

toe shared the same fate. The boy had been bitten on the ear by a pup, leaving the marks of two teeth on which the membrane also formed and soon covered the back part of the ear, resembling very much a burn. *R. Bellad.*<sup>3</sup>, in water, *Merc. j. r.*<sup>3</sup>, in powder alternately. Slow recovery. (Sechrist, H. M., Aug., 1873, p. 36.)

Profuse formation of pseudo-membrane on the pharynx and on the tonsils; also a similar formation, but not so thick, in the vulva, with frequent and painful urination and tenesmus vesicæ; severe aching in the bones, headache, chilliness, fever, etc. *R. Canthar.*<sup>3</sup> with a gargle of *Liquor calc. chlor.* Cured slowly. (Fetterhoff, H. M., Aug., 1873, p. 34.)

*Crot. tigl.*, as indicated in cases of diphtheria characterized by: not much if any hoarseness, not much difficulty in swallowing, excessive exhaustion, perhaps coming on with alarming suddenness. (Williamson, M. L., v. 10, p. 149.)

**Diphtheritic Sore Throat** cured by *Lac cani.*<sup>1m</sup>. Sore throat beginning at left tonsil, which was swollen and ulcerated, throat feels swollen and raw, and pricking and cutting pains shoot through the tonsils when swallowing; sub-maxillary glands swollen, sore and aching pain in left ear; most pain when swallowing solids; the food seems to pass over a lump, no aversion to cold drink; while drinking the fluid escaped through the nose. (Baillie, N. A. J. H., v. 22, p. 252.)

**Laches. in Diphtheria and Quinsy.** Have never failed in checking quinsy with *Laches.* when *Bellad.* has failed to check the commencing symptoms. (J. W. von Tunzelman, M. H. R., v. 17, p. 740.)

*Sulphur.* Lady, æt. 30, sick since an attack of diphtheria five years ago. Exhaustion on the least exertion; nausea or vomiting in the morning; attacks of diarrhœa occasionally; micturition painful and frequent; urine turbid; complexion sallow and pallid. *Sulphur*<sup>2x</sup>, in repeated doses. Well at end of four months. (Dixon, M. H. R., v. 17, p. 234.)

## Neck and Œsophagus.

**Goitre.** Sanguine temperament, muscles soft, flabby, rheumatism, diarrhœa, aversion to meat. *Calc. carb.*<sup>3</sup>. (A. Elblein, Proc. H. M. S., Penna., 1873.)

**Morbus Basedowii.** Drs. Eulenburg and Guttman, translated by S. L. (N. Y. J. H., Jan., 1874, pp. 473, 485.)

**Œsophagitis.** If produced by mechanical injury, *Arnic.* and *Acon.* are the chief remedies. If caused by a burn, *Canthar.*<sup>3</sup> or 6th. Mucilaginous drinks should be used.

*Rhus tox.* is useful especially when the attack has been caused by corrosive substances. Small pieces of ice may be held in the mouth and allowed to dissolve to allay thirst. (L. Pratt, U. S. M. and S. J., v. 8, p. 406.)

## Larynx.

**Improved Laryngoscopic Apparatus.** By Dr. F. Seeger. (N. A. J. H., v. 21, p. 323.)

**Hoarseness.** The *hoarseness* connected with incipient as well advanced stages of consumption is often very promptly cured by *Ol. jec. as.* (C. Neidhard, U. S. M. and S. J., v. 8, p. 146.)

*Hoarseness.* Miss S., æt. 17. Has been hoarse for three weeks; and unable to sing, throat sore, feels as if she had to swallow over a lump, burning of tip of tongue with dryness of the mouth. Her throat had been pencilled with nitrate of silver once or twice a day since she was taken sick. The winter before she was not able to sing any. *R.* twelve powders of *Natr. mur.*<sup>2o</sup>, and a vial of unmedicated pellets; to take a powder night and morning. The next day she could talk, and in three days could sing. About eighteen months after that she took cold, which brought on some soreness of the throat. *R. Natr. mur.*<sup>2o</sup>, followed by a complete cure. (D. J. Chaffee, H. M., Feb., 1873, p. 341.)

