, give *Puls.* If there be urinary difficulties, use *Cantharides*. *Bell.*, *Rhus t.*, *Nux v.*, *Ars.*, *Nitr. ac.*, *Phosph.*, *Graph.*, *Sepia*, are useful in this affection; *Sil.*, *Staphys.*, *Mercur.*, *Hep. s.*, *Natr. mur.*, are to be employed when symptoms of suppuration should be present.

§ 178. Another form of arthritis is the so-called nervous ischias, (*ischias nervosa* Cotunni, *neuralgia ischiadica*.) a very painful disease, which is seated in the ischiadic and erural nerves. This affection is never attended with fever or suppuration. At first the pain is continuous, then it intermits and returns again with renewed violence, is disposed to exacerbate in the evening, so that the patient has to leave his bed, and is attacked with a violent cramp in the affected side. We distinguish,

(a.) *Ischias nervosa postica*, which is the most common form of the disease. There is a seated pain in the hip, particularly behind the trochanter major, extending upwards to the os sacrum, and the third, fourth, and fifth vertebræ, and downwards along the outer side of the thigh as far as the bend of the knee, and sometimes even beyond the head of the fibula; anteriorly it descends along the spine of the tibia and disappears in front of the outer malleolus in the dorsum of the foot. This shows that the pain follows the course of the great ischiatic nerve.

(b.) *Ischias nervosa antica*, which is less frequent and painful. The pain is seated in the anterior portion of the hip, towards the groin, and extends along the course of the erural nerve, down the inner side of the thigh and calf.

If the pain should last long, a sort of paralysis, atrophy of the limb, limping, and contraction, may be the result.

§ 179. Beside the remedies indicated for arthritic affections, the following remedies are recommended for that affection: *Nux. v.*, *Puls.*, *Chamom.*, *China*, *Bryon.*, *Bellad.*, *Mercur.*, *Rhus t.*, *Colocynthis*, *Canthar.*, and *Arsenic.* the latter particularly when the pain ex-

acerbates after dinner, or is burning. In this case, *Carbo veg.*, *Lycop.*, *Calc. c.*, *Petrol.*, and *Zinc.*, may likewise prove useful. It is difficult to point out a certain remedy for the particular forms of this pain. The physician has to be guided by the kind of pain, the time when the pain appears, intermits, or exacerbates, by the individuality, character, constitution, etc., of the patient. I have cured one case of ischias by *Chamom.*, which I selected because the pain became intolerable a quarter of an hour after the patient had been in bed.

§ 180. *Glossitis, Inflammation of the tongue.*

Glossitis is an excessively painful disease. It appears suddenly and runs a very rapid course. It is attended with great anguish. The tongue is swollen, dark-red, rather hard, painful, attended with heat and pain, particularly on moving the tongue, great difficulty of deglutition, or even inability to swallow, with danger of suffocation. The swollen tongue sometimes fills the whole mouth. Accessory symptoms are: red and bloated<sup>d</sup> or pale face, headachic, fever, bad taste, constant hawking and coughing.

Glossitis may be occasioned by colds, suppression of bloody discharges or sweat, diseases of adjoining organs, rheumatism, catarrh, angina faucium, ulcers in the mouth, aphthæ, salivation, syphilitic ulcers, mechanical injuries by burns, poisons, penetration of foreign bodies, contusions, bites, etc.

With proper homœopathic treatment this inflammation is easily dispersed, sometimes in a few hours. In one case I saw partial induration remaining, in consequence of friction against a point inserted between two teeth; this having been removed, the induration soon subsided, with proper medicines.

§ 181. Although this species of inflammation is frequently attended with synochal fever, yet Aconite will be seldom found sufficient to remove the local inflammation. The specific remedy for glossitis is *Mercurius*, lower trituration.

If glossitis should depend upon inflammation of the adjoining parts, *Mercurius* will sometimes be found

useful, although *Belladonna* is more frequently indicated. If it should be occasioned by aphthæ, *Acid. sulph.*, *Sulph.*, *Arsenicum*, *Borax*, *Bellad.* and *Mercurius*, will prove useful. If depending upon ulcers in the buccal cavity, it is important to ascertain the nature of those ulcers, in order to be able to determine whether one of the aforesaid remedies, or *Acid. nitr.*, *Hep. sulph.*, *Dulc.*, *Sulph.*, *Nux v.*, *Aurum*, or some other remedy, is to be used. Glossitis arising from contusion, points to *Conium*.

For subsequent induration, I have used *Conium*, *Mercur.*, *Acid nitr.*, *Bellad.*, *Arsen.*; *Lycop.*, *Silic.* and *Carb. an.* are likewise useful.

§ 182. *Inflammation of the fauces, angina, cynanche, pharyngitis.*

By angina faucium, we understand an inflammatory affection of the various parts composing the palate and fauces, velum pendulum palati, soft palate, tonsils, uvula, mucous membrane, and muscles of the posterior wall of the fauces. These parts are at times affected singly, at others, all at the same time. We distinguish hyperoitis (inflammation of the soft palate and velum pendulum palati); amygdalitis or angina tonsillarum (inflammation of the tonsils); staphylitis (inflammation of the uvula); pharyngitis superior et inferior (inflammation of the upper and lower part of the mucous membrane of the fauces.)

To ascertain the seat of the inflammation, the patient should open his mouth, after which the palate and fauces are examined by depressing the tongue with a spatula, or the handle of a spoon. If the articulations of the jaws should be swollen, or in infants and awkward patients, such an examination is frequently impossible, in which case the physician has to be guided by the external phenomena.

§ 183. The symptoms which are the usual characteristics of inflammation, are here likewise present: redness, heat, dryness, swelling and pain of the affected parts; difficulty of swallowing, the pain is increased by swallowing, and yet there is a constant desire to swallow: on swallowing food, it sometimes

returns by the mouth; solid food is sometimes swallowed with more ease than liquid. There is a constant accumulation of tenacious mucus in the posterior part of the mouth, with constant desire to hawk it up. The patient finds it difficult to talk or breathe, he breathes with his mouth open. In a high degree of angina the jugular veins swell, the face becomes purple-coloured and livid, there is headache and delirium. The inflammation is generally attended with bad taste, and fetid breath, even with desire to vomit and ptyalism.

The organism is generally disturbed in most cases; the general symptoms preceding the local affection for some days. The patients complain of weariness, pain in the limbs, chilliness, heat, headache, fever. This is a synocha, when the inflammation has a phlegmonous character, and depends greatly upon the constitution of the patient, the exciting cause, etc.

In tonsillitis, the mucous membrane exhibits a more or less vivid redness, or red spots, is swollen, dry, or covered with a pappy, gray, white, yellow mucus, which extends to the tongue. One tonsil is generally inflamed first, the left sooner, and more violently than the right.

If the uvula be inflamed, it is likewise more or less swollen, red, elongated, the point generally resting on the root of the tongue.

We have no particular remarks to make on pharyngitis mucosa.

§ 184. Such an angina generally disperses in from five to fourteen days, with decrease of all the general and local symptoms. If the cellular tissue of the tonsils should be the seat of the inflammation, it readily terminates in suppuration; in this case the swelling, and the difficulty of breathing and swallowing increase, and it is frequently impossible to open the jaws; in many cases the pus discharges suddenly in hawking, coughing, etc., with immediate relief. Ulceration and gangrenous degeneration, only take place in individuals with syphilitic, scorbutic, serophulous, etc., dyscrasias. Induration and hypertrophy

result from chronic angina, which had developed itself in consequence of frequent relapses.

A predisposition for such inflammations exists in young people, in persons who had been attacked with angina, in scrofulous subjects, and in individuals of feeble and sickly constitutions. Exciting causes are: a cold, getting wet, exposure to wind, cold drinking when the body is heated, unfavourable state of the weather, cold north and east winds. Angina may result from wounding the throat by mechanical or chemical substances, from inhaling acrid substances, from aphthæ, syphilitic ulcers, and abuse of Mercury.

§ 185. The principal remedies for angina faucium are: *Acon.*, *Bellad.*, *Merc. sol.*, *Merc. subl.*, *Hep. sulph.*, *Rhus t.*, *Bryon.*, *Ignat.*, *Chamom.*, *Puls.*, *Cocc.*, *Arg.*, *Caps. an.*, *Nux vom.*, *Ars.*, *Sulph.*, *Acid. nit.*, *Acid. phosph.*, *Baryt.*, etc.

Angina faucium most frequently involves the root of the tongue, the soft palate and the pillars, the uvula, tonsils, and the mucous membrane of the fauces, either singly or all together. The most frequent kind of angina, is an angina tonsillaris and uvularis. The patient is troubled with a constant accumulation of saliva, inducing constant and painful efforts to swallow or hawk. When this inflammation is accompanied with synochal fever, and congestion of the blood to the head, *Aconite* is the suitable specific.

*Chamomilla* will prove useful in some mild cases of angina tonsillaris and pharyngea characterized by a burning, stinging pain in the region of the larynx, and attended with roughness of the voice, some tightness of the chest, titillation and hacking cough; the tonsils and submaxillary glands are sometimes involved.

*Belladonna* is indicated by the following symptoms: bright, phlegmonous redness of the soft palate, velum pendulum palati, root of the tongue, uvula and tonsils, without much swelling; dryness of the fauces, stinging pain during deglutition, which is difficult and frequently attended with a sensation as if the fauces were spasmodically constricted: between the acts of



deglutition a tearing pain is frequently experienced, extending to the temple and jaw, and particularly the submaxillary gland, which is frequently swollen. Aconite should be given first if there be synochal fever. Kummel states that *Bellad.* and *Dulc.* act most rapidly in angina if a dose of *Merc.* is given previous to or in alternation with those remedies. *Dulc.* is more suitable to the pituitous stage.

Belladonna is likewise suitable for angina, which is attended with swelling of the neck, impeding the motion of those parts.

*Pulsatilla* corresponds to the group of symptoms for which Belladonna is indicated, when, instead of the bright redness, the parts exhibit a dark redness, with varicose distention of the vessels. The patients generally experience a shivering, towards evening, mixed with flushes of heat; they feel a scraping and roughness in the throat, with dryness or burning; they feel as if the fauces were swollen; empty deglutition is painful, attended with stinging and pressure. They frequently experience a darting, tearing pain in the neck and stinging pain in the ear. The symptoms are worse towards evening; the night is restless, sleep is disturbed by frightful dreams, the pains abate on the breaking out of sweat.

*Ignatia* is indicated by stinging in the throat between the acts of deglutition, sensation during deglutition as if the food were passing over a bone, with cracking noise. The sensation of a lump in the throat is experienced only between the acts of swallowing. *Ignatia* is scarcely ever indicated when the stinging is experienced only during deglutition, but in most cases when a stinging is felt between the acts of deglutition, or when it passes off after continued swallowing. The fauces are inflamed and red, the tonsils swollen and inflamed, and covered with little ulcers.

*Ignatia* is likewise indicated by soreness during deglutition, or by the sensation of a lump in the throat, which feels sore when swallowing.

*Nux vom.* is indicated by stinging in the uvula and the submaxillary glands during deglutition, with swell-



ing of the uvula, occasioning a sensation of a lump in the throat. *Nux v.* is likewise indicated by pressure in the throat as from a swelling, which is only felt when swallowing saliva, not when swallowing food or drink; or by a scraping and sore feeling in the fauces and larynx, inducing constant hawking. *Natrum sulph.* and *Nitrum* may prove suitable for those symptoms.

*Mercurius* is a specific for angina when the inner mouth and fauces, tonsils, uvula, velum palati, root of the tongue, gums, inner cheeks are inflamed and swollen, impeding deglutition and speech. If the salivary glands should be involved, the patient frequently spits up a tenacious saliva. Hahnemann was in the habit of using the first trituration of *Merc. sol.* for the cure of those kinds of angina. This remedy is frequently suitable in anginas accompanying purpura miliaria. *Belladonna* is sometimes suitable after Mercury to hasten the cure.

#### §186. *Stomacace.*

The local affection is almost always preceded by languor, ill-humour, loss of appetite, with gastric symptoms and fever. At first the anterior portion of the mouth is affected, gradually the uvula, tonsils and fauces are involved. The disease generally commences with burning heat, redness, swelling and great sensitiveness about the gums, inner lips and cheeks, tongue and palate, with intolerable, cadaverous smell from the mouth, painful swelling of the glands of the throat, copious discharge of tenacious, fetid mucus or saliva; the gums are spongy, swollen, recede from the teeth, the teeth are painful, covered with sordes, frequently loose and fall out; mastication, deglutition, talking and breathing are very much impeded. Flat, painful, obstinate, spreading ulcers make their appearance, with lardaceous or spongy base, and soft, slightly elevated, inflamed, unequal edges. The cavity of the nose is sometimes involved, the mucous membrane is thickened with copious secretion of offensive and fetid mucus; the nasal and palate bones are likewise sometimes af-

fected. Aphthæ sometimes make their appearance in the inner mouth, in one or the other form of angina.

For this kind of stomacæace *Merc. sol.* is the best remedy ; and if the aphthæ, ulcers and ptyalism should be very violent, *Merc. subl.* is preferable to *Merc. sol.* I have sometimes given *Dulc.* when those symptoms arose from a cold. *Iod.*, *Acid. nitr.* and *Phosph.* are important remedies for this affection. When symptoms of humid gangrene set in, (angina gangrenosa,) *China* should be given ; but when the glands of the throat show symptoms of gangrene, *Arsenic*, or perhaps *Acid. mur.*, *Carb. veg.*, *Baryt.*, *Graph.*, etc., will be found very useful.

There are cases of stomacæace where *Nux v.* is to be given ; these are doubtful cases, and may be termed—

§ 187. *Angina maligna, gangrænosa, putrida, diphtherica.*

This disease is frequently attended with violent typhoid symptoms of the whole organism, affects the mucous membrane of the fauces, and frequently that of the larynx, at first forming circumscribed, afterwards confluent, whitish or grayish pseudo-membranous scurfs on the tonsils, uvula, palate, root of the tongue ; they frequently turn black, occasion a fetid smell from the mouth, with discharge of patches, and often spread to the larynx, terminating fatally. This kind of angina is a disease of a peculiar kind, commencing with apparently slight symptoms, and becoming more dangerous as it develops itself.

The disease is frequently attended with a kind of eruptive fever, consisting of general malaise, chilliness, flushes of heat, restlessness, peevishness, with heat on the third day, pain, roughness of the throat, difficulty of swallowing, dots or spots of livid, purple, or at all events not very bright redness, considerable swelling of the cervical glands, bloated face, lachrymation. In a few days the red spots change to the above named white or ash-gray lardaceous spots, which rapidly multiply and run into each other, and consist of a pulpos, cheesy, thick substance, exuding from the

livid or dark-red mucous membrane, from which it can be drawn off. The affection spreads to the Schneiderian membrane as well as to the œsophagus and larynx; in the latter case the affection resembles an angina polyposa.

The patient recovers in from 7 to 20 days. This angina is generally epidemic and contagious, or sets in by metastasis in epidemic scarlatina, generally affects feeble, serofulous children, and is most frequent in the fall and in damp weather. Whether a metastatic or primary disease, it always sets in suddenly after deceitful precursory symptoms.

§ 188. *Nux* is most suitable for this kind of angina. *Belladonna* will be found serviceable when the inner parts of the mouth and fauces, and particularly the edges of the tongue, exhibit a bright, vivid, less dark, livid redness. *Acidum sulph.* is another useful remedy in this affection; the spots which characterize angina gangrænosa, resemble those which mineral acids occasion in the mucous membrane. *Secale corn.* and *Kreasotum* are likewise suitable. If the disease should extend to the larynx, it takes the form of an angina polyposa, and should be treated with *Spongia*, *Iodium*, *Hep. sulph.* Other remedies are *Sulphur*, *Mang. acet.* and *Sepia*. *Mercurius* should never be employed in angina maligna.

§ 189. *Angina mercurialis, stomatitis mercurialis.*

It was a mistake to consider ptyalism the essential feature of this disease, and the salivary glands as its seat. Hydrargyrosis causes a peculiar kind of stomatitis, which develops itself gradually. At first there is a sensation of heat, burning, increased thirst and metallie taste in the mouth, with accumulation of tenacious mucus and a peculiar smell of the breath. The mucous membrane of the mouth is interstitially distended, pale or livid, seldom red; the gums are swollen and recede from the teeth; the border of the gums and other parts of the mouth are covered by a yellow, cheesy matter; the tongue is swollen and covered with thick mucus. Everything which is

taken into the mouth causes a violent pain. The ptyalism is frequently very profuse, and prevents sleep by inducing constant coughing, with increased swelling of all the inner parts. At first the mucous membrane which is covered by the pseudo-membrane is a little red, afterwards low, dingy-looking ulcers with irregular edges make their appearance, particularly on the gums and edges of the tongue, showing distinctly the impression of the teeth. The teeth become loose and fall out. Talking, chewing, swallowing is impeded; there is fever, and the symptoms are disposed to run into consumption.

Terminations: recovery frequently very slow; sometimes the ulceration terminates in gangrene; destruction of the alveolæ and jaws, necrosis, hæmorrhage, etc.

Mercurial angina cannot occur under homœopathic treatment.

§ 190. The most frequently indicated remedies are, *Bellad.*, *Hep. s.*, *Nitri acidum*, *Dulc.*, *Aurum*, *China*, *Iodium*, *Mezereum*, *Asa*, *Carb. veg.*, *Sulphur*, *Acid. phosph.*, and some others.

The best remedy, when the nose is likewise involved, is *Aurum*, 1st, 2d or 3d trituration. If the nose should not be much affected, it is proper to commence the treatment with a dose of *Hep. sulph.*, second trituration; or if the patient should feel very much prostrated, with *China*, or, according to circumstances, with *Bell.*, *Dulc.*, *Arsenic*. Sometimes a small dose of homœopathic mercury, or some other homœopathic mercurial preparation, may prove very useful, particularly *Mercurius bijodatus* (*Bijodide of Mercury*). *Tart. emet.*, one grain in four ounces of water, half a tablespoonful every two hours, is one of the principal remedies for the salivation, which is frequently of long continuance.

§ 191. *Angina pharyngea, pharyngitis.*

This inflammation is generally a part of angina faucium. The swelling and redness are invisible except when the inflammation is seated high up. The stylohyoidei, styloglossi, mylohyoidei, hyoglossi, stylopharyngei muscles, and the constrictor muscles of the

pharynx, are affected; deglutition is very painful, and more or less impeded on account of the dryness of the parts; the food frequently returns by the nose, and deglutition frequently occasions a violent and spasmodic cough. This disease is in many cases a sequel of angina faucium. The inflammation existing in hydrophobia is similar to angina pharyngea.

Besides *Aconite*, we have the following remedies for this inflammation: *Bell.*, *Hyoscyam.* and *Stram.*, when deglutition is impeded by spasm; *Bell.*, *Merc.* and *Canthar.* when the difficulty of deglutition is occasioned by inflammation. If the patient feel as if the food were passing over a lump, over a rough, sore, burning body, *Ignat.*, *Pulsat.*, *Nux v.*, *Mercur.*, *Arsenic* and *Carbo veg.* are indicated. *Nux vom.* is particularly indicated when the disease is occasioned by an acrid state of the stomach, occasioning the rising of a burning, corroding fluid in the throat, which frequently causes an inflammatory condition of the pharynx.

§ 192. *Œsophagitis, angina œsophagea, dysphagia inflammatoria.*

The inflammation cannot be seen in the throat. In the region where the inflammation is seated, behind the trachea and between the shoulder blades, along the spine, the patient experiences a seated, burning, aching-stinging pain. The food passes with great difficulty and pain, its passage causing at times a violent spasm, with retching, discharge of food and drink by the nose and mouth, inclination to vomit, discharge of tenacious mucus by the mouth, singultus attended with feeling of anguish, distorted and pale face, small and contracted pulse. The patient is tormented with thirst, but the patients are prevented from quenching it by the pain which swallowing causes. There is generally little fever. Cerebral symptoms, congestion of the brain, convulsions may set in as consensual symptoms.

Œsophagitis is exceedingly rare and generally traumatic, occasioned by some mechanical or chemical cause.

§ 193. If the inflammation should have been caused



by foreign bodies, they have to be removed, after which mucilaginous and oleaginous things, such as small quantities of lukewarm milk, should be given. If deglutition should be impossible, the thirst has to be quenched by taking small pieces of ice into the mouth, or by applying humid fomentations around the neck, etc.

The principal remedies for œsophagitis are : *Arnica*, *Rhus t.*, *Cocc.*, *Sabad.*, *Bellad.*, *Arsen.*, *Mercur.*, *Secale*, *Mezer.*, *Lauroc.*, *Carb. veg.*, and some others.

I have frequently removed the disposition for the frequent recurrence of angina by the third or sixth trituration of *Merc. sol.* Others have done this by means of *Sepia*. *Baryta mur.* and *Graphites* are other excellent remedies for angina when coming on after a cold, with disposition to ulcerate.

§ 194. *Laryngitis, tracheitis, and bronchitis acuta, (angina pectoris.)*

Although the seat of these inflammations is different, yet their symptoms are pretty much alike. In laryngitis, the pain extends over the whole larynx, is increased by contact, deglutition, talking, cough, is attended with a sensation of tightness, and is of a stinging and burning nature. In tracheitis the pain extends along the whole throat, as far as the handle of the sternum ; in bronchitis the pain extends to the middle of the sternum. These three inflammations vary from the catarrhal to the most acute form.

The catarrhal form of this disease is characterized by a titillating sensation in the larynx, hoarseness, short and hacking cough, at first attended with expectoration of a small quantity of transparent, tenacious mucus, followed by the easy hawking up of a larger quantity of globular, green, purulent matter, and with oppression of breathing and slight fever. This catarrh is almost always accompanied with coryza and catarrh of the fauces, causing but little suffering. The acute inflammation sometimes sets in without any previous catarrhal symptoms. The cough is at first dry, painful, fatiguing ; it has a peculiar barking, rough, me-



tallic sound, and is attended with expectoration of tenacious, blood-streaked mucus. The voice becomes sonorous, hissing, and is finally entirely suppressed, particularly in tracheitis and laryngitis. In laryngitis the cough is more superficial, without involving the thorax or diaphragm; in tracheitis and bronchitis it proceeds from the lower parts of the chest, and has a more metallic sound. Respiration is more or less difficult, the inspirations are attended with a distinct whizzing in the larynx; the shortness and oppression of breathing are most violent in bronchitis, and may even increase to suffocation; the respiration, voice, and cough assume a croupy form, with an expression of excessive anguish in the face. The stethoscope does not reveal any symptoms of pneumonia.

The fever is either erethic or synochal. In the latter case the pulse is frequent, hard, and full, the skin glowing, thirst violent, the fever continuous; in the former case all these phenomena are less violent and characterized by complete intermissions.

§ 195. Causes: these inflammations occur among either sex, and at every age; they are most frequent among young people and such as have frequently suffered with catarrh. They occur most frequently by the action of cold air upon the bare neck when the skin is covered with sweat, sudden passage from warm into cold air, walking or running against the wind; in some cases these inflammations are the sequel of a catarrh or whooping-cough. Laryngitis often arises from exerting the larynx too much, and is frequently met among preachers, singers, actors, etc.; it is furthermore caused by injuries of the larynx, inhalation of dust, irritating vapours, etc. An angina faucium sometimes leads to laryngitis. General diseases, such as measles, scarlatina, small-pox, syphilis, tuberculosis, etc., sometimes localize themselves in those organs.

The disease lasts from several days to three or four weeks, except in a few cases where it becomes chronic.

§ 196. It is sometimes very difficult to select the proper specific for this disease. If the cough be dry,

or if the hawking up of mucus be extremely difficult, *Bell.*, *Bryon.*, *Chamom.*, *Cina*, *Ignat.*, *Nux v.*, *Merc.*, *Phosph.*, *Sulph.*, etc., will have to be selected.\* *Nux v.* is most suitable when the cough is rough and dry, or caused by scraping and titillation in the throat, (in which case *Veratrum* is excellent, provided the other symptoms correspond;) when the cough is most violent in the evening or morning, and disturbs the patient's rest all night; when the cough is attended with headache, as if the skull would burst. *Nux v.* is likewise suitable when the racking cough is attended with a bruised feeling in the umbilical region, which is likewise painful to the touch. *Chamomilla* should be employed for similar symptoms, when the cough is most violent at night. When the cough comes on at night only, it is either removed or at any rate relieved by *Hyoscyamus*. For short cough accompanied with fluent coryza, becoming spasmodic after continuing for some time, and occurring equally at any time of the day, *Euphrasia* or *Ignatia* are recommendable, according as either remedy is indicated by the other symptoms. If the cough should get worse in the cold air and be less in a warm temperature, if it should exacerbate in the evening and continue so the whole night, *Rhus t.* is indicated, and for the latter symptom alone, *Capsicum*. *Sulphur* should be given if the hoarseness is very great and the cough is worse in the evening and on lying down. In catarrh the selection of a remedy sometimes depends upon apparently trivial symptoms.

