

opportunity of doing so if a horse of his own were attacked, or if an officer would sanction the experiment with a private horse.

A few days after he came to me, and said his own charger, a recent purchase, was attacked in the most serious way, and now he would give my remedies a fair trial. This mare's pulse was 108. Four doses of four drops of Aconite, third dilution, brought her pulse, as stated to me by himself, to 29, and I went down to see her with him in the following morning. The other symptoms were met as they presented themselves, and without one defective measure of any kind whatever. The mare was convalescent in a few hours, and I saw him ride her out of the barrack-yard in pink—I hope only as a hack—three weeks after the first attack.

The medicines found by me sufficient in all these cases were Aconite, Belladonna, Arsenicum, Phosphorus (which in the violent respirations acted like a charm), Bryonia, and one or two others, Sulphur being, I remember, a famous "top up" in convalescence.

I used also at Canterbury, at the time of the augmentation, when I had to put the fresh-caught British rustic in his cordings on my seasoned horses, and my old soldiers on the raw unbroken animals sent down to me, to be driven half crazy by the overreaches and treads resulting from each day's instruction of drill. These, if allowed, the farrier would have removed with the knife, and each case would have been one of a fortnight or a month's duration. I never allowed a knife near a horse's foot the whole time; but cleansing the wounds at once, bathing them with a solution of Calendula tincture, and binding them up around the coronet with bandages always kept prepared, I never had a case last over the eighth day, or a heel disfigured by operating on it.

I have treated with equal success, and by the use of the same precious tincture, a hideous wound caused by a fighting horse tearing down a fragment of his antagonist's neck from the ear to the shoulder, the piece thoroughly cleansed and replaced, both surfaces carefully washed with Calendula 3, one drop to twelve, and a few stitches put in preparatory to swathing the whole neck in Calendula bandage, caused it to heal at once with such completeness as to astonish the veterinary experience of Canterbury.

I have seen a frightful case of tetanus, caused by a chill, in a very valuable hunter belonging to my brother-in-law, Sir Walter Carew, Bart., which was pronounced past cure, and ordered to be shot by the veterinary from Melton, wholly and completely cured by the late Dr. Sidney Hanson, of Melton, with homœopathic remedies sent down from London too late for a case which had occurred a short time previous in the neighborhood. This horse I saw myself in a hideous state, and afterwards carrying sixteen stone for several seasons.

I have seen a fearful case of nephritis in a horse of my own, whose belly nearly touched the ground in his paroxysm of pain, yield within twenty-four hours to Cantharis, and have seen much more worthy of note in connexion with homœopathic treatment, both of man and beast, myself included; but one thing I have not yet seen, and that is anything to equal the "Credulity of Unbelief."

I am, Sir, yours, etc.,
A. J. TAYLOR,
Major-General, Inspector-General of Artillery.

NOTICE.—Owing to the absence from the City of Drs. Dunham and Smith, the Publishers of the REVIEW have been obliged to issue this (single) number for the months of January and February,

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HOOPING COUGH.*

BY DR. C. VON BÖNNINGHAUSEN, MUNSTER.

TRANSLATOR'S PREFACE.—In the letter in which Dr. von Bœnninghausen authorized the present English translation of his treatise on Hooping Cough, he says: "Although this professes to be a work on the homœopathic treatment of *Hooping Cough*, it would be a great mistake to suppose that its usefulness is restricted to cases of cough called by that name. Inasmuch as we, Homœopaths, treat *concrete diseases* and not *abstract names*, so it follows that a work on Hooping Cough may be equally available and useful as a guide in the treatment of any and every cough of a spasmodic nature, whether it receive the name of Hooping Cough or not." And, in fact, scarcely a case of cough of any kind whatsoever has come under the care of the translator during the last three years, in prescribing for which he has not found it profitable to consult this valuable little treatise.

In the hope of making it still more complete and valuable, as an aid in the treatment of coughs in general, the translator has added to the original work of Dr. Bœnninghausen, what he considers to be the characteristic cough-symptoms of *Allium*

* Translated by CARROLL DUNHAM, M.D.

cepa and of *Rumex crisp.*, both derived from the *Amerikanische Arzneipruefungen* of Dr. C. Hering, and those of *Kali bichromicum* from the proving by Dr. Drysdale in the *Hahmann Materia Medica*. In addition to these, Dr. Ad. Lippe, of Philadelphia, has kindly furnished the characteristics of two remedies which have rendered good service in several epidemics of Hooping Cough in this country, viz.: *Coccus cacti* and *Mephitis*.