**Chronic Hoarseness.** A chronic hoarseness remaining after an attack of acute laryngitis was entirely cured by *Caustic.*<sup>2o</sup>. (A. E. Small, U. S. M. and S. J., v. 9, p. 35.)

**Aphonia.** *Phosphor.*<sup>6</sup>. Especially when there is sensitiveness and dryness of the larynx, with a feeling as if it was lined with fur, and inability to utter a word, every effort to do so being painful; nervous exhaustion; suspected atrophy of nerve tissues.

*Caustic.*<sup>6</sup>. Burning huskiness in the whisper; sense of utter weakness in the laryngeal muscles; coincident symptoms of glosal and facial paralysis.

*Spongia*<sup>3</sup>. Hoarseness with soreness and burning; with cracked

or broken, and faint voice; sense of choking; whistling sound in the larynx on a deep inspiration.

*Amm. caust.*<sup>2</sup>. Resembling *Spongia*, but with more muscular debility and tremors.

*Sulphur*. Very high. Sometimes cures these cases like a charm, as if it excited the animal electricity.

*Carb. veg.*<sup>3</sup> and *Carb. an.*<sup>3</sup> produce very great catarrhal hoarseness, bordering on aphonia. For *Carb. veg.*, the patient is hoarse in the evening, and aphonia in the morning. For *Carb. an.*, he is hoarse all day, and aphonia at night.

*Ant. crud.* Loss of voice on becoming heated.

*Merc. viv.* and *Merc. corr.* are both credited with having produced complete loss of voice, and prove serviceable alike in catarrhal aphonia, and in that occasioned by nervous paralysis.

*Laches.*, *Crotal.* and *Sanguin* all produce aphonia, with tenderness and sense of swelling in the throat. In snake poisons, the subjective sensation seems out of proportion to the organic reality.

Catarrhal aphonia is sometimes cured by the topical application of nitrate of silver.

*Bellad.* is not so much adapted to catarrhal as to paralytic aphonia. It is strongly indicated when the trouble is clearly of cerebro-spinal origin; and the *suddenness* of the attack is an incident especially in favor of its selection.

*Gelsem.*<sup>3-5</sup> has been found curative in aphonia regularly recurring at the menstrual period.

*Electricity*. Local faradization is pronounced by competent authorities to be one of the most efficient measures in paralytic aphonia.

Strychnine in perceptible doses, gradually increased from 1-100th to 1-20th of a grain, is of great value in very debilitated states of the digestive and nervous systems. It is a genuine *vegetable electricity* to many cases of impaired nervous power. *Nux vom.* is of occasional service in similar cases.

The inhalation of stimulant vapors, such as ammoniacal vapor, iodine vapor, atomic spray of nitrate of silver, sulphate of copper, benzoate of ammonia, etc., are often used with benefit by our allopathic friends.

**Hysterical Aphonia** has three excellent remedies: *Platin.*<sup>3-30</sup>, *Ignat.*<sup>3</sup> and *Nux mosch.*<sup>3-30</sup>. *Platin.* is most associated with uterine disturbance; *Ignat.*, with mental anxiety and spinal symptoms; while *Nux mosch.* has more gastro-intestinal and cardiac derangements.

*Cuprum*<sup>3</sup> is indicated after hysterical, epileptic or other convulsions, when speechlessness continues after consciousness is restored.

*Stramon.*<sup>3</sup>, covers not only speechlessness from cerebral disease, but also aphonia from great mental excitement, with hysterical and maniacal symptoms.

Those cases of aphonia produced by loud and prolonged exercise of the voice are greatly benefited by gargles of arnicated water, and by *Rhus tox.*<sup>3</sup>, internally. *Carb. veg.*<sup>6</sup> and *Phosphor.*<sup>6</sup> are here also of great service. (W. H. Holcombe, U. S. M. and S. J., v. 8, p. 284.)