§ 197. If the inflammatory irritation should be characterized by fever, oppressed respiration, hoarseness and croupy cough, *Aconite* is to be employed. After the diminution of the fever, the remaining cough, which is sometimes accompanied with a sort of spasm in the larynx, and results in retching or vomiting of mucus, should be combatted by *Nux v.*, *Ipec.*, *Puls.*, *Bell.*, *Merc.*, *Dros.*, *Spong.*, *Iodium*, *Bryonia*, *Hyoscyamus*, *Cina*, *Lactuca vir.*, and particularly *Conium* and *Ipec.* in repeated doses, will be found useful when the

\* *Aconite* is not to be omitted.—*Hempel.*

cough is a simple irritability or spasmodic cough, without retching.

§ 198. Bronchitis is very frequent, and occurs particularly among children. It generally comes on suddenly, without any precursory catarrhal symptoms. The pain is seated in the upper part of the thorax below the neck. It is a feeling of pain spread over a large surface, a constriction, pressure and various other unpleasant sensations, which are not seated or emanate from a single spot. The patient is able to lie in any situation, except that the trunk has to be kept bent over. The breathing is hurried, painful, irregular, and becomes more and more troublesome; it is frequently characterized by a peculiar kind of rattling, or fermenting in the chest; sometimes by a wheezing or whiffing noise, without croup-sound. The cough has no particular sound; sometimes it sounds loose, as if the patient would expectorate at every turn of cough; the expectoration is scanty, affording little or no relief. Bronchitis is unattended with hoarseness, without any particular roughness of voice, without any sensation of pain or obstacle in the larynx, without any striking paroxysms. Bronchitis may be distinguished from laryngitis and tracheitis, and from pneumonia, by the excessive fever, by the hurried breathing, which generally expresses the most frightful anguish, by the expression of anxiety and sadness in the face, by the pain being spread all through the chest. Particularly striking is the sudden debility, with small, quick and feeble pulse and copious expectoration, which is at last rendered impossible by the excessive debility.

The treatment should be commenced with *Aconite*. If after the abatement of the fever, local symptoms should still remain, with anxious and hurried breathing, *Ipec.* or *Samb.* are indicated; if the breathing should be wheezing, *Spongia*, *China*, *Chamomilla*; if there should be a sense of constriction during breathing, *Nux v.*, *Veratr.*, *Puls.*, *Ballad.*; for general debility, with violent action of the pectoral muscles during an inspiration, give *Arsenic*; if the inspirations should

evince a paralytic condition of the lungs, *Tart. emet.* is most suitable. A frequently-recurring tracheitis is most certainly removed by *Iodium* and *Phosph.* (which sometimes cures the affection from the commencement).\* *Nitrum*, *Mang. carb.*, *Carb. veg.*, *Dig.*, *Canth.*, and *Sulph.*, may likewise prove useful.

A so-called suffocative catarrh, is a condition of the thoracic organs, closely resembling the above-described inflammatory symptoms. This kind of catarrh is generally preceded by catarrhal symptoms, with coryza, which disappears spontaneously, without any definite cause. The first attack generally sets in at night. After the cough and coryza have disappeared, the patient ought to be well, but this is not the case; the patient is out of humour, feels oppressed, lazy, languid, he has flushes of heat, no appetite, but great desire to sleep. After going to sleep, towards midnight, the inspirations become more and more oppressed, rattling, attended with anxiety, tossing about, moaning, the patient is lying in a state of sopor, from which it is difficult to rouse him. Such catarrhs occur very frequently in individuals who have frequently been attacked with catarrhal affections and inflammation of the thoracic organs, and who have weak chests. *Arsenic* is a specific remedy for such suffocative catarrhs. When these suffocative catarrhs occur in children, in consequence of exposure to cold, they generally yield to *Chamomilla* or *Ipecacuanha*, after which a dose of *Bryonia* may be given. In some cases, *Sambucus* is the appropriate specific.

For the moist cough which sometimes remains after such an inflammation, and is attended with profuse expectoration, the following remedies will prove useful: *Puls.*, *Dulc.*, *Chamom.*, *Bryon.*, *Arn.*, *Stann.*, *Sepid.*, *Lycop.*, *Silic.*, *Phosph.*, *Graph.*, *Natrum mur.*, *Senega*, etc.

### § 199. *Croup, angina membranacea, polyposa, cyan-*

\* This liability to inflammation of the respiratory organs, frequently arises from a constitutional nervous debility, and should be treated with the *tincture of Aconite*, even when there is no synochal fever. See my "Essay on the present condition of the Homœopathic School."—*Hempel*.

*che strenua, stridula, exsudatoria, laryngitis exsudatoria.*

Croup is one of the most dangerous diseases of children, which appears only very seldom after the eighth year, and is more frequent among boys than girls. This disease has a distinct precursory stage. It generally commences as a simple catarrh or catarrhal fever, with coryza, cough, hoarseness, frequent sneezing, chilliness, heat, weariness, drowsiness, lachrymation, peevishness, heaviness in the head, etc. Hoarseness generally is a dangerous symptom among little children, particularly when attended with rough cough. These symptoms increase until the eighth day. Suddenly, generally at night, the children start out of their sleep with a feeling of anguish, occasioned by a sense of suffocation. This attack lasts more or less long, after which the children go to sleep again. After the lapse of from three to twenty-four hours, another attack takes place, with apparently slight symptoms, a little hoarseness, rough cough, oppression of breathing, and moderate but continuous fever. In many cases the children, though perfectly well the day previous, wake suddenly about midnight with pain in the larynx, sudden alteration of voice, panting, wheezing, respiration somewhat resembling the crowing of a little cock, or the braying of an ass, with considerable dyspnoea and violent fever. The noise during respiration is occasioned by the spasmodic constriction of the glottis, which does not admit of the air being expelled except by fits and starts and with great exertions. During this difficult breathing the face of the child turns red, the conjunctiva is injected, the pulse hard and full. All these symptoms sometimes appear to give way completely towards morning, but soon reappear with redoubled violence. The hoarse voice assumes a rough, shrill sound, and frequently passes from the highest pitch to the lowest bass. The croup-cough is violent, short, shrill, barking; afterwards it becomes crowing, hollow, and rough; at first dry, at a later period frequently moist, with expectoration of a tenacious, jelly-like, sometimes blood-mixed mucus;



the cough comes on by paroxysms, and is excited by drinking, crying, talking, and deep inspirations. After such an attack is over, the children seem to be quite well, and even go to sleep quietly. The continuance of the feverish pulse, however, shows that this rest is only apparent. The breathing is anxious, hurried, by fits and starts; when the paroxysms of cough are very violent, the child is sometimes on the point of suffocating. The patient experiences more or less pain in the larynx or trachea, which is aggravated by contact. On looking into the mouth, the tonsils and fauces appear red, the epiglottis looks œdematous and swollen. Little by little the paroxysms of cough increase in violence; the breathing becomes more and more difficult, hissing, rattling, as if from a fluid in the trachea, the sawing respiration being heard even at a distance. The patients lie with their necks stretched, and sometimes grasp at them during the attack. The orthopnœa becomes excessive; at every inspiration the larynx descends towards the sternum, during an expiration it is raised towards the jaw. Under these circumstances, vomiting frequently sets in, with discharge of membranous, tubular masses. If the pulse become quick, small, thready, if the rattling breathing increase, and the breathing be effected by means of the abdominal muscles, if the face become bloated and blue, and the children bend their necks backwards, or sink into a sopor from which they are only roused by the paroxysms of cough, the danger of apoplexy is very near.

Croup is generally seated in the larynx; the tracheal croup is much less frequent, and the bronchial croup is distinguished from the other kinds by a rather stertorous than wheezing respiration, by an absence of distinct remissions, by constant dyspnœa, and by the rattling noise which is perceived all through the chest by means of the stethoscope.

§ 200. Etiology: Croup is more frequent in the north than south. In some families croup seems to be hereditary. It is sometimes occasioned by sudden exposure to cold, when the thoracic organs are



heated by running, crying, etc. According to Schœnlein, croup may likewise arise by metastasis from whooping-cough, from a simple catarrhal affection, or it may be occasioned by the measles-contagium, which will lead, in some individuals, to the formation of croup, instead of developing the measles-eruption. Croup appears most frequently in the first part of spring and in the latter part of the fall. As an epidemic disease, it may occur in every season.

The prognosis depends upon the nature of the epidemic, upon the age and individuality of the patient, and particularly upon the periods when the physician is called to the patient. The prognosis is more unfavorable when there is considerable exudation with little expectoration; when symptoms of suffocation, nervous paroxysms, convulsions, coma, etc., have set in, there is scarcely any hope.

§ 201. When the disease is preceded by a catarrhal stage, the remedies indicated for a catarrhal fever, (see § 29, etc., and § 196,) may be employed. A keen observer will however perceive that this apparently simple catarrh is of a peculiar kind, that the cough is spasmodic, hollow, hoarse, attended with wheezing or rattling. In this case, the following remedies should be thought of: *Hyoscyam.*, *Bellad.*, *Cina*, *Chamom.*, *China.*, *Ipec.*, *Nux vom.*, *Puls.*, *Drosera*. If the cough should have the croup-sound, without inflammation or swelling being present, *Hepar sulph. c.* will prove very serviceable. In one case I have removed a metastatic cough with the croup-sound, by a few doses of *Cupr. met.*, second trituration; (the patient was a full-grown girl.)

If the disease should set in suddenly, with synochal fever and evident symptoms of inflammation of the larynx, *Aconite* should be employed in repeated doses, until the nervous and vascular irritation, the burning heat, thirst, the hurried breathing, are removed. *Aconite* is sometimes sufficient to cure the disease. If the wheezing, quick, anxious, difficult breathing, and a hollow, hissing cough, with pain in the region of the larynx, etc., should set in from the commencement,

*Spongia* should be used immediately; in 24 hours the danger is generally over. If after this lapse of time, the cough should still have the peculiar croup-sound, the breathing should still be hissing, or if there should still be danger of suffocation, *Hepar s. c.* is then to be employed.

I have frequently cured croup with *Hepar sulph. c.*, without first giving *Aconite* or *Spongia*. The disease was then epidemic, and attacked, for the most part, scrofulous subjects. In some sporadic cases, where the membrane was already formed, a solution of *Iodine*, third attenuation, in alternation with the second attenuation of *Aconite*, giving three drops every half hour, the patients were cured slowly but certainly. *Iodine* always deserves consideration when scrofulous or leucophlegmatic individuals are attacked by the disease.

If the disease should not yield to the aforesaid remedies, or if the height of the paroxysm should be characterized by spasmodic symptoms, *Sambucus*, but more frequently *Moschus*, is of great use, and sometimes alters the character of the disease so as to render one of the other remedies available.

In some cases of croup, an obstinate hoarseness with slight catarrhal croup remains after the disease is cured. This hoarseness seems to arise from a lameness of external laryngeal, and its branch, the recurrens, and yields most frequently to *Phosphorus*.

*Merc.*, *Hep. sulph.*, *Rhus t.*, *Drosera*, *Mangan.*, are sometimes of use for the last mentioned difficulty, but they scarcely ever do more than palliate the trouble. *Arnica* and *Belladonna* are much more available, or frequently and rapidly repeated doses of *Hepar s.*

Now-a-days most physicians treat croup with alternate doses of *Hepar s.* and *Spongia*.

### § 202. *Parotitis, Angina parotidea.*

Parotitis is generally preceded by a precursory stage; the patient feels languid, low-spirited, complains of pains in the limbs, sleeplessness, restlessness, loss of appetite, chills alternating with heat, drawing

in the cervical muscles, headache, coryza, etc. In a few days the parotid glands begin to swell, after which the submaxillary and sublingual glands become involved. If the lymphatic glands of the neck should become involved, the neck grows as large as the head, and becomes quite stiff. The affected parts are hard and painful, but the pain is, generally speaking, slight, tensive, itching, aching. The motion of the jaws, mastication and deglutition, are impeded. The fever generally abates when the parotis commences to swell.

The precursory symptoms vary in violence; the fever may be slight or violent, attended with delirium, convulsions, vomiting, etc.; it has distinct intermissions and exacerbations. The swelling generally appears on one side first, and then shifts to the other; it is not very tight, the skin over it is not very red; there is not much heat in the swelling; sometimes it is attended with pain about the neck and scapulæ, or with pain in the ears. There are cases where the swelling disappears suddenly, and shifts to the testes, breasts, labia pudendi, ovaria, or to the meningeal membranes. Suppuration occurs very seldom, and then only when the inflammation had a phlegmonous character, or in parotitis typhosa or scarlatinosa. The termination in induration is likewise very rare. If the physician be called in time, and adopt proper measures, the disease generally ends favorably, except in very serofulous subjects and in persons who have been frequently attacked with the disease.

§ 203. The disease appears both epidemically and endemically. Persons of either sex are liable to it, particularly at the age of pubescence.

§ 204. The principal remedies are *Rhus t.* and *Merc. sol. H.* The latter may be used in any stage of the disease, even when suppuration has already set in. When the disease is characterized by erysipelatous redness and swelling, *Bellad.* should be given. When typhoid symptoms set in, *Bellad.* and *Rhus t.* are indicated, (see § 75, etc.) Some physicians recommend *Kali carb.* when chilliness and heat alternate, the glands are highly inflamed, hard, painful to con-

tact, and the hearing is diminished. If parotitis should set in, in conjunction with angina faucium, the remedies which have been indicated for the latter disease should be used. If lock-jaw should take place, *Rhus t.*, *Hyoscyam.*, *Bryon.*, and electricity will remove it, particularly when the closing of the jaws arises from the swelling or the subsequent induration of the glands. *Conium*, *Dalc.*, *China*, *Bellad.*, *Cocc.*, *Ferr.*, *Baryt. acet.* or *carb.*, *Silicea*, are likewise suitable for that condition.

§ 205. *Inflammation of the nose.*

For erysipelatous inflammation of the external nose with swelling and burning pains, *Arnica*, *Belladonna*, *Rhus t.*, *Sulphur*, or *Silicea*, are the most suitable remedies.

In ozæna narium, which does not always depend upon syphilis, but sometimes arises from serofula, a violent cold, or some general dyscrasia, the frontal sinuses and the antrum highmorianum are involved, first the mucous membrane and afterwards the periosteum and the bones (caries.) The nose becomes red and big, even the periosteum becomes thickened, and frequently induces such a swelling of the nose as makes it impossible to breathe through that organ. *Aurum*, *Bryon.*, *Rhus t.*, *Cocculus*, *Veratr.*, *Mercur.*, *Stann.*, *Calc. carb.*, and the magnet, relieve that condition. For external and internal swelling of the hard and soft parts, with great sensitiveness, loss of smell, dryness of the nose, (dry coryza,) *Zincum* is one of the principal remedies, although *Baryt.*, *Graphit.*, *Natrum mur.*, and other remedies, are sometimes indicated. If the inflammation should be attended with titillation, or a burning, smarting pain, discharge of fetid, purulent, yellow-greenish matter, the following remedies are indicated: *Rhus t.*, *Nux v.*, *Conium*, *Mezereum*, *Cina*, *Merc.*, *Aurum*, *Ranunculus bulbos.*, *Asa.*, *Thuja*, *Antim. cr.*, *Canthar.*, *Phosphorus*. *Rhus. t.*, *Nux v.*, *Canthar.* and *Bellad.* deserve a preference when the disease broke out without any definite cause. *Merc.*, *Thuj.*, and *Aurum*, when it arose from gonorrhœa, or

some other syphilitic affection. If the disease should be attended with mercurial symptoms, or caries, *Hep. Sulp., Aur., Mez., Asa., Con., Phosp., Calc. c., and Sil.*, should be used.

§ 206. *Ostitis, inflammation of bones.*

The vessels of bones and the periosteum are frequently found inflamed. The pain is most violent when the marrow is inflamed, less in periostitis, and still less in ostitis.

It is sometimes easy and at other times difficult to diagnose ostitis; in diagnosing that disease, we have to consider the scrofulous and syphilitic diathesis. Some bones are more liable to inflammation than others. The symptoms of ostitis are: heat, which is even felt externally; redness, not only of the bones but also of the periosteum and the external integuments; swelling and softening of the inflamed bone, most distinct in the epiphyses of bones. This swelling develops itself slowly, the bone becomes spongy, porous, extremely sensitive, and loses its specific gravity. The pain is rather dull, boring, more violent at night than in the day time, particularly when the inflammation is of a syphilitic nature, or arises from mercurial poisoning. The bone becomes curved, the muscular action preponderates, whence deformities ensue. The fever is not very violent, but exacerbates in the evening and at night.

§ 207. The course, duration, and classification of ostitis vary considerably, according as the disease arises from one or the other cause. The fever is generally erethic, except in the case of young subjects, where the fever is frequently a synocha.

Ostitis is generally cured under homœopathic treatment; it may, however, terminate unfavourably:

(1.) In suppuration of the bone. The pus is a reddish, fetid fluid. The suppuration generally takes place superficially, the periosteum is destroyed, the bone becomes rough and porous. If the suppuration should be more deep-seated, the pus is more coloured and fetid. The inflammatory symptoms disappear



gradually, the bone swells up more and more, parts become detached, causing external suppuration. If the suppuration should continue for a time, it sometimes terminates in humid caries.

(2.) In induration. This termination is more frequent in chronic than in acute inflammations, particularly when the patient is weakly and has a torpid, scrofulous constitution. The bone becomes unusually hard, raised, (tophus,) changes to a porous, spongy mass, which is liable to renewed inflammations.

(3.) In softening, (osteosarcoma,) terminating sooner or later in induration.

(4.) Ankylosis; this occurs most frequently in the joints, elbow, knee, carpal and tarsal joints.

(5.) Osteonecrosis; when this condition sets in, the acute pains cease, the inflammatory symptoms abate, the diseased portion of bone gradually separates from the sound bone, in which suppuration gradually sets in, by means of which the last portion is sometimes restored. This termination is most frequent in the long bones, particularly on their surface.

Children and adults are more liable to ostitis than old people, particularly when born of scrofulous or syphilitic parents. Bones which have been once inflamed are exposed to a renewed attack of inflammation.

Simple ostitis is not incurable. Ostitis complicated with some general dyscrasia, or with a mercurial or psoric diathesis, is much more difficult to cure.

§ 208. *Aconite* will be found necessary in a few cases only, particularly when the inflammation was caused by fracture, contusion, etc. In most cases, the inflammation is a mere symptom of some more general disease, and will yield to the remedies indicated for the latter.

In slight cases, when the inflammation is not yet far advanced, and the skin is simply red, with slight swelling of the bone, and sensitiveness to contact, *Bryon.* and *Puls.* will be found suitable. A much more useful remedy in ostitis is *Mercurius*, except when the inflammation was caused by the excessive use of that



poison, in which case *Puls.*, *China*, *Hep. sulph.*, *Sulph.*, *Electricity*; or, when the inflammation has an erysipelatous character, *Bellad.* will prove beneficial. Specific remedies for ostitis, including mercurial and syphilitic, are: *Daphne Mez.*, *Asa fœtida*, *Staphysag.*, *Aurum*, *Mangan. acet.*, *Acid. phosphor.*, *Sulph.*, *Silic.*, *Calc. carb.*, *Lycop.*, *Nitr. ac.*, *Sepia*, *Baryta*, etc. *Mangan. acet.* is less useful in inflammation of the bone itself, than in periostitis and inflammation of the joints with intolerable pains. In inflammation of the facial bones, *Mercur.*, *Staphys.*, and *Aurum* are particularly useful. *Merc.* and *Staphys.* are likewise useful in inflammation of the iliac bones. *Asa* and *Mezer.* are more especially indicated in inflammation of the superficial bones. *Mezer.* is particularly useful in periostitis, which may be discovered from the fact that the adjoining soft parts are likewise more or less inflamed. *Acid. phosph.*, *Asa*, *Mez.*, *Merc.*, *Sil.*, and the other above-named remedies, are excellent for caries and ulcers of bones, even when caused by the excessive use of Mercury. All these remedies may likewise be employed with advantage for the chronic disorganizations resulting from ostitis. *Carb. veg.* should be mentioned for a burning pain in the bones; *Phosphorus* is likewise excellent.

§ 209. *Inflammation of the lymphatic glands and vessels.*

This condition occurs very frequently among children, and involves the adjoining cellular tissue. Such inflammations frequently recur periodically, excited by the least cause, and continue until the age of pubescence, or even a more advanced age, in case nothing is done to eradicate the constitutional disposition. This disease is likewise a symptom of a more general affection, and disappears under the use of proper remedies administered for the latter.

An inflammation of the superficial lymphatic glands and vessels is easily seen. The inflamed vessels form shining-red radiating strings or cords, which frequently extend to some larger or conglomerate gland, some-

times involving smaller glands, which likewise become inflamed and swollen, thereby giving the vessel a knotty appearance. The affected parts feel hot, occasion a tensive, exceedingly stinging pain, the tension being even perceptible externally; the pains are aggravated by motion, generally exacerbate simultaneously with the fever, which is most frequently erethic, and accompanied with gastric symptoms.

§ 210. One of the principal remedies for inflammation of lymphatic vessels and glands is *Belladonna*, which is likewise indicated when the lymphatic inflammation is accompanied with erysipelatous inflammation of the adjoining parts. *Belladonna* is likewise frequently suitable for the so-called cold swellings of the lymphatic vessels, with little or no inflammation, such as is frequently seen on the lips and external genital organs, accompanied with tension, fluctuation, and violent periodically-appearing pains. An inflammatory condition very similar to the one above described, with swelling of the face, of one cheek, and of the upper lip, containing hard places, which are painful to the least touch, do not bear the least covering, with throbbing pain, and attended with confusion of the head, is likewise safely and permanently removed by *Belladonna*. If the pain in such a swelling should be burning, *Carbo veg.* is preferable to *Belladonna*; in some few cases *Arsenic*.

Next to *Belladonna*, *Mercurius* is one of the best remedies for lymphatic inflammations, even when it has become impossible to prevent suppuration; though *Silicea* will always hold the first rank as a specific for suppurating lymphatic swellings.

*Cocculus* is suitable for sub-inflammatory lymphatic swellings, when contact excites stinging, tearing pains and heat in those swellings.

*Bryonia* should be exhibited when violent pains are excited in the affected part by motion.

*Puls.*, *Dulc.*, and *Conium* have more specific relations to the lymphatic system than *Bryonia*, and are, therefore, more suitable than this latter remedy, for inflammatory conditions of the lymphatic vessels and

glands. *Conium* is known as a specific for inflammation of the mammæ, occasioned by contusion or a shock. *Rhus t.*, *Sulph.*, *Hep. s.*, *Antim. cr.*, *Dig.*, *Spong.*, *Cicuta*, are sometimes suitable for lymphatic inflammations attended with gastric derangement.

§ 211. *Hepatitis, inflammation of the liver.*

Most physicians distinguish an acute and chronic inflammation of the liver. The inflammatory process does not involve the whole liver; it is limited to one lobe, or to only a portion of a lobe. We know from post-mortem examinations, that at the end of the first stage the liver is filled with black blood, and enlarged; this condition of the liver is soon followed by the stage of red softening, which terminates in suppuration; hence the frequency of abscesses of the liver in hepatitis. Such an abscess corresponds to the extent of the previous inflammation; in recent abscesses the pus is white, creamy; in old ones it is greenish, yellowish, chocolate-coloured, and has a fetid ammoniacal odour. According as the abscess is situated, the pus burrows in various directions, towards the umbilicus, region of the hip, along the dorsal vertebræ, or into some adjoining organ, stomach, duodenum, transverse colon, or even into the right lung, in consequence of adhesions with the diaphragm. Recovery may take place in all those cases, except in the latter, where the patient generally dies of hectic fever.

It is difficult to diagnose hepatitis, inasmuch as the pathognomonic symptoms of hepatitis may likewise be supposed to point to some other morbid condition of the liver or of some adjoining organ. The difficulty of a correct diagnosis is increased by the fact, that in most cases only a portion of the liver is inflamed, and that the seat of the inflammation varies a good deal.