To prevent the possibility of confounding these additions with the original work of Dr. Bœnninghausen, they have been appended to the latter, instead of being incorporated with it. Moreover they are enclosed in brackets [].

For the sake of perspicuity, the *Repertory* of the translation deviates from that of the original in one or two particulars, e. g., in the repetition of a few headings under several rubrics, and in the separation of the conditions of *amelioration* from those of *aggravation*. For the same reason, the alphabetical arrangement has not, in all cases been strictly adhered to.

§ 1. THE NAMES.—As with many diseases, the nature and individuality of which are the subject of diverse opinions, and which are of frequent occurrence and yet present considerable difficulties in the way of a speedy and complete cure, so we find applied to hooping cough a long series of names, almost all of which refer to some common or obvious peculiarity of the cough, but which, for the most part, contribute but little to a sharp characterizing of it.

The most current and best known are the following:

1. *Learned-Pathological, Latin*.—*Tussis convulsiva*, *T. spasmodica*, *T. cucularis*, *T. clamosa*, *T. clangosa*, *T. clangorosa*, *T. asinina*, *T. ferina*, *T. canina*, *T. stomachalis*, *T. quinta*, *T. quintana*, *T. infantum*, *T. pueros strangulans*, *T. popularis et febris epidemica*, *Pertussis*, *Febris catarrhosa*, *Catarrhus epidemicus*, *Catarrhus suffocans*, *Cuculus*, *Amphemerina tussiculosa*, *Cephalalgia epidemica*, *Bronchitis epidemica*, *Bronchitis cephalica*, *Orthopnoea tussiculosa*, *Morbis cucularis*.

2. *German*.—*Keuchhusten*, *Keichhusten*, *Kinkhusten*, *Krampf Husten*, *Huhnerweh*, *Stickhusten*, *Schreihusten*, *Esels-husten*, *blauer Husten*, *epidemischer Kinderhusten*, *Schafhusten*, *Brechhusten*, *Kielhusten*, *Konvulsivischer Katarrh*, *spasmodischer Husten*, *asthmatischer Husten*.

3. *French*.—*Coqueluche*, *chant de coq*, *Mal des montons*, *Gloussement ou mal de poulet*, *Quinte*, *Vervecine*, *Mal de Castrone*, *Architoux des enfans*, *Bronchite convulsif*, *Bronchocephalite*, *Catarrhe suffocant*, *Catarrhe convulsif*, *Allure de follet*, *Follete*, *Pepie*.

4. *English*.—*Chin cough*, *Kink cough*, *Hooping cough*.

5. *Swedish*.—*Kikhosta*, *Hopfhosta*, *Kramphosta*.

6. *Dutch*.—*Kinkhœst*.

It will be perceived that, in this list of synonymes, which is scarcely complete but yet is more than sufficient, the apodictic German and the figurative French designations stand next, in order of abundance, to the learned-pathological (Latin) names.

The title Hooping Cough, which has, in its favor the greatest number of authorities and which is universally understood, will answer our purpose, especially since, by adding the clause "in its various forms" we mean to intimate that we do not propose here to treat of an independent, unchangeable variety of cough, but of such a cough as distinguishes itself, in its external manifestations, from other coughs, *only by its spasmodic character*.

§ 2. HISTORY.—The history of Hooping Cough goes back into grey antiquity and is lost more and more in darkness and uncertainty the farther we endeavor to trace it; for in early days, as also now, to some extent, especially in cases of diseases that occur in various forms and are not of an independent and unchangeable nature, exact descriptions of each special manifestation were not recorded and we have but scanty and indefinite intimations of them.

Some authors assert that even Hippocrates (*Epid.*, L, VI and VII; *Morb. Mulier*, L, I, and even in the *Aphor.*, VI, 46,) intended to refer to this disease. Also the Arabians,

Mesue (*Jahiah abu Masawaih*), in the ninth and Avicenna (*Al-Husseïn-Abu-Ali-Ben Abdallah, Ebn Sina*), in the eleventh century are supposed to have known and described this cough.