**Aphonia from Paralysis of the Vocal Cords.** Mr. S., æt. 31, has been aphonic for thirteen weeks, cured in three days by a spray of *Caustic.*<sup>20</sup>, ℥j., to aqua ℥iij. (R. T. Massey, A. H. O., Dec., 1873, p. 593.)

**Laryngismus Stridulus.** The paroxysm is so sudden and transitory that not much can be done at the moment. Introduce the finger or a feather into the throat, and irritate the epiglottis, so as to make the patient gag or vomit. Very hot fomentations to the throat are preferable to cold, which are more adapted to croup. Some have found benefit from an ice-bag applied to the spine. If you have time, lay the patient on one side, and throw a chloroform injection into the rectum.

If there are convulsions use Brown-Sequard's method of arresting them by forcible flexion of the toes and thumbs. If the carpedal contractions are attended by arterial excitement, and red or flushed face, put a dose of *Bellad.*<sup>3</sup> on the tongue; if that fails, *Stramon.*<sup>3</sup>. If the contractions are comparatively without cerebral excitement and the face blue and cold, give *Cuprum*, 3d cent. trit., especially *Cupr. ac.* That failing, remember *Plumbum*<sup>3</sup> for the next attack.

In these terrible suffocations the old homœopathic remedy, *Sambuc.* holds a high rank. It is especially valuable in all nocturnal, spasmodic dyspnoeas of reflex origin. It has often rendered me good service at the 30th.

*Moschus*, by olfaction, or rubbed into the tongue, has received commendation from both schools of medicine.

*Laches.* and *Hydroph.* may be studied.

*Ignat.* has the symptom, difficulty of inspiration with easy expiration, occurring suddenly about midnight.

*Chlorine* has crowing inspiration, with expiration exceedingly difficult.

*Gelsem.* has long, croupy inspiration, with sudden, forcible expirations.

*Ignat.*, *Moschus*, *Mephit.* and *Platin.* will be more especially applicable to hysterical cases. Jousset recommends *Zincum* and *Platin.*

Baehr speaks of *Iodine* in the warmest terms, and Meyhoffer and others of *Cor. rubr.*

The iodide of iron, 1st cent., is admirably adapted to anæmic cases. Cod-liver oil will no doubt render good service as a medicated nutrient.

Local faradization of the laryngeal muscles and a change of air have been mentioned as *dernier*, but still very useful *resorts*.

Raw meat, milk, eggs, oysters and Liebig's extract of beef must co-operate with *Silic.*, iron, phosphate of lime, etc., when malnutrition is the cause. (W. H. Holcombe, U. S. M. and S. J., v. 8, p. 281.)

**Acute Laryngitis.** Therapeutics of. In simple acute catarrhal laryngitis, the treatment should begin with *Acon.*<sup>1</sup> and *Bellad.*<sup>6</sup>, alternated every half-hour or hour, the cold water bandage to the neck frequently renewed, and the occasional inhalation of the vapor of warm water. The *Acon.* need not be continued after the febrile onset is fairly weakened, but may be omitted, and *Spongia* substituted in its place. If the cough is not sufficiently hoarse and rasping for *Spongia*, alternate the *Bellad.* with *Stibium*, 1st cent., hourly at first, and lengthen the intervals rapidly as improvement takes place. If the febrile symptoms do not yield to *Acon.*, substitute *Ver. vir.*, especially if there is considerable agitation of the nervous system, with unusual excitement of the heart.

Substitute *Gelsem.* for *Bellad.* if there is increasing stupor, long, croupy inspirations, with forcible expirations, or approaching indications of œdema of the glottis. Jousset gives only four remedies for acute laryngitis: *Bellad.*, *Laches.*, *Hepar s. c.* and *Phosphor.*

*Bellad.*<sup>3</sup>. Pain in the larynx on deglutition and from external pressure.