The following may be considered essential symptoms of hepatitis: Seated pain in the right hypochondrium, below and around the false ribs, frequently extending to the epigastric region or sternum, and afterwards even to the thorax. The pain is stinging, burning.

cutting, tensive, sometimes very violent, at other times only dull, aching or felt only during a deep inspiration, cough, external pressure, or when lying on the right side. The region of the liver is extremely sensitive, tight, sometimes swollen, hot, dotted with red spots, and a strong throbbing being frequently experienced in that region. The percussion-sound is dull over a large surface. Consensual symptoms are: pain in the top of the right shoulder, in the clavicle, arm, with sensation of paralysis or as if the part would go to sleep; these sensations are sometimes experienced in the whole right half of the body. Breathing is very difficult, anxious, interrupted, sighing; sometimes a dry, deep, and hollow cough is present. Pleuritic stitches, dyspnœa, cough, and other symptoms, resembling those of pleurisy, increase by turning to the left side, so that, in some cases, the patient has to lie on his back, or sit stooping. The patient is unable to sneeze. All these symptoms point to inflammation of the convex portion of the liver. The inflammation is generally attended with a violent fever, which is frequently remittent or sometimes intermittent, the pulse is more or less hard and frequent. Other gastric or bilious symptoms are: hiccough, loathing, eructations, attended with anguish, occasional retching and moderate vomiting, without relief, or rather with aggravation of the morbid symptoms; a peculiar sensation of fulness, nausea, burning, and anguish in the pit of the stomach, bitter taste, yellow tongue, more or less jaundiced appearance, retention of stool, or else hard, gray, clayey stool, particularly when the concave portion of the liver is affected.

The precursory stage is like that of gastric fevers. It generally sets in with a violent chill, followed by burning heat, which generally abates in the morning hours.

The symptoms of hepatitis differ according to the seat of the inflammation; they will be described more particularly hereafter.

§ 212. The bilious secretion is more or less disturbed by the inflammation, which occurs more fre-

quently in summer. It is occasioned by colds in the abdomen, particularly at a time when great heat alternates with damp and cold weather; it may likewise be caused immediately by a cold drink. Violent emotions, anger, grief, chagrin, may likewise occasion it; or it may be brought on by emetics, drastics, worms, or by the paroxysms of violent colic attendant on gall-stones; or by direct or indirect concussion of the liver, by means of blows on the right hypochondrium, or of a fall from a height on the feet, knees, buttocks, or head; or finally by injuries, wounds, etc.; hepatitis may likewise be occasioned by metastasis in consequence of suppression of piles, of inflammation of joints, chronic exanthemata, erysipelas, diarrhœa, dysentery, etc.

The prognosis under homœopathic treatment is not unfavourable. It depends upon the extent and degree of inflammation, upon the constitution of the patient, and the morbid conditions with which it may happen to be complicated. An inflammation of the parenchyma, or the concave portion of the liver, is more dangerous than an inflammation of the surface of the liver or of its convex portion. Dangerous symptoms are: great anguish in the præcordial region, obstinate vomiting of a leek-coloured substance; pain which cannot be relieved; frequent, small, irregular pulse, delirium.

Hepatitis is distinguished from gastritis by the following symptoms: In gastritis there is no enlargement of the volume of the liver which exists in hepatitis, and can be diagnosed by percussio and palpitation; jaundice is wanting, and the secretions have their natural colour. Pneumonia, pleuritis, and empyema, cannot be confounded with hepatitis, provided we do not overlook the above-mentioned characteristic symptoms of those diseases. In diaphragmitis the pain extends along the insertion of the diaphragm, the breathing is more painful, panting, sighing; there is occasionally singultus, risus sardonius, anguish, delirium. A colic induced by biliari calculi is recognisable by the paroxysmal recurrence of the pains. In



hepatitis the secretion of urine, which is interrupted in nephritis, is undisturbed.

The division of hepatitis into acute and chronic, facilitates the treatment. It is likewise useful to distinguish a synochal, crethic and typhoid form, and not to overlook the sporadic, endemic or epidemic character of the disease.

This inflammation terminates as all other inflammations. I ought to observe, however, that no disease, after the use of leeches, is more liable to metastasis than an inflammation of the liver, and that these metastatic diseases are more difficult to cure than the primary affection.

§ 213. I know from experience that it is best to commence the treatment with *Aconite*. If the inflammation should have been occasioned by violent chagrin, with gastric and icteric symptoms, *Chamomilla* is a specific remedy, and frequently relieves the disease in a few hours. *Chamomilla* is likewise indicated when there is more anguish than pain, or when the pain is dull-aching, and is not aggravated by pressure, turning from side to side, or drawing breath; when the pain is accompanied by oppression of the stomach, tightness and feeling of heaviness in the præcordial region, occasioning oppression of breathing; when bilious symptoms, jaundice, etc., are present, showing that the concave surface of the liver is more particularly inflamed. If the paroxysms of anguish should occur more frequently or at night, if there should be green, slimy, diarrhæic stools, and a disposition to vomit, *Pulsatilla* may prove useful.

If the inflammation be attended with retention of stool, and spasmodic symptoms of the chest, *Bryonia* will generally be found a specific for that condition. *Bryonia* is, in fact, suitable for all congestive inflammations with violent fever and great vascular and nervous excitement; or for inflammations which had been occasioned by a cold or chagrin, or which are characterized by exacerbations occurring at night, or on waking, or during motion, etc. *Bryonia* deserves consideration when the fever has an crethic character,



and is attended with bilious symptoms; but particularly when the right hypochondrium is swollen and tight, with burning or stinging pain during contact, cough, or breathing.

*Belladonna*, in alternation with one of the above-mentioned remedies, will prove curative in chronic hepatitis, characterized by chronic sensitiveness in the region of the liver, by a yellowish complexion, altered stool, sensation of pressure or tightness in the epigastric region, irregular appetite, increased thirst, restless nights. An inveterate chronic hepatitis requires to be treated with the antipsorics, principally with *Natrum*, *Muriate of Magnesia*, *Natrum mur.*, *Antim. cr.*, *Sal. ammon.*, *Lycop.*, *Kali carb.*, *Sulph.*, *Sep.*, *Carb. an.*, *Asa*, etc.

An acute inflammation of the liver can sometimes be cured by *Belladonna* alone, particularly when the convex surface towards the diaphragm is inflamed, in which case the pain is superficial, stinging, aggravated by pressure, inspiration, cough, or by lying on the affected side, when the pain resembles pleurisy, and extends to the shoulder and neck. Accompanying symptoms are: dry cough, dyspnœa, hiccough, congestion of blood to the head, dulness of the head, obscuration of sight, vertigo, as if one would faint. Sometimes these symptoms are accompanied with distention of the pit of the stomach, and an intolerable tightness across the abdomen above the umbilicus, occasioning difficulty of breathing and anxiety. If considerable thirst, agonizing tossing about, sleeplessness, etc., should be present, *Belladonna* is more suitable than any other remedy.

*Nux vomica* is particularly suitable when gastric symptoms are present, and the patient has a lively, sanguine, or choleric temperament. It is more suitable to males than females. *Nux* is indicated by a stinging pain in the region of the liver, which is exceedingly painful to contact, with occasional beating or throbbing in the right hypochondrium; by constipation, sour and bitter taste, loss of appetite, inclination to vomit or vomiting, tightness, pressure, short-

ness of breathing, with sensation as if the clothes were too tight, although the oppression of the chest increases on removing them, great thirst, frequent and hard pulse, bright-red, scanty urine, pressing headache, exacerbation of the fever, and pains early in the morning. I ought to add in this place, that *Aconite* is much more useful in hepatitis when the pulse is accelerated, soft, full, or even irregular, than when it is frequent and hard.

*Mercurius solubilis* is a valuable remedy when the patient complains of bitterness in the mouth, with more thirst than hunger, constant chilliness, aching pain in the right epigastric and the præcordial region, (which is likewise very sensitive to contact,) when the patient is unable to lie on the right side, has a jaundiced appearance, and complains of frequent paroxysms of anguish. *Antim. cr.*, *China*, *Puls.*, are likewise suitable for the above group of symptoms.

I have used *Cocculus* with benefit for stinging and violent aching pains in the right hypochondrium, getting worse on stooping, coughing, or breathing; the pain extends to the pit of the stomach and stomach, and does not admit of the least contact; the abdomen is distended, with frequent vomiting of water and mucus, which increases the pain extremely; attended with burning heat and redness of the face, great thirst, and small, rather hard pulse.

*Cantharis* seems to be indicated by a full and hard pulse, by violent, vague (perhaps stinging) pains in the right hypochondrium, attended with constipation.

I have found *China* an admirable remedy for a sticking pain in the region of the liver, with sensation of subcutaneous ulceration on touching it, swelling of the right hypochondrium, diarrhœa, quick and hard pulse, redness of the cheeks, swelling of the veins of the head, etc.

*Lycopodium* and *Sulphur* are excellent remedies for chronic hepatitis. *Sepia* is indicated by an aching-sticking tightness in the right hypochondrium, aggravated by contact, deep breathing, or turning to one side; it is particularly indicated by a bland and gen-

tle disposition, when chagrin is the exciting cause, by restless night-sleep, with paroxysms of anguish, arrest of breathing, anxiety, and palpitation of the heart.

§ 214. *Icterus, jaundice.*

Idiopathic icterus consists in a limited or suppressed secretion of bile in the liver, inducing a derangement of the digestive functions, and a deposition of bilious pigment in other secretory organs, particularly the skin, kidneys, and lastly, in the mucous and serous membranes.

Suddenly or gradually the albuginea assumes a yellow tinge, which spreads rapidly over all the other parts of the body; at first it is a pale-yellow, afterwards the yellow becomes darker, reddish, saffron-coloured; in the highest degree of jaundice, the skin is brown, or even black-yellow. Bilious pigment likewise makes its appearance in the urine, which becomes yellow, brown, or even black, and, like the sweat, tinges the linen yellow. The tongue is somewhat whitish, coated with mucus, the taste is flat, frequently bitter, attended with inelination to vomit, or vomiting of mucus and a bilious substance, the abdomen is distended, sometimes there is pain in the region of the liver, the stool is scanty or suppressed, white, gray, clayey, without bilious pigment, and frequently accompanied with colicky pains around the umbilicus. If fever be present, the chilliness is of short duration, not very violent, the heat is somewhat considerable, the pulse is accelerated but soft, the thirst increased, and the fever has distinct remissions in the morning. Sometimes the humours of the eye even look yellow, and everything then appears to the patient in a yellow or faint-red light.

§ 215. We distinguish the following varieties of icterus:

(1.) *Icterus neonatorum.* This comes on between the third and fourth day after the birth of the infant, very rarely on, but never after, the seventh day. Within 12 or 24 hours the skin becomes yellow, rather of an orange-colour, except the albuginea, which re-

mains unchanged; the abdomen is not distended, but soft, painless; there is little or no bilious pigment in the urine, the stool is either retained or thin, but greenish and mixed with bilious pigment.

Afterwards, between the second and tenth month, another malignant form of jaundice sometimes develops itself, distinguished from the other form by the dark, brass-coloured appearance of the skin, (even of the albuginea,) by the presence of a quantity of bilious pigment in the urine, and by the supervention of fever, spasms, and sopor.

(2.) *Icterus acutus, febrilis, spasticus.* This form sets in suddenly, without precursory symptoms, and is always attended with fever.

(3.) *Icterus vulgaris, chronicus, afebrilis.* The colour is light-yellow, the urine becomes dark-red, gradually black, the tongue is clean, although the taste is bitter and even foul; there is no appetite, but rather an aversion to certain kinds of food, particularly to meat. Striking symptoms are the increasing slowness of the pulse, which sometimes falls to 40, and the irritable mood of the patients; their anger is excited by the least circumstance, they feel feeble, and get tired from the least exercise.

(4.) *Icterus senilis.* This being occasioned by biliary calculi and an arthritic diathesis, we shall treat of this subject hereafter.

Idiopathic jaundice cannot well be confounded with a similar symptomatic affection accompanying hepatitis, organic affections of the liver or bilious fever, on account of the absence of all symptoms denoting an inflammatory affection of the liver or characterizing bilious fever.

§ 216. Acute jaundice generally occurs in individuals at the age of pubescence, with a delicate skin, in midsummer; and is occasioned by taking cold when the skin is covered with sweat. It may even become an epidemic disease when the hot atmosphere is suddenly cooled by a thunder storm. Jaundice may likewise be caused by overloading the stomach, or by eating hurtful food, by cooling the stomach or liver by

means of cold water or ice while the body is heated, by an impeded circulation of the blood in the liver, (hence in pregnant females,) by abuse of China, rhubarb, Mercury, (particularly calomel,) mercurial and sulphur ointments, in conjunction with improper diet; and lastly, it may arise from intermittent fevers, by a sort of metaschematismus.

Icterus neonatorum is probably always occasioned by a cold, or may perhaps arise from the retention of the meconium, or from the immoderate use of chamomile tea, during the latter part of pregnancy, by the mother, or, afterwards, by the infant.

The different varieties of jaundice run a different course. The icterus neonatorum runs its course in from 6 to 10 days, and almost always terminates in complete recovery, with copious discharges of black and afterwards bilious matter; it very rarely assumes a malignant character, in which case it may last weeks and months, frequently terminating in atrophy, scrofula mesenterica, softening of the stomach, eclampsia, acute hydrocephalus, and death. The icterus febrilis runs its course in from 7 to 14 days, and recovery generally takes place by means of critical sweats, sedimentous urine, and bilious evacuations; it is only in consequence of great mismanagement that this form of jaundice sometimes passes in hepatitis or bilious fever. The icterus afebrilis frequently continues for weeks and months; but if it should have been caused by hurtful food, the disease may terminate in two or three days, the white stools again becoming bilious, and the dark urine clearer; it is very seldom that dyspeptic symptoms or hepatitis supervene.

The prognosis is generally favourable, particularly in icterus neonatorum and icterus febrilis; in icterus afebrilis recovery is likewise generally certain, except if it should have arisen from abuse of mercury, in which case the prognosis is somewhat doubtful. In icterus neonatorum malignus the prognosis is unfavourable, if the disease have lasted some time, if the skin be of a dark brass color, the abdomen distended, if the children utter a squeaking noise, with spasms or sopor, if the



region of the stomach be hot and painful to the touch, and if putrid vomiting set in.

§ 217. The following remedies deserve particular attention in the treatment of jaundice: *Aconite*, *Arsenic*, *Bryon.*, *Calcar.*, *Canthar.*, *Carb. veg.*, *China*, *Con.*, *Cupr.*, *Dig.*, *Iod.*, *Mercur.*, *Acid nitr.*, *Nux vom.*, *Plumb.*, *Puls.*, *Ran.*, *Rhus t.*, *Sec.*, *Sulph.*, *Acid. sulph.*

*China* is indicated by pressure at the stomach, vomiting, diarrhœa, fainting, great debility, bitter mouth, anorexia, hard distention of the abdomen, and when the symptoms can be traced to abuse of mercury.

*Mercurius* is indicated after abuse of *China*, in scrofulous individuals, when asthmatic symptoms, painfulness of the liver, rheumatic pains in the pectoral muscles are present, both in icterus neonatorum and afebrilis.

*Sulphur*, in scrofulous, psoric individuals, after abuse of Mercury, or when the disease was occasioned by the suppression of a cutaneous eruption.

*Iodium*, by a dingy, yellow skin, excessive emaciation, lowness of spirits, or irritable spirits, yellow or brown, dark colour of the face, thick coating of the tongue, much thirst, turns of nausea, white diarrhœic stools alternating with constipation, dark, yellow-green, corrosive urine, etc., after abuse of mercury. Even jaundice accompanied with organic changes in the liver, hectic fever, dyscratic conditions, etc., comes within the curative action of iodium.

*Chamomilla* is suitable for jaundice occasioned by a cold, by chagrin, anger, or when the body is excessively sensitive to the open air, accompanied with sleeplessness, cries and starting during sleep, dryness of mouth, heat of the face after dinner, distention of the abdomen, discharges of white mucus, particularly at night, discharge of undigested food, &c.

*Digitalis* is particularly suitable when the whole body and particularly the albuginea and the more delicate portions of the skin exhibit a yellow tinge, when there is loathing, frequent empty retching, sensitiveness, and pressure in the pit of the stomach and region of the liver, distention of the abdomen, slug-



gish stool, gray, clayey fæces, scanty, turbid, thick, saturated, yellow-brown urine, alternate shuddering and heat; it is likewise useful in icterus spasticus, with constant inclination to vomit, and chalky stools, with full, slow pulse; these symptoms constitute a particular indication for digitalis in icterus afebrilis.

*Pulsatilla* is principally indicated after abuse of China, Chamomilla, and Sulphur, when an overloaded stomach is a principal cause of the disease, and the following symptoms are present: sleep disturbed by frightful and anxious dreams, violent nocturnal anguish, sad, whining mood, yellow or slimy tongue, bitter, foul, or earthy taste, bitter eructations, slimy, bilious, or bitter-sour vomiting, perceptible throbbings in the pit of the stomach, difficult stool, with painful straining, white stools, scanty discharge of red, brown urine, or else retention of urine.

*Carbo. veg.* is suitable for chronic jaundice, attended with scorbutic symptoms, vehement, vexed mood, aversion to meat, butter, grease, constipation, or else pale, white stool, discharge of dark-red urine.

*Arsenicum*, as well as *Iodium*, may still prove useful in jaundice, attended with degenerations of the liver, China, *Iodium*, Mercury-cachexia, scorbutic or scrofulous dyscrasia, and hypochondriac mood.

*Nux vomica* corresponds to jaundice in persons who have made an excessive use of spirits, coffee, tobacco, opium, chamomile tea, or to jaundice occasioned by violent chagrin or anger; or by a sudden change of temperature, in individuals with irritable, hypochondriac, melancholy, hysteric dispositions, or who are exceedingly sensitive to open air, and are apt to take cold when exposed to the least draught.

Icterus occasioned by chagrin and anger, is principally cured by *Aconite*, *Bryon.*, *Chamom.*, *China*, *Ignat.*, *Nux vom.*, *Natrum mur.*, *Sulphur*. When occasioned by a cold or a sudden change of temperature: *Dulc.*, *Nux vom.*, *Chamom.* When arising from an overloaded stomach and dietetic transgressions: *Puls.*, *Antim.*, *Bryon.*, *Carb. veg.*, *Chamom.*, *Natrum m.*, *Nux v.* When caused by abuse of spirituous drinks: *Nux*

*v.*, *Dig.*, *Ars.* When caused by abuse of Chamomile : *Ignat.*, *Nux v.*, *Puls.*, *China*. By abuse of Mercury : *China*, *Hepar s.*, *Sulph.*, *Acid. nitr.*, *Asa fæt.*, *Iod.*, *Ars.* By abuse of China : *Puls.*, *Arş.*, *Merc.*, *Ipec.* Jaundice occurring during pregnancy, which is probably caused by mechanical pressure on the liver, is most speedily relieved by *Nux v.*, *Ipec.*, and *Natr. mur.*

The dyspeptic symptoms which sometimes remain, such as loss of appetite, loathing of food, nausea, oppression of the stomach after eating, obstinate constipation, etc., generally yield to *Bryonia*.

Icterus neonatorum, if of a benign nature, generally gets well with little or no treatment. If it should have arisen from cold, from the use of damp and cold bandages, or from too long an exposure after birth, it will be sufficient to bathe the infant in tepid water, and to keep it warm ; a dose of *Dulc.* or *Chamom.* may likewise be of service. If the excessive use of Chamomile-tea, during or after pregnancy, should have occasioned the disease, *Ignat.*, *Puls.*, *Nux vom.*, *China*, *Coffea*, will be found the most suitable remedies, in conjunction with proper diet. The malignant form of icterus neonatorum is more difficult to cure. If it should have been caused by bad milk, the infant has to be nursed by some other person, and any kind of food which is disposed to ferment should be avoided. *Nux v.*, *Puls.*, *Acon.*, and *Chamom.* are the remedies to be used. If the disease should have been caused by the desiccation, by means of lead-ointments, of sore places on the genitals, buttocks, in the axillæ, etc., the obnoxious application should at once be removed, and *Chamom.*, *Sulph.*, *Hep. sulph.*, *Alum.*, *Opium.*, should be exhibited. For convulsions, spasms, sopor, violent fever, *Belladonna* will be found most suitable. When these latter symptoms occur, it is to be feared that acute hydrocephalus, gastromalacia, or atrophy, will supervene.

§ 218. *Inflammation of the spleen, splenitis, lienitis.*  
Affections of the spleen, even when amounting to

disorganizations, do not affect the general organism in any great degree, and are not easily diagnosed.

An acute inflammation of the parenchyma of the spleen is characterized by the following symptoms: Violent sticking, boring, tensive, throbbing pains in the region of the spleen, extending to the shoulder, clavicle, nipple, or towards the stomach, back, kidneys, with oppression of breath, constriction of the epigastrium, with aggravation of the pain on turning to the left side, on pressing on the left hypochondrium, or during motion, exertion, cough, sneezing, etc. This painfulness is constant; sometimes there is an increase of heat in the region of the spleen; and if the lower and anterior portion of the spleen be affected, a hard, round, not very moveable swelling, is felt in the region of the ninth and tenth ribs, anteriorly, which is extremely painful when touched. Accompanying symptoms are: Oppression, anguish, cough, dyspeptic symptoms, vomiting, burning in the region of the stomach, bitter, or sometimes sour taste, with burning eructations, retching, vomiting without relief, singultus. Vomiting of blood is always present, even at the commencement; the blood, particularly at the commencement, is scarcely ever pure blood, but is mixed with bilious, slimy matter, looks like serum, but assumes a blackish venous colour; afterwards the blood becomes thick, blackish, and is vomited in larger quantity. Obscuration of sight, vertigo, disposition to fainting, are frequently present, particularly in an erect posture. The fever is a synocha, with intense thirst and changing pulse, which is sometimes suppressed and intermittent at the left wrist; the urine is burning, of a dark brown-red, less frequently of a dingy saffron colour. The fever is remittent, and has sometimes a quartan or tertian type.

§ 219. Splenitis runs a course of from 5 to 14 days, and terminates with critical sweats, urine, phlyctænæ around the mouth and nose, and sometimes bleeding from the nose or other orifices. It may leave adhesions, induration, or permanent enlargement. Splenitis is seldom directly fatal; death generally ensues by

softening or suppuration; the former termination being much more frequent than the latter; hence the frequent tearing of the spleen.

The distinction between inflammation of the capsule and parenchyma of the spleen is of no practical value. Splenitis is frequently epidemic in hot summers, and is sometimes confounded with melæna, hepatitis, peritonitis, pleuritis, nephritis, gastritis, or carditis. Gastrodynia likewise frequently depends upon or co-exists with an affection of the spleen. In such a case the spleen is probably more or less inflamed, which we may infer from a previously existing abdominal plethora, or from one actually present and occasioned by the suppression of an habitual discharge of blood from the bowels. Among the numerous violent symptoms which come under our observation in such a complicated case, those pointing to an inflammation of the spleen are frequently overlooked.

Splenitis is most frequent among persons of middle age or among old people. It occurs more frequently among men than women. It may be caused by mechanical injuries, concussion of the trunk, long running, dancing, colds, sudden suppression of habitual discharges of blood, suppression of ulcers on the feet, or the inflammation may reach the spleen by spreading from adjoining organs.

§ 220. In acute splenitis, with violent synochal fever, *Aconite* is the first remedy. If, under the influence of *Aconite*, the pain does not subside simultaneously with the fever, other remedies should be resorted to.

*Nux vom.* is indicated by a sensation of swelling, increase of the stinging pain by contact or motion, spasmodic pains in the left hypochondrium, with qualmsiness in the pit of the stomach, aversion to food, with fainting spells, vomiting of blood or gulping up of dark blood from the stomach, pains in the stomach, retention of stool, dyspeptic symptoms, etc. The constitution and disposition of the patient should likewise be considered.

*Arnica* deserves attention when the blood is coagulated, between light and dark-red, with constant ach-

ing-sticking pain in the left hypochondrium, and consequent arrest of breathing.

*Cantharides* is indicated when the kidneys are likewise inflamed, with constant retching and some discharge of blood by the mouth, sticking pressure and feeling of fulness in the left hypochondrium, extending to the dorsal vertebræ, tossing about in despair and agony.

*Belladonna* is likewise suitable for splenitis.

*Chamomilla* corresponds to a tensive and burning pain in the left hypochondrium, pressure in the pit of the stomach, frequent hiccough, etc.