We find described with greater certainty a variety of it which prevailed in France in the year 1414 and which recurred nearly a century later, 1510, and subsequently at shorter intervals, 1557 and 1580. The records of diseases of a similar kind which prevailed at an earlier date render it to some extent probable, but not historically certain, that they were the same or a very similar affection.

On the first appearance of this disease, in 1414, it was very malignant, proving fatal to almost all adults who were attacked by it.

The epidemic of 1510 was very clearly distinguished by the accessory symptoms, viz.: very violent pains in head, stomach and loins, high fever, delirium, etc.

The later epidemic of 1557, which extended also over Germany, presented, in its turn, important distinguishing features inasmuch as it attacked, almost exclusively, children of whom a great many died of suffocation.

In the year 1580, it occurred simultaneously with the plague and appeared first in Italy, where, in Rome alone, 9000 children died of it. It thence extended over France and Germany. Here too, we come upon peculiarities which serve to distinguish this from the previous epidemics; for, this time, it was accompanied by a violent fever, and, as in the year 1414, very many adults and aged persons were attacked and carried off by it.

Subsequently, such epidemics of Hooping Cough occurred at continually shorter intervals. Among us, for example, they raged in 1709, 1712, 1732, 1747, 1755, 1768, 1772, 1775, 1777, 1780, etc., but with various degrees of severity, often in a milder form. The case has been much the same during the former half of the present century, and, at the present day, the disease scarcely at all ceases to prevail, but occurs, year in and year out, in rather a sporadic form, however, attack-

ing isolated children or families, here and there; although periods do still occur in which the malady takes the complete form of an epidemic.*

§ 3. THE PICTURE OF THE DISEASE.—An elaborate picture of Hooping Cough, completely finished even to the finest shadings, will hardly be expected in a work like the present. Such a picture would be superfluous, for the reason that every one who may resort to these pages for counsel, will already have learned to recognize this cough, which occurs, alas, only too frequently; or if, by good fortune, he has not yet had an opportunity of learning to know it, he can easily do so, through the symptoms, which are herein presented in great abundance and in a form which admits of easy reference. On the other hand, a complete description would require an expansion of the work which would be out of place and would cause it, through diffuseness, to lose in comprehensibility and in facility for reference. Our purpose, then, will be sufficiently attained by a detail of the following principal features of the affection.

The true peculiarity of Hooping Cough, and which distinguishes it most definitely from all other varieties of cough, consists in the following, viz.: the cough appears in *paroxysms*, which last a longer or shorter time, *are distinct from each other* and independent, and *are repeated*, more or less frequently, by day as well as at night. During these paroxysms of cough, the individual coughs follow each other more or less quickly in a spasmodic manner and cease, only to admit of long and deep *inspirations* which are laboriously effected and are accompanied by *various* but, generally, *peculiar*

* Similar facts, easily attested by a historical reference, are found in the history of several diseases both external (measles, scarlatina, small-pox,) and internal (nervous fever, grippe, cholera), of which, in the course of time, the great wide-spread epidemics have pretty much disappeared; while, on the other hand, their sporadic appearance in isolated regions and individuals is an almost constant phenomenon. This circumstance seems worthy of especial consideration, when we come to weigh the advantages and disadvantages of vaccination hitherto practised, against which, of late years, so many and powerful voices have been raised.

tones, whereupon the cough is resumed in a similar manner until the paroxysm is entirely at an end. After each such paroxysm there follows a longer or shorter *pause*, during which, especially in the beginning of the disease, the patient recovers himself and a period of relative health ensues which endures until the next paroxysm. Only when the malady has already lasted weeks and months does a higher degree of ill-health ensue, in consequence of the repeated paroxysms; the patients, then, no longer enjoy the benefit of recovering their vigor during the pauses between the paroxysms of cough; the entire organism is sympathetically affected; the patient keeps growing sicker, weaker and more wretched; and either he passes away during a paroxysm or else the seed of one of the various, but for the most part, malignant diseases is deposited which often fatally undermine health and life.

It is customary to assume three stages of Hooping Cough, which, nevertheless, are seldom very distinctly marked, but generally pass gradually into one another, and are seldom, if ever, sharply defined.