*Laches.*<sup>6</sup>. Still more sensitiveness to pressure, with sense of something in the throat which prevents one from speaking, and which cannot be detached.

*Phosphor.*<sup>6</sup>. Extreme pain on talking, even in a whisper; great hoarseness, with tearing pain on coughing.

*Hepar s. c.*<sup>3</sup>. Same as *Phosphor.*<sup>6</sup>, but with less pain and more expectoration.

*Bromine*<sup>3</sup>. Suffocative paroxysms of dyspnœa; sense of excoriation in the larynx, and feeling of coldness on inspiration.

*Kali bichr.*<sup>3</sup>. Pain, soreness and tickling in the larynx, with mucous accumulation; tough, stringy, tenacious expectoration, with or without traces of blood.

There may be cases in which *Bryon.*, *Iodine*, *Caustic.*, *Kali hydr.*, *Rumex* or *Sanguin.* may suit better than the remedies above named.

Persistent lividity of countenance calls imperatively for tracheotomy as a last resource. Carbonate of ammonia, *Carb. veg.*, *Arsen.* or *Hydr. ac.*, may be tried as long as there is a gasp in the lungs, or a flicker in the pulse.

The laryngitis which occurs in the course of erysipelas, small-pox, scarlet fever, etc., has very good analogies in *Apis*<sup>3</sup>, *Canthar.*<sup>3</sup> and *Rhus tox.*<sup>3</sup>. They correspond respectively to œdema with watery effusion, with fibrinous or lumpy exudation, or with typhoid depression.

A laryngitis passing the critical point and improving, may be safely conducted on to perfect recovery by *Merc. sol.*<sup>3</sup>, *Stibium*<sup>3</sup>, *Hepar s. c.*<sup>3</sup> and *Sulphur*<sup>6</sup>. (W. H. Holcombe, U. S. M. and S. J., v. 8, p. 288.)

**Chronic Laryngitis.** Therapeutics of. The great remedies for chronic laryngitis may be roughly divided into those which are adapted to an *irritative* or irritable state of the general system and of the cough, and those which are better suited to general and local states, better described by the word *atonic*.

First class: Characterized by	Second class: Characterized by
<i>irritability.</i>	<i>atony.</i>
<i>Arsen.</i>	<i>Kali bichr.</i>
<i>Phosphor.</i>	<i>Tart. emet.</i>
Iodide of Potash.	<i>Carb. veg.</i>
<i>Iodine.</i>	Bromide of Potash.
<i>Spongia.</i>	<i>Arg. fol.</i>
<i>Laches.</i>	<i>Caustic.</i>
<i>Rumex.</i>	<i>Stannum.</i>
<i>Hepar s. c.</i>	<i>Sepia.</i>
Cod liver oil.	

*Arsen.* and *Kali bichr.* will be found useful in some stage of all the forms of chronic laryngitis.

They both correspond to hoarseness, soreness, laryngeal irritation, cough with expectoration, ulceration of the larynx with organic lesion, hectic emaciation, etc.

In their differential diagnosis the modifying word, predominantly, should run through every line.

*Arsen.*

Predominantly irritable, restless, loquacious, anxious.

Great anguish and sleeplessness at night (particularly after midnight), mainly from the state of the nervous system.

Mouth dry, white or red tongue.

Fluent coryza; voice trembling.

Cough; dry, fatiguing, asthmatic.

Sputa: scanty, blood-streaked watery or frothy.

Dyspnoea greater; cannot lie down at night on account of it.

Predominantly burning pains.

Ulcers: red or bluish; flat, bleeding, spongy, spreading laterally; preferably on the skin.

Concomitant cardiac disease.

With malarial poisoning.

Tendency to watery effusion (anasarca) and to fatty and amyloid degeneration.

Aggravation, at night and on keeping still.

I have used *Arsen.* high and low with equal success. Some cases improve on the 200th, some require the 3d or even Fowler's solution, drop doses. The 5th trit. of *Kali bichr.* has rendered me satisfactory service.