*China*, although not generally indicated in inflammatory diseases, will be found useful in splenitis, after the fever has been subdued by Aconite, when the frequent vomiting of blood induces great debility, and the pinching and pressure change to lancinations, with swelling and hardness of the spleen; frequent diarrhæic stools, with discharge of dark, coagulated blood, do not counter-indicate *China*, although in such a case *Arsenic* deserves a preference, particularly if the patients complain of a burning pain in the spleen, with swelling, attended with constant anguish and pulsations in the pit of the stomach. *China* is likewise indicated by painful swelling of the spleen, and tearing stitches in that organ, preventing the patient from lying on the affected side. The fever is characterized by dry burning heat, great thirst, restlessness, anguish about the heart, yellow, livid countenance, dry and parched lips, white-coated tongue, bitter taste in the mouth, nausea, aversion to food, etc.

*Bryonia* is counter-indicated by hæmatemesis and diarrhœa; it corresponds to constipation and sticking pains in the spleen. I think *Bryonia* and *Pulsatilla* particularly adapted to an inflammation of the capsule of the spleen, with sticking, aching pains, aggravated by motion, and when the affected part is visibly swollen.

*Laurocerasus*, *Mezereum*, *Drosera*, *Stannum*, *Plumbum*, *Spigelia*, *Lycopodium*, *Carbo veg.*, and other remedies, may sometimes prove useful in splenitis.



§ 221. *Gastritis, inflammation of the stomach.*

Acute gastritis, as is occasioned by corrosive poisons, is characterized by the following symptoms: Excessively burning, gnawing, constrictive, tearing, sticking pain in the epigastrium, increasing rapidly and without intermission, extending over the chest, and occasioning dyspnœa; the pain is aggravated by breathing, contact, the least pressure. There is a constant and intense desire for cold drinks, although every drop is vomited up again. The region of the stomach is hot to the touch, the patient wants cooling things to be applied to that region constantly; the epigastrium is distended, and the patient can neither swallow solid nor liquid things. The pulse, in such violent cases, is suppressed, small, wiry, frequently intermitting; face and extremities are covered with a cold sweat; the face is pale, spasmodically distorted, expressive of much pain; the patient is uneasy, anxious; stool and urine suppressed, or the secretion of urine is at any rate very scanty; death takes place very rapidly, from paralysis, preceded by singultus, dysphagia, aphonia, delirium, subsultus tendinum, and other nervous symptoms.

There are milder forms of gastritis, characterized by a feeling of pressure, heaviness, gnawing, tension in the umbilical region, which is not so sensitive to pressure. The patient is able to eat and drink, but afterwards he experiences pain, frequent eructations, attended with red face, accelerated pulse, hot hands, disposition to vomit, etc. The region of the stomach is distended by gas, tight, percussion yields a tympanic sound over a large surface. The fever is not always present; when present, it is either synochal or erethic. The skin is dry, and its temperature raised. Sympathetic symptoms are: headache, pain in the limbs, paroxysms of cough, palpitation of the heart, nervousness, etc.

A mild form of acute gastritis may lead to a chronic one, which is frequently so deceitful that death takes place suddenly, in consequence of perforation; or in-



nervation and marasmus develop themselves. The physician is frequently misled by the difficult digestion, eructations, flatulence, pyrosis, pain in the stomach, and is induced to treat the patient for dyspepsia, cardialgia, etc.

§ 222. An acute gastritis runs a rapid course; its phenomena are of short duration, but intense in their nature. The disease frequently terminates in death in a few hours, by exhaustion and paralysis of the nervous system. This likewise takes place when a chronic gastritis becomes acute, or else a slowly-progressing ulceration leads to perforation of the stomach. An acute gastritis lasts from 10 to 25 days; a chronic for months and even years. Gastritis is frequently confounded with cardialgia, colic, cholera, etc.

Gastritis may be occasioned by the following causes: the use of cold drinks or of ice when the stomach is heated; cold bathing when the body is very hot;\* introduction into the stomach of mineral acids, arsenic, mercury, corrosive sublimate, saltpetre; inflammation of adjoining organs, mechanical injuries of the stomach, metastasis of inflammations of other organs to the stomach, suppression of herpetic eruptions, localization of dyscratic action, etc.

The prognosis depends upon the course and origin of the disease. When occasioned by cold drinks, poisons, metastasis, or dyscrasia, it is very dangerous. Children and old people are exposed to great danger.

§ 223. The treatment of gastritis differs according to the cause of the disease. A gastritis from gastric impurities or acrid bile is not very difficult to cure. Among these kinds of gastritis belongs the one arising from the use of too heavy food in the case of infants. The milk of the nurse ought to be changed for more adequate nourishment, after which, *Ipec.*, *Nux v.*, *Bryon.*, *Antim.*, *Pulsat.*, or *Veratr.*, should be exhibited.

Traumatic gastritis is, properly speaking, a surgical

\* These causes may likewise cause a sort of cholera, which at first bears a great resemblance to gastritis.

disease, which requires to be treated, among other remedies, with *Arnica*, externally and internally.

In gastritis toxica, the poison has first to be removed; the vomiting should be promoted by warm drinks, except when it is excessive, in which case it has to be moderated. This result can most easily be obtained by means of mild oleaginous and mucilaginous substances, which are likewise the most suitable to neutralize the poison. Such substances are: linseed oil, milk, warm water, sugar-water, slimy drinks, etc.; milk and sugar-water may be continued together with the specific medicine.

Gastritis potatorum is to be treated with one of the remedies which we shall point out hereafter.

After the removal of the local causes of the disease, a few doses of *Aconite* require to be given, in rapid succession, to moderate the synoeha, if there should be any.

The best remedy for the above-described most acute form of gastritis, is *Arsenic*.

Next to this comes *Phosphorus*, if the patient complain of a cutting burning, with pressure, burning heat in the stomach, as if hot gas were rushing out of the mouth, etc., accompanied with violent thirst, burning in the pit of the stomach, anguish, convulsions of the face, violent shuddering, cold extremities, clear eyes, with lachrymation, pale lips, hurried, small, feeble pulse, and prostration of strength.

*Camphora* corresponds to burning with pressure in the stomach, with coolness in the pit of the stomach, great painfulness of the pit of the stomach to contact, violent vomiting of bile and blood, gulping up of the ingesta, cold sweat in the face, general coldness of the body, hurried breathing, bruised feeling in the back, and feeble, scarcely perceptible, pulse.

*Cantharides* correspond particularly to stinging, burning, and cutting, particularly in the region of the orifice of the stomach, feeling of fulness, sensation of screwing together, extending to the dorsal vertebræ, vomiting of the ingesta, vomiting of blood, with constant retching, agonizing uneasiness, small and inter-

mittent pulse, with burning thirst. This kind of gastritis is always accompanied with pains in the abdomen, kidneys, and bladder, the pains of the latter organ descending from the ureters, and being attended with ischuria.

*Bryonia* is one of the remedies for the less violent forms of gastritis. It corresponds to an aching, stinging, burning pain in the stomach and pit of the stomach, to a sensation as if the pit of the stomach were distended, to gulping up of the ingesta, vomiting, even vomiting of blood, sore pain in the pit of the stomach, when touching it or coughing, anxiety and oppression. It corresponds particularly to a phlegmonous inflammation of the stomach, with violent synochal fever, great nervous and vascular excitement, burning and dry heat, with thirst.

*Nitrum* is indicated by a violent aching pain in the stomach, with cooling burning in that organ. Among the accompanying symptoms we distinguish: canine hunger, slight thirst, hiccough, gulping up of bitter fluid with some relief, vomiting of blood, as the disease increases; the pulse is very quick, full, and hard.

*Nux vomica* may prove useful in some cases of gastritis; it is indicated by burning in the region of the orifice of the stomach, violent vomiting, etc.

*Veratrum* is likewise an important remedy in gastritis. We would likewise name: *Puls.*, *Euphorb.*, *Sec.*, *Ipec.*, *Antim. cr.*, *Mezer.*, *Helleb.*, *Calc.*, *Ranuncul. sccl.*, *Iod.*, etc. If hydrophobic symptoms should supervene, *Hyoscyam.*, *Stram.*, *Canthar.*, and *Bellad.*, should be employed.

§ 224. *Enteritis, colica inflammatoria, inflammation of the bowels.*

Such an inflammation generally commences in the mucous coat, whence it spreads to the other tissues. We distinguish an erythematous, (mucous,) phlegmonous, viscous, follicular, serous inflammation of the bowels. It is principally the follicular inflammation

which occasions ulcers in the intestines, such as we observe in abdominal typhus.

The most frequent kind of enteritis is ileocolitis, which occurs both as a mucous and phlegmonous inflammation. The latter is characterized by excessively violent, piercing, burning, and tearing pains, which are frequently most intense at a circumscribed spot in the umbilical region or the right iliac fossa; here the pains are seated, constant, aggravated by the least contact, efforts to vomit, breathing, cough, etc.; the patient is lying on his back, without stirring, with his lower limbs drawn up, moaning, not daring to move lest the pain should get worse. The pain comes on in paroxysms, like colic. The abdomen feels hot, distended, hard, frequently tympanitic; obstinate constipation, which continues during the whole period of the inflammation; troublesome, painful flatulence, passing upwards; vomiting, first of mucus, bile, and food, afterwards of green masses, resembling fæces, and even vomiting of fæcal matter.

An inflammation of the bowels, like all other violent inflammations, sets in with a violent chill, or else fever and inflammation develop themselves at the same time. The pulse is very frequent, (100 to 120,) small, spasmodically contracted, hard, and intermittent. There is internal heat, and unquenchable thirst, although the extremities are cool; the features express pain and anguish; the respiration is anxious, hurried, and is generally performed by means of the intercostal muscles. The tongue is generally dry, red, or coated white; skin dry; urine scanty and red. Sometimes nervous paroxysms, singultus, speechlessness, fainting spells, and delirium, are present.

A mucous inflammation is distinguished from the other one by being less violent; the pain is more remittent, as in colic, even intermittent, dull, tensive, cutting, with feeling of fulness in the umbilical region and in the right iliac fossa. There is no vomiting, unless the inflammation should reach the stomach. This form of inflammation is more frequently attended with diarrhœa than constipation, generally occurring

at night, characterized by discharge of flocks. The fever is erethic, sometimes even inclining to torpor; the pulse is soft and frequent. Evening exacerbations, and remissions in the morning.

§ 225. A very acute enteritis runs a course of from 24 to 48 hours, or at most from 3 to 6 days; a mucous enteritis runs from 4 to 14 or even 30 days, in which case the inflammation becomes chronic. Recovery from the phlegmonous inflammation takes place by alvine evacuations, and from the mucous enteritis by critical fevers and abatement of the symptoms. Death ensues by gangrene and paralysis of the abdomen; in the second form, by the passage of the disease into enterophthisis.

The disease may be caused by irritating, bad, decayed food, unripe fruit, melons, cucumbers; overloading the bowels; abuse of spirituous drinks; irritating drugs; acrid bile; mechanical irritants; suppression of cutaneous secretions, in consequence of cold; suppression of habitual discharges of blood, of sweat on the feet; or the disease may set in as a sequel of gastritis, hepatitis, peritonitis, or may be occasioned by dyscrasia.

The prognosis depends upon the nature of the course of the disease, upon the extent and intensity of the inflammation, and upon the general character of the symptoms.

§ 226. The treatment should commence with *Aconite*, which is to be continued at longer or shorter intervals, according as the inflammation is more or less violent; for the symptoms which remain, after the inflammation has been subdued, *Nux. v.*, *Bryon.*, *Chamom.*, *Bellad.*, *Rhus t.*, *Puls.*, or *Merc.*, *Arsen.*, or *Canthar.*, are appropriate remedies. In some cases these remedies are indicated from the commencement.

If some other adjoining organ should be inflamed at the same time as the bowels, the specific remedy should be administered in alternation with *Aconite*.

For sub-inflammatory symptoms, when the inflammation is not distinctly developed, *Belladonna* and *Hyoscyamus* are excellent remedies.

The so-called stagnationes sanguinis, (physconia sanguinis,) in the abdomen, have frequently the appearance of an inflammation of the bowels, particularly when they are accompanied with fever and pain. The symptoms are less intense, with remission and even perfectly free intervals. The pain is less seated, more changeable, goes and comes; sometimes there is only a disagreeable sensation of pressure, tension; burning, or beating, accompanied with other various symptoms according as one or the other portion of the abdomen is the seat of the affection. This condition frequently arises from irregular piles or catamenia, and occurs in hypochondriac or hysteric persons, or in those who are fond of spirituous drinks. Indigestible, stimulating food aggravates the disease. The patient complains of troublesome thirst, dryness of the lips and mouth, flatulence, borborygmi. The stool is lumpy, dry, and dark, or slimy, thin, fetid. Diarrhœa sometimes alternates with constipation. At first, there is no fever, afterwards only in the evening, with morning remissions and slight sweat. Emaciation, prostration of strength, cachectic appearance, cough, night-sweats, dropsical symptoms.

The cure is generally effected by *Nux v.*, *Bryon.*, *Puls.*, *Bellad.*, *Digit.*, *Phosphor.*, *Calc. acet.*, *Sep.*, *Veratr.*, *Sulphur*, and other remedies.\*

#### § 227. *Enteritis, mucosa infantum.*

This disease is of frequent occurrence among children. It is both acute and chronic. It commences with increased stool, frequently without fever. The evacuations gradually increase in frequency, and are sometimes preceded by restlessness, starting, on account of the pain and convulsions; during the evacuation the children moan and cry. The stools are of a brown-reddish colour, sometimes mixed with bloody, flocculent, slimy, and purulent substances, or they look green and stirred, or they are watery and of a dark

\* These symptoms frequently set in in persons suffering with nervous irritation, and then yield to *Aconite*, as their most certain specific.—*Hempel*.



colour, or undigested. The anus becomes sore and erythematous; sometimes tenesmus is present, and diarrhœa alternates with constipation. These symptoms are accompanied with burning heat, frequent pulse, bright-red tongue, which afterwards becomes dry and crusty; there is vomiting and constant drinking; tympanitic distention of the abdomen, which is sensitive to pressure, and hot, with decline of strength and loss of flesh; the face is sunken, looks old, with dim and faint eyes, sallow skin. The phenomena of this disease are frequently rendered obscure by symptoms pointing to a cerebral or pulmonary affection.

The disease frequently terminates fatally, particularly among new-born infants; but even among larger children it is sometimes very dangerous.

In regard to treatment, I would observe that it should invariably be commenced with *Aconite*. We know, from thousands of cases of post-mortem examination, that a vast majority of the affections of children are characterized by inflammatory conditions, and that the little beings might have been saved if physicians were more willing to heed all the indications of suffering in the infantile organism. It is true that Hahnemann teaches that the homœopathic physician need not trouble himself about anything but the symptoms of the disease; but we ought not to forget that both the external and internal phenomena constitute the true and complete character of the disease, and that it is, therefore, the physician's duty to understand this character fully. Although I am an old practitioner, yet I keep up with all the improvements in medicine which lead to a safer and more correct diagnosis, and it is owing to this progressive initiation into the internal conditions of disease that I have accustomed myself to commence the treatment of most of the affections which befall children, with *Aconite*. This remedy moderates the violence of the symptoms, and frequently removes them altogether.

Next to *Aconite*, *Chamomilla* deserves to be recommended, when the thin and fluid discharges from the bowels, or the corrosive discharges of white or green

mucus are attended with violent pains, when they occur most frequently at night, and the night's rest is frequently interrupted by cries and starting.

*Pulsatilla* is indicated by sudden alternation of heat and chilliness, with sleeplessness, except a little slumber towards morning, constant moaning, and frequent discharges of corrosive mucus, with vomiting.

*Nux v.* and *Bryonia* are indicated when constipation is present, the latter particularly when the abdomen is sensitive to pressure.

*Belladonna* and *Hyoscyamus* may prove useful when the inflammation is sub-acute, or when the inflammatory symptoms are accompanied with periodically-recurring spasmodic phenomena.

*Coffea* requires to be used as an intermediate remedy, to allay the nervous irritation, which sometimes exceeds the vascular excitement.

For the other remedies, we refer the reader to preceding paragraphs.

#### § 228. *Incarcerated hernia.*

Hernia, unless it should have been occasioned by mechanical causes, in which case it requires surgical treatment, is a dynamic disease, and can be removed by internal treatment. The incarceration arises from a spasmodic contraction of the bowel, which soon leads to inflammation. *Nux vomica* is the most suitable specific for that condition. Shortly after its administration, the spasmodic phenomena disappear, and the hernia can be replaced. If relief should not set in two hours after the exhibition of *Nux*, it is not the proper remedy. Some physicians recommend large doses of *Opium* instead of *Nux*. In some cases of violent spasms, *Belladonna* will prove curative, even in volvulus.

#### § 229. *Nephritis, inflammation of the kidneys.*

We distinguish nephritis, or inflammation of the parenchyma; pyelitis, or inflammation of the mucous membrane of the tubes and pelvis of the kidneys; and perinephritis, or inflammation of the capsule. These

different varieties bear a close resemblance to each other; we shall therefore condense their symptoms in one group.

One or both kidneys may be inflamed at the same time. The patient complains of an acute or dull pain in one or both loins, frequently extending over the whole lumbar region; it is aggravated by pressure, motion, bending forward, deep breathing, coughing, sneezing, urging to stool, lying on the affected side, and warmth of the bed. The pain extends along the ureters down to the bladder, and the testicle of the affected side is spasmodically drawn up; in females the pain strikes into the round ligaments. Sometimes the inflammation is attended with vomiting, nausea, retching, cardialgia, colicky pains; the region of the kidneys is hot, painful, bloated, and the patient is unable to lie on the affected side; if both kidneys should be affected, the patient has to lie on his back. In some cases the secretion of urine is either diminished or suppressed, or the emission of urine is attended with pain and burning; the urine has a fiery-red appearance, and is sometimes sanguineous or mixed with pus. In most cases the thigh of the affected side is numb, there is great anguish and restlessness, constipation, and other secondary affections supervene. The disease generally sets in with a hard chill, which frequently occurs simultaneously with the pain in the kidneys: the skin then becomes hot and dry; the pulse is full, hard, and tight, sometimes contracted. The fever sometimes becomes typhoid, in which case sopor sets in, the patient lies immovable on his back, his answers are incomplete, the tongue becomes dry and black, the pulse small and frequent.

§ 230. Nephritis principally befalls full-grown people. In young, plethoric subjects, it is disposed to terminate in suppuration. In this case, the pains become dull and aching, and the patient complains more and more of heaviness in the region of the kidneys; in the most fortunate event, the pus is discharged with the urine.

Complete suppression of the urine, typhoid and pu-

trid symptoms, delirium, sopor, violent vomiting, hic-cough, great anguish and restlessness, coldness of the extremities, repeated chills, are unfavourable symptoms. The simultaneous presence of inflammation of other organs, renders the prognosis still more doubtful.

§ 231. The best remedies for nephritis are: *Cantharides*, *Cannabis*, *Nux vom.*, *Belladonna*, *Aconite*, *Pulsat.*, *Hepar. sulph.*, *Merc.*, *Sulphur*, *Thuja*, *Cocculus*, *Colchicum*.

The treatment depends a good deal upon the cause of the disease. If the disease should have been caused by suppressed hemorrhage, or by abuse of spirituous drinks, *Nux vom.* will be found the best remedy, when the disease is characterized by tension, distention, pressure, heat, burning in the lumbar and renal region. *Nux* is likewise suitable for nephritis generally, provided the symptoms correspond; or for nephritis occasioned by gravel or suppression of the piles.

The causes just named, particularly suppressed, scanty, or delayed catamenia, point likewise to *Pulsatilla*, especially in patients with slender forms and irritable dispositions.

*Belladonna*, and in some cases, *Hepar sulphuris*, is indicated by the following symptoms: Stinging-burning pain in the region of the lumbar vertebræ, close to the spine, extending along the ureters down to the bladder, and recurring periodically with increased violence; it sometimes involves the abdomen below the umbilicus, and is aggravated by contact; colicky pains and cardialgia, heat and bloatedness in the region of the kidneys, a fiery urine, which is passed in small quantities; anguish and restlessness, constipation, etc., are likewise present.

One of the principal remedies for nephritis is *Cantharides*, particularly when stinging, tearing, and cutting pains in the lumbar and renal regions are present, the pains being aggravated by the least motion, setting in in paroxysms, and thereby suddenly interrupting the breathing; the emission of urine is very painful,

and frequently impossible, or the urine is passed in drops with intolerable burning pains, mixed with blood. The fever is violent, the pulse frequent, full, rather hard; the thirst is great, the cheeks hot and red; loss of appetite; constipation: sleep is impeded by the violent pains and the urging to urinate, which is always greater at night; the patient always feels worse in the morning.

*Cannabis* is indicated by a drawing, ulcerative pain from the renal region to the groin, attended with anxiety and a qualmish sensation.

*Cocculus*, *Mercur.*, *Plumbum*, *Thuja* and *Colocynth*, are likewise useful in affections of the kidneys.

### § 232. *Cystitis, inflammation of the bladder.*

Inflammations of the bladder, are, generally speaking, rare and dangerous. They are generally accompanied with inflammation of the urethra, kidneys, and are sometimes occasioned by stones in the bladder. The pains are seated, continuous, burning, cutting, stieking, and are felt in the region of the bladder and perineum; they frequently extend over the whole abdomen towards the kidneys, frequently striking into the penis accompanied with painful erections, or into the rectum. The pain is aggravated by contact, motion, concussion; every effort to urinate is very painful, although the patient is tormented by a constant desire, with tenesmus of the sphincter vesicæ and ani. The urine is discharged in drops; it is thick, dark-red, turbid, frequently mixed with mucus, blood, or pus; in some cases the secretion of urine is totally suppressed. Gradually the bladder swells up into a tight, pear-shaped, extremely painful ball; the introduction of the catheter is either impossible or attended with horrible pain. Alvine evacuations are likewise painful. The fever is generally a synoeha, the pulse is tight, full, the skin burning-hot, thirst violent, tongue whitish, afterwards red and dry. Accompanying symptoms are: great restlessness and anguish, prostration of strength, cerebral and typhoid symptoms, singultus, fainting spells, convulsions.

§ 233. Cystitis runs a course of from five to fourteen days. Recovery takes place by means of critical secretions by the skin, critical urine or discharge of blood from the pelvic organs. Death ensues by paralysis. Suppuration and gangrene occur very rarely, and are extremely dangerous.

Exciting causes: cold; diuretics; frequent use of heating drinks; acrid injections in gonorrhœa; mechanical injuries, contusion, pressure, retroversion of the womb.

The prognosis is alway doubtful, particularly when the inflammation is very acute and involves a large portion of the bladder, with complete suppression of urine. It is more favourable when the inflammation was occasioned by a cold or by diuretics.

§ 234. For the synochal fever, *Aconite* should be exhibited and the treatment should otherwise be conducted with reference to the cause of the disease. If the inflammation should have been caused by cantharides, frequent small doses of a saturated solution of *Camphor* have to be administered, after which the remaining symptoms are controlled by other appropriate remedies.

If the inflammation be caused by a retroversion of the womb, this organ has to be replaced before other medicines can be used. If heating spirituous drinks be the cause of the disease, *Nux vom.* will be found the best remedy. If the disease should have arisen from suppression of the piles, arthritis, etc., the treatment does not require any particular reference to those conditions.

I have cured two cases of cystitis, arising from suppressed gonorrhœa, with *Cantharides*; the inflammation extended as far as the neck of the bladder, and was accompanied with distressing pain; the urine was discharged drop by drop, mixed with blood, the emission being accompanied with frightful burning; the patient could not find any relief in any situation. In the course of two days, all these dangerous symptoms had disappeared, and the gonorrhœal discharge was restored. The remaining pains in the urethra during



micturition, the painful drawing in the testes and spermatic cords, the feeling of fulness in the region of the bladder, yielded to *Nux vom.* *Mezereum* may likewise prove useful for a similar condition.

*Digitalis* will be found useful in Ischuria with contractive pain in the bladder, the disease being more spasmodic than inflammatory. *Hyoscyam.* and *Puls.*, although not adapted to a completely developed cystitis, are likewise deserving of consideration.

In inflammation of the fundus of the bladder, with constant urging to urinate, induced by the slightest accumulation of urine, with pain at every contraction of the bladder, *Squilla maritima* will prove of great service.

*Calc. carb.*, *Sepia*, *Lycop.*, *Caust.*, *Graph.*, *Kali carb.*, etc., should not be lost sight of in cystitis.