The first stage, which is called the *catarrhal stage*, resembles, altogether, an ordinary catarrh, and gives no special indications of the threatening danger, which is generally to be suspected only from the prevailing epidemic character of disease at the time.

The second stage begins with the commencement of the *spasmodic symptoms*, which begin to accompany the paroxysms of cough, and which then increase from day to day, in an ever advancing ratio until the above described condition is fully developed.

The third stage, so-called, is the period in which, if the patient live to reach it, the paroxysms decrease in duration and violence and the health gradually returns; or else the disease undergoes a transition into a *chronic malady* which then gradually comes to *bear some other name*.

The *duration* of the proper Hooping Cough disease, when left to itself, is very various and may be from two months to

a half year. But there are also cases which last still longer and in these, as a general rule, the sequelæ are extremely deplorable. Allopathy has seldom succeeded in abridging this duration.

§4. THE SEAT AND NATURE OF HOOPING COUGH.—Investigations and observations upon the *seat* and the *nature* of Hooping Cough, have, from the first appearance of the disease to our own day, given occupation to numerous physicians; and, as generally happens, each one of them has expressed an opinion of his own and given it out for the only correct one.

It will hardly be expected that all these views should here be cited and elucidated. We gladly relinquish to the *learned pathologist* the task of pronouncing whether the *nature* (and seat) of Hooping Cough is to be sought for in the *irritation* produced by an insect (Rosentein, Linnæus, Clesius), or in a *hot exhalation of the blood* (Sydenham), or in a peculiar miasm (Jahn, Bohme), or in the *stomach or intestinal canal* (Dauz, Waldschmidt, Stoll), or in *spasm* of the *glottis* and of the *diaphragm* (Gardien), or in the *eighth pair of nerves* (Hufeland, Wendt), or—anywhere else. We content ourselves with stating, in all brevity and without intending to oppose any other opinion, that we ourselves incline, in preference, to the view of Dr. Whatt, who, after losing his own three children from Hooping Cough, came to the conclusion that this disease consists in an *inflammation of the mucous membrane of the trachea and its ramifications* (Bronchitis*).

This opinion, which however should exert no immediate influence whatever upon the treatment of any concrete case, may receive some weight from the fact that the *nerves* which appear to be especially active during the Hooping Cough-paroxysms and so act upon their various organs,—as, the eighth pair, the facial nerve, the vagus, and the accessory of

* By reason of painful experiences in his own family, Dr. Whatt must, in this case, be regarded as just as good authority as the still more famous Sydenham, whose work on "Podagra" is still held in the highest esteem, because he himself suffered from, and although he himself died of, that same disease.

Willis, the phrenic nerve and the thoracic nerve, are the same which are most affected by respiration.

§5. CAUSES.—Physicians of the old school cite the following as *predisposing causes* of Hooping Cough :

1. Childhood and the female sex ;
2. Habitual exposure to a too warm and relaxing temperature ;
3. Sleeping too long, especially in a very warm bed ;
4. Feeding children with too much moist farinaceous food ;
5. Too frequent use of warm drinks, as tea and coffee ;
6. Too close sedentary habits and application to study at too early an age ;
7. Onanism, which is often practised by children of eight to twelve years.

Among the *exciting causes* are enumerated :

1. A moist atmosphere, warm as well as cold, especially when it suddenly follows a dry condition of the atmosphere ;
2. Infection, which can scarcely be altogether denied, since the disease is often transferred by it to mothers and nurses ;
3. Affections of any kind, the result of taking cold ;
4. Helminthiasis ;
5. Dentition.

We, Homœopaths, readily coincide with these views but would add to the list of the *predisposing causes*, the *chronic miasms*, especially Psora ; and to the *exciting causes*, various items which are mentioned in section II, under II, 2 ("aggravation according to circumstances"), and which need no further notice here.

§6. TERMINATIONS AND PROGNOSIS.—The ordinary terminations of Hooping Cough, under allopathic treatment, and the prognosis which is based upon them leave very much, not to say every thing, to be desired.