*Kali bichr.*

Predominantly torpid, indifferent, taciturn, averse to motion.

Nothing of the sort—or, if so, it comes from the organic condition.

Saliva abundant; yellow tongue.

Thick, yellow coryza; voice nasal.

Cough: loose, suffocative, croupy, sometimes with pain in both ears.

Sputa: abundant, tenacious, in bluish lumps, or in long viscid strings.

Hoarseness greater.

Predominantly excoriating pains.

Ulcers, yellow, with red base; oval, deep, corroding, but not spreading; preferably on the mucous membrane.

Concomitant pulmonary disease.

With syphilitic poisoning.

Tendency to plastic exudations.

In the morning, and on moving.

*Caustic*<sup>3.6</sup> is called for in chronic catarrhal laryngitis, with predominant hoarseness and inharmonious or cracked voice; sometimes aphonia; slight mucous expectoration, not purulent or bloody; urination when coughing; especially for the scrofulous constitution, with yellow complexion and neuralgic, rheumatic or paralytic complications. Amelioration by rest and warmth.

*Phosphor*<sup>3.6</sup> is indicated by irritability with debility and the irritation of debility. For scrofulous and tuberculous subjects: dry, hoarse, painful, burning cough; expectoration blood-streaked; trembles when coughing; constriction across the chest; great weakness and emaciation. Fair skin, blue eyes, very white sclerotics.

Cases of this kind not relieved by *Phosphor.* have been benefitted in my practice by the hydro-phosphate of zinc, 1st dec. trit.

*Hepar*<sup>3</sup>, for scanty, tenacious, muco-purulent secretion, in tuberculous subjects; has a specific relation like *Kali bichr.* to exudations in the larynx; ulcers, with pain in a single small spot.

*Laches*<sup>6</sup> is likely to do good as an intermittent or occasional remedy in cases of great laryngeal irritation.

*Arg. met.* or *nitric*<sup>3</sup> is specially adapted to the chronic laryngitis of singers. Raising the voice produces cough; gray, jelly-like mucus accumulates in the larynx on going up stairs, on stooping, on laughing, or singing. Generally no pain on swallowing, but food passes with difficulty.

*Crot. tig*<sup>3</sup>. Hoarseness, with mucous accumulation in the larynx; no pain on touch or swallowing: ulceration. May be used internally and externally at the same time.

*Selen*<sup>3</sup> occupies a place between *Hepar* and *Caustic*. It rarely fails to improve the voice. Meyhoffer recommends the seleniate of soda very highly.

*Sanguin.* With dry throat, sensation of swelling in the larynx: tough, thick, offensive expectoration.

For the catarrhal form of laryngitis and also for the follicular and syphilitic, but rarely for the tuberculous, the preparations of mercury are of great value.

The iodide and biniodide are perhaps the best forms for administration, though I have seen excellent results from the solubilis, the cyanuret, the sulphuret and the red precipitate.

Iodine and bromine, and especially the salts, iodide and bromide of potash, cover both catarrhal and syphilitic laryngitis. They may be given at the 1st to 3d dec., and may be topically applied

with glycerine as the vehicle, or may be inhaled as vapor, or as atomized spray.

Meyhoffer strongly recommends the same remedies for the follicular laryngitis—and records cases.

The iodide is more especially adapted to the irritable form, and the bromide to the torpid. The former corresponds to *Phosphor.*, the latter to *Carb. veg.*

For *syphilitic laryngitis* besides iodide of mercury, iodide of potash and *Kali bichr.*, we have nitric acid and chloride of gold, the former especially after abuse or failure of mercury and potash, the latter for great mental depression and fetid discharges.

*Tuberculous laryngitis* will find its best chances in *Calc. carb.*, *Arsen. Iodine*, *Kali jod.*, *seleniate of soda*, *hypophosphite of lime*, and the general hygienic and dietetic treatment of tuberculosis.

Cod-liver oil is of occasional use.