§ 235. *Metritis, hysteritis, inflammation of the uterus.*

Metritis is either acute or chronic. We distinguish metritis parenchymatosa, or inflammation of the parenchyma of the uterus; metritis mucosa, or endometritis, inflammation of the internal mucous membrane of the uterus; and metrophlebitis, or inflammation of the veins and lymphatic vessels of the uterus.

Metritis parenchymatosa is characterized by the following symptoms: More or less violent aching, pressing, boring, throbbing, or sticking pains deep in the pelvis, towards the small of the back, extending into the round ligaments or to the labia, sometimes even down to the knees along the ischiadic nerve, and generally accompanied with a troublesome sensation of heaviness in the womb. The pains are aggravated by pressure, motion, concussion of the abdomen, efforts to urinate or expel the fæces, internal examination; they frequently exacerbate like labour-pains; the patient is most comfortable in a recumbent posture, with her limbs drawn up. When the pain extends over a large surface, the peritoneum is generally involved. The uterus can be felt as a round body, sensitive to pressure. The examination by the vagina and anus is generally very painful; the vagina and the vaginal

portion of the womb feel hot, swollen, dry ; the latter is higher up in the pelvis.

According as the anterior or posterior wall of the uterus is affected, the rectum or bladder is sympathetically involved ; the evacuations and the emission of urine are painful ; there is tenesmus, strangury, ischury ; sometimes stinging pains in the mammae, headache, vertigo, buzzing in the ears, delirium, convulsions.

The fever sets in simultaneously with the local symptoms, transitory chilliness followed by heat, with full, irritated, tight pulse, whitish coating of the tongue, violent thirst, red urine.

When a considerable portion of the peritoneum is involved, the pains extend over the larger portion of the abdomen, with meteorism, nausea, vomiting, small and intermittent pulse, disfigured features ; in this case the disease runs a rapid course, and frequently terminates fatally. When the vaginal portion is alone inflamed, there is a deep-seated pain in the pelvis.

All these symptoms are less violent when the uterus of an unmarried female is the seat of the disease ; they are more violent and lead to miscarriage in the impregnated uterus, or shortly after parturition.

§ 236. The disease runs its course in from seven to fourteen days ; chronic metritis has an indefinite duration. Recovery takes place with the critical phenomena which usually occur in fevers, and abatement of the topical phenomena, particularly with critical discharges of blood or purulent mucus. Metritis may likewise terminate in partial recovery, exudation, suppuration, gangrene ; both the latter terminations are fatal.

Causes : The uterus is most disposed to inflammation at the time of the menses, during pregnancy, child-bed, at the critical age.

The disease may be occasioned by either of the following causes : Rude management during confinement ; pressure and contusion during parturition ; irritation of the uterus by drugs, such as turpentine, crocus, sabina ; retention of the placenta, of coagula, suppressed menses : taking cold by exposure of the

feet or abdomen ; inflammations of adjoining organs ; injuries and retroversion of the uterus ; emotions at a period when the action of the uterus is intensely excited, etc.

The prognosis depends upon the state of the uterus, upon the extent of the inflammation, and upon the more or less complicated nature of the disease. The danger is very great when the impregnated uterus is inflamed and when the peritoneum is involved, when there is great prostration, recurrence of chills, distortion of the features, small, intermittent pulse, fetid discharge from the vagina.

§ 237. *Nux vom.* has, in my hands, proved a most efficient remedy in metritis, whether the fundus, neck of the uterus, the anterior or posterior surface of the uterus was the seat of the inflammation. In some cases, where the fever commenced with a violent chill followed by great heat, with frequent and tight pulse and violent thirst, I have given *Aconite* previous to *Nux vom.* This remedy is indicated by the following symptoms : Aching pain over the ossa pubis, aggravated by pressure and an internal examination, violent pains in the small of the back and loins, constipation, or hard stools accompanied by burning-stinging pains, painful micturition or retention of urine, stinging and bruising pain of the abdomen during motion, cough and sneezing ; increased temperature and swelling of the os uteri, attended with pain in the vagina ; exacerbation in the morning-hours.

*Belladonna* is indispensable when the sensation of heaviness and dragging in the abdomen, which frequently increases to a painful pressing downwards, is excessive, accompanied with a stinging-burning pain over the ossa pubis, with pains in the small of the back as if it would break, stinging pains in the hip-joints which bear neither motion nor contact. (*Aconite* and *China* may likewise prove serviceable for those symptoms.) If the inflammation should set in after parturition, and the lochia should be suppressed, with retention or attachment of the placenta, or if an ichorous, fetid fluid should be discharged from the uterus,

with violent burning and feeling of fulness in the vagina, *Belladonna* is specifically indicated.

Next to *Belladonna* we ought to mention *Mercurius solubilis*, which is indicated by a sticking, aching, or boring pain. *Rhus t.* and *Bryonia* may likewise sometimes be useful.

An inflammation occasioned by violent chagrin, after parturition, yields most speedily to *Chamomilla*. In such a case the lochia are generally more profuse, or, if white, change again to bloody, and even increase to metrorrhagia, with coagulated dark and black blood. For metritis occasioned by the abuse of Chamomile tea, *Nux v.*, *Ignat.* and *Puls.* are the best remedies.

*China* is a distinguished remedy after heavy labor, if the patient should have lost much blood, or if an excessive quantity of milk should be secreted, occasioning great debility, and developing a metritis in consequence. A characteristic indication for *China* is the discharge of fetid, sanguineous, purulent matter, which corrodes the parts and debilitates the patient.

An unexpected joy, during confinement, sometimes develops a condition of things bordering on metritis; this is most easily relieved by *Coffea*.

If metritis be attended with metrorrhagia, one of the remedies indicated for metrorrhagia will be found useful; if puerperal fever should supervene, one of the remedies indicated for that affection will be found suitable.

§ 238. *Oophoritis, Ophorites, inflammation of the ovary.*

We distinguish acute and chronic oophoritis.

Acute oophoritis is characterized by the following symptoms: The patient complains of a dull, more or less intense, sometimes rather burning, but more frequently stinging, pain in the groin. If the patient be examined on her back, with the limbs drawn up, a deep-seated swelling, of variable size, is felt through the abdominal wall, directly over the horizontal ramus of the pubes, on one side of the median line of the abdomen. The pain sometimes extends to the ad-

joining parts, even to the thigh of the affected side, which feels numb and rigid; it is aggravated by the patient suddenly raising herself, and by straining at stool. The swelling is sometimes more distinctly felt by means of an examination per anum. If the swelling be large, the uterus is pushed to one side. There is generally a discharge of serum from the vagina, particularly during the fever paroxysm. The fever is either erethic or synochal, and is accompanied by a variety of nervous symptoms, such as, hysteric symptoms, spreading of the pain towards the stomach, nausea, spitting of water, vomiting, hysteric megrim, clonus, which is sometimes attended with convulsions, delirium, which generally bears the character of nymphomania, etc.

Chronic oophoritis is easily confounded with hysteria. The pain is duller, and is only felt at the time of the menses, during an embrace, and after bodily exertions. There is a bearing-down sensation in the pubic region and perineum; at times, metrorrhagia; at others, suppression of the menses, leucorrhœa. The swelling is not distinctly perceived at first.

§ 239. Oophoritis rarely occurs on both sides at the same time; generally only on one side, and most frequently on the left. The disease occurs between the age of pubescence and the critical age. It may be occasioned by mechanical causes, rough handling during delivery or an embrace, abortion, onanism, suppression of the menses; or the inflammation may spread to the ovaries from adjoining parts.

Terminations: (1.) Dispersion, after eight days or a fortnight, with abatement of the painful sensations, and restoration of the menses or lochia. (2.) Suppuration, with increase of the throbbing pains, swelling, numbness in the thigh, with frequent recurrence of the chills, and suppurative fever. (3.) Hypertrophy, induration, or some other degeneration. (4.) Death, by extension of the inflammation to the peritoneum, by exudation, etc.

The prognosis depends upon the extent and character of the inflammation, and upon the diseases with



which the inflammation happens to be complicated. According to Schoenlein, the prognosis is unfavourable, because the disease generally arises from moral causes which it is difficult for a physician to remove.

§ 240. For the synochal fever a few doses of *Aconite* are required in the first place, after which the proper specific remedy should be exhibited.

If the disease had been caused by a sedentary life, or the abuse of spirituous drinks, *Nux vom.* will be found efficacious.

If excessive venery or onanism was the cause of the inflammation, *China* is the best remedy; those practices should, of course, be discontinued. Other remedies, such as *Acidum phosphor.* and *Staphysagria* ought not to be overlooked.

If the pain should get worse during motion, *Bryonia* will prove most suitable; and if during rest, *Rhus tox.*

*Arsenic* is indicated when the pain is relieved by constantly moving the feet. *Colocynthis* may likewise prove serviceable for this symptom, particularly when the patient complains of boring, tensive pains in the region of the ovary.

If the disease should have been caused by disappointed love, and constant dwelling of the fancy on sexual things, the alternate use of *Ignatia*, *Staphys.*, and *Acidum phosphor.*, will accomplish a good deal. The best course in regard to the use of those remedies is, to select each according to the symptoms.

*Platina* is indicated by the following symptoms: Constant titillation in the internal sexual organs, obliging the patient to rub herself, and attended with complete nymphomania; when the characteristic pain in the region of the ovaries is, by pressure, changed to a contusive or bruised pain; when anxiety and oppression, palpitation of the heart, stitches in the fore part of the head, alternate sadness and excessive mirthfulness are present.

*Belladonna* is related to *Platina*, except that the nymphomania and the above-mentioned itching are not present.



*Ambra, Mercurius, Cantharides, Ignatia, Pulsatilla,* and *Antim. cr.*, will likewise be found useful.

If the disease should be complicated with psora, the anti-psorics will have to be resorted to.

§ 241. *Inflammation of the labia and vulva.*

The labia are painful, burning, red, hard, dry, swollen. This inflammation runs the same course as all other inflammations. It arises particularly in recently married females, from rupture of the hymen, and narrowness of the vulva. The vagina is likewise swollen. Walking and sitting are very troublesome, on account of the painful burning.

The disease may likewise be caused by difficult labour.

The disease is easily cured by washing the parts with a solution of the tincture of *Arnica*. If wound-fever should be present, it will be found more expedient to give *Arnica* internally; or if the fever should have an inflammatory character, *Aconite*.

For erysipelatous swelling, and inflammation of the labia, with burning pain, and a sensation of fulness, tightness, and pressing down, *Belladonna* is the best remedy, no matter what the cause may be.

*Mercurius* is the best remedy for a lymphatic inflammation, swelling, and hardness.

An internal swelling of the vagina, resembling prolapus, with burning, stinging pains, which are aggravated by contact, yield to *Nux vom.*

*Sulphur, Carbo veg.*, and *Calc. c.*, deserve likewise to be mentioned.

§ 242. *Puerperal fever.*

This is an acute fever, to which lying-in women are exclusively liable, and which is generally accompanied with disturbance of one or more of the functions peculiar to those persons.

No disease has caused more lively discussion among physicians than puerperal fever; for no disease is more obscure than that malady.

The fever generally develops itself a few days after

parturition. Its symptoms seem to constitute an acute peritonitis, where the fever frequently makes its appearance before the pain is felt, although there are cases where fever and pain appear simultaneously. The burning or cutting colicky pains are most frequently experienced in the umbilical region, whence they spread rapidly over the whole abdomen, and frequently become so violent that the least pressure or even touch is intolerable. Sometimes the fever exists without any pain. Meteorism sets in. Vomiting is frequently one of the first and most troublesome symptoms; the substances which the patient vomits up being at times like verdigris, dirty, bitter, and even fæcal matter; at others, a discoloured, blackish fluid, resembling coffee-dregs. This is a bad symptom, for it points to a gangrenous softening of the mucous membrane of the stomach. At times, obstinate constipation, at others profuse diarrhœa, with bilious, purulent, fetid, grayish, blackish, bloody discharges, is present. The face is extremely pale, with circumscribed redness and sunken appearance of the cheeks; it exhibits an expression of consternation and despair.

If the fever should occur at a time when epidemic or endemic diseases prevail, it is disposed to assume the character of these diseases. Generally the fever has an erethic character, but it may likewise be a synocha, or a fever with typhoid or putrid symptoms. The erethic fever sets in with chills, followed by heat which alternates with the chills for the first twenty-four hours, after which the heat becomes permanent, with irritated, hurried pulse, hot and dry skin, reddish urine, and abatement of the symptoms in the morning. These phenomena are more distinct when the fever is a synocha. If the fever have an adynamic character, the symptoms are: Sunken, disfigured countenance, prostration of strength, decreased painfulness of the abdomen, increased meteorism, vomiting, which cannot be allayed, diarrhœa, dry tongue and lips, which look as if coated over with soot, apathy, suppressed or discoloured, fetid lochia, small, very frequent pulse, dry or clammy, cool skin, miliaria, etc.

§ 243. According to the symptoms, the fever ought to be classed as follows: Peritonitis erethica; peritonitis inflammatoria; peritonitis erysipelatosæ or gastrico-biliosa; peritonitis typhosa, septica. The disease generally lasts from 5 to 15 days, but it may become fatal in from 2 to 3 days, or it may become a protracted disease. Terminations: Recovery, or else death by exudation, paralysis, etc.

The disease may be occasioned by colds, emotions, such as fright, fear, chagrin; injuries of the womb. Predisposing causes are: inflammation of adjoining parts, heavy labour, abuse of Chamomile-tea during and after parturition, and particularly the abominable practice of applying cold water to the pubic region to arrest metrorrhagia which set in soon after birth.

The prognosis is frequently unfavourable. If the patient be constitutionally feeble and cachectic, the prognosis is more unfavourable than if the patient should be robust and should generally enjoy good health. The prognosis depends likewise upon the character of the epidemic; upon the diseases with which the fever happens to be complicated; upon the period when the fever set in; for the sooner after parturition, the more acute the disease. The prognosis is unfavourable when the fever is attended with inflammation of the uterine veins and putrefaction of the uterus.

§ 244. The remedies corresponding to puerperal fever, are: *Aconite*, *Chamom.*, *Bellad.*, *Puls.*, *Rhus t.*, *Ipec.*, *Bryon.*, *Colocynthis*, *Coff.*, *Hyoscyam.*, *Stramon.*, *Arn.*, *Ars.*, *Nux v.*, *Mercur.*, *Platin.*, *Verat.*, and several others.

The treatment has always to be commenced with *Aconite*, if the symptoms correspond to an inflammation of the bowels, or if pleuritic symptoms should be present. Even in fevers which are attended with frequent paroxysms of anguish, repeated doses of *Aconite* are of great service, although *Ipec.*, *Ars.*, *Bryon.*, and other remedies are likewise indicated.

Before continuing our remarks on the treatment of

puerperal fever, it seems expedient to speak of a disease which frequently co-exists with puerperal fever; we mean

§ 245. *Putrefaction of the uterus, or endometritis septica.*

This disease never occurs except in lying-in females, both after miscarriage and natural delivery. Precursory symptoms exist even during pregnancy, but they are so slight that no very dangerous disease is apprehended. Anomalies occur likewise during parturition, such as spasmodic pains, slow labor, exhaustion, symptoms which do not indicate the approach of any very dangerous disease. Local symptoms are: Burning pain over the symphysis pubis; on examination, the uterus is found contracted and hard; in other cases there is no pain, the uterus is distended, raised, the substance is soft, flaccid, insensible, the lochia are ichorous, and have a fetid smell. The labia are swollen, and gangrenous streaks are discovered in the vagina. The neck of the uterus is soft, burning-hot, not very painful, discharging a bloody ichor on pressure. The mammæ become flaccid, the flow of milk either stops suddenly or gradually.

The patient experiences chills, followed by heat; dry, hot skin, particularly in the palms of the hands. She does not complain of pain, but a feeling of indescribable weakness and languor of the extremities. The respiration is oppressed, the pulse frequent, small, feeble, wiry. There is a peculiar distortion of the features, great restlessness, anguish, unquenchable thirst, though the tongue is at first moist. The mind dwells upon thoughts of death. Little by little the skin becomes dead, like paper; there is a sensation as if a cool air were blowing on the parts, although the body is otherwise hot to the touch; delirium, grasping at flocks, irregular, laboured breathing, and even lock-jaw, supervene. These symptoms indicate putrefaction of the uterus, which is generally a fatal disease, inasmuch as death is near at hand when the

symptoms are sufficiently developed to diagnose the disease.

§ 246. The disease lasts from 10 days to a fortnight. Women who lead a sedentary life, have much care and anxiety, live in damp dwellings, are most liable to it. The disease occurs either spontaneously or epidemieally (in lying-in hospitals.)

*Terminations*: Recovery, by separation of the gangrenous parts, and abatement of the fever; suppuration, leading to phtthisis of the uterus; death.

The prognosis is highly unfavourable. The more fetid the loehia, the more dangerous the disease; putrefaction occurring during pregnancy, or spontaneously, is likewise very dangerous. Livid complexion, and supervention of convulsions, are very dangerous symptoms.

§ 247. During a practice of 28 years, I have met with only three cases of putrefaction of the womb, attended with an eruption of rash on the trunk, and, during the last two days, with miliaria alba; all those cases proved fatal. *Aconite, Ipec., Bryon., China, Ars., Arn., Puls.*, seem to correspond to the disease, but are given without avail. The disease might perhaps be arrested if attacked during pregnancy, but the symptoms are so little developed that neither the patient nor the physician is aware of the approaching change. *Carbo animalis* or *veget.* might perhaps prove useful if the disease be fully developed. *Kreasot., Sec. corn., Phosphorus,* and *Nitr. ac.*, in large doses, correspond perhaps more than any other remedies to uterine affections and gangrenous symptoms of other organs.

Before resuming our remarks on the treatment of puerperal fever, we will first indicate the treatment of

§ 248. *Phlegmasia alba dolens.*

This is a species of phlebitis, with the following symptoms: In some the labia swell, in others the crural or the obturator vein. The swelling is tight, painful, of a strikingly white colour. The pain is tensive-tearing, increasing periodically, the part becoming rigid and immovable. Sometimes the pain commences in

the bend of the knee, or in the calf, but never near the foot; the swelling never extends to those parts. Generally only one side is affected. In a few days a swelling and tension are perceived in the groin, extending as far as the labia, where the swelling terminates very sharply, and afterwards follows the inner border of the lower limb, as far as the bend of the knee and foot. As soon as the tension is experienced in the leg and foot, the thigh and afterwards the leg swell, after which the pain abates. The swelling now becomes general, and the limb frequently acquires double the natural size. It cannot be moved without great pain, is hot and very painful; the swelling is smooth, shining, pale, or of a milky white, opaque, homogeneous, and continuous all over; frequently, however, glandular indurations are felt in the groin, bend of the knee, or calf; at first, the swelling is elastic and unyielding, but afterwards pressure leaves pits. The fever commences with a violent chill, followed by heat, with a full, irritated, at first hard, and afterwards soft pulse. The disease is attended with bilious phenomena, such as jaundiced colour of the eye-ball, bitter taste in the mouth, loathing, sometimes vomiting, and affection of the liver.

The character of the disease is sub-acute. The disease terminates in recovery, suppuration, death, in consequence of pus getting into the circulation, and inducing a suppurative fever. The prognosis is not very favourable, particularly when the treatment commences late.

The last case which occurred in my practice was attended with a tertian fever, and a debilitating diarrhœa, and was completely cured in six days, by means of *Arsenic*. *Arnica* is said to have been employed by some with success, upon the supposition that the disease arose from the pressure of the fœtus upon the lymphatic vessels, as it passed through the pelvis. *Rhus tox.* and *Nux vom.* are likewise to be recommended. *Bryon.*, *Merc.*, *China*, *Bellad.*, *Veratr.*, *Puls.*, *Chamom.*, *Sulphur*, *Calc. carb.*, *Lycop.*, may likewise prove useful.



§ 249. We shall now return to the treatment of puerperal fever.

*Chamomilla* is very suitable, provided it had not been abused during or after parturition, if a greater or lesser number of the following symptoms are present: Great restlessness, nervous excitement, dulness of the head, beating headache, particularly in the forehead, oppression of the chest, with shortness of breathing; flaccidity of the breasts, in consequence of the secretion of the milk being arrested; slimy, greenish, watery, or milky diarrhœic stools, which are frequently accompanied with cutting colic; excessive lochial discharge, with labour-like pains extending from the small of the back towards the front part of the abdomen, and regularly followed by a greater or lesser discharge of coagulated blood; pale yellowish complexion, occasionally and for a short time only yielding to flushes on the cheeks, with general fever-heat, and constant restlessness, anxious, agonizing tossing about, and delirium.

If these symptoms should not entirely yield to the action of *Chamomilla*, the remaining group of symptoms is sometimes easily controlled by *Rhus tox.* This remedy is sometimes indicated from the commencement, if the patient's nerves should be very much irritated, and the symptoms should be aggravated by the least chagrin, or if the white lochia should suddenly change to a bloody, coagulated discharge. *Chamomilla* is always indicated in puerperal fevers, when metrorrhagia is present, with discharge of dark, blackish, coagulated blood, which takes place in paroxysms, or when the hemorrhage is accompanied with violent labour-like pains in the uterus, with much thirst and coldness of the extremities.

*Pulsatilla* is suitable when the symptoms are opposite to the former; it is indicated when the features of the patient are expressive of her suffering, and a gentle disposition and great nervousness are present; when the lochial discharge had been suddenly suppressed, with a burning sensation of fulness in the internal sexual organs; it is furthermore indicated by

paroxysms of nocturnal heat and anguish, palpitation of the heart, sleeplessness: the violent thirst is no counter-indication; it is indicated by diarrhœic stools rather than costiveness. Pulsatilla is an excellent remedy when the fever has been induced by the abuse of chamomile. It is an excellent remedy when the lochial discharge stopped prematurely or had been arrested by some sudden and violent emotion, such as fright, fear, chagrin, or by a cold; the timely exhibition of Puls. is apt to prevent the occurrence of puerperal fever consequent upon such causes.

*Nux vom.* is frequently suitable, particularly when the abuse of coffee or chamomile had been one of the exciting causes, provided the symptoms correspond. It is indicated by the following symptoms: Intense pains in the sacral and lumbar region; pricking and bruising pain of the abdomen during motion, contact, cough, or sneezing; bitter taste, and eructations, loathing, nausea, even vomiting, dry lips and tongue, slimy or dingy yellowish coating of the tongue, sensation of heaviness in the sexual parts, with burning heat; suppression of the lochia; constipation, or hard stools, with burning-stinging pains in the rectum; painful micturition, or else retention of urine; dry, parchment-like, burning-hot skin, with great thirst, particularly a desire for cold drinks, full, hard pulse, and sometimes expression of anxiety in the features, and constant restlessness; the secretion of milk is rather increased than otherwise, inducing turgescence of the breast, with pressure and tension. *Nux v.* is generally more suitable when the excitement of the circulation has an erethic character.

When *Nux* is indicated, *Coffea* should likewise be thought of, particularly when coffee is not the habitual beverage of the patient. But even if this should be the case, *Coffea*, if indicated, will prove useful. It is required by the following symptoms: Excessive painfulness of the affected parts, excessive bodily and mental excitement, wakefulness, chill, with feverish warmth of the body, delirium, with open eyes, violent colic, with great irritability, which sometimes

increases even to despair. *Bryonia* is indicated by similar symptoms, particularly when the breasts feel empty, (according to others when they feel full and turgid,) when the urine is secreted in larger quantity, the lochia are not suppressed, (or when bloody lochia again make their appearance,) and no pain is felt in the rectum during stool; the exciting causes which have been mentioned for *Nux vom.* should likewise be absent. *Bryonia* is more particularly indicated by depression of spirits, painful sticking in the region of one or the other ovary, aggravated by contact, and indicating an inflammatory condition of those parts, with painfulness of the thigh of the affected side, particularly during motion.