If the disease run even the most favorable course and the patient escape from it, not only with his life, but even with his previous degree of health unimpaired—it is, nevertheless, while it lasts, a most tedious and tormenting affair and fills

the days and nights of parents with anxiety and concern. Hence the unanimous complaints of all physicians, in all ages—that remedies prescribed with most circumspect care against this disease are utterly fruitless—are but too well grounded ; and we often hear the most candid and the most experienced among them give utterance to the bitterest complaints of the insufficiency of the healing art against this foe of mankind, and preach only *patience* and again, and once again, *patience!*

In malignant cases, the patients often just escape, it is true, with their lives, but subsequently there appears a host of the most diverse *sequelæ* or infirmities which the rescued patient must endure till his latest breath.

How fearfully great the number of children is, whom this scourge has snatched away, in many epidemics, by a most pitiable death, several authors have informed us by exact statistics. But we gladly forbear the repetition of these sad details because it is needless to speak of inevitable misery and it were wrong to add weight to anxious apprehensions, already but too well founded !

How entirely different are the prognosis and terminations of Hooping Cough, when the patients are so fortunate as to fall under the care of a skilful and experienced Homœopathician !

Fatal cases are hardly to be reckoned among the possible terminations. There must be a rare concurrence of the most unfavorable conditions, as well in the constitution of the patient as in the external influences to which he is subjected when the disease terminates fatally. But, in such cases, death is not to be ascribed to the Hooping Cough *alone*, to which only a greater or less share of this unfavorable termination, rare as it is, can be attributed ; and death would probably, in such a case, have been the result, in like manner, of *any* serious disease whatever its nature might be.

From the *sequelæ* too, so frequent and so lamentable, little is to be dreaded under the homœopathic treatment. For, on the one hand, the power and energy of the disease are broken in a few days ; and, on the other, the chronic miasm which is

being aroused by it (call it scrofula, psora, or what we may) and in which the roots of these sequelæ generally rest, may be speedily and surely removed by remedies which Homœopathy, likewise, has in her possession.

In *all cases*, however, without exception, a great and incontestable advantage of Homœopathy is found in the fact that it very considerably abridges the duration of the disease and, to speak with the utmost moderation, requires for a complete cure, not so many *weeks*, as Allopathy requires months.

We may then assert, with great confidence, that under homœopathic treatment, the prognosis and terminations of Hooping Cough are thoroughly favorable.

§ 7. ALLOPATHIC TREATMENT.—The allopathic treatment of Hooping Cough lies too far from the object of this work, to admit of a special notice. We restrict ourselves therefore, to a few remarks, which, for the sake of completeness and of comparison with Homœopathy, could not be entirely omitted. To avoid all appearance of partiality, we will confine ourselves to quotations from the leading allopathic authors.

“Hooping cough,” says, among others, the late Dr. A. F. Marcus in his work upon this disease, and which, alas, was his last work, page 131, “presents a remarkable example of the labyrinth into which physicians are led at the bedside, when the nature and seat of a disease are unknown to them. There is no remedy of any consequence, no mode of treatment which has not, in its turn, been tried for this disease, extolled and finally rejected.”

The same sentiment, in somewhat different language, has been expressed by Dr. F. G. Danz in his “Essay towards a general History of Hooping Cough,” page 85; and by several other authors, who all present diverse views and recommend diverse remedies, which they sometimes proclaim to be infallible and stoutly contend for; and who, at the most, agree only in this one statement, that, of all remedial agents, a *change of air and of residence is the best.*

Of the endless number and variety of remedies that have been given and recommended a tolerably complete view is

given in the comprehensive and excellent Medico-Chirurgical, Therapeutical Dictionary of Professor Dr. Barez, Vol. III, pp. 551 et seq. We there find that almost every thing contained in the *Pharmacopœia* has been tried and administered—from the deadliest poisons (Hydrocyanic acid, Arsenic,) to substances that have been declared inert and have, therefore, become obsolete (Verbascum, Veronica, and Black Wood-snails). This long list of remedies might receive no inconsiderable addition from the multifarious domestic and popular remedies, the number of which bears, generally, a direct proportion to the incurability of the disease.

(*To be continued.*)

TABES MESENTERICA.

BY D. A. GORTON, M. D., NEWBURGH, N. Y.