*Ammon.*, *Arum triph.*, *Baryta*, *Ant. crud.*, *Alumina*, *Kali carb.*, *Mangan.*, *Petrol.*, *Sepia*, *Silic.*, *Ranunc.* and *Zincum* may be considered.

The inhalation of medicated vapors and sprays may be tried. Salt water, carbonic acid gas, benzoin, muriate of ammonia, carbolic acid, iodine, have been highly recommended.

Inhalation failing, a direct application of liquids saturated with medicinal substances may be resorted to. The nitrate of silver and sulphate of zinc may be used for catarrhal cases. Tannin for the tuberculous and the acid nitrate of mercury for the syphilitic. (W. H. Holcombe, U. S. M. and S. J., v. 8, p. 290.)

*Arg. met.*<sup>30</sup>, followed by the 200th, cured a chronic inflammation of the larynx of two years standing in a professor of elocution, æt. 35. (A. E. Small, U. S. M. and S. J., v. 9, p. 35.)

**Chronic Laryngitis.** B. P., passive but copious hemorrhage from lungs; fainting; cold sweats; prostration; no pain; hemorrhage comes on suddenly, R. *Phosphor.*<sup>30</sup>, which stopped bleeding. (T. D. Stow, H. M., Dec., 1873, p. 197.)

*Chronic Laryngitis.* Mrs. T., æt. 47, had it six years; cough with free and easy expectoration of sweetish, or musty, yellow matter; hæmoptysis; she is thin, pale, with blue eyes, light-brown hair; condition passive, painless. R. *Phosphor.*<sup>30</sup>. Cured. (T. D. Stow, H. M., Dec., 1873, p. 197.)

A little girl, æt. 4, who had been subject to bronchial affections since birth. I found her lying on her mother's lap, the countenance pale and livid, the lips very cold, the dyspnoea extreme,

while the cough was muffled as if the head had been enveloped in a blanket. No expectoration whatever, and the sibilant râles were remarkably shrill. The hands and feet were quite cold, and the half-delirium told of carbonic acid charged blood circulating in the brain. *Sanguin.*, prepared as previously indicated in the *Observer*, was administered every ten minutes, and within two hours, improvement had set in. The breathing became easier, the cough clearer and less husky, a tough tenacious mucus was expectorated, and with the return of a freer pulmonary circulation, warmth returned to the extremities of the body. At the same time the hissing diminished and the mucous râles—at first faint and afterwards more pronounced—made their appearance. In eighteen hours the little sufferer was out of danger, and in four days she was dismissed. I place *Sanguin.* next to *Kali bichr.* in pseudo-membranous bronchitis, but find some difficulty in giving the differential diagnosis between the two remedies. In practice I am guided a good deal by the auscultation. When the sibilant râle predominates and the faint or almost absent mucous râle shows that the pseudo-membrane is closely adherent to the walls of the bronchial tubes, *Sanguin.* should be given; should the sibilant râle be less violent and the mucous râle indicate a less tenacious membrane, *Kali bichr.* is in place. Both remedies should be given in material doses. (T. Nichol, A. O., June, 1873, p. 335.)

**Croup.** There is no doubt that croup is associated with a peculiar irritation of the nerves. The hearth of this irritation, however, may be situated in different places. According to the reliable researches of Verson, it appears that the branches of the laryngeus superior and recurrent are studded, "with numerous ganglion-cells immediately before their ramification into the muscles." In the posterior fibrous membrane of the trachea he discovered real ganglia from which nervous fibres issued to the muscular stratum. Thus it is conceivable that the irritation of the peripheral nerve-fibres by the exudation may cause an excitation of the ganglion-cells, or that the abnormal condition of the blood causes a direct influence upon the respiratory centres, or that both these factors act at the same time and so on. It would be of the greatest importance for this as well as other questions, to arrive by physiological experiments, and pathological observations at a definite conclusion. However it may be, to me it appears that the symptoms of a croup-dyspnoea cannot otherwise be explained than by