*Belladonna* 30, is indicated by the following symptoms: Disappearance of the milk from the mammæ, or else partial accumulation of milk with cord-shaped hardnesses, redness, radiating toward one point, (erysipelatous inflammation,) with stinging and tearing pains in the breast; short, oppressed breathing, anxiety; drawing, stinging, labour-like pains deep in the abdomen, with painful dragging towards the sexual parts and anus, and constant urging to stool, without ability to satisfy the desire, on account of a spasmodic constriction of the rectum, (for which *Belladonna* is a specific;) discharge of coagulated, fetid, black blood, or suppression of the lochial discharge; meteorism of the whole abdomen, without eructations or emission of flatulence, stinging-digging pains in the abdomen, which are aggravated by contact, and attended by constant irritation in the chest, and short cough; burning heat of the whole body, particularly of the forehead and palms of the hands, sweat on the rest of the body, and violent or moderate thirst, sometimes attended with impeded deglutition; excessive headache, a sort of pressing and pushing, particularly in the forehead, distention of the vessels of the head, and turgescence of the vessels of the scleratica, with contraction or dilatation of the pupils, imparting to the eyes a glassy appearance; these symptoms are sometimes accompanied with illusions of sight, scintilla-

tions, luminous vibrations and colours before the eyes, or even with amaurotic blindness; headache, which is increased by motion or noise, or even by the mere motion of the eyeballs, and is frequently so excessive that the patient loses her senses and is attacked with furious delirium; the sleep is disturbed, and not refreshing, the patient being constantly tossing about. Belladonna always deserves consideration when a puerperal fever has a typhoid character, or inclines to typhus, when symptoms of an inflammatory irritation of the meningeal membranes or brain is present, and when it was caused by violent emotions.

*Arsenic* is a distinguished remedy in puerperal fever. It is indicated by the following symptoms: Burning, or burning-gnawing pains in the interior of the offended parts, with inability to lie on the affected side, and diminution of the pains during motion. Excessive anguish, with sudden prostration of strength, sunken, extinct eyes, yellow, livid complexion, nightly sleeplessness, restlessness, tossing about, and sensation as if burning-hot water were running through the blood-vessels: sleep disturbed by frightful and anxious dreams. The Arsenic-fever is always very violent; the heat is burning and dry with great thirst, frequent drinking, though little at a time, dry and parched lips, phlyctænae about the mouth, nausea, and aversion to food, bilious vomiting, violent aching-burning pains in the abdominal organs, meteorism, oppressive pains in the chest, dizziness and headache, restlessness, delirium, small, feeble, intermittent pulse, etc.

*Colocynthis* is indispensable in puerperal fevers occasioned by indignation, chagrin, on account of unworthy treatment; they commence with fainting fits and sleeplessness, and are characterized by feverish heat, hot, dry skin, hard, full, and quick pulse, alternate sopor and delirium, with the eyes open, disposition to escape, heat about the head, stinging in the eyes and forehead, dark-red face, yellowish-coated tongue, bitter taste in the mouth, and of everything the patient eats, colic and diarrhoea after taking the least nourishment, with pain in the pit of the stomach on touch-

ing it; perceptible beating of the heart and all the arteries

*Arnica* deserves a preference over all other remedies, if a condition resembling puerperal fever should have been developed by injuries occurring during parturition.

*Hyoscyamus* is a principal remedy in such fevers, particularly when typhoid symptoms predominate, with frequent discharge of coagula and spasmodic symptoms of the whole body or of single parts, trismus, starting of the whole body or extremities; and when these symptoms owe their origin to emotions of various kinds, *Stramonium* is related to *Hyoscyamus*.

*Platina* is indicated by irritation of the sexual organs, which frequently increases to nymphomania, and is accompanied with copious discharge of thick blood; the patient complains of a painful pressing down in the sexual organs, and distressing pain in the small of the back, with almost constant internal chills; violent pressing pain in the forehead, which is aggravated by every motion, and is attended with anguish, an anxious burning heat in the face, great thirst, and apprehensions of death. *Sepia*, *Belladonna*, *Crocus*, are likewise more or less indicated by those symptoms.

The diet should consist of light soups or broth, with a little bread, gruel, sago, vermicelli; after the fever has abated, a more substantial but easily digestible kind of nourishment may be substituted. Toast-water, sweetened with sugar, cherry or raspberry-juice, are the best kinds of beverage for the patient.

§ 250. *Milk-fever of lying-in females. Febris lactea.*

Utero-gestation and lactation are natural states, which are not characterized by any morbid symptoms, unless some pre-existing cause in the female organism should develop them. The same may be said of milk-fever, on the third, fourth, or sixth day after parturition. The appearance of the milk in the breast is a purely physiological act, which is not necessarily accompanied by any morbid phenomena. Nevertheless, we discover in some lying-in females a



group of morbid symptoms, such as chills, heat, thirst, and sweat; the pulse, which is at first small, gradually becomes fuller, and is sometimes even quite full, and is generally moderately quick, soft, and regular; the exacerbation usually sets in in the evening: towards morning perspiration sets in with relief. Sometimes this kind of fever is attended with drawing pains from the back to the breasts, headache, loss of appetite, flat taste, etc. The paroxysm of fever frequently comes on again on the day following; upon the whole, however, the symptoms are very light, and the general health is but slightly disturbed.

After parturition, the irritability of the nervous system is, of course, increased, so that even a slight cold, emotions, slight dietetic transgressions, and particularly a morbid irritation of the organs which are of particular importance after parturition, the breasts, nipples, sexual parts, may occasion such a fever as has been spoken of above. This kind of morbid irritation may be induced by weaning, after-pains, tumors, injuries, etc.

Inasmuch as the most important diseases sometimes arise from trifling causes in lying-in females, the attending physician should always ascertain whether such fevers are accompanied with disturbance of any of the more important functions of a lying-in female.

§ 251. If the milk-fever should be very slight, it can easily be controlled by diet, and a moderate exercise of the function of nursing.

For the more violent degrees of this fever, the following remedies are indicated: *Puls.*, *Arn.*, *Aconite*, *Bellad.*, *Bryon.*, *Coff.*, *Ignat.*, *Chamom.*, *Mercur.*, *Opium*. If the fever should have been caused by a cold, and should have the character of a rheumatic fever, *Pulsatilla* sometimes removes it. If the fever should be a synocha, *Aconite* is the well known remedy. If there should be less synochal fever, and the rheumatic pains in the chest and mammæ more striking, *Bryonia* is the most useful remedy, and removes the morbid condition in a few hours. If the fever should be more acute, with inflammatory symptoms in the mammæ,



(erysipelatous inflammation,) *Belladonna* is the most important remedy. If the fever should be occasioned by too sudden and too copious a secretion of milk, *Rhus tox.* will easily remove it.

Such fevers are frequently occasioned by emotions. Sudden joy, for instance, frequently increases the natural irritability of the nervous system in lying-in females to a dangerous extent. *Coffea* is the best remedy for morbid conditions induced by such causes. If the fever should have been induced by violent chagrin, *Chamomilla* is the well-known specific, which, if the fever should be violent, may be preceded by a few doses of *Aconite*. If fright should have been the exciting cause, *Opium* will generally be found to correspond to the symptoms. Milk-fever caused by fright and chagrin, is most easily removed by *Aconite*. Fevers arising from internal mortification and grief, yield to *Ignatia*. If fear should have been the exciting cause, *Puls.* or *Belladonna* will be found sufficient. Fevers induced by a sudden ebullition of temper are most easily removed by *Nux vom.*; if caused by well-founded chagrin, *Staphysagria* is the best remedy.

Gastric derangements, with fever, induced by dietetic transgressions during the period of confinement, are treated like gastric affections generally.

If such derangements should have been induced by morbid irritations of any of the organs which are of particular importance during the period of confinement, the treatment has to be conducted with reference to that cause. If mechanical injuries of the sexual organs should be the cause, *Arnica* is to be given internally; and if the wound should be considerable, the external use of *Arnica* should not be omitted.

If the derangements should have been occasioned by after-pains, *Coffea*, *Chamomilla*, *Nux vom.*, *Puls.*, or *Arnica*, are indicated. *Coffea* is indicated by an excessive spasmodic pain, as if all the bowels would be torn. Convulsions frequently supervene; the body bends double, hands and feet start, the patients lament in the most piteous manner, grate their teeth, become

cold and stiff. *Pulsatilla* may be suitable to patients with gentle dispositions, if the fever should have been caused by violent after-pains; if the patient should be very irritable, and start at the least surprise, *Puls.* would be so much more indicated. *Crocus* will be found suitable when the fever is accompanied with lancinations in the sexual organs, groin, and from both sides to the small of the back, and when a black, dark, viscid blood is secreted, beyond the normal period. An additional indication for *Chamomilla* in milk-fever is the passage of coagula, attended with the most violent after-pains. Sometimes these kinds of fever are successfully treated with *Nux. com.*, particularly when violent after-pains are present, which occasion an urging to stool during a recumbent posture, which disappears as soon as the patient sits down to relieve the bowels, and is then followed by spasmodic pains in the uterus and bladder. *Arnica* is the principal remedy when these fevers arise from pressure and contusion of the uterus, or from injuries received during parturition. Females who wean their infants, should keep their breasts covered with cotton or matting, and should moreover take *Bryonia*, *Belladonna*, or *Mercurius*.

§ 252. *Mastitis, Inflammation of the mammae.*

Mastitis occurs most frequently after parturition. At such periods the breasts require particular care and attention. Affections of the breast do not always arise from bad management after parturition; they frequently occur in consequence of the increased functions which those organs are called upon to perform at such periods.

§ 253. *Soreness of the nipples* is one of the most frequent occurrences during lactation, and induces many mothers to wean their infants at an early period. The nipples become painful, particularly while the infant is engaged in the act of nursing; upon close examination, it will be found that the epidermis has become detached, and that the parts where this has taken place are inflamed. If this inconvenience should not

soon be removed, the nipples crack, and blood is apt to be drawn from such rhagades by the infant.

An excellent remedy for this affection is the tincture of *Arnica*, five, ten, fifteen or more drops to one hundred drops of water applied externally. The nipples require to be moistened with this solution every time the infant has been nursing, and before putting it again to the breast, the nipples have to be washed with tepid water. If the soreness should not be completely removed under the use of *Arnica* within two days, *Sulphur* should be exhibited, inasmuch as the affection, in such a case, evidently depends upon psora. In some cases *Chamomilla*, *Calcaria*, *Lycopodium*, *Phosphorus*, *Silicea*, *Sepia*, *Graphites*, are indicated from the commencement. The last-named remedy has been found particularly suitable when the inflammation around the nipple was of an erysipelatous nature. *Graphites* is likewise indicated when the mother had been formerly affected with serofulous cutaneous eruptions, particularly tinea capitis, and continues to complain of a corrosive itching of the scalp, with a quantity of bran-like scales.

§ 254. Mastitis generally arises from stagnation of the milk in the breasts, from violent emotions, etc. When the breasts are inflamed, they are generally hard; the lactiferous tubes feel like knotty cords affected with tension and pressure, and which afterwards become inflamed. The surface of the breasts either wholly or here and there only, becomes red; a violent stinging pain is experienced, with burning, swelling, hardness, heat, and general febrile symptoms. When the inflammation is very violent, the secretion of milk ceases. A similar condition frequently sets in after weaning.

If the inflammation be not fully developed, *Bryonia* is the principal remedy; but if it should be very acute, *Belladonna* has to be exhibited. These two remedies, even if they should not remove the difficulty entirely, yet meliorate the condition of the breasts, leaving slight hardnesses here and there, without much pain.

In females tainted with dyscrasia of one kind or another, these remedies will prove insufficient, and *Sulphur*, *Conium*, *Carbo anim. or veg.*, *Graphites*, *Phosphor.*, *Silic.*, will have to be resorted to. *Phosphorus* is an excellent remedy in erysipelatous inflammation of the breasts, when inflammation is on the point of setting in or has actually commenced.

In suppuration of the breasts, which is exceedingly apt to set in after inflammation, *Silic.*, *Kreasot.*, *Mercur.*, *Carbo anim.*, *Phosphorus*, are excellent remedies. *Silicea* is particularly useful when portions of the breast have been destroyed by the suppurative process.

#### § 255. *Orchitis, inflammation of the testicles.*

Not only the testicles, but the whole spermatic cord up to the abdominal ring, is involved in the swelling; the pains are stinging, tearing, although permanent, yet at times more violent than at others, as in rheumatism. The skin of the scrotum is not very tight, nor is it red or shining; it does not exhibit any great alterations of any kind. If the disease should have been occasioned by a cold, muscular parts are likewise affected with tearing and drawing pains. The fever is either synochal or erethic.

In traumatic orchitis, occasioned by external injuries, the swelling is generally more considerable than in the former kind, and the sensitiveness to contact is likewise greater. The testicle is drawn up to the abdominal ring.

The swelling is most violent in orchitis gonorrhœica, which generally comes on in consequence of cold, and is accompanied with suppression of the gonorrhœal discharge.

§ 256. We have already stated, in other parts of this work, that *Arnica* is a specific remedy for affections arising from external injuries, contusions, bruises, strains, or tearing of solids. It is likewise an excellent remedy for orchitis arising from mechanical causes. If the inflammation and fever should be very acute, the exhibition of *Arnica* may be preceded by a few doses of

*Aconite*. Contusions of glandular organs, and their consequences, are sometimes removed by *Conium*, to which we will add *Calendula officinalis*. Chronic indurations of the glands and testes frequently yield permanently to a few doses of *Rhododendron chrysanthum*.

In rheumatic and erysipelatous orchitis, the following remedies are the most suitable: *Bryonia*, *Belladonna*, *Rhus tox.*, *Puls.*, *Mercurius*, etc. *Clematis* is an excellent remedy when the swollen and indurated testicle is painful and sensitive, and a drawing is felt from the testicle along the spermatic cord; a crampy and bruised feeling when touched, with drawing and stretching in the lumbar region, thigh, and serotum, is frequently present. In erysipelatous orchitis, *Arsenic* should not be left out of consideration.

In gonorrhœal orchitis, *Mercurius* is frequently the most suitable remedy. *Pulsatilla* may prove useful for a painful drawing and stretching along the spermatic cord to the inflamed testicle, both those organs feeling bruised when touched. In other cases, *Clematis erecta* may be indicated; in others again, *Acidum nitricum*; if inflammatory fever should be present, a few doses of *Aconite* should be exhibited, previous to resorting to the more specific remedies. I have found the second and third trituration of *Mercurius solubilis* the best remedy for induration of the testicles, though, in some cases, *Aurum* may deserve a preference over Mercury.

If the pain in the swollen testicle should be a crampy, contusive, choking pain, with dull stitches striking suddenly through the part, and reaching into the swollen spermatic cord, *Spongia* is the most suitable remedy. *Spongia*, *Iodium*, positive electricity, and *Mezereum*, are likewise excellent remedies for induration of the testes.

*Pulsatilla* and *Staphysagria*, especially the latter, are excellent remedies for an aching pain and drawing-burning stitches in the testes and spermatic cords. *Carbo* should not be overlooked.

There is a species of orchitis where the affected



testicle swells up to the size of a child's head, particularly under the allopathic use of Mercury, and where, according to the doctrines of the old school, the sick testicle cannot be cured without an operation. This affection frequently yields to a single remedy, particularly *China, Aurum, Sulphur*.

§ 257. *Encephalitis, cephalitis, meningitis, phrenitis, inflammation of the meningeal membranes.*

The nature of the brain and its surrounding membranes gives rise to a variety of inflammations of that organ. Inflammations of the dura mater are very rare; the arachnoid membrane is more frequently inflamed, and the pia mater, which is exceedingly vascular, most frequently. An inflammation of the latter membrane frequently borders on synocha. If the cortical substance should be the seat of the inflammation, it is still more intense. In inflammation of the medullary substance, the inflammatory phenomena are less marked, but the nervous symptoms are so much more prominent. We know all this from post-mortem examination.

We shall include the symptoms of the different varieties of encephalitis in one group, for the reason that it is scarcely possible to separate them from each other, and that such a separation, even if it were possible, would have no practical value. Encephalitis is either acute or chronic, at times furri-bond, of various degrees of intensity, with delirium, convulsions; at others, with pressure on the brain, depression of the cerebral functions, coma, paralysis; at times, the symptoms resemble apoplexy.

The precursory symptoms of encephalitis, attended with congestion of the brain, are: Dull pain through the whole head, sensation of fulness, confusion of the head, red and bloated face; throbbing of the carotids; sensation of rushing of blood in the head; increased irritability, vertigo, sleeplessness, restless sleep, which is disturbed by dreams, and starting, as if in affright; or sopor, inability to think; cloudiness of sight, photophobia, diplopia, buzzing in the ears, hardness of



hearing, unsteady gait; formication in the limbs, stammering speech. The pulse is full, sometimes suppressed, and generally accelerated; the heart beats, and the nose bleeds. These are the most ordinary symptoms of encephalitis, which, when increasing, change to a dull, aching pain throughout the brain.

After a shorter or longer precursory stage, and sometimes suddenly, a digging-up, beating, boring, or frequently a dull headache, sets in, extending from the occiput over the whole head, and increasing considerably on moving and shaking the head. The patient's head feels hot and burning. He frequently grasps at it, while in a state of unconsciousness. The countenance has a wild and threatening expression, with redness and turgescence, shining and injected eyes, photophobia, contraction of the pupils, disturbance of the sensual functions, stupefaction, sopor, and bland delirium, or else excessive sensitiveness, the patient being painfully affected by the least noise; the eye is wild and staring, with furious delirium, increasing unto rage, attended with a desire to commit acts of violence, and with unusual muscular power, particularly towards evening. Spasmodic or tetanic contractions of the muscles, strabismus, distortion of the eyes, grating of the teeth, are frequently present; likewise sympathetic vomiting, in many cases. The fever is generally a synocha; the heat is great, tongue dry, thirst intense, urine saturated, but sometimes clear, spastic. The pulse is generally small, frequent, and tremulous.

§ 258. Causes: Keeping the head too warm; action of the sun on the bare head, nightly mental exertions, violent emotions, metastasis, abuse of spirituous drinks, onanism, mechanical injuries, worms, suppression of cutaneous eruptions, of bloody discharges, etc.

Course and terminations of the disease: It may become fatal in 24 hours; in full-grown persons it runs a course of from three to four days, but may last from seven days to a fortnight. It terminates in: (1.) Recovery. (2.) Softening, suppuration, with increased

delirium, convulsions, etc., coma, paralysis set in; suppuration is attended with chills alternating with heat, etc.; sometimes the pus discharges by the ears. (3.) Exudation, which is not very rare among infants, inasmuch as the serous coat is very frequently the seat of the inflammation; this termination is always fatal. Death, however, may likewise take place by apoplexy, or paralysis of the brain. Encephalitis sometimes leaves vertigo, chronic headache, weakness of memory, strabismus, mental derangement, etc.; acute encephalitis may likewise pass into a chronic form.

Under the homœopathic treatment, the prognosis is much more favourable than under the allœopathic treatment, which, even now, though much more conformable to nature than formerly, is still very uncertain and dangerous. Sopor, grating of the teeth, strabismus, paralysis, singultus, masticating motion of the jaws, vomiting of black or grass-green substances, rumbling noise during deglutition, etc., are bad symptoms. If spasms alternate with delirium and coma, the prognosis is bad. Favourable symptoms are: bleeding at the nose, discharge from the ears, reappearance of suppressed secretions, etc.

§ 259. It has already been stated above, that there is a great variety of cerebral inflammations which are more or less violent. The fever is either synochal or typhoid. Encephalitis may likewise develop gastric symptoms. It occurs most frequently in children, particularly in those with prominent foreheads, and is apt to increase to acute hydrocephalus. Congestions of the brain, resembling encephalitis, are likewise frequent among children. A cerebral irritation is likewise apt to occur in infants, after weaning, and is characterized by a good deal of screaming, tossing about, redness and bloatedness of the face and eyes, and complete sleeplessness. It also exists in infants when they cease to vomit up the milk, which takes place during the first weeks after parturition, and is very conducive to the health of the infants; they refuse to nurse when the vomiting stops.

*Belladonna* is the principal remedy for encephalitis, particularly in the above-mentioned cases of infants, and is more especially indicated by the following symptoms: Constant boring with the head into the pillow, excessive sensitiveness to noise and light, sopor, great heat in the head, red and bloated face, with visible throbbing of the carotid and temporal arteries, swelling of the veins, and the other symptoms mentioned in the preceding paragraph; sometimes hydrophobia phenomena are present.

If there should be a true synochal fever, it is advisable to give a few doses of *Aconite*, previous to the exhibition of *Belladonna*, even in acute hydrocephalus.

Encephalitis occasioned by insolution, is probably most easily cured by *Camphor*. In a case of stupor, with sopor, occasioned by a stroke of the sun, *Opium* afforded speedy relief.

Encephalitis crisyipelatosa is a species of inflammation accompanying external injuries of the head, or occasioned by the sudden suppression of an acute cutaneous eruption or crisyipelatous inflammation, particularly of the face; the meningeal membranes are the seat of the inflammation, which manifests itself by sudden, violent headache, delirium, etc. This species of encephalitis frequently leads to hydrocephalus. For this affection, *Belladonna* is likewise one of the most suitable remedies, which only yields to *Rhus tox.*, when the inflammation was occasioned by the sudden suppression of crisyipelas of the face. Encephalitis consequent upon the sudden disappearance of otitis, sometimes requires *Pulsatilla*. *Belladonna*, however, is the specific remedy when the cerebral inflammation is occasioned by suppression of scarlatina or purple-rush, or when it exists simultaneously with either of these affections. If such an inflammation should threaten to pass into hydrocephalus, *Merc. sol.* will frequently be able to prevent this. If effusion should actually have set in, *Belladonna* and *Mercurius* may still prove useful, but *Arnica* or *Digitalis*, or perhaps some other remedy as yet unknown to me, will

be more suitable. The symptoms of incipient acute hydrocephalus, without previous inflammation, are frequently rapidly and permanently removed by a dose of *Aconite* followed by *Belladonna*.

In typhoid meningitis, the remedies which have been mentioned for typhus require to be resorted to, especially *Bryonia*, *Cantharides*, *Helleborus*, *Hyoscyamus*, and *Stramonium*.

§ 260. *Delirium tremens, phrenesia, or encephalitis potatorum.*

This disease is partly of a physical, partly of a psychological nature. It is generally preceded by pressure in the region of the stomach or liver, loss of appetite, vomiting of water, tremor when not in a state of intoxication, languor, confusion of the head, restless sleep or else sleeplessness, anguish, unsteadiness and vehemence, quarrelsomeness, and lowness of spirits. These symptoms precede the attack for days and weeks, after which the paroxysm sets in suddenly; in consequence of an intoxication.

Although the disease may be brought on by the abuse of any kind of spirituous drink, yet it is principally occasioned by brandy, and more particularly in individuals of an ardent disposition, lively fancy, sanguine and choleric temperament, and general nervous irritability, and who have been suffering with gastric derangement, nocturnal restlessness, and mental derangement.

§ 261. We have already stated above, that the attack is preceded by derangements of the abdominal organs, loss of appetite, vomiting, constipation, which sometimes alternates with diarrhœa, increasing, in some instances, to a perfect cholera morbus. Symptoms of mental derangement are likewise present; ill-humour, weakness of memory, anxiety, confusion of ideas. The patient stutters, the movements of the body become unsteady, the sleep is unrefreshing and disturbed, with unpleasant dreams; there is great disposition to sweat, and the patient is troubled with illusions of sight and hearing. The more the disease progresses,

the more sleep becomes disturbed, and the fancies with which the patient was haunted during sleep, continue even in the waking state, and are supposed by him to be realities. Little by little sleep ceases entirely, the looks and manners of the patient betray great internal uneasiness and anxiety; he talks a good deal, seems very busy, and finally becomes delirious, the delirium being sometimes of a merry, at others of a vehement character, the latter particularly when the patient's desires are opposed; at times the patient is tormented with anguish, and apprehension of imaginary dangers. The strange and peculiar expression of the eye and features is characterized by an awkward desire to conceal the internal state; if, however, the patient should be troubled with one fixed idea only, those attempts at concealment do not exist. The patient is, as it were, in a waking dream, from which he can be roused for a short time, by speaking to him, or by other impressions: when roused, he talks rationally, considers himself sick, which is not the case otherwise, asks for aid, after which he relapses into his dreams. When the paroxysms are at their height, he is apt to confound persons well known to him with others. He expresses his fancies by his gestures, which are sometimes very comical on that account. The patient is exceedingly jealous. He does not like to be left alone, because his anxiety increases in solitude and when in bed. It is difficult to keep him in bed, particularly towards the termination of the malady, and any attempt to oppose his leaving the bed and walking about the room, frequently induces a fit of rage. The disease generally exacerbates towards evening. On account of the violent starting and trembling of all the limbs, it is difficult to determine the pulse with any degree of accuracy. The upper limbs tremble more than the lower, even before the attack has set in; the trembling is worse after the attack has set in, and diminishes or increases with the disease. The more feeble the patient, the more profuse the sweat, which generally smells sour and is cool; sometimes the sweat is entirely wanting.