In fixing upon a definite and just name for this formidable malady, the same difficulty is experienced as with other diseases of far less magnitude. The predisposing and proximate causes of any disease may be the same; and yet, in the course of its progress and the variety of tissues implicated, conditions of a very different nature may be developed, each of which, according to the prevalent mode of nosological classification, would be entitled to distinct designations. Thus in the disease under consideration. There may be simple mesenteritis, excited perhaps by contiguous inflammation of the bowels, or peritoneum—one or both—or there may be induration of the follicular and mesenteric glands; or hypertrophy of the same, all of which would be mesenteric disease, and possibly all might be dependent on the same predisposing cause, viz., scrofulosis. None of which, however, would justify the use of the term *tabes*, which signifies in plain English a wasting or consumption of the part to which it is applied. Still, the long continuance of any form of disease of the glands of the mesentery would inevitably result in destruction of nutrition,

and a universal wasting of the body, i. e., a *tabes*, or more properly, *marasmus*.

Nosological writers have tried hard to find a term that would convey a just definition of the various forms of chronic mesenteric disease, with, however, little success for the reasons already stated. Hoffman termed the disease *atrophia mesenterica*; Sydenham, *febris hectica infantum*; Sauvages, *scrofula mesenterica*; Cullen, *tabes scrofula*; Good, *parabysma mesentericum*. Other names have also been suggested with equal satisfaction as, for example, *mesenteric fever*, *chronic mesenteritis*, etc. The term *tabes mesenterica* is most used and, therefore, the best understood, for which reason only is retained in this paper.

Tabes mesenterica although occurring in rare instances in adults, is essentially a disease of early childhood. This fact no doubt led to the solution of such names as *tabes infantum*, *marasmus infantilis*, *atrophia infantilis*, etc., which occur in works of old authors.

The subjective symptoms of *tabes mesenterica* have been succinctly stated by Dr. Copeland: "distention and enlarged abdomen; emaciation gradually increasing; irregular and otherwise disordered bowels, and ultimately hectic fever from enlargement and disease of the mesenteric glands," (*Medical Dictionary*). I comprehend in my definition of this disorder all those morbid changes of the glands of the mesentery and enteric mucous membrane, which produce the characteristic derangement of digestion and nutrition. The organic lesions which follow this derangement have been well described by the author just quoted. The glands of the mesentery are hypertrophied. They increase in size to such an extent, in some instances, as to be perceptible to the touch through the walls of the distended abdomen. But the hypertrophy does not stop here. The follicular glands of the mucous membrane, and the absorbent glands throughout the system, become implicated in the same morbid process. As the disease progresses, the mesenteric follicular glands soften and ulcerate,*

* Watson says they enlarge but never ulcerate.—*Practice of Physic*.

producing peculiar diarrhœa and hectic fever. I have myself observed several cases, when there was reason to believe suppurative inflammation existed throughout the entire length of the alimentary tube from the mouth downward. Similar lesions take place in other organs of the body, as the brain, lungs, liver, spleen, pancreas, etc. This form of mesenteric disease is almost exclusively confined to children at the breast, and those in process of weaning.

Another and not less fatal form of the disease is occasionally observed in adults chiefly, and consists of induration, not only of the mesenteric glands, but also of the absorbent glands throughout the system. In cases of this kind the abdomen is sunken and hard. The bowels extremely constipated. The unhappy victim is hypochondriacal and, despite a voracious appetite and its full indulgence, etc., gradually wastes away and dies from lingering starvation. This disease is properly termed *marasmus*, which it is not proposed to discuss here.

Causes.—In respect to the causes of this formidable malady few will hesitate to concede that a strumous habit of the body is chief among the predisposing causes. Unfavorable locations, breathing impure air subject to a miasmatic atmosphere, privation of light or sunshine, sleeping in low unventilated apartments, personal uncleanness, difficult dentition, improper and insufficient food, and other depraving, irritating and debilitating influences are also among the predisposing causes. Dr. Copeland and others regard, with questionable propriety, the "epoch of infancy and childhood" as predisposing causes. I am not prepared to admit that infancy or childhood, youth or maturity, has anything to do with producing or disposing to disease of any sort.

Unhappily the exciting causes are numerous enough.—Among the most prominent may be mentioned improper food furnished at unreasonable hours. Too early and too radical changes in diet. Neglected diarrhœa and then gastric disorders. Too free indulgence in crude and inapplicable drugs, such, for example, as Calomel, Aloes, Rhubarb, Castor oil, Glauber salts, Nitre, etc., with which over anxious and ill ad-