The tongue is generally coated whitish, the thirst is not very great, the appetite scanty, stool sluggish, or even suppressed, the secretion of urine is likewise diminished. In consequence of the congestions of the head, which are always present, the face is red, though it has sometimes a jaundiced appearance. At the commencement of the disease, when the patient has not yet lost his senses, he frequently complains of heat in the head, headache, and buzzing in the ears; afterwards the eyes and eyelids turn red.

The disease sometimes runs its course in a few hours, or in a few days, or even in some days or weeks; hence we distinguish acute and chronic delirium tremens.

Terminations: (1.) In recovery, by sleep, which sometimes lasts 24 hours, the trembling ceases, the face brightens up, bilious discharges from the bowels take place. Relapses are apt to set in after the least excesses. (2.) In death, by paralysis of the brain, or apoplexy.

The prognosis is rather favourable; it depends upon the mode of treatment.

§ 262. I am unable to say, for want of sufficient experience, whether the last stage of this disease can be cured by homœopathic remedies. As regards the first stages of this disease, it is certain that they can be cured, and that the development of the disease can be arrested.

One of the best specifics for delirium tremens arising from abuse of brandy, even if the disease should be considerably advanced, is *Nux vomica*. To promote the cure, the patient should be given small portions of brandy, in water, one portion of brandy to three portions of water; this will bring on sleep, without interfering with the suitable specific.

*Coffea Cruda* is an excellent remedy to regulate the excessive irritability of the nervous system, to quiet the fancy and excessive muscular mobility. Every homœopath knows that our mode of changing crude drugs to remedial agents, alters the original substance to such an extent that the homœopathic pre-



paration, as, in this instance, *Coffea*, will be found sufficient, even if the same substance should have been constantly used by the patient in its crude state.

*Arsenic* is an excellent remedy for trembling of the limbs, pale, jaundiced complexion, bloated face, cold and blue skin, fainting fits, particularly during vomiting, anxious heat, starting, anguish, melancholy, sadness, despondency, vehemence, or derangement of the will-faculty generally, etc.\*

*Opium* is likewise a very useful remedy in delirium tremens, inasmuch as it increases the irritability and action of the voluntary, and diminishes those of the involuntary muscles; hence the slower pulse, the suppression of stool, etc.; on its secondary action, it exalts the fancy and courage, and stupefies, at the same time, the sentient power and the consciousness. As *Nux v.* is a specific remedy for this disease in the first stage, so is *Opium* in the second and should at once be substituted for the former remedy if the disease progresses uncontrollably towards the second stage.

*Camphor* seems to me a suitable remedy when the nervous excitement, the mobility and tremor of the limbs, do not yield to any of the above-named remedies. As opium corresponds to *Nux*, so does *Camphor* to *Coffea*, and will be exhibited with advantage if the latter remedy, though indicated, should prove of no avail.

According to some, *Stramonium*, one or two doses, is frequently indicated. *Hyoscyamus*, in alternation with *Belladonna*, is said to have cured a case very much like delirium tremens, though not entirely the same. Some maintain likewise that *Nux vom.* is only useful in the stage of convalescence.

For the remaining mental derangement, mania,

\* A characteristic indication for *Arsenic* is this: Vermin crawling about the bed, ugly animals staring at the patient, strange faces, etc. At the same time the patient seems to talk rationally. One of them asked me repeatedly to remove the vermin from the bed-clothes; it seemed to be his honest belief that the vermin was there. He likewise saw money, dice, etc., and begged me to pick them up for him. He was cured with *Arsenic*, in a week. I had cured him of delirium tremens four times.—*Hempel*.

craziness, idiocy, (which is more frequent in females,) paralysis, habitual sweats, dyspepsia, cachexia, organic diseases of the liver, etc., *Nux vom.* is likewise the most suitable remedy, though *Veratrum*, *Acid. phosphor.*, *Aurum*, etc., are likewise very valuable in some cases.

For the inclination which some men possess to drink from morning to night, in order to keep themselves in a constant state of intoxication, I have administered the *tincture of sulphur* with great success.

### § 263. *Acute hydrocephalus.*

Acute hydrocephalus runs a regular course, like all other acute diseases, particularly encephalitis; it is, in fact, nothing else than an inflammation of the brain with effusion.

Formerly, the phenomena and course of the disease were very little understood. Thanks to the discoveries of Formey and Gœlis, it is much easier now to diagnose this disease, and to trace it through its various stages. Among children, those from two to six years old are most liable to it. It attacks even children of the best constitution. In some families there prevails a natural disposition for that disease. A dangerous symptom is, if death by hydrocephalus did occur in a family. Other dangerous indications for the probable development of hydrocephalus are: Globular shape of the head, prominence of the anterior and posterior portions of the head, with sunken eyes, and the fontanels remaining open, much vivacity, premature mental development, disposition to nose-bleed; the new-born infant looks feeble, sickly, without strength or intellectual expression, sleeps a good deal, has a vacant and staring look on waking; want of sensibility; retarded and imperfect development of body and mind.

(1.) The precursory stage. This is not always present, or at any rate, not distinctly perceptible; in infants, particularly, it is sometimes overlooked, or is supposed to indicate a different disease. This stage sometimes lasts only a few hours, at other times a

few days, and does not offer any of the characteristic symptoms of acute hydrocephalus. It is recognised by the following symptoms: The child, which was previously able to run about with ease, has an unsteady, vacillating gait; he raises his feet high from the floor, and is liable to fall on a level floor, even in the room. This unsteadiness communicates itself to the whole body. We observe, moreover, a sudden change of disposition; in the place of the former cheerfulness and lightness of heart, the children become morose, peevish. On moving the head suddenly, for instance, or raising it in a recumbent posture, vertigo, or a sudden stupefaction is experienced. In some cases, the secretion of urine is scanty, in others the urine is turbid, flocculent, opalescent. Some authors number a fine, dry, colourless eruption on the outer side of the upper arm, on the cheeks and lips, among the precursory symptoms of hydrocephalus.

Beside these characteristic symptoms, there are some that are less characteristic, such as loss of the blooming appearance, sudden change of complexion, diminished appetite, restless sleep, during which the children moan, groan, start up as in affright, alternation of creeping chills and flushes of heat; a pulse of the ordinary rapidity, but intermitting at times, or beating more feebly. If these less characteristic symptoms should co-exist with the above-mentioned characteristic ones, the physician will be led to suspect the approach of hydrocephalus, and will watch the development of the symptoms with redoubled attention.

§ 261. The most suitable remedy for the above-described symptoms of the precursory stage is *Pulsatilla*. It corresponds more especially to the tottering gait, the vertigo, and the deranged secretion of urine. The moral condition of the patient in this stage of hydrocephalus is likewise one of the best indications for *Pulsatilla*. *Belladonna* is preferable to *Pulsatilla*, when the gait of the patient is not so much unsteady and tottering as vacillating, when the urine is scanty but of a natural colour, and when the above-mentioned eruption is distinctly perceptible. Cases may like-

wise occur where *Ipec.*, *Chamom.*, *Ignat.*, and *Bryon.*, are indicated. In some cases, the above-mentioned precursory symptoms exist without any further development; the children are very backward in learning to walk, and the continuance of the aforementioned symptoms points to the existence of a more deep-seated affection. No other symptoms are seen except a want of power to walk. For this difficulty, I have frequently administered *Causticum* with benefit.

§ 265. *First stage, irritative stage.* This stage is characterized by the following symptoms: Violent headache, particularly in the forehead and temporal region, with pressure in the eyes. Infants express this pain by moaning and grasping at the forehead; disposition to vomit, and actual vomiting, which is less apt to occur in a quiet position, and is excited by raising the child, carrying it about, moving it to and fro, or by any other motion; liquids are more readily vomited up than solid food. The more the disease develops itself towards the following stage, the less vomiting there is. A characteristic symptom is the increased sensibility of the eye to the light; the patients do not open their eyes except in the dark, or by a feeble light. The little patients are likewise very sensitive to noise, and are tormented by internal anguish and restlessness in consequence of it. The alvine evacuations are generally suppressed, and when they occur they are viscid, tenacious, brown. The face is generally pale, the features are altered, distorted, the nose is always dry, the lips are pale or of a faint dark-red, cracked in consequence of the heat. According to Gœlis, a pathognomonic symptom is the collapsed state of the bowels, without any increase of the alvine evacuations. There is scarcely ever any characteristic fever present. The pulse is small, irregular, very changeable, frequent, now and then intermitting, or beating more feebly. There is a disposition to sleep, but the sleep is restless, attended with grating of teeth, fancies, starting as if in affright.

§ 266. This stage is characterized by a number of definite symptoms, and it would seem as though it

were possible to adopt a definite course of treatment in regard to it. But this is not so. Different constitutions require a different treatment, and the other morbid phenomena are frequently present, which complicate the original disease. Be that, however, as it may, it is absolutely necessary to commence the treatment with *Aconite*, which frequently changes the disease to a milder form.

If the physician should be in doubt respecting the propriety of exhibiting *Aconite*, he will have to resort to *Belladonna*, which is the next most suitable remedy after *Aconite*.

If *Belladonna* should prove useless, I give *Zincum*, second or third trituration, every two hours. In every case where *Zincum* was administered, the disease yielded in from 12 to 24 hours, except some languor, for which I continue the *Zincum* until every vestige of the disease has disappeared.

Beside those remedies, *Hyoscyamus* and *Stramonium* may prove useful in some cases. The former is indicated by a bright-red face, throbbing of the carotids, glistening, staring eyes, wild looks, convulsive motions of the eyes, unquenchable thirst, etc.; the latter is indicated by similar symptoms attended with wild delirium and violent congestion of the head.

If this stage should have been occasioned by eruptions, scarlatina, whooping-cough, etc., the treatment is the same, as those causes do not affect the character of the disease, and cannot be removed. If abdominal difficulties, derangement of the digestive functions, dentition, scrofula, etc., should be present, the treatment has to be combatted accordingly. *Pulsatilla*, *Bryonia*, *Calcarea*, *Chamomilla*, etc., will frequently prove of service.

§ 267. The second stage, the stage of exudation, effusion of serous and lymphatic fluid, sets in in consequence of bad treatment in the former stage, or in individuals endowed with excessive sensibility and feeble constitutions, persons who have been suffering from their infancy, and are deficient in reactive power.



This stage is characterized by a sort of insensibility, which is probably owing to the pressure on the brain. The child which was restless in the former stage, now becomes dull and stupid; the child lies quiet, is unable to be on his feet, or to keep his head erect. The eye, which was extremely sensitive to the light in the former stage, becomes insensible; the pupil dilates; the visual power is feeble; diplopia takes place; optical illusions set in; the child stares, and frequently squints. The pulse becomes slower, feebler, but remains irregular. The urine is frequently passed involuntarily, and without the patient being conscious of it; the bowels are closed. The patients sink into a state of sopor, with their eyes half open; they moan and groan on awaking, or grasp at their heads and stomachs. On raising the patient, we observe in him anguish, restlessness, a spasmodic cough, and still more frequently, vomiting, are apt to set in; the grasping at the head continues, but there are situations where the head feels relieved. All these symptoms, which denote a diminution of cerebral reaction, generally increase towards the end of this stage. In this stage the children take some nourishment, particularly in a recumbent posture. If the disease should not be arrested in this stage, it passes into the third stage in three or four days.

§ 268. Gælis proposes to exhibit *Digitalis* in the second stage. This does not seem to be irrational treatment, though, in our judgment, *Arnica* is a more powerful agent in the second stage than *Digitalis*. If *Arnica* be the most powerful remedy to absorb the extravasated fluid consequent upon contusions, swellings, and mechanical injuries, why should it not likewise prove a powerful agent in absorbing extravasated fluids occasioned by internal causes? We know now, from experience, that repeated doses of *Arnica*, as well as *Digitalis*, are eminently useful in the second stage of hydrocephalus.

Beside these remedies, the following may likewise prove useful: *Belladonna*, provided it has not been employed without effect in any of the former



stages ; *Stramonium*, which is particularly useful when strabismus and other spasmodic symptoms, particularly spasms of the chest, are present ; and lastly, *Rhus tox.*, which is considered an important remedy by some. Other distinguished remedies in this stage are *Artemisia* and *Cina*. This remedy is particularly useful when the sphincter muscles are partially paralyzed, when the child bores with the finger in his nose until blood makes its appearance. *Hyoscyamus* may likewise prove useful when paralytic symptoms have set in. *Mercurius vivus* should not be overlooked.

§ 269. In the last stage, that of paralysis, we observe phenomena denoting an excessive derangement of the cerebral functions and paralysis of the nervous system. Stupor and sopor increase more and more the paralytic attacks in number and intensity, the pupil is paralyzed, complete deafness and blindness, and paralysis of the extremities, set in. The tongue becomes dirty-looking, black, the breath is fetid, respiration is short, anxious, spasmodic. Symptoms of a febrile condition make their appearance ; the pulse is excessively irregular, hurried, small, spasmodic, intermittent ; the skin is burning-hot, and dripping with sweat, hands and feet feel alternately cold ; hectic, circumscribed redness alternates with great paleness in the face. All sorts of spasms of the facial muscles, œsophagus and extremities, singultus, epileptic and tetanic spasms, make their appearance. Miliaria frequently breaks out before death.

§ 270. If the disease should have progressed so far without having been in the least influenced by the treatment, medicine will prove totally useless in this stage. Slight relief, however, may be afforded by *Aconite*, if the febrile symptoms should be very violent ; even the spasms may be somewhat diminished ; and by *Ipécacuanha* or *Ignatia*, if the spasmodic symptoms should be the more marked. *Opium* is an excellent remedy if the sopor should be very obstinate, and the child, with his eyes half open, should not recover his senses. In general spasms with the head drawn

backwards, the patient should smell, every five minutes, of a solution of *Camphor*. If the symptoms should have abated, it would be proper to put a few globules moistened with the sweet spirits of nitre on the child's tongue, or, in case of lock-jaw, to hold the open vial containing the spirits of nitre for a few seconds under the child's nose. In some cases, *Moschus* may prove of great service.

Inasmuch as we do not know of any remedy which might be used with anything like certainty in the last stage of hydrocephalus, I may be permitted to suggest *Indigo* among the physiological effects, of which we remark the following: Sensation as if the head were enlarged and more prominent; undulating motions; warmth and sensation as of boiling water in the occiput, etc.

§ 271. I shall conclude with a few remarks which seem to me of some importance.

It is frequently difficult, even for experienced physicians, to diagnose the disease in its first stages, more especially for this reason, that the disease seldom exists among children as an idiopathic disease, characterized by peculiar symptoms, and that it generally comes on slowly, in consequence of dentition, acute cutaneous eruptions, or diseased condition of the reproductive organs. It is easily confounded with worm-fever, though such symptoms of the latter affection as resemble hydrocephalus never last with anything like permanence, but exhibit long intermissions.

The most dangerous kinds of hydrocephalus are those which arise from acute diseases, particularly eruptive diseases by metastasis. Gælis terms such cases of hydrocephalus "hydrocephalic apoplexy." In chronic hydrocephalus the interference of art is most available, especially in the first stages, which last longer and exhibit even, at times, a decrease of the symptoms. If the physician be sent for in time, he will generally be able to save the patient. This variety of hydrocephalus arises most frequently from external injuries, blows, or a fall on the head. The treatment differs from the course which has been de-

scribed in the preceding chapter, even from the commencement. The specific remedy for such cases is *Arnica*, internally and externally. For the external application, I use one portion of the tincture of *Arnica* to one, two, or three portions of pure water, and continue the application as long as any pain or other morbid symptoms remain.

§ 272. *Spinitis, meningitis spinosa, myelitis, inflammation of the spinal marrow.*

In myelitis, as well as in encephalitis, the membranes and substance of the marrow generally suffer simultaneously, and we therefore prefer describing the symptoms in one group, as we did in encephalitis. The disease is characterized by a more or less violent burning-stinging, tearing pain, along the course of the spinal marrow, frequently resembling a rheumatic pain. The patient feels the pain deep-seated, not in the muscles or bones, which can be pressed upon without increasing the pain; it is most violent on bending or moving the spinal marrow, and is sometimes intolerable in a recumbent posture, particularly in bed. The patient is able to lie on either side, but on turning has to keep the spinal marrow straight and rigid, on account of the pain. In some cases the pain remits at first, but soon becomes permanent. The pain not only extends over a large portion of the spinal marrow, but spreads also to the chest, shoulders, abdomen, thighs, according as one or the other portion of the spinal marrow is inflamed, and frequently occasions a troublesome drawing in those parts. In the later stages of the disease, clonic spasms are experienced in the extremities which are nearest the seat of the inflammation, not in the face; these spasms are apt to come on or to get worse in consequence of pressing on the spinal marrow, or of quickly moving the trunk. The same remark applies to painful paraplegia.

The patient complains, moreover, of chilliness, anguish, unnatural, unpleasant warmth, or, in the more violent cases, of excessive heat in the spinal marrow,

particularly in the most painful part of it; the pulse is accelerated, the skin hot, profuse sweats set in. The head is free, without pain or heaviness. (except when the inflammation extends to the brain, in which case delirium, dysphagia, etc., set in.) the eye is bright, open, moves freely, consciousness is undisturbed, even during the convulsions.

The nearer the inflammation reaches the head, the more difficult it is to move the latter, or to swallow. The nearer the chest, the more the chest, shoulders, and hypochondria are affected. In myelitis lumbalis, the pain extends to the bowels, thighs, and pelvis.

§ 273. Myelitis occurs most frequently among young subjects and persons of robust constitutions. It frequently arises from mechanical causes, blows on the back, contusion of the back, concussion by a fall, dislocation and fractures of the vertebræ; from cold, exposure to wet, rheumatism, etc.

Myelitis generally runs a rapid course, particularly when the disease arose by metastasis from exanthematic diseases, or from dysmenorrhœa. The disease terminates: (1.) In recovery, with gradual disappearance of the symptoms, and the development of the critical phenomena generally attendant on fevers. (2.) In exudation, suppuration, and softening, with increase of the paralytic symptoms. (3.) In death, which generally ensues in consequence of the last-named conditions. Paralytic conditions frequently remain, which disappear either gradually or not at all.

The prognosis is generally unfavourable; it is most favourable when the disease arises from some mechanical cause. Copious sweat, hardness of the pulse, and delirium, are said to be fatal symptoms.

§ 274. The treatment should generally commence with *Aconite*, even if the fever were not a true synocha; but if the pulse be quick and bounding, *Aconite* is the first remedy to be administered, no matter where the inflammation may be seated.

Although *Bryonia* is supposed to be indicated in all affections which get worse by motion, yet it is only

indicated in myelitis when the disease is seated in the lumbar and sacral regions, when the adjoining abdominal organs are likewise affected, and the alvine evacuations are difficult.

*Nux vomica* is more suitable in chronic myelitis without scarcely any fever. The inflammation in this case holds a middle rank between acute and chronic rheumatism, the interior of the vertebral column being principally affected, and the abdomen remaining more or less free.

I have seen some cases of myelitis arise from imperfectly developed acute exanthems, particularly scarlatina and measles, the symptoms setting in with so much violence that every motion occasioned the most horrid pains. The joints of the extremities were likewise affected, their motion being impeded in consequence. There was considerable fever, but not acute, and there seemed to be a tendency to exudation. *Dulcamara* proved the best remedy, even if exudation had threatened to set in, or had actually taken place.

*Belladonna* is a principal remedy in this disease, particularly when arising by metastasis from the above-named acute eruptions, or when the disease is seated in the upper part of the spinal marrow.

I am unable, for want of experience, to point out more specifically the symptoms to which the above-mentioned remedies correspond. There are other remedies, which may likewise prove available, such as *Pulsatilla*, *Arsenic*, *Digitalis*, etc., when the chest is involved, with paroxysms of anguish, palpitations of the heart, etc.; or *Veratrum*, *Ignatia*, *Cocculus*, etc., when spasmodic conditions of the abdomen, a feeling of coldness, etc., are present.

§ 275. *Otitis externa et interna, inflammation of the outer and inner ear.*

These two kinds of inflammation, if arising from an internal cause, are generally found united. They are generally accompanied with cerebral suffering, particularly if the inflammation of the inner ear be very prominent.

These inflammations are characterized by the following symptoms: Heat, redness, and swelling, which frequently closes the meatus auditorius externus, particularly when the outer ear is inflamed, and spreads even over the adjoining parts. In internal otitis the pain in the inner ear is extremely violent, burning, stinging, tearing, boring, throbbing; it is aggravated by the least motion, extends frequently over the whole head, and affects even the brain; this is the cause why otitis is apt to be accompanied with symptoms of cerebral inflammation. The meatus is exceedingly sensitive, a humming and roaring are perceived in the ears. There is violent fever, with furious delirium, vomiting, coldness of the extremities, great anguish, convulsions, fainting turns, throbbing of the carotids and temporal arteries, etc.

Under allœopathic treatment, this kind of otitis is very apt to terminate in suppuration. Such a result has never occurred to me in my practice.

The disease generally sets in in consequence of a cold; but it may likewise occur in consequence of inflammation of some adjoining organ extending to the ear, or in consequence of the suppression of acute and chronic cutaneous eruptions, particularly the itch. I have likewise observed otitis in conjunction with secondary syphilis.

§ 276. The treatment of otitis is pretty much the same in all cases, no matter by what cause the disease may have been originated. If the symptoms of cerebral disturbance should be most prominent, the remedies will have to be chosen with especial reference to that state of things.

Experience has induced me to consider *Pulsatilla* as the true specific for otitis with delirium, horrid pain, swelling of the internal meatus, ear, and adjoining parts. According to Hahnemann's provings, *Pulsatilla* should not be given when there is much thirst and costiveness; although these symptoms are constantly present in otitis, yet I have always given Puls. with success.

Although Puls. is the specific remedy for otitis when



the inflammation attacks simultaneously the inner and outer ear, and is equally violent in either part, yet there are cases where *Belladonna* is the best specific, especially when symptoms of cerebral inflammation, a painful tightness in the head, delirium and rage, convulsions and fainting turns, aphony, and the like, are prominent symptoms. For the latter symptom, *Rhus tox.* might likewise be used with success. Other remedies are: *Bryonia*, *Aconite*, *Mercurius*, *Hepar sulphuris*, *Cantharides*, *Calcar.*, etc.\*

§ 277. *Ophthalmitis, ophthalmia, inflammation of the eye.*

It is impossible to furnish a correct description of the various inflammatory conditions to which the eyes and eyelids are subject, inasmuch as not only the morbid condition of the eye, but also the general pathological state of the patient, mode of life, age, sex, constitution, and particularly the exciting cause, have to be considered in the treatment. There is much which remains yet to be observed in these affections, and for which the physician has to rely upon his own judgment. This must enable him to determine the true character of the morbid symptoms, and thus to supply the deficiencies of our *Materia Medica*. It is a misfortune that the eye symptoms should have been observed by provers who did not possess a correct knowledge of the diseases of the eye.

It is not my intention to give a minute description of all the various inflammations of the eye; I shall content myself with indicating some of the remedies that are most suitable in inflammation of the eyelids or eyeball. These scanty indications will be sufficient to guide the homœopathic physician in the treatment of all other cases of ophthalmia.

\* *Belladonna* is chiefly indicated when the ear looks like a mass of raw flesh, with bloody, fetid discharge, and agonizing pain extending deep into the head, swelling of the mastoid process, and parotid glands, etc.

*Mercurius* is indicated by confused noises in the head, with sensation as if water were rolling through the head, excessive pain in the inner ear, extending along the ascending plate of the jaw, yellowish discharge from the ear. The pain is worse at night, etc.

By inflammation of the eye, we generally understand an inflammation of the conjunctiva, which is generally more or less involved. From the conjunctiva the inflammation may spread to the adjoining parts, the sclerotica and cornea, or even the iris and retina. Let us first treat of inflammation of the conjunctiva and of the remedies which correspond more particularly to that state.

§ 278. *Erysipelatous ophthalmia.*

Sometimes only one eye is affected, but the inflammation frequently passes to the other eye after a short time. The whole conjunctiva exhibits a pale-red tinge, with yellowish-red, moveable, vesicular formations, arising from a serous infiltration of the conjunctiva, and sometimes increasing to such a size that they protrude between the eyelids and impart a very strange appearance to the patient. The eye is very sensitive to the light, the pain is tensive and burning, but not very intense. There is much lachrymation, and an increased secretion of mucus. Sometimes there is fever. In the second stage of the disease the inflammation is more intense, and the vesicular formations increase in size. The conjunctiva is very much injected and even ecchymosed here and there. Pain, photophobia, and secretion of mucus, exist to a much greater degree in this stage.

Erysipelatous ophthalmia is most frequently occasioned by cold, sojourn in damp and cold air, by washing, scrubbing, etc.

The symptoms of the first stage are principally relieved by *Aconite*. If the fever and the inflammatory symptoms should have subsided, and an aching or burning pain should still remain behind, *Hepar sulph.* is then the most suitable remedy. *Belladonna* is indicated if the inflammation arise from a true erysipelas of the face; but if the inflammation should be very violent, *Hepar s.* will be preferable to *Belladonna*. In the second stage, however, if the inflammation should be so intense, the ulceration of the conjunctiva so extensive, and the secretion of purulent

mucus so profuse, that the eye can only be opened with difficulty, then *Sulphur* is required after *Aconite*. It is particularly indicated when the inflammatory vesicles, redness and swelling of the conjunctiva are characterized by an itching, burning, and a feeling of painful dryness. Sulphur acts best in this case, after the previous exhibition of *Belladonna*. *Causticum*, *Lycopodium*, and *Arsenic*, are likewise useful in this disease; the latter particularly, when the inflammation of the eyelids is so violent that it is impossible to open them.

Traumatic ophthalmia, as may arise from the pressure of a hard object on the eye, is very similar to the second stage of erysipelatous ophthalmia. In such a case, *Arnica* should be used internally and externally, and if the inflammation should nevertheless continue, *Aconite* should be given, after which *Sulphur* or *Calc.* are indicated. However, it is not always possible, in such a case, to prevent the atrophy of the organ, which sometimes follows the hypertrophy.

#### § 279. *Catarrhal ophthalmia.*

This inflammation generally affects both eyes, attended with catarrh, cough, and catarrhal fever. The inflammation and redness of the eye generally proceed from the canthi; soon, however, this redness, which has a yellowish, dingy tinge, extends over the whole conjunctiva; the cornea sometimes becomes a little dim, though it generally remains clear. If the inflammation be not arrested, phlyctænæ form around the cornea, which sometimes break and induce ulceration. The patients have a sensation of burning and pressure in the eyes, as if sand had lodged between the eyelids. Lachrymation, and subsequently, secretion of mucus, are very considerable. Evening exacerbations are generally present.

The disease is brought on by exposure to damp, cold, rough weather. Contagion takes place by transferring the secretions of the affected eye to a sound one.

*Chamomilla* is an excellent remedy for such an in-

inflammation, when the scleratica is not very much inflamed, when there is no lachrymation, when a sensation of pressure is experienced on opening or closing the lids, with agglutination of the lids and slight catarrhal fever.

*Nux vom.* will be found of very little use in this kind of ophthalmia, except when the symptoms correspond exactly.

*Belladonna*, *Euphrasia*, and *Arsenic*, are principal remedies in this kind of inflammation.

*Belladonna* deserves a preference when there are violent congestions of the head, when the conjunctiva and sometimes even the scleratica are very much injected, when a painful photophobia, very little secretion, and even a painful dryness of the eyes, are present. It is more particularly indicated by profuse coryza, making the nose sore, by paroxysms of a short, spasmodic, dry, hacking cough, and similar catarrhal symptoms.

*Euphrasia* is indicated by similar symptoms as *Belladonna*, except the profuse secretion of tears and mucus, which is not characteristic of *Belladonna*. *Euphrasia* is more particularly indicated when the inflammation is rather extensive, when the conjunctiva and sclerotica are very much injected, and phlyctænæ or little ulcers have formed around the border of the cornea. Profuse coryza, with violent headache, and evening exacerbations, are other indications for the use of *Euphrasia*.

*Ignatia* is indicated when the perceptible symptoms of the inflammation are less marked; when there is little redness, but a violent aching pain in the eyes, profuse lachrymation, and violent photophobia, attended with fluent coryza.

We would refer the reader to the remedies for catarrh and catarrhal fever contained in § 34, etc.

A constitutional disposition for catarrhal ophthalmia, exposing one to catarrhal affections at every little change of the weather, requires the use of the antipsorics. However, the remaining sensitiveness of the eyelids, which induces a redness of the mar-

gins of the lids whenever the least change takes place in the weather, sometimes yields to a single dose of *Nux vom.*, particularly when the patient complains of congestion about the head, brought on by the abuse of spirituous drinks.

If the eyes and eyelids should be very sensitive, with diminution of sight, scintillations, luminous appearances before the eyes, obscuration of sight, and even paralysis of the optic nerves, *Belladonna* will still prove useful, though *Digitalis*, *Aurum*, *Dulcamara*, *Phosphorus*, *Sepia*, *China*, *Causticum*, *Sulphur*, etc., may likewise be indicated.\*

### § 280. *Rheumatic ophthalmia.*

In rheumatic ophthalmia, the pains are sticking and tearing, and aggravated in warmth. It is generally attended with other rheumatic pains, a tearing headache on the affected side, toothache, etc. The whole eye is red, with intense photophobia and profuse secretion of tears. This kind of inflammation is more dangerous than any other, in this respect, that it is disposed to spread from the conjunctiva to the other membranes of the eye, giving rise to corneitis and iritis. If the cornea should be invaded, ulcers and their products, to which they give rise, soon make their appearance.

In the commencement of the disease, and if the inflammation should be slight, *Pulsatilla* will relieve the pain, *Bryonia* remove the inflammation. *Rhus tox.*, particularly after *Aconite*, may likewise suffice to control the pain and inflammation.

If the pressure in the eyes, the photophobia, lachrymation should be increased in the open air; if the eyelids should be agglutinated in the morning, with a feeling of heat in the eyes; if the iris should likewise be inflamed, *Clematis erecta* is the most suitable remedy.

\* One of the most important remedies for catarrhal ophthalmia is *Aconite*, particularly in nervous individuals. Even in mismanaged cases of this kind, with extensive ulceration of the conjunctiva, deep-seated aching, and sore pain in the eyeball, boring or sharp-aching pain in the frontal sinuses, *Aconite* is the specific remedy, even if there should be little or apparently no fever.—*Hempel*.



If the tearing pains should have become intolerable, if the inflammation should have extended to the cornea, with decrease of the photophobia, but increased intensity of the hemicrania, *Euphrasia* will be found eminently serviceable. The remaining symptoms will then yield to *Sulph.*, *Calcarea*, or *Causticum*.

§ 281. *Arthritic ophthalmia.*

This kind of inflammation is principally seated in the sclerotica, iris and conjunctiva, and lastly reaches the cornea. The pain is violently boring, digging, either in the eyeball or bones of the skull; it is changing, subject to the influence of the weather, aggravated by feather-beds. The eye is of a rose colour, less in the canthi than towards the cornea, which is surrounded by the injected and varicose vessels as by a wreath. This wreath of varicose vessels furnishes a characteristic distinction between arthritic and syphilitic iritis. In the latter affection the wreath is close around the iris, from which it is separated in arthritic ophthalmia by a narrow, whitish band. There is much photophobia, and sometimes even scintillations. If the inflammation be not speedily arrested, the iris changes its colour, and the pupil contracts; it becomes dim, extravasations are seen through the pupil, and the cornea becomes dim and opaque. Pannus may set in, or else an ulcer with a varicose ulcerated border is observed on the cornea. A mismanaged inflammation of this kind may, beside pannus, lead to bypopion, chronic corneitis, atrophy of the eyeball.

In some cases the inflammation commences from within, and extends towards the front part of the eye. The sclerotica and iris are violently inflamed. The pains are less intense than in the former variety, there is less redness, only single vessels appearing injected. The pupil however is dilated and distorted, the margin of the pupil is indented, with a greenish-white colour behind, showing that the capsule is invaded (cataracta glaucomatosa.) In this case the visual power disappears entirely, the periodical pains become



violently tearing, and spread over the whole side of the head; profuse lachrymation is present. An abscess is apt to form behind the lens, with increase of pain, and breaking anteriorly sooner or later. In ordinary and not too violent cases, the disease terminates in atrophy of the eyeball. Arthritic ophthalmia runs a chronic course.

This inflammation arises from anomalous gout, whether it have shown itself already or make its appearance afterwards. Sometimes, however, the disease, particularly the internal inflammation, sets in, without any symptoms of arthritis being present.

In regard to treatment, we can only furnish a few indications on account of the great variety of the symptoms, and invite the practitioner to obtain as comprehensive a knowledge of the *Mat. Med.* as possible, in order to be prepared to meet every case of such inflammations by an appropriate remedy.

The treatment should be commenced with *Aconite*, if the usual inflammatory phenomena, fever, bounding pulse, etc., be present. If *Aconite* should not be clearly indicated, if there should be much lachrymation and photophobia, with arthritic pains around the eyes, and symptoms of violent congestion about the brain, *Belladonna* would be the most appropriate remedy.

*Spigelia* is more particularly suitable when the inflammation has reached the more deep-seated tissues of the eye. It is indicated when the above-mentioned wreath of vessels around the cornea is distinctly perceptible, when the eyeball exhibits a number of varicose vessels, the patient complains of a sensation as if the eyeballs were swollen, the power of vision is undiminished; the pain is a violent sticking, boring, digging pain, proceeding from the interior of the eye towards the inner canthus; the pain obliges one to keep one's eyes closed, and, on opening them, objects seem to be floating in fire.

*Colocynthis* is an excellent remedy when the pains are seated in the eyeball itself, not in the surrounding bones, and of a burning-cutting character. Particular indications for *Colocynthis*, are: Congestion of the

head, photophobia, lachrymation, pressing and tearing pain in the whole brain, which is most violent in the forehead on moving the eyes ever so little; anguish, which drives the patient from one place to another.

*Chamomilla* is of not much use, except in very mild cases; and *Nux vom.* helps when the inflammation arises in the first place from excessive living.

If ulcers should have formed on the cornea, if the pupil should have become contracted, and should exhibit the above-mentioned whitish-green colour in the back-ground, *Euphrasia* is the appropriate remedy, especially when a rash has broken out around the eyes.

In internal arthritic inflammation, *Belladonna* is the principal remedy. The inflammation of the retina which frequently attends this disease, likewise yield most readily to *Belladonna*, when, beside the symptoms which have already been mentioned, the patient complains of a distressing, aching pain over the eyes, with pain in the eyeballs as if they would be torn out of their sockets or pressed into the head; the patient sees flashes and sparks before his eyes, particularly when congestions of the head are present, with more or less amblyopia; *muscæ volitantes* make their appearance, surrounded with a bright, fiery border, and gradually disappearing as the amblyopia increases. If these phenomena should be accompanied with inflammation of the choroidea, iris and sclerótica, if the pupil should be indented and dilated, the physician should not consider those symptoms as a counter-indication to *Belladonna*, and employ *Euphrasia*, *Pulsatilla*, *Sepia* or *Calcareæ* in its stead. If the inflammation threaten to terminate in amaurosis, *Belladonna* sometimes averts the danger. *Phosphorus*, *Caustic*, *Hepar sulph.*, *Aurum*, *Rhus tox.*, *Silic.*, *Natrum mur.*, *Sulphur*, etc., are very efficient agents in this inflammation. Beside the cases which have been mentioned as indicating *Bellad.*, this remedy is likewise useful when this kind of inflammation set in suddenly, or after simple ophthalmia, or after taking cold in the eyes when they were heated. In the latter case, *Dulc.* and *Tartar emet.* are likewise useful. Under

such circumstances amaurosis sets in gradually, the patients see things as if covered with a black gauze, black points or flocks or spots with various colours hover before the eyes, which go and come; the patient is frequently seized with violent vertigo, which generally terminates with considerable diminution of the visual power and violent headache. When amaurosis thus threatens to set in, the following remedies should be thought of in conjunction with those mentioned above: *Puls.*, *Dig.*, *Sepia*, *China*, *Capsic.*, *Ruta*, *Secale*, *Zincum*, etc.

*Sulphur*, which is an admirable remedy in all kinds of arthritic affections, is likewise eminently useful in arthritic ophthalmia, and frequently requires to be given immediately after Aconite.

#### § 282. *Scrofulous Ophthalmia.*

Scrofulous ophthalmia occurs more frequently than any other variety of inflammations of the eye. It generally attacks children, scarcely ever persons who have past the age of pubescence. The inflammation is principally seated in the conjunctiva, but sometimes in the cornea. The conjunctiva of the eyeball is very red, bundles of varicose vessels run towards the cornea, and the sclerotica exhibits a rosy tinge. Photophobia, which sometimes increases to spasm of the eyelids, profuse discharge of corrosive tears, increased secretion of mucus, are almost always present. These symptoms are worst towards morning, and decrease towards night. The eyelids are likewise reddened, and continue so, even after the real inflammation has been relieved. If the cornea be affected, it becomes dim, in consequence of extravasation of lymph, or phlyctænæ form, which sometimes pass into ulcers. Patients affected with this disease are liable to relapses. Scrofulous ophthalmia has been divided into erethic and torpid, according as the disease runs a more or less rapid course; the former is found in children of a sanguine disposition, the latter in children of a phlegmatic disposition and bloated appearance.

*Pulsatilla* is particularly indicated at the commencement of the disease, when the following symptoms are present: redness of the lids and conjunctiva, aching-stinging pain in the eye, photophobia and discharge of corroding tears, profuse secretion of mucus, nocturnal agglutination of the eyelids. *Euphrasia*, *Nux*, *Ignatia*, or *Ferrum* are sometimes indicated by the symptoms. In some cases, where the disease was distinctly worse in the morning, *Nux v.* has proved very useful. *Hepar s.* is one of the best remedies in this disease; I have given it with the best result at the commencement or acme of the disease, and even when the cornea had become completely dim. I gave two or three grains of the 2d or 3d trituration at a dose, two or three times a day.

*Belladonna* is a suitable remedy when the disease has somewhat progressed, and the above-mentioned bundles of varicose vessels have made their appearance, extending into the cornea; when the sclerotica looks red and phylyctænæ have formed at the termination of the vascular bundles, changing to ulcers; when the patient complains of painful pressure in the eyes, which increases by turning them up when photophobia is occasioned by the inflammation; and when the symptoms which have been enumerated under catarrhal ophthalmia are present, and the disease is aggravated by the least cold, or by a sudden spell of cold and damp weather during the fine season. Sometimes, however, this remedy is not sufficient, and we have to give *Sulphur*, *Calcarea*, *Sepia* or *Causticum*.

The alternate use of *Sulphur* and *Calcarea* in this disease is frequently attended with the most brilliant results; I give Sulphur one day and Calcarea the next, using the 2d or 3d trituration. By this means I have frequently cured scrofulous ophthalmia of years' standing in a week or a fortnight. *Conium macul.* is likewise indicated by the above symptoms, except that the photophobia results from the morbid action of the optic nerve, and not from the inflammation of itself.

For the pustules and ulcers which sometimes form on the sclerotica or cornea, and leave herpes and

scars, the following remedies are used with benefit: *Nux v.*, *Dig.*, *Euphrasia*, *Hepar s.*, *Cannab.*, *Sulphur*, *Calc.*, *Silic.*, *Sepia*. *Rhus tox.* is an excellent remedy in scrofulous ophthalmia, when accompanied with scrofulous or herpetic eruptions in the face. *Staphysagria* has likewise been used with benefit.

If the inflammation should resist any of the above remedies, in that case a few doses of *Arsenic*, either alone or in alternation with *Euphrasia*, will cure the disease in a short time.

We refer the reader to the second part of this work, where he will find a detailed description of the treatment to be pursued for scrophulosis; for, in most cases, a scrofulous inflammation of the eyes will not yield till the source from which the disease springs has been eradicated.

§ 283. *Blepharophthalmitis glandulosa, blepharoblenorrhœa, inflammation of the Meibomian glands.*

This disease is in many cases a sequel of other inflammations, such as catarrhal ophthalmia. The lightest degree of this disease is a mere blennorrhœa of the canthi (lippitudo.) The higher forms of the disease are accompanied with burning and itching of the eyelids and a feeling of dryness in the eye which is particularly violent towards evening. The secretion of mucus is likewise worse towards evening, causing an agglutination of the eyelids over night. On looking at candle-light, the patient experiences a sensation of heaviness in the eyelids, obliging him to close them. The inner surface of the lids is red, and has a velvety, puffed-up appearance. Sometimes, in the highest forms of the disease, the eyelids become excoriated. This kind of inflammation is frequently very obstinate, or is excited again by the least exertion.

The disease may be caused by the action of deleterious substances, or by catarrhal causes; it may likewise spring from dyscrasia, gout, scrofula, syphilis, (see the paragraphs where this disease is treated,) or from old age (ophthalmia senilis.)



For the milder form of the disease, *Euphrasia* is an excellent remedy, particularly when it arises from cold, and photophobia is present. If the inflammation should be very acute, with profuse secretion of mucus, *Clematis erecta* or *Spigelia* is to be exhibited. *Digitalis purp.* has been found very efficient in many cases, particularly in chronic blear-eyedness; the patients complain particularly at candle-light of a sensation of burning dryness about the margins of the eyelids, with swelling of the lower lid. If the inflammation should terminate in suppuration or ectropium, whether it be painless or attended with stinging, burning and itching, a few doses of *Mercurius* followed by *Hepar sulph.* should be given. *Belladonna* will prove useful after *Mercurius*, when the eversion of the eyelid is accompanied with twitching, trembling, and blinking of the lids, or when the lids are paralyzed and droop (blepharoptosis.) Next to *Belad.*, *Sepia* deserves to be recommended for the latter affection. In most cases, however, *Digitalis* diminishes the inflammatory symptoms, and changes the disease to a form which requires *Sulphur* for its complete removal.

Heaviness of the eyelids, which frequently increases to a spasmodic closing of those parts, (blepharospasmus,) yields most readily to *Hyoscyamus*, *Chamom.*, or *Crocus*. If these remedies should not prove sufficient, *Veratrum*, *Stramonium*, *Hepar sulph.*, or *Tinctura aeris* or *Causticum* are indicated.

§ 284. If the inflammation should be confined to a single Meibomian gland, or a circumscribed portion of cellular tissue, the disease is termed hordeolum or sty. It sets in with a sensation of pressure or itching, a narrow spot on the eyelid becoming gradually raised and red. This small tumour either disperses or suppurates. In the former case the trouble does not last long. The swelling may likewise become hard, (chalazion.) The disease is seldom accompanied with conjunctivitis, photophobia, or acute pain. It is apt to recur when patients are constitutionally disposed to it.

The disease either arises from dyscrasia, or in con-



sequence of blepharoblennorrhœa. To remove it, the patient should be kept under a strict diet, and should take *Pulsatilla*, which prevents the suppuration. If it should set in frequently, particularly in scrofulous subjects, with obstinate stoppage and ulcerated crusts in the nose, redness and swelling of the eyelids, *Aurum* is said to be a specific remedy. *Staphysagria* will be found an excellent remedy when the styte becomes indurated, and the indurated styte shows a disposition to torpid inflammation, with agglutination of the lids over night. If *Staphys.* should prove unavailable, *Silic.* will be found the best remedy. In some scrofulous children I have removed a disposition to styes, together with the scrofulous disease, by a few doses of *Sulphur* and *Calc. carb.* *Graphites*, *Lycop.*, *Rhus t.*, *Con.*, etc., deserve likewise our attention.

§ 285. *Ophthalmia neonatorum.*

This disease generally affects the eyelids only; if the inflammation should be violent, the conjunctiva and even the whole eye are sometimes invaded. At first one or both lids swell and close the eye. A few hours after the swelling commenced, a profuse secretion of mucus sets in from the Meibomian glands, which should not be confounded with pus. The cornea is sometimes attacked and remains dim for some time. I have seen blood discharged from the eyes previous to the secretion of mucus taking place. This may lead to important defects of the eye afterwards, and generally results from a constitutional dyscrasia. (See my cases, Arch. VI. 2, p. 30.)

Feeble infants which were not born at full term, are predisposed to such affections. Other predisposing causes are: bad diet, washing infants in unclean water, exposure to glaring light immediately after birth, infection during parturition with fluor albus, exposure to cold or draughts of air.

Slight cases are cured by frequently washing the eyes with a clean sponge dipped in tepid water. If this should not be sufficient, a little *Aconite*, and, if the disease should not entirely yield, *Exphrasia* have

to be exhibited. *Ignatia* is likewise recommended by many.

If the disease should be attended with diarrhœa, soreness of the genitals, flaccidity of the muscles, miliary eruptions, restless sleep, etc., *Chamomilla* will prove useful in many cases, which sometimes requires to be followed by *Belladonna*. If the infant be at the breast, it is important to attend to the diet of the nurse or mother, and it will be found that *Nux v.*, *Puls.* or *Bryon.* are indicated; these remedies should then be given to the nursing female. The principal remedy, particularly when constitutional symptoms are present, is *Sulphur*, which only yields to *Mercurius* when the disease arises from contact with syphilitic fluor albus.

§ 286. *Ceratitis, inflammation of the cornea.*

Inflammations of this kind have been spoken of in preceding chapters, to which we therefore refer the reader. We shall here mention some of the most characteristic symptoms of ceratitis, including the treatment.

In most cases this inflammation is chronic. The symptoms are not very striking, on account of the cornea being an organ of inferior organization; there is little redness and pain, but photophobia and lachrymation are always present. The cornea becomes faint, dim, dingy; the power of vision is diminished, and even entirely suppressed, if the dimness should continue. If the inner membrane of the cornea should be seized, the inflammation soon spreads to the iris, but the cornea does not alter its shape. If, however, the substance of the cornea should be affected, this organ assumes a conical shape. This disease is very apt to remain unaltered for a long time. The terminations are: dispersion with exudation of lymph, or suppuration. Pannus, staphyloma, synizesis, etc., sometimes result from ceratitis.

The inflammation is generally caused by injuries of the cornea. Many pathologists are, however, of opinion, that the inflammation would never attain a

high degree if it were not for some dyscrasia which had been slumbering in the organism, or if it were not complicated with scrofula or rheumatism.

In regard to the treatment, we refer the reader to the previous chapters. In idiopathic ceratitis, *Euphrasia*, *Hepar sulph.*, *Iod.*, *Baryt.*, and *Spig.*, deserve a preference. *Hepar s.* acts best when given morning and night, second or third trituration. It is of particular service when pannus has commenced setting in. If the inflammation should have been caused by mechanical injuries, *Arnica* is probably the best remedy, externally and internally. *Calendula off.*, which has been found of great use in wounds, may likewise be of great service. *Iod.*, *Baryt.*, and the hydriodate of potash, are particularly indicated when the inflammation has become chronic, and is complicated with scrofula.

§ 287. *Iritis, inflammation of the iris.*

This inflammation is generally accompanied with inflammation of adjoining parts. The pain is principally seated in the eyeball, but is often felt in the forehead and occiput, particularly at night. Photophobia is very considerable. The pupil contracts, becomes immoveable, and, if the inflammation should progress, and exudations should set in, the pupil becomes indented, elongated, and the visual power is lost. The iris changes its colour; if brown, it changes to a reddish, and if gray, to a blue-greenish colour. The thickening of the iris is distinctly perceptible. The eye is excessively sensitive, and there is considerable lachrymation. If the inflammation be not speedily controlled, exudations set in, which appear like white specks or bands in the pupil, and impair vision. In the worst case the pupil closes (synizesis). The termination in suppuration, and the formation of hypopion, is less frequent. The disease is always accompanied with fever, which exacerbates in the evening. It runs a rapid course.

It is caused by previous inflammations, traumatic

ophthalmia, injuries during operations, dyscrasia, gout, syphilis, etc.

In the first stage of the disease, when the inflammation is yet in an incipient state of development, *Aconite* is sufficient to control it: but if pain in the forehead or occiput should already have set in, *Belladonna* will have to be given in the place of *Aconite*. The alternate use of *Aconite* and *Belladonna* is sometimes commendable. Even if the pupil should have contracted, and have become less dilatable, *Belladonna* will still prove useful. *Cina* is admirable when the contraction and immobility of the pupil is attended with frequent scintillations, great dryness and consequent pressure in the eyes, and when the patient complains of aching, rather than tearing, pain in the head. If the disease should have considerably progressed, the power of vision should be much diminished; or, if exudation should have set in, *Merc. corros.* is most suitable. *Plumbum* is likewise a powerful absorbent of the exuded lymph. *Sulphur*, *Clematis erecta*, and *Zincum*, are likewise of service in this affection, and have to be chosen with reference to the constitutional state of the patient. We therefore refer the reader to the various chronic affections and dyscrasias, which will be treated of in the second division of this work.

THE END.